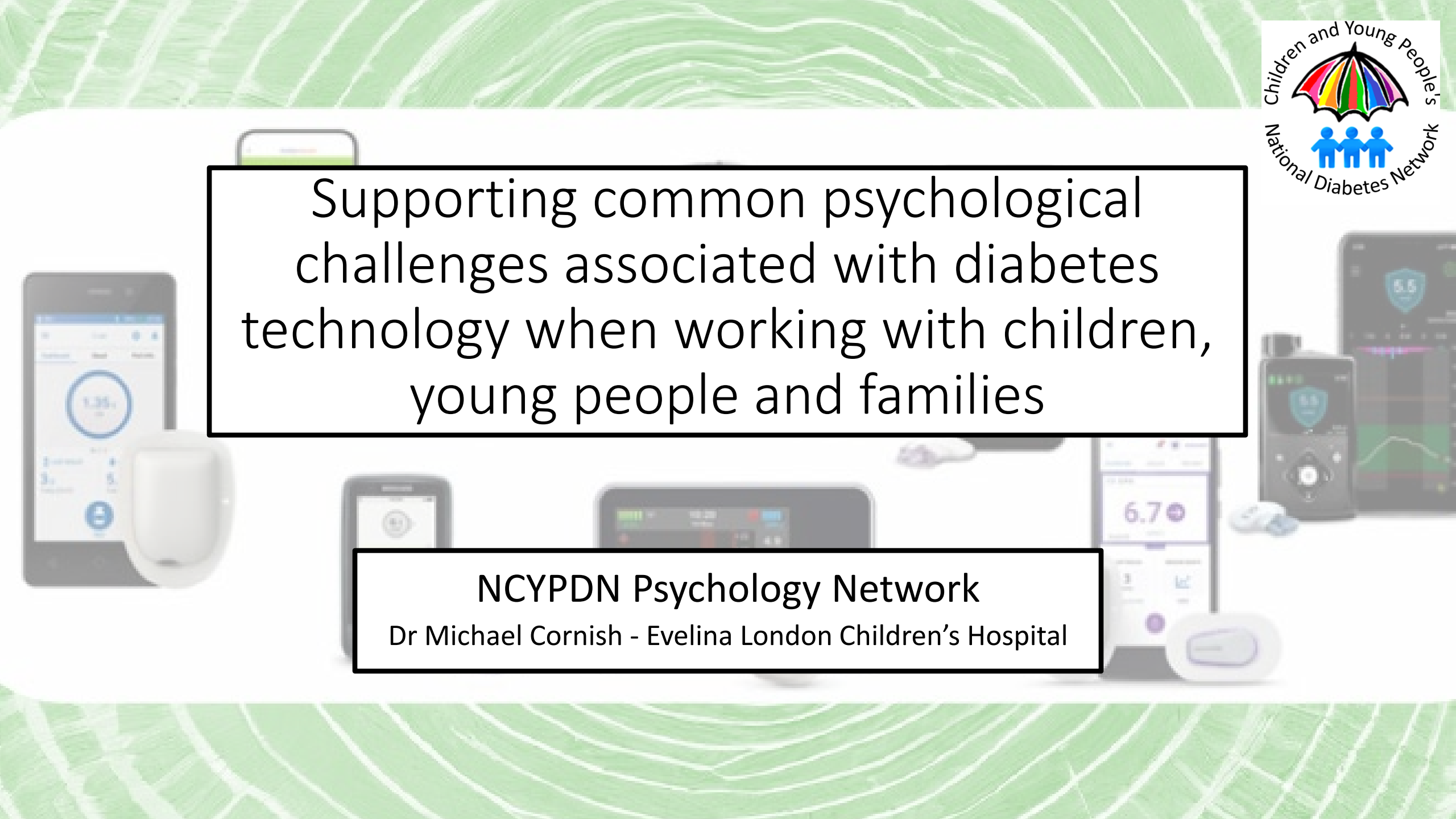


The background of the slide features a light green, wavy, organic pattern. Overlaid on this are several faint, semi-transparent illustrations of medical and technological devices. On the left, there is a smartphone displaying a health app with a circular gauge showing "1.25%". In the center, there is a laptop screen showing a data dashboard with various charts and graphs. On the right, there is another smartphone displaying a health app with a large number "6.7" and a line graph. Below the laptop, there is a small white mouse. The overall theme is the integration of technology in healthcare, specifically related to diabetes management.

