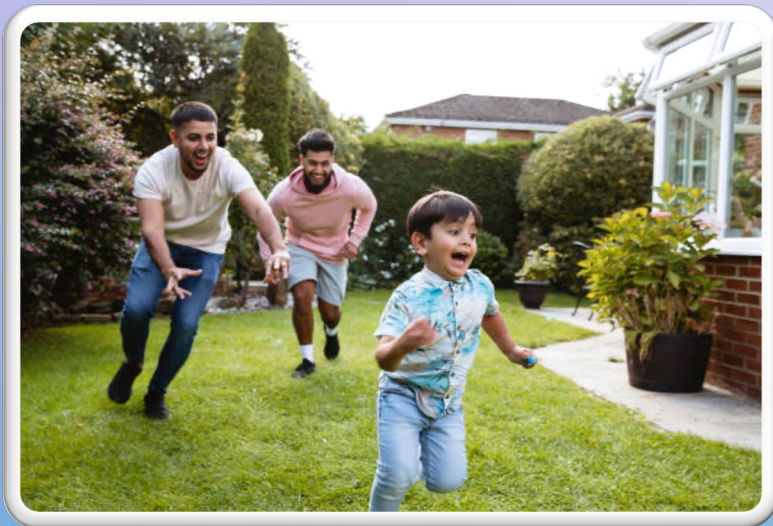


CHASING SHOOTING STARS: PARENTING YOUNG CHILDREN WITH DIABETES



JESSIE J. WONG, PHD

STANFORD UNIVERSITY

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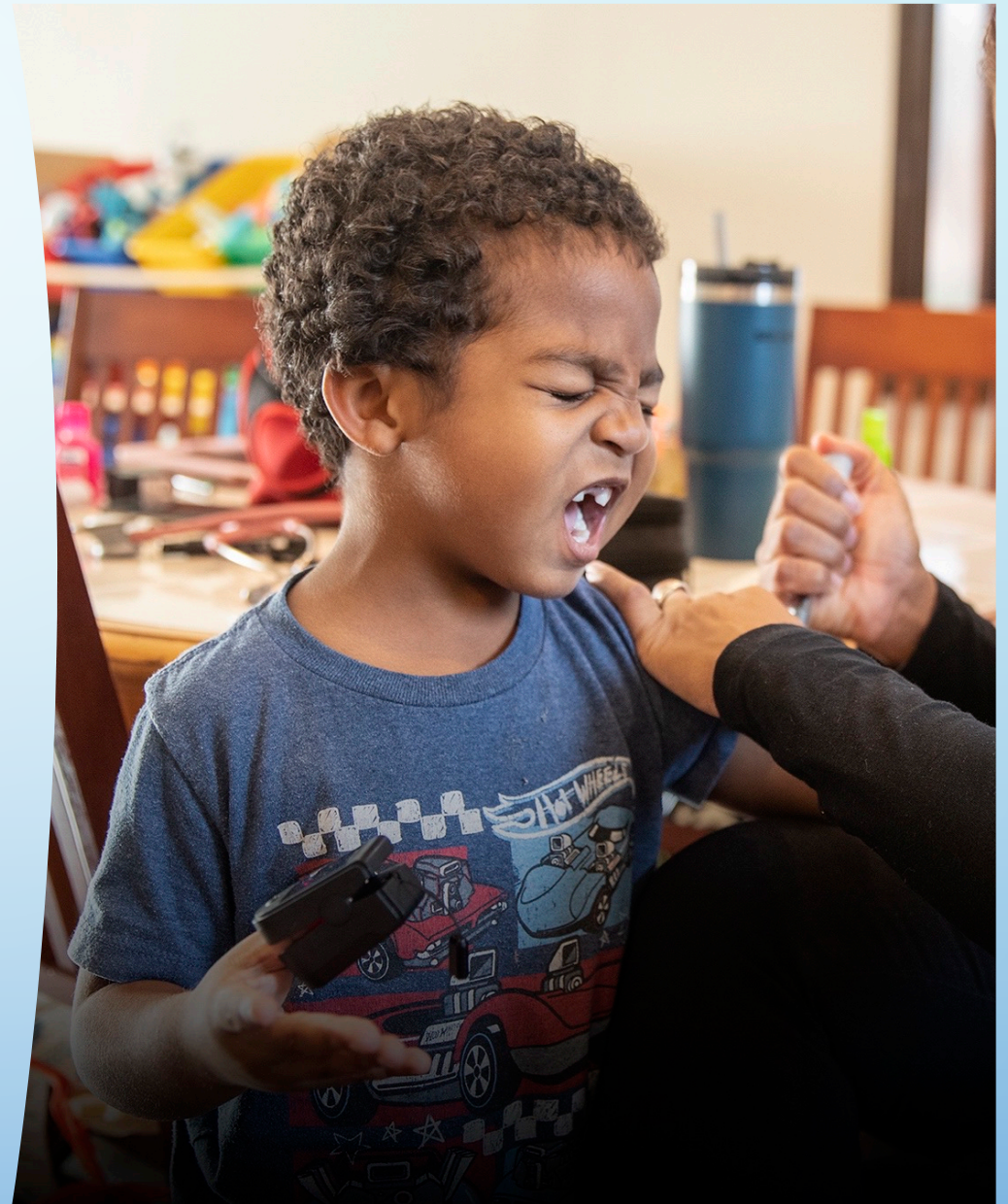
YOUNG CHILDREN WITH DIABETES



