Introduction and Guest Background

Hi, everyone. Welcome to the Reversing Type 2 Diabetes Summit. I'm your host, Dr. Beverly Yates, ND Today, It's my distinct honor and privilege for this episode to interview Dr.

Jennifer Martin-Schantz. She's a wonderful clinician and expert in the topic of the various traumas and challenges that people run into with diabetes.

She's a passionate clinician in the field of clinical psychology, and in her work she delivers. CBT, also called Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing, also known as EMDR.

She's trained in that and has group protocols as well. She primarily works with adults, adolescents, and children with a wide range of emotional, behavioral and adjustment issues.

In particular, she specializes in trauma, caregiving, military spouses and diabetes care. And I invited her here to be a part of this summit to really uncover some of the things that I think might not be obvious to people who aren't in the diabetes world about what can be traumatic about diabetes care.

Obviously, if someone has diabetes, any kind of blood sugar regulation issues, it's a lived experience. We want to make sure that we make everybody welcome and that we're talking about the things that are relevant, this particular aspect of health care.

So with that in mind, Dr. Martin-Schantz, welcome to our summit. Thank you so much, Dr. Yates. I appreciate it greatly. It's a privilege to be here with you all, and I'm excited to kind of share my knowledge with you all and just make, you know, make your lives easier and better.

All right. Great. Great. So I'm curious, you know, your background is just so rich around this topic. What got you interested specifically in diabetes and mental health?

Yes, good question. So I myself am type 2 diabetic and I have been sort of involved in the diabetes world and being diabetic myself for 20 years or so.

And when I started my career in mental health, I was noticing all of the experiences that I was having and not having any support. And so it really sort of in the last couple of years, I was looking into, okay, you know, why?

Why isn't there enough support for us with diabetics such as mental health support providers that understand what the link between diabetes and mental health?

And so I decided that I wanted to share my knowledge, I wanted to support people. And so I decided to go into specializing in diabetes and mental health.

This past year I was on the Committee of the Diabetes Mental Health Conference and the Planning Committee, and I spoke about trauma and diabetes and really just just interacting with people and and hearing their stories and those sorts of things just really inspired me to specialize in this even more.

That's great. That's wonderful to know. You know, I've always thought that there are so many things about health that often aren't obvious until it's either a lived experience or it's become a crisis.

And if we have a moment, just take a breath quite literally and step back and think about what is it we need to do or change or shift, it seems to me that bringing forward the things that people struggle with, the stuff that maybe isn't obvious, that it's on the inside, not the outside, is where we can really do a great service to people.

Absolutely. And just with the number of people being diagnosed with type 2 diabetes, type 2 diabetes increasing, that means that that's going to require more education, more awareness, and definitely more mental health support.

Right. And so being able to to say, you know, I am a clinician, I'm a provider, I have diabetes and I understand it. And with that, you know, with having diabetes, I understand the mental health struggles, I understand the physical struggles and just being that sort of a link, that support for people who have no one, that's really just, you know, my my main sort of mission, my main part of the reason why I do what I do is because I want to connect with people.

I want to help people, and I want to know their support, you know, out there for them. I want them to know that. Absolutely. That's great. I salute you for that.

It's so cool, you know, and what a difference it makes in the quality of someone's life, that's for sure. Right. So so what are the connections that you see between patients who have diabetes and their mental health?

Absolutely.

Why Diabetes and Mental Health Matter

You know, the connections that I see definitely surround you know, functioning and functioning. Meaning, you know, I'm seeing a lot of depression. I'm seeing a lot of anxiety and anxiety mostly surrounding hypo episodes.

So when our blood sugar drops below 80, we're having a hypo episode. And when that happens, our body responds. When our body responds, our mind catches up and goes, okay, I should look at my CGM, I should look at my meter, I should test.

That should be the first thing we're doing. But sometimes we're not doing that. Sometimes we're just panicking and going, I don't know what to do. I can't think, you know, I can't get juice or running, get something to eat.

I just need to sit here and and, you know, sit in my anxiety. So just having more awareness around, you know, hypo episodes. And that causes anxiety for people and seeing what happens, seeing those symptoms also how diabetes and blood sugar affects our mood.

