Psychosocial Issues in Children with Diabetes

ADHD
Autism Spectrum
Bipolar Disorder
Personality Disorders
Conduct Disorders
Anxiety Disorders
Eating Disorders
Depression

The Positive Influence of Diabetes Camp – Jamaica 2010

Shelley D. Yeager, MA, LCSW, Director of Outreach & Development, DECA

Camp affords a unique opportunity to build-up a camper's self-esteem. Remember the three R's of behavior management:

Relax, re-direct and re-connect!

The difficult truth

- One in five youth ages ten to twenty-four years is diagnosed with a defined mental health problem causing at least mild impairment
- Another 7 to 10 percent experience significant functional impairment (Department of Health and Human Services 1999)
- Suicide is the third leading cause of death among youth ages five to twenty-four years and is directly associated with mood disorders,
- Substance abuse remains at epidemic proportions (Department of Health and Human Services 1999)
- Girls are diagnosed with eating disorders more often and earlier in their lives
- One in 150 youth are now diagnosed with an autism disorder each year (Evans and Foa 2008)

Attention Deficit Hyperactivity Disorder

Signs & Symptoms

- Impulsive
  - Act before thinking
  - Blurt out answers
  - Don’t wait their turn
- Hyperactivity
  - Can't sit still
  - Walks, runs, or climbs when others are seated
  - Talks when others are talking.
- Inattention
  - Daydreams
  - Sidetracked by what is going on around him or her
  - Forget things, don’t finish tasks, leave things everywhere

Austism Spectrum Disorders
Pervasive Developmental Disorder

Symptoms include problems with:

•Communication

•Social Interactions

•Repetitive Behaviors

- Autistic disorder (also called “classic” autism)
- Asperger syndrome
- Pervasive Developmental Disorder Not Otherwise Specified or atypical autism
- Childhood disintegrative disorder, Fragile X

  and Rett syndrome

Autism

- Impaired ability to make friends with peers
- Impaired ability to initiate or sustain a conversation with others
- Absence or impairment of imaginative and social play
- Stereotyped, repetitive, or unusual use of language
- Restricted patterns of interest that are abnormal in intensity or focus
- Preoccupation with certain objects or subjects
- Inflexible adherence to specific routines or rituals
- Angry, aggressive outbursts

Asperger’s Syndrome

- Abnormal eye contact, facial expressions
- Language develops but is often monotone or overly formal
- Failure to use gestures to point or show
- A lack of interactive play, clumsy
- A lack of interest in peers or relationships
- Characteristically socially isolated into oneself

Pervasive Developmental Disorder Not Otherwise Specified "PDD – NOS"

- Communication involvement
- Social involvement
- Sensory, motor, developmental and other involvement
  - Varied degrees

Bipolar Disorder

- Moodiness, sadness, lack of interest in activities/plan
- Rapidly changing moods (lasting a few hours to days)
- Explosive and sometimes destructive rages
- Separation anxiety
- Defiance of authority
- Hyperactivity, agitation, and distractibility
- Sleeping little or, alternatively, sleeping too much
- Bed wetting and night terrors
- Impaired judgment, impulsivity, racing thoughts, and pressure to keep talking
- dare-devil behaviors (such as jumping out of moving cars or off roofs)
- Inappropriate or precocious sexual behavior

Borderline Personality Disorder

- A history of intense and unstable relationships.
- A markedly and persistently unstable self-image.
- Difficulties in controlling emotions and moods.
- Significant and potentially self-damaging impulsiveness including reckless sexual encounters, binge eating, substance abuse and reckless driving that interfere with the ability to function at home, with peers and at school.
- Repeated suicidal behavior, including gestures or threats.
- Self-mutilation (carving, burning, cutting, branding, piercing).
- Other related self-destructive behaviors.

Conduct Disorder

- Refusal to follow rules
- Violate the rights of others
- Act out behaviors in aggressive ways:
  - Aggression
  - Theft
  - Vandalism
  - Truancy
  - Setting of fires

Eating Disorders

- Anorexia Nervosa
  - Do not eat enough to maintain body weight
- Bulimia Nervose
  - Binge eating alternating with vomiting
  - In diabetes, withholding insulin to cause weight loss promoting ketonic state

Depression

Depressed, irritated, angry
Loss of interest in usual activities, withdraws from friends
Appetite changes (usually a loss of appetite but sometimes an increase)
Weight change (unintentional weight loss or unintentional weight gain)
Persistent difficulty falling asleep or staying asleep, excessive daytime sleepiness & fatique
Difficulty concentrating
Feelings of worthlessness, sadness, or self-hatred
Excessive or inappropriate feelings of guilt
Acting-out behavior (missing curfews, unusual defiance)
Thoughts about suicide or obsessive fears or worries about death
Plans to commit suicide or actual suicide attempt
Excessively irresponsible behavior pattern

Anxiety Disorders

Generalized Anxiety Disorder

Separation Anxiety Disorder

Phobias

Panic Attack

Compulsive-obsessive Disorder

Anxiety disorders are among the most common mental, emotional, and behavioral problems to occur during childhood and adolescence. About 13 of every 100 children and adolescents ages 9 to 17 experience some kind of anxiety disorder; girls are affected more than boys.

