

T1D and the Psychosocial Impact: Juggling it all

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Objectives

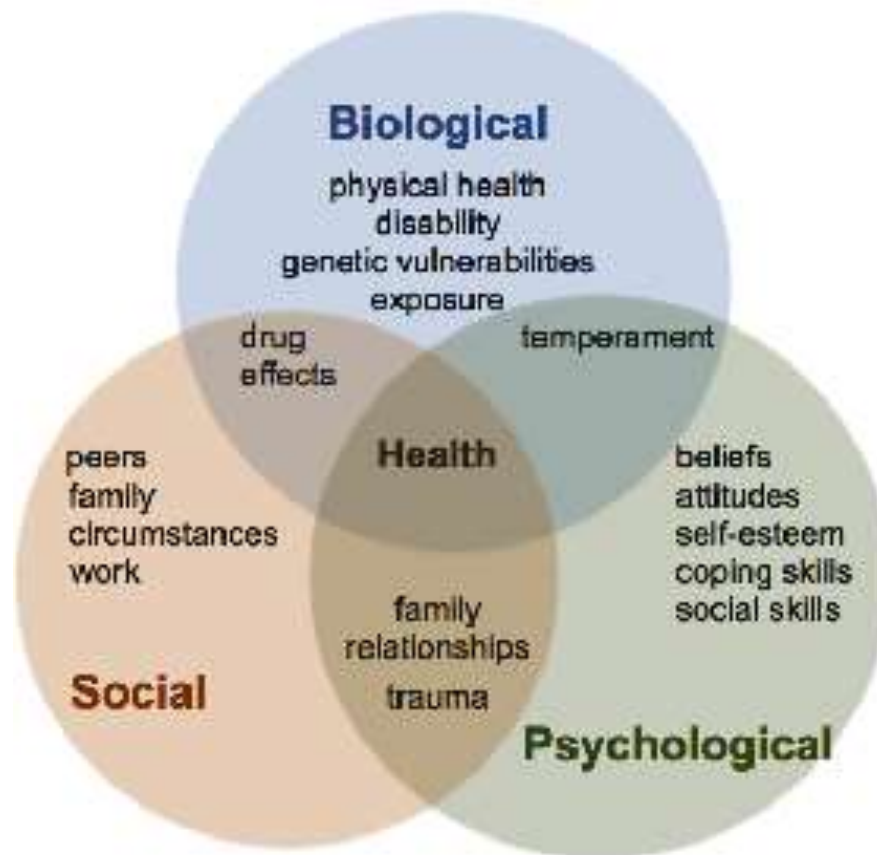
- The role of psychology in diabetes care
- Practical tips for diabetes self-care
- Psychology research in diabetes care

Living with Diabetes



- Tough but manageable
- Goals:
 - Fit diabetes into your everyday life
 - Be as happy and healthy as possible
- Growing up with diabetes
- Always a good time to learn new **SKILLS**

A Comprehensive Model of Health



Psychology

- Who?
- How?
- Where?
- When?
- What?



Who?

- Pediatric or Health Psychologists
 - Unique emotional and behavioral needs
 - Interplay between physical and psychosocial health
 - Navigate the demands of diabetes



How?

- Collaboration
 - Individual, family, doctors, healthcare providers

When?

- Whenever !
 - Prevention
 - Intervention
 - Goals, plan, intervention
 - What's tough? What might help?

Where?

- Diabetes Clinics
- Hospitals
- Hospital/university based outpatient clinics
- Primary care
- Private practice
- Community mental health centers
- Schools

What?

