



PREPARING FOR LAUNCH:

PARENTING TEENS WITH DIABETES

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FRIENDS FOR LIFE

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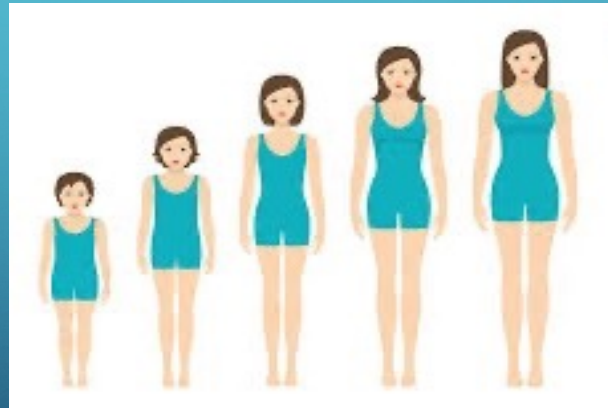
Welcome to being a parent of a teenager. Prepare for a large amount of eye rolling, emotional outbursts, and thoughts of running away. And that's just the parents.



[FACEBOOK.COM/MOTHERHOOD.ORG](https://www.facebook.com/motherhood.org)

ADOLESCENCE

- Ages 10 through 18+
- Rapid phase of human development
- Biological changes start before psychosocial changes

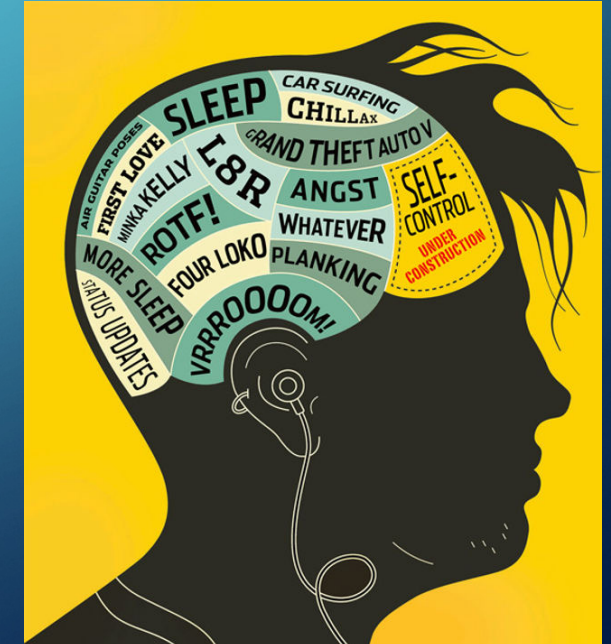
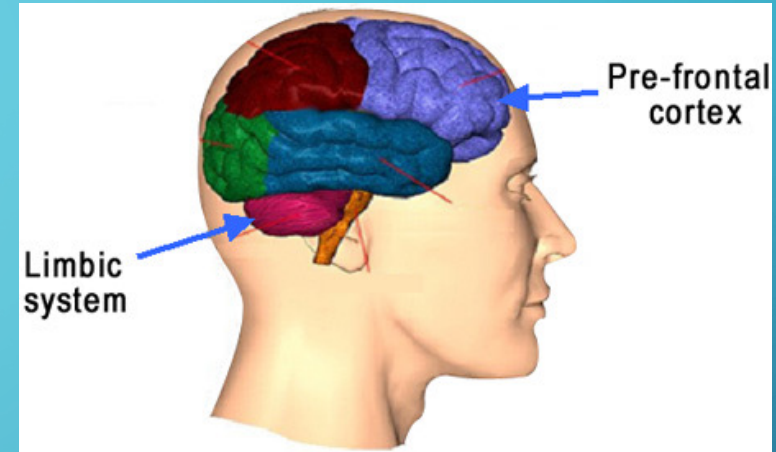




SHIFTS DURING ADOLESCENCE

SHIFTS IN THE BRAIN

- **Limbic system** changes first:
 - Emotion
 - Motivation
 - Pleasure and rewards
- **Pre-frontal cortex** (executive functions) changes later in adolescence:
 - Decision-making
 - Controlling impulses
 - Planning
 - Organization





SHIFTS IN THINKING

- Personal Fable: Adolescents' belief that they are special, unique, and invulnerable.
 - "My mom could never understand what I am going through."
- Imaginary Audience: Adolescents' belief that others are constantly watching and evaluating them.
 - "Everybody saw me drop my book in the hallway and are judging me!"