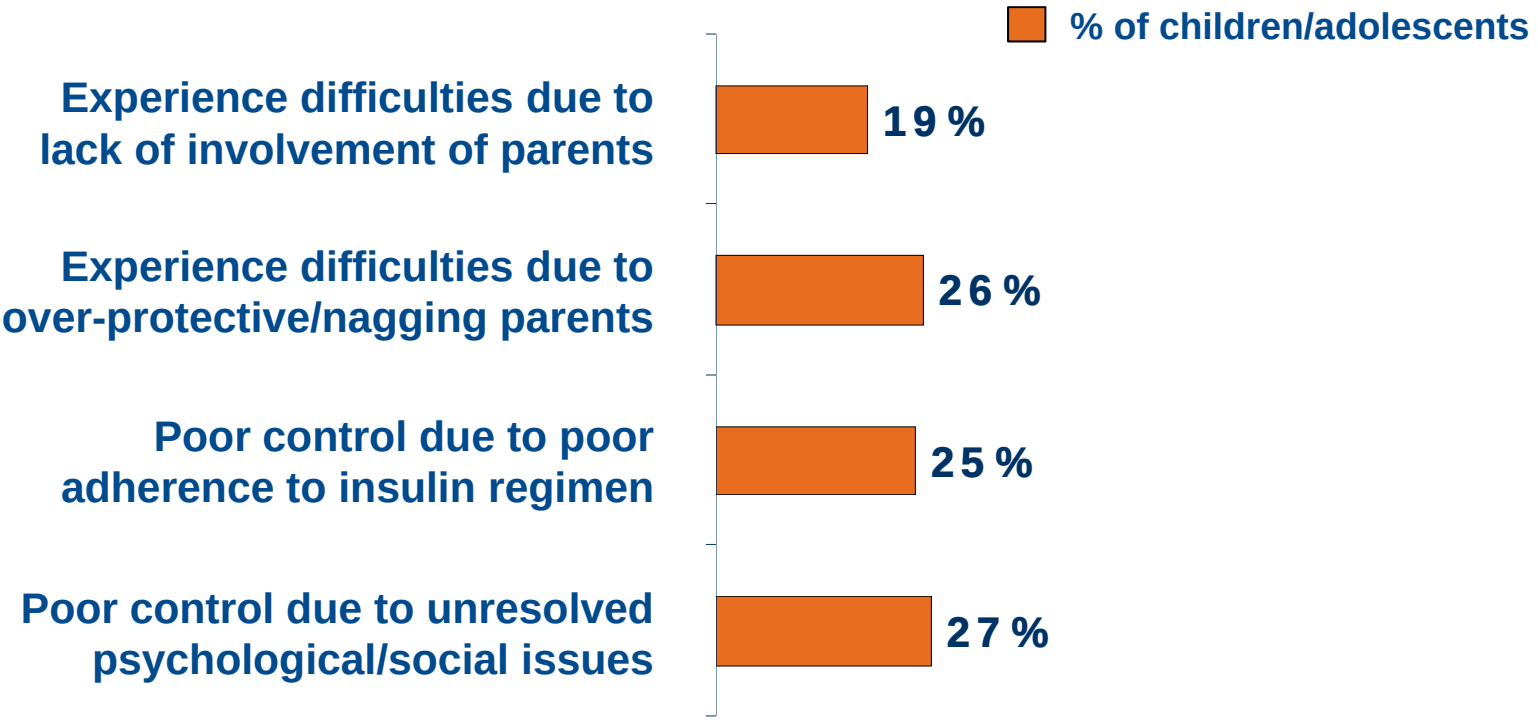
Brief Highlights from the International DAWN Youth Survey

ovo Nordisk, Inc.

AWN

Attitudes Wishes & Needs

HCPs Perceive Psychosocial Issues to Negatively Impact Children and Young Adults with Diabetes



e: All healthcare professionals (HCPs)

