National CYP Diabetes Network Psychology Conference

"Sharing Best Practice" Digital Portfolio

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Author: Dr Elizabeth Haines
Clinical Psychologist

NHS
East and North Hertfordshire
NHS Trust

Using Social Stories
for Paediatric Diabetes appointments

Attending medical appointments, especially for the first time, can be extremely daunting and possibly even anxiety provoking for some children and young people.

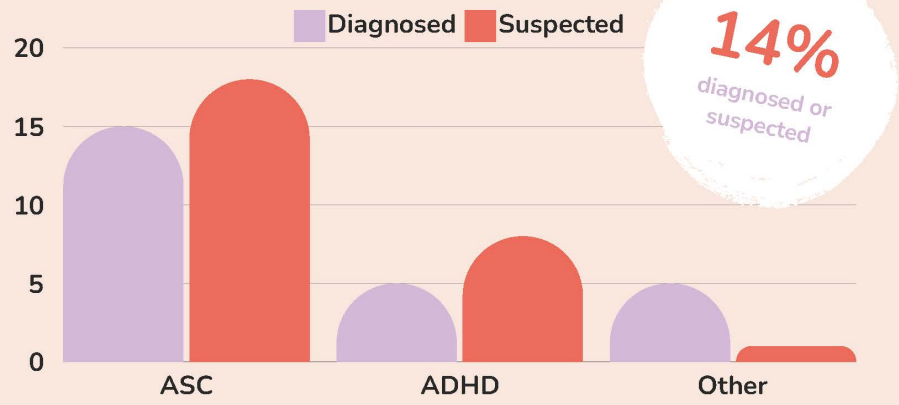
This can be even more pronounced for our neurodivergent population.

The CYP Diabetes Psychology Service therefore **developed a series of Social Stories,** to help prepare our young people and support them to attend their appointments.

The Stats

The East and North Hertfordshire Children and Young People with Diabetes Team currently hold a caseload of **324 individuals** with Type 1, Type 2 and other types of diabetes.

Roughly **14%** of this population also have diagnoses of Autism Spectrum Condition (ASC), Attention Deficit Hyperactivity Disorder (ADHD) and other diagnoses such as learning difficulties or developmental delay.



What did we do?

The CYP Diabetes Psychology Service created a set of social stories for each of the various types of appointments a young person may need to attend.

This included Social Stories for:

- **regular 3 monthly clinic appointments**
- **annual review clinic appointments**
- **psychology appointments**

Two versions were created for each type of appointment; one for our QEII hospital site and another for our Lister Hospital site.

What's included?

Each Social Story includes a **brief written description and a photograph** of each stage of attending the appointment.

The document outlines what the young person will experience, from entering the hospital, how to find the clinic, what the waiting room is like, where they will have their physical examination carried out, and what the appointment itself will include.

Patient Feedback

We began by including the **regular 3 monthly Social Story** within the information pack given to families when a young person receives a diagnosis of diabetes. We subsequently plan to contact families for feedback a few months later. Since implementing this we have had 3 new diagnoses.

One family shared that it was **helpful**, commenting on it being **clear and concise** and the **pictures helping to putting their mind at ease** for their upcoming appointment.

Another family had not looked at it in depth but thought the **use of pictures would help relieve their child's anxieties** about what to expect before their upcoming appointment.

SUPPORTING FAMILIES TO ADOPT A HYBRID CLOSED LOOP SYSTEM

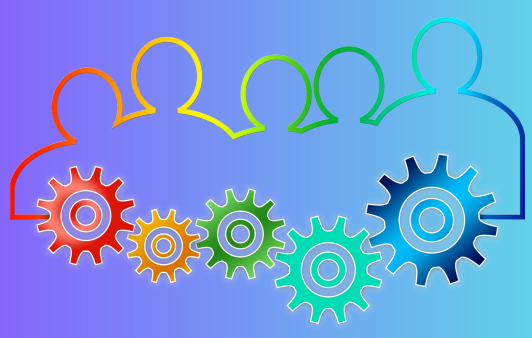
From a clinic with 95% of patients on HCLs

2022/3 NPDA Report

HCL use is associated with the lowest average Hba1c (compared to other insulin delivering glucose monitoring combinations)

EVERYONE NEEDS TO BELIEVE

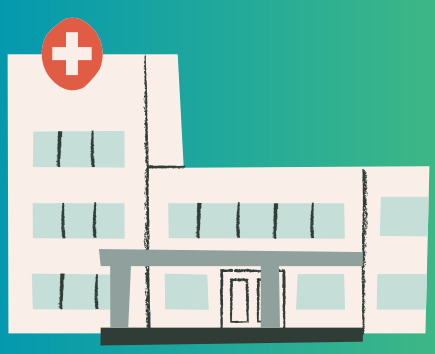
CLINICAL TEAM



HOW?

- Present the evidence
- Select ideal patients
- Build skills, confidence and belief

MARKETING TO FAMILIES



WHO?

- Existing pump patients
- Clinical need
- Newly diagnosed

BENEFITS

- Stabilisation overnight
- Reduction in hypos
- Glucose control during the day
- TiR increases
- Undisrupted sleep
- Less time spent on diabetes

FAMILY BARRIERS

My Body, My Choice
(Wearing devices)

Beeps and Banter at School
(resilience, acceptance, work ability, values)

Lack of trust in Tech
(Build trust in team and families)

TEAM BARRIERS

Risks
(No risk free options, but better HbA1cs)

Family Context
(MDTs poor predictors of success on HCLs)

Data Overload
(Look out for perfectionists)

OVERCOMING BARRIERS

It's all in the Intro...
(Best results, least work)

Use Post Diagnosis Motivation
(CGM within 24-48 hours, Pump within 2-3 months)

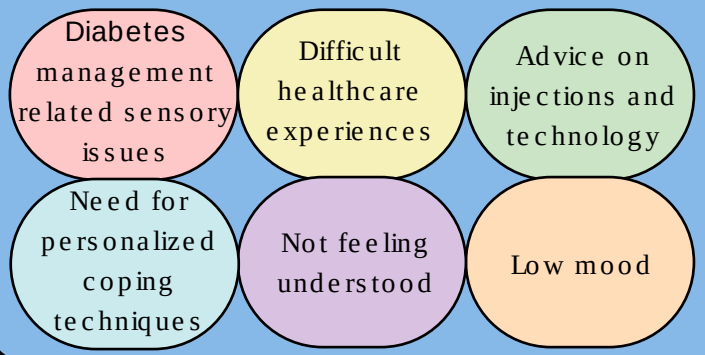
Virtuous Cycle
(Better results, better relationships, less burnout, excellent morale)

PSYCHOEDUCATION WORKSHOP FOR CAREGIVERS OF AUTISTIC CHILDREN WITH TYPE 1 DIABETES

By Jessica Stacey & Dr Hayley Thompson (Wexham Park Hospital)

Background

- T1D more common in autistic children
  - 10% prevalence in our service
- Raising a child with T1D or ASD increases caregiver stress
- T1D alongside ASD creates unique stressors yet there is no current support. Stressors include:



Session Content

1. peer support
   - positive group atmosphere
2. CFT brain systems: threat, drive, soothe
   - apply to attending diabetes clinic
3. "flows of compassion"
   - applied to child's difficulties with diet, school, and diabetes technology

