



# Healing through Connection for Healthcare Professionals

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**Pronouns: she, her and hers**

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# Objectives

- 1.State the importance of making connections in healthcare.
- 2.Discuss the implications of the EMBARK Trial on diabetes care.
- 3.List healing strategies for healthcare professionals.

# Emergency Room Visit

The paramedics rushed me into the emergency room. They gave report as the nurse busied herself with wrapping a blood pressure cuff around my arm and clipping a pulse oximeter to my index finger. With the sloppy arrangement of bandages around my head, I looked like a pale mummy dressed up for Halloween. The oral surgery from earlier that day caused my lips and mouth to swell, making me look like I had recently survived a brawl.

In an instant, I felt like I might pass out, and fear grabbed at my chest. I managed to croak out to the nurse, who was running back and forth between two rooms, “How would you know if I went unconscious?”

She glared at me and said, “Your blood pressure is fine.” Then she sighed and peppered me with the first questions she had asked since I arrived. “Are you on drugs?”

“No.”

“Do you have a mental illness?”

“No.”

“Have you been drinking?” she asked.

“No, I had oral surgery...”

My attention waned as my brain drifted off to sleep. Suddenly, a loud beeping filled the room as the blood pressure alarms began to sound. The nurse shifted into fast motion, dropped the head of

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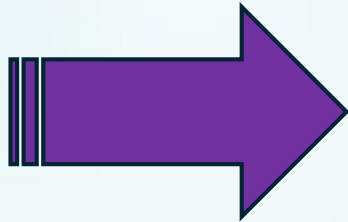
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the gurney, and deftly jabbed me with a 16-gauge intravenous (IV) needle. She ran a liter of normal saline, full throttle, into my parched body. This nurse knew her way around trauma. She was an emergency room hotshot, adept at triage, and could probably have started that IV blindfolded and with a full bladder. But I couldn’t figure out why she was so annoyed with me. Why couldn’t she comfort this frightened person in her care?

# Emergency Room Visit – Prologue

## What did ER Nurse Do Right?

- Assessed patient
- Responded quickly when BP dropped
- Started IV Quickly
- Gave fluids
- Lowered Bed



## How Did Patient Feel?

- Scared
- Alone
- Worried that nurse wouldn't notice if BP dropped.
- Vulnerable
- Indignant
- Embarrassed
- Ashamed

# Emergency Room Visit – Nurse Feelings?

## How Does Nurse Feel?

- Activated by needy patient
- Hungry/Tired
- Needs a break
- Has her own worries
- Late to get home
- Burned out?
- Unattended trauma



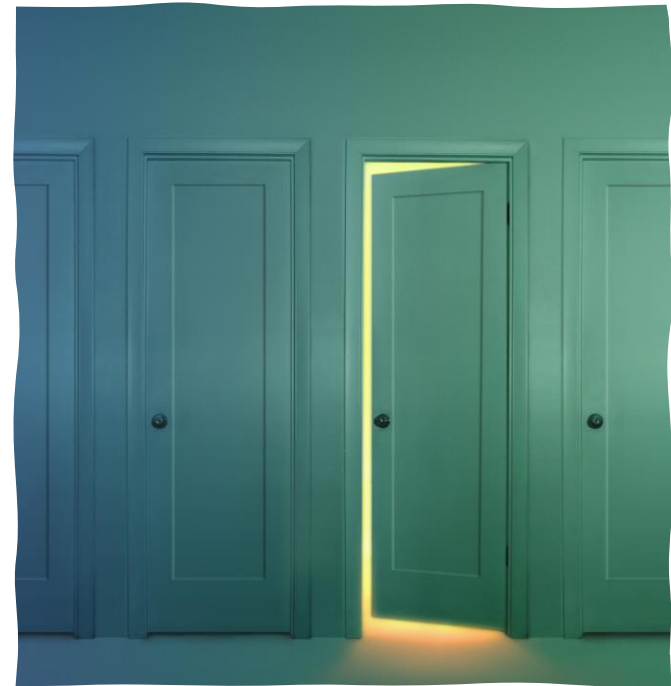
**“As a healthcare professional, you bring your own life experiences, traumas, wounds, triggers, blind spots, beliefs and inner narratives to each**

How Can We Heal *through*  
Connection?

