

Holistic View of Diabetic Care

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Holistic View of Diabetic Care

- Introduction of myself
- This is my story as a medical social worker working in an Indian Hospital in Arizona
- What we need as providers in our field
- Know your communities needs, culture spirituality and traditions.
- What type of community (s) do you work in?
 - Urban
 - Traditional
 - Assimilated
 - A mixture of cultures and multi tribal groups

Holistic View of Diabetic Care

- Solid knowledge of Diabetes Care is a “Must Have”
- We know Diabetes is a major health issue in Indian Country.
- We see and know the numbers of Diabetics in our communities
- How can we as providers take a lead in life style change with our patients with diabetes?

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- When we encounter our patients we need to be looking at the whole person from the physical, emotional, mental and spiritual perspective
- When we only view the physical portion of our patients life's we are leaving the other 3 portions of the persons life out of patient care

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- When I was invited to participate as part of our Diabetic team in our weekly Diabetic clinics - I was excited and worked diligently for a couple of weeks on my curriculum knowing what I wanted to teach our Diabetic patients about Diabetes and lifestyle changes based on the holistic approach
- The first week I was set and my curriculum looked good. It was based on the holistic model and clearly explained the importance of balance between our physical, emotional, mental and spiritual portions in our life.
- The first week it was about me and how I knew my stuff and what I felt these patients needed to know about Diabetes and its effects on their well being.

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- By the second week I settled down and began watching our patients during our interaction. As you know our people are always very polite, listen, nod and show kindness.
- During these sessions – I soon discovered that the patients were polite but not engaged.
- I began evaluating our interaction. I soon discovered I was losing them as soon as I began discussing the wonderful holistic model that I had spent so much time working on to education our patients.
- WHERE DID I NEED TO GO WITH OUR PATIENTS?

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- When I finished my second week of Diabetic clinic I went back to my office processing and asking myself what I needed to change in my approach.
- Setting in my office I reviewed my approach and soon discovered I was not doing what I was trained to do as a social worker.
- I thought back to my Social Work 101 classes during my masters program. What was our basic # 1 rule for social work?
- # 1 rule Always begin where the patient is

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- The 3rd week I walked to Diabetic clinic with a tablet and pen. I had one question written on my tablet.
- As I began each session that week I began with respect, cultural protocol, and LISTENING.
- I BEGAN WHERE THE PATIENT WAS (social work 101)
- **My question was:** How did you feel when you were first told my your doctor that you had Diabetes?
- It was amazing.
- I began writing down the words I heard from these patients

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- These were some of the main words that I heard:

I felt:

- fear
- scared
- numb
- shock
- mad
- angry
- sad
- pain
- rage
- lost
- alone
- depressed
- guilt
- blame
- I cried
- avoidance

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- It did not take me long to assess these words.
- These were words describing the Stages of Grief
- This was my format for the next few weeks of diabetic clinic – the stages of grief
- As weeks went on it was amazing to listen to patient after patient describe their initial feelings when hearing they had a diagnosis of diabetes
- The day I encountered Mr. Brown and witnessed his visit I validated my overall assessment of how the stages of grief tie into the disease of diabetes (tell story)

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- Through my weeks and then months of working in the diabetic clinic each week I began looking at numbers.
- This is what I discovered: (estimates)
- 40 % of our diabetic patients had good coping skills and were able to accept their diagnosis of diabetes. They began changing their lifestyle upon their diagnosis. (acceptance I used the word balance.)
(tell story about patient/mountain)
- 40% of our diabetic patients were willing to discuss their feelings and emotions and work through them. Once feelings and emotions are identified, talked about and are able to understand that these feelings and emotions are normal. They are able to move on and begin healing. (acceptance/balance with assistance). This is where the holistic approach came into use. Balancing that physical, emotional, mental and spiritual concept.

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- An estimated 20% of our patients were stuck in one of the stages of grief (anger, denial, depression, or bargaining).
- These were the patients that I heard medical providers say were noncompliant patients)
- Among these 20% were many of our amputees. (These were our high risk population of diabetes).
- These were the patients that most needed our assistance. If a patient is stuck in the anger stage or in depression it is difficult for them to be compliant with their care and to reach any type of healing or acceptance stage.

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- I found that by not only working and educating our patients that the education also needed to be done with our staff. When a provider is working with a noncompliant diabetic patient a referral should be done for that patient to see a social worker or other mental health provider. A patient who has been angry for 10 years needs to be worked with on many levels. Once he/she can work through their emotions, mental blocks and find some meaning in their life's they can begin to heal and reach some type of acceptance/balance with diabetes.

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- What did **my** experience working the diabetic patient teach me?
- Improved listening skills
- Improved observation skills
- **A**lways beginning where the patient is
- **R**espect for IHS/her story
- **A**nd last but most critical for me - humility

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Wellness

Red Road Ethic 11

365 Days of Walking the Red Road

Terri Jean Copyright 2003

It is easy to live within the shadow of fear, procrastination, and pessimism. But these are bad habits and stumbling blocks that keep you from experiencing life, the Red Road, and the Great Spirit. It is well known to the Native people that optimism is the key to a good health. Worry makes you sick – as do bad thoughts. Replace them with happiness and optimism and you shall live a long, healthy life.

Black Elk

Oglala Sioux, 1863-1950