Methods

- 3x 90-minute sessions
- Psychoeducation and semi-structured discussion
- Focus on compassion-focused therapy (CFT) as we can't change the T1D or ASD
- Measured wellbeing, parent support & self-efficacy
- Feedback survey evaluated workshop feasibility
- Given info pack with toolkit of ideas, relaxation techniques and signposting
- 7 female caregivers attended

Conclusions

- These caregivers need unique support
- This workshop structure is feasible and effective within a clinical setting
- Further support needs to be provided and evaluated across services

Results

- Small sample size means only small improvements in quantitative measures
- Thematic analysis highlighted many improvements:
  - ↑ **stress management, confidence, feeling understood**
  - ↓ **guilt, loneliness**
- ALL caregivers reported positive impact, and would recommend it to other caregivers

Implications

- Improved caregiver engagement
- Educating MDT about how autism impacts T1D
- Making MDT clinic more appropriate for autistic children and families

Caregiver Quotes

"I found it most helpful to be given the opportunity and confidence to meet other parents who understand what I am going through"

"I felt listened to and seen"

"Being able to de-stress faster and more effectively has already started to improve my wellbeing!"

Research

- Bratt et al. (2019)
- Dhanasekara et al. (2023)
- Ezhumalai et al. (2018)
- Gilbert (2010)
- Leaves & Uttley (2015)
- Mackey et al. (2016)
- Oser et al. (2020)
- Sartor et al. (2023)

The Royal Wolverhampton NHS Trust

Sandwell and West Birmingham Hospitals NHS Trust

Tree of Life project

Dr Karen Walker, Kiran Kaur & Dr Ash Reynolds

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

The Tree of Life uses narrative therapy and has been developed to strengthen a person's relationship with their own history, culture and any significant people and places. It promotes a feeling of identity and connectedness. In our sessions, young people (11-17 years old) shared their stories, experiences, values and hopes for the future through artwork, using the tree as a metaphor.

The tree

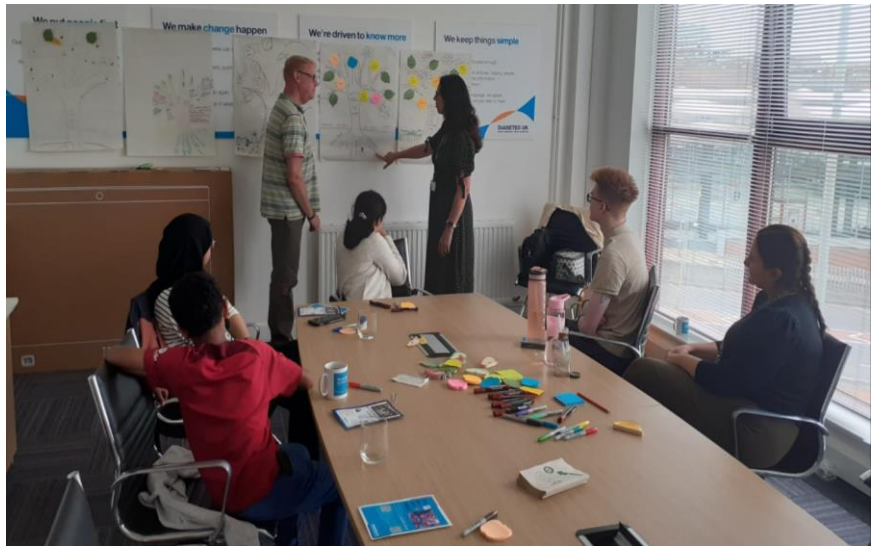
- Young people were invited to present and share their trees to the group
- While each participant was presenting their tree, listeners were encouraged to "pass on gifts" by jotting their thoughts down about the presenter on a 'fruit' shaped sticky-note which highlighted the young person's strengths/values as seen by others in the group
- An idea was introduced that trees experience **STORMS** and yet stand strong due to their **roots** - we asked young people to give us some examples of storms that may affect the forest (e.g. flood, rain, fire)
- We asked young people to reflect upon every day challenges they might experience when managing their diabetes.
- They were then reminded of their own roots and resilience

Feedback

"Overall the Tree of Life program was amazing. The people were so kind and friendly and welcoming. Also the program helped clear my thoughts into something more positive and it's made me build up more confidence and giving me a more positive outlook on my life"
"Great experience and great support"
"Fun & engaging team who are willing to show support and ask questions"
"Great session, full of support and useful and fun, Could encourage more young people to come to future sessions"

The day

- Group rules for the day / icebreakers
- Short PowerPoint presentation explaining narrative therapy and the use of metaphorical tool to express ourselves as beings
- Examples of Tree of Life drawings were shown illustrating the separate elements of the tree specific to their lives and identities
- Started drawing – thickening questions were used to help expand conversations about the young person
- Lunch – provided by Diabetes UK



Diabetes UK

Diabetes UK funded the project providing lunch and Amazon vouchers.
We also used their room at their headquarters.

Emotional Challenges in Children and Young People with T1D: Piloting a Virtual Parent Workshop

Dr Siobhan Betts & Dr Sara Carr, Senior Clinical Psychologists, Hampshire Hospitals Foundation Trust (HHFT)

NHS Hampshire Hospitals NHS Foundation Trust

01. INTRODUCTION

The daily routine of young patients with type 1 diabetes (T1D) can become a source of family conflicts, especially when young patients do not fully adhere to the testing and care protocols expected by their parents. Frustration can be felt on both sides, with communication and cooperation crucial in maintaining the patient's health (Zysberg & Lang, 2015).

Fewer parents, children and young people have been engaging with groups offered by the Diabetes Teams across HHFT (Basingstoke and Winchester hospitals), since the pandemic. It is hypothesised that the increase in online content, social media platforms, and accessibility to attend groups have contributed to this change. There has not been any history of diabetes workshops being delivered virtually within the Diabetes Teams.

The Paediatric Diabetes Psychology team delivered two pilot virtual workshops for parents & carers of young people with T1D which focused on the emotional challenges presenting in these young people.

02. OBJECTIVES

- To introduce psychological theory behind emotional challenges for young people with diabetes
- To introduce strategies for parents/carers to use to help manage these emotional challenges alongside their young people
- To offer a space for reflection for parents/carers
- Offer opportunity to meet other parents/ carers and connect through shared experience
- To understand the feasibility of delivering a virtual workshop for parents on emotional challenges.

03. METHODOLOGY

Parents and carers of children and young people with T1D on the Winchester (n = 128) and Basingstoke (n = 137) caseloads were invited to one of the emotional challenges workshops (1.5 hour duration):

- **Pre-school and primary age children workshop**
- **Secondary school and college age young person workshop**

The workshops were delivered on Microsoft Teams by two senior clinical psychologists in June 2024. A trainee clinical psychologist also facilitated the secondary and college age workshop.

Workshop content was adapted from previous psychologists' resources, with the addition of the Window of Tolerance model (see Figure 1). Information about adolescent development and Diabetes Burnout was presented in the secondary school and college age workshop.

Parents/carers were emailed afterwards with a feedback form to complete and return which included quantitative and qualitative questions.