The only  
way out is  
*through*.

Robert Frost

Let's dive into the providing care  
then switch our focus to the  
caregiver – YOU.



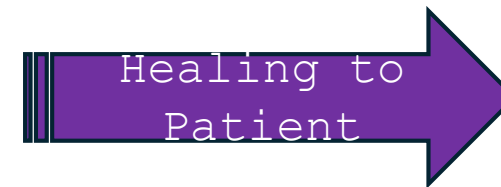
# Emergency Room Visit – Lets Go through

## 2 Simple Changes

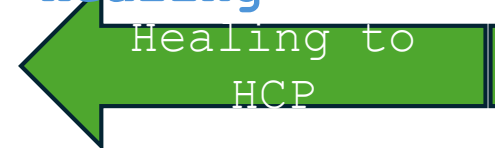
- Eye Contact – touch shoulder.
- “Your blood pressure is fine. I am keeping a close eye on you.”
- “Your blood pressure is fine. Press your call light if you feel funny.”
- “Your blood pressure is fine. I know this is scary.”

## How Does the Patient Feel?

- Reassured
- Heard & Seen
- Calmer
- Safe
- Connected



**Bidirectional  
Healing**







Kindness is Healing for both the  
Receiver & Giver



# Could This Approach Apply To Working with People with Diabetes?

## Is Diabetes All About the Numbers?

- Blood Glucose
- A1C
- Blood Pressure
- Time in Range
- Medications
- Carb intake
- Crises management



## WAIT – What about FEELINGS?



## What about Connection?





**TIME IN  
HAPPINESS**



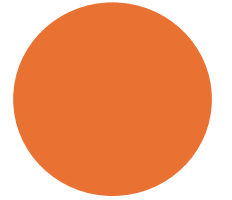
LR is a 16-year-old on an insulin pump and Continuous Glucose Monitor and is feeling very distressed because their glucose keeps going above target range. What is an appropriate intervention?

- A. Encourage them to ask their provider about starting medications for anxiety.
- B. Help them set a SMART goal to improve carb to insulin ratios.
- C. Explore their feelings.
- D. Remind them that alcohol can actually lower blood glucose.



# Time In Range – Person Centered

- “Hyperglance-emia”
- Each 1% is 15 minutes (4% an hour)
- There is 24 hours in a day.
  - Goal is 17 hours in range = 70% TIR = A1C of 7%
  - You get 7 hours outside of range.
- You are not defined by your blood glucose.
- What range feels safe for you?
- Try and step back and take in the whole picture.



# Diabetes Visit – What do you think?

- JR arrives at the clinic and says they are injecting their basal insulin 5 times a week.
- HCP says “If you don’t inject your insulin everyday, you are going to get complications.” (Door closed)

## How Does JR Feel?

- Defeated
- Embarrassed
- Ashamed
- Angry
- Hurt



How does the HCP feel?





# Appointments due to Stigma and Shame

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A recent survey of over 2,600 people with diabetes across eight countries revealed that nearly 40% of missed doctor's appointments are due to stigma or shame.