- FOR YOUNG CHILDREN (AGES 0-5), CHILDREN'S ROLE IN DIABETES SHOULD BE TO COOPERATE AND OBSERVE
 - EVEN IF HIGHLY COMPETENT AND SKILLED
- CHILDREN'S UNDERSTANDING AND ACCEPTANCE OF DIABETES CAN CHANGE A LOT OVER TIME
- SOME CHILDREN HAVE MORE DISTRESS WITH DIABETES TASKS THAN OTHERS
- VALIDATING AND SUPPORT CHILDREN'S EMOTIONS BUT ALSO SETTING LIMITS WITH BEHAVIORS (HOW THEY EXPRESS EMOTIONS) IS KEY

CHALLENGES OF PARENTING + DIABETES

- INCREASED BURDEN/STRESS
- DIABETES DISTRESS
- GUILT
- CONCERN FOR SIBLINGS
- WANTING TO ENCOURAGE CHILDREN TO BE INVOLVED IN AND LEARN ABOUT DIABETES
- STRUGGLING TO MEET EXPECTATIONS OF DIABETES PROVIDERS, TEACHERS, THE WORLD, AND YOURSELF
- FEELING LIKE YOU ARE CONSTANTLY FORCING YOUR CHILD TO DO THINGS THAT HE/SHE/THEY DON'T WANT TO DO



POSITIVE/AUTHORITATIVE PARENTING

- **STRONG PARENT-CHILD RELATIONSHIP**
 - FOUNDATION FOR ALL OTHER ASPECTS OF PARENTING
- **CONSISTENT LIMIT-SETTING**
- **EXTENDS TO DIABETES:**
 - MORE WARMTH IS RELATED TO BETTER DIABETES MANAGEMENT
 - MORE REACTIVE PARENTING PREDICTS WORSE GLYCEMIC OUTCOMES





GENERAL PARENTING PRINCIPLES:

- CONNECT WITH YOUR CHILD
- EXPRESS WARMTH, AFFECTION, AND APPRECIATION
- CONSISTENT AND AGE-APPROPRIATE EXPECTATIONS
- USE POSITIVE INTERACTIONS TO CORRECT PROBLEM BEHAVIORS
- BALANCE PARENT AND CHILD NEEDS

GENERAL TIPS FOR LIMIT SETTING



- GO INTO SITUATIONS WITH CONFIDENCE AND OPTIMISM
- ALWAYS GIVE ONE WARNING BEFORE GIVING A CONSEQUENCE
 - “IF YOU..., THEN...”
- ALWAYS REMEMBER THE THREE C’S OF LIMIT SETTING:
 1. CALM
 2. CLEAR
 3. CONSISTENT

PARENTING PRACTICES TO AVOID

- HARSH PARENTING PRACTICES

- YELLING, THREATENING
- FOCUSING ON PUNISHMENTS RATHER THAN REWARDS

- LECTURING, NAGGING

- BEING OVERLY PERMISSIVE

- LETTING CHILD DO WHATEVER THEY WANT WHENEVER THEY WANT
- AVOIDING SETTING LIMITS

- OVERINDULGING YOUR CHILD

- GIVING YOUR CHILD EXCESSIVE GIFTS
- UNLIMITED ACCESS TO PREFERRED FOODS, SCREEN TIME, ETC.