SHIFTS IN SOCIAL LIFE

- Adolescents often shift from dependency upon parents to increased autonomy
- Increased interest in spending time with peers
 - More risk-taking and being impulsive around peers
- Identity development



SHIFTS IN HOW TEENS ACT

- Teens can act moody and/or distant
- **More risk-taking** – related to interest in exploring new things but less developed ability to control impulses
 - Focus on **reducing the harm**
 - Don't focus on long-term consequences or use scare-tactics



Steinberg, L. (2004). Risk taking in adolescence: What changes, and why? In *Adolescent brain development: Vulnerabilities and opportunities* (pp. 51–58). New York Academy of Sciences.



“TEENS JUST BEING TEENS?”

- Some adolescent behaviors can have life-long consequences
- Alcohol use in early adolescence → **health-compromising alcohol use in later life**
- Declines in diabetes self-management and glycemic control during adolescence → **glycemic outcomes and complications in adulthood**



PARENTING ADOLESCENTS



CHANGES IN PARENT-CHILD DYNAMICS

- Less time with families, feel less close, and less supervision and monitoring from their parents
 - This is a developmental shift is normal
- Adolescents need connection with their families to receive guidance and support

Csikszentmihalyi & Larson, 1984; Dishion, Nelson, & Kavanagh, 2003; Hill, Bromell, Tyson, & Flint, 2007

Hill et al., 2007





BALANCED PARENTING APPROACH

- Strong parent-child relationship
 - High warmth, affection
 - Strong connection and relationship quality
 - Foundation for all other aspects of parenting
- Effective and consistent limit-setting
 - Consistent and age-appropriate expectations
- Use positive interactions to correct problem behaviors
- Balance parent and child needs
- ***This can be challenging when teens are moody, distant, and/or burned out with diabetes***

PARENTING ADOLESCENTS WITH DIABETES

- Parents often want adolescents to take responsibility and be proactive
- Adolescents often want independence on their own terms
- Abrupt transitions can lead to problems
- Gradual transitions lead to best outcomes



DIABETES RESPONSIBILITY RECOMMENDATIONS



<p><u>Teen:</u></p> <ul style="list-style-type: none">• Performs many tasks• Still learning some tasks <p><u>Parent:</u></p> <ul style="list-style-type: none">• Supervise all tasks• Performs some tasks	<p><u>Teen:</u></p> <ul style="list-style-type: none">• Performs most tasks• Can perform all routine tasks <p><u>Parent:</u></p> <ul style="list-style-type: none">• Supervises all tasks• Performs few tasks	<p><u>Teen:</u></p> <ul style="list-style-type: none">• Performs all tasks <p><u>Parent:</u></p> <ul style="list-style-type: none">• Supervises some tasks• Performs tasks per teen's request
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HOW TO HAND OVER TASKS GRADUALLY

1. Adolescent observes parent while parent describes and explains each step
2. Adolescent starts doing small parts while parent keeps taking the lead
3. Parent and adolescent together or trade-off
4. Adolescent takes the lead while parent observes and helps as needed
5. Adolescent does task independently and parent supervises only (taper off)

TRUST, BUT VERIFY

- Your teen can only pick-up when you let go
- Balance between giving space/time and keeping them safe and health
- Opportunities for them to build your trust
- Trust them and then verify



EXPECTATIONS FOR DIABETES MANAGEMENT

- Safety vs preference: Important distinction
 - Examples:
 - How to lay out pump supplies before each change
 - Driving with blood sugars under 70
- Parents sometimes need to step back to give adolescents space to step-up, build their skills, and figure out “their way”