Right. We have whether that affects our mood and when we have sugars that go up and down, that also affects our mood. Right. You know, the other thing that I see a lot is diabetes burnout.

It's, you know, I don't want to test anymore. I don't want to eat right. I don't want to look at my CGM and I'm tired of hearing those alerts go off. Right.

So that's a lot of what I see as well, is this sort of burnout with being diabetic because it requires so much energy and time. So one of the things that I love to do with my patients that I work with is we talk a lot about self-care because being diabetic, the number one thing that you can do for yourself to avoid burnout especially and try to minimize those mental health symptoms is self-care.

Absolutely. It's critical, right? It's number one on the list. Yes, absolutely. You know, something I've noticed over the years of my career, and I'm certain you have noticed this as well around that issue, around self-care, do you find that people feel a little shy around putting themselves first?

Absolutely. There is this misconception that self-care is selfish, that, oh, I can't possibly take care of myself. Right. And that's not the case. Self-care is not selfish.

I describe it to my patients as, you know, I use their cell phone as an example. You have to charge your cell phone in order for it to work. It's the same for us, right?

We have to recharge ourselves and that is self-care. It's recharging, it's taking a break, it's planning meals, it's

taking a rest, maybe even taking a nap.

But it's also making sure that our blood sugars are as stable as they can be and making good choices. Yeah, yeah, absolutely. So well said. Thank you for that.

I think that I mean, today's, you know, herky jerky, super busy world. There's just so many obstacles and challenges and sometimes just really difficult moments that people have to navigate day after day after day.

You know, you've talked about burnout. It just seems like it's something that's going to be part of the journey. It definitely is. It it is. It is. Burnout is something that is unfortunately, you know, part of our journey as a diabetic.

Right. But is part of our also, you know, our families and our loved ones journey as well. Because the other thing that I really see and I work with patients on is putting up boundaries because they have family members or spouses or kids that don't understand that, that sometimes they have to take a minute and have juice or they have to take a minute and and drink water, or they have to plan a little bit because they may have a high episode or a low episode, or they may be feeling fatigued because it's hot out and they can't be outside any more that day.

So putting up boundaries and realizing that burnout definitely is is for us that have diabetes.

Diabetes Burnout, Self-Care, and Boundaries

But also can extend to our loved ones and the people we live with and that are around because it's tiring, it's tiring having to, you know, monitor ourselves and monitor our sugars and and eat and exercise and trying to find all of these balance, you know, things that we have in our life.

So absolutely, it's it's about putting up those boundaries, but being able to also advocate for ourselves and for what we need. Yeah, absolutely. Absolutely.

That advocacy, you know, is necessary. We advocate for ourselves or for others, but especially for ourselves, I think for any of our health care needs, whether it's the diabetes, maybe it's thyroid issues, you know, other metabolic concerns, maybe it's asthma or it's arthritis, whatever it is, being able to put words to it.

Or if you need to bring someone with you who can put words to it, it seems to be an essential skill to really get what you need to from the medical system.

Yes, absolutely. And part part of something else that we talk about a lot in sessions is how to be our own advocate. Right? Because what I tell patients all the time is you're the expert in your own life.

You know how diabetes affects you. You know everything about that. The doctor sees numbers, the doctor sees numbers, sees your chart, sees sort of a pattern of what's going on with your blood sugars.

But this every day moment to moment life stuff, you're the expert in that. Right. And so being able to advocate and say this medication is not working for me or I think I'm having too much of a high dose of insulin because I'm not feeling right and being able to have those conversations with the doctor so that they can get the best care because the doctor's job is okay, I'm going to help you manage it.

But they only know what they see and they're only looking at the numbers. Often they're not looking at, okay, you as a person, tell me about your diabetes burn out.

Right? The doctors don't normally have time to ask that. But if you say to the doctor, I'm feeling a little burned out, you know, do you have any resources? What can I do?

Then you're having the conversation and they're getting to know you and how you are dealing with diabetes or maybe resources you need as a diabetic. That's great.

You know, we just can coach and support each other and care about each other. And, you know, for ourselves, if we're the ones that have this problem or other chronic kind of health problems, it's just keeping your heart and your spirit and your head in the game is really part of a large part of that, this journey, right?

