

# Family Dynamics & Diabetes Management

in

## Children and Adults

## Created By

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Management  
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Presented By**

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# Learning Objectives

- List 4 key components that accurately describe the family approach model
- List 2 differences between the individual and family approach
- Describe the positive outcomes when using the family approach in both children & adults
- Describe 3 assessment tools used with family approach in both children & adults
- State 3 intervention principles in both children and adults

# The Problem: Mismanagement and Non-Compliance in Children and Adults With Diabetes

- Compromised short- and long-term physical well being and growth and development
- Compromised short- and long-term emotional/social/psychological development
- Rising health-care costs associated with complications and repeated hospital admissions

# Solutions Depend Upon How You Define the Problem!

- Family Approach
- Individual Approach

# Case History: Michael V

- 15 year-old male
- Type 1 diabetes mellitus, 12 years
- HgbA<sub>1c</sub>: 10.0%
- Management behavior: non-compliant, mismanaging, i.e., sporadic blood sugar checks, skips insulin occasionally, dietary indiscretions
- Behavioral problems in/out of school; parents divorced

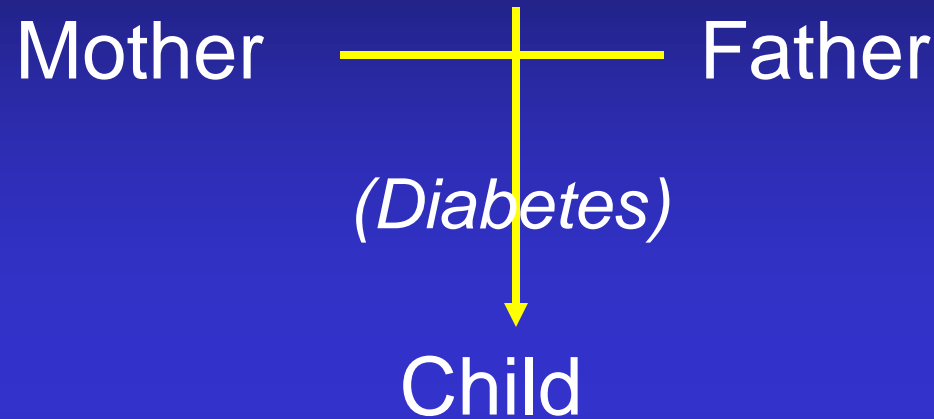
# Case History: Sam (and Joan)

- 67 year-old male
- Newly diagnosed, Type 2-3 months
- Management issues: educational, emotional and behavioral
- Wife, Joan, is always “nagging” Often this nagging is done out of fear and coupled with love but it typically does NOT help the patient or the couple/family.

# Individual Approach

- Problem defined:
  - non-compliance, mismanagement and poor metabolic control
- Causes:
  - lack of acceptance, anger, loss of control, poor self concept, low self esteem, denial

# Individual Approach: Pediatric



- Intervention strategies often focus on individuals, i.e. many education, support groups, camps and do not dynamically enlist key collaborators to be empowered to support the patient better