- SUPPRESSING YOUR EMOTIONS/PRETENDING TO BE HAPPY WHEN YOU'RE NOT



DIABETES & EMOTIONS



- DIABETES HAS A HUGE EMOTIONAL IMPACT ON PARENTS AND CHILDREN
- YOUNG CHILDREN LACK COGNITIVE ABILITIES TO UNDERSTAND AND EXPRESS EMOTIONS
- IT IS COMMON TO EXPRESS EMOTIONS BY “ACTING OUT”
- BEHAVIOR ISSUES CAN LEAD TO:
 - CHALLENGES WITH DIABETES MANAGEMENT
 - PROBLEMS IN SCHOOL/DAYCARE
 - INCREASED STRESS/BURDEN FOR PARENTS
- HELPING CHILDREN REGULATE EMOTIONS AND MANAGE THEIR RESPONSES TO EMOTIONS ARE KEY

PARENT EMOTIONS

- INCREASED BURDEN/STRESS
- DIABETES DISTRESS
- GUILT AND GRIEF
- FRUSTRATION AND ANGER
- STRUGGLING TO MEET EXPECTATIONS OF DIABETES PROVIDERS, TEACHERS, THE WORLD, AND YOURSELF
- FEELING LIKE YOU ARE CONSTANTLY FORCING YOUR CHILD TO DO THINGS THAT HE/SHE/THEY DON'T WANT TO DO





Parent's Emotions

Child's Emotions



Parent's Emotions

Eager to get pump change done
Worried about child's response
Frustrated that it hasn't been going well