Abbott. (2025, February 4). Abbott's Above the Bias film reveals misconceptions can impact diabetes care. <https://abbott.mediaroom.com/2025-02-04-Abbotts-Above-the-Bias-FilmReveals-Misconceptions-Can-Impact->



# Diabetes Visit – Let's Go *through*

- JR arrives at the clinic and says they are injecting their basal insulin 5 times a week.
- HCP says “If you don’t inject your insulin everyday, you are going to get complications.” (Door closed)

**A small adjustment can make a BIG Difference**

- HCP smiles and says, “Hi JR, how are you doing? I heard you are taking your insulin on most days. Great job. What’s going on on the other days?”
- Door Open – Connection made

## How Does JR Feel?

- Reassured
- Heard & Seen
- Recognized
- Confident
- Connected



## How does the HCP feel?



**Bidirectional Healing**



# EMBARC Trial

Adults with type 1 diabetes experienced reductions in diabetes distress and HbA<sub>1c</sub> after participating in a virtual emotion-focused and/or education/behavioral program

EMBARC: a randomized, controlled clinical trial comparing three interventions aimed at reducing diabetes distress and improving HbA<sub>1c</sub> among adults with type 1 diabetes.



**Streamline**, an educator-led education and management program



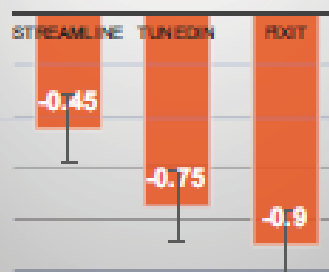
**TunedIn**, a psychologist-led program focused exclusively on the emotional side of diabetes



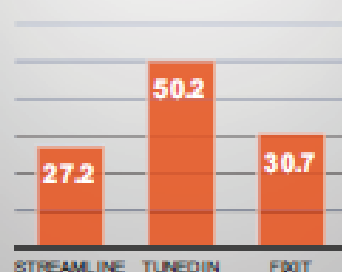
**FixIt**, an integration of Streamline and TunedIn.

- All interventions were group based and virtual over 3–4 months.
- Recruitment occurred through clinics and community organizations in the United States.

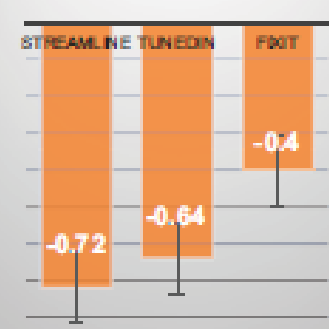
Change in Diabetes Distress



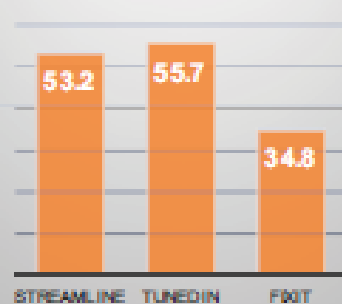
% of participants whose Diabetes Distress score improved to <2.0



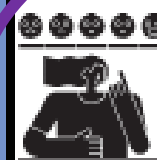
Change in HbA<sub>1c</sub>



% of participants whose HbA<sub>1c</sub> decreased by ≥0.5%



All three programs demonstrated substantive and sustained reductions in Diabetes Distress and HbA<sub>1c</sub> at 12-month follow-up.



**TunedIn**, the emotion-focused program, had the most consistent benefits across both Diabetes Distress and HbA<sub>1c</sub>.

Group-based, fully virtual, and time-limited programs like these can augment and enhance existing care.

Findings highlight the value of using emotion-focused strategies, like those used in TunedIn, for adults with type 1 diabetes to augment and enhance existing care.

Embark  
Trial -  
Emotions as  
Priority

I have finally  
given myself  
permission  
to make  
addressing the  
emotional  
aspects of  
diabetes a  
priority.

~Coach Beverly



## CHAPTER 5

# The ABCs of Creating a Judgment-Free Connection

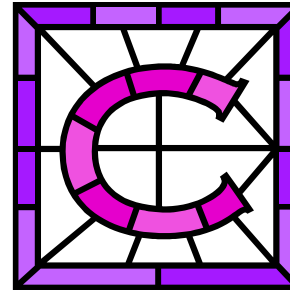
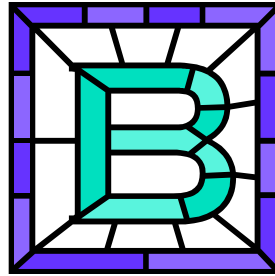
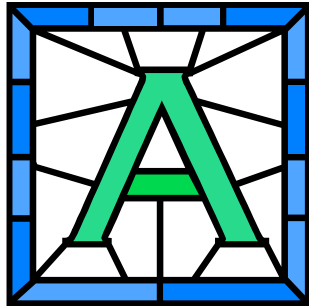


