Best practices for supporting teens with diabetes at school

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Hi, I’m Cassady.

- MS, Marriage and Family Therapy
- Certified in Medical Family Therapy
- Private Practice with a specialization in chronic medical conditions
- Type 1 diabetes for 25+ years

Why Was My High School Nurse At My Wedding?

Because I was a hot mess and she didn't judge me.

In fact, she accepted me for who I was.

She listened to me and encouraged me.

She didn't try to change my feelings.

She empathized with me and genuinely tried to understand me.

She didn't use fear to try to motivate me.

She didn't give up on me.

She truly cared about me.

Oh yeah, and she was a brilliant medical provider who knew her stuff…

If you've ever wondered…

…how do I engage with and motivate a teen who is capable and knowledgeable about how to take care of their diabetes and is wanting to be independent (read: not bugged at school) yet they aren't actually doing any diabetes tasks…

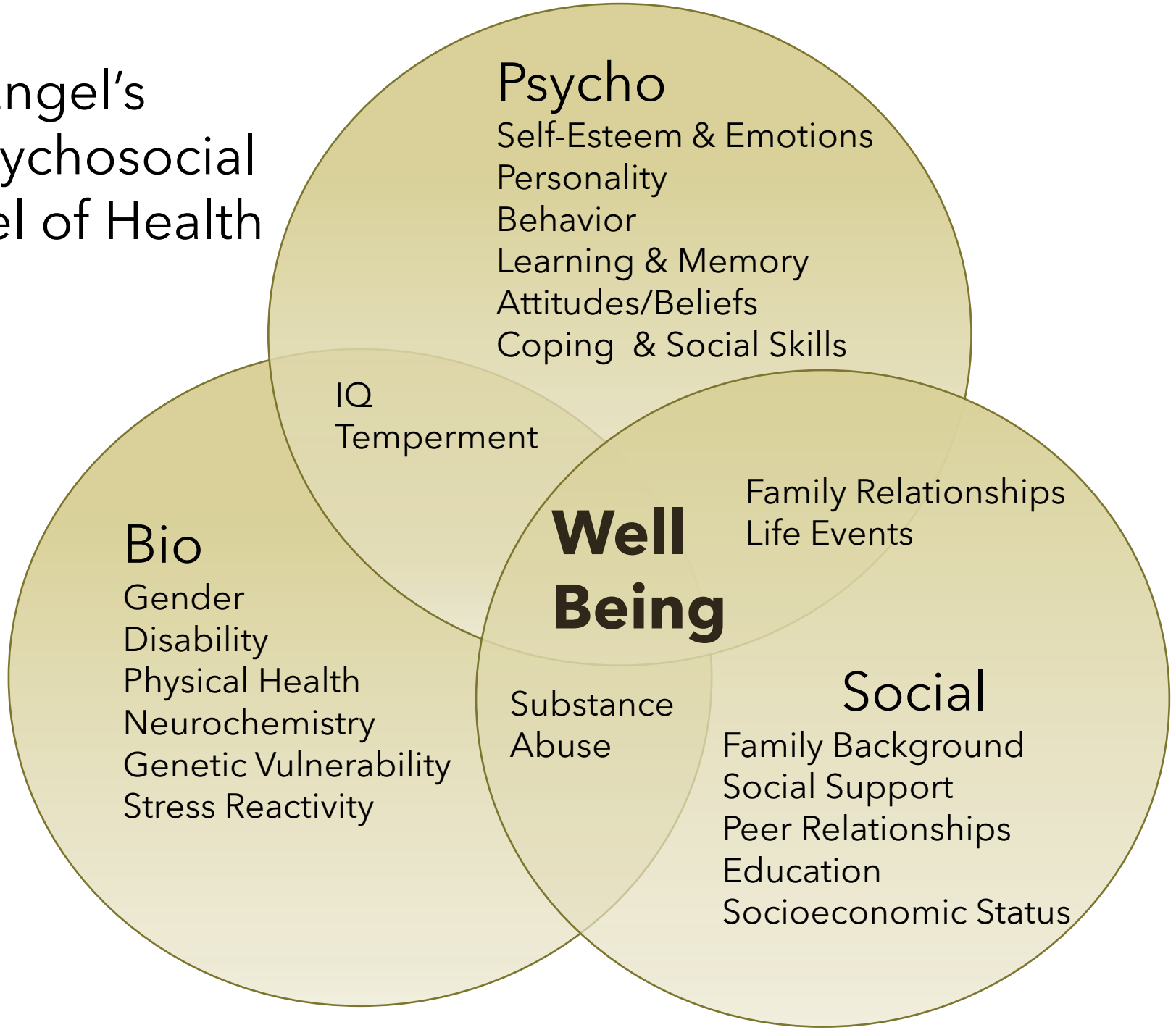
You are not alone.

Let's dive in!

Learning Objectives

Apply	Identify and distinguish	Discuss
Apply the biopsychosocial model of health to diabetes management	Identify and distinguish major barriers to successful diabetes self-management in teens	Discuss strategies to address these issues in a safe and student-centered way

Engel's Biopsychosocial Model of Health



Emotional well-being is an important part of diabetes care and self-management. Psychological and social problems can impair the individual's or family's ability to carry out diabetes care tasks and therefore potentially compromise health status.

