

High HBA1C clinics

What are the issues that psychologists have encountered and what ways/solutions have psychologists developed to address these?

- CYP feeling DONE TO (top down approach) – “I didn’t ask for these extra appointments” etc. – instead, asking for family views on what could help
- Importance of developing & sharing formulations – with teams (consultation?) With families, to guide intervention
- DNA rates can make specific clinics a problem
- ‘Middle of road’ pts?
- Support MDT reflection on thoughts/feelings about rescuing/saving/fixing – can lead them to feel angry at families.
- Power of social support? Other profs? (HCA going to school clinics – engagement, youth Workers) - increasing sense of purpose, worth, support
- How does it feel arriving at clinic to have HbA1c measured, can’t know what it’ll be, MDT already know before you go into clinic. Feeling told off for not doing well enough. Perhaps TiR is more here & now focused and patients can monitor this themselves?
- So much about therapy is about timing – is a YP ready? Supporting team to tolerate anxiety/uncertainty

- Even without focusing on hba1c – we could get involved in improving relationship within families
- Finding motivator for YP
- Groups? i.e. taking attention away from diabetes, connecting with others
- Can the team create opportunities for success for families? E.g. first year of care, access to technology, parental skills workshops on different skills/appi etc, strong positive rx with key wc



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- Might everyone need a slightly different pathway?
- Asst Psych input – engagement sessions, solution focused, how much does it matter? Specialist clinic, with appts with Asst as focus
- Ask YP & families for name for sessions?
- Pathway could be appropriate for all (not just those with high HbA1c)
- Being 'threatened' with psychology
- Burden/pressure on teams
- A team had good results with focusing on prevention instead of cure – early intervention clinic – first time HbA1c – 65+ - psychosocial understanding. psychologist rang to explain “special clinic” – extra focus often helped ppl make very early changes
- After year, if no changes – write, step back. Being on pathway on long time – embedded behaviours?

- Timing for therapeutic input, chronic health – frontal lobes (25)
- Hold them “safe enough” (i.e. can we look at your data remotely)
- Elective admissions – do teams use these? Do they ever work?

