

# 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

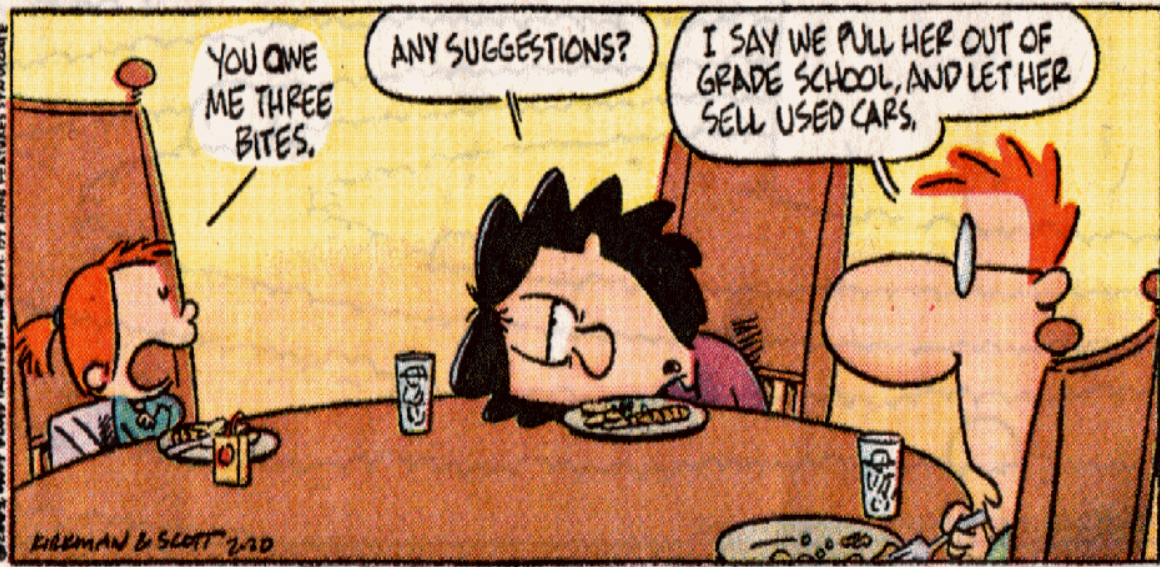
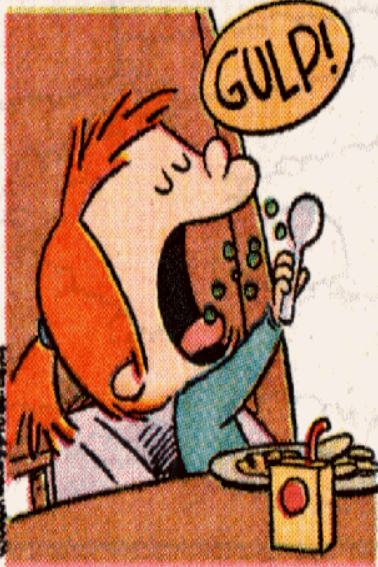
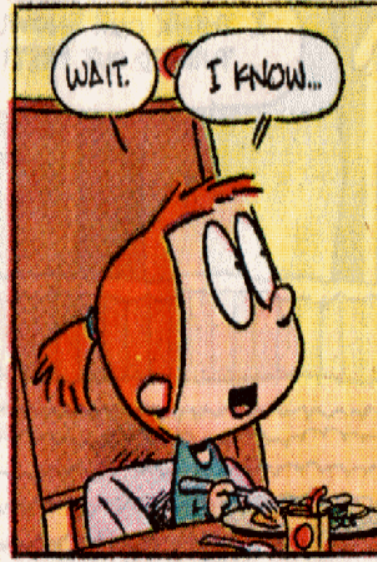
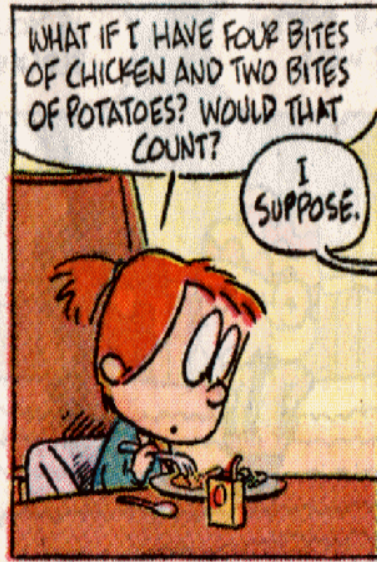
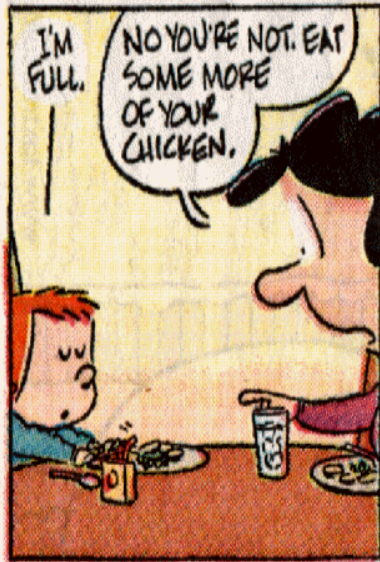
# DEVELOPMENTAL ISSUES FOR PRESCHOOLERS