- Dealing with Diabetes
 - Diabetes tasks
 - Self-management
 - Shared responsibility
 - Age-appropriate independence
 - Diabetes problem-solving
 - Transition readiness
 - Coping/stress management
 - Burnout
 - Family communication
 - Social adjustment
 - School/work
 - Fears, worries, anxiety
 - Mood concerns
 - Behavioral difficulties
 - Sleep



Typical Issues We Treat

- Difficulties with self-management
- Diabetes distress
- Parent-child conflict
- Depression
- Anxiety (Fear of hypoglycemia)
- Disordered eating

Diabetes Self-Management

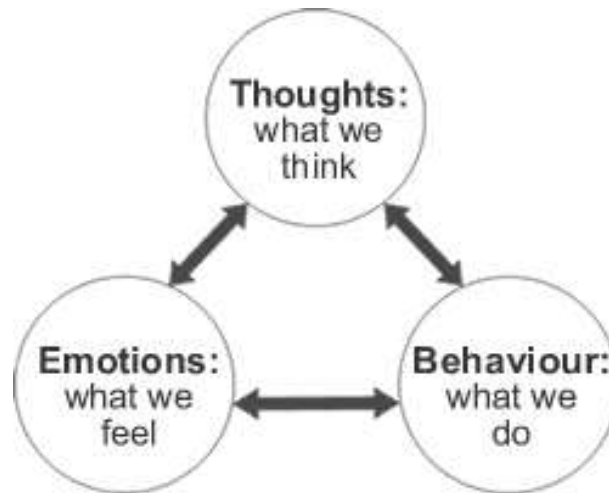
- We are experts in behavior
- Use that expertise to help patients develop habits and routines
- Help patients set up their environment to be successful

Behavioral Strategies to Improve self-care

- Focus on small changes
- Pairing diabetes care with an established routine
 - e.g. brushing teeth
- Monitoring progress
 - Use log
 - Family meetings
- Sleep management
 - Keep a regular sleep schedule
 - Avoid electronics before bed

Diabetes Distress

- “You can do everything right and not get it right”
- Barbara Anderson Ph.D., Diabetes Psychologist



Maintain reasonable expectations

- Challenge thinking related to diabetes that results in frustration and self-criticism
- No one can be perfect with blood sugars, nor do they need to be
- Numbers are not good or bad, just information
- View numbers as opportunities, not grades