So how can we provide practical support for those with diabetes? Yes, absolutely. So practical support, I think this is encompasses, you know, the first part, education, not only educating ourselves about what diabetes is really specifically, but also helping to educate the doctors and other individuals that may be on our medical team, but also our family members or friends, coworkers that for for me, this is what diabetes looks like for me, and these are the things that I need and need to take care of.

Also on the other side of that is being able to, you know, talk about it and talk about it with a professional who understands. Right. So diabetes education and care specialist, they're going to be there to coach you.

They're going to be there to talk with you about nutrition. And oftentimes they are such a great resource, such a great resource. But also having a provider like a psychologist, like a therapist who is specializes in diabetes so that you can you can go to them and say, this is what I'm feeling.

Can you help me figure out why I'm feeling this way? Or these are the thoughts that I'm having? Can it can we, you know, process that? Can we talk about these thoughts?

And also, part of our job as providers is to normalize, normalize that it is hard being a diabetic, having to do all the things that we have to do, monitor and pay attention and plan and all of these things.

It's hard, like any other medical condition that somebody may have, like diabetes. It's hard and we need to be validated in that. It's hard, but we also need to be validated and supported that we can do it and we're capable of doing it.

Absolutely. That line needs to be walked in, walks together, you know. So do you think that discussing diabetes and mental health with providers, with doctors, other members of the care team, will that help to increase patient care?

I honestly do. And I think that the more of us as patients go to our doctors and say this, these are my symptoms, this is what I'm feeling, this is what I'm experiencing, it will help us get better care.

Acceptance. Yeah, that makes sense. Bringing it together. And I know in the context of office visits, sometimes they are so brief, you know, it's just like, wow.

Right, right. And that's that's the other thing. It doesn't have to be brief. We can say to the doctor, Hey, can you wait a minute? I have some questions or I need some help with something.

I know that you've looked at my meter and everything, but I have some questions about them things or I'm struggling with this and I need help with it.

You know, it's almost like we we have become sort of conditioned not to ask for help. We are have become conditioned that we just go to the doctor and they tell us what to do.

And that's not exactly what what we need to follow. Right. We again, have to look at it as individually, this is what I'm dealing with and this is what I need help with.

And you're the expert doctor, so please help me. Help me figure out what I need. Exactly. Exactly. And maybe communicate in advance if you know, it's supposed to be a brief visit.

Advocacy and Practical Support in Care

That's the next level or two up. So you have the time. Insist that they carve out that time. Absolutely. And start off

with, you know, the doctor's going to ask, why are you here?

What's going on? And you can start off and say, you know, I have some questions. So would you like to talk about that now or would you like to talk about it at the end and then remind the doctor and say, you know, we started off today and I have some questions.

You answered some of them, but maybe I have some other questions or additional questions. But that goes back to we are allowed to advocate for ourselves.

We're allowed to ask questions to our health care providers. This is great. This is great. So when we're thinking about the mental health aspects, maybe hidden aspects of trauma specific to diabetes care, things like that, how do you see these connections that develop between trauma and diabetes?

Absolutely. Great. Great question. So with when we're talking about trauma, we're talking about first our bodies. So whenever we have a traumatic experience, our body is always going to respond first and then our mind sort of catches up and goes, Oh, something's going on.

I'm not sure what's going on. And then we start kind of assessing, doing our own assessment, like, Oh, I'm sweaty, or my heart's racing or I feel like I want to run or I can't do anything.

I'm just going to freeze here, right? And sometimes it is related to our blood sugars, for example, a hypo episode, right? So if our if our blood sugar is low and you know, when it's low, we have symptoms of usually fatigue, brain fog, we have symptoms of low energy.

Sometimes we don't know like what's going on or we can't hardly walk. Our body is basically like, okay, I'm going to shut down, right? We're not thinking clearly.

So when we have a hypo episode and we continue to go through this, the anxiety is going to increase, which is again, when we have an increase in our anxiety.

Now we're getting to the point of, I don't know what's going on. I think I'm feeling panicked or anxiety or is it my blood sugar or what's going on? And that can cause trauma over time if we have this continued pattern, right, of anxiety and we don't know what it is.

