

ECHO IDAHO

K12 School Nurses

Diabetes Management and Psychosocial Support in School Settings

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Understanding and Supporting the Psychosocial Needs of Children with Diabetes in the School Environment

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Disclosures



Learning Objectives

- Identify the psycho-social impact of diabetes and chronic illness on children
- Describe common developmental tasks and the impact on chronic illness
- Discuss intervention ideas to support children, adolescents and families in the school environment

Think of a child in your school with diabetes

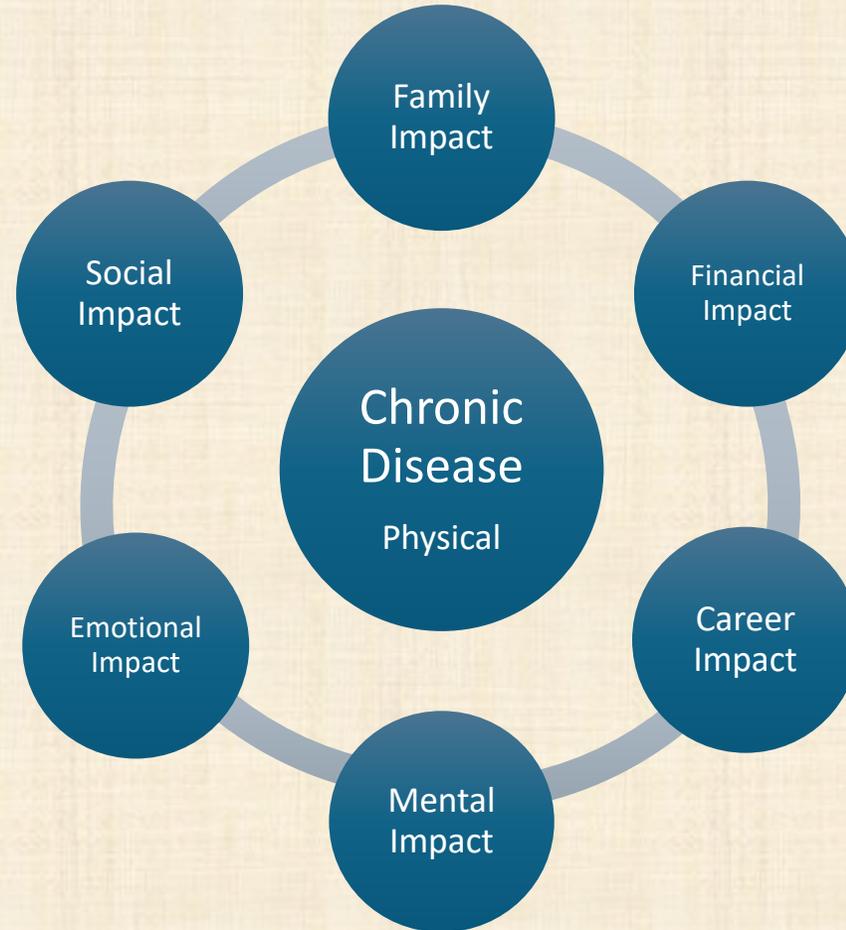
How do you think psychosocial factors impact their diabetes management?

- Social relationships (peers, parent-child)
- Emotional management
- Academic performance
- Finances

“ The strains of childhood chronic illness on the family are unlimited...No list of potential stressors can do justice to its perspective impact.”

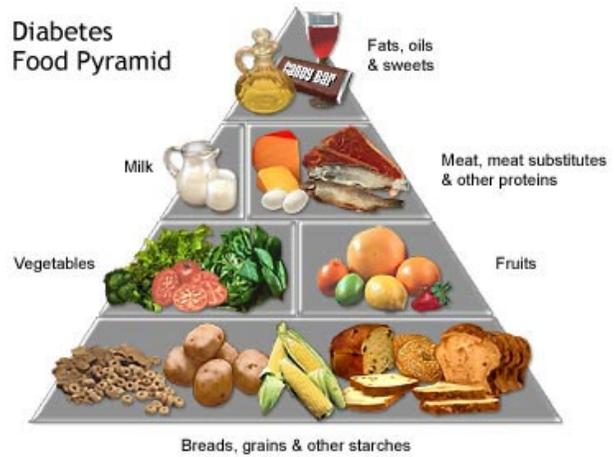
Barakat and Kazak (1999) Family Issues in Cognitive Aspects of Chronic Illness in Children, pg 333.