Supporting common psychological
challenges associated with diabetes
technology when working with children,
young people and families

NCYPDN Psychology Network

Dr Michael Cornish - Evelina London Children's Hospital

Psychological impact of HCL



- Reduced fear of hypoglycaemia
- Improved QoL
- Reduced diabetes distress
- Improved sleep
- 'Time off' from diabetes demands



- Overwhelmed with data
- Increased anxiety
- Alarm fatigue
- Perfectionism leading to burnout

In high-risk groups, HCL alone is not enough to reduce burden of diabetes so psychological care is still vital (Abraham et al, 2024)

Aimed to produce a psychologically informed document for health care professionals, to support CYPF live successfully with diabetes technology

MANAGING PERFECTIONISM

5

Whilst on the surface perfectionist qualities may seem positive in diabetes management, as they tend to involve striving for increased Time In Range, we know that perfectionism in diabetes can lead to increased emotional distress for young people and parents. Any small deviations from target can feel catastrophic, leading to feelings of anxiety, guilt, and shame. The pressure to be perfect can also lead to diabetes burnout where young people and families can become discouraged or even avoid checking blood glucose levels to escape seeing 'bad numbers'.



How to help

- Reframe success** – When reviewing data, emphasise the effort that the young person or parent is putting in and praise consistency over 'perfect' numbers. This is especially important during the early 'honeymoon phase'. Too much praise on 'perfect' numbers at this time can set them up for failure once this period ends and number rises. Teach 'good-enough' diabetes care which focuses on consistency over perfection.
- Focus on trends** – When reviewing patient data, try not to focus too much on single readings and instead notice trends and comment on this. Help children and families understand the importance of patterns in the data, rather than fixating on isolated numbers. Make sure you also model this in clinic by not fixating on every high or low reading they have. If young people or parents become fixated on specific readings, teach them that occasional high/low levels are not going to derail long-term health.
- Normalise imperfection** – When talking about diabetes, highlight that even well managed diabetes includes high and low readings. Let them know it is okay to sometimes make mistakes (e.g. forgetting to bolus) and focus on their efforts to rectify this.



KEY POINTS

Reframe success by praising effort and consistency rather than perfect numbers, especially during the honeymoon phase.

Focus on patterns - Highlight trends over individual readings to reduce stress and promote a long-term view.

Normalise imperfection by reminding families that highs, lows, and mistakes are part of normal diabetes care.

Be curious, not celebratory - Explore what's behind high achievement, including any costs to other important aspects of life.

Use supportive language and avoid blame-based terms. Choose words that encourage and empower families.

- Be curious about high achieving patients** - Try to avoid celebrating very high time in range data, or very frequent checking behaviours, and instead be curious about it. Ask them what effort is required for the child and/or family to achieve this, and explore what impact this is that having on their quality of life. If you suspect this is being driven by perfectionism suggest a discussion with the team psychologist if available.
- Don't forget that language matters** - Try to avoid using language that implies blame, e.g. 'good' or 'bad' numbers, or HbA1c being 'too high'. Instead use language that empowers and motivates the young person and family.



TECHNIQUES FOR TOLERATING UNCERTAINTY

8

A lot of people can find it hard to cope when they do not know what will happen next. Allowing HCL to take control can be hard to tolerate initially. If possible, encourage and teach simple techniques to help them tolerate the discomfort of waiting to observe the outcomes of the HCL system actions.



CONSIDERATIONS

- Give families time and support to get used to a new way of working. Introduce conversations about fear and uncertainty, e.g. 'lots of families tell us it can feel scary or anxiety-provoking in letting the HCL pump 'do its thing' and resisting the urge to intervene too much. If this should happen for you, can you think about what you could do as a family to overcome this?'
- Disorientation**: encourage families and young people to find a quiet activity to do at times when they would normally take action, but now need to allow the HCL to make automated adjustments. This will avoid hyper-focus on symptoms and constant monitoring of data.
- Dropping anchor**: a grounding technique used to help reconnect with the present moment and manage intense emotions or thoughts. Simple acts of pushing feet into floor, legs into chair, wriggling toes, slow steady breaths, thinking about what you can see/hear/feel, can all help to avoid reacting out of fear or panic.
- Urge surfing**: a mindfulness technique that involves acknowledging and observing the urge without acting on it, allowing it to pass like a wave e.g. 'I notice I am feeling the urge to look at my data again, I am going to call a friend instead'.
- Identifying thoughts**: Evaluate negative thoughts regarding the waiting period and the urgency to respond to high or low blood glucose levels. Families often have strongly held narratives, or firm beliefs, about diabetes management that may need to be re-evaluated when using a HCL system.
- Signpost to resources such as the [Coping with Diabetes Emotional Wellbeing resources](#) from DigiBete and Together Type 1 for further guidance in using the above techniques.



