

Counseling for Diabetes

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Abstract

Individuals who have been diagnosed with either Type I or Type II diabetes face a number of emotional challenges. Children and adolescents are faced with self-monitoring and trips to the local physician and adults are faced with dietary and self-medication challenges. This paper explores some of the issues faced by counselors who work with children/adolescents and adults with diabetes.

Diabetes is an ever increasing health challenge for many reasons. Many individuals are undiagnosed, some do not adhere to treatment regimens and diet and exercise and smoking cessation and others refuse to comply with the directions of the physician or diabetes educator. Some individuals require more extensive monitoring than others and some function quite autonomously and independently.

Some individuals experience a wide range of emotions relative to their coping with diabetes and others have minimal coping skills. Some fatigue under the stress and strain of insulin and medication and others abhor the dietary regimens. This paper will attempt to address the needed counseling issues and realms that need to be explored by health care professionals as well as therapists and counselor.

Introduction

Diabetes, whether type 1 or type 2, necessitates a multi-faceted approach to management that encompasses medical, psychological, and behavioral interventions. Counseling plays a pivotal role in supporting adults with diabetes to navigate the challenges associated with their condition, addressing emotional, social, and lifestyle factors. This paper explores evidence-based counseling interventions tailored for individuals with type 1 and type 2 diabetes, emphasizing the importance of a holistic approach to diabetes care. Drawing from research literature, the paper highlights key counseling strategies aimed at enhancing diabetes self-management, psychological well-being, and overall quality of life for affected adults [1-3].

Diabetes mellitus is a chronic metabolic disorder characterized by elevated blood glucose levels resulting from defects in insulin secretion, insulin action, or both. Type 1 Diabetes (T1D) is an autoimmune condition characterized by the destruction of insulin-producing beta cells in the pancreas, necessitating life-long insulin therapy. Type 2 Diabetes (T2D) typically develops in adulthood and is characterized by insulin resistance and relative insulin deficiency [4].

Counseling children and adolescents and adults with diabetes

This first section provides a brief overview of counseling interventions and strategies. The second will delve into clinical issues and issues and agendas specific to type I diabetes and partially to type II.

Counseling interventions for T1D

For individuals with T1D, counseling interventions focus on enhancing diabetes self-management skills, facilitating emotional adjustment, and addressing psychosocial challenges. Evidence-based counseling strategies include the following modalities.

Psychoeducation

Providing comprehensive information about diabetes, its management, and the importance of self-care practices such as blood glucose monitoring, insulin administration, and carbohydrate counting.

Cognitive-Behavioral Therapy (CBT): CBT techniques help individuals with T1D identify and challenge maladaptive thought patterns related to their condition, such as feelings of guilt or self-blame. CBT also assists in developing coping skills to manage stress, anxiety, and depressive symptoms.

Motivational Interviewing (MI)

MI is a client-centered counseling approach that aims to enhance motivation and facilitate behavior change. In the context of T1D, MI can be used to explore ambivalence towards diabetes management tasks and elicit commitment to adopting healthier behaviors.

Family therapy

Involving family members in counseling sessions can improve familial support, communication, and problem-solving skills related to diabetes management. Family therapy helps address interpersonal dynamics and fosters a collaborative approach to diabetes care within the household.

Peer support groups

Participating in peer support groups allows individuals with T1D to connect with others facing similar challenges, share experiences, and provide mutual encouragement and support. Peer support fosters a sense of community and reduces feelings of isolation.

Counseling interventions for T2D

For individuals with T2D, counseling interventions aim to facilitate lifestyle modifications, improve self-management behaviors, and address psychological barriers to diabetes care. Evidence-based counseling strategies include:

Health behavior coaching: Collaborative goal setting and behavior change techniques are central to health behavior coaching for T2D. Counselors work with individuals to identify achievable goals related to diet, physical activity, medication adherence, and weight management, providing ongoing support and accountability.

Stress management techniques: Stress reduction interventions, such as relaxation techniques and Mindfulness-Based Stress Reduction (MBSR), can help individuals with T2D cope with stressors and improve glycemic control. Stress management strategies aim to promote emotional well-being and enhance diabetes self-management skills.