Areas of Impact



Why do psychosocial issues occur?

- Did you check your blood sugar?
- What did you eat?
- How much did you eat?
- You need to eat more
- You need to eat less
- Why was your blood sugar high today?
- No, you can't have that!
- The class is having cupcakes, your BG is high, have some carrots
- I know other kids do it, but they don't have diabetes



ADAM.



Psychological Impact of Chronic Illness

- Psychosocial factors are prominent treatment issues
- Many patients report:
 - Lifelong issues with depression, anxiety, social isolation, and feelings of hopeless, helplessness, and ineffectiveness (30-50% of patient with diabetes have anxiety and/or depression)
 - Daily struggles trying to balance the demands of their illness with the social, emotional, family, and occupational demands of their lives
- Adherence is a significant issue for people of chronic conditions & has emotional and behavioral underpinnings

Adherence

- **Most chronic diseases have adherence rates below 50%**
 - The majority of people are non-adherent!
 - Poor adherence is the norm, not the exception
- Self-report of adherence has poor accuracy across conditions
 - We over-report success and under-report issues
 - *It's not lying, it's human nature*
 - The proof is in the data
- Pediatric adherence rates decline from childhood to adolescence



Bodenheimer et al (2002); Dunbar and Stevens (2007)

Understand the Context of the Problem



Sample Problem Solving: 4 square

What works

What doesn't

Ideas

Plan

Chronic Illness in Developmental Context

- Typical developmental tasks
- Common issues for the age group
- Developmentally appropriate intervention ideas



Early Childhood

Early Childhood - Development

- Early Childhood is a time of rapid growth and development
- *Major developmental tasks*: independence and mastery of environment
- Important to account for developmental tasks and work into medical care regimen
- Chronic illness diagnosed in infancy and toddlers has a profound effect on the parent-child relationship

Common Early Childhood Issues

- Testing limits and control
- Refusal to cooperate with medical regimen
- Conflict over food
- Parent stress

Interventions- Early Childhood

- Choices
- Time window for compliance
- Assistance as interested
- Work around food preferences
- Provide toys to simulate medical care
- Support and accommodate normal developmental tasks
- Parent support and normalizing emotions is key to treatment

Elementary

Development- Elementary

- *Major developmental tasks:*
- Separation from parents
- Skill development
- School transition and reliance on others outside of family
- Developing close friendships
- Comparing self with others-identity

Common Elementary Issues

- School transition
- Social Events (parties, sleep-overs, activities)
- Self-esteem
- Peer reaction
- Responsibility for self-care

Interventions - Elementary

- Increased involvement in care -self advocate
- Share information about disease with friends
- Written plan to facilitate care by others
- Fully participate in age-appropriate activities with *as few restrictions* as possible
- Flexibility in regimen to support activities and peer interactions – ***child first: make the disease fit the child, not vice versa***

Adolescence

Development - Adolescents

Major tasks:

- separation and independence
- development of identity
- friends become primary source of support and influence
- limit testing, impulse control, and planning issues
- increased responsibility for self care

Adolescent Issues

- Parent conflict
- Limit testing
- Here & now attitude – ignore long term consequences
- Peer influence
- Substance use
- Poor & inconsistent eating & sleeping habits
- Poor self management
- Depression and anxiety

Interventions – Adolescents

- Knowledge and skills are necessary, but not sufficient
- Allow more control of care (but stay involved)
- Help build support/safety net
- Train friends in health care routine
- Develop clear expectations and use behavior contracting
- Communicate with acceptance, respect and honesty
- Help build self-efficacy and positive health beliefs

504

- People with diabetes qualify for disability accommodations
- Least restrictive environment – self-care in class
- Challenges with technology
- Academic accommodations may include:
 - Nursing support as needed for T1D management
 - Academic – cognition & absences (notes, more time, review for absences)
 - Social – class training on diabetes, emergency
 - Access to food, water, bathroom, supplies, technology
 - Notice for substitutes
 - Sports support

Important Principles to Guide Treatment

Clinical Pearls

- Optimism – create hope
- Validation
- Be humble
- Problem solve
- Teach coping and self-care
- Reinforce resilience
- Open communication with parents and care team
- Humor – sometimes you just have to laugh
- Adaptation and acceptance
- Opportunities for moments of joy

