FAMILY TEAMWORK

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Diabetes is not a Do It Yourself Disease

- Need a team
- Need cheerleaders
- Need a helping hand
- Need support from loved ones
- Diabetes is cared for within a family
DEVELOPMENTAL ISSUES FOR PRESCHOOLERS

• Learning and Discovering
• Magical Thinking and Creativity
• Want to have Control over their world
• “NO’S”
• Limited Self-Awareness
• Picky Eating, Unpredictable Behavior
I'm full.

No, you're not.

Eat some more of your chicken.

How much more?

Six bites.

What if I have four bites of chicken and two bites of potatoes? Would that count?

I suppose.

Wait. I know...

How about three bites of chicken, two bites of potatoes, and a spoonful of peas?

As long as you...

Hey! There are nine peas here! That means...

Gulp!

You owe me three bites.

Any suggestions?

I say we pull her out of grade school and let her sell used cars.
EMOTIONAL ISSUES THAT MAY ARISE FOR PRESCHOOLERS

• Emotions are not well-regulated
• Communication skills are still developing.
• May develop fears around blood sugar checks, insulin injections site changes.
PARENTS AND PRESCHOOLERS

- Not allowing diabetes-specific tasks to become the primary source of attention
- Offering Choices When Possible
- Using Clear, Simple Language
- Use Distraction During Regimen Tasks
- IF more than one parent, share tasks
DEVELOPMENTAL ISSUES FOR SCHOOL-AGE CHILDREN

• Time Away From Parent Supervision
• Expanding “Known World”
• Learning Self-Control
• Recognizing Differences Among Peers
• Issues of Fairness
Baby Blues By Rick Kirkman and Jerry Scott

Panel 1:
Jazzy: Hammie! Your ice cream cones are ready!

Panel 2:
Okay, they each have exactly the same amount of ice cream in exactly the same kind of cone, so no complaining, okay?

Panel 3:
Perfect!

Panel 4:
Like that's something we would do.

Panel 5:
Quiet. I'm counting sprinkles.
EMOTIONAL ISSUES FOR SCHOOL AGE CHILDREN

• Roots of Self-Esteem Begin to Grow
• Pitfalls of Blame and Shame
• Miscarried Helping May Begin
• Peer teasing may begin
PARENTS AND SCHOOL AGE CHILDREN

• Separating Normative Independence Goals From The Non-Normative Task of Managing Diabetes

• Providing Routines and Consistency is Critical

• Important to Include Child in Family Discussions and Problem Solving.. “Think Aloud”
DEVELOPMENTAL ISSUES FOR EARLY ADOLESCENTS (10-13 yrs of age)

• PHYSICAL: Puberty begins. Rapid growth begins.

• COGNITIVE: Tends to still be fairly concrete. Emergence of more sophisticated thinking.

• EMOTIONAL: Bullying. Sense of belonging

• SOCIAL: Interested in forming intimate relationships with peers.

• FAMILY: Increased need for privacy, push for independence/beginning to detach from parents
PARENTS AND PRE-TEENS

• **Match Expectations** for independence and responsibility with **Ability**

• Continue to oversee/monitor/support

• Take over any time AND when needed

• Encourage your child to recruit their friends for support and reminders

• Collaborate to develop strategies for communications.. Texts? Emojis? Photos of meters?
DEVELOPMENTAL ISSUES FOR MIDDLE ADOLESCENTS (14-17 yrs)

• PHYSICAL: Puberty is ending. Girls are ending their growth spurt. Boys may be just starting.

• COGNITIVE: Emergence of more sophisticated thinking.

• EMOTIONAL: Identity development. Thinking about leaving home.

• SOCIAL: Peers, sexuality, dating.

• FAMILY: Interdependence?
Glossary of Grunts

A ZITS PUBLIC SERVICE GUIDE TO INTERPRETING THE LANGUAGE OF THE TEENAGE SPECIES

Unh! (EXAGGERATED)
1. A short, pointed sound.
   "I already knew that!"
2. Duh!

Uunh! (LOUD AND BREATHY)
1. An expression of global frustration.
   "Why me?"

