

Implementing Diabetes Distress Screening for Adolescents

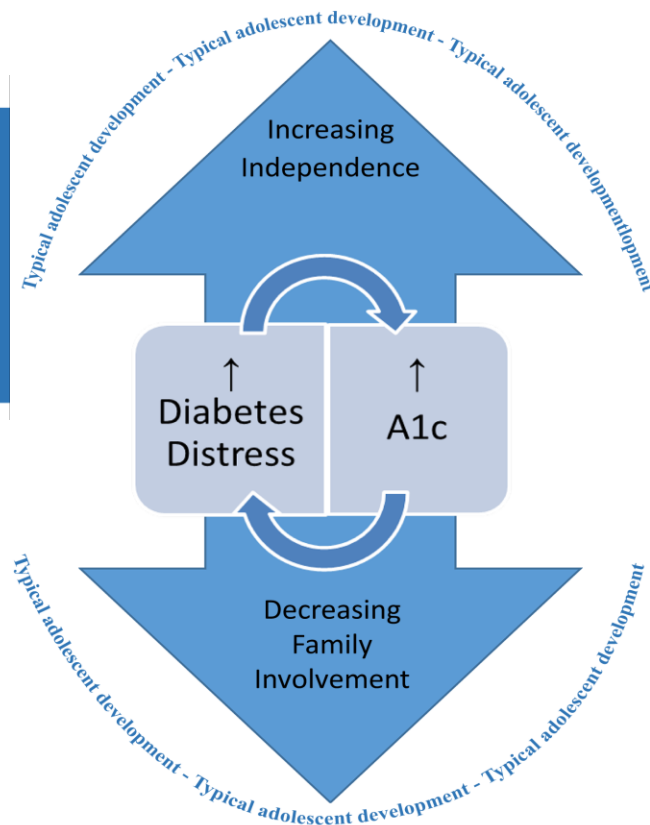


Drs. Katherine Semenkovich & Megan Perry

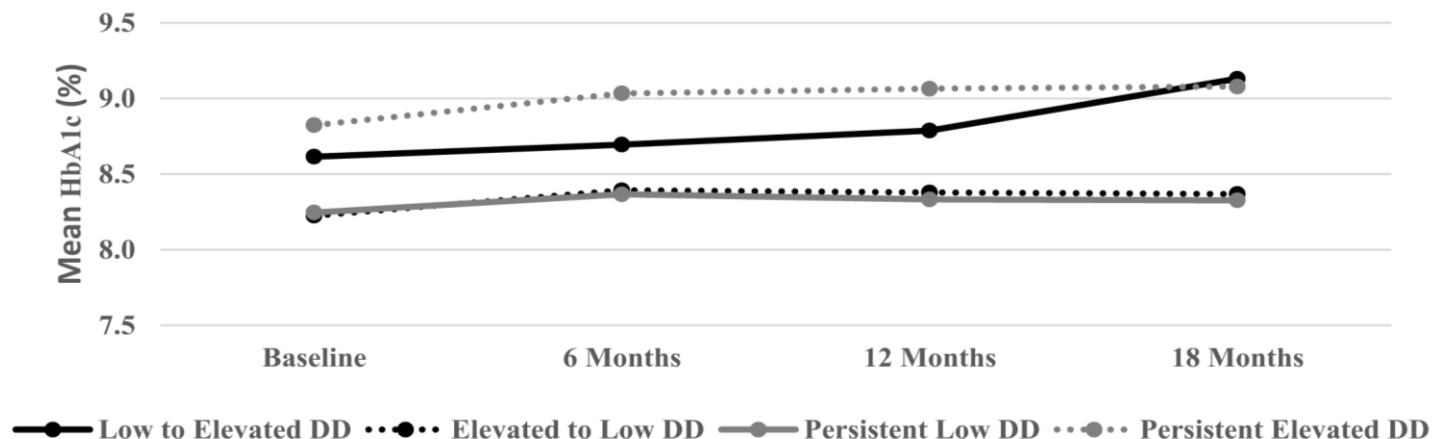
Adolescence (ages 13–17) is a tumultuous period of change that spans the physical changes of puberty, broad emotional maturation, ongoing cognitive development, and shifting social priorities as young people progress toward adulthood. In adolescents living with type 1 diabetes, these developmental challenges can exacerbate diabetes distress, and both adolescence and diabetes distress can contribute to worsening glycemic control, which, in turn, can then worsen diabetes distress.