Take Home Points

- Consider developmental levels and common issues at each level when problem solving challenges – understand the context
- Child first
 - Not their identity
 - Normalize
 - Encourage age-appropriate independence
 - Make the disease fit the child, not vise-versa
- Promote wellness, resilience, functioning and normal developmental task
- Coordinate with parents and care team
- Support accommodations as needed

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Learning Objectives



Basic Diabetes Management

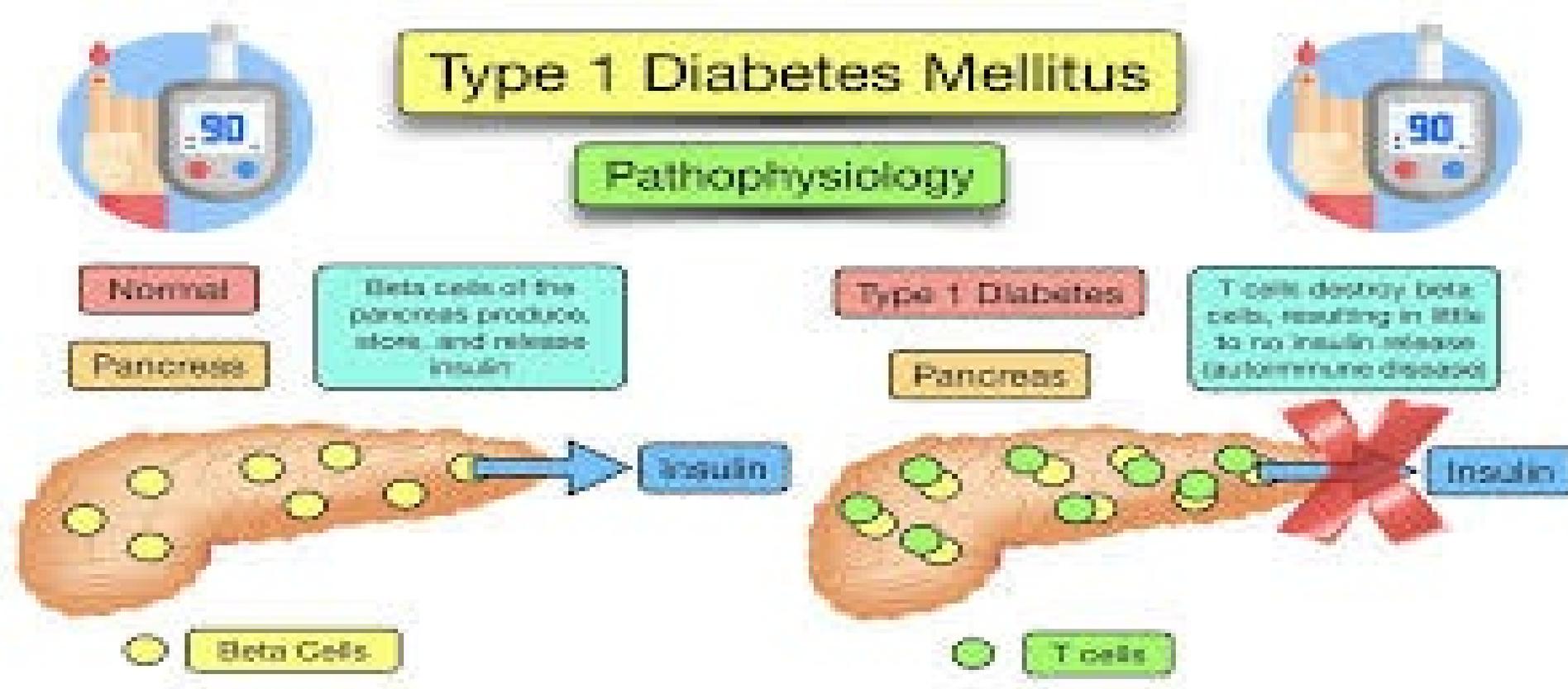


Technology 101



Diabetes Management in the school setting

Diabetes Overview



Food and Diabetes

1 Servings →

Nutrition Facts	
6 servings per container	
Serving size 1 Bar (33g)	
Amount per serving	
Calories 140	
% Daily Value*	
Total Fat 6g	8%
Saturated Fat 1.5g	3%
Trans Fat 0g	0%
Cholesterol 0mg	0%
Sodium 55mg	2%
Total Carb. 20g	7%
Dietary Fiber 2g	6%
Total Sugars 12g	
Incl. 8g Added Sugars	16%
Protein 3g	
Vitamin D 0mcg 0%	Calcium 20mg 0%
Iron 0.5mg 2%	Potassium 120mg 2%

← Calories 2

3 Fat →

← Carbs 4

5 Protein →

← Nutrients 6

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.