So that's just one of the links that I see a lot is having hypo episodes. The other thing is medical trauma. Medical trauma is huge, right? Medical trauma related to any issue that we have that is also related to our diabetes and how we're treated during that medical trauma.

Right. How we're treated by providers. But do we have support there with us or are we doing it alone? That in itself, having to go through it alone can cause trauma.

So looking at medical traumas, you know, the other thing is like, for example, if we, you know, have a dental issue or an eye issue or, you know, they're telling us, oh, you know, your limb is not getting enough circulation or whatever it may be, that hearing those things can be traumatic and not knowing what to do with them.

Right. How am I going to do this? You're telling me, you know, this is going on with my body and I'm not sure what to do. So so looking at those types of things, when we look at, you know, basic trauma related to eye to diabetes really has a lot to do with experiencing things repeatedly with, you know, just an example, hypo episode, hypo anxiety, medical trauma is another sort of really big one.

And it's about how our brain and our body become very disconnected. Right. And part of treatment is reconnecting those, reconnecting our brain with our body. Right.

And teaching coping skills how to work through the trauma, how to process trauma. This all makes sense. You know, I think of some of the things that patients have shared with me over the years.

And one of the things I think that leads to the burnout and the understandable sometimes just exhaustion of having to deal with all the things because it's such a daily issue with blood sugar is when people get on the blood sugar rollercoaster and let's say they go hyper, so they have a moment of a high blood sugar spike, right?

The hypoglycemia and then the inevitable rollercoaster crash back down. Right. And now they're in hypoglycemia only and usually there's a range of emotions that go with that.

It may or may not be preceded by being hangry, you know. What are your thoughts about what a person's maybe more inner experiences and what they probably need to tell someone that is happening.

Because unless it's happening, I don't think most people, if they haven't experienced that, have any idea what those struggles are like. Absolutely. So going from a hyper episode where we're high, like we're above at least 150, right blood sugar level now, we're probably up in 200 or above for having a hyper episode.

And when we get there, right, it's usually we're feeling tired, right? But tired of saying, Oh, I'm feeling a little sleepy. Right?

Trauma, Hypo Episodes, and Medical Stress

And then when the crash begins to start and we start dropping or plummeting now our body is going through this sort of change of I'm feeling tired too now.

I'm feeling probably some anxiety and I'm feeling like there's a change happening in my body and I don't know what's going on and I'm angry about it, or I might be scared or I don't know what's going on.

And maybe we don't know that the first thing we should do is check our blood sugar. And if we see that arrow dropping. Oh, okay, I'm dropping. What can I do?

Maybe I need to sit down. Maybe I need to have some water. You know, maybe I just need to take a rest for a second. But the rain of emotions, I think that's such a great example.

The range of emotions going from tired. Right? Sleepy to, Oh, I'm panicking because I'm dropping and and I don't know what to do and I need to figure out what I need to do.

And in that panic sort of feeling or the feeling of maybe I am hungry, or maybe I'm feeling tired or maybe I'm feeling something else, right? It's figuring out how we're feeling.

And the best thing we can do to figure that out is look at our meter or our CGM and see where our sugar is out. Because that that example of feeling that high to low, we know that as individuals who who have diabetes, we know what that feeling is like.

We know when our body is off and if something is off, it's very hard to to communicate why it's off. Right. And it could be we're tired, we're hungry, right?

We're thirsty. Or maybe we need to go work out or walk because we're having a hyper episode and we need to get our sugar down a little bit. So there's there's so much in there with going from high to low and experiencing sort of those range of emotions.

It's very individualized, but we can generalize and probably some of the feelings, like I mentioned, of what a person's going through. That's really great.

That's really great. Okay. I'd like to share this patient story with you and get your insights on it, because I think it's going to really help us with this conversation and I think it will help people on the summit.

And I have I'm hopeful they'll be nodding their heads with recognition. Years ago, early in my career, I had a patient

who had Type 2 diabetes and had it for a long time and was really honestly so used to feeling crappy, feeling really bad that they were pretty much feeling hopeless and they didn't really think this could change for them.

And one of the things I couldn't help but notice was just like you were saying earlier, you know, Dr. Martin-Schantz around people's fatigue with not wanting to even look at the data.