Problem-Solving Therapy (PST): PST equips individuals with T2D with structured problem-solving skills to address challenges encountered in diabetes self-management, such as medication adherence and meal planning. PST focuses on identifying obstacles, generating potential solutions, and implementing action plans.

Behavioral activation: Behavioral activation strategies aim to increase engagement in rewarding activities to alleviate depressive symptoms and enhance overall well-being. Encouraging individuals with T2D to incorporate enjoyable physical activities into their daily routines can improve mood and promote adherence to diabetes management behaviors.

Cognitive restructuring: Cognitive restructuring techniques help individuals with T2D challenge negative thought patterns and develop more adaptive coping strategies. By addressing maladaptive cognitions related to diabetes, cognitive restructuring

promotes psychological well-being and enhances diabetes self-management.

Clinical and support issues

Depression: Children diagnosed with diabetes are often prone to depression. The constant medical visits, the checking of glucose, the oftentimes nagging of parents can result in some anxiety, stress and depression. Counseling needs to be supportive in nature, it should validate the experience that the child is going through and should provide some insight into the care and concern that parents are experiencing. Oftentimes a counselor can provide a better understanding to the child as to what A1C means, what exactly glucose is, and what insulin is and perhaps in consultation with the school nurse can provide some reassurance that with proper monitoring, diet, exercise, and intervention that this diabetes can go into remission. Have [5] recently delved into the issue of how diabetes has become an ongoing challenge in the schools. Depression and mild depression (dysthymia) is somewhat to be expected and depending on the age of the child or adolescent, reactions may be mixed. There may be emotions of anger, frustration, denial, and exasperation. It goes without saying that males and females are different and that counselors should be sensitive to the fact that the impact of a diabetes diagnosis will be different for males than females, and how each will respond and cope with the diagnosis. The counselor must reassure that child/adolescent that diabetes is no one's fault and perhaps can be controlled or even resolved and disappear in the future. This section of the paper will delve into tangential issues relative to counseling and the schools.

Diet and counseling

Since many children have to watch their diet carefully, counseling may be warranted as food is so much a part of the lives of children such as in birthday cakes, soda, hot dogs, hamburgers and the like, Sticking to one's diet is often exasperating, and frustrating and a counselor can provide the reinforcement and reward and perhaps in consultation with the school nurse and dietician, assist the parents in helping the child adhere to their dietary regiment. While the counselor is not a dietician, the counselor can collaboratively meet with the dietician or school nurse to provide support for the student.

Distraction is often a problem for children with diabetes and by this we mean that the child is consumed with worry and fear about their readings that they do not pay attention 100% of the time in school. Indeed, some teachers may feel that this distraction is ADHD (Attention Deficit Hyperactivity Disorder) and may refer a child for evaluation. The distraction however means that the child could also be seen as an "underachiever" and never really profit or benefit from educational instruction. In addition, the anxiety that a student with diabetes may feel also interfere with their focusing, attention, and executive functioning. The counselor can consult with teachers to explain some of these issues as well as help the student cope with the apprehension that he or she may be subject to hypoglycemia or hyperglycemia at any time.

Definitions

This is another realm in which counseling and a counselor can be helpful. The child may overhear parents talk about things like glucose, insulin, hypoglycemia and hyperglycemia and may associate these words with impending death. While a school nurse may be able to bring insight to the student, a counselor who has established rapport with the student may be

better able to indicate to the student that these are just medical terms that are thrown about and that at some point in the future the child (or even the adolescent) will understand and comprehend.

Distress of parents

Counselors can also help the child whose parents are in a constant state of distress-worrying about the child, checking their glucose levels, concerned about the child's future and double and triple checking each and every movement of the child. Counselors can provide some reassurance that parents sometimes over-react and that they are genuinely concerned about the health and well-being of their child. This is sometimes complicated by the fact that some homes only have a single parent and that single parent is overwhelmed by all of the duties obligations and responsibilities that they have on their proverbial plate.