WORKSHOP CONTENT

- Typical everyday emotions
- (Adolescence: a developmental stage)
- The effect of having diabetes on emotions and behaviours
- Diabetes burnout
- Window of Tolerance and coregulation
- The Hand Model (Siegel, 2010).
- Communicating during periods of dysregulation
- Relaxation & regulation strategies
- Improving self-esteem
- Resources
- Self-care for parents

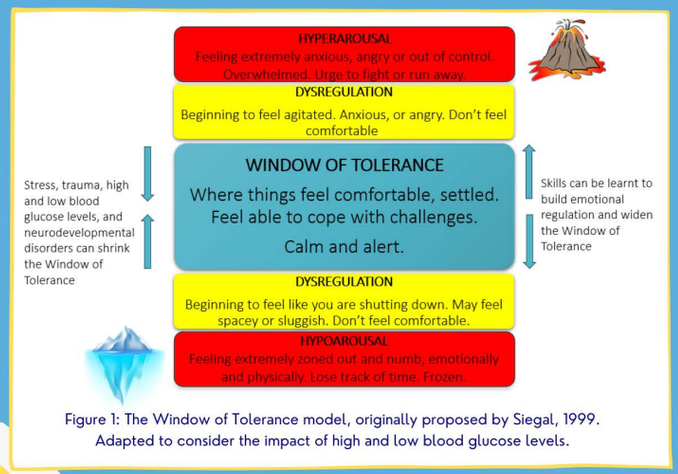


Figure 1: The Window of Tolerance model, originally proposed by Siegal, 1999. Adapted to consider the impact of high and low blood glucose levels.

04. RESULTS

Parent/carer attendance:
Preschool & primary school aged workshop (A) – n = 5
Secondary school & college aged workshop (B) – n = 14 (9 signed into Teams; 5 members were from a care team).

Low return rate for feedback forms (n=3; 16%). See Figure 2 for quantitative feedback.

Qualitative feedback:

- "Understanding the brain development of teens and how this relates to those with T1D" Parent 2B.
- "Hearing other parents' experiences. The explanations of impact of high or low BG on brain and emotions." Parent 1A.
- "Shorter sessions that are more interactive may break up passive listening/ aid understanding" Parent 2B.
- "Would have been nice to hear more personal experiences, especially from those with older children than their own." Parent 2B.
- "We don't usually get invited or allowed to attend this type of training which leaves our children less supported, thank you so much. Carer 3B.
- All participants commented on the convenience and accessibility of a workshop delivered virtually.

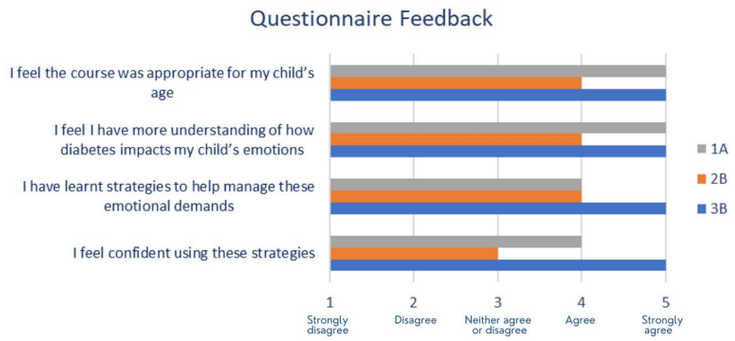


Figure 2: Quantitative feedback collected. Responses were given on a 5-point Likert scale ranging from Strongly Agree to Strongly Disagree.

05. DISCUSSION

The content of the sessions seemed well-received in both workshops.

- Parents/carers resonated with the Hand Model (Siegal, 2010).
- The younger age workshop facilitated more in depth discussion (smaller number of participants); the older age workshop participants made more use of the Teams chat function.
- The workshops offered the opportunity for parents and carers to share their experiences and provide peer support.
- The virtual setup meant that more parents and carers could attend around other childcare responsibilities and brought parents and carers together from a wider geographical area. This was particularly true for the participants from the care home.
- There is scope for us to improve on our delivery of the workshops to facilitate more discussion, check-in about understanding and make it more interactive and engaging.
- When considering the findings of this pilot it is important to consider the small sample size (n=3) for feedback. In future workshops we plan to create a QR code and ask that attendees complete the feedback form before leaving the session.

06. CONCLUSION

The findings suggest that delivering a parent/carer workshop to manage emotional challenges in young people with T1D may be beneficial and the use of Teams can increase access to these sessions, but research is still in its early stages. Additional feedback is necessary to better understand the participants' experiences and alter the content and delivery of workshops in the future.

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Siegel, D. J. (2010). Mindsight: Transform Your Brain with the New Science of Kindness. London: Oneworld Publications.
Zysberg, L., & Lang, T. (2015). Supporting parents of children with type 1 diabetes mellitus: a literature review. Patient Intelligence, 7, 21–31. https://doi.org/10.2147/PI.S77566

A Compassion Focused Therapy (CFT) Workbook for Parents of Children with Type 1 Diabetes

Dr Megan McTiffin, Dr Rachel Mumford, Dr Rebecca Piclet, Hannah Sutcliffe

NHS Calderdale and Huddersfield NHS Foundation Trust

NHS The Mid Yorkshire Hospitals NHS Trust

Purpose

Parents of children with Type 1 Diabetes can often experience distress, anxiety, and shame following the diagnosis.

We felt there was a gap in therapeutic resources for parents to support guided self-help and improve parental wellbeing.

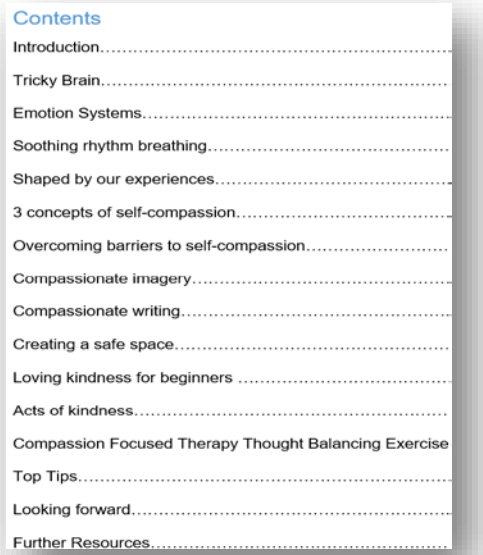
What our service users say

- "It was put together in a very caring way and the wording made it very easy to understand."
- "I think it's a really good workbook for families with T1 diabetes and it is definitely something I would like to access."

Background

CFT interventions have shown to have multiple internal and external benefits across populations. These have included (Kelman et al., 2018; Kirby et al., 2023; Matos et al., 2017):

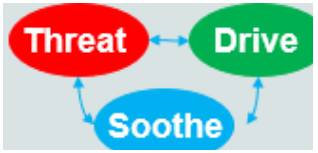
- Reduced self-criticism, psychological distress, and feelings of shame
- Improved parenting, child outcomes, and self-compassion
- CFT research has documented the benefits of the approach specifically for parents, mothers, perinatal women and for those with chronic illnesses (Butcher, 2022; Carvalho et al., 2022; Kelman et al., 2019; Kirby et al., 2023)



What is it?

A self-guided CFT informed Workbook

The workbook includes psychoeducation, practices, and self-reflection activities, with diabetes specific examples collated from our clinical experience working with parents.