Uhhhhhhhhhhhhhhhhhh
1. Short grunt followed by a long whoosh of air.
   "I can't believe I share the planet with a being as hopeless as you."

Mmnh! (BARELY AUDIBLE)
1. An acknowledgment.
   "I heard you now, please go away."
2. A surrender.
   "Fine. Whatever you say."
“Good evening, and welcome to our seminar, ‘Living With Teenagers.’”
DEVELOPMENTAL ISSUES FOR ADOLESCENTS

- Wanting to be the same as peers
- Increased problem-solving and abstract thinking skills
- Ability to understand goals of treatment regimen
- Frustration that adherence doesn’t always lead to improved outcomes, and poor adherence doesn’t always lead to worse outcomes.
- Desire for increased independence and responsibility
DEVELOPMENTAL ISSUES FOR ADOLESCENTS

• Increasing independence often results in decreasing supervision.
• Schedules are more erratic than younger peers.
• Puberty may play a role in diabetes outcomes.
• Experimenting in Sex, Drugs, Alcohol.
• Sense of invulnerability in this age group.
DEVELOPMENTAL ISSUES FOR ADOLESCENTS

• Sense of invulnerability in this age group.

▪ Is it wise to…
  ▪ Swim with sharks?
  ▪ Drink Drano?
  ▪ Set your hair on fire?
DEVELOPMENTAL ISSUES FOR ADOLESCENTS

• Understand Sarcasm.
• Understand – keenly aware of – Hypocrisy
• Sometimes will not pay attention to the risks or consequences of what they do
THE DEVELOPING BRAIN

• fMRI data shows huge changes as individuals move from childhood through adulthood.

• Prefrontal Cortex:
  • Planning ahead
  • Controlling impulses
  • Decision making
  • Goal setting
  • Metacognition
  • Emotion regulation
  • Evaluating risks and rewards
Time-Lapse Imaging Tracks Brain Maturation from ages 5 to 20

- 10-year NIH fMRI study
- 4-21 y.o. participants
- Brain continues to Change until mid 20s
ANATOMY OF A TEENAGER'S BRAIN

THE BIRDS AND THE BEES LOBE

MEMORY FOR MUSIC

LOVE FOR PARENTS

IF THE SIMPSONS

INDESTRUCTIBILITY

SELF IMAGE

FITTING IN GLAND

INTERNET ADDICTIONS

PEER PRESSURE RESISTANCE

ABILITY TO BE SEEN IN PUBLIC WITH PARENTS

ALL THE ANSWERS

SLAM DOOR REFLEX

CAR KEY'S CRAVING
EMOTIONAL ISSUES FOR TEENAGERS

• Pubertal changes
• Managing moods
• Increased risk for emotional distress and/or depression
• Miscarried helping may lead to increased conflict
The vicious cycle of miscarried helping

Parents’ worries, concerns, fears

Parents and adolescent become frustrated, discouraged, angry

Adolescent feels accused, criticized, blamed, incompetent

Decreased motivation, decreased desire for collaboration, decreased desire for honest discussions about challenges/frustrations

PARENTS AND TEENAGERS

- Matching self-care responsibility with level of skill
- Promoting family discussions and family problem-solving
- Does your tone of voice change when talking about diabetes?
- Balancing nagging with monitoring
Why Nagging Does Not Work

Stop overeating, stop drinking, stop staying out late, stop fighting, stop worrying, stop eating sweets, stop gambling.

What did the doctor say?

I don’t know...

I stopped listening.
OMG I HAVE A ZIT!!

ugh! my mom took my phone away

SIGH IM SOOO BORED

my parents r soooo weird
he doesnt even know im alive

Sighhhhh IM SOOO BORED

My little brother is annoying
HOMWORK GRRRRRRRRRRRRRRRR:
I WANNA BE LEFT ALONE
Y does my sister get to stay up late?