*“Out beyond ideas of wrongdoing and right doing,  
there is a field. I’ll meet you there.”*

—Rumi

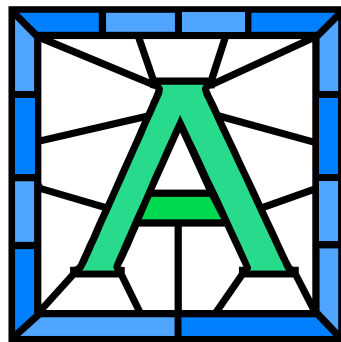


# ABC's of Diabetes Education

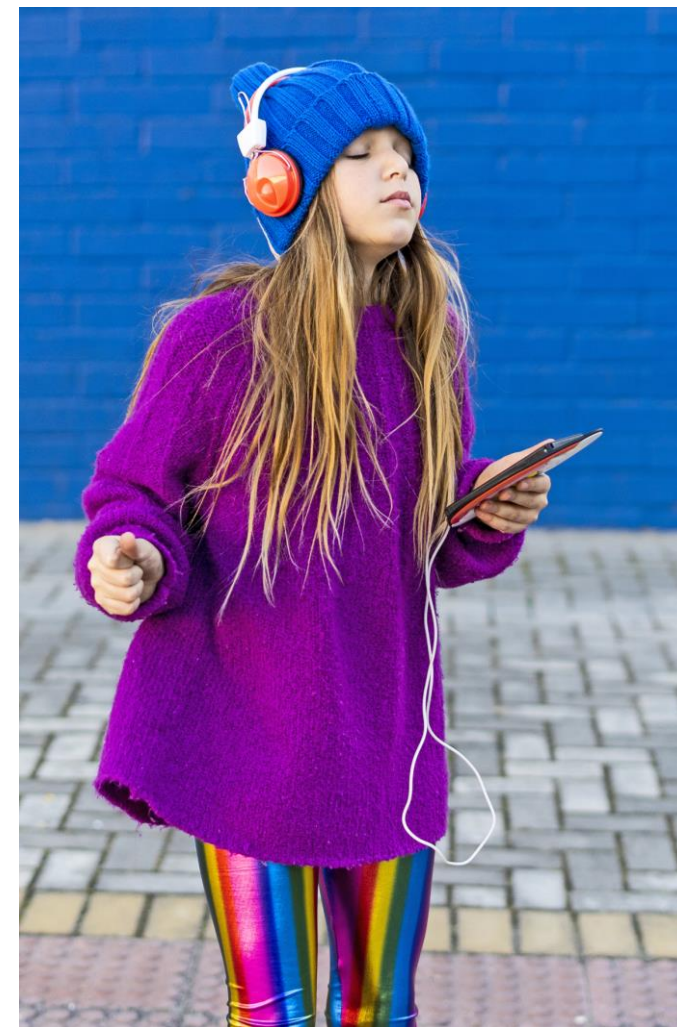


and Healing Through  
Connection





- ◆ Ask, "How are you doing/feeling?"
- ◆ Ask, "What is most difficult about your diabetes right now?"
- ◆ Ask about their life (SDOH)
- ◆ Assess current self-management behaviors
- ◆ Assess your feelings
- ◆ Accept without judgement
- ◆ Acknowledge one thing they are





Commit to  
Listening  
at least  
Half of  
the Time

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RT has type two diabetes and has been maintaining a time and range of 70% or greater. However, when they show up at the office, the last week's time in range dropped to 30%. You ask what was different this week from the previous few months. RT tells you they went on a five day fishing trip and forgot their insulin.

