

DIABETES DISTRESS AND BURNOUT

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2024 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.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

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 survey
- Complete the post-conference survey online

Print your contact hour "Certificate of Successful Completion" once you have completed the post-conference survey online .

LEARNING OUTCOME

As a result of this professional development activity, 90 % of attendees will be able to name one concept learned on the post conference survey as it relates to care of the child with diabetes as well as attendees will demonstrate increased knowledge as evidenced by an increase in scores on the post conference survey when compared to the pre-conference survey.

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.

DISCLOSURE

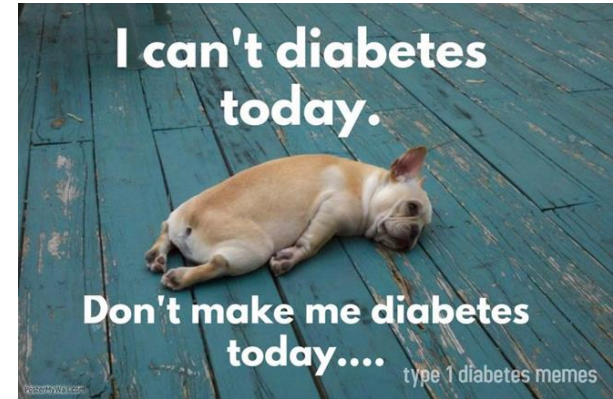
- I have no relevant financial relationships with any ineligible company to disclose.
- I do not intend to discuss unlabeled or unapproved use of drugs or products in this presentation.

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!

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

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”
- 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

VARIATIONS IN EMOTIONAL DISTRESS



Distress

Burdens of daily diabetes care
Stresses and worries
Feeling overwhelmed
Twice as common as MDD



Burnout

Feeling chronically overextended by burdens of living with diabetes
At the point of giving up on diabetes care



Depressive Symptoms

Any symptoms of depression that do not reach diagnostic levels
Content may be related to diabetes or other stresses



Depression

Major depressive disorder meeting DSM criteria
Content may or may not be related to diabetes

Adapted from Fisher et al, 2014

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WHAT IS DIABETES DISTRESS AND “BURNOUT”

- Recipe for Burnout
 - 1. Ask people to work really hard
 - 2. Don't always get credit for their efforts
 - 3. Efforts don't always affect the outcome
- Broad range of negative thoughts and feelings about life with diabetes, including...
 - Management
 - Impact on daily life and social/family interactions
 - Imagining the “forever” of diabetes
 - “I'm tired of it”



WHAT IS DIABETES DISTRESS AND “BURNOUT”

What to look for...

- Irritable, frustrated
- High conflict or anxiety during interactions with caregivers
- 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”



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SUPPORTING HEALTHY MANAGEMENT AND COPING

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



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SUPPORTING HEALTHY MANAGEMENT AND COPING

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



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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 and 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



St. Louis Children's Hospital

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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 downloaded 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)

Avoid these:

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

Dickinson et al, 2017

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SUPPORTING HEALTHY MANAGEMENT AND COPING

- “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: “Good job checking” or “Thanks for coming to tell 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



CONCLUSIONS

Things to remember

- Diabetes involves constant adjustments
- Kids are resilient
- Monitor for distress and 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

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Thank you! Questions?

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