Next Steps

- Pilot in cross-site (CHFT/Mid Yorks) one-off CFT focused parenting workshop and gather feedback
- Pilot for use individually and gather feedback
- Commission DclinPsy trainee Service Evaluation Project (SEP)

References:
Butcher, H. L. (2022). An Online Compassion Focused Therapy intervention for Mothers: A feasibility study (Doctoral dissertation, University of Surrey).
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[1] Salisbury NHS Foundation Trust
[2] Oxford Institute for Clinical Psychology Training and Research

Wessex Children & Young Person Diabetes Network

Self-audit of National Psychology Standards

Holly Risdon[1,2], Cordelia Kerr[1], Dr Jane Lewendon[1]

Background

In 2023, the South West Diabetes Network published new national standards for psychologists working in paediatric diabetes in the UK. The Wessex CYP diabetes network produced a self-audit tool for psychologists working in paediatric diabetes to assess how well these standards were being met.

Methods

The self-audit tool was developed covering each of the auditable indicators in the seven standards and criteria within each standard. A red, amber, green (RAG) rating system was used.

The self-audit tool was distributed to nine psychologists working in nine paediatric diabetes services in the Wessex locality.

The data were collected between May and June 2024 and analysed to identify themes around what psychologists are currently doing and what they plan to do.

Results

Standard 1: Support and information at the time of diagnosis

1.1. Immediate emotional support for CYP

22% | 11% | 67%

- Agreed pathways in place, although not often written/formalised
- Written information provided at diagnosis regarding psychology services

ACTION POINT
- ❑ Update leaflets to ensure psychology information is accurate

1.2. Early contact with a Clinical Psychologist

44% | 22% | 33%

- Most meet patients within 4 weeks, although there were questions around whether 4 weeks is long enough
- Some areas meet at diagnosis and then 4-5 months later and report this works well

ACTION POINT
- ❑ Produce written information

Standard 2: Ongoing Care

2.4. Assessment during admission for DKA

33% | 22% | 44%

- Referrals made when needed

ACTION POINT
- ❑ To explore, formalise and/or update protocols

2.5. Consideration of wellbeing and technology

11% | 56% | 33%

- Psychology not formally part of pump starts – referrals made as appropriate

ACTION POINT
- ❑ Provide psychological information during HCL information sessions

2.7. Pathways for identifying eating disorders (EDs)

11% | 33% | 56%

- N = 2 screen for EDs at annual review; N = 1 local referral to T1DE project

ACTION POINTS
- ❑ Formalise ED pathways
- ❑ CPD time around T1DE
- ❑ Identify screening measure

2.8. Pathways for accessing cognitive assessment

56% | 44%

- Capacity in wider psychology team for cognitive assessment
- Concerns re: appropriateness of cognitive assessment

ACTION POINTS
- ❑ Guidance & criteria needed in addition to this standard to clarify definition of cognitive assessment
- ❑ Formal pathway development

Standard 3: Developmental Milestones

3.1. Developmental progression for CYP

11% | 33% | 56%

- N = 3 have psychologists involved in education re: transition to secondary school

ACTION POINT
- ❑ Develop sessions or webinars covering a range of developmental topics (e.g. secondary school, exams, etc.)

3.2. Preparation for moving to adult services

33% | 22% | 44%

- N = 4 – limited or no psychology provision in adult services
- N = 3 have pathway, otherwise referral to community MH services
- N = 1 TRASS project focusing on transition for 18-25 age group

ACTION POINTS
- ❑ Formalise established pathways for transfer of psychological care in diabetes and community MH services
- ❑ Develop letter templates summarising psychology input

Standard 4: Supporting teams to promote psychological wellbeing

4.1. Annual psychological screening by MDT

100%

- All services screening

ACTION POINT
- ❑ Explore how screening can be better undertaken with a wider age range

4.2-4.4. CPs to offer reflective practice, training, consultancy and supervision to support wider MDT

22% | 78%

- N = 2 offer monthly supervision
- N = 6 offer ad-hoc consultancy and supervision when needed
- Low staffing level cited as reason for limited provision

ACTION POINTS
- ❑ Explore needs of MDT
- ❑ Set up formal psychology skills sessions, training and supervision

Standard 5: Confidence and competence in assessing and responding to the need for psychological support

5.1. Consultation and supervision of assessments of psychological wellbeing

33% | 11% | 56%

- Training as part of away days
- Supervision and consultation ad hoc

ACTION POINTS
- ❑ Involvement in diabetes nurse training module
- ❑ Set up formal psychological skills training
- ❑ Consider training needs within MDT

5.2. Integrated psychology services provide training and consultation

100%

- Psychology slots available during and outside clinic
- Psychology part of MDT
- Direct/indirect systemic work offered
- Little to no waiting list in some areas

NO ACTION POINTS

Standard 6: Access to direct psychological interventions

6.1. Clear referral pathways

100%

- Clear written or agreed pathways in most areas, including discussions in MDT meetings

ACTION POINT
- ❑ Confirm pathway in two services

6.3. Psychologists trained in diabetes

44% | 22% | 33%

- JDRF module completed (n = 4), although this module is not agreed in every area
- Relevant health training completed
- Training has been sought through KCL re: CBT for diabetes

ACTION POINTS
- ❑ Identify relevant e-learning module
- ❑ Complete NHS ESR modules on diabetes (both T1 and T2) and liaise with KCL

Standard 7: Quality Improvement

7.1-7.2. Psychologists involved in quality improvement and CYPF with diabetes should be involved in planning, development and review of diabetes psychology services

78% | 22%

- PROMs used when needed (some services not using PROMs)
- Quality of life and wellbeing measures at start and end of direct psychology work
- Psychology involved in wider service improvement work
- Psychology lead on data collection

ACTION POINTS
- ❑ Development of feedback forms
- ❑ Discussion with MDT
- ❑ Review annual review screening
- ❑ Review CYPF experiences of accessing Psychology

Key

CYP. Children & Young People.
CYPF. CYP & Families.
DKA. Diabetic Ketoacidosis.
HCL. Hybrid closed loop.
T1DE. T1 & Disordered Eating.
MDT. Multidisciplinary team.
CPs. Clinical Psychologists.

Discussion

XXX

Experiences of Trainee Clinical Psychologists in Child and Young People Diabetes Teams

Julia Domanska, Trainee Clinical Psychologist under the supervision of Dr Siobhan Betts and Dr Frankie Glover-Ford

INTRODUCTION

The UK government has set out ambitious plans to integrate clinical psychologists into physical health teams. The NHS Long Term Plan (2019) expands the provision of psychological therapies in primary care networks and hospital settings, increasing access to psychological support for people with long-term physical health conditions. The Psychological Professions Workforce for England 2020-2040 noted the significant impact psychological professionals can make in physical care settings and with additional funding from Health Education England number of training placed for clinical psychologists have been increased. It is becoming increasingly recognized that clinical psychologists bring a unique set of skills that can improve patients' quality of life and positively influence multidisciplinary team work. While this demonstrates clear progress towards increasing the presence of clinical psychologists in physical health settings across the UK system, little is known about the experiences of Trainee Clinical Psychologists completing their placements within Children and Young People's Diabetes Teams.