**KEEP
CALM
IT'S
JUST A
NUMBER**

Celebrate small successes

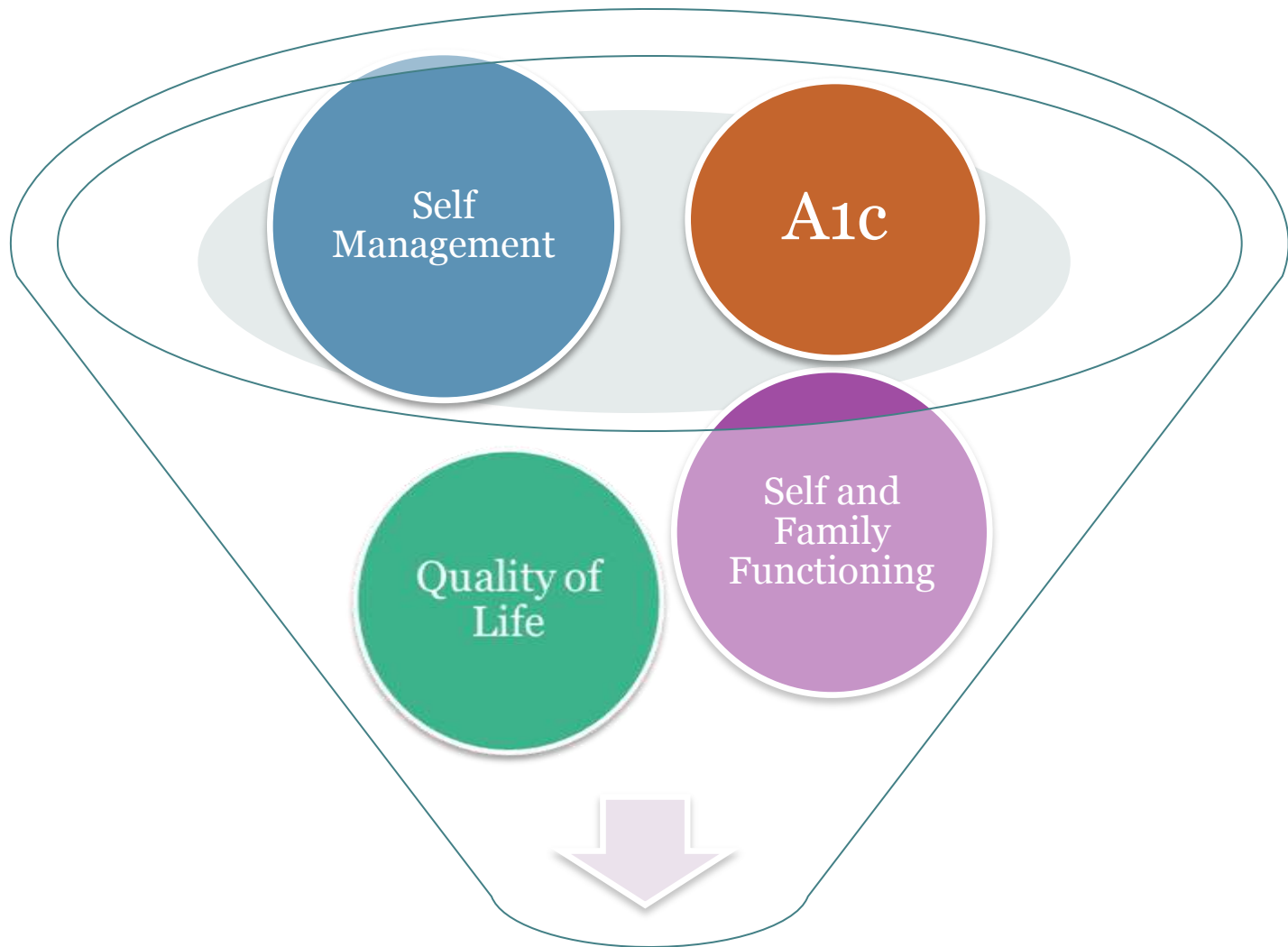
- Often few opportunities for praise or positivity in diabetes
- Focus on the efforts not the outcome



Diabetes is NOT a DIY Condition

- Get the support you need
- Miscarried help - when family members and friends try to help, but it is perceived as unhelpful, or even critical
- Thank them for their help, tell them how you feel and suggest what they can do instead