They don't want to do any of their blood sugar checks, may not want to get their eyes checked, their teeth check their dentistry, their feet, their limbs seem like they just get sick of it all.

And in this particular patient's case, he was terrified of needles. Always had been. And this was actually before the days of a CGM. So the need, the need for the constant finger sticks and using the glucometer and test strips was still quite real, right?

CGM Thank God, it just it helps with that issue. But in this person's case, he was like, why even bother going to all these various doctors and health professionals?

Because I know the news will be bad. It was like this doom and anticipation that there was no good news. So what was the point? Right. And feeling kind of just trapped, I think, in that box.

And at the time I didn't have the knowledge and the tools really to speak to that. I would handle it differently. Now. I wonder, what are your thoughts around coping skills?

Because I think people do feel traumatized with this constantly having to be on the hamster wheel of the self care and maybe not always getting the reward from their efforts that they would like.

Absolutely. Part part of what I heard you say is that he really was stuck in this negative narrative that diabetes was something so negative and that there was no hope for him.

And coping skills can come in and provide. Okay, there is positives. Let's look at those positives. Let's talk about some positives. Right. Instead of looking at it as something negative that I'm going to hear the same information and I'm going to have to do this and it's hopeless.

How can we build in hope, right? We can build in hope by using positive self-talk, by changing the narrative from poor, from negative to positive right, and in changing that narrative, we have to hold on to something that gives us purpose, right?

And if we can find something that gives our life purpose, such as I can choose to, to negatively look at my diabetes, or I can change the narrative and say, today I am choosing me, today I am choosing to be the hero of my own life and I am choosing to go to that to one doctor today and I am choosing to get my feet checked.

And you know what? It's going to be fine. Whatever happens, I will be okay. And if I have questions, I know I can ask those questions and maybe I'm going to do some self-care after the doctor.

Maybe I'm going to go and take a walk or maybe grab a coffee or something like that. But it's changing. That narrative is the biggest coping skill that we can give ourselves because it feels sometimes so negative and so hopeless.

It's not, though. It's not. We can choose positive every day and be our own hero. And that is something that I tell my patients all the time. You can be that hero for your own life and you're allowed you're allowed to say, Not today I am.

I'm choosing positive today I'm going to cope with this. I know I can deal with it. Yeah, that's that's just one of the ways or multiple ways that I see that coping skills can help.

Part of self-care is coping skills as well. And if you have a self-care routine self-care plan, you go to the doctor, then

you get some self-care and you balance that.

That self-care is okay. This is how I can cope with it. Absolutely. Absolutely. Those are all very important steps. Thank you for sharing that with us.

I'm curious to get your thoughts about this. You know what hypo response is in hyper responses, right? Like hypoglycemia, low blood sugar and hypoglycemia, high blood sugar.

What do they due to the brain? Because we know what's going on in the brain to some degree is actually reflecting our emotions. But there are things that happen in the brain kind of independent of our emotions.

Yes, absolutely. So. So what happens is, is our nervous system, our parasympathetic and our sympathetic nervous system are activating.

Understanding Acute Stress vs PTSD

Right. And and so when that happens, when we have a high or low, the nervous system activates in different parts of our body are going to respond and the brain goes, okay, am I feeling anxious or am I feeling depressed?

And usually we vacillate between the two, between anxiousness and depression. And and so our body response ending first is going to be, okay, you know what?

What in our body is responding? If we're feeling sweaty and we're hot and we're feeling fatigued, that could be we're having a hypo episode or if we're outside working out, we could be having a hyper episode, right?

So your body responding is sort of the first signal that we should check our sugar to see where our numbers are and where our range is, right where our our good range is supposed to be.

And once we check that and we see, okay, this is where our sugar is, then we can begin to assess everything else. But but really, it's about that individual and realizing, okay, what am I doing?

Let me check my sugar because this is how I'm feeling. The body response is always going to be first. This makes sense. This makes sense. Okay, so then with this, let's take a look at a category where I think people maybe aren't always sure what these things really mean.

We want to be sure people have clarity, right? So what is the difference? So so first, before we even get to that, here's here's the real thing. We know people respond differently to foods, right?

People can eat healthy nutrition and some people will have a fine or fabulous blood sugar reaction. Some people it's not going to be the right thing for them.