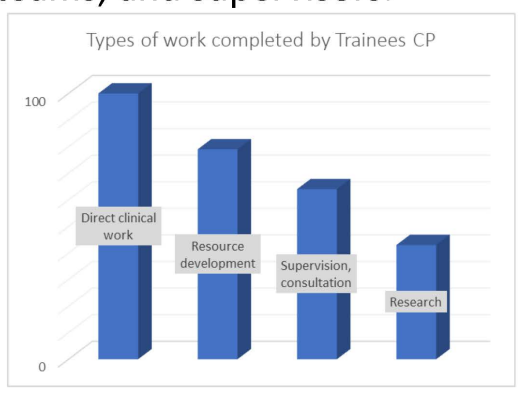
METHODS

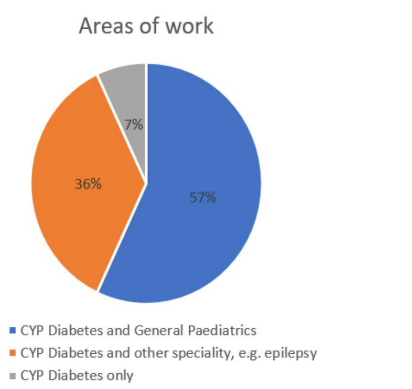
Aim: The study aimed to explore the experiences of Trainee Clinical Psychologists during their clinical placements within Children and Young People (CYP) Diabetes Teams.

Method: A survey containing a mix of 10 open and closed questions was designed by a Trainee Clinical Psychologist and disseminated nationally through CYP Diabetes Networks.

RESULTS

14 Trainee Clinical Psychologists from across the country completed the survey in August 2024. Five trainees (36%) were completing the CYP Diabetes placement as part of their first year, six trainees (43%) were second-year trainees, and three trainees (21%) were in their final year, with the majority completing their placement within either a 3-6 month (43%) or 9-month period (50%). 64% of trainees (9) felt that their placement length was sufficient to meet their learning needs and offer meaningful service, with the remaining 36% (5) reporting they would have preferred a longer placement. Almost all trainees (93%) felt they received good support from their universities and clinical teams, and supervisors.





Main challenges of working within CYP Diabetes Teams	Highlights of working within CYP Diabetes Teams
Medical jargons	Systemic working with CYP and families, variety of work
Clinical systems & administrative support	Creativity and fun
High non-attendance rate among clients	MDT working (working alongside other professionals, opportunity for learning, reflective practice)
MDT (defining psychology role within teams, enough time to get involved meaningfully)	Personal growth (developing new skills, leadership opportunities, broadening understanding of medical aspects of diabetes management)

FUTURE RECOMMENDATIONS

Trainees identified four key areas to help future Trainee Clinical Psychologists work confidently within CYP Diabetes Teams:

1. Diabetes-specific training: Provide education on medical management, equipment, technology, and terminology.
2. MDT opportunities: Facilitate early shadowing of professionals (e.g., diabetes nurses) and participation in MDT clinics.
3. DNA rates: Address context in pediatric health, impact on trainees during limited placements, and strategies for optimizing clinical time.
4. Administrative support: Ensure access to relevant systems and administrative assistance.

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With thanks to the Paediatric Psychology Team at Hampshire Hospitals NHS Foundation Trust, the CYP Wessex Diabetes Network and the University of Southampton

Contact details:
Email: jzd1e16@soton.ac.uk
Social media: @jzdomanska

Padlet Power! Using Virtual Bulletin Boards within a Paediatric Service

University Hospitals Plymouth NHS Trust

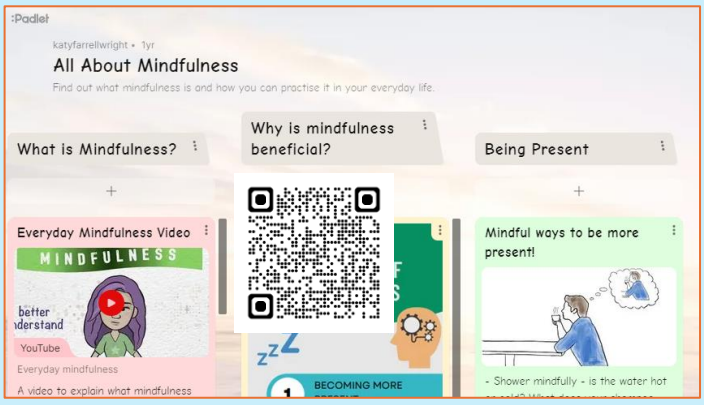
What are Padlets?

Virtual Bulletin Boards
Can embed variety of links and resources to create a one stop shop for information/signposting (If desired), multiple users can organise, create and add content

How do we use them?

- Padlet "Seaweeds" in reception covering different services
- Padlets on website, assessment & discharge letters
- Anxiety padlet in clinic rooms & lanyards
- Signposting staff & families

Examples



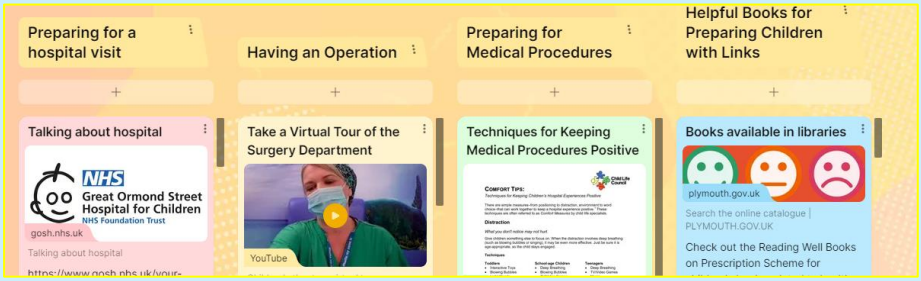
Mindfulness

Draws on content from a mindfulness group we run for children and young people with physical health conditions

Anxiety

We produced laminated cards for people's lanyards and have placed A4 posters in clinic rooms with QR code on them

Supporting Procedures



Coming to Hospital

What next?

Other topics to cover, e.g., living with visible difference, living with a health condition, resources for parents of teenagers
Limitations include: time/staff resource, need for update schedule, limited number of free padlets per email address (can sign up and pay for more)
Further evaluation of value and use: currently, informal feedback suggests paediatricians, nurses and allied health professionals use them and signpost to them (especially, anxiety padlet) but less known about patient/family use

Full list of available psychological health and wellbeing padlets here:

Dr Cheryl Hunter, Principal Clinical Psychologist, University Hospitals Plymouth NHS Trust *on behalf of* the Psychological Health and Wellbeing Team; cheryl.hunter2@nhs.net

Screening for T1DE in Bristol and Weston Paediatric Diabetes Service

Rosie Anderson, Specialist Clinical Psychologist
Rosie.Anderson@uhbw.nhs.uk

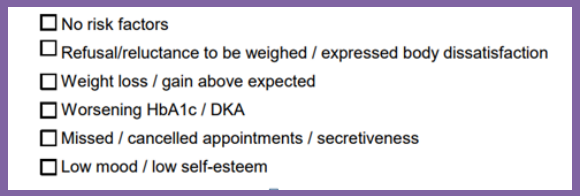
NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Introduction:

- There is a growing awareness that living with type 1 diabetes may increase risk for developing disordered eating and eating disorders.
- Screening and early intervention are recommended, with a whole MDT approach (1,2).
- There is little guidance about *how* to do this (but work is ongoing via National T1DE Network to create guidance and support).
- Original screening pathway piloted from February 2021.
- Evaluation supported by award from BSPED (2021).
- Pathway updated August 2024 and additional training provided to MDT.

