

PSYCHOSOCIAL CONSIDERATIONS OF DIABETES CARE IN SCHOOL

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2022 Virtual Diabetes Management Conference for School Nurses

Provided by Texas Children's Hospital

NURSING CONTINUING PROFESSIONAL DEVELOPMENT

Texas Children's Hospital is approved with distinction as a provider of nursing continuing professional development (NCPD) by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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To receive contact hours for this nursing continuing professional development activity, the participant must:

- Register for the continuing professional development activity
- Attend at least one session of the professional development activity
- Complete the pre-conference assessment
- Complete the post-conference participant evaluation online

Print and sign your contact hour "Certificate of Successful Completion" once you have completed the online evaluation.

LEARNING OUTCOME

As a result of this professional development activity, 85 % attendees will intend to infuse what they have learned into their professional practice and be able to name one concept learned on the post activity evaluation.

RELEVANT FINANCIAL RELATIONSHIPS

Explanation: a relevant financial relationships occurs when an individual has an opportunity to affect or impact educational content with which he or she may have a relationship with an ineligible company or a potentially biasing relationship of a financial nature. All planners and presenters/authors/content reviewers must disclose the presence or absence of a relevant financial relationship relative to this activity. All potential relationships are mitigated prior to the planning, implementation, or evaluation of the continuing education activity. All activity planning committee members and presenters/authors/content reviewers have had their relevant financial relationships assessed, identified and mitigated by Activity Director & the nurse planner.

The activity's Nurse Planner has determined that no one who has the ability to control the content of this nursing continuing professional development activity – planning committee members and presenters/authors/content reviewers – has a relevant financial relationship.

COMMERCIAL SUPPORT

This CNPD activity has received no commercial support.

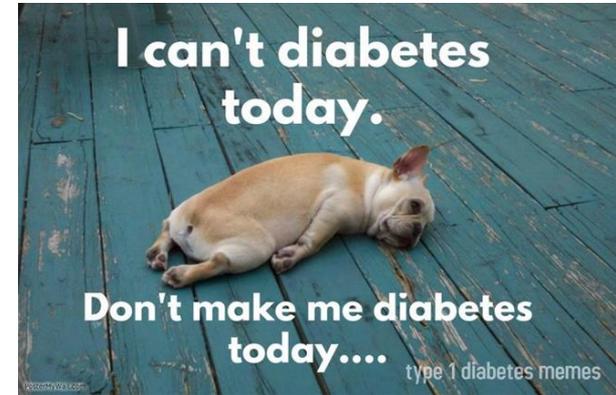


OBJECTIVES

- Consider common emotional and behavioral concerns in diabetes
 - At new onset
 - Later in diagnosis
- Identify signs of diabetes distress and burnout
- Review age-related guidelines for diabetes responsibilities
- Discuss ways school nurses can promote healthy emotional adjustment and coping with diabetes

DIABETES IS NOT EASY

- Painful procedures
- Frequent decision making
- Impulse control
- Doing things differently than friends
- Speaking up for yourself
- Multitasking
- Emotion awareness and regulation
- And more!



EMOTIONAL CONSIDERATIONS: NEW ONSET

- How should I feel about this?
 - What else is going to change?
 - Am I sick now?
 - Are people going to treat me differently?
 - OW, that hurts!
- Question: What emotional concerns are you noticing when kids are first diagnosed with diabetes?

EMOTIONAL CONSIDERATIONS: NEW ONSET

- Important tasks:
 - Learn how to participate in diabetes care
 - Integrate management into existing routines
 - Learning how to communicate about diabetes
 - Coping with/responding to high and low blood sugars
 - Building confidence
- *Question follow-up: Observations?*

EMOTIONAL CONSIDERATIONS: MANAGING A CHRONIC CONDITION

Some kids are coping and managing just fine!

Common threads:

- “It’s just what I do”
- “It’s just a number”: minimal affect + problem solving
- Friends know
- Low-conflict communication with caregivers
- Support tailored to individual wants/needs

Others might be struggling:

- “I’m so tired of this”
- “I forgot”
- Lower priority, putting it off
 - Examples: “The good students” age 8 and 17
- Feeling sad, mad, guilty, other strong feelings about diabetes

EMOTIONAL CONSIDERATIONS: MANAGING A CHRONIC CONDITION

- Important Task: Keeping up with management as things change
 - New teachers
 - New friends
 - New activities
 - Getting older
 - Increasing independence
 - Staying motivated during times of stress
- Question: What emotional concerns are you noticing in kids who have been living with diabetes for a long time?

