



Diabetes distress group

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Group for 11–16-year-olds with T1D

4 sessions, 2hrs a week, 4-6pm, in-person

Delivered by Psychology & 1 PDSN/Dietitian

Based on Acceptance and Commitment Therapy
(ACT)

Fun & engaging - lots of interactive activities and
opportunities for peer interaction

What is Acceptance and Commitment Therapy (ACT)?

Acceptance and Commitment Therapy (ACT) aims to increase cognitive flexibility. This involves increasing self-reflection skills, making room for uncomfortable thoughts and feelings (rather than fighting or avoiding them), and taking committed action to live a meaningful life.

What is diabetes distress?

- Feeling mentally and physically exhausted in dealing with T1D requirements
- Experiencing a disconnection from self, diabetes and family support

“Burnout is when you get to a point in your life and you start to struggle with your diabetes, starting to resent it and over all trying not to feel like you have diabetes by not doing it”

“Like a pile of bricks on your shoulders that just gets heavier and more awkward to carry and makes every single part of your life harder”

Feelings

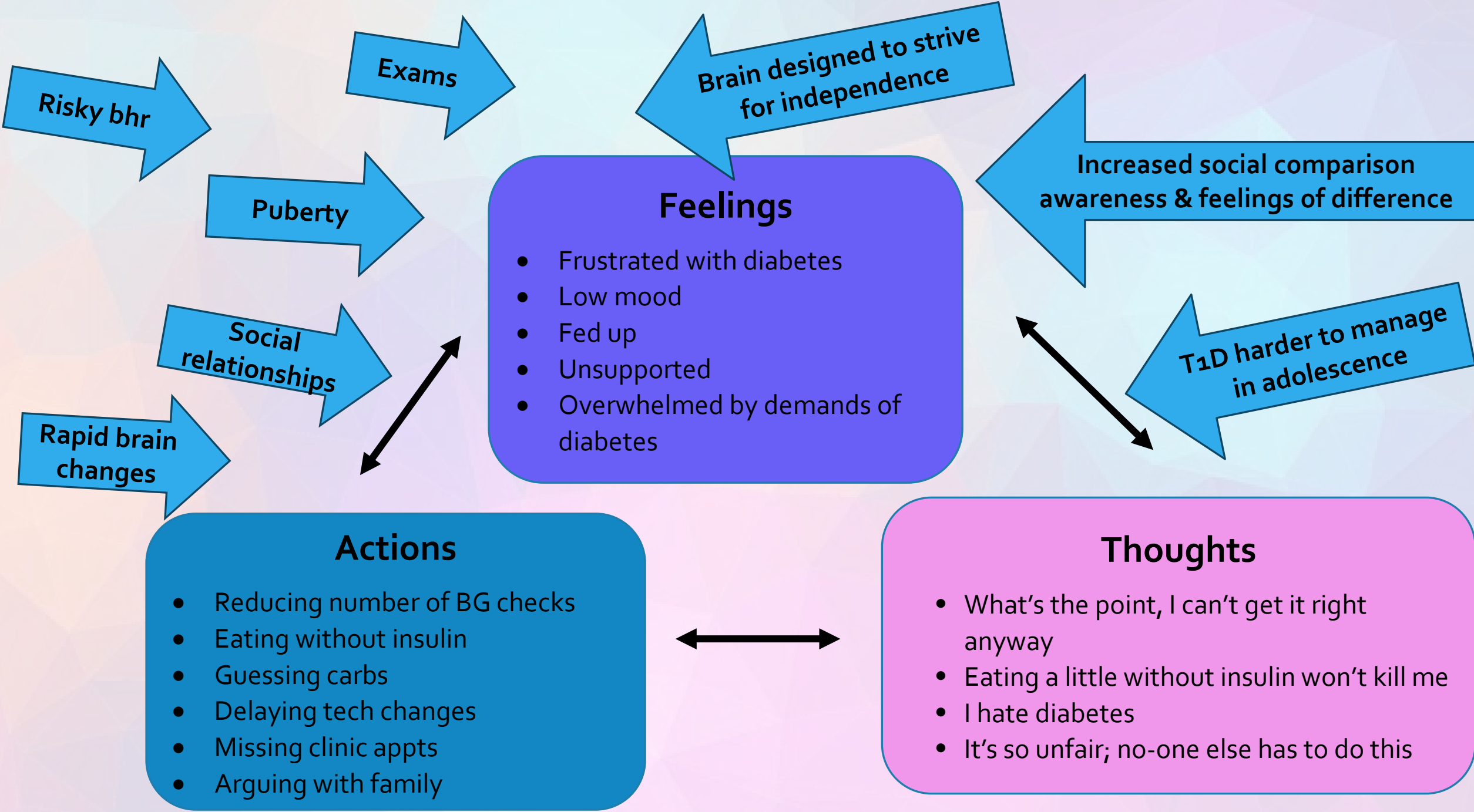
- Frustrated with diabetes
- Low mood
- Fed up
- Unsupported
- Overwhelmed by demands of diabetes