Pathway:

- Training provided to whole MDT on *awareness of disordered eating at every contact and starting conversations*.
- At annual review, or if concerns at other times, all YP over 12 complete SEEDS questionnaire (5 minute assessment of wellbeing including mood, quality of life and body image questions), giving a risk score for disordered eating (low, medium, high). Consultant/MDT notes any risk factors (2) for disordered eating:



- If any concerns, family follow-up arranged and information provided about risks of T1DE and healthy relationships with food and body.
- Clear pathway to escalate concerns and refer to specialist eating disorders team.

Evaluation:

- Ongoing: the pathway changed recently to include a digital questionnaire measure rather than open-ended questions and fewer steps, based on previous feedback from the team.
- Training was also updated based on Wakelin et al's (1) very useful article on integrating conversations about disordered eating into routine type 1 diabetes care.
- The pathway is likely to change again with availability of national guidelines around screening.

Future directions:

- Evaluation will continue, with views of both staff and service users considered in shaping ongoing development of care around T1DE.
- Consider increasing provision of written information about disordered eating in future, and possibly more formalised individual or group early intervention or prevention for identified at-risk groups (e.g. based on outcomes of PRIORITY study).

References: 1. Wakelin, Read, O'Donnell et al (2023). Practical Diabetes, 40(4), 11-17
2. Candler, Murphy, Pigott et al (2018). Archives of Disease in Childhood, 103(3), 118-123.

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University of Hertfordshire UH

Doctorate in Clinical Psychology
School of Life and Medical Science

An Investigation into the wellbeing of children and young people with diabetes using the Wellbeing and Health Experiences Evaluation Log (WHEEL).

Catriona Kinninmonth (Trainee Clinical Psychologist)
Supervised by Dr Megan Maidment (Clinical Psychologist)

Introduction

Living with diabetes requires Children and Young people (CYP) and their families to manage complex physical, psychosocial and practical demands of the illness. Managing the illness has been shown to impact wellbeing.

The paediatric psychology service supports CYP with their wellbeing, this is assessed annually at routine appointments using the Wellbeing and Health Experiences Evaluation Log (The WHEEL) wellbeing measure [a](Evans et al. 2021).

Previous research suggest that demographic factors such as age, gender and ethnicity can impact a CYP's experience of the illness and therefore their psychological wellbeing. These factors were considered when analysing the questionnaire data.

It is hoped from summarising the information from the wellbeing measures, it may be possible to observe trends which would enable the service to more effectively target their treatment offer.

Aims

1) Summarise the self-reported wellbeing ratings for CYP accessing the service
2) Summarise specific domains of wellbeing that may require more support from the service.
3) Investigate the relationship between demographic variables – specifically age, gender and ethnicity - and wellbeing ratings.

Methodology

Participants consisted of CYP (aged 4-18 years) living with diabetes and attending two paediatric clinics in the east of England (n=250).

Following ethical approval, the researcher accessed pre-existing data from the service, containing the CYP wellbeing measures collected between November 2022 and May 2024.

After a period of familiarisation and refining, the researcher used descriptive statistic to identify features of the data, aligning the wellbeing ratings with statements from the Likert scale in the WHEEL.

The researcher then identified if the data's parametric assumptions had been met before using further statistical analysis to ascertain if there are any differences between demographics (age, gender, and ethnicity).

From this, findings were written up formally and presented with appropriate graphs and tables.

Data Analysis

Descriptive Statistics were used to identify features of the overall dataset as well as categories (age, gender and ethnicity).
Mann Whitney U, Kruskal-Wallis and Dunns Pairwise Tests were used to identify any differences between categories.

Discussion

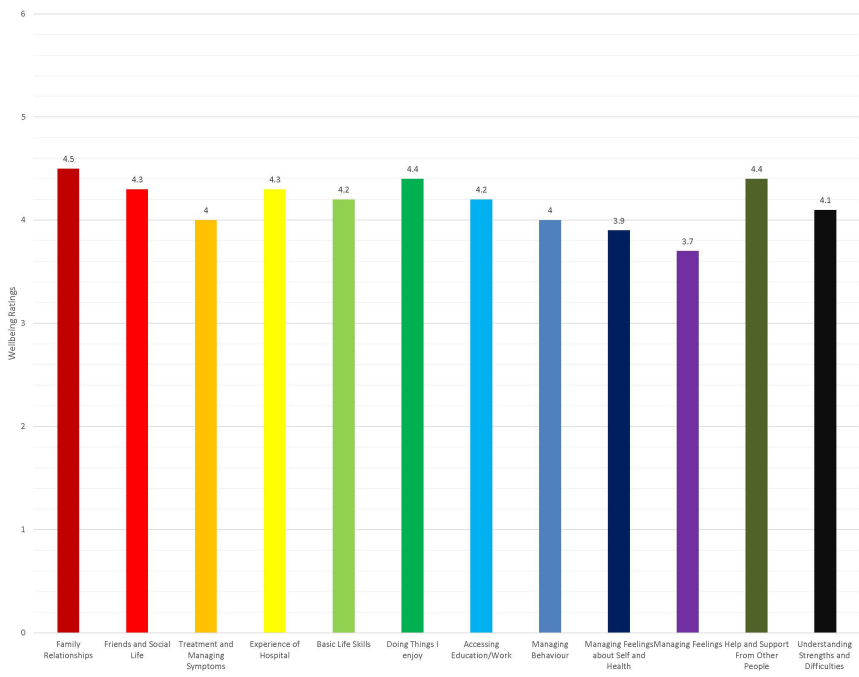
Overall, findings from the study reveal that overall wellbeing ratings fall between the "this is okay" (3) and "this is going really well" (5) categories. Findings also identified areas of strength (named above) that could indicate that CYP are not letting their diabetes impact their day-to-day relationships and activities and emphasise the importance of these factors for wellbeing.

Identified challenges (see results) could indicate the impact of living with diabetes upon CYP's self-concept/self-esteem and emotions, especially for those who identified as "mixed or multiple" ethnicity.

Moreover, the project identified significant differences between ethnicities, however limitations of this study are that the results do not tell us where these differences lie within the domains or why these differences occurred. Future researchers may want to investigate this further.

It's also important to consider whether the data collection methodology was appropriate for people from all ethnic and cultural backgrounds.