Child's Emotions

Anticipatory anxiety
Scared of physical discomfort
Fear of losing control

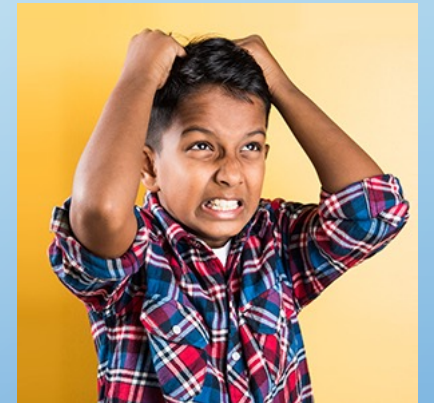


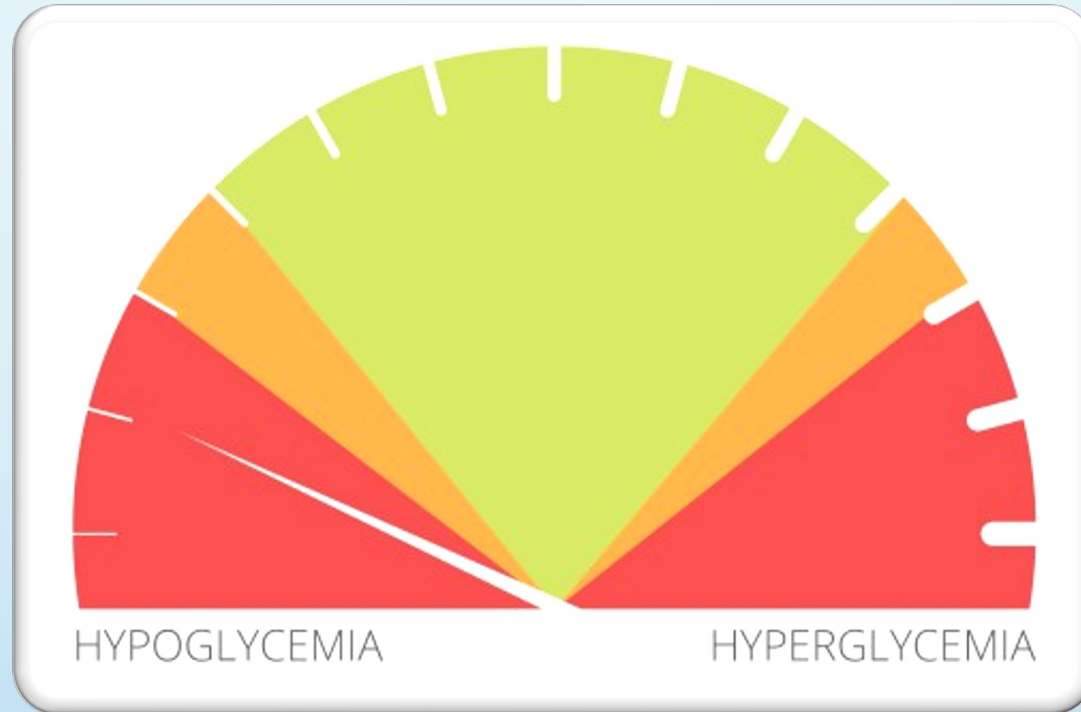
Parent's Emotions

Calmness
Confidence
Controlled

Child's Emotions

Anticipatory anxiety
Scared of physical discomfort
Fear of losing control





PARENTING WITH HIGHS/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



feeling tired



polyuria
(excessive urination)



irritability



polydipsia
(increased thirst)



blurry vision



feeling tired



paleness



irritability



increased hunger



blurry vision



sweatiness



dizziness



headache



shakiness

IRRITABILITY

EMOTIONS WITH HIGHS & LOWS



- CHILD'S EMOTIONS

- IRRITABILITY (SYMPTOM)
- STRESS/ANXIETY
- FRUSTRATION
- SHAME/GUILT

- PARENT/CAREGIVER'S EMOTIONS

- WORRY/CONCERN
- SHAME/GUILT
- STRESS/ANXIETY
- FRUSTRATION/ANGER



PARENTING YOUNG CHILDREN DURING HIGHS/LOWS

- REMEMBER:
 - DIABETES IS TO BLAME, NOT YOUR OR YOUR CHILD
 - YOU ARE ON THE SAME TEAM
- TAKE BREATH AND ASSESS
- GIVE YOUR CHILD A PASS
- FOCUS ON WHAT NEEDS TO HAPPEN IN THE MOMENT
 - POSTPONE WORRYING ABOUT DIET OR PATTERNS
 - NOT THE TIME TO "LEARN A LESSON"
- LEAD WITH KINDNESS AND EMPATHY
- OFFER SUPPORT THAT YOUR CHILD IS RECEPTIVE TO



EXAMPLE



YOUR 5-YEAR-OLD IS WHINING AND IRRITABLE, HE GETS INTO A FIGHT WITH HIS SIBLINGS AND STARTS CALLING NAMES. YOU NOTICE THAT HIS BLOOD SUGARS ARE IN THE 300'S.

- CHECK-IN: WHAT FACTORS ARE AT PLAY?
 - CHILD IS IN HYPERGLYCEMIA – AFFECTS MOOD & BEHAVIOR
 - NEED TO TREAT THE HIGH
 - YOU ARE OVERWHELMED
 - THE SIBLINGS IS CRYING
- PRIORITIZE: WHAT IS MOST IMPORTANT IN THIS MOMENT?
 - TREATING THE HIGH? CORRECTING THE BEHAVIOR? SOOTHING THE SIBLING?
- MAKE A PLAN:
 - FOCUSING ON TREATING FIRST CAN HELP RESOLVE SOME ISSUES AND PREVENT NEW ONES
 - WAIT UNTIL BLOOD SUGARS COME DOWN TO REPRIMAND/TEACH
 - SOOTHE THE SIBLING
 - NORMALIZE WITHOUT EXCUSING

AVERSION TO INJECTIONS/DEVICE CHANGES

- FOR PHYSICAL DISCOMFORT: ICE PACKS, "BUZZY," NUMBING CREAMS
- ANXIETY MAKES PAIN WORSE
- STRATEGIES TO MANAGE ANXIETY AND PHYSICAL DISCOMFORT:
 - BREATHING EXERCISES
 - DISTRACTION (WATCH/LISTEN TO SOMETHING)
 - CHEWING GUM/SUCKING ON SOMETHING STRONG TASTING
- DELAYS CAN MAKE THINGS WORTH
 - TRY TO HAVE A FUN ACTIVITY RIGHT AFTER



The background is a light blue gradient. There are several realistic water droplets of various sizes in the corners. In the top-left corner, there are three droplets of different sizes. In the top-right corner, there are two droplets. In the bottom-right corner, there is a cluster of several droplets, including a large one and several smaller ones. In the bottom-center area, there are three more droplets of varying sizes.