Actions

- Reducing number of BG checks
- Eating without insulin
- Guessing carbs
- Delaying tech changes
- Missing clinic appts
- Arguing with family

Thoughts

- What's the point, I can't get it right anyway
- Eating a little without insulin won't kill me
- I hate diabetes
- It's so unfair; no-one else has to do this



Session 1

- Icebreaker
- What's it like to live with diabetes?
- Why does looking after diabetes matter? (storyboard and complications recap)
- What is diabetes burnout?
- What are the ways not managing diabetes is impacting on your life?
 - Pushing diabetes away has unintended consequences and will impact areas of life that matter to you

Relationships with others:

My body and health:

My mental health and self-esteem:

School work:

My hobbies and sports:

Session 1: Goal setting

My Ideal Day (HCL Pump)	Always	Sometimes	Never
Morning			
-Check glucose levels (CGM or on pump)			
-Calculate carbohydrates <u>in</u> breakfast and enter into pump			
-Bolus as per pump recommendation			
Mid-morning			
-If having a snack, calculate carbohydrate and enter into pump			
-Bolus as per pump recommendation (use sensor reading)			
Lunch Time			
-Check glucose levels (CGM or on pump)			
-Calculate carbohydrates in meal and enter into pump			
-Bolus as per pump recommendation			
After School			
-If having a snack, calculate carbohydrate and enter into pump			
-Bolus as per pump recommendation (use sensor reading)			
Evening Meal			
-Check glucose levels (CGM or on pump)			
-Calculate carbohydrates in meal and enter into pump			
-Bolus as per pump recommendation			
Other tasks			
-Change sensor (frequency will vary depending on sensor used)			
-Change pod cannula every 3 days			



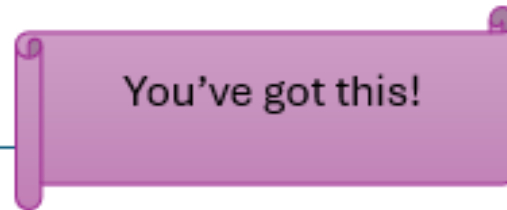
Goal	What strategies can I use to make this happen? (ie who/ what can help me achieve this?)
<i>Bolusing/ giving insulin in school</i>	
<i>Changing my set on time</i>	
<i>Remembering my hypo treatment when going out</i>	<i>Ask Dad to remind me to pick it up</i>
<i>Bolusing/ giving insulin for breakfast</i>	
<i>Checking my bloods when I wake up</i>	

My goal for this week is:

How:

When:

Who:



|

AWAY

TOWARDS

E.g. Away moves

- Not injecting insulin before a meal
- Avoiding going out to eat with friends
- Leaving the house without hypo treatment
- Avoiding mum/dad when I get home

HOOKED

E.g. Towards moves

- Asking for help to remind me to take insulin
- Texting a friend to plan a meal out
- Carb counting my favourite meal
- Asking mum/dad to watch a film

UNHOOKED

CHOICE POINT

**Situation(s)
Thoughts & Feelings**

"I've had enough of my diabetes!"

Session 2:

Review goal from last week

Difficult thoughts and feelings can **'hook'** us and change the way we behave which takes us away from the person we want to be.

What things do you do that take you further away, or closer to, living well with diabetes?

Session 2: Values – what kind of human do you want to be?