**What's the best response?**

- Next time, make sure to take your insulin and put it in the refrigerator for safekeeping.
- Before we dive into the diabetes stuff, tell me about your fishing trip.
- I'm worried that you're going get complications due to high blood glucose levels.
- I'm just relieved you did not go into diabetes ketoacidosis.

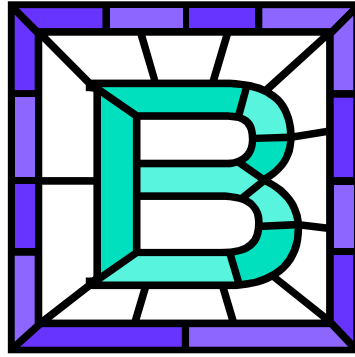


# Create a Judgement Free Zone – Roll out the Carpet of Acceptance

There are no bad or good blood glucose numbers.

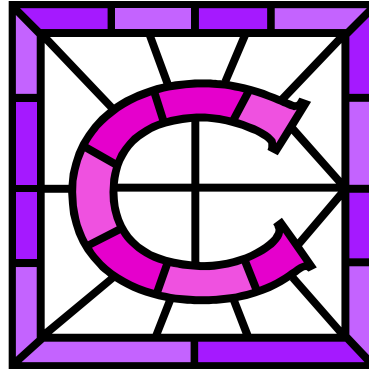
There is no such thing as cheating.  
You are not failing at your diabetes.  
It is not your fault you have diabetes.  
Thank you for showing up today.





- ◆ Beliefs about health and diabetes
- ◆ Barriers can be confused with non-compliance
- ◆ Burnout lookout. On extended diabetes vacation due to diabetes distress?
- ◆ Bouncing back – leaning into





- ◆ Having the Conversation - Curiosity
- ◆ Coaching that highlights *their* knowledge and resilience.
- ◆ Carrots - problem solve together and dig for solutions that are meaningful in everyday life.
- ◆ Compassion for the people in our care and ourselves.





# From Perfectionism to “Healthy Good Enough”

Perfectionistic thinking: has 2 speeds, perfect or failure.

Not achievable for very long, exhausting, contributes to burnout

## Healthy Good Enough

- Personalized
- Ambitious and realistic
- Allows for normal fluctuations, mistakes and experiments
- Sees small steps as valuable
- Focus is on efforts made, not numbers
- Forward looking: What now?

Used with permission from ReVive 5 Program; Larry Fisher, PhD & Susan Guzman, PhD





# To My Healthcare Professional Colleagues

**This is not about  
Perfection!**




**It's about Presence**



Makes a  
Difference

What is  
something  
you would  
like me to  
know about  
you?





## Considering the Diabetes Connection as a Sacred Space

- Have the stories of people living with diabetes stayed with you long after the conversation ended? Have their words, struggles, and triumphs echoed in your thoughts, quietly influencing the way you provide care?
- Listening to these stories isn't simply an exchange of information; it's an invitation into someone's lived experience. When we truly listen, with presence and without judgment, we enter a sacred space within diabetes care, where healing transcends clinical roles and traditional hierarchies. In these moments, connection becomes the medicine. The person receiving care feels seen, heard, and valued. And something extraordinary happens for us as HCPs, too.
- We are reminded of our purpose. We feel reconnected to our humanity.



## CHAPTER 8

### Healing the Healer



*"The work of healing requires that we bring our full selves—messy, tired, hopeful, broken, and brave—to the table."*

— adrienne maree brown

# Healing the Healer



# Sharing My Story

## Chapter 1

**My life started with a lot  
of promise**



Many of you, like me, have experienced intense life challenges. While our experiences, backgrounds, and the people in our lives may differ, I suspect we hold something powerful in common: a calling to care for others.

This is my story—an offering of truth, vulnerability, and resilience. In telling it, I hope it resonates with something inside of you and is a catalyst toward healing.

The arrival  
of health  
issues  
forced me  
pause.





