Katherine Gallagher

Ph.D.
Licensed Psychologist
Pediatric Psychologist, Texas Children’s Hospital
Assistant Professor, Baylor College of Medicine
Houston, TX

Rebecca Butler

LMSW
Social Worker
Social Worker
Texas Children’s Hospital
Houston, TX
Amber Smith  
RDN, LD, CDE  
Certified Diabetes Educator  
Texas Children’s Hospital  
Houston, TX

Diabetes Distress and Burnout: Helping Youth and Families Live Well with Diabetes

Assessing Diabetes Burnout  
Factors Contributing to Burnout  
Fostering Positive Change  
Setting Realistic Goals  
Resources for Support

Disclosure to Participants

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  • Please refer to learning goals and objectives
  • Learners must attend the full activity and complete the evaluation in order to claim continuing education credits/hours

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  • Presenter: Katherine Gallagher, PhD – No COI/Financial Relationship to disclose
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Diabetes is Hard

There’s a lot we ask of kids with diabetes (and caregivers)
- Besides the multiple daily injections and finger sticks, there’s...
  - Many daily decisions
  - Impulse control
  - Initiating tasks (that aren’t much fun and they may not want to do)
  - Doing things differently than friends
  - Speaking up for yourself
  - Tolerating pain
  - Multitasking
  - Emotion awareness and regulation
  - And more!

Diabetes is Hard

- Behavior is the foundation of diabetes management, AND
- Diabetes is impacted by many factors besides behavior
- Many adjustments
  - “Year of firsts”
  - Development/transitions
  - The “daily grind”

Recipe for burnout
1. Ask people to work really hard
2. Don’t notice their efforts
3. Efforts don’t always affect the outcome

Signs of burnout
- Mood changes; task avoidance; strong emotional response to BG; “>An of it”

It’s real for parents and providers too
- Worry, helplessness when patients are struggling; cycle of miscarried helping even when you’re doing your best; people might still struggle
Social Factors Contributing to Burnout

- Diabetes care affordability
- Two parent households
- Multiple caregivers or few caregivers
- Diabetes technology not available to all
- School nurse availability
- School embarrassment/bullying
- Neglect

Questions You Can Ask to Assess Burnout

- "There's a lot you have to do to take care of diabetes. What parts are hardest for you?"
- "Diabetes is hard, and sometimes people start to feel overwhelmed or burned out. When have you felt that way?"
- "Do you feel upset or like you're in trouble when your numbers are high?" (often a precursor to burnout)
Fostering Positive Change

- Every patient/family is doing something to manage diabetes
  - (Almost) no one is "non-compliant"
  - Also be aware of terms like "non-adherent" and "poorly controlled"
- Behavior intervention rules:
  - Provide three behavior praises for every one correction
  - Best way to increase a behavior is to pay attention to it
- Kids get lots of attention for the things they forget - let's help providers and parents also notice what kids did well

Blood Glucoses (and Hgb A1c) are Data to Help Us Make Decisions – They are NOT a Grade

- Dr. Barbara Anderson: “The only bad blood sugar is the one you don’t know”
- Instead of BG testing → BG checking or monitoring
- Instead of “good” and “bad” numbers → high/low, in target range
- When numbers change, talk about behavior
  - If A1c goes down, avoid praising the number → instead, ask “what do you think you’re doing that’s helping it stay in range?”
  - Save “good job!” for the actions they are taking
  - If A1c goes up, find out if anything has changed, what part of their daily routine is hardest, and what the team can do to help
    - “You’re not in trouble! Let’s just make a plan together”

Diabetes Management is Behaviorally Based, But Many Factors Outside the Youth’s/Family’s Control Can Impact Blood Glucose

- Diabetes control → emphasis on biology
- Diabetes management → emphasis on behavior
- Be careful about only saying “control” → implies diabetes is fully within someone’s control
  - By extension, if BG is out of range, then it’s someone’s fault
- Focus on management - families have more control over behaviors
- Help families remember that a high number doesn’t always mean the child alienated something
Avoiding Diabetes as a Source of Conflict

- Validate both the patient and the caregiver(s) in their frustration
- Identify that diabetes has become a source of conflict and that it shouldn’t be - we’re all on the same team!
- Provide strategies to help prevent future conflicts

Assist in Setting Realistic Goals

- Focus on 1-2 behavior changes
- May not be ideal management, which can be difficult to recommend as a provider
- Allow the patient to choose
  - Something does not feel overwhelming
  - Something that will set him/her up to succeed
- Improvement and honesty leads to building confidence and success

The Importance of Being United

- Patients need to see consistency with the type of support they’re receiving from providers
  - Maintenance of rapport is essential
  - Ensure ALL of care team are in agreement with the care plan
  - When following up with a patient – review the whole story to ensure forward progress
Resources For Support

- Involve a social worker and psychologist as part of the care team
- If unavailable, you can consult your insurance provider or primary care physician for a counseling referral.