EXPECTATIONS FOR DIABETES COMMUNICATION

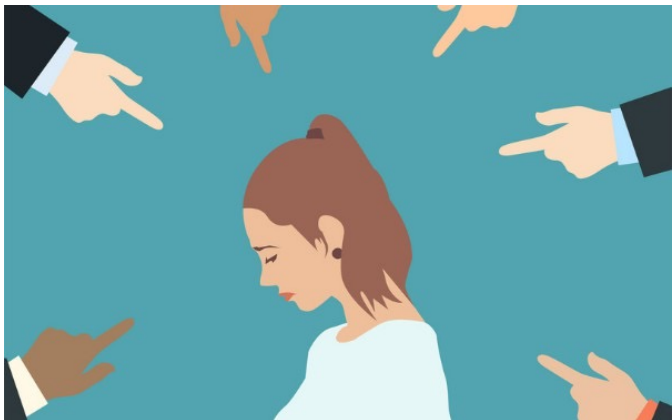
- Communication comes at a cost to your adolescent
- Remember: diabetes management is already a burden/disruption, and communication with parents adds to it





“DIABETES IS DONE
BEST WHEN IT’S DONE
AS A TEAM SPORT.”

PARENTING DURING HIGHS/LOWS



- **Diabetes deserves the blame for highs/lows, not you or your teen**
 - You are on the same team: Neither of you wants highs/lows
- **Highs and lows can cause parents stress**
 - Wanting to get back in range & worrying about complications
 - Frustration with teen
 - Self-blame and self-judgement as a parent
- **Not the time to learn a lesson**
- **Focus on treating the high/low**

Remember:
People usually don't
feel great during
highs and lows

HYPERGLYCEMIA vs HYPOGLYCEMIA

BLOOD GLUCOSE (SUGAR) LEVEL

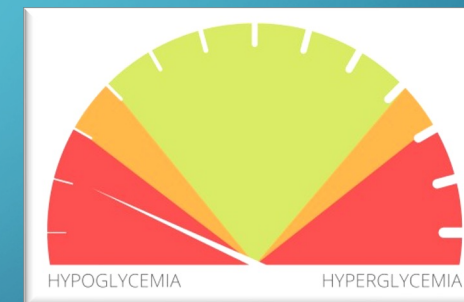
HIGH BLOOD SUGAR ↑ There is too much sugar in the blood.

LOW BLOOD SUGAR ↓ There is too little sugar to keep the cells working well.

COMMON SYMPTOMS

High Blood Sugar Symptoms	Low Blood Sugar Symptoms
feeling tired	feeling tired
polyuria (excessive urination)	pale skin
irritability	irritability
polydipsia (increased thirst)	increased hunger
blurry vision	blurry vision
	sweatiness
	dizziness
	headache
	shakiness

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CYCLE OF MISCARRIED HELPING



PARENT-ADOLESCENT CONFLICT



- Parent-adolescent conflict is common, especially related to diabetes
- Conflict makes things harder and more stressful for everyone
- As the parent, you are in a better position to prevent and de-escalate
- Consider:
 - Pick your battles
 - Take a deep breath or a minute before responding



WHEN YOUR ADOLESCENT IS PUSHING YOUR BUTTONS

- Adolescents often roll their eyes, give exasperated sighs, or look away
 - Parents perceive as disrespect/rude
 - Common ways adolescents express frustration or being overwhelmed
- Give them a second shot
 - “Why don’t we try this again?”
 - “Do you want to say that another way?”
- Gives them a chance to re-do and you a chance to pause as well