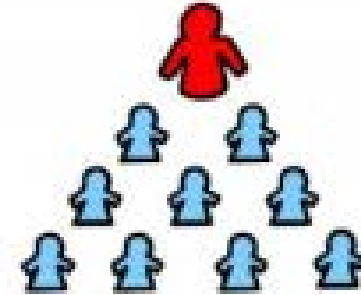
Honesty



Success



Adventure



Authority



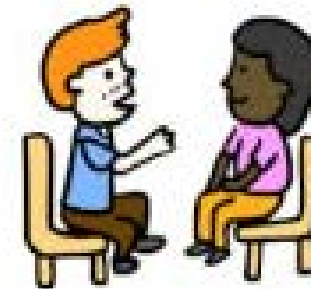
Autonomy



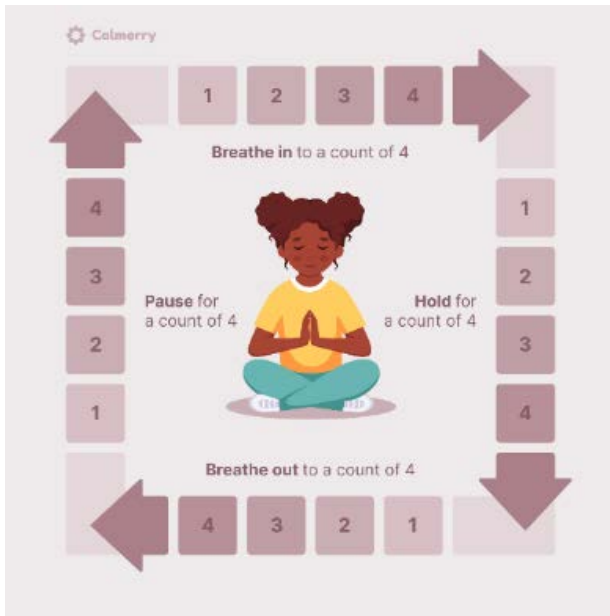
Action-oriented



Boldness



Coaching