# Individual Approach: Adults

Nurse/MD/Nutritionist

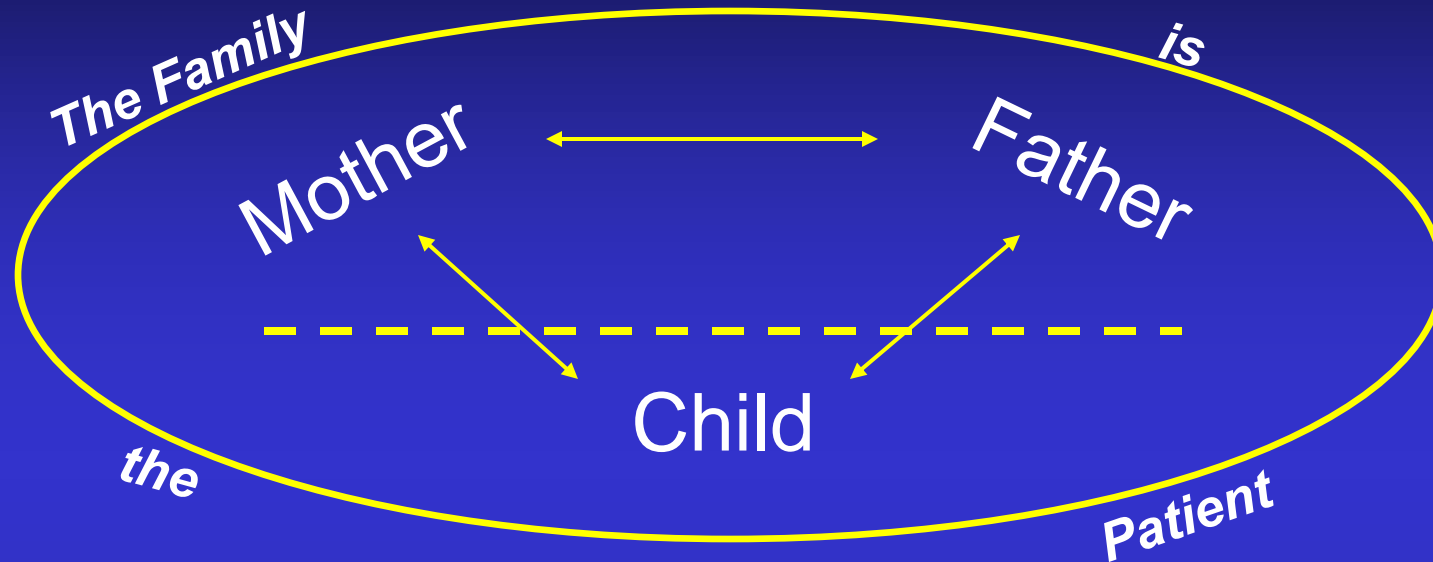
(Education, Support)

Patient



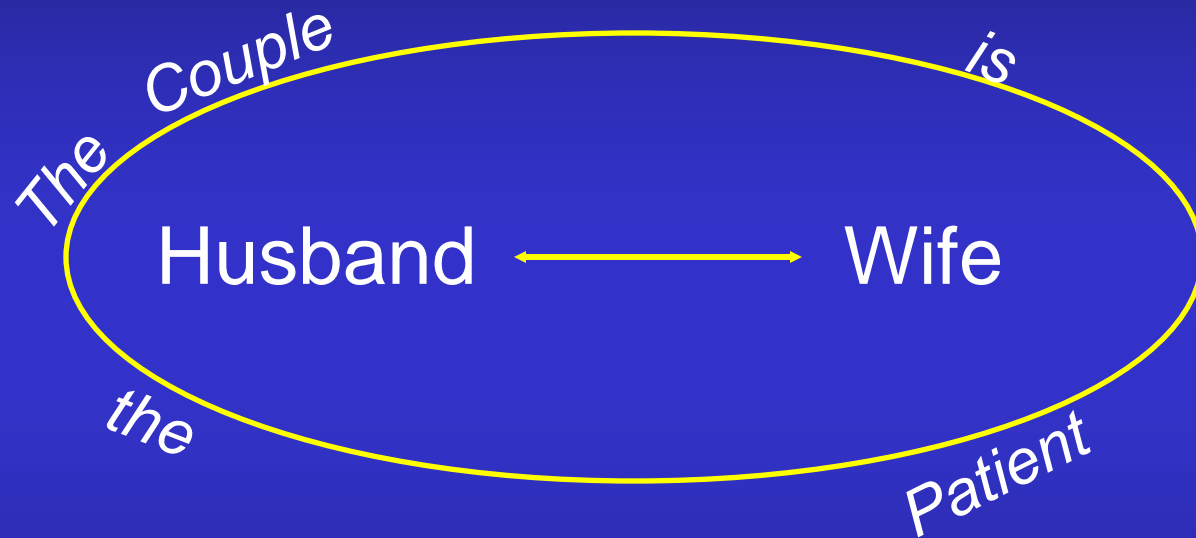
- Intervention strategies focus on individual, “getting patient motivated”, focus on feelings but again miss promoting and developing patients key collaborators to be empowered to more successfully support their loved one with diabetes

# Family Approach: with Children



- Intervention strategies focus on changing the *family context and structure* where these behaviors occur and are reinforced
- Problem caused by personal feelings and DYSFUNCTIONAL PATTERNS OF COMMUNICATION, interaction and “low” behavioral expectations
- believing little or nothing you can do about diabetes, feeling overwhelmed, complications will never happen to me, I did something wrong, etc

# Family Approach: with Adults



Problem caused by: Personal individual feelings AND Communication patterns and/or falsely believing there is little or nothing you can do about diabetes management or it is not so bad, "I just have a little sugar!"