From: **The Interrelationship of Diabetes Distress and Glycemic Outcomes Over Time in Adolescents With Type 1 Diabetes**

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Results: Persistently elevated or rising diabetes distress is associated with higher A1C values over time



Preventive Care for Diabetes Distress

Diabetes distress screening is vital to providing early identification and treatment of diabetes burnout

Project Objective

- Increase diabetes distress screening in adolescents (ages 12-18) from **0% to 50%** of our patient population by **end of 2025**

Goal

- Identify moderate/severe diabetes distress to reduce medical nonadherence and long-term complications

Problem Areas in Diabetes for Teens (PAID-T)

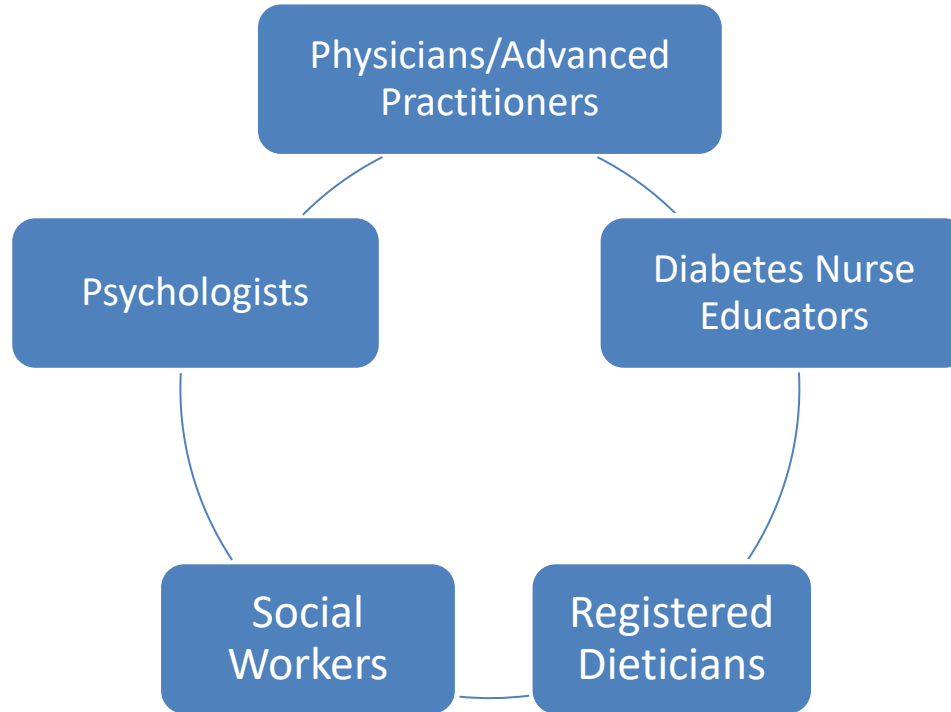
Empirically validated measure of diabetes distress for patients ages 12-18

- Assesses burn-out, emotions related to diabetes (sadness, overwhelmed, anger)
- Assesses distress related to parents “nagging” about diabetes management and parental blame about diabetes management
- Patient evaluates statements on a scale of 1-6
 - 1-2: not a problem
 - 3-4: moderate problem
 - 5-6: serious problems

Nationwide Children's Diabetes Population

- Approximately 2,300 type 1 diabetes patients
- Approximately 300 new onset diabetes patient
- Providers: 16 MD/ DO; 2 PA; 8 NP
- Nurses: 3 RN, 4 LPN
- Educators: 6
- Social Workers: 7
- Psychologists: 3, Psychology Interns: 4
- Fellows: 4
- QI/ Analysts: 2.5