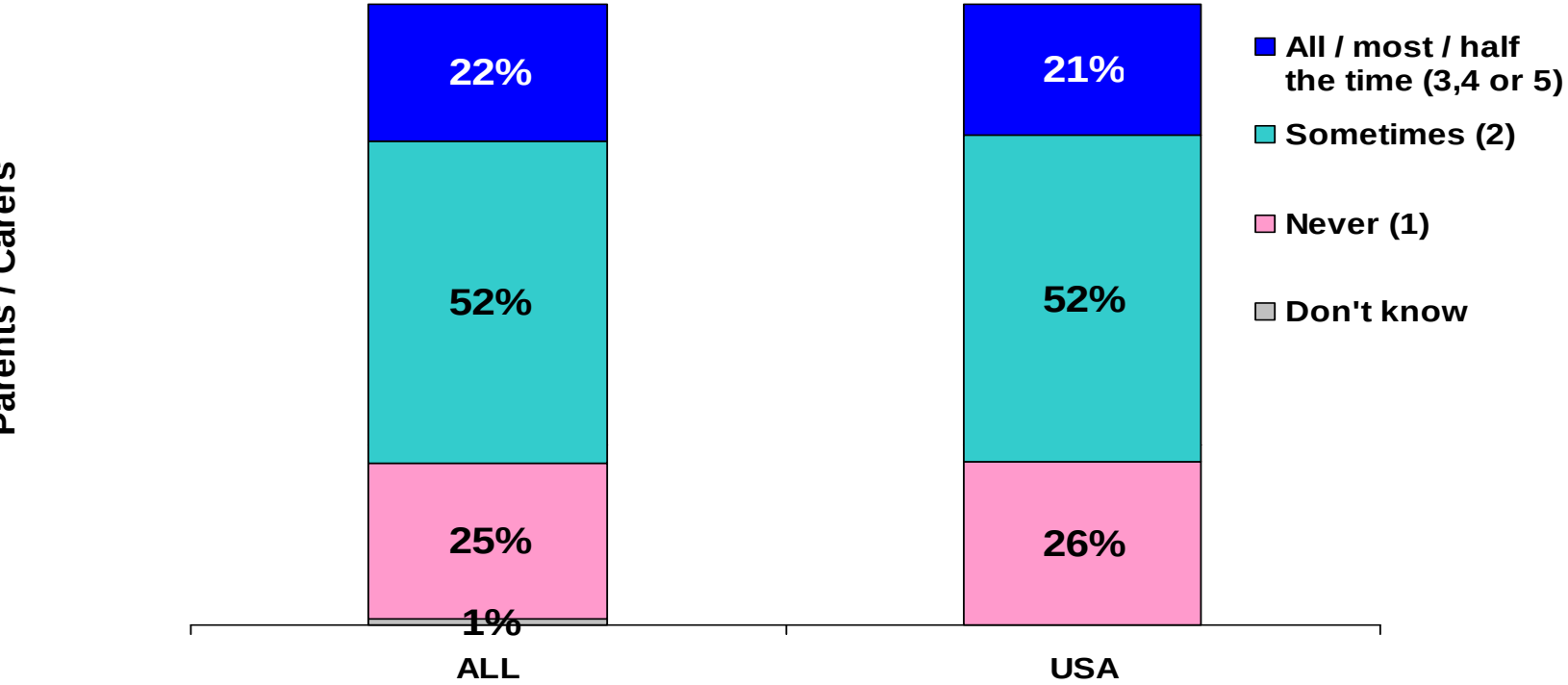
Diabetes Affects Parents, Too

More than 40% of parents/carers had poor well-being or likely depression

More than 80% of parents/carers feel overwhelmed by their child’s diabetes at least sometimes

Almost three-quarters of parents claimed their child's diabetes at times prevented their own activities from occurring

Scale: **1** (never) to **5** (all the time)

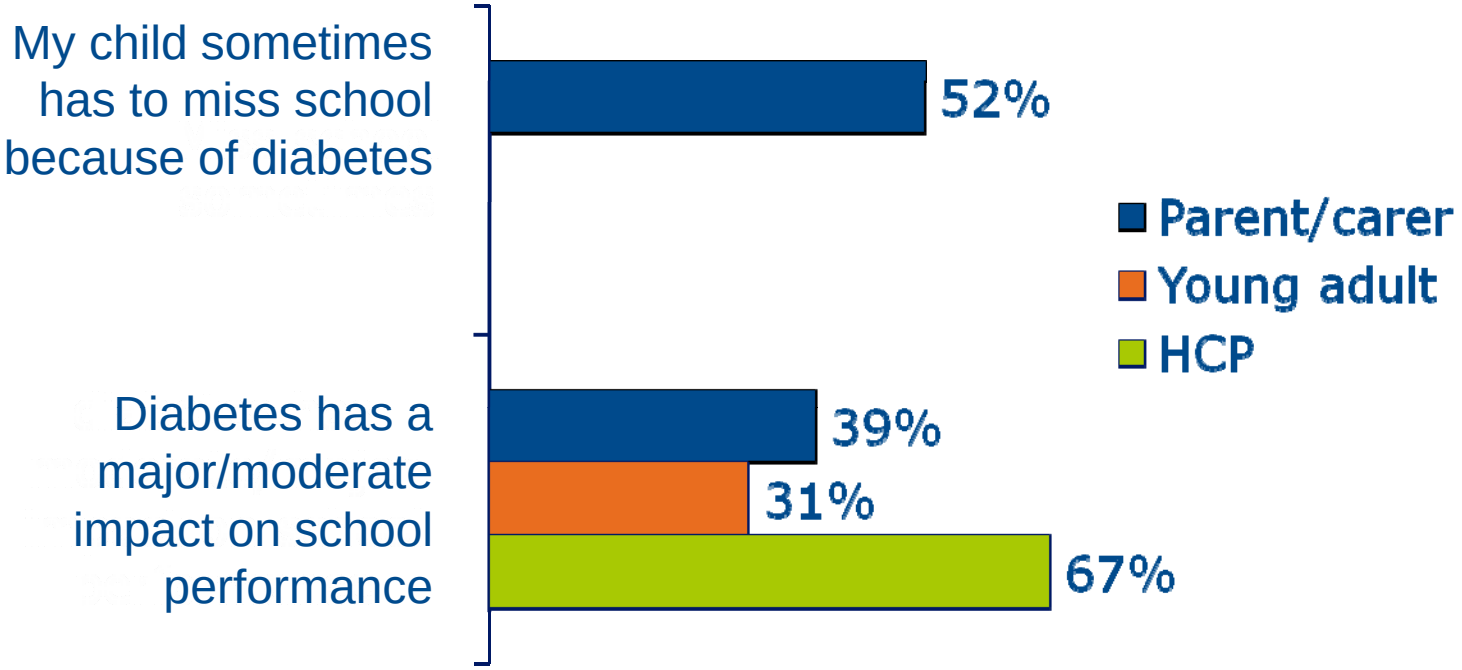


	ALL	USA
ating:	2.1	2.1
ase:	4099	1613

e: All parents/carers

Q47 (PC): How often does your child's diabetes prevent you from doing things you want to do?