WHAT IS DIABETES DISTRESS AND “BURNOUT”

- Broad range of negative thoughts and feelings about life with diabetes
 - Management
 - Impact on daily life and social/family interactions
 - Imagining the “forever” of diabetes
 - “I’m tired of it”
- What to look for...
 - Irritable, frustrated
 - High conflict or anxiety during interactions with parents
 - Sad, appearing withdrawn or quiet
 - Strong emotional responses to blood sugar numbers
 - Avoiding coming to your office or completing care tasks
 - Feeling overwhelmed, like diabetes runs their life
 - “No one understands”

SUPPORTING HEALTHY MANAGEMENT AND COPING

- AND... Kids are resilient
- Kids spend more than half their time awake at school
- School nurses play an essential role in supporting kids, and can set the tone for positive management practices
- Example: 17yo with management difficulties



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Help educate teachers, staff, and students about diabetes

- Remind staff about 504 accommodations
- Teacher-student communication during class
- Try and make it easy for kids to join festivities
- Responding to device noises
- Curious questions v. bullying



SUPPORTING HEALTHY MANAGEMENT AND COPING

- Support consistent routines
 - Reduce mental burden of daily care
 - Reinforce priorities: 1) health, 2) education, 3) play
 - Make diabetes management a positive part of the day
 - Be an accountability back-up

SUPPORTING HEALTHY MANAGEMENT AND COPING

Help kids participate in their care in age-appropriate ways

- Build confidence, learn problem-solving, prepare for future independence

6-11 years old:

- Parent begins teaching child how to do more tasks
- Parent always supervises and is ready to step in
- Child can
 - Start making some independent food choices
 - Learning basic carb counting
 - If using an insulin pump, do boluses with supervision
- It is OK for the child to ask parent to do any diabetes tasks (give an insulin shot)
- Parents can begin teaching child about long and short term complications



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12-14 years old:

- Parents still watch all tasks and provide guidance in a calm and non-judgmental way and provide guidance as needed
- Parent works to limit conflict, helps teen to set goals and problem-solve
- Parents and teens work together to fill out and review the blood sugar log
- Young teens can
 - Begin doing most shots, insulin pump management, and blood sugar checks
 - Count carbs and make appropriate food choices
- Some teens may not be ready at this age
- Parents still supervise diabetes care



SUPPORTING HEALTHY MANAGEMENT AND COPING

15-18 years old:

- Parents should continue to review the log book, meter, or insulin pump download with teen and provide feedback in a calm and non-judgmental way
- Parent can “fade out” monitoring over time, but should step back in if control worsens and ask teen “What can I do to help?”
- Older teens can
 - Begin doing most tasks independently
 - Be increasingly responsible for communicating with the health care team
 - Prepare with parent to transition to an adult healthcare provider
- Some teens may continue to need extra help – give them permission to ask for help



SUPPORTING HEALTHY MANAGEMENT AND COPING: LANGUAGE MATTERS!

Say this:

- Person with diabetes
- BG checking or monitoring
- High or low BG/A1c
- In- or out-of-range numbers
- Diabetes management (behavior)

Not this:

- Diabetic
- BG testing
- Good or bad numbers
- Diabetes control (biology)

Dickinson et al, 2017

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- “The only bad number is the one you don’t know” – Dr. Barbara Anderson
 - BG is not a grade
 - “Whatever the number, we can fix it”
 - Be careful with reactions to BGs and “why” questions
- Formula to prevent and reduce BG distress:
 - Praise the behavior: “Thanks for checking” or “Thanks for telling me”
 - Focus on problem-solving: “Let’s do xxxx” or “Let’s make a plan together, what should you do next?”
 - Take action and move on with child’s day

SUPPORTING HEALTHY MANAGEMENT AND COPING

- Praise behaviors, not numbers
 - Try to notice what they ARE doing – a note on “non-compliance”
 - Tell parents what their child has done well
 - Best way to increase behavior? Pay attention to it
- Question: What is a “praise able” diabetes behavior?

- A) responding to a Dexcom alert promptly
- B) taking a deep breath when they are upset
- C) choosing a sugar free drink when hanging with friends
- D) Having a blood sugar of 100
- E) everything except D



CONCLUSIONS

Things to remember

- Diabetes involves constant adjustments
- Kids are resilient
- Monitor for burnout (in yourselves too!) – consider sharing concerns with parents, encourage contact with medical team
- Your positive support, language, and teaching plays an important role in teaching kids how to live well with diabetes

Thank you! Questions?

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