# Chapter 7 – The Body Tells the Story



Healing through  
Connection

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I was admitted to the neuro floor with the diagnosis of epileptic seizures and started on anti-seizure medications. The seizures continued despite the medications.

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The nurses would sit with me during these episodes, hold my hand, and give me tissues. They reassured me that I was not a loser. They were angels who loved and protected this broken little soul, trying to find her way. When I woke up scared one night, they moved me right next to the nurse's station so I would feel safe. They intuitively knew what I needed, and I felt blanketed in their nurturing.

# Healing through Creativity & Connection

## CHAPTER 6

### The Power of Self-Expression & Creative Endeavors



#### Closet Creatives: Acknowledging Your Creativity Without Shame

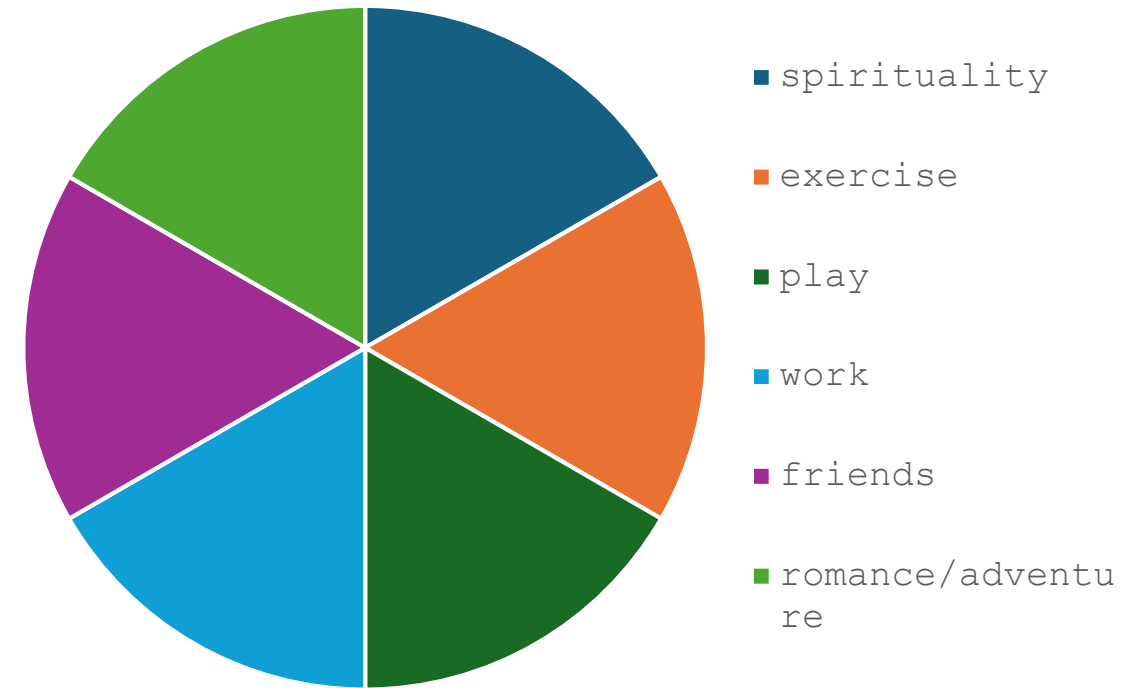
I didn't know purple was my favorite color until I was in my forties. I thought that being successful meant I had to block out all that creative stuff and focus on growing my company and being an attentive mom and partner. After five years of building my business, raising a family, and belly dancing, I proclaimed after a dance performance pictured here, "I am an artist." My husband laughed and said, "I thought you were a Diabetes Specialist?" I thought for a minute and replied, "I am a Diabetes Specialist who sees the world through an artist's lens." Here is a photo of me, taken by Jony Weiss, dancing at our local museum as part of a fund-raising campaign.