Diabetes Often Affects Schooling



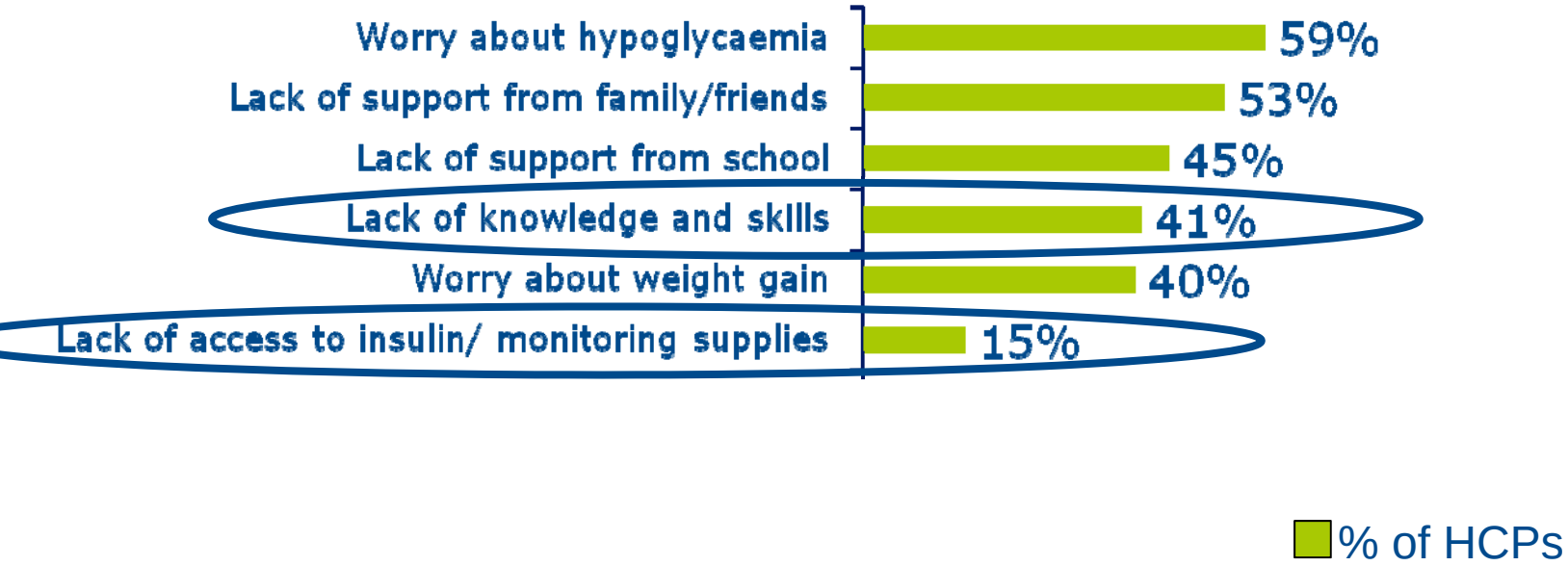
Impact on Siblings

Approx 60% of parents and 40% of young adults believe that diabetes has an impact on siblings

Patients (young adults) believe that more siblings experience positive effects (23%) than negative effects (15%)

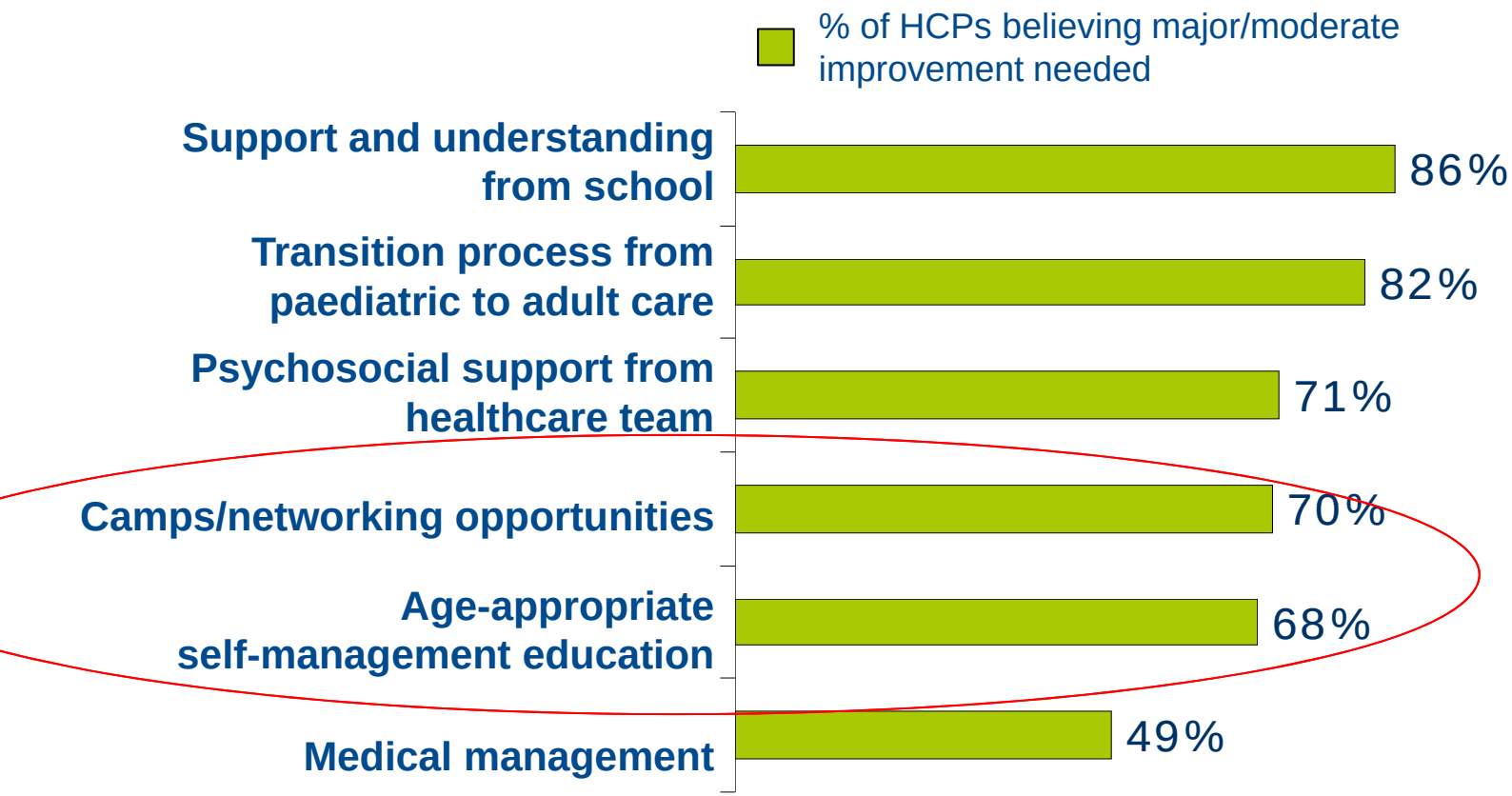
Parents\carers believe that more siblings experience negative effects (37%) than positive effects (30%)