Diabetes Multidisciplinary Clinic



Diabetes Clinic and Diabetes Distress Intervention



PAID-T
administered
to all eligible
adolescents
(12-18) once
per year



Patients
complete
questionnaire
at home or in
waiting room



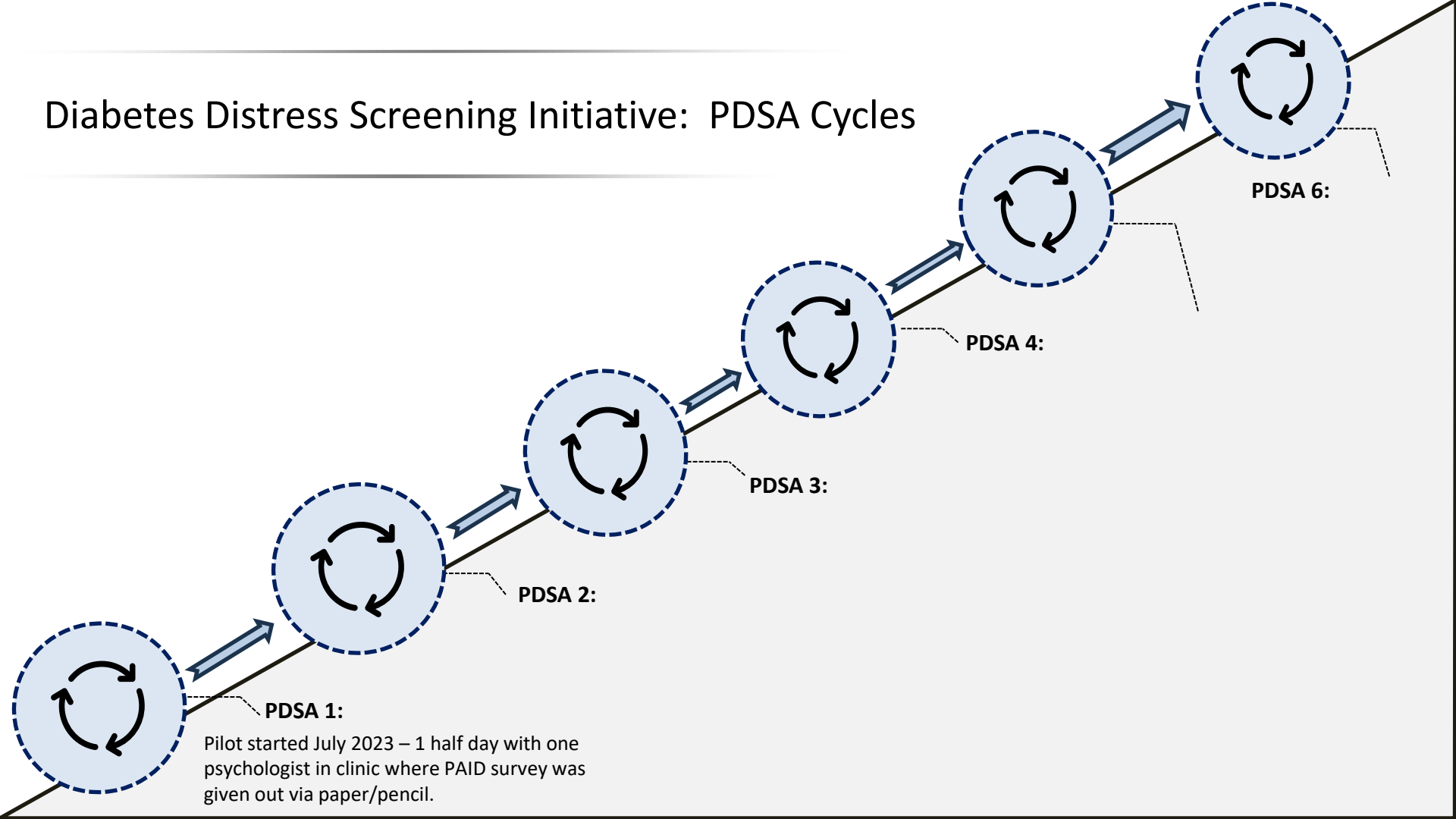
Patients who
endorse a 4,
5, or 6 on any
item are
flagged for
Psychology