Results



Overall Wellbeing Ratings (n=250)

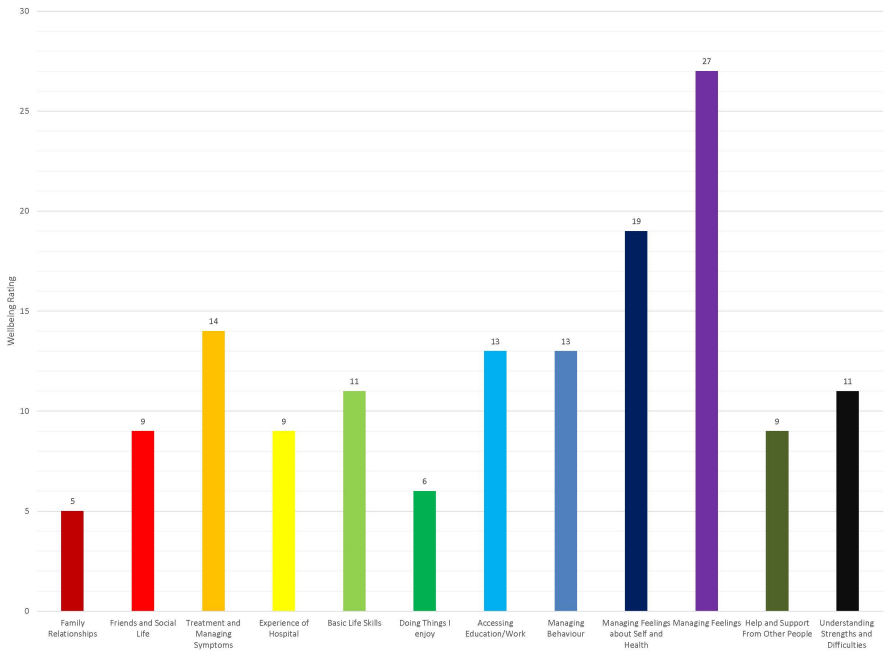
Results identified overall domains of strength as:
- 'Family Relationships'
- 'Help and Support from others'

Identified overall domains of challenge within the Wellbeing ratings as:
- 'Managing Feelings'
- 'Managing Feelings about self and others'

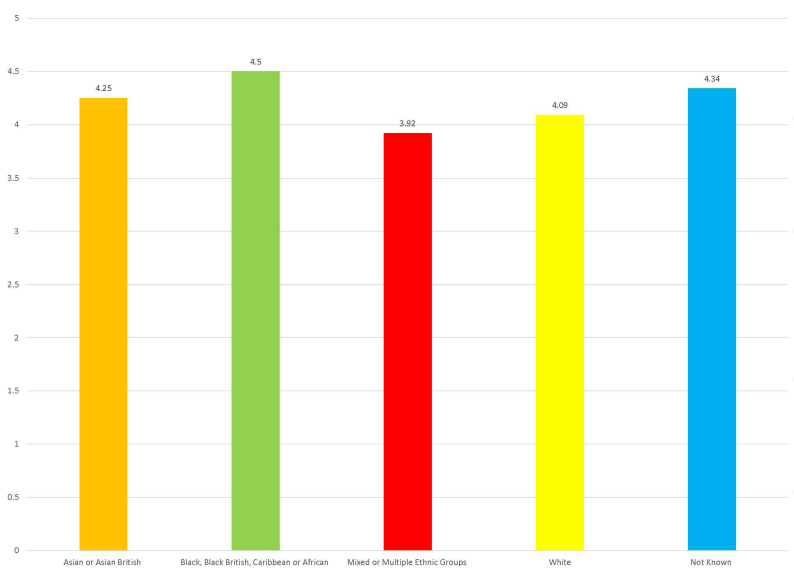
Number of instances where CYP rated 2 or less across domains measured (n=146)

Results identified overall domains of strength as:
- 'Family Relationships'
- 'Doing things I enjoy'

Identified overall domains of challenge within the Wellbeing ratings as:
- 'Managing Feelings'
- 'Managing Feelings about self and others'

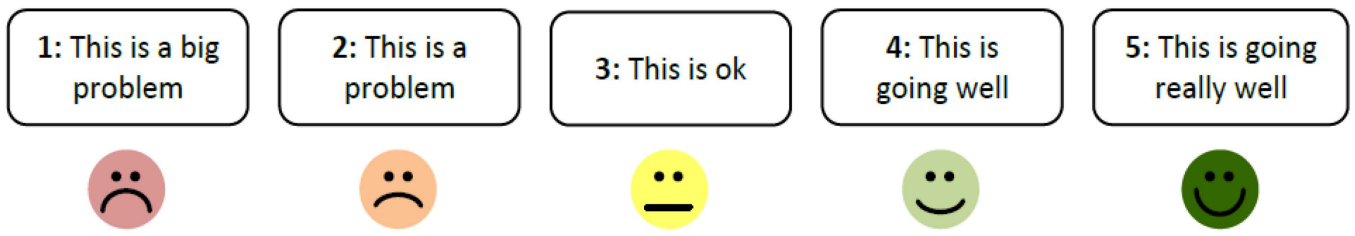


There were no significant differences found for age or gender. Significant differences were found between ethnicities were identified:



Dunn's pairwise tests revealed differences between:

- 'White' and 'Black, Black British or Black Caribbeans or African' groups (p=.012, adjusted using the Bonferroni correction).
- 'Mixed or Multiple Ethnic Groups' and 'Black, Black British or Black Caribbeans or African' (p=0.28, adjusted using the Bonferroni correction).
- Tests revealed a difference between the 'White' and 'Asian or Asian British' groups (p=0.38, adjusted using the Bonferroni correction).
- There were no other differences identified between the other pairings that were analysed.



Evans, D., Barker-Ellis, C., Christopher, J., & Perkins, M. (2021). Reinventing the WHEEL: Developing a psychosocial screening tool in a paediatric psychology service. *Clinical Psychology Forum*,

Conclusions

Findings from this project can be used to underpin future interventions to support CYP within the service with the identified challenges as well as nurture identified strengths/protective factors. Going forward the service may want to investigate how best to explore the needs of people from all ethnic backgrounds.

Beyond NPDA: Making annual screening actionable

Dr Sarah Cook (Lead Clinical Psychologist) Sarah.cook@dchft.nhs.uk
Lauren Murphy (Assistant Psychologist)
Alannah McDaid (Trainee Clinical Psychologist)

Children's Diabetes Team, Dorset County Hospital

NHS Dorset County Hospital NHS Foundation Trust

1. Introduction

- Annual screening is a requirement of BPT and NPDA and serves as a helpful prompt for teams to have wellbeing conversations with CYP
- Annual screening varies nationally in terms of who delivers it, who completes it and which measures are used, depending on service resource and local factors
- Annual screening has the opportunity to be more than just a tick box or gateway to psychology or CAMHS referrals
- We revised our annual screening process (1) to provide the MDT with actionable advice to support the wellbeing of *all* CYP and their families, regardless of level of need, and (2) used the dataset to develop the service & training.

2. Our Screening

- Holistic; covering diabetes and non-diabetes related factors
- Mix of validated & non-validated items, and symptom-based & systemic-factors
- Whole family approach; three versions completed by (1) age 7—11 (2) age 12-18 (3) parents
- Based on core recommendations including screening for burnout, anxiety, mood and eating disorders (NICE, IPSAD)
- Also covering the evidence base around relevant factors in diabetes management such as organisation, communication, conflict and self-efficacy.
- Parent factors included parental wellbeing, food security, diabetes stress, & any concerns about their child

Examples of resources developed as a result of psychological screening

3. How we used the results

Typically, annual screening has a focus on using data on an individual level to determine whether a CYP has psychological needs requiring additional support. Having a 'detailed enough' screening allowed us to give the MDT actionable advice for supporting any needs identified, whether low level or more significant. Furthermore, we analysed the data on a caseload level, to give us a rich understanding of our population's needs, allowing us to plan for the medium to longer term emotional health of the families we see.