ICPs Consider 'Worry About Hypoglycaemia' and 'Lack of Support' as Major Reasons for Poor Insulin Adherence



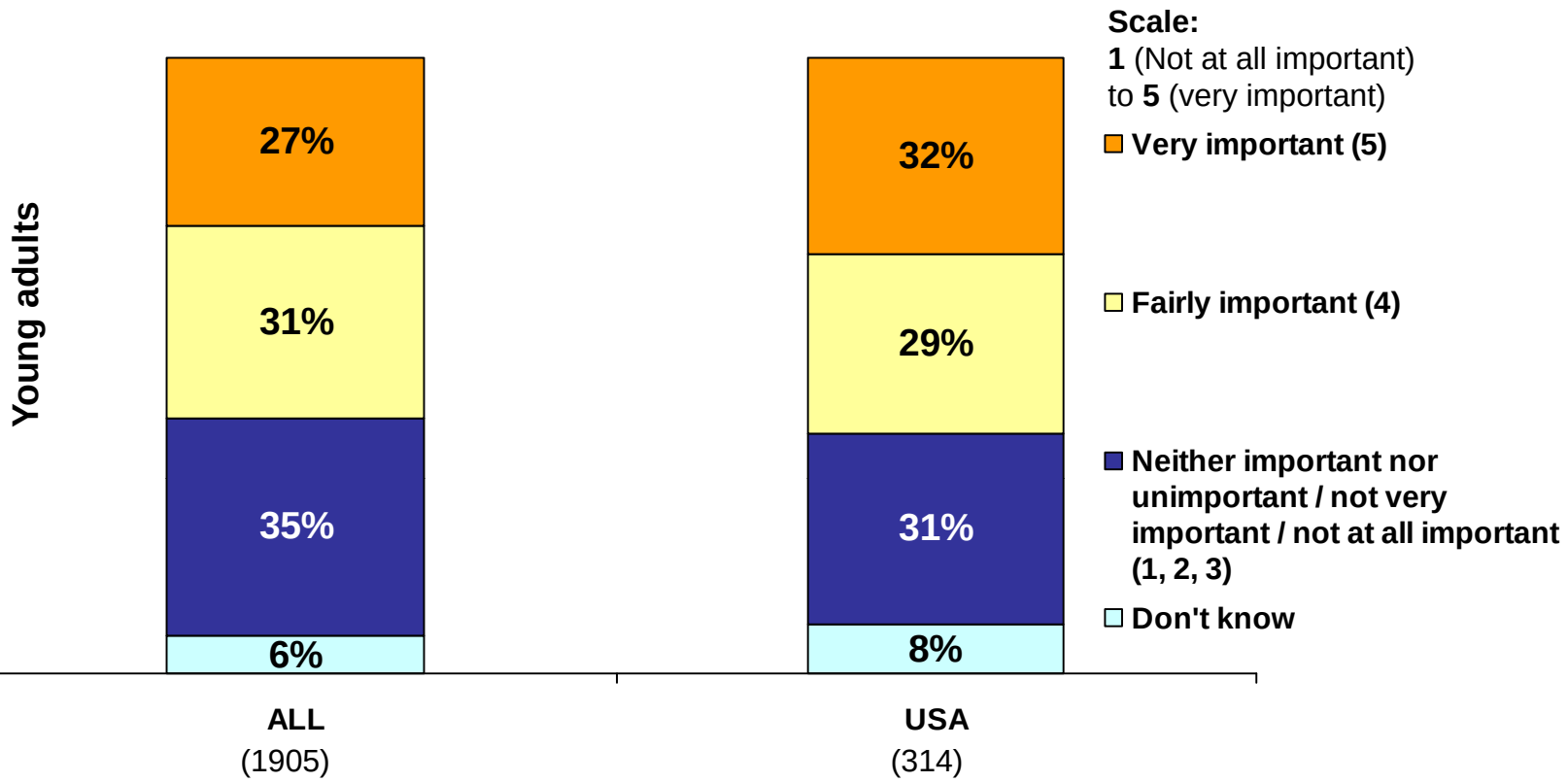
e: All healthcare professionals

Areas of Perceived Need for Improvement by HCPs



e: All healthcare professionals

One third of young adults in the USA said it was very important to talk with other people their age who had diabetes like them