CREATING HABITS AND ROUTINES



ONE-ON-ONE TIME

- DEDICATED TIME (20 MINUTES) FOR JUST YOU AND YOUR CHILD TO BE TOGETHER
 - YOU ARE 100% FOCUSED ON YOUR CHILD
 - MINIMIZE DISTRACTIONS/DISRUPTIONS
 - CHILD CHOOSES THE ACTIVITY
 - FREE FROM DISCUSSING “HOT TOPICS”
 - NO DEMANDS, INSTRUCTIONS, OR ADVICE
 - LIMIT THE QUESTIONS YOU ASK
- WEEKLY, CONSISTENT, AND SCHEDULED
- CREATES AN OPPORTUNITY TO CONNECT FREE FROM THE STRESS OF EVERYDAY LIFE (AND DIABETES!)

“CATCH ‘EM BEING GOOD”

- IT IS SO EASY TO OVERLOOK THE POSITIVE THINGS
- “CATCH ‘EM BEING GOOD” = ACTIVELY KEEP AN EYE OUT FOR THINGS THE CHILD IS DOING WELL
 - SITTING CALMLY DURING A SENSOR CHANGE
 - TAKING OUT THE PUMP WHEN IT’S TIME TO PRE-BOLUS
 - ASKING FOR HELP WHEN ALERTS GO OFF
- JUST NOTICING AND ACKNOWLEDGING HAS HUGE BENEFITS
- HELPS BALANCE OUT THE TROUBLE-SHOOTING AND DEMANDS



EFFECTIVE PRAISE

- LESS THAN EFFECTIVE PRAISE:
 - "GOOD JOB"
 - "THANK YOU"
- BE SPECIFIC ABOUT WHAT YOU ARE PRAISING
 - "YOU CAME RIGHT OVER WHEN I CALLED YOU, THAT WAS AWESOME!"
 - "GREAT JOB SITTING CALMLY DURING THAT PUMP CHANGE."
- HAVE THE ENTHUSIASM IN YOUR VOICE MATCH HOW MUCH APPRECIATE THE ACTION AND/OR HOW HARD IT WAS FOR THE CHILD TO DO





vs.



REWARDS ARE
MORE EFFECTIVE
THAN
PUNISHMENT

REWARDS

- DIABETES MANAGEMENT IS A HUGE BURDEN AND NOT INHERENTLY REWARDING
- REWARDS ARE NOT BRIBES, BUT HELPFUL TOOLS TO PROMOTE POSITIVE PARENTING AND BEHAVIOR CHANGE
- REWARD THE CHILD'S COOPERATION OR BEHAVIOR
 - DO NOT REWARD NUMBERS, A1C, OR EVENTS
- REWARDS SHOULD BE:
 - FREE/INEXPENSIVE
 - SOMETHING OF INTEREST TO YOUR CHILD
 - GIVEN IMMEDIATELY (OR AS SOON AFTER THE BEHAVIOR AS POSSIBLE)
 - SALIENT (OF INTEREST TO THE CHILD)
 - FOOD/LOW SNACKS SHOULD NOT BE USED AS A REWARD



EXAMPLES OF REWARDS FOR YOUNG CHILDREN



- PICKING OUT CLOTHES
- WATCHING A MUSIC VIDEO
- ACCESS TO A COVETED TOY/ACTIVITY
- CHOOSING A SONG TO LISTEN IN THE CAR

MENTAL HEALTH RESOURCES

- ADA'S DIRECTORY OF MH PROFESSIONALS TRAINED IN DIABETES:
 - [HTTPS://PROFESSIONAL.DIABETES.ORG/MHP_LISTING](https://professional.diabetes.org/mhp_listing)
- PSYCHOLOGY TODAY: [WWW.PSYCHOLOGYTODAY.COM/US](http://www.psychologytoday.com/us)
- CONTACT THE NUMBER ON YOUR INSURANCE CARD FOR IN-NETWORK PROVIDERS