Individual Level:

Questionnaires handed out by the MDT and scored by psychology. Detailed feedback given to named nurse/MDT including:

⇒Highlighting strengths & areas going well
⇒Specific recommendations for clinic visits
⇒Pointers for MDT on discussing key areas of concern
⇒Areas for the team to follow up on, monitor and/or check in about

Psychology follow-up was offered to those with more significant difficulties, through telephone call or 1:1 assessment

Caseload Level:

All data (n=145) was entered into an Excel spreadsheet to allow detailed analysis of areas of strength and struggle across the caseload:

Eating & drinking things they enjoy	Burnout
Family communication and organisation	Body image
Self-efficacy	Coping with emotions
Diabetes conflict (or lack of!)	Fear of hypoglycaemia

Actions taken:

- ✓ Feedback given to MDT at Away Day
- ✓ MDT reflective practice on how we can support struggles
- ✓ Training needs for the MDT identified & training sessions planned by psychology
- ✓ Areas for service development prioritised based on the psychological needs
- ✓ Resources developed on key areas of struggle
- ✓ Screenings used to inform psychological formulation at high HbA1c meetings

An example of the 12-18 questionnaire.

4. Conclusion

- Developing a 'detailed enough' screening tool has supported our MDT to provide psychological care at all levels of need (from mild to severe), through psychology giving actionable advice
- There is huge value in analysing screening data at a caseload level to inform service developments and help us plan how to meet the psychological needs of our families in the longer term.

Youth Work Service in Paediatric Type 1 diabetes

Dr Neena Ramful, Clinical Psychologist. Addenbrookes Hospital, Cambridgeshire

Role

- Unique form of engagement and support to patients (social, emotional, educational). Able to engage outside of hospital setting
- 12-19 year olds
- 3 days in Paediatric Diabetes & 1 day in Respiratory

Purpose/Rationale

- Gap in service identified through audit
- Lack of preventative interventions

Interventions Offered

- 1-2-1 work (on site & Off site)
- Events e.g Pantomime, bowling event, book club
- Creating a social media awareness
- Liaising with community services
- Attending Annual Review/Teenage/Transition Clinic

Funding

1 year pilot from Addenbrooke's Charitable Trust (extended June 2024, for a further year).

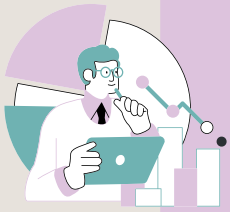
Phase 1. Jul-Sept 2023
- Recruitment and Induction
- Relationship building with MDT
- Governance, processes

Phase 2. Oct-Dec
- Start Receiving 1-2-1 referrals
- Undertake baseline survey
- Plan & set up projects/Sessions

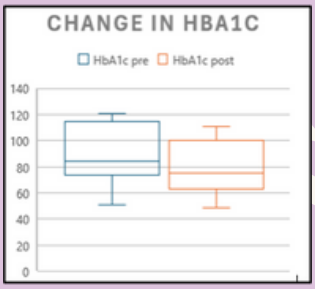
Phase 3. Jan-March 2024
- 1-2-1 sessions & Home Visits
- Relationship building with YP
- Have project up and running

Phase 4. Apr-Jun
- As above
- Go to panel for project extension
- Feedback & Data collection
- Complete ACT report

Outcomes to date



- 30 young people with diabetes and respiratory conditions.
- 1-2-1 support, both in hospital and as an outreach model
- 15 young people attended group sessions.
- Ad-hoc contact with young people attending clinics around their appointments. It has been observed that the youth worker's presence in targeted diabetes clinics have meant that some young people and families have been able to connect in the waiting room to share experiences.
- For example, living with type 1 diabetes and neurodivergence. With the youth worker being able to facilitate preventative interventions and connections such as these, children and families can feel empowered socially which impacts on their overall physical health and wellbeing
- Looking at 7 young people with diabetes who, have to date, had 2 or more 1-2-1 sessions a decrease im their median HbA1c.



A lower HbA1c means better long term health outcomes for the young person. This was not yet statistically significant as it is still a small group and more work is needed.

Reflections & Learnings

- Experiences of being a lone health based YW
- Time required to set up a new service
- Challenges with governance/pathways/policy

Cambridge University NHS Hospitals NHS Foundation Trust

CPFT NHS

Thank you to everyone who submitted a poster for the Annual Psychology Conference. We have been so grateful that colleagues have taken the time to showcase their work and share it with others.

	Title of poster	Contact details
1	Using Social Stories for Paediatric Diabetes appointments	Dr Elizabeth Haines Clinical Psychologist East and North Hertfordshire NHS Trust elizabeth.haines6@nhs.net
2	Supporting families to adopt a Hybrid Closed Loop System	Dr Catherine Field Consultant Clinical Psychologist Good Hope Hospital, UHB NHS Trust catherine.field@nhs.net
3	Psychoeducation workshop for Caregivers of autistic children with Type 1 Diabetes	Jessica Stacey, University of Bath & Dr Hayley Thompson Wexham Park Hospital hayley.thompson22@nhs.net
4	Tree of Life Project	Dr Karen Walker, The Royal Wolverhampton NHS Trust Kiran Kaur & Dr Ash Reynolds Black Country Healthcare NHS Foundation Trust karen.walker28@nhs.net kiran.kaur32@nhs.net ashley.reynolds@nhs.net
5	Emotional challenges in Children and Young People with T1 Diabetes: Piloting a Virtual Parent Workshop	Dr Siobhan Betts & Dr Sara Carr Senior Clinical Psychologists Hampshire Hospitals NHS Foundation Trust Siobhan.Betts@hhft.nhs.uk sara.carr@hhft.nhs.uk
6	A Compassion Focused Therapy (CFT) Workbook for Parents of Children with Type 1 Diabetes	Dr Megan McTiffin Senior Clinical Psychologist Huddersfield and Calderdale NHS Foundation Trust Megan.McTiffin@cht.nhs.uk
7	Self-Audit of National Psychology Standards	Holly Risdon, Cordelia Kerr & Dr Jane Lewendon, Salisbury District Hospital
8	Experiences of Trainee Clinical Psychologists in Child and Young People Diabetes Teams	Julia Domanska Trainee Clinical Psychologist Hampshire Hospitals NHS Foundation Trust Julia.Domanska@hhft.nhs.uk
9	Padlet Power! Using Virtual Bulletin Boards within a Paediatric Service	Dr Cheryl Hunter Principal Clinical Psychologist University Hospitals Plymouth NHS Trust cheryl.hunter2@nhs.net
10	Screening for T1DE in Bristol and Weston Paediatric Diabetes Service	Dr Rosie Anderson Specialist Clinical Psychologist University Hospitals Bristol and Weston NHS FT Rosie.Anderson@uhbw.nhs.uk
11	Using the Wellbeing and Health Experiences Evaluation Log (WHEEL) to assess psychosocial wellbeing in children and young people with diabetes.	Catriona Kinninmonth, Trainee Clinical Psychologist & Dr Megan Maidment Lead Paediatric Clinical Psychologist Bedfordshire Hospitals NHS Foundation Trust megan.maidment@nhs.net
12	Annual Psychology Screening: From Gatekeeping to Actionable Support	Dr Sarah Cook Lead Clinical Psychologist Dorset County Hospital Sarah.Cook@dchft.nhs.uk
13	Youth Work Service in Paediatric Type 1 diabetes	Dr Neena Ramful, Clinical Psychologist, Addenbrookes Hospital, Cambridgeshire neena.ramful@nhs.net