KEY POINTS

Support with managing uncertainty - offer techniques to reduce worry and signpost to helpful resources

Acknowledge the discomfort - Uncertainty is difficult to tolerate. Acknowledge that and validate how they are feeling.

Make use of existing resources - DigiBete's coping with diabetes module has tips for young people to with difficult feelings as a result of diabetes.

ALARM FATIGUE

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The multiple sources of alarms, e.g. variable blood sugars, pump signal loss and low battery, may provoke some young people to experience alarm fatigue. This can lead to a desensitisation effect, with young people not responding to alarms as recommended. Some may even turn off their phones to avoid alarms sounding if their glucose levels are fluctuating, as they attempt to prevent attention being drawn to them.



CONSIDERATIONS

- The most effective way to avoid alarm fatigue is by avoiding situations where the alarms will go off. Discuss with the young person why the alarms are going off, and make any adjustment to settings or to their individual behavioural management that may stabilise glucose levels to avoid alarms going off.
- Teams can help families and young people to understand that these alerts are designed to help with diabetes management. However, if they are causing, or are likely to cause distress, consider making some safe adjustments to the sensitivity, volume or frequency of alerts. These adjustment may be more important for adolescents who typically run higher glucose levels, so would expect to have more alarms, and are more likely to be self-conscious of them.
- If young people have become desensitised to their alarms, then encourage them to frequently change the alarm to a new sound. Frequently changing the sound would create a novel stimuli that the brain is more likely to process, which in turn could increase the likelihood that the user will hear it and respond to it.
- Young people who have turned off their alarms to avoid attention, often are worried about the reaction of teachers, who may forget they have a person with diabetes in the class, or from classmates making negative comments. Encourage the young person to approach their teacher pre-emptively, periodically reminding them of their diabetes and warning them of the likelihood of alarms going off. A [school card](#) such as one found on DigiBete could be a helpful tool. Encourage the young person to think of, and practice giving assertive responses when people draw attention to the alarm.
- Alarm fatigue can be moderated by the young person's relationship to their diabetes, with those less accepting or those trying to hide their diagnosis, more at risk of alarm fatigue. For individuals attempting to hide their diagnosis, or for young people who suspect have high levels of social anxiety, consider making a referral to the diabetes psychologist or equivalent in your service.

KEY POINTS

Provide initial support to reduce alarm frequency - Discuss purpose of alarms with families and support with adjustments to pump settings and the young persons' management that can stabilise blood glucose levels

Understand what underlies an individual young person's alarm fatigue and respond as appropriate e.g.

- Have they become desensitised to alarms? Encourage them to change the sound frequently.
- Are they worried about reactions from others? Support them to find ways to explain and respond to others' remarks.
- Are they trying to hide their diabetes? Support them to access psychology support.

If alarms are causing distress and it is safe to do so, consider making safe adjustments to alarms.

Main Topics

1. Hybrid closed loop readiness
2. Reasonable adjustment to diabetes education
3. Managing expectations
4. Managing perfectionism
5. Supporting emotional and social adjustment
6. Sharing and accessing data
7. Techniques for tolerating uncertainty
8. Alarm fatigue
9. Schools and education

Using the tool

- Support MDT to have conversations about pumps/tech
- Highlighting common difficulties, things for MDT to consider
- Empowering MDT members to support psychological difficulties related to technology
- Increase chances of young people wanting to start diabetes technology and keep using it
- Reducing tech-related diabetes burnout
- Support services who have limited access to diabetes psychological thinking
- Indirectly reducing inequalities



Supporting common psychological challenges associated with diabetes technology when working with children, young people and families

A guide for MDT members

July 2026



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