## Life Balance

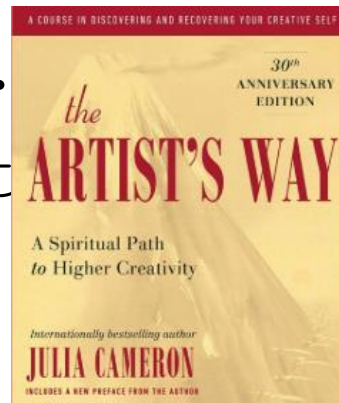
# Activities

- If you had 5 other lives to live, what would you do in each of them?
- The point of these lives is to have fun in them – more *fun* than you might be having in this one.
- Look over your list and select one.
- Then do it this




Draw a circle with these categories.


Place a dot in each slice at the degree to which you are fulfilled in that area (outer rim indicates great, inner rim indicates not so great.)








# Creativity & Nobel Prizes


 **Scientists who are Nobel laureates are:**

 12 times more likely to write fiction, plays, poetry, or short stories

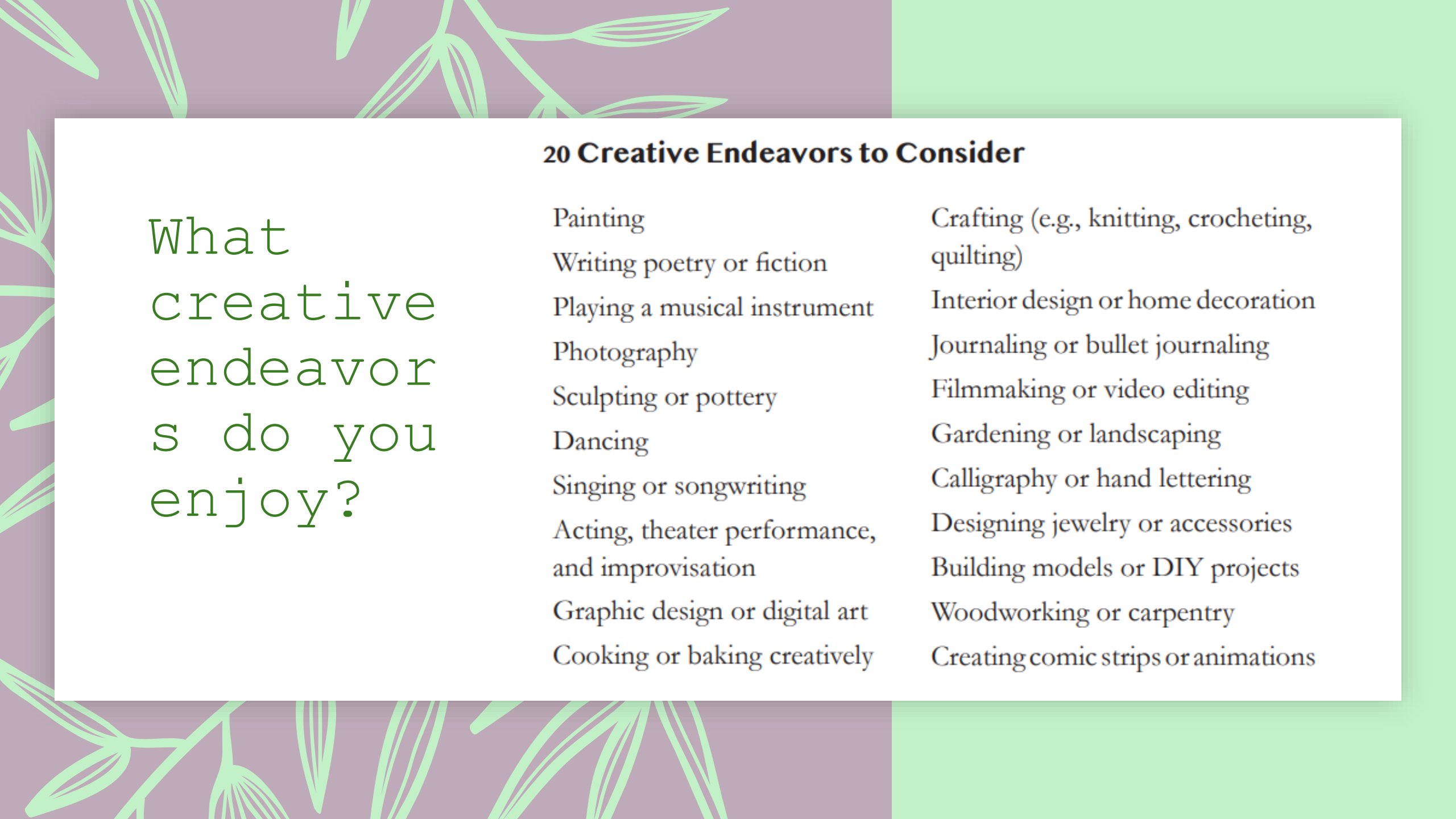
 7 times more likely to enjoy designing, painting, drawing, or sculpting