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



BABY BLUES

TOYTON





# 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

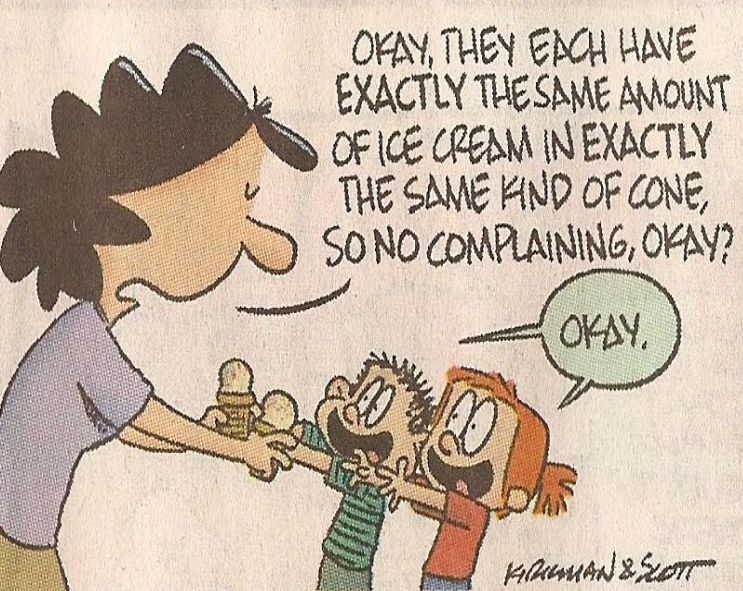
- Not allowing diabetes-specific tasks to become the primary source of attention
- Offering Choices When Possible
- Using Clear, Simple Language
- Use Distraction During Regimen Tasks
- IF more than one parent, share tasks

# 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



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# 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?

SCOTT AND  
BOB GRANT

# Glossary of Grunts

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

Unh! (EXASPERATED)

1. A short, pointed sound.  
"I already knew that!"
2. Duh!



uunh! (LOUD AND BREATHY)

1. An expression of global frustration.  
"Why me?"
2. A surrender.  
"Fine. Whatever you say."

mmnh! (BARELY AUDIBLE)

1. An acknowledgment.  
"I heard you, now  
please go away."



uhhhhhhhhhhhhhhhhhhhhhhhhh  
(SHORT GRUNT FOLLOWED  
BY A LONG WHOOSH  
OF AIR)