High Blood Sugar vs. Low Blood Sugar

Symptoms of Hyperglycemia

 <p>Increased thirst.</p>	 <p>Frequent urination.</p>	 <p>Extreme hunger.</p>
 <p>Blurred vision.</p>	 <p>Slow-healing cuts and sores.</p>	 <p>Fatigue.</p>

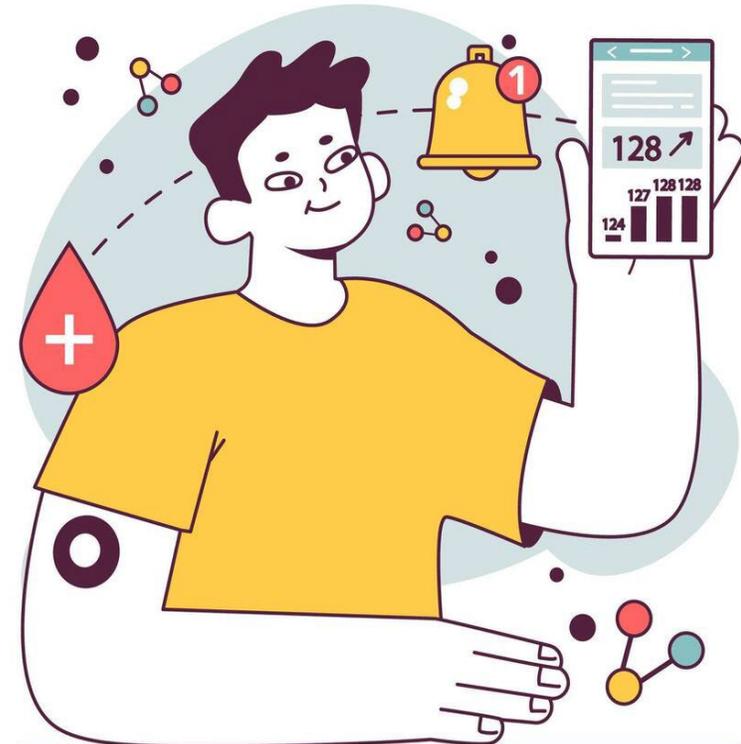
 Cleveland Clinic

LOW BLOOD SUGAR WARNING SIGNS

 <p>Shaky or Dizzy</p>	 <p>Blurry Vision</p>	 <p>Sweaty</p>	 <p>Weak or Tired</p>
 <p>Upset or Nervous</p>	 <p>Headache</p>	 <p>Hungry</p>	

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Glucometer vs. Continuous Glucose Monitors