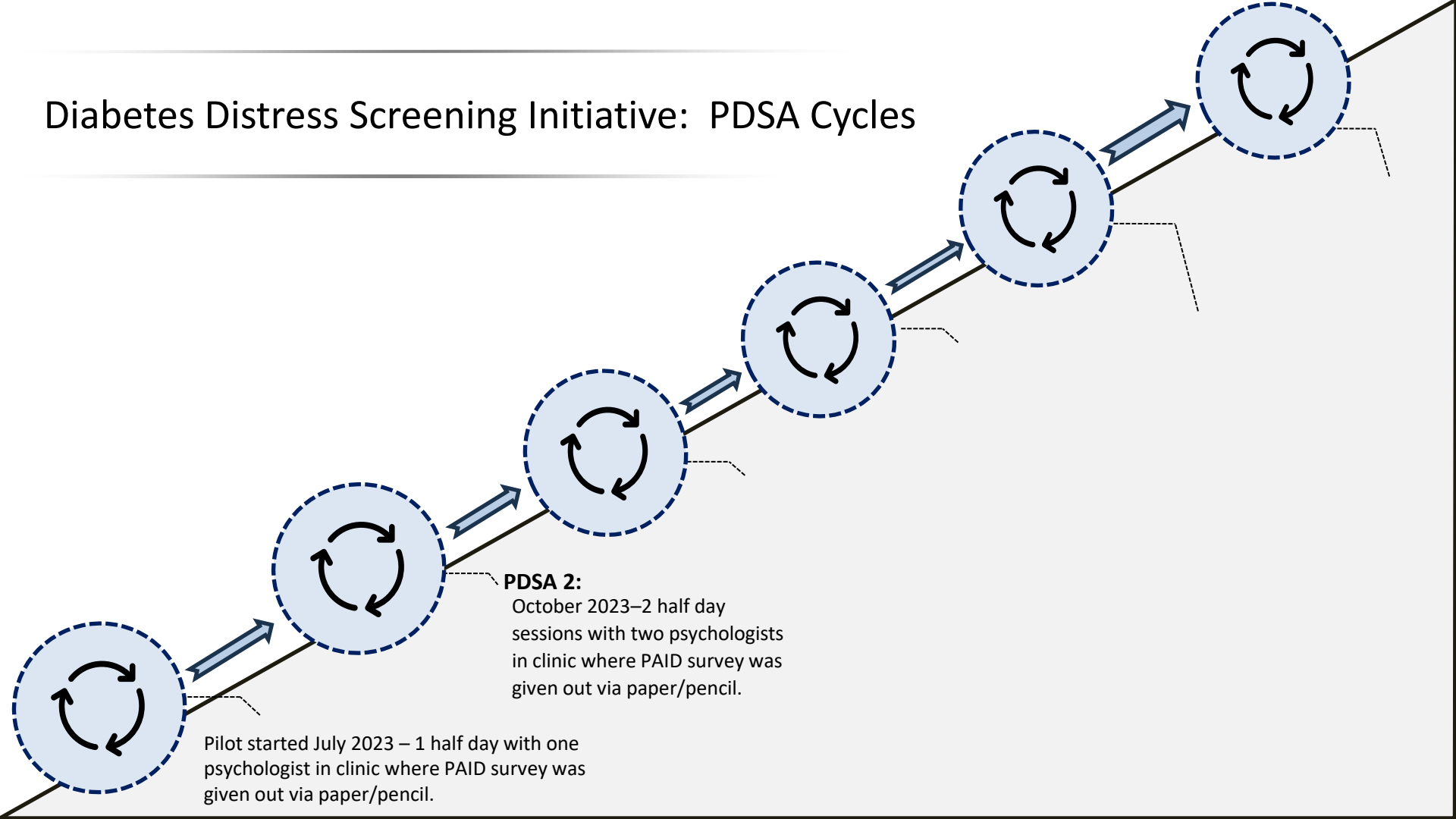
Psychology Interventions

- Diabetes Distress Psychoeducation
- Collaborative Problem Solving
- Diabetes Communication Strategies
- Referral to Diabetes Psychology

