



Psychological Components of T1D for Parents/Caregivers

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February 23, 2019

Overview

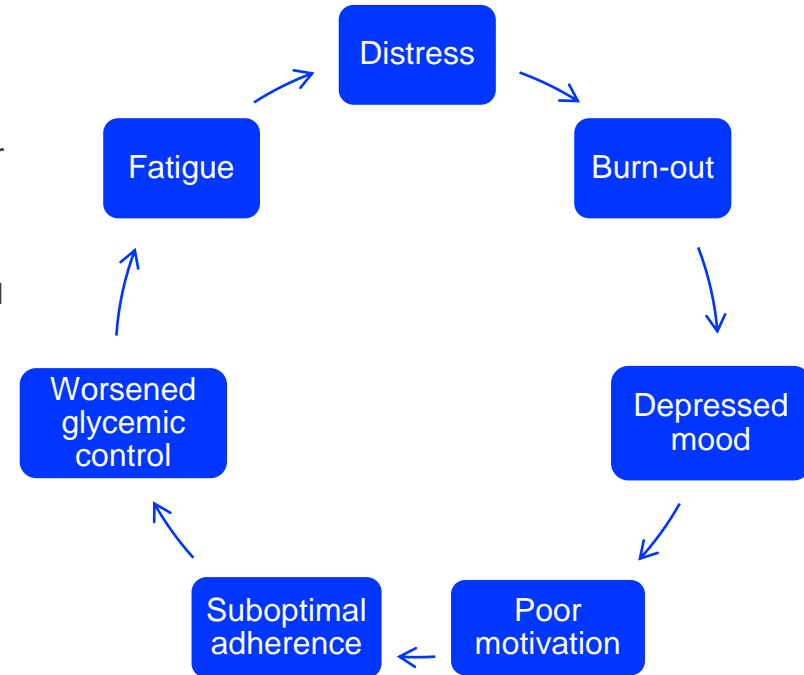
1. Common psychological comorbidities of T1D
 - Depression, anxiety (fear of hypoglycemia), eating disordered behavior (insulin restriction)
2. Family conflict and T1D
3. Goal setting

COMMON PSYCHOLOGICAL COMORBIDITIES



T1D Distress and Burn-Out Cyclical Pattern

- Signs:
 - Something has changed; person with T1D or caregiver no longer does something they previously did
 - Can impact checking blood glucose, counting carbs, entering carbs into pump, administering bolus insulin, administering basal insulin, monitoring patterns and reacting appropriately, attending medical visits, exercising
 - All-or-nothing thinking is common
 - “Guessing” more frequently is common
- Impacting Factors
 - Duration of diagnosis
 - Age at diagnosis
 - Responsibility sharing / support system
 - Access to care and treatment technology



Depression and T1D

- How is it different from diabetes-related distress and burn-out?
 - More all-encompassing
 - Impairment across domains (e.g., work, school, diabetes management, relationships)
- Symptoms:
 - Diminished/irritable mood and/or decreased interest/pleasure in activities
 - At least four of the following symptoms: feelings of guilt or worthlessness, fatigue, concentration problems, suicidal thoughts or thoughts about death, weight loss or weight gain (5% change), psychomotor retardation or activation, changes in sleep lasting at least 2 weeks
 - Can be describe as a first episode, recurrent or chronic; mild/moderate/severe
- Impacting Factors: age, gender, sex, genetics, responsibility sharing, support system

**2-3x higher
prevalence in
people living
with diabetes**

Anxiety and T1D

- People living with T1D are at an increased risk for anxiety
- Diabetes-specific anxiety is common, and can include fear of hypoglycemia
 - Presents in at least 20-30% of insulin-treated patients reporting elevated distress levels
 - Patients with pre-existing anxiety at greater risk
 - Parents (particularly mothers) and spouses at risk
- Symptoms:
 - Skipping or omitting insulin for the purpose of keeping blood glucose in an elevated range
 - Eating extra snacks or meals to avoid hypoglycemia
 - Excessive checking or monitoring behaviors
- Treatment:
 - Blood Glucose Awareness Training (BGAT), Use of technology (CGM)

**Fear of
hypoglycemia
is common
among
patients and
caregivers**

Eating Disordered Behavior: Insulin Restriction

- Definition:
 - An unhealthy behavior in which a person living with diabetes restricts or omits insulin in attempt to control or lose weight
 - Frequency can range from transient & periodic to consistent and repetitive
- Does not necessarily relate to actual weight or HbA1c%
- Signs:
 - Giving smaller doses of insulin or skipping insulin purposely (can include using an inaccurate BG number or carb entry to manipulate dosing)
 - Anxiety about weight or avoidance of being weighed
 - Falsifying data; lying about one's habits
 - Eating alone or in secret
 - Making negative comments about one's weight or body shape

Adherence,
Glycemic
Control, Quality
of Life



Insulin
Restriction



Diabetes-
Specific Eating
Disordered
Attitudes &
Behaviors



FAMILY CONFLICT

Parenting a Child with T1D: Coping with Conflict



- Remember you have a CHILD who happens to have T1D
- Critical to conflict resolution
 - Active listening
 - Honesty and respect in both directions
- Eliminate blame and shame
 - All emotions are valid! (yours, too!)
 - How you discuss and react to diabetes will impact how your child discusses and reacts to diabetes
 - Remember: there are 42+ different factors that impact blood glucose levels

Parenting a Child with T1D: Coping with Conflict

- Model a positive attitude
- There is NO failure in diabetes
 - Numbers are data points, not grades
 - Treat each day like a new chance to engage; no one is perfect
- Consider changing how you talk about diabetes
 - Consider setting a time to discuss diabetes management
 - No one wants to be around the “diabetes police” all the time!
 - Eliminate key phrases (e.g., “Did you check?”) if they bother your child.
 - Find new ways to elicit info (e.g., “Dinner in 5 min, time to check!”)
 - Avoid scare tactics
 - Praise good self-care behaviors and offer help on behaviors that need more work



Parenting a Child with T1D: Let's Discuss



- Childhood and adolescence have different challenges for families
 - More independence does not always translate to more independent self-care behaviors
- Let's open a discussion!
 - What are the challenges your child or teen with T1D faces?
 - What are the challenges you face?
 - How do you best manage family conflict?



GOAL SETTING

How to Change Behavior

- SMART goal setting
- Small steps (do not try to do everything at once)
- Positive reinforcement is more effective than punishment
- You are a model for your child



SMART Goal Setting

S

- Specific
- Who, what, where, when?

M

- Measurable
- How much, how many, how will I know the goal is reached?

A

- Attainable
- Is the goal reasonable?
 - Set yourself up for success!
- How will the goal be accomplished?

R

- Relevant
- Is the goal a priority?
- Is the goal worthwhile?
- Is the goal realistic?

T

- Timely
- When to start/finish?
- How long will the change last?
- How many minutes each day (if relevant)?

THANK YOU

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