 22 times more likely than typical scientists to perform, sing, or act in their spare time

 5 times more likely to engage in crafting, woodworking, mechanics, or glassblowing

 They are more open to novel experiences and often turn to their creative endeavors when working through challenges.





What  
creative  
endeavor  
s do you  
enjoy?

## 20 Creative Endeavors to Consider

Painting

Writing poetry or fiction

Playing a musical instrument

Photography

Sculpting or pottery

Dancing

Singing or songwriting

Acting, theater performance,  
and improvisation

Graphic design or digital art

Cooking or baking creatively

Crafting (e.g., knitting, crocheting,  
quilting)

Interior design or home decoration

Journaling or bullet journaling

Filmmaking or video editing

Gardening or landscaping

Calligraphy or hand lettering

Designing jewelry or accessories

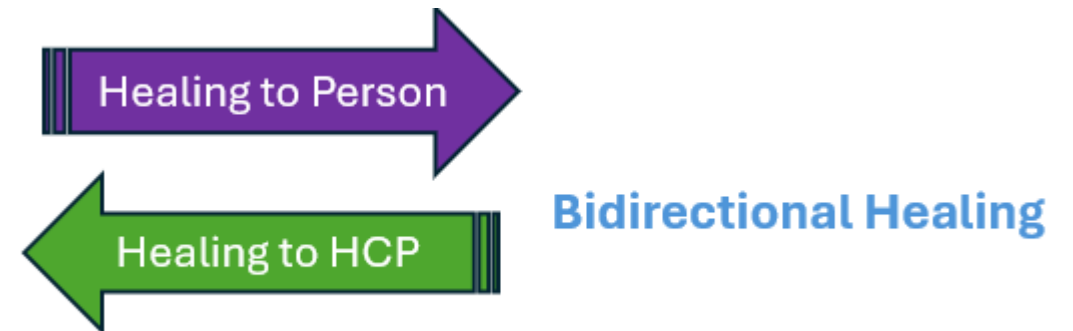
Building models or DIY projects

Woodworking or carpentry

Creating comic strips or animations

# Healing Notes from Coach Beverly

- Take the risk. Say yes.
- Try that thing you've been putting off.
- Love your body exactly as it is.
- Be bold. Step into your authenticity.
- Make time to rediscover yourself.
- Think with your heart. Surrender. Show up.
- Move beyond your comfort zone and speak your truth.
- Get enough sleep.
- Ask for help when you need it.
- Stay connected to the people who lift you up.
- Seek out deep conversations, embrace your growth, and get ready for transformation.
- Dive into creativity.





Thank you for your dedication  
to healing.

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# RT Sets up Experiment/ Takes Action

## Steps:

- Make a small change
- Realize, that the story and tough feelings can be major barrier to change.
- Discover an unexpected issue.

Be present  
with her  
fear of  
failure

Look up  
carbs on  
app/website  
.

Ask her  
friends for  
support

Asking for  
help is  
hard, but I  
think it  
will help.

Engage with  
RT's  
resilience,  
self-wisdom