Disordered eating behaviors

Some children are not totally aware of what they can and cannot and should not eat, and on occasion some disordered eating patterns may emerge. By the same token, when given free rein, students may overindulge in one of those "all you can eat places" and they may wreck havoc with their glucose/glycemic control. Some children may become "picky" eaters and only eat when parents have indicated is "safe". Dietary counseling or counseling by a skilled mental health professional may be able to provide some stabilization or even discuss approaching food as something that is meant to be enjoyed on occasion but never overindulged in.

Developmental issues

Counselors are in a good place to be aware of the developmental issues that impact children, middle school children and adolescents. Counselors know that children could be impacted by school failure, bullying and the possible stigmatization associated with being insulin dependent. Children should not be mocked and ridiculed for their Type I or Type II diagnosis and counselors should be sensitive to the taunts of other children that may be manifested. There are developmental needs that children have and these needs have been written about by Erikson (.) and others. There are also social-emotional needs that counselors can address.

Diagnosis

Counselors need to address the label of "diabetes" with the child and their feelings about this label. Children need to be helped to understand that this is a medical term and it does not reflect poorly on the student- but it is simply a part of life- the people have colds, flu, fevers and stomach aches and on occasion hurt themselves while playing or interacting with others on the basketball court.

Quality of life: Some parents are overprotective and will not allow their child to participate in sports or other off-campus or off-school activities as they are inordinately concerned that their child may not self-monitor or self-administer. Thus, the child is kept at home under close supervision by over-protective parents. This deprives the child of the usual childhood experiences of sports, socializing and in adolescence- dating and their first emotional and later sexual experiences.

Sports often plays a major role in the lives of school children, thus coaches need to be aware of the fact that students may

have diabetes and school counselors may want to have a private discussion with the coaches and alert him or her as to the situation.

Discussion of diabetes

In some schools, the student with either Type I or Type II Diabetes may be eligible for a Section 504 plan which would provide certain accommodations and even modifications for the student. The counselor can provide counseling both for the teachers who interact with the child as well as the child, explaining that these accommodations are meant to assist the student for their educational benefit and that they could be quite temporary until their diabetes is under control. It should be noted that it is incumbent upon the counselor as a professional duty to learn as much as they can about Type I and Type II diabetes so as to be able to communicate with the student, as well as collaborate with the school nurse and school dietician.

Coping skills training

Part of the counselor's role and duty is to in many instances provide instruction in coping skills. This may involve changing cognitions and beliefs and attitudes about diabetes and also providing some problem-solving skills to help the student with time management, test taking, and related educational issues.

Regimen adherence: As part of the on-going counseling process, counselors can quietly inquire as to "how things are going" with their diet and exercise and Suggested Counseling Issues Children and young adults should be introduced to the Diabetes ID bracelets indicating that they are in fact diabetic. This is a decision that should be made as a team- parents, counselors, in conjunction with the nurse educator perhaps and a discussion as to why this is important. If an ambulance is called, the EMTs need to be able to see the bracelet and telephone into the Emergency Room the nature of the transport.

Some other issues

Telemedicine and Zoom meetings are good in rural areas for counselors and psychologists to "keep in touch" with children and particularly adolescents.

As children age into adolescence

As children mature and develop cognitively there should be a transition from adult supervision to independence in management with a greater understanding of terminology and symptomatology and words (polyuria, polydipsia, ketonuria, glycosuria) so that the adolescent is able to better understand and grasp the severity of his or her condition. This may be threatening and problematic for some students, thus it needs to be carefully done and counseling provided relative to the increasing expectations of the parent and also preparation for either college or the military and the world of work. Adolescence is a time of ambivalence, mood swings for some, impulsive behavior, experimentation with drugs and or alcohol and most currently vaping and Adulthood.

In adulthood, and we are referring here to post-college years, the responsibilities fall to the individual for total self care and periodic medical examinations to address certain issues such as hypertension, LDL and HDL blood work and monitoring but also counseling as the adult may be experiencing what we may refer to as "diabetes fatigue". In other words, they were diagnosed in childhood, undergone continual monitoring, have attempted to moderate diet and engage in exercise, yet are still confronted

with diabetic issues.