SIGH.... IM BORED
everybody is giving me a headache
i have nothing to do
I HATE WAKING UP EARLY
UGH I CANT TAKE THIS ANYMORE
I'M MISUNDERSTOOD
please stop talking to me
MIDTERMS R KILLING ME

boooorrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr
PARENTS AND TEENAGERS

• Separating developmentally typical responsibilities from diabetes-specific responsibilities

• Encouraging success in sports, friends, school, extracurriculars

• Normalize burn out and plan for it

• Discuss who is responsible for what and review periodically so everyone’s on the same page
...Can we leave five minutes early and drop by the office supply store so I can get some poster board to make an illustrated timeline of 14th century European trade development on the way to school?

Mom...

Only my kid could undo forty minutes of yoga with one sentence.
Interdependence is Key

• No one is truly independent.

• Isolation leads to poor psychosocial and medical outcomes

• Support, Collaboration and Teamwork is the Magic Sauce

• Minimize Judgment and Shame
Interdependence is Key

• The hallmark of being an adult is knowing when you need help, and asking for it.

• Normalize feelings of “burn-out” and plan for them. This is not a failure.

• Schedule times when responsibility is turned back to parents and then back to teen.
SURVIVAL ADVICE

• Sharing Responsibility
• Avoid Excessive Self-Care Autonomy
• Facilitate Interdependence
• Separate Knowledge from Judgment and Maturity
• Avoid Vicious Cycle of Miscarried Helping
CONSIDER, DISCUSS, PROBLEM-SOLVE

• How do you communicate as a family?
• How do you problem-solve as a family?
• How do you resolve disagreements as a family?
• How do these things change as your child grows and develops?
• How do you balance their development and push for independence with supervision and supportive monitoring?
LEARN TO LISTEN

• Limit distractions. Silence technology

• Pay attention to what is being said, not what you want to say. Repeat the last sentence the other person says. This keeps your attention on each statement.

• Be OK with silence. You don’t have to always have a comment.

• Encourage your child to offer ideas and solutions before you give yours. Listen 80 percent of the time, talk 20 percent.

• Restate the key points you heard and ask whether they are accurate. “Let me see whether I heard you correctly...” is an easy way to clarify any confusion.

• Being a strong, attentive listener will help you be a better parent.
ENCOURAGE POSITIVE BEHAVIORS

• PRAISE, DON’T PUNISH
  • Catch your child doing well with diabetes tasks
  • Celebrate every day diabetes successes

• FOCUS ON BEHAVIORS, NOT NUMBERS
  • BG values are data, not report cards, not good and not bad
  • Praise behaviors you want to see more of

• PROBLEM-SOLVE TOGETHER
  • Avoid commands. Avoid unsolicited advice
  • Encourage others ideas/solutions.
Finding the Positive

• Benefits despite challenges:
  • Family teamwork
  • Focus on healthy behaviors in whole family
  • Family routines and organization
  • Diabetes community friendships and support

• What is going well with diabetes management in your family?
• What are some of the positive experiences your family has had?
STRATEGIES TO CONSIDER

**Praise, not punishment**
- Catch your child doing diabetes management well
- Celebrate every diabetes success!

**Reinforce behaviors, not numbers**
- Focus on management behaviors
- BG & A1c are data, **not** good or bad or like grades
- Praise the behaviors you want to see more of

**Listening works better than nagging**
- Find a communication system that works for your family
- Ask about something other than diabetes first

**Problem-solve together**
- Avoid commands, unsolicited advice
- Be open-minded about everyone’s ideas and input
Caring for the caregiver

- **Talk** about your experiences, seek **support**
  - Friends, family
  - Diabetes online community
  - Caregiver support organizations
  - Diabetes provider/team

- Don’t try to do it all alone

- Set aside time for **your own needs**
Self-care is not Selfish

• Ask for help with something **specific**
  - Who can you ask for a hand?
  - What is one thing they can do to help?

• Set time aside for **your own needs** so that you are refreshed to take care of your family
  - What energizes you? What relaxes you?
  - When can you fit it into your schedule?
  - Who can help you make a little time for yourself?
A little laughter goes a long way.

• Diabetes is serious business.
• Also, funny stuff happens.
• Finding humor in stressful situations can be a useful (and fun) way to get through it.
• Great model for your children for managing diabetes challenges.
“Your mother and I are feeling overwhelmed, so you’ll have to bring yourselves up.”