# Assessment For Family Functioning: Pediatrics

- Family emotional supportiveness
  - Between parents -- are mother and father emotionally available to each other?
  - Availability -- is there flexibility with daily schedules?
- Family organization
  - Joint decision making -- between spouses
  - Value congruence -- between spouses
  - Communications patterns -- are messages about rules clear or confusing?
- Competence/effectiveness
  - Response to initial symptoms

# Assessment for Couples Functioning: Adults

- Style of interactions
- Clear definition of what each partner expects from treatment
- Emotional concerns of each partner
- Experience in handling difficult life situations and differences in the past
- Who wants What-value congruence/dissonance regarding treatment plan

# Intervention Principles: Pediatrics

- Expanded definition of “patient” includes whole family; you should see the whole family for at least 1 session
- Reframing non-compliance and mismanagement as *behavior to be changed*
- Relate child’s challenging behaviors to parent’s inability to agree on how to handle it
- Appropriate diabetes management is non-negotiable

# Getting Started with Children: Sample Questions

- “What do you think about the fact that your child’s A1c is high?”  
} Emotional Impact/Value Congruence
- How have you tried to change it for the better?  
} Competence/Effectiveness
- How do you handle it, as parents, when Susie gets bad grades, or is disrespectful?  
} Value Congruence/Effectiveness

# Getting Started with Children: Sample Questions

“I think I can help you with your child. If you all work on it as agreed he’ll turn around soon. What I’m more concerned about is ***“what will you do with all your free time once his challenging behaviors (actions) are minimized?”***”

***What are some questions you might ask?***

Assessing extent to which parents have triangulated child and diabetes into arena of husband/wife

# Intervention Principles: Adults

- Expanded definition of “patient” includes spouse or significant other; you should see both!
- Emotional response of spouse critical to development of treatment plan
- Help couple identify and work on mutually agreeable goals-e.g., “Would you like for her to be involved?”
- Focus on general issues of intimacy, trust & sharing
- Don’t do more work/worrying than the “patient”

# Getting Started with Adults: Sample Questions

- “How do you feel about having diabetes?”
  - How do you feel about him/her having diabetes?”
  - Can you talk to me a bit about what attracted you to each other?”
  - What are you looking forward to doing with the rest of your lives?”
- } Emotional impact/couple communication patterns/emotional tone of couple
- } Assessment of Couple’s emotional bond
- } Value congruence & communication patterns

# Getting Started with Adults: Sample Questions

- “Would like her/him to be involved in your diabetes?”



Couple interactive dynamics/intimacy & interpersonal boundaries

- “Provide her/him with the words that will open your door and let him/her in”



Capacity for sharing, intimacy & trust

# Case History: Michael V (3 months after first clinic visit)

- HgbA<sub>1c</sub>: 7.5%
- Management behavior:
  - Checks blood sugar 3-4x's daily
  - Takes extra insulin if eating more
  - Improved school behavior
  - Requested and is in counseling to deal with A.D.D.
- Worked during summer, has part-time job after school

# Case History: Michael V (3 months after first clinic visit)

- Reports improved relationship with parents
  - Parents report how much easier working as “parents” has become
  - Diabetes no longer “center” of family life
- Diabetes successfully integrated into daily life

# Case History: Sam (and Joan) (2 months after first clinic visit)

- Increased motivation
- Following regimen – blood sugars bid, maintaining nutrition plan, recording results
- HbA1c below 8%
- Improved relationship/communication between partners re: diabetes management- “We’re having fun with each other again”

# Family Approach: Results

- For behavioral challenges, most cases require 5-10 sessions with a diabetes educator/family therapist
- Positive results sustained over several month period, with “booster” sessions every 3-4 months of regular clinic visits

# Results: Health Care Providers

- Less wear and tear
- Improved clinical performance and clearer definition of physician's/nurse's/ nutritionist's role
- More effective interventions
- More effective assessment of interventions
- Responsibility for clinical outcomes appropriately shifted to patient
- More fun! YOU feel better, more positive, and energized

# Results: Patients, Families and Health Care Providers

- Improved clinical outcomes and quality of life today and for the patient and families many tomorrows!!
- Acceptance
- Letting go
- Diabetes isn't center of family life
- More realistic and expanded experience of working, living and communicating

**THANK YOU! You are making a  
vital difference in your  
patients' lives, let us hear how  
we can help you!**

Paul B. Madden, M.Ed.

**May the Force Be With You!**