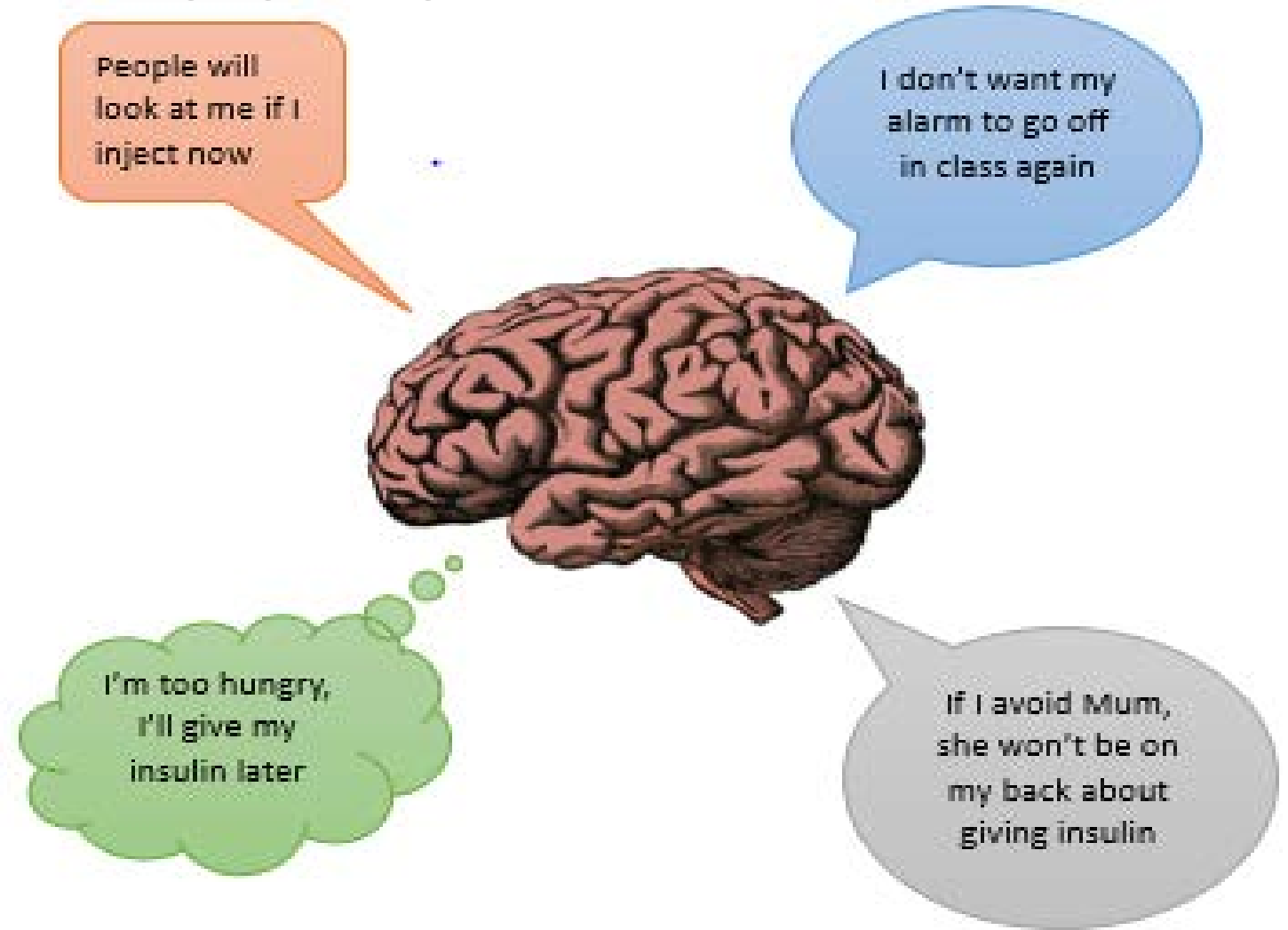


- 5 Things You Can See 
- 4 Things You Can Feel 
- 3 Things You Can Hear 
- 2 Things You Can Smell 
- 1 Thing You Can Taste 



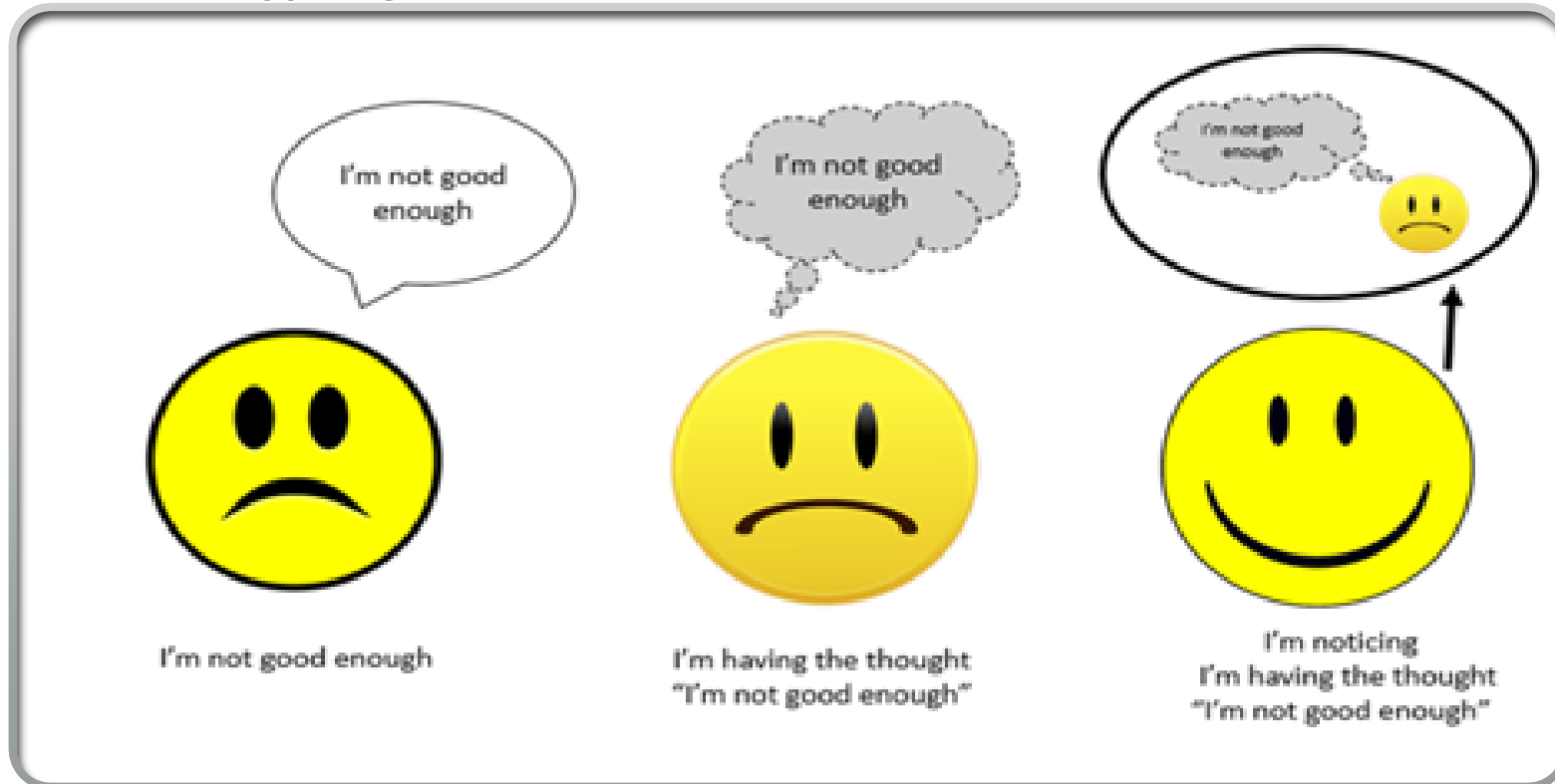
Session 3: Understanding and managing thoughts