COLLABORATIVE PROBLEM-SOLVING

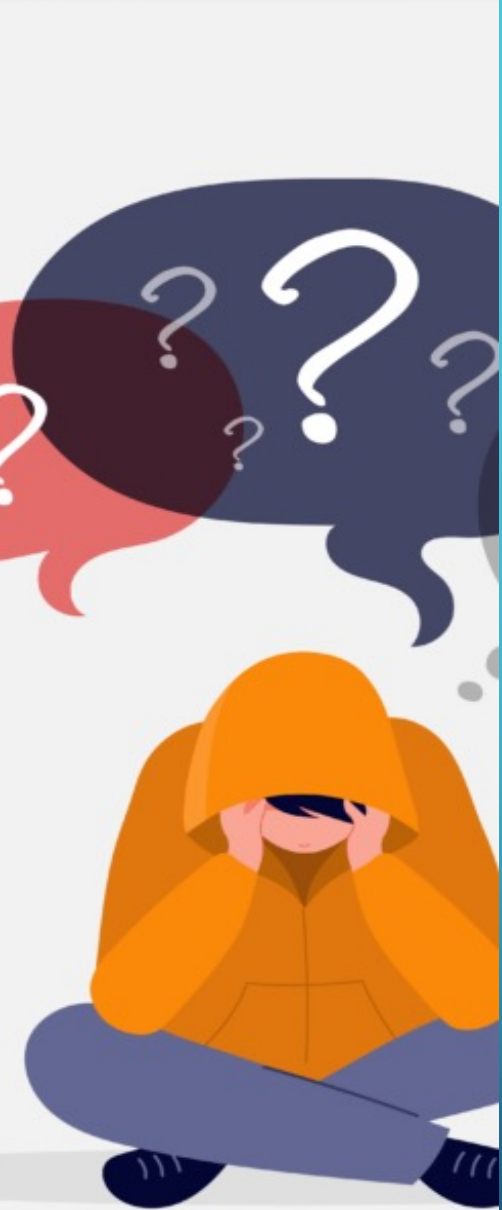
- Work together with your teen through the following steps:
 - **Identify the problem**
 - **Set a goal**
 - **Identify potential solutions**
 - **Evaluate potential solutions**
 - **Create a plan**
 - **Evaluate and adjust as needed**
- Breaks the cycle of what isn't work
- Opportunity to learn more about your teen and work together to solve a shared problem



CONNECTING WITH YOUR TEEN



- Teens are excellent gauges of realness
 - Finding ways to connect that are authentic and meaningful to both of you can be challenging
- Time and space to connect just the two of you
 - Do an activity you both enjoy, that's interactive
 - Try to hold back on discussing diabetes or other potentially stressful topics
- Teens might seem uninterested or uncomfortable at first
- It's hard to do, but has lots of benefits to you, your teen, and parenting



SIGNS OF POTENTIAL MENTAL HEALTH ISSUES

- Sudden changes in sleep, weight, eating habits, diabetes management, or other daily routines
- Loss of interest in previously enjoyed activities
- Withdrawing from family and friends
- Drop in grades/school performance
- Signs of self-harm or suicidal thoughts/comments
- Lying



MENTAL HEALTH RESOURCES

- ADA's directory of MH professionals trained in diabetes:
 - https://professional.diabetes.org/mhp_listing
- Psychology Today: www.psychologytoday.com/us
- For in-network providers, contact the number on your insurance card



TAKE-AWAYS

- Adolescence is a challenging, time-limited, and important period of life
- Aim for a gradual transition toward independence
- Avoid "Miscarried Helping" and conflict
- Connect with your teen as much as possible
- Work together to solve problems and manage diabetes

The background is a teal-to-blue gradient. In the corners, there are decorative white line-art patterns resembling circuit traces or neural network connections, with small circles at the end of the lines.

Q & A

Discussion

Thank you!

Please feel free to contact me at: wongji@stanford.edu

Example: Parent and teen arguing about high blood sugars

- Problem: Parent and teen argue a lot about high blood sugars
- Goal: Find a way to treat highs in a timely manner without arguing
- Potential Solutions:
 - Keep arguing
 - Parent never asks about highs again
 - Teen tries to treat highs in a specific time frame after alert
 - Parent only asks about blood sugars are above a specific number and/or after a set period of time
 - Teen texts an emoji to parent after treating highs to let parent know
 - If teen is at home, parent offers to treat the high
- Create a plan: Teen texts parents a “thumbs up” emoji when treating highs, if parent hasn’t received a text within 30 minutes after a high alert, parent can then check-in.
- Evaluate how the plan went: Review together after a week what is going well and what isn’t, adjust as needed.