1. Generational disapproval.  
"I can't believe  
I share  
the planet  
with a being  
as hopeless  
as you."

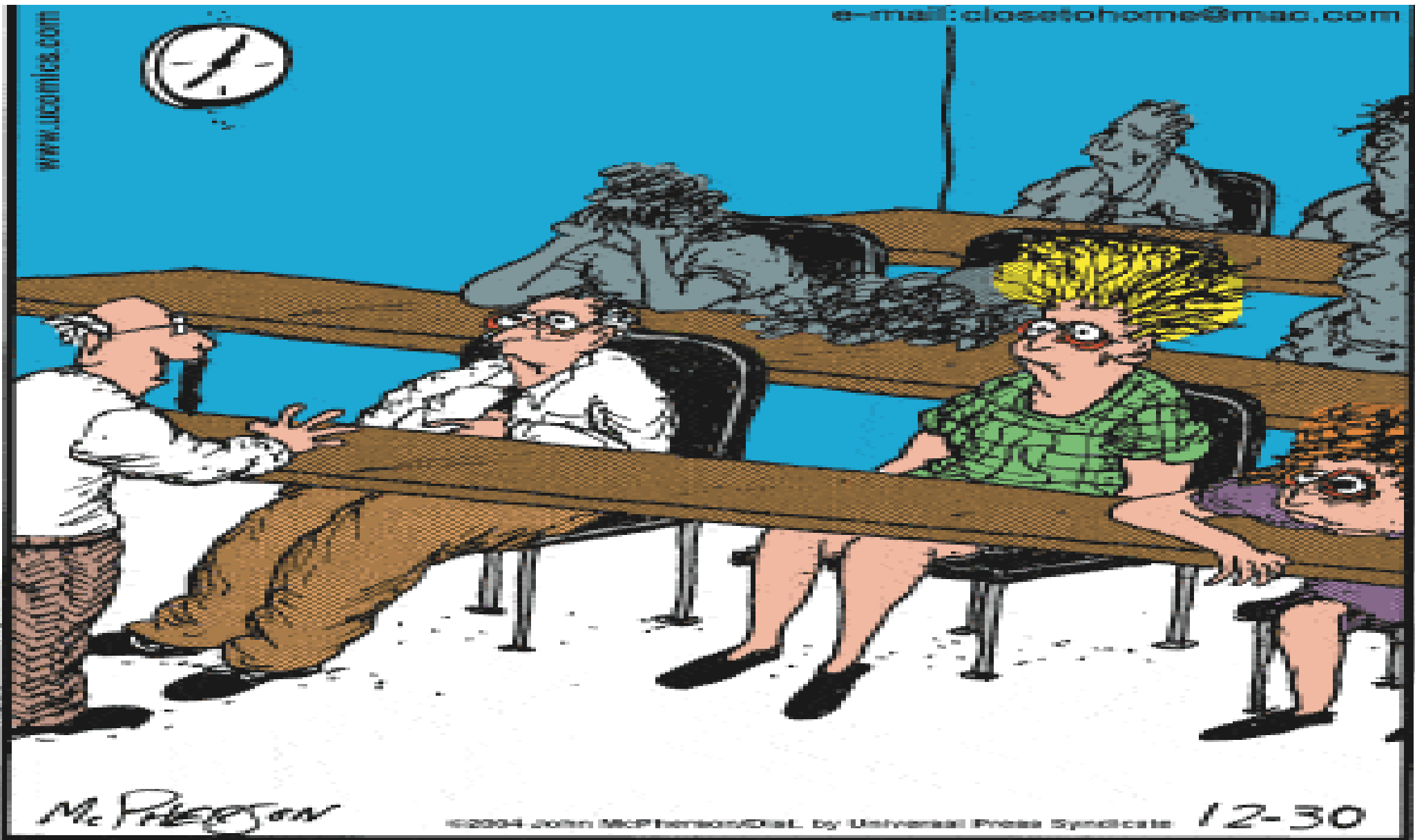


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“Good evening, and welcome to our seminar, ‘Living With Teenagers.’”