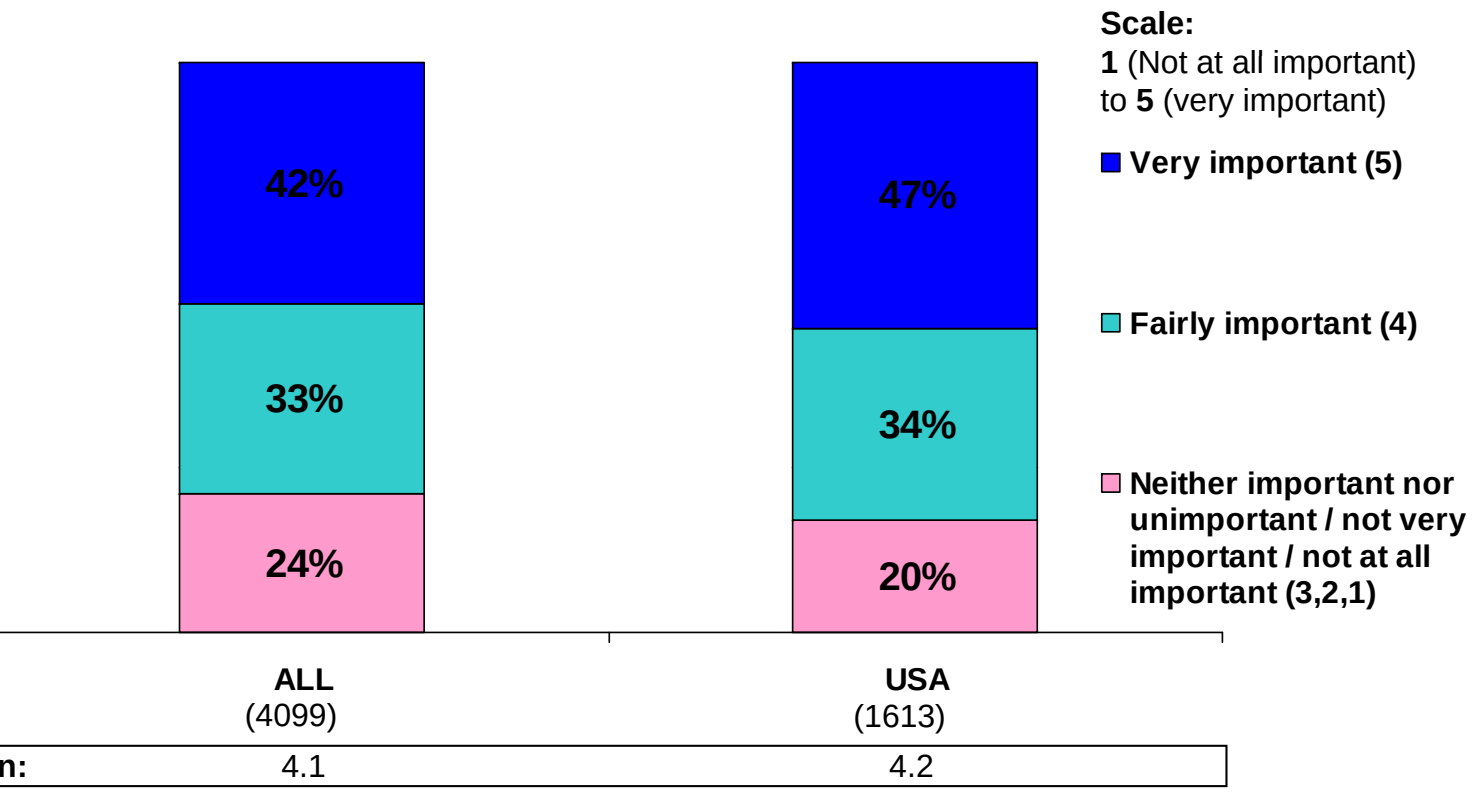


n rating:	3.7	3.8

e: All young adults with diabetes

Q6 (YA): How important is it for you to talk with other people your age who have diabetes like yourself?

