

TEENS AND DIABETES

TAMING STRESS AND EASING THE TRANSITION TO ADULthood

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TRENDS IN YOUTH WITH DIABETES

- Rate of diabetes rising among 19 & under population from 2002-18 ⁵
- Children and teens with diabetes are around twice as likely to have a mental, behavioral, or developmental disorder ¹

DEPRESSION

- Feeling sad or empty
- Losing interest in favorite activities
- Major changes in sleep or eating habits
- Feeling hopeless, irritable, anxious, or guilty
- Somatic symptoms
- Suicidality

People with diabetes are 2-3 times more likely to develop depression ³



ANXIETY

- Difficulty managing worry
- feeling irritable, tense or restless
- Trouble concentrating
- Somatic symptoms
- Major changes in sleep or eating habits

People with diabetes are 20% more likely to develop anxiety

Stress hormones can make blood sugar rise or fall unpredictably ³



DIABETES DISTRESS

- In any 18-month period, 33% to 50% of people with diabetes have diabetes distress ³
- Feeling discouraged, worried, frustrated, or tired of daily diabetes care
- Can happen when:
 - Trying hard, but not seeing desired results
 - Health problem develops despite best efforts
 - Whenever!

Adolescence in Action

Developmental Task:

- Quest for autonomy and identity
- Teens tend to be more impulsive and reactive
- Seek novel experiences

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Behavioral Outcomes:

- “You don’t know anything!”
 - Check/bolus less because of pressure to do so
- Lie about performing tasks
- Skip meals
- “I lost my meter” “It fell off by itself”
- Pump goes uncharged
- Experiment with alcohol or other substances

Adolescence Continued

Developmental Task:

- Increased focus on peer relationships and being “normal”
- Imaginary audience
 - increases self-consciousness

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Behavioral Outcomes:

- Hide diabetes from friends/peers
 - Check/bolus less
 - Don't wear CGM or pump
- Accept advice from peers more readily
- Manipulate insulin to lose weight
- Hide problems in general from family and friends

DIABETES DISTRESS OUTCOMES

- Anxiety about lows, highs, DKA, checks, boluses, appointments, judgment
- Low motivation to perform diabetes tasks
 - Indifferent, overwhelmed, hopeless, powerless, denial

If you feel stuck, they probably do to



WHAT ARE PARENTS TO DO?

- Normalize
- Goal setting
 - “I’ll just check more” does not count
- Bridge the gap
- Destress and connect to resources as needed

MOTIVATIONAL INTERVIEWING

- Directive style will likely activate a teen's resistance to change
 - "I want you to check 3 times a day."
 - "You need to..." 6
- To reduce resistance:
 - Use a calm voice
 - Avoid judgmental language and giving advice
 - Seek to understand

MI CONTINUED

- Open ended questions typically feel more supportive
 - “What stops you from checking your blood sugar?”
 - “What gets in the way of...?”
 - “Tell me about...”

MI X3

- When parents need to inform teens:
 - “Would you like to know more about...?”
 - “I would like to tell you about ... Is now a good time?” 6
- Teens’ ability to consider hypothetical situations is emerging
 - Lists of future consequences are unlikely to change behavior
 - Focus on current natural consequences 4

PRO TIPS

- Avoid - asking “Why”
 - “I don’t care!”
 - “Don’t tattle”
- Don’t be afraid of silence!
- Help them find their solution instead of telling them yours

GOAL SETTING

- What are they ready, willing, and able to do now?
- Use guiding questions to help them identify specific behaviors, frequencies, and timelines 6

May take more than one conversation!



EXAMPLES

“You said you want to improve your diabetes control. Where do you want to start?”

- If they have trouble starting: “Do you want to set a goal for ...?”

“How often do you feel ready to check?”

“When can you start...?”

“What do you need to start...?”



BRIDGING THE GAP

- Teens want freedom, parents want to know what they are doing
 - Name it to tame it
- Discuss boundaries around communication
 - How often can we check in
 - What means
 - What needs to be shared
 - When

BRIDGING THE GAP (PART DEUX)

- Discuss natural consequences instead of imposing punishments
 - E.g.: not safe to drive with uncontrolled diabetes 4
 - Hard to play sports
 - Feel ill more often- less time with friends

STILL BUILDING THAT BRIDGE

- Punitive approaches discourage teens from admitting problems or mistakes
- Try not to take lying personally
 - “You don’t need to hide the problem. Let’s come up with a plan to fix it”

HELPING TEENS COPE

Self Care can help teens manage diabetes distress (and everything else)

Get active. Even a quick walk can be calming, and the effect can last for hours.

Do some relaxation exercises, like meditation or yoga.

Call or text a friend who understands you (not someone causing you stress!).

Grab some "you" time. Take a break from whatever you're doing. Go outside, read something fun—whatever helps you recharge.

Take care of yourself. Limit caffeine, eat healthy, and get enough sleep. 1



THERAPY

- There is never a wrong time to discuss therapy
 - Especially important if mood is impacting diabetes management or vice versa

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