- Review goal from last week
- Caveman thinking

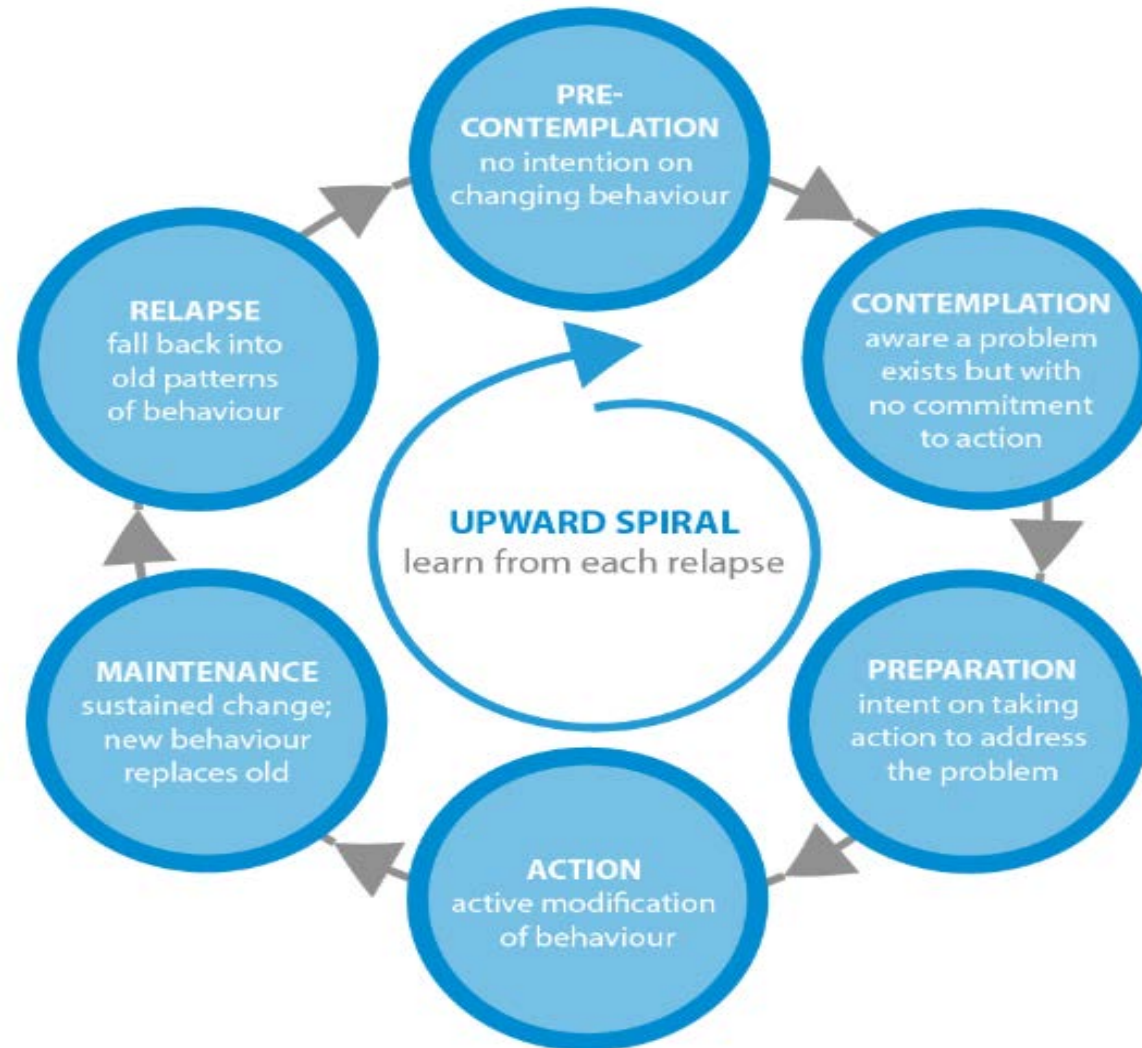


Session 3

- Learning how our minds work:
 - Observing thoughts,
 - Exploring if it is possible to control thoughts