(ADA, 2018)

A1c Chart

Avg Daily Blood Glucose	A1c Level
135	6%
170	7%
205	8%
240	9%
275	10%
310	11%
345	12%

What do you think?

Show of hands: What percentage of youth and adolescents (<18) are meeting the American Diabetes Association (ADA)'s A1C goal of <7.5%?

a) 63%

b) 56%

c) 21%

d) 17%

(Foster, et al., 2019)

The Stats

"An A1C target of <7.5% should be considered in children and adolescents with type 1 diabetes but should be individualized based on the needs and situation of the patient and family"

(ADA, 2018)

Age	Avg A1c	
1-5	8.2%	Goal A1c: 7.5%
6-12	8.5%	
13-17	9.2%	
18-25	8.9%	Goal A1c: 7%
26-49	7.8%	
≥50	7.7%	

(Foster, et al., 2019)

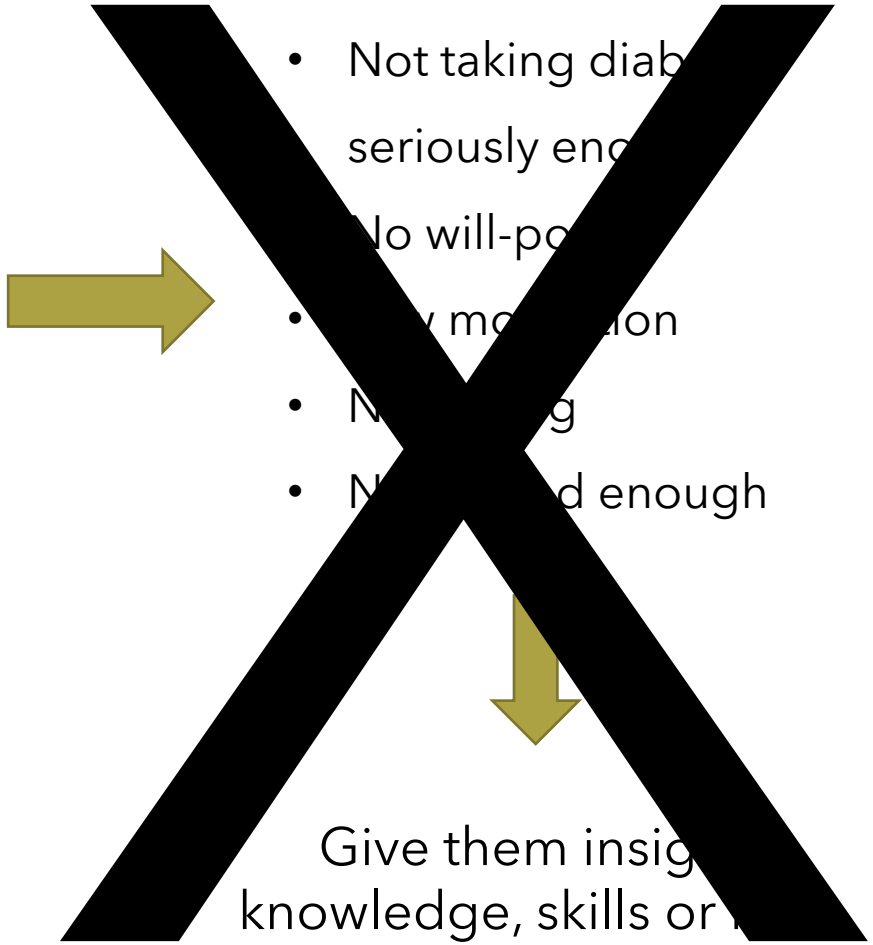
The Stats

- A significant proportion of youth with diabetes, particularly those with type 2 diabetes, are struggling.
- **27% of youth with T2D had A1C levels ≥9.5%**
- Minority youth were significantly more likely to have higher A1C levels compared with non-Hispanic white youth, regardless of diabetes type

(Hamman, 2014)

Challenging Behaviors

- Being dishonest about/refusing to check BG
- Not taking required insulin for meals (if at all)
- "Sneaking" food
- More conflict
- Acting like they don't care/"noncompliance"
- Avoidance
- Emotional outbursts
- Erratic BGs, elevated A1c, "poorly controlled"
- More risk-taking behaviors



No one wants to live a short and horrible life.