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# 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



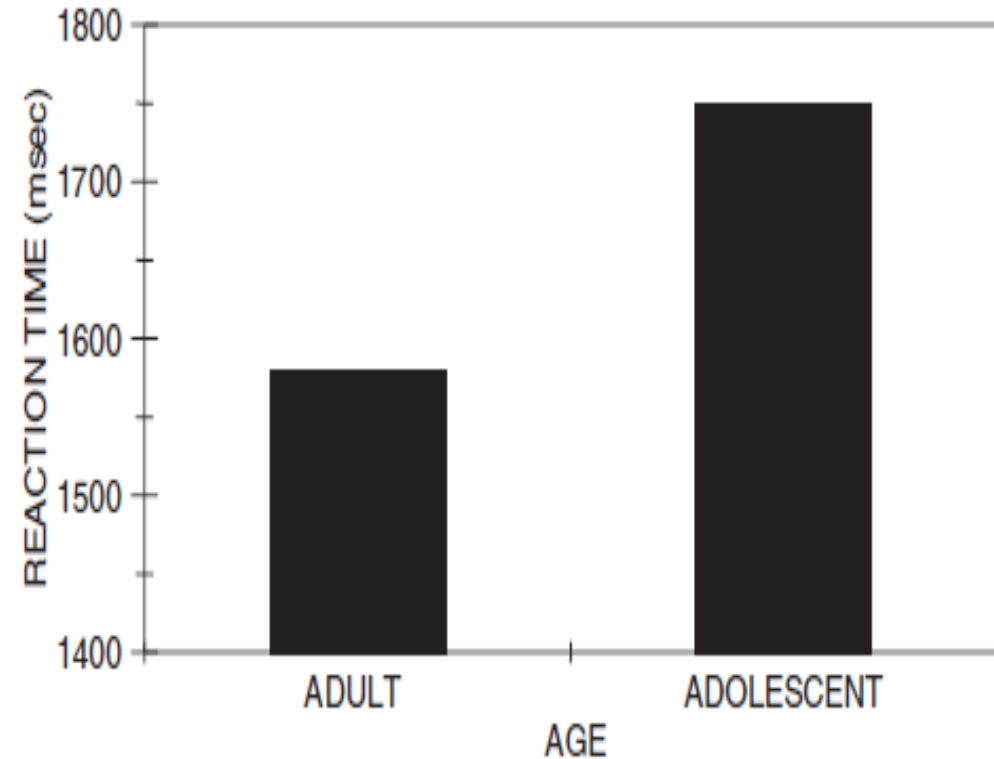
# DEVELOPMENTAL ISSUES FOR ADOLESCENTS

- 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?