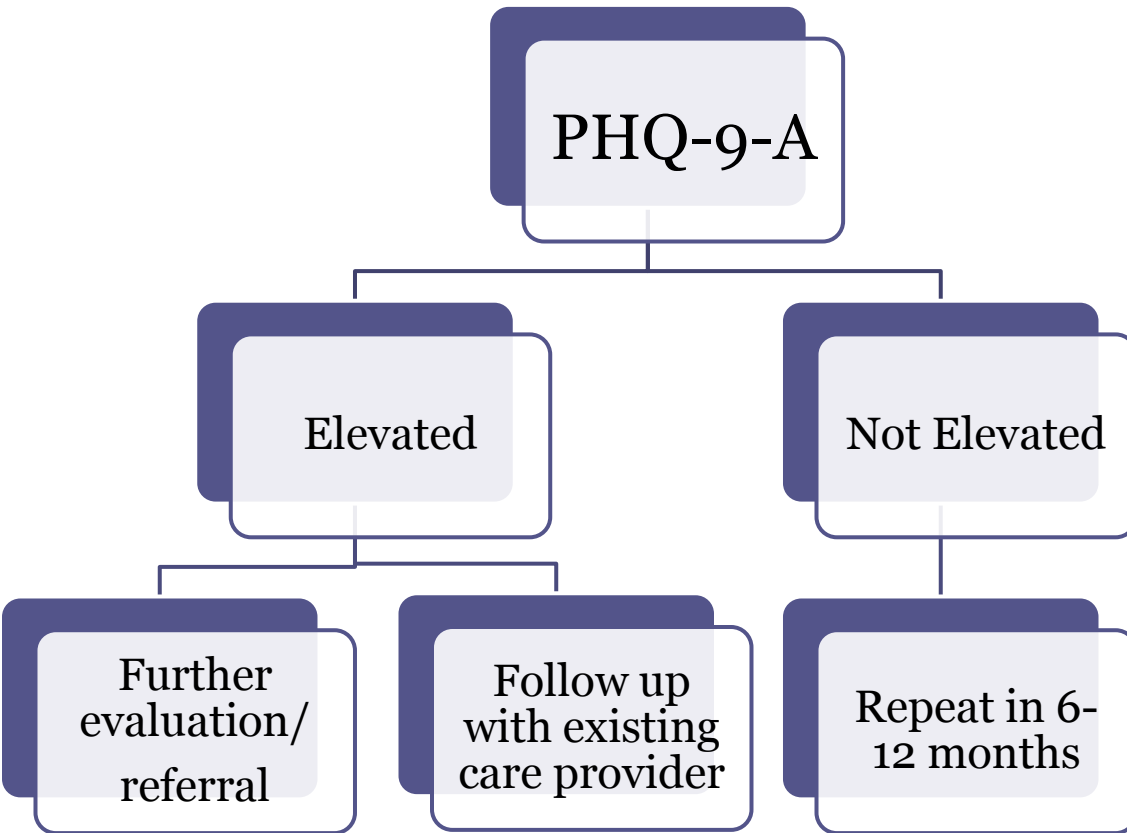


Type 1 Diabetes Health and Wellbeing

State of the Science

- Health interventions are guided by validated theories of behavior change
- Result in modest but meaningful impacts on:
 - Glycemic control
 - Self management
 - Quality of life
 - Stress/distress
 - Child behavior
 - Mood
 - Hypoglycemia fear
 - Technology use and uptake
- Directly inform clinical care for type 1 diabetes

Screening during Routine Care



- Recommended for youth with diabetes ages 13+
- Early intervention opportunity
- Psychosocial treatment can result in:
 - Improved mood
 - Improved glycemic control

Bitsko et al., 2013; Corathers et al., 2013; Riley, Duke, Freeman, Hood, & Harris, 2015

Parent Mentoring/Coaching

- Pairing parents of children with type 1 diabetes with trained peer parent “coaches”
- Results in:
 - High satisfaction
 - Increased confidence in diabetes care



Sullivan-Boylai et al., 2004;
Sullivan-Boylai et al., 2010;
Mackey et al., 2016

Motivational Interviewing

- Targets motivation for and commitment to behavior change goals
- Results in:
 - Improved quality of life
 - Decreased diabetes burden
 - Improved self management
 - Improved glycemic control



Christie & Channon, 2014; Powell, Hilliard, & Anderson, 2014



Psychosocial Care for People With Diabetes: A Position Statement of the American Diabetes Association

Deborah Young-Hyman,¹ Mary de Groot,²
Felicia Hill-Briggs,³ Jeffrey S. Gonzalez,⁴
Korey Hood,⁵ and Mark Peyrot⁶

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Complex environmental, social, behavioral, and emotional factors, known as psychosocial factors, influence living with diabetes, both type 1 and type 2, and achieving satisfactory medical outcomes and psychological well-being. Thus, individuals with diabetes and their families are challenged with complex, multifaceted issues when integrating diabetes care into daily life. To promote optimal medical outcomes and psychological well-being, patient-centered care is essential, defined as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions” (1). Practicing personalized, patient-centered psychosocial care requires that communications and interactions, problem identification, psychosocial screening, diagnostic evaluation, and intervention services take into account the context of the person with diabetes (PWD) and the values and preferences of the PWD.

This article provides diabetes care providers with evidence-based guidelines for

Young-Hyman et al., 2016



We can't do it without **YOU**