Counseling is indicated to help them deal with what has become a lifelong issue that takes time away from other enjoyments and pleasures of life. They may have established routines to cope with what they see as the drudgery of self-care and continual financial burden of medication and strips.

Counseling here requires that the counselor (and physicians) are aware of the latest developments in diabetic management. Currently, there are innovations that send monitorings to one's cell phone and governmental attempts to address the costs of medications.

Counseling involves acceptance of the condition and acceptance of the positives of the condition.

Counseling may even discuss the rigor of foot care and continual foot observations as well as blood pressure readings. The issue here is the emotional aspects of these repeated duties- the emotional fatigue that some individuals experience with having to do these things repeatedly, day after day, week after week, year after year. The continual screenings- thyroid, ophthalmological, celiac disease, and so forth.

Nutrition counseling

While interpersonal supportive counseling is important, many people at many stages of life require some nutrition counseling. Adolescents often live on burgers and fries and coke and some college students live on pizza and pepsi and many adults live on drive thru meals and microwaved meals. All of these present some challenges to type I and type II diabetics. A nutrition counselor can assist adolescents and college students as well as adults in the management of their condition. Adults in particular need to understand that uncontrolled or untreated Type 2 diabetes can lead to other health risks such as high blood pressure, heart disease, eye diseases and nerve damage. The seriousness of these conditions must be emphasized.

Diet and exercise versus medication

Some individuals with Type 2 diabetes simply must have medication. Others with a combination of physical exercise and a careful controlled diet can function fairly well with out medication. Nutritional counselors can emphasize the two sides of the coin in terms of regular exercise (take the stairs instead of elevator, park far away from place of employment, walking the dog on a daily basis) and regular monitoring of weight. A scale is often the "best friend" of said individuals so that they receive immediate feedback as to their efforts. It should be noted that males and females are different and that there is no single diet that is going to work for every single person on the face of the planet.

Obviously, there has to be a good relationship and rapport between the nutritional counselor and the patient/client. Much of the counseling relationship is educative- indicating the 3 forms of carbohydrates- starches, sugar and fiber.

There are some general "rules of thumb" regarding individuals with Type II diabetes.

Avoid any soft drink that is high in sugar.

Avoid alcohol consumption if at all possible, Awareness of "portion sizes" and adhering to them

A good nutritional counselor will take into account the financial status of the client, and their occupation- for example- those working in the culinary arts and those in hotel/motel/restaurant management

Summary and conclusion

Counseling interventions tailored for adults with T1D and T2D diabetes are essential components of comprehensive diabetes care. By addressing psychosocial factors, promoting behavior change, and enhancing coping skills, counseling contributes to improved self-management, psychological well-being, and overall quality of life for affected individuals. Healthcare providers should integrate counseling services into routine diabetes care, recognizing the importance of addressing the emotional and behavioral aspects of diabetes in achieving optimal health outcomes.

References

1. Abu-Saad K, Murad H, Barid R, Olmer L, Ziv A, et al. Development and efficacy of an electronic, culturally adapted lifestyle counseling tool for improving diabetes-related dietary knowledge: Randomized controlled trial among ethnic minority adults with type 2 diabetes mellitus. *Journal of Medical Internet Research*. 2019; 21(10): 1-19
2. Ng A, Pedersen L, Rasmussen B, Rothmann M. Needs of young adults with type 1 diabetes during life transitions-An Australian-Danish experience. *Patient Education and Counseling*. 2022; 105: 1338-1341.
3. Withnall A. Learning to live with chronic illness in later life: Empowering myself. *Australian Journal of Adult Learning*. 2017; 57(3): 474-489.
4. Bjork SA, Kapur AB, King HC, Jyotsna ND, Ramachandran AE. Global policy: Aspects of diabetes in India *Health Policy*. 2003; 66(1): 61-72.
5. Shaughnessy MF, Laman E. Diabetes: An ongoing challenge in the schools. *Journal of Behavioral Health*. 2021; 10(2): 1-5.