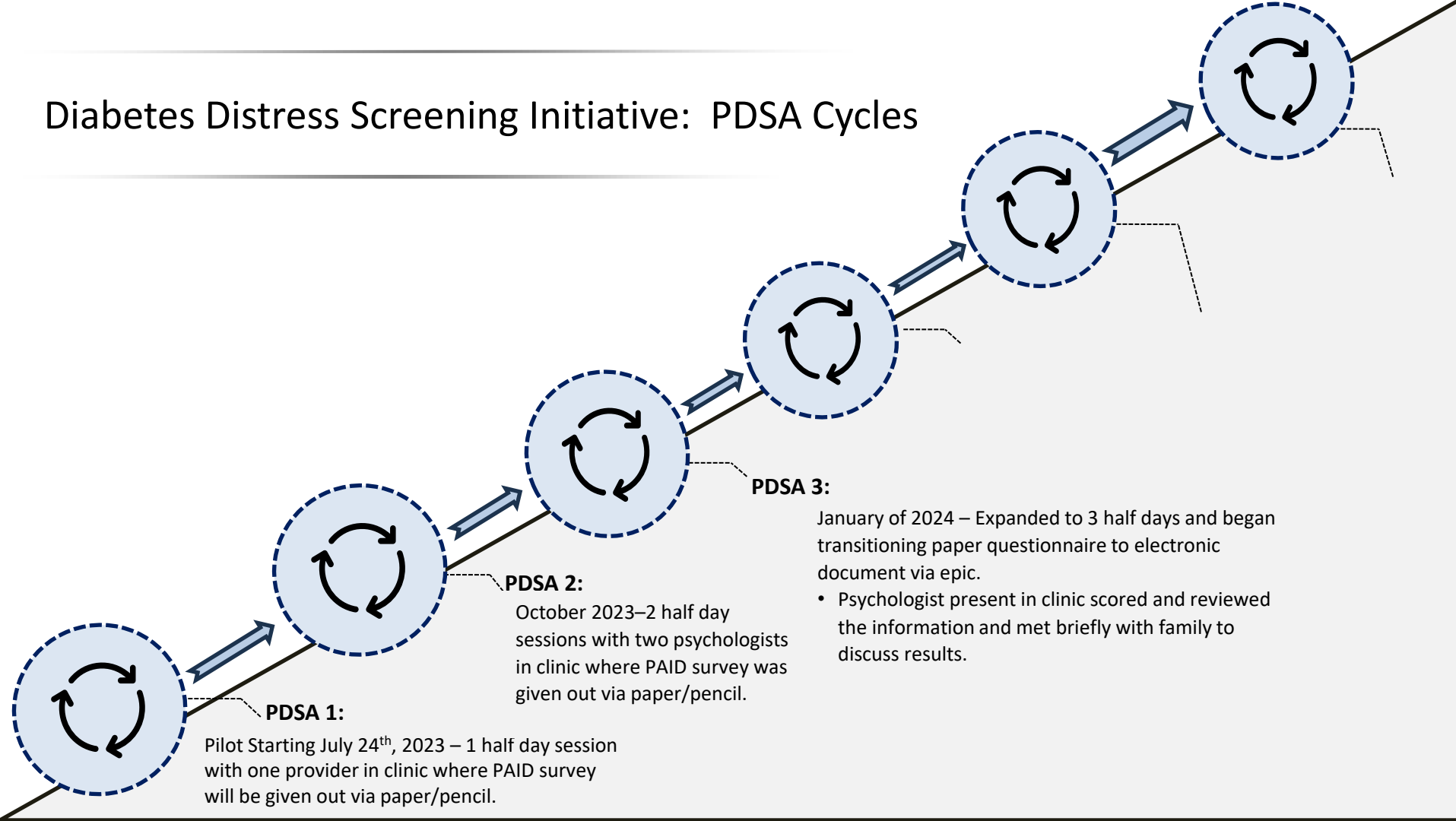
Diabetes Distress Screening Initiative: PDSA Cycles