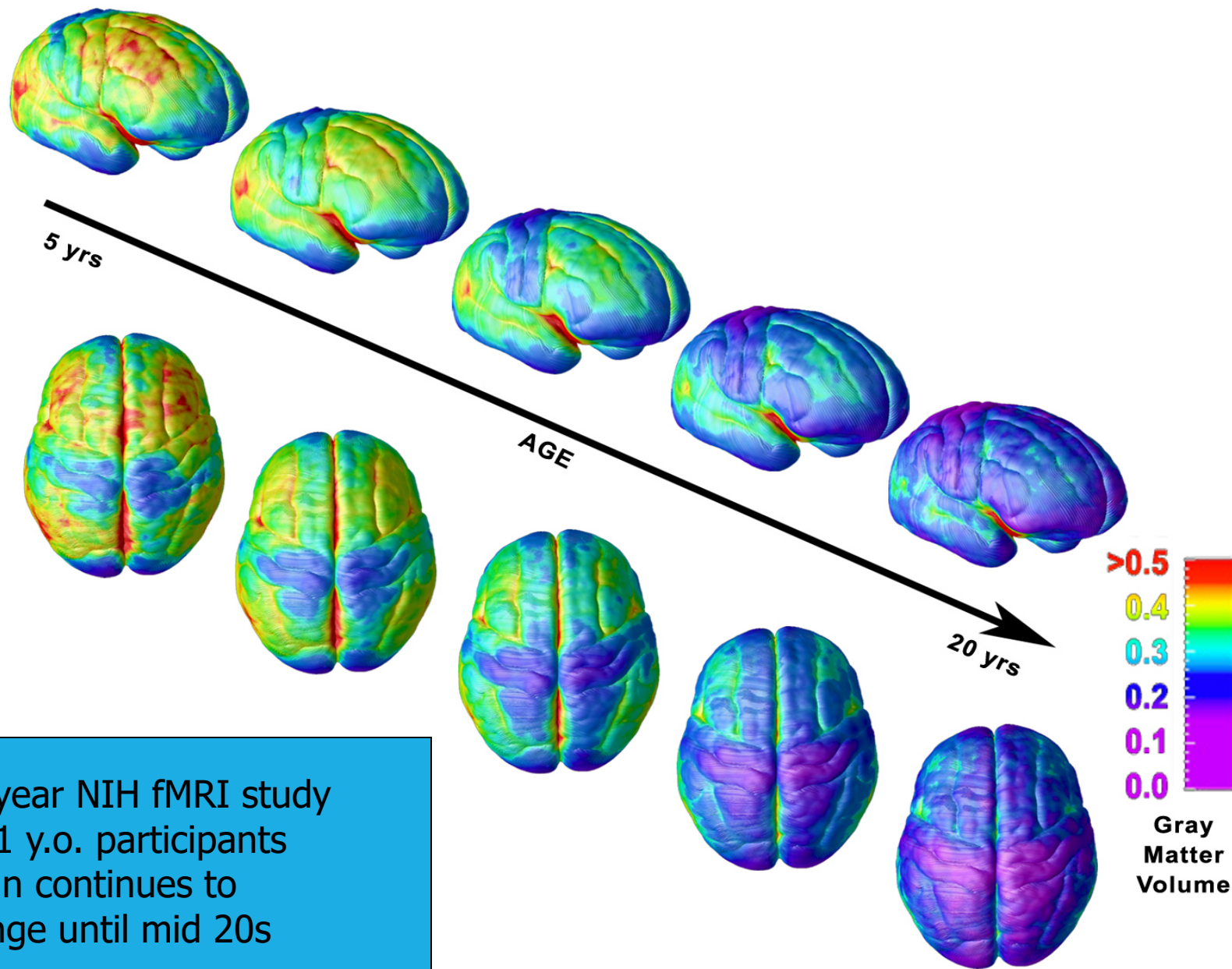
# DEVELOPMENTAL ISSUES FOR ADOLESCENTS

- 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

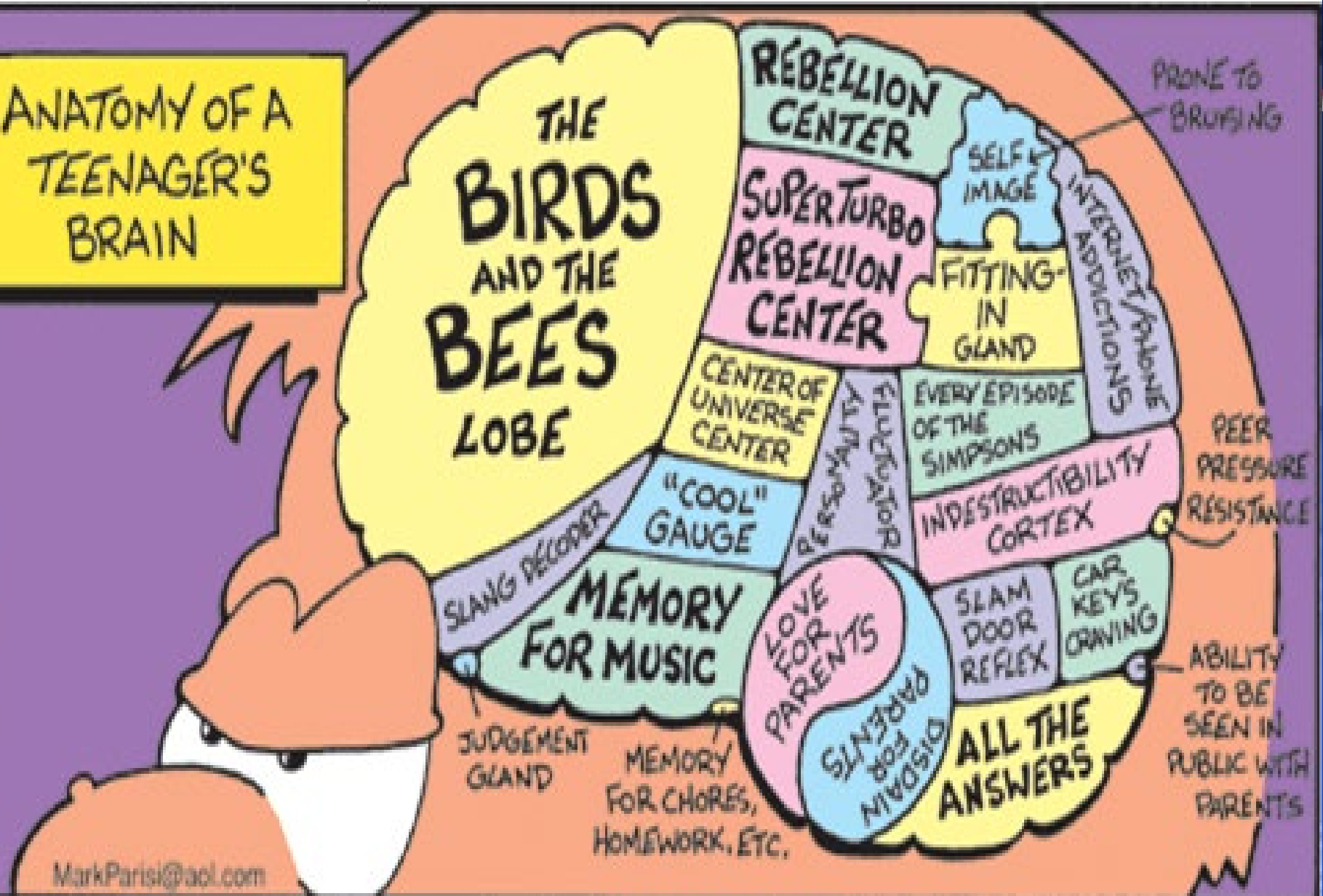


Time-Lapse  
Imaging  
Tracks Brain  
Maturation  
from ages 5 to  
20

- 10-year NIH fMRI study
- 4-21 y.o. participants
- Brain continues to change until mid 20s

ANATOMY OF A  
TEENAGER'S  
BRAIN

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# 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