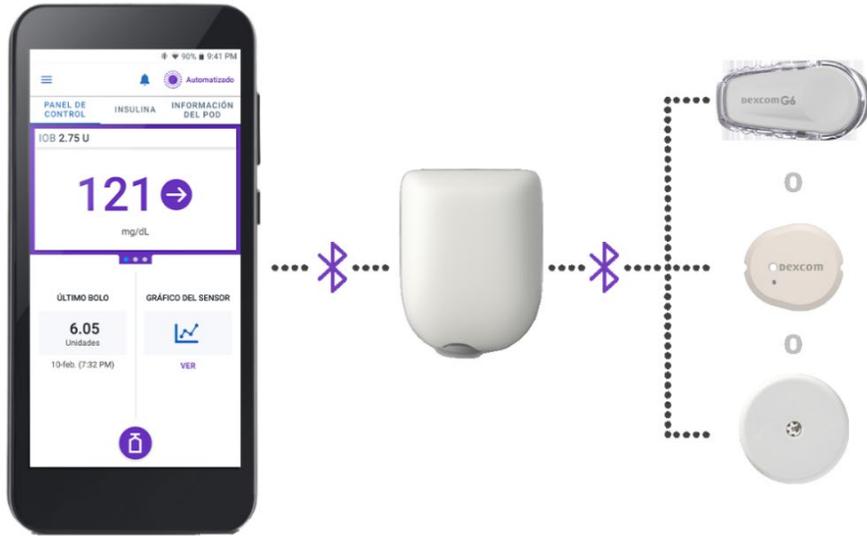
CONTINUOUS GLUCOSE MONITORING

Insulin Delivery Systems



medtronicdiabetes.com

Insulin Delivery Systems Continued



omnipod.com

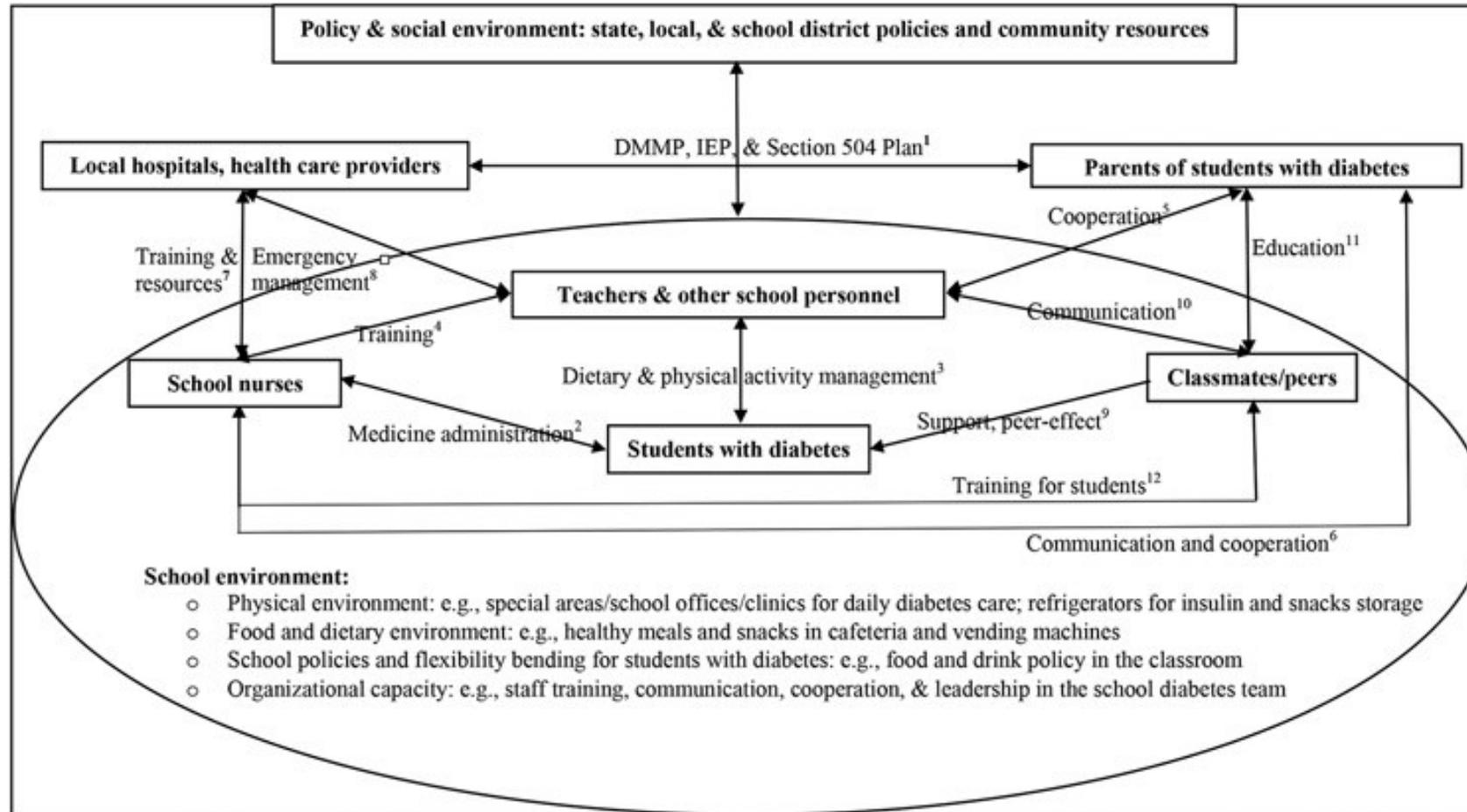


tcloyd.org



drugdeliverybusiness.com

Diabetes in the School Setting



An et. al., 2022

Let's Make a Plan!



- School plans are required by law
- If there is no access to a plan, we can get one for free!
- Link: niddk.nih.gov
- Emergency plans are also available on the link above.
- Close the gap

Key Points



Food is okay to have. Count the carbs and dose.



Monitor the glucose. What is the number doing? What are we going to do about it?



“When in doubt, change it out.” –Insulin pumps



“When in doubt, meter it out.”-CGMs



Know the plan!

Questions?



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