Often, people avoid the ***emotions*** that come with doing the work it takes to manage diabetes

(Polonsky, 1999)

Survey of 409

- Discouraged when I see numbers I can't explain: 68%
- Worried I will end up with serious complications no matter how hard I try: 84%
- Feeling that no matter what I do, it will never be good enough: 84%

(Polonsky, 2016)

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SIGNS OF DISTRESS

Look for the "why"

Barriers

General Life Stress

- Fights with friends
- Chores
- Schoolwork
- Sleep

Lack of Resources

- “No time”
- Instability at home
- Financial constraints, insurance issues

Barriers

Adolescents with T2D often

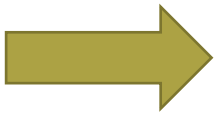
- *Come from racial/ethnic groups*
- *Have immediate family/relatives with T2D*
- *Low socioeconomic status and parent education*
- *Experience multiple psychosocial stressors*
- *Have less access to quality diabetes care*

(ADA, 2020; Butler, 2017)

Research of psychiatric disorders is limited for youth with T2D

- Depression, 9% mild, 19% mod/severe

(Lawrence, et al., 2006)



Erratic BG/Higher HbA1c

Increased ED visits

- More likely than ados with T1D to engage in unhealthy weight loss attempts

(Lawrence, et al., 2008)

Barriers

Mental health conditions occur in approximately 33% to 42% of youth with T1D, a rate **two to three times higher** than peers without T1D
(Kovacs et al., 1997; Northam et al. 2005)

Adolescents with T1D

- Depression (2x, 11-27%)
- Anxiety (2x, 20%)
- Eating disorders (girls: 2.4x, 1.9 subclinical, boys on the rise)

- Decreased quality of life
- Decreased frequency of BG self-monitoring
- Erratic BG/Higher HbA1c
- Increased ED visits
- Increased risks of hospitalization

(Iyengar, Thomas & Soleimanpour 2019)

Bio Barriers

Skills Developed during Adolescence

- Prioritizing long-term goals
- Impulse control
- Planning & time management
- Organizing
- Task initiation
- Problem solving
- Managing emotions

Skills Required for Diabetes Management

- Prioritizing long-term goals
- Impulse control
- Planning & time management
- Organizing
- Task initiation
- Problem solving
- Managing emotions

Barriers

- **Diabetes Distress:** feelings resulting from unique emotional issues directly related to the burdens and worries of living with a chronic medical condition

  1/3 of adolescents with T1D at any given time

  (Haggert, et al., 2016)

- **Diabetes Burnout:** a state in which someone with diabetes grows tired of managing their condition, and then disengages.

Types of Diabetes Distress

- Powerlessness: feeling like no matter what you do, it will never be good enough
- Negative social perceptions: concerns about how others see you, being different
- Physician distress: worrying about being misunderstood or blamed by HCPs
- Friend/family distress: "Diabetes Police", hyperfocus and judgments based on diabetes
- Hypoglycemia distress: fears around going low, missing class
- Management distress: guilt and frustration about self-management efforts
- Eating distress: worries and rumination about weight gain, eating and food choices

(Fisher , Polonsky, Hessler, et al., 2015)

Strategies: Mindset

Goal of adolescence: To become a healthy, happy, responsible individual who can function *on their own*.

→ Keep in mind that diabetes is a TEAM sport and that your job is the handoff, not the touchdown. The ball will get dropped sometimes, and that's okay!

It's a big shift to go from "How do I fix things" to "how do I support and encourage kids to deal with things themselves?"

The Diabetes Control and Complications Trial (DCCT) found that the most influential ingredient that helped participants keep up their diabetes self-care efforts was **"nondirective support":**

Knowing that there is someone who would help them figure out what to do, rather than telling them what to do.

Strategies: Mindset

- Biopsychsocial framework
- Check judgment and don't assume
- Expecting kids to always prioritize diabetes is a recipe for gray hair. "Children are not little adults" (ADA, 2018)
- Do not rush this process. It is not always linear
- Dropping the diabetes ball does not mean a child is "regressing", "lazy", or "noncompliant". Keep an eye out for distress, burnout & mental health issues.
- Compassion is key.

Diabetes is hard and we're all doing the best we can (even if our best is far from ideal!)

Strategies: Language & Tone

- "Bad" or "good" vs. "out of range"—**any number is great because you have it!**
- Control vs. Manage
- Sneaking, cheating vs. Making choices, decisions
- Person with diabetes vs. Diabetic

(Dickinson, et al., 2017)

Any word can sound like a judgement depending on how you say it!

Strategies: Logistics

- Listen, name and normalize feelings (without belittling).
- Practice your “poker face”.
- Ask your student how they would like for you to be involved. **More say = more buy in.** *Spot checks if need be.*
- Agree loudly and often that diabetes sucks. ***Let your student know that they do not have to do this alone.***
- DO NOT praise numbers. PRAISE BEHAVIORS!
- Notice and voice what your student is doing *well*.
- If you find yourself saying, “Can’t you just…” or “You should…”, STOP TALKING

Strategies: Support

- Talk to the family and diabetes care team to collaborate care.
- Provide students with the opportunity to connect with other kids with diabetes.
- Refer to an awesome therapist who knows about diabetes.
- Get support for yourself! Remember, how a student is doing with their diabetes is NOT a reflection of your qualifications as a nurse.

Resources

- Behavioral Diabetes Institute Etiquette Card: https://behavioraldiabetes.org/xwp/wp-content/uploads/2015/12/BDITeenEtiquette.pdf
- Juvenile Diabetes Research Foundation PEAK Diabetes Distress Reference Guide: https://1x5o5mujiug388ttap1p8s17-wpengine.netdna-ssl.com/wp-content/uploads/2019/08/PEAK-Med-IQ_StateofAffairs_1_v2.pdf

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Thank you!

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