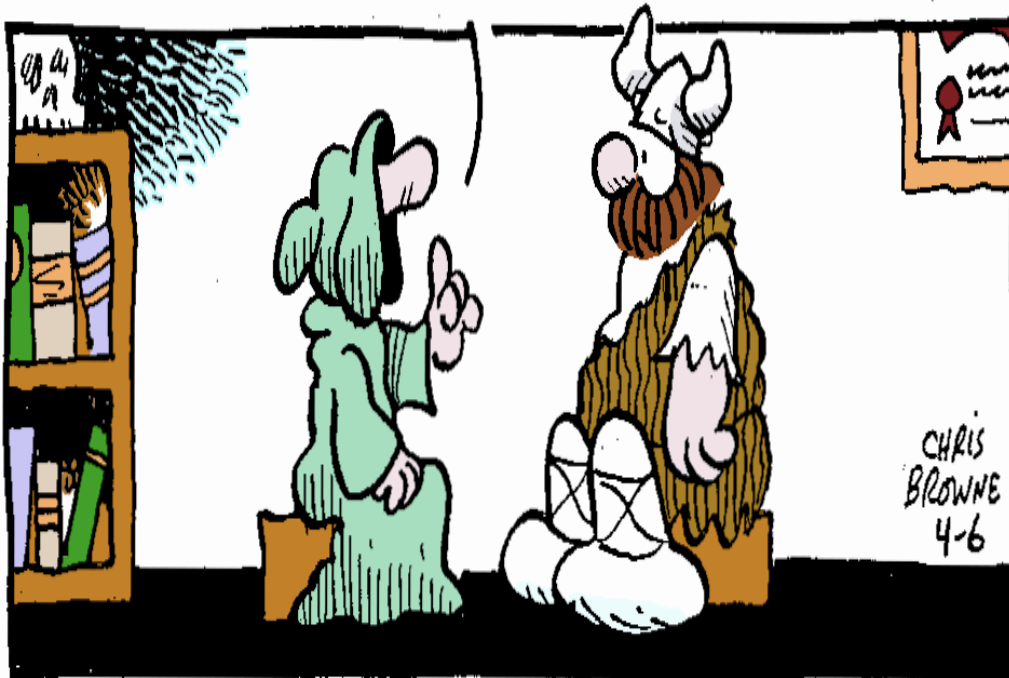
# PARENTS AND TEENAGERS

- 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...



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OMG I HAVE A ZIT!!  
Y CANT I GO TO THE MOVIES?  
my parents r soooo weird

he doesnt even know im alive  
**Sighhhh Im sooo bored**

*My little brother is annoying*

**HOMEWORK GRRRRRRRRRRR :(**

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

**booooooring**

EVERYBODY PICKS ON ME

**i hate my life**

i need new friends

my room is NOT a mess!

DONT GET ME STARTED

**now im really bored**

**THIS SONG IS SO LAME**

so is it my fault money  
doesnt grow on trees?

WHAT R U LOOKING AT?

*my teacher is unfair*

**does anybody care about how i feel? i feel sad**

*is anybody listening?* its not ez being me

ugh! my mom took my phone away

*sigh im bored*

I DONT WANNA STUDY  
**THIS IS THE WORST DAY  
EVER!!!!**

my head hurts

*im so bored*

**BAD HAIR DAY!**

i have nothing to do

**IM HUNGRY**

*im too fat*

**IM TOO COLD**

**im too hot**

**im so bored**

i have too much to do

*my friends never include me*

**MY STOMACH HURTS**

**i wanna b left alone**

**i hate my nose**

ugh boys!!!

**IM TIRED**

help me

grrrr

UGH!