Example: Teen ignoring alerts during video games

- Problem: Parent wants teen to focus more on diabetes when playing video games, teen just wants to unwind
- Goal: Teen gets a break while highs/lows get treated
- Potential Solutions:
 - Change alerts to only levels that need immediate attention during video games
 - Parent treats during video game time (“diabetes vacation” for teen)
 - Between games/rounds, teen takes a break to check blood sugars and treat, if needed
 - Try to get blood sugars in range before starting video games, to minimize disruptions
- Create a plan: Teen plays video games when parent can give “diabetes vacation”
- Evaluate how the plan went: Review together after a few days and adjust as needed

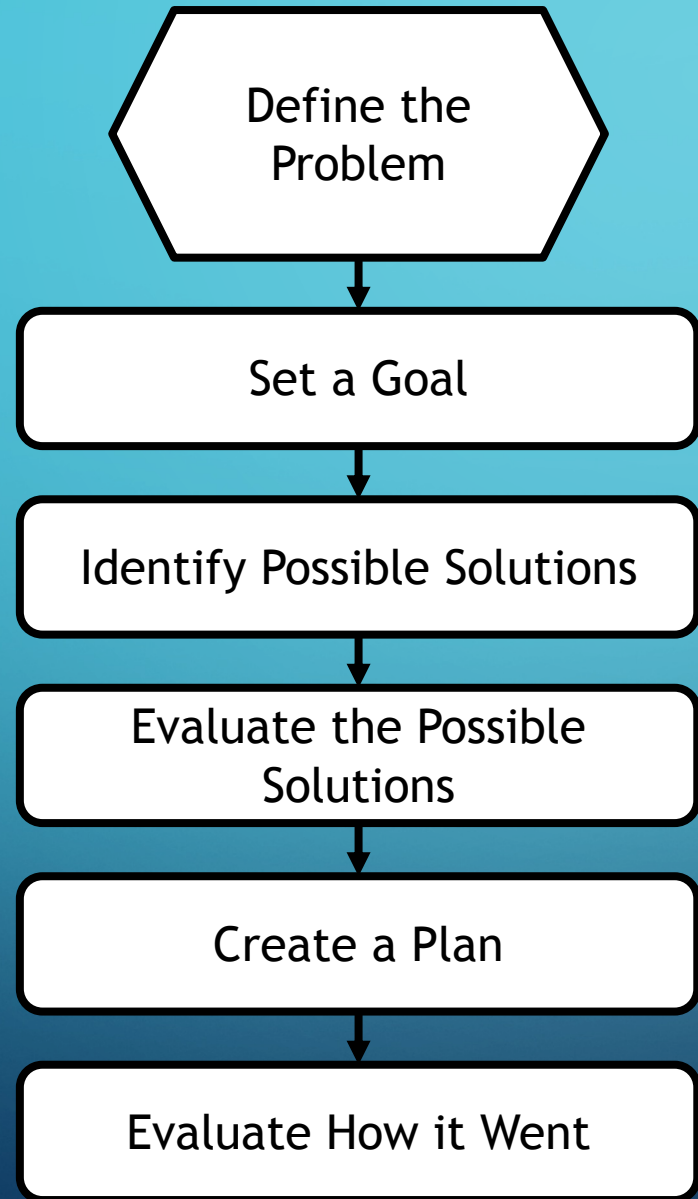


TROUBLESHOOTING

- What if the teen isn't on board?
 - Teen input is necessary for the plan to work
 - Be flexible and focus on moving toward a plan that will interest/benefit your teen
- What if you starting arguing during problem-solving?
 - Try to figure out what is causing the tension and address it
 - Try again another time
 - Prioritize working together as a team rather than getting a point across or having things "your way"



PROBLEM-SOLVING STEPS



What is the problem?

What would you like to happen?

How can we achieve this goal?

How feasible and desirable is each idea?

How can we try this idea?

How did it go?

ADOLESCENT STAGES

- Early Adolescence (10-14):

- Puberty begins
- Lots of physical growth
- Limited capacity for abstract/complex thought

- Middle Adolescence (15-17):

- More physical growth continues for males, slowing growth for females
- More abstract thought: can begin to set long-term goals and become interested in the meaning of life and moral reasoning.
- Increased self-involvement and desire for independence

- Late Adolescence (18-21+):

- Less physical growth
- More complex thought: can think rationally, delay gratification, plan for the future, and gain a firm sense of identity.
- Gaining more emotional stability and independence



SMART GOALS

- Specific
- Measurable
- Attainable
- Realistic
- Time-bound

