

Empowering Children and Teens with Type 1 Diabetes

Improving Communication and Engagement

- A child or teenager with Diabetes is a NORMAL child who can do anything they want to do. They will be empowered through support and encouragement of their loved ones and their providers.
- When the lines of communication stay open and treatment decisions are collaborative between patients, families and providers, the system becomes a 'team' and the child/teen is then empowered enough to become his/her own 'coach'.
- One thing that all providers of children with Diabetes have in common is that they want them to lead normal, happy, healthy, independent and successful lives.

What is the most important message that you can send your patients to engage and empower them?

HbA1c – 9.6

FBG – 210

Cholesterol – 150

YOU ARE MORE
THAN YOUR
NUMBERS!

BG – 158

BP – 128/84

Weight – 137

Creatinine – 0.5

Keys to Successfully Understanding and Empowering Children and Teens with Diabetes

- Open, flexible and collaborative communication
- Promote self reliance
- Understand the child/teen's lifestyle
- Be realistic
- Partnership/include the teen/child in the treatment planning
- Choose your battles wisely

Engagement Tools - Communication

Try not to start with questions about Diabetes or medical conditions in general.

▶ F.O.R.D. Questions

- ▶ Family - Where do they live? Do they have siblings? Do they have pets? Focus on the answers - ask more questions and listen.
- ▶ Occupation (for children/teens education) - Where do they go to school? How long? What is their favorite subject? Again, focus on answers, ask more questions and listen earnestly (when more questions are asked, the patient feels like they are actually being heard).
- ▶ Recreation - What do they do for fun? Hobbies? Passions? Something they always wanted try or do?
- ▶ Dreams - What do you want to be when you grow up? Goals? Aspirations? Then focus on answers, ask more questions and listen.

Source: <http://oureverydaylife.com/use-ford-method-conversations-2087525.html>

Engagement Tools - Communication

Transition into “Diabetes Talk”

- ▶ First topic could be asking the patient (and parent) what they feel they are doing well or positively in terms of Diabetes maintenance?
- ▶ Second topic could be asking the patient how they (not parent) feel Diabetes care is going in general?

Engagement Tools - Communication

Ask the patient if they are ready to discuss their most recent test/lab results?

- ▶ Explore barriers.
- ▶ Identify what would make them comfortable discussing these?

Engagement Tools - Communication

Review any test or lab results.

- ▶ Be aware of shaming or patient's perception of being shamed (most common theme from patients is feeling ashamed).
- ▶ Explain that discussing test results is not intended to shame.
 - ▶ “You are more than these numbers. These are only numbers to guide us,” “these results do not indicate whether or not you are a good or bad person,” or “I don't feel any differently about you whether your numbers are good or bad; I am just trying to help you.”

Engagement Tools - Communication

- Use self disclosure about what has worked for you or other patients
- Be open and willing to compromise
- Reflective listening
- Validate
- Empathize
- Compromise
- Body language
- Tone
- Attitude

Engagement Tools - Promote Self Reliance

- Include the child/teen in the treatment planning process!
 - Ask the child/teen what their definition of independence is when it comes to Diabetes management?
 - Ask the child/teen what they think they could do more of to manage Diabetes?
 - Ask the child/teen what they think one job is that they can take over from parent or caregiver?

Engagement Tools - Promote Self Reliance

- Encourage parents to give the child/teen some of that control; he or she can handle it.
- Facilitate communication between child/teen and caregiver about accountability and what that looks like; expectations, rewards and consequences should NOT be about numbers, they should be about doing what is expected to maintain healthy numbers.

Engagement Tools - Be Realistic

- Consider the child/teen's lifestyle and make treatment planning decisions based on that.
 - Exercise
 - Diet
 - Daily activities
 - Example: A child/teen who practices basketball after school every day is going to be different from one who comes home, does homework and watches TV.

Engagement Tools - Be Realistic

- What is realistic to the child/teen?
 - This is usually vastly different from what is realistic to parent or caregiver.
- Make sure the child/teen understands that you want them to succeed, so their input regarding what is realistic to them in terms of improvements to Diabetes management is imperative?
 - Can you add one blood test per day?
 - Can you try to bolus at least 10 minutes before one meal per day?