**im bored**

i have crampsss

**OMG!**

im always being picked on

ITS NOT MY FAULT

**IM BORED**

*i'm lonely*

**WHY ME?**

im not a morning person

unloved unheard uncertain

**AND NO, I DONT WANNA TALK ABOUT IT**

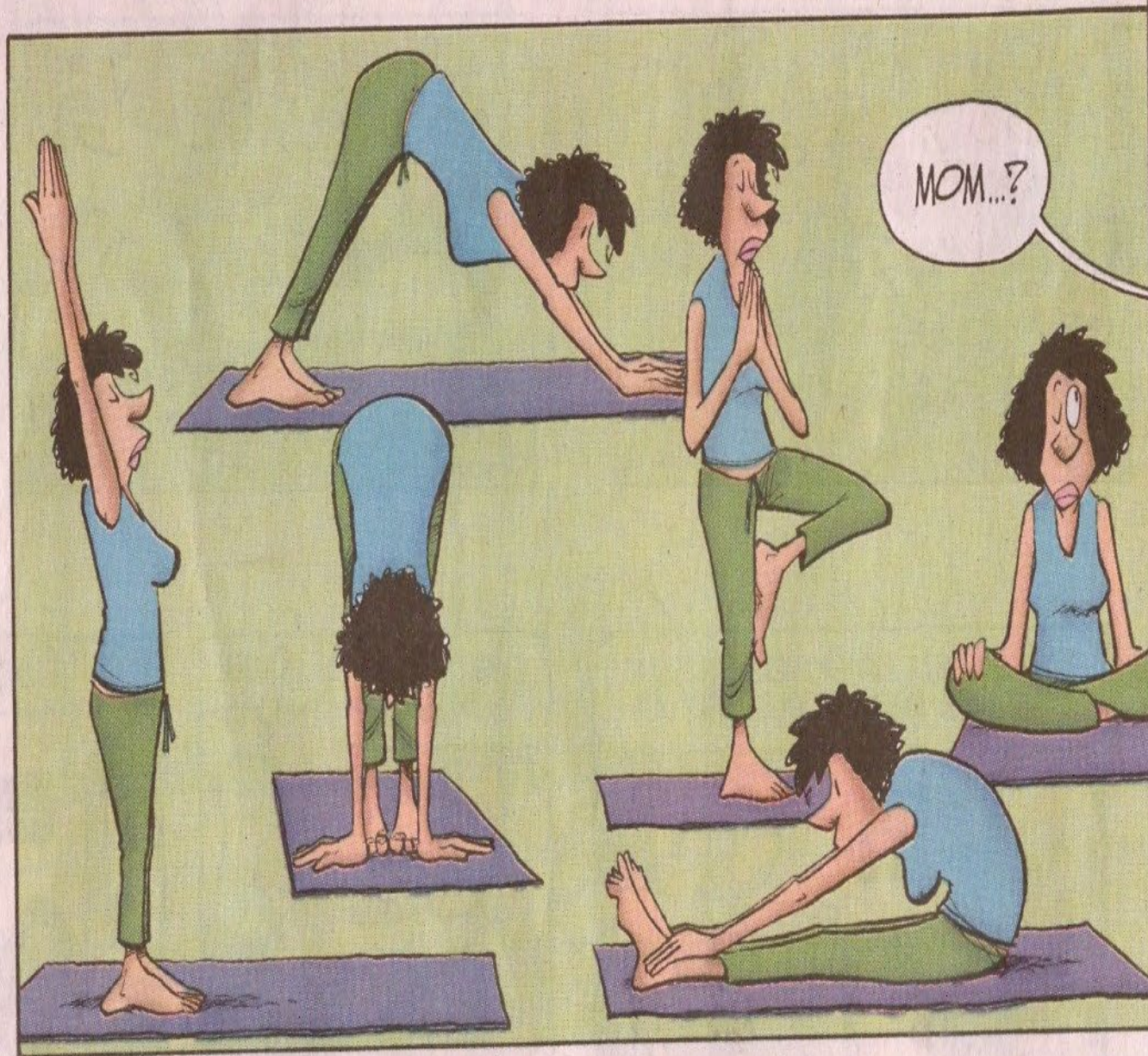


IM NOT OVERREACTING

# 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



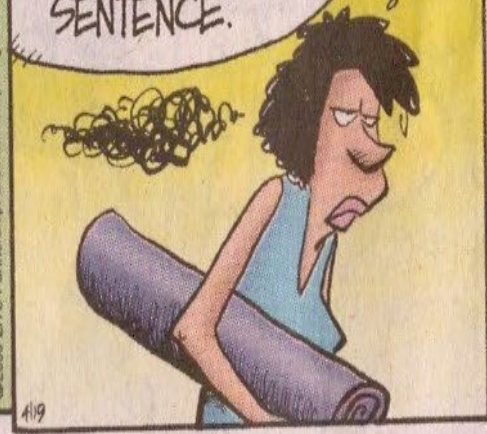


MOM...?

... 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?



ONLY MY KID COULD UNDO FORTY MINUTES OF YOGA WITH ONE SENTENCE.



SCOTT AND BORGMAN

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# 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!

## Listening works better than nagging

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

## 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

## 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



MotivatingGiraffe.com

- 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."*