But we know that it's not one size fits all as much as people will want to put out one generic nutritional plan and have it work for all humans. Right? It ain't like that. Okay.

Yeah. Not so true. We all know this, you know, certainly as clinicians and just as human beings, we know that, right? So we can react differently and people can experience something that would be considered traumatic and react differently.

Right. So what's the difference between an acute trauma and what's known as PTSD or post-traumatic stress disorder? Good, good. Social. Good question.

So acute stress disorder is immediately after we've experienced the trauma, right? So immediately after with acute stress disorder, we have to sort of experience something that is life changing or experience a traumatic incident, either seeing it or directly experiencing it.

Right. PTSD comes in three months after the traumatic incident and at that three month mark and beyond, we have post-traumatic stress disorder. When we have nightmares, flashbacks, we see someone die or we feel like we are going to die.

Those are some of the qualifiers that are different for PTSD, that are that are much different than acute stress. And that's something that I see a lot, too, is everybody wants to come to my office and tell, you know, say, Oh, I have PTSD.

And then I we go back and I say, okay, when did this happen? When did your symptoms start? If your symptoms started immediately after the traumatic event, you're going to have acute stress automatically.

But acute stress is not something that's talked about. We all we hear about is PTSD, right? We don't hear about the acute stress and knowing the difference.

So after that three month mark again is when the PTSD symptoms start to to usually get worse. And that's when we can be officially diagnosed with PTSD.

It has to be in that time frame. So I explain the diagnosis of, you know, us as clinicians. We have qualifiers that we diagnose people with, just like doctors do, and you have to meet those qualifiers so you can have symptoms such as nightmares, you can have symptoms of PTSD, but not actually being diagnosed with PTSD.

Okay. Okay. So I think that that will really help people because, you know, folks throw these terms around and they mean very specific things. Right? Okay. Yes. Yes.

All right. So when we think about diabetes, one of the topics that often comes up but people don't get a lot of information about is depression and or anxiety and whether or not that's related to an acute trauma or true PTSD.

Can you help walk us through this? Yes. So depression and anxiety are very common with people who have diabetes. They just are just because of everything we deal with on a regular basis.

Right. And having, like I said before, having those hypo episodes, those low episodes can cause anxiety and anxiety symptoms. Right? With PTSD, normally in my office, in the patients that I work with, those patients that actually officially have been diagnosed with PTSD, whether it's acute or chronic, also having zero symptoms and depression symptoms.

And they also may fully have major depressive disorder or generalized anxiety disorder. So when you have PTSD, you're going to have symptoms of depression normally and anxiety as well.

Therapy Approaches for Diabetes-Related Trauma

And it's because of the traumatic event not only causes the post-traumatic stress, meaning flashbacks, nightmares, but it also causes our body to respond.

And when our body responds. Right. And we're feeling panic, that is anxiety, right? When our body responds and we're like, oh, no, I'm going to hide. I'm getting in bed, I'm going to sleep.

That is depression. Okay, That's crystal clear. We get it. All right. Thank you. Yeah. So with these distinctions in mind and people are thinking, Oh, wow, I recognize myself, or Oh, gee, I did not know that, you know, my this person that I love or that I care about or my dear friend might be going through all this.

I wish I had had more insight. Now I do. Right. What is it like? Can you walk us through what it's like to work with a therapist to resolve these traumas?

Because I personally believe everyone deserves to be well and to be healthy and happy. But I know some of us absolutely need more support and more tools.

So what is it like to work with a therapist to resolve these issues? Absolutely. So. So when you work with a therapist that specializes in trauma, your you're going to learn coping skill skills and you're going to be talking about the traumatic events or events, right?

You're going to be talking you're going to be processing, you're going to problem solve. They're going to listen. You're going to find solutions that that is sort of the basics of it when you come into therapy.

Now, if somebody like myself who specializes in EMDR, which is eye movement desensitization and reprocessing, this is a type of treatment that is the leading trauma treatment for PTSD, and it's also trauma treatment for any other type of trauma, such as a recent traumatic event or something maybe that's happened over the years or something even that may have happened 20 years ago.