 - Unhooking from thoughts
 - Lots of experiential exercises to bring these ideas to life



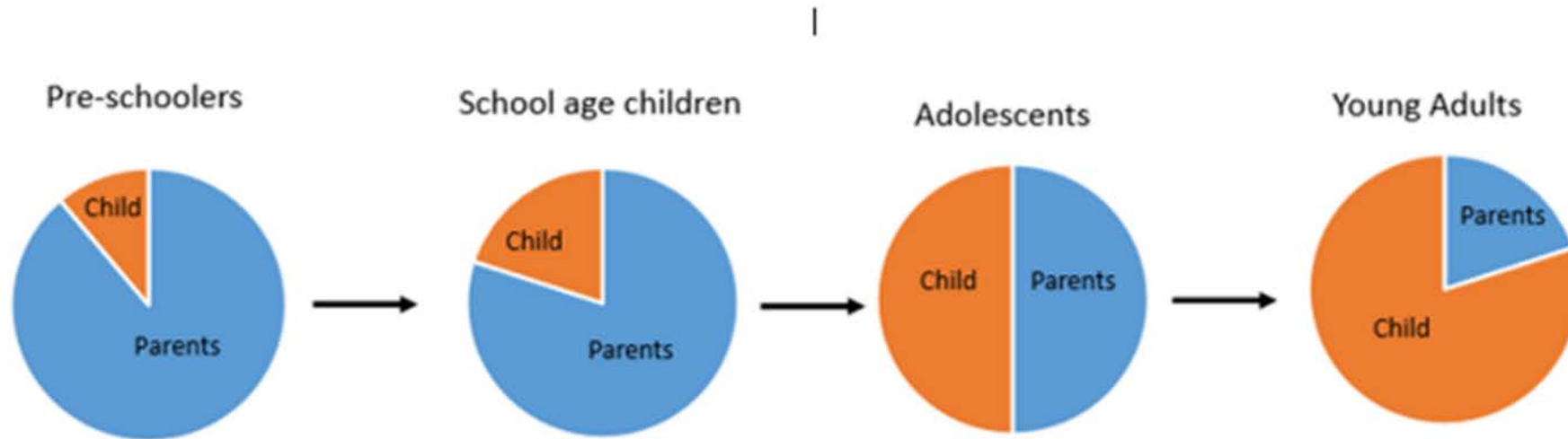
Session 4: Keeping progress going – Behaviour change is hard!