Engagement Tools - Partnership

- Provider should consider the relationship with child/teen and family as a partnership.
- Initially, any issues need to be identified by the PATIENT not the provider.
 - Your perception of the problem may be far different than theirs (i.e. they may think they are eating too many carbs and you may notice that they aren't bolusing 10-20 minutes before each meal).
- Provider should ask permission to give an opinion.
- Recognize that child/teen (and often their caregivers) typically have negative thoughts and feelings about diabetes, themselves and the experience of going to the doctor in general (shame).
 - Normalize, validate and empathize with the patient's experience.

Excerpts taken from American Association of Diabetes Educators Webinars - Motivational Interviewing Techniques for Diabetes Educators 12/02/2015; Motivation and Behavior Change 01/23/2013

Engagement Tools - Partnership

- Healthcare providers bring expertise to consultations and so do the people they see, which is a wonderful basis for PARTNERSHIP.
- People acquire expertise day by day as they work with their Diabetes; what's better than actual experience?
- Partnership is a “horizontal” conversation between two or more experts.
 - You as the healthcare expert and the patient who has a unique personal expertise.

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Engagement Tools - Pick Your Battles Wisely

- No child/teen (or adult) will ever manage their Diabetes perfectly!
- Facilitate communication between child/teen and parent re: what is each's number one concern/battle.
- Recognize your own reactions or emotions. You are not a bad provider if your patient doesn't follow through.
- Identify and accept what you can and can not control.

Challenging Patients

➤ Remember

- Change is hard.
- Change takes time.
- You are looking for progress, not perfection.
- The patient is the expert on themselves.
- They are only going to change if they want to, not because you want them to.
- If you are feeling frustrated with them, they are also feeling frustrated with themselves.
- They are likely feeling embarrassed and ashamed.
- You can not be more invested in their well-being than they are.
- They are individuals with Diabetes, not just Diabetics; Diabetes does not define them or what type of people they are.
- How can Diabetes best fit into their lives so that they don't feel their lives have to revolve around it and then resent it?

Know Your Limits

- It is important, as a healthcare provider, to know your limit and have a plan when you reach it.
 - Examples of Limits - How many chances do you give a patient to make progress until you can no longer manage your frustration, how many times is it reasonable for a patient to be hospitalized or does it still feel like a partnership?
 - Examples of plans - Consult with colleagues, let the patient know that you are not sure what else can be done and ask for a concrete, albeit small, goal to be met by the next appointment. If that doesn't happen, you will need to discuss whether or not your partnership is effective (while still validating their difficulties), request that the patient see a counselor as part of their treatment regimen or refer out to another provider.

Small Group Communication Exercise

- Pair into groups of 2.
- One person is the child/teen with Diabetes and the other is the provider. Switch roles when prompted.

Small Group Communication Exercise

Quinn is a 13-year-old female. She is a little overweight and her last A1c was 10.2 and hasn't gone down in almost a year. She says to you, "I do everything that YOU tell me to do after all of my appointments." You can see from her downloads that she does not always bolus for food or correct high blood glucose levels. Her parents are frustrated and not sure what to do next? Quinn seems to know that she needs to take better care of herself and how to do that (i.e. pay more attention to sugars, bolus before every meal) but she doesn't always do so. She has reported in the past that she feels she is a disappointment to her caregivers and treatment team and is ashamed after every appointment.

How can Quinn be successfully engaged by her provider so that she is more empowered to manage her diabetes and how can her provider be effective in treating her with the challenges she presents?

How does Quinn become the coach of her treatment team?

Considerations for Communication Exercise

- Slow the conversation down; do not immediately go into Diabetes. Remind them that they are more than their numbers and try to engage them in other ways first (FORD).
- Honestly acknowledge that you can't fully understand what they are going through.
- Encourage and thank child/teen for being honest during conversation; validate their struggles.
- What is the barrier to following through with treatment recommendations? What do they think the problems really are?
- What can you do for the child/teen with Diabetes to feel like it's a partnership and not a test?
- What do they think they are capable of? Have them set realistic goals and identify how you can help them achieve those.
- How can you help them involve family, friends, educators, counselors and any other providers into their treatment plan?
- What are the next steps if they aren't able to follow through with the goals you are setting today? Accountability? Rewards? Consequences?