PUTTING THINGS IN PERSPECTIVE


- BALANCING DIABETES, PARENTING, AND ALL OTHER LIFE DEMANDS CAN FEEL IMPOSSIBLE
- PARENTING A CHILD WITH DIABETES IS CHALLENGING IN MANY WAYS THAT MOST PEOPLE DO NOT UNDERSTAND
- BUT YOU ARE NOT ALONE
- IF YOU ARE STRUGGLING WITH PARENTING YOUR CHILD RELATED TO DIABETES OR OTHERWISE, IT CAN BE GOOD TO REACH OUT TO YOUR DIABETES TEAM, A MENTAL HEALTH PROVIDER, AND OTHER SUPPORT SYSTEMS



TAKE-AWAYS



- STRONG PARENT-CHILD RELATIONSHIP AND CONSISTENT LIMIT-SETTING
- EMOTIONS AND BLOOD SUGARS PLAY IMPORTANT ROLES
- CHOOSE PARENTING PRACTICES THAT LEAD TO POSITIVE PARENT-CHILD INTERACTIONS



Q & A
DISCUSSION

THANK YOU!

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







Permissive

"Whatever you want!"

- Low expectations
- Few rules
- Indulgent
- Accepting
- Lenient
- Avoids confrontation
- Warm

Authoritative

"Let's discuss this."

- High expectations
- Clear standards
- Assertive
- Democratic
- Flexible
- Responsive
- Warm

Uninvolved

"I really don't care."

- No expectations
- Few rules
- Absent
- Passive
- Neglectful
- Uninterested
- Competing priorities

Authoritarian

"Because I said so!"

- High expectations
- Clear rules
- Forceful
- Autocratic
- Rigid
- Punishment
- Limited warmth

PARENTING STYLES

- **AUTHORITATIVE:** HIGH CONTROL, HIGH WARMTH/RESPONSIVENESS
- **AUTHORITARIAN:** HIGH CONTROL, LOW WARMTH/RESPONSIVENESS
- **PERMISSIVE:** LOW CONTROL, HIGH WARMTH/RESPONSIVENESS
- **UNINVOLVED:** LOW CONTROL, LOW WARMTH/RESPONSIVENESS

CYCLE OF MISCARRIED HELPING



Based on Anderson &
Coyne, 1991

GOTTMAN'S FIVE STEPS FOR PARENTS INCLUDE:

1. AWARENESS OF EMOTIONS
2. CONNECTING WITH YOUR CHILD
3. LISTENING TO YOUR CHILD
4. NAMING EMOTIONS
5. FINDING SOLUTIONS

Gottman, J. (2019). The Gottman Institute: A research-based approach to relationships. Retrieved from <https://www.gottman.com/parents/>

CORPORAL PUNISHMENT

- RESEARCH CONSISTENTLY SHOWS THAT CORPORAL PUNISHMENT IS NOT EFFECTIVE
- DOES MORE HARM THAN GOOD
 - TEACHES CHILDREN TO USE AGGRESSION/FORCE TO SOLVE PROBLEMS
 - PARENTS OFTEN FEEL GUILT, AND CAN BECOME MORE LENIENT TO COMPENSATE
 - RISK FOR SUBSTANTIAL PHYSICAL HARM
 - LEADS TO WORSENING OF BEHAVIORAL ISSUES AND MENTAL HEALTH ISSUES
 - NEGATIVELY IMPACTS PARENT-CHILD RELATIONSHIP
 - LOSS OF SENSE OF SAFETY IN HOME AND WITH PARENTS

PARENT-CHILD MATCH

- SOME PARENTS AND CHILDREN ARE NATURALLY WELL-MATCHED
 - SIMILAR PERSONALITIES
 - ENJOY THE SAME ACTIVITIES
- SOME PARENTS AND CHILDREN ARE LESS WELL-MATCHED
 - LOUD CHILD + PARENT WITH MIGRAINES
 - ACTIVE CHILD + LESS ACTIVE PARENT
 - RESERVED CHILD + BOISTEROUS PARENT
- RELATIONSHIPS COME EASILY WHEN THERE IS A NATURAL MATCH
- A MISMATCH PRESENTS A CHALLENGE, BUT IT'S NOT INSURMOUNTABLE



TIME OUT