So those of us that are trained in EMDR, there is a protocol, there is a process, and I highly recommend that if you have a significant amount of trauma or you have childhood trauma and maybe young adult trauma and you're maybe in your thirties, even depending upon how old you are, that you go see somebody who's trained in EMDR and you go through a trauma type treatment.

There is also cognitive behavioral therapy, or we call it trauma CBT as well. That is also a type of treatment. It is different than EMDR because CBT, we're looking at thoughts, we're looking at behaviors and that sort of thing.

In EMDR, it's a little bit different. We're we're basically sitting in the traumatic event for a session and processing through using eye movement or bilateral stimulation.

So there are different trauma treatments out there, and I recommend that if you're looking to really process and work through your traumas, that you see somebody that is trained, you see a provider that is trained in EMDR or certified and certified trauma CBT, but they're going to, you know, talk therapy.

You're only actually going to get so far in processing the trauma, right? You need some of these other treatments in order to fully resolve the trauma and trauma focus.

CBT and EMDR are backed by years of research and we know it works. So that's that's a common question I get. How do you know it works? Well, there's a ton of research out there that shows how these treatments work and how they better people's lives and improve people's lives.

And improving functioning is biggest one. That's super. That's super. You know, I think about all the various challenges and obstacles people have in their journey with type 2 diabetes, pre-diabetes, polycystic ovarian syndrome, instant resistance, metabolic syndrome, all of these various blood sugar centric things, you know, type 1.5 diabetes.

Some people think of the early excuse me, of the onset of Alzheimer's and dementia as being type 3 diabetes. Like there's so many things around blood sugar.

And when you look at it and think about the mental health aspects, it just seems to me the more can unlock more tools and resources to work on these things directly so that their own lived experience is better, it's calmer, it's more stable.

If it can't, it can only lead to a healthier outcome that includes better blood sugar control. Yes, I could not agree more. Absolutely. Is is sometimes we need that brain body balance.

And how we get that brain body balance is we have to ask for help in order to do that. So our medical provider, our doctor, our endocrinology is is part of that.

But also seeing a therapist and seeing a provider that can help you with the mental health side, that is finding that balance so you can learn coping skills and increase self-care and learn what works best for you.

That's the important part. Finding out what works best for you. You know your secret decoder ring? Yeah, that's it. Thank you so much for partnering with me on this summit.

It's great to have you here. Just as we wrap, I wonder if there's any one particular tip you'd like to give people as we end around making sure that they take action on finding the help they so richly deserve?

Absolutely. And and if you're looking for mental health support, there are databases out there. The American Diabetes Association has a database of mental health providers.

Psychology Today is also another database that has providers.

Finding Help and Closing Remarks

Social media is a great place to sort of search and and just getting connected to community resources, getting connected to one person may know a provider.

And so it might just take, you know, a quick search or, you know, you're scrolling through Instagram or TikTok or something and you see something message that person, send that provider an email and say, hey, you know, I'm looking for help.

Do you know anyone or can you help me? And they will begin connect to you. So the first tip is just asking for help. And knowing that asking for help is the first step in healing.

It's the first step in helping. Super, super. Thank you so much for being our guest here, Dr. Jennifer Martin-Schantz. If people like to connect with you, where can they get more information?

So my Instagram handle is @diabetestateofmind, and that's one s and that's my Instagram handle. I'm also on Facebook. You can search for Dr. Jennifer Martin-Schantz, or it might just be Jennifer Martin-Schantz.

I'm on Facebook, I'm on LinkedIn. And so if you want to connect with me, those are great places to connect. All right. Great, great. Thank you so much for being here.

Friends, as you listen to all of our episodes and sessions with marvelous experts, please share this with other people that you know who care about their health or who could benefit from the information.

Together, we can work on that goal of reaching and changing and helping the lives of at least 3 million people who have this growing problem of Type 2 diabetes and pre-diabetes and turn that around.

This is one chronic illness. I'd love to see a whole lot fewer people struggling with. That would be super. Absolutely. Yes. I it is it is my privilege to be part of Reversing Type 2 Diabetes Summit.

And I am so grateful to be here. And I am I'm just looking forward to everybody just learning and gaining knowledge and support. And I think this is just a wonderful thing you all are doing.