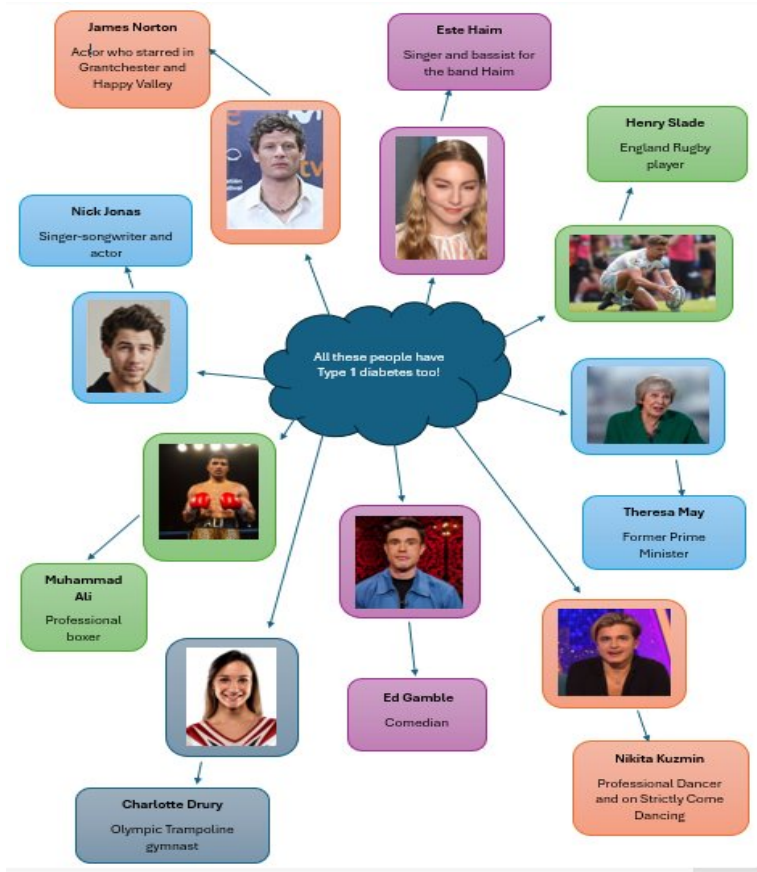
Support network

What do you need from the people around you moving forward?

Who is responsible for managing the day-to-day demands of Type 1 Diabetes?



Taken from Markowitz, J. T., Garvey, K. C., & Laffel, L. M. B. (2015). Developmental changes in the roles of patients and families in Type 1 diabetes management. *Curr Diabetes Rev*, 11 (4), 231-238.



Critical voice

Compassionate voice

I should be coping better.

Why me!? What did I do wrong?

I will never be able to cope.

Diabetes is really hard, I'm doing the best I can.

I haven't done anything wrong. It's not my fault.

Let's take it one day at a time, I've got this.

Letter to Future Me...



ACT Diabetes distress group



Description of the group:

- Seven young people aged between 13 and 16 years old attended a 4-week ACT diabetes distress group.
- Data was obtained from 6 young people.
- Based on Acceptance and Commitment Therapy (ACT)



Four people said the group helped their ability to manage their diabetes "A lot"



Four people said the group had helped their family relationships



All six people said the group helped reduce how much they worry about their diabetes



All six people said the group had helped how they felt about their diabetes

What did you find most useful about the ACT group?

"I'm not the only one"

"Making new friends and ideas"

"People relate to me"

"Small steps are better than nothing"



Outcome measures



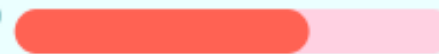
PAID (Problem Areas in Diabetes)
Higher scores indicate diabetes distress.



All people who were experiencing diabetes related distress before the group had a decrease in distress (PAID score)



CompACT (Psychological Flexibility)
Higher scores indicate increased psychological flexibility, which is associated with higher quality of life and greater emotional wellbeing*.



67%

had an increase in psychological flexibility score

HbA1c in clinic prior to starting group		HbA1c in clinic post group
47	→	50
69	→	63
89	→	78
112	→	54*
71	→	61*
71	→	59*
55	→	50

6 out of 7 have reduced HbA1c (3 predicted) from pre – post group

But – data taken from consultant clinic / predicted sensor data, so other factors could account for changes

* = predicted

Time in Range

2 weeks Pre group	2 weeks at end of group	Change in TiR from pre-post
64%	74%	10%
65%	58%	-7%
26%	49%	23%
32%	X	
56%	66%	10%
67%	70%	3%
53%	76%	23%

- Data for 6 out of 7 people
- 5 improved TiR at end of the group (Mean increase= 13.8 m/mol)
- But only 2 had sustained improvement in TiR at 2 week & 4 week follow up

What did you find most useful about the ACT group?

"The tasks we had to give ourselves each week, they were exhilarating to keep up with, but fun to do in hindsight"

"Not being alone and making new friends"

"How much motivation it has gave me! And people struggle as well with it and people relate to it"

"Others have the same feelings as me"



- video

Plan moving forward

We're in the process of running a second group currently – 5 attendees



We've made some changes based on previous feedback to add more interactive activities



We will continue to collect data and feedback over subsequent future groups

Our thoughts to continue to consider...

How can we support continued improvements once the group has ended?

Recruitment? – Parents desire vs YP's consent to attend? – Pre-assessment required –but resource heavy?

Reasons for attending - Are attendees actually 'burnt out' / anxious / feeling alone with T1D/ parental anxiety?

Variation for younger cohorts



Any
questions?