

**Diabetes and The Family: Strategies for Successful Management and Clinical Outcomes**

Joe Solowiejczyk, RN MSW CDE  
*A Type 1 Diabetes Guide to the Universe*  
Program Development, Implementation, Counseling,  
Supervision & Training  
[www.amileinmyshoes.com](http://www.amileinmyshoes.com)

---

---

---

---

---

---

---

---

**Learning Objectives**

- Recognize components of the family approach model
- Distinguish the difference between the individual and family approach
- Describe the positive outcomes that can occur with the family approach in both children and adults
- Identify 3 assessment tools for use in family approach for children and adults
- Translate 3 intervention principles that apply to children and adults

---

---

---

---

---

---

---

---

**The Problem:  
Mismanagement and Non-Adherence in Children With Diabetes**

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

---

---

---

---

---

---

---

---

### Case History: April & Dana

- 14 & 17 year-old female adolescents
- Type 1 diabetes mellitus, 6 years & 8 years
- HbA1c: 10.0% - 14% over last 3 years
- Management behavior: non-compliant, mismanaging, i.e., sporadic blood glucose (BG) checks, skip insulin occasionally, dietary indiscretions
- Both girls do well in school
- Both girls are socially appropriate and have many friends in school
- Mother is responsible for most of diabetes care: daily routine and MD visits

---

---

---

---

---

---

---

---

### Case History: Max & Ida

- 67 year-old male
- Type 2 for 5 years
- Management issues: educational, emotional and behavioral
- Wife, Ida, is always "nagging"; does most of the management work; if not for her he wouldn't be doing a thing

CS-0020-07

---

---

---

---

---

---

---

---

### Solutions Depend Upon How You Define the Problem!

- Individual Approach
- Family Approach

---

---

---

---

---

---

---

---

### 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

---

---

---

---

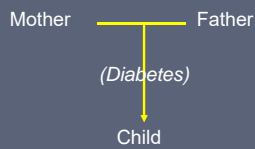
---

---

---

---

### Individual Approach: Pediatric



- Intervention strategies focus on individuals, i.e. education, support groups, winter/ summer camps and more education

---

---

---

---

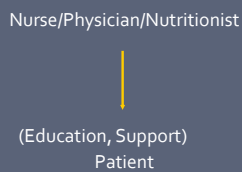
---

---

---

---

### Individual Approach: Adults



- Intervention strategies focus on individual, "getting patient motivated", focus on feelings

---

---

---

---

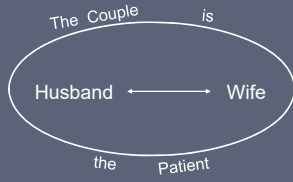
---

---

---

---

### Family Approach: with Adults



Problem caused by: personal individual feelings AND communication patterns

---

---

---

---

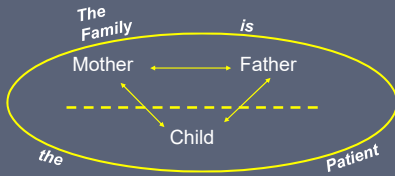
---

---

---

---

### 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

Solowiejczyk, J. Diabetes Spectrum  
Volume 17, Number 1, 2004

---

---

---

---

---

---

---

---

### 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

Baker, Rosman, McGuire, Sargent. Unpublished research data, 1979

---

---

---

---

---

---

---

---

### 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 *misbehavior*
- Relate child's misbehavior to parents' inability to agree on how to handle it
- Appropriate diabetes management is non-negotiable

Solowiejczyk, J. Diabetes Spectrum Volume 17, Number 1, 2004

---

---

---

---

---

---

---

---

### The 3 Rules for Diabetes Management in Teens & Children:

1. Taking Care of yourself is non-negotiable!
  1. You have to do at least 4 checks a day
  2. You have to write the numbers down
  3. You have to bolus before you eat if you're over the age of 6-7 yo
2. You don't have to like it, you just have to do it! If you like it you're nuts and you need medication!
1. Reframing non-compliance/non-adherence to regimen as any other act of misbehavior.

---

---

---

---

---

---

---

---

### 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? }
  - Provide her/him with the words that will open your door and let him/her in. }
- Couple interactive dynamics/intimacy & interpersonal boundaries
- Capacity for sharing, intimacy & trust

---

---

---

---

---

---

---

---

### Getting Started with Children: Sample Questions

- What do you think about the fact that your child's HbA1c 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? } Family Organization/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 he's behaving himself?"* }

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

---

---

---

---

---

---

---

---

### Case History: Max & Ida (2 months after first clinic visit)

- Increased motivation
- Following regimen – monitoring blood glucose twice a day, maintaining nutrition plan, recording results mostly on own
- HbA1c below 8%
- Improved relationship/communication between partners re: diabetes management; couple reports less fighting

---

---

---

---

---

---

---

---

**Case History: April & Dana  
(3 months after first clinic visit)**

- HbA1c: 7.5% & 7.8%
- Both parents involved in diabetes care
- Parents and girls have weekly Review/Reporting Session, no longer than 15 minutes!
- Management behavior:
  - Monitors blood glucose 3-4x's daily
  - Takes extra insulin if eating more
  - Checks in with parents about rules for extra food

---

---

---

---

---

---

---

---

**Case History: April & Dana  
(3 months after first clinic visit)**

- Report improved relationships with parents
  - Parents report how much easier working as "parents" has become since father has become involved
  - Diabetes no longer center of family life
- Diabetes successfully integrated into daily life

---

---

---

---

---

---

---

---

**Family Approach: Results**

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

Solowiejczyk, J. Diabetes Spectrum  
Volume 17, Number 1, 2004

---

---

---

---

---

---

---

---



### Results: Healthcare Professionals

- 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!

---

---

---

---

---

---

---

---

---

---

### Results: Patients, Families and Healthcare Professionals

- Improved clinical outcomes and quality of life
- Acceptance
- Letting go
- Diabetes isn't center of family life
- More realistic and expanded experience of working, living and communicating

---

---

---

---

---

---

---

---

---

---

Joe Solowiejczyk, RN MSW CDE  
www.amileinmyshoes.com  
A Type 1 Diabetes Guide to the Universe  
(available for purchase on the iTunes Store)  
(ISBN) 457-0273  
joe@amileinmyshoes.com

---

---

---

---

---

---

---

---

---

---

**May the Force be With You!**



---

---

---

---

---

---

---

---