

Addressing Social and Emotional Issues of Children with Diabetes

Jennifer Thobro

Type I diabetes is one of the most common chronic childhood diseases in the United States today and accounts for 5-10 percent of all diagnosed cases of diabetes (ADA, 2007). Although there is no official diabetes registry, it can be estimated that between 450,000-900,000 children and adolescents under the age of 20 have type I diabetes. (American Diabetes Association, 2005, p. 7,12). According to the National Center for Chronic Disease Prevention and Health Promotion Web site, as many as 13,000 children and adolescents are diagnosed with Type I diabetes each year.

Type I diabetes is a result of the body's failure to produce insulin—a hormone that is required to transform the food we eat into energy needed for every day life. Proper treatment of Type I diabetes consists of daily insulin injections, blood sugar testing, and a balance of diet and exercise (Anderson, Loughlin, Goldberg, Laffel, 2001). Untreated or mismanaged diabetes can lead to multiple long-term complications including nerve damage, loss of vision, renal failure, heart problems, amputation, kidney failure, and early death (Thompson, Auslander, & White, 2001).

Children are often at least partially responsible for the medical management of their Type I diabetes, which can place enormous strain, anxiety, and responsibility upon the child. In addition, children's social relationships, schooling, physical activity, self-esteem, and quality of life can all be negatively affected by the constant adaptation to their illness. (Kanner, Hamrin, and Grey, 2003).

The intense daily medical regimen required for children with Type I diabetes can also be demanding for those who care for the child, including parents and teachers. Because children with Type I diabetes usually spend the majority of their younger years in school and with their families, it is essential that these two systems work together to ensure that the overall needs of a child with Type I diabetes are being addressed and met. The table below illustrates the problems that children, families, and school personnel have encountered when dealing with issues related to Type I diabetes while the child is in the school system. It also suggests possible interventions school systems can implement to promote the safety, happiness, and interest of the child with Type I diabetes. >>

A **Web Special** from
Northwest Public Health
nwpublichealth.org

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Issues	Actions to Be Taken by School Systems
Emotional and social difficulties the family may encounter when dealing with Type I diabetes.	<ul style="list-style-type: none"> • Set times that the child with diabetes, siblings, and parents can meet with the school guidance counselor either individually or as a group. • Assess family difficulties and implement strategies that will help improve problem areas.
Circumstances that may make it more difficult for the family to manage Type I diabetes (e.g., living in a rural area, single parents, lack of or inadequate health insurance, poverty, health literacy issues).	<ul style="list-style-type: none"> • Obtain educational and supportive resources that are available in the community and nationwide and offer them as resources for families managing juvenile diabetes. • Become a source of support for the family and be available when the family has questions or concerns regarding their child's condition.
Cultural variables that may influence the way the family views health care and the school system.	<ul style="list-style-type: none"> • Consult family about how they view health care and the school's role in the care of the child with Type I diabetes. • Promote an environment that allows for discussion free of judgment and bias. • Address any language barriers between families and school system and obtain resources to lessen or eliminate these barriers. • Implement individual education plans that incorporate families' cultural views.
Frequent school absences due to illness or doctor's visit, resulting in missed schoolwork.	<ul style="list-style-type: none"> • Create an individualized education plans that ensure that academic needs are met for children with Type I diabetes (may include systems to ensure work is sent home or to give additional support in catching up on missed school work when child returns to school).
Children not being able to take part in school activities such as physical education, extracurricular activities, or school trips due to their illness.	<ul style="list-style-type: none"> • Adapt school activities so children are able to take part. • Educate and train school personnel on how to appropriately address the needs of the child during school activities. • Take the child's views seriously on whether they are well enough to participate in the activity. • Make alternative arrangements if they are not well enough to participate.
Children are bullied or teased because of their diabetic condition.	<ul style="list-style-type: none"> • Create strict guidelines in the school about bullying (for example, it will not be accepted under any circumstances) with discipline measures if it does occur. • Teach school personnel how to intervene appropriately in instances of bullying, and require intervention in every circumstance. • Get guidance counselor involved to help the child (and the bully) talk about and process incidents and find more effective ways to communicate. • Educate other students (and their parents) about diabetes and its management.
Parents' feelings of protectiveness and separation anxiety due to worry about others caring for their child.	<ul style="list-style-type: none"> • Create and discuss a thorough plan of care for the child before school re-entry and throughout each school year.
Emotional and social reactions siblings may encounter (in relation to their siblings diabetic condition) while in the school system.	<ul style="list-style-type: none"> • Be aware of difficulties siblings may be having and be available when they need to talk about these difficulties. • Require that school counselors be aware of issues that siblings may have about juvenile diabetes. • Set times for siblings to meet with the school counselor when necessary. Topics could include: <ul style="list-style-type: none"> • How their social activities have been affected by their sibling's illness. • Their worry about their sibling's health, parental reactions to the illness, or their own health.

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<p>Communication between parents and school regarding child's chronic illness.</p>	<ul style="list-style-type: none"> • Set specific times for parents and school personnel to talk via telephone, Internet, etc., about child's condition. • Develop rapport with the parents so there is a higher level of comfort in asking each other for help or information. • Design a plan that enables parents to feel their individual needs are being met (for example, logging the child's blood sugar every day and sending the log home so parents are able to consistently track blood sugar).
<p>Communication between school and health care provider regarding child's health condition.</p>	<ul style="list-style-type: none"> • Set up a time to meet with or call health care providers before the child re-enters school to learn about the child's specific needs. • Establish rapport and a continued relationship with health-care providers for further follow-ups.
<p>School staff not sufficiently trained or knowledgeable about the child's health condition.</p>	<ul style="list-style-type: none"> • Implement training on a regular schedule for all appropriate school staff. • Follow up with discussion, surveys, etc., to address other issues that may come up regarding the care of the child. • Increase the number of days and hours the school nurse is available. Note: Many school districts' policies regarding drugs on campus have become barriers to appropriate medical management of legitimate conditions, such as diabetes, and teachers and staff may not understand those policies. Ensure that teachers and staff understand and can interpret the district's drug policies.
<p>School staff uncomfortable with handling the emotional needs of the child with Type I diabetes.</p>	<ul style="list-style-type: none"> • Discuss emotional difficulties the child has had thus far and those the child may face in the future. • Involve the school guidance counselor when counseling is desired or needed.
<p>School staff do not know how to present the topic of the illness or manage the reactions of the child's peers.</p>	<ul style="list-style-type: none"> • Ensure that school staff are aware of and address peers' reactions to the illness. • Consult the student and parents about how they would like the topic of the illness to be presented to the child's peers. • Ensure that the child's teacher is knowledgeable about the illness and is willing to help the child explain the condition to others. • Respect the child's right to privacy.
<p>Teachers have to spend too much time attending to the needs of the child, limiting their availability for other students.</p>	<ul style="list-style-type: none"> • Create resource contacts within the school system so teachers have school and classroom assistance for handling the needs of children with type I diabetes.

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Resources

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