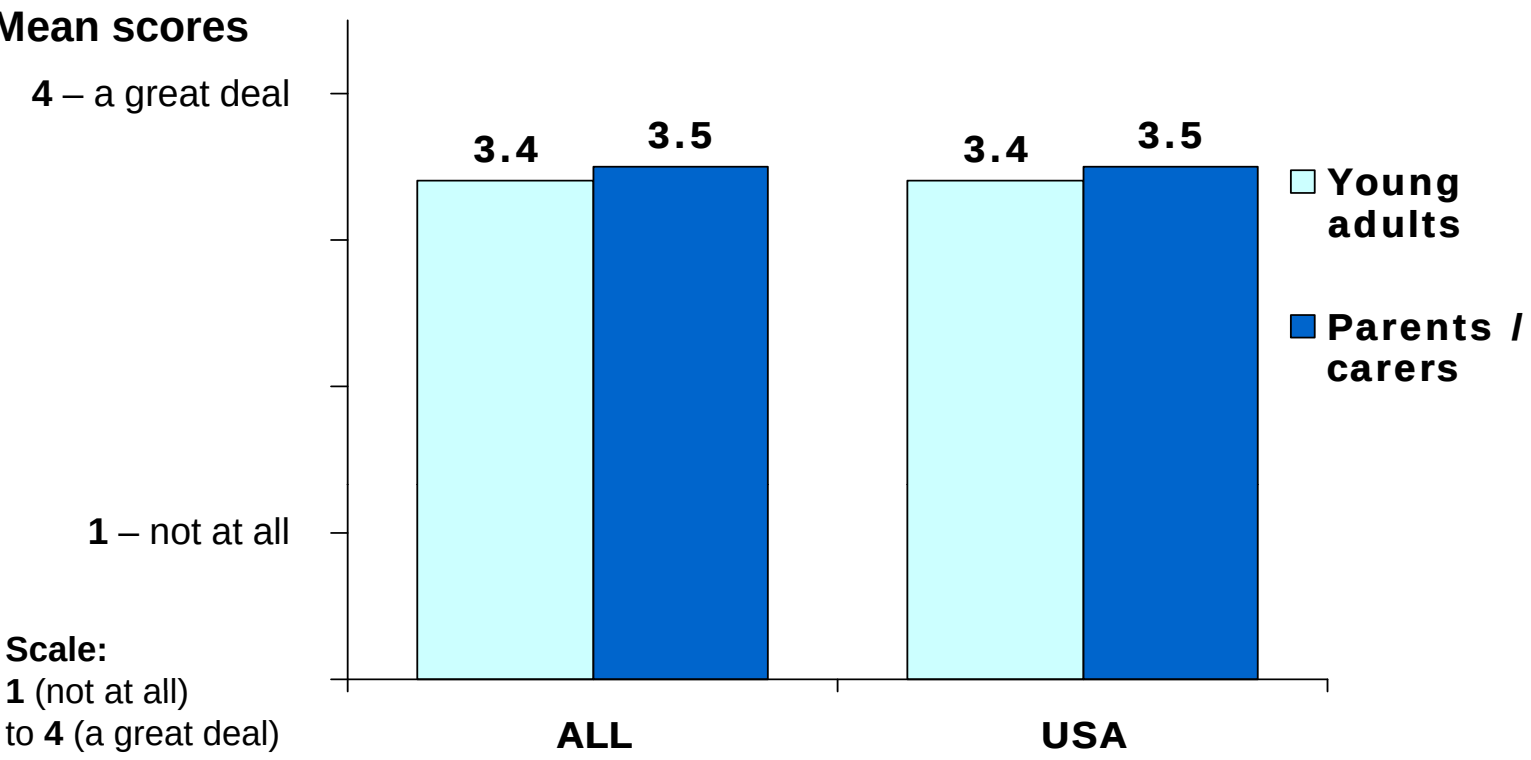
Nearly half of parents in the USA thought it was very important to talk to other people with children who had diabetes



e: All parents/carers

Q10 (PC): How important is it for you to talk to other people with children who have diabetes?

Young adults and parents in the USA felt youth camps for children with diabetes had been very helpful



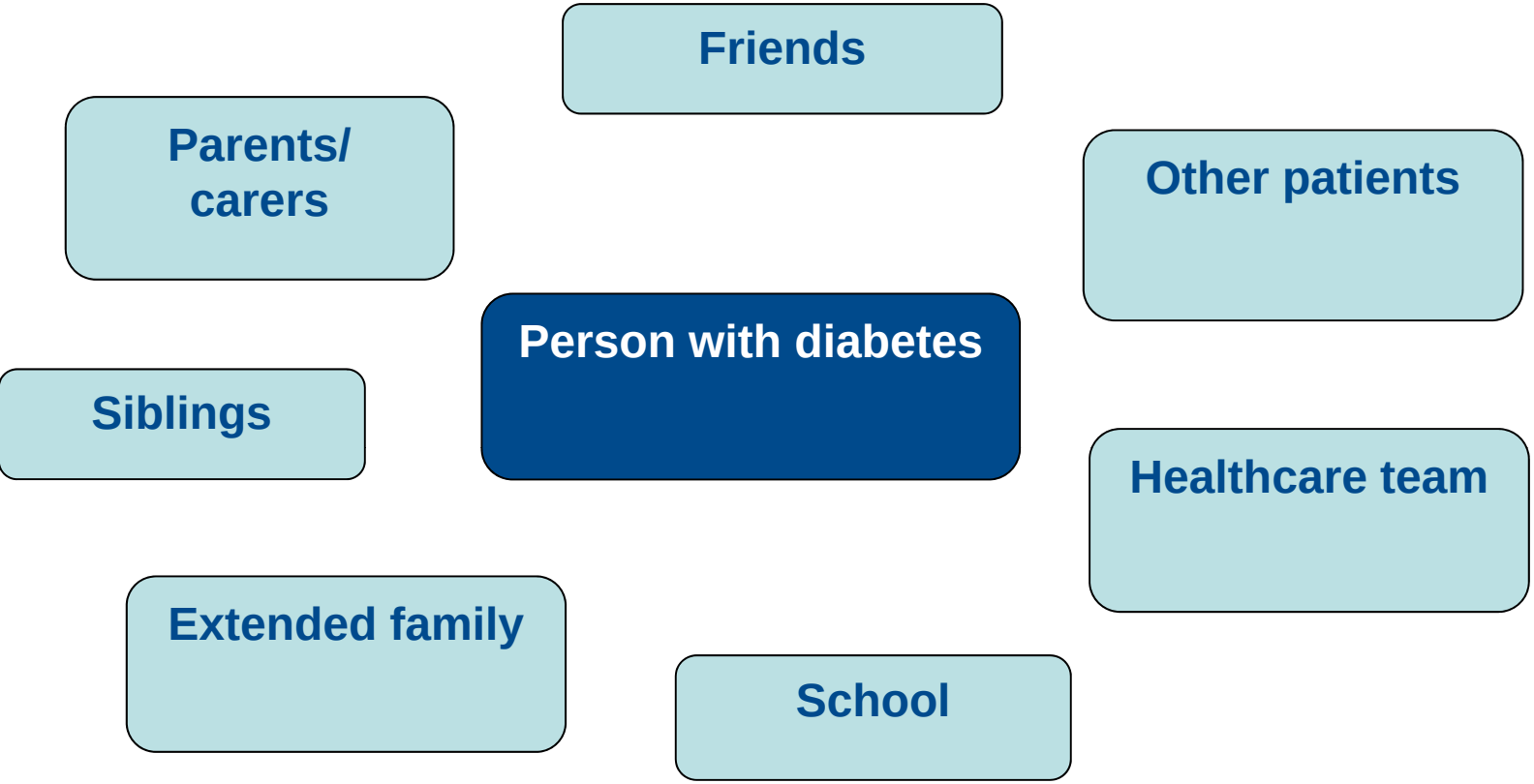
Scale:
1 (not at all)
to **4** (a great deal)

Base (YA):	838	98
Base (PC):	1045	572

e: All young adults with diabetes who are involved in this activity; all
nts/carers who are involved in this activity

Q57 (YA): To what extent has this activity helped you?

DAWN Youth Survey Reinforces the Diverse Range of Influencers and Influencees



Intervention

Understand child development,

- **Precamp training should include sessions on this – use professionals to help (special needs teachers, psychologists, social workers)**
- **Leadership Essentials video training module**

Recognize signs of distress (atypical, persistent and escalating),

- sleep and eating disturbances,
- extreme anger and irritability,
- prolonged sadness,
- tearfulness or withdrawal,
- rapid mood swings,
- suicidal talk,
- extreme agitation or anger,
- marked changes in energy level or interests, and
- overly aggressive or sexualized behaviors

Determine acceptable and unacceptable behaviors

- Know which behaviors you will tolerate and which you will not
  - Does camper pose threat to self or others

Strategies for Management

Gain prior knowledge,

- Behavioral Intake Form
  - Precamp – flag campers with needs, discuss treatment strategies with parents & mental health providers

Develop effective staff training and behavior management plans,

- Enlist help of trained professionals

Determine and communicate essential functions to camp staff, prospective parents, and campers

Have trained mental health staff at camp or “on call”

- Social work or psychology interns supervised by licensed provider

Medications

- No vacation from meds at home

Behavior Management Strategies

Be organized and communicate plans in advance so camper will be prepared,

- **Post schedule and rules (review daily)**

Actively engage camper with others utilizing activities or tasks

Mix it up (quiet/active)

Give positive rewards for good behavior and remember to tell camper when they have done something wrong without making a big deal out of it in front of peers

If necessary use “time out” immediately and also allow camper to us “time out” if necessary for self

Differentiate camper from behavior – the behavior may be “bad” but the camper is not

Recognize strengths in the camper, point them out verbally

Communicate expectations and rules – define a systems of reward for good behavior and “punishment” (short time-out) for non-compliance. Follow through immediately whenever “good” or “bad” behavior is witnessed.

Allow time for relaxation and promote it through relaxation activities

- Rest and quiet time is essential, some campers will need “self time” – too much social stimulus without adequate quiet time may spark behavior

Familiarize Yourself With Mental Health Medications

ADHD:

- Stimulants - Adderall, Ritalin, Concerta
- Non-stimulants - Strattera

Antidepressants

- Serotonin reuptake inhibitors – Prozac, Zoloft, Paxil, Effexor, Celexa
- Atypical Antidepressants – Wellbutrin, Serzone, Trazadone
- Tricyclic Antidepressants – Elavil, Anafranil, Tofranil, Pamelor

Antipsychotics

- 1st Generation - Thorazine, Haldol
- 2nd Generation - Mellaril, Prolixin, Risperdal, Seroquel

Mood Stabilizers & Anti-convulsants

- Lithium, Tegretol, Topomax

Anti-Anxiety & Sleep

- Valium, Ativan, Klonopin (Anxiety)
- Ambien, Trazadone, Benadryl (Sleep)

The Three R’s

Relax

Use breathing techniques with camper

Re-direct

Turn from the action, take them for a short walk away

Re-introduce

Bring camper back to group

Camp affords a unique opportunity to build-up a camper’s self-esteem. Remember the three R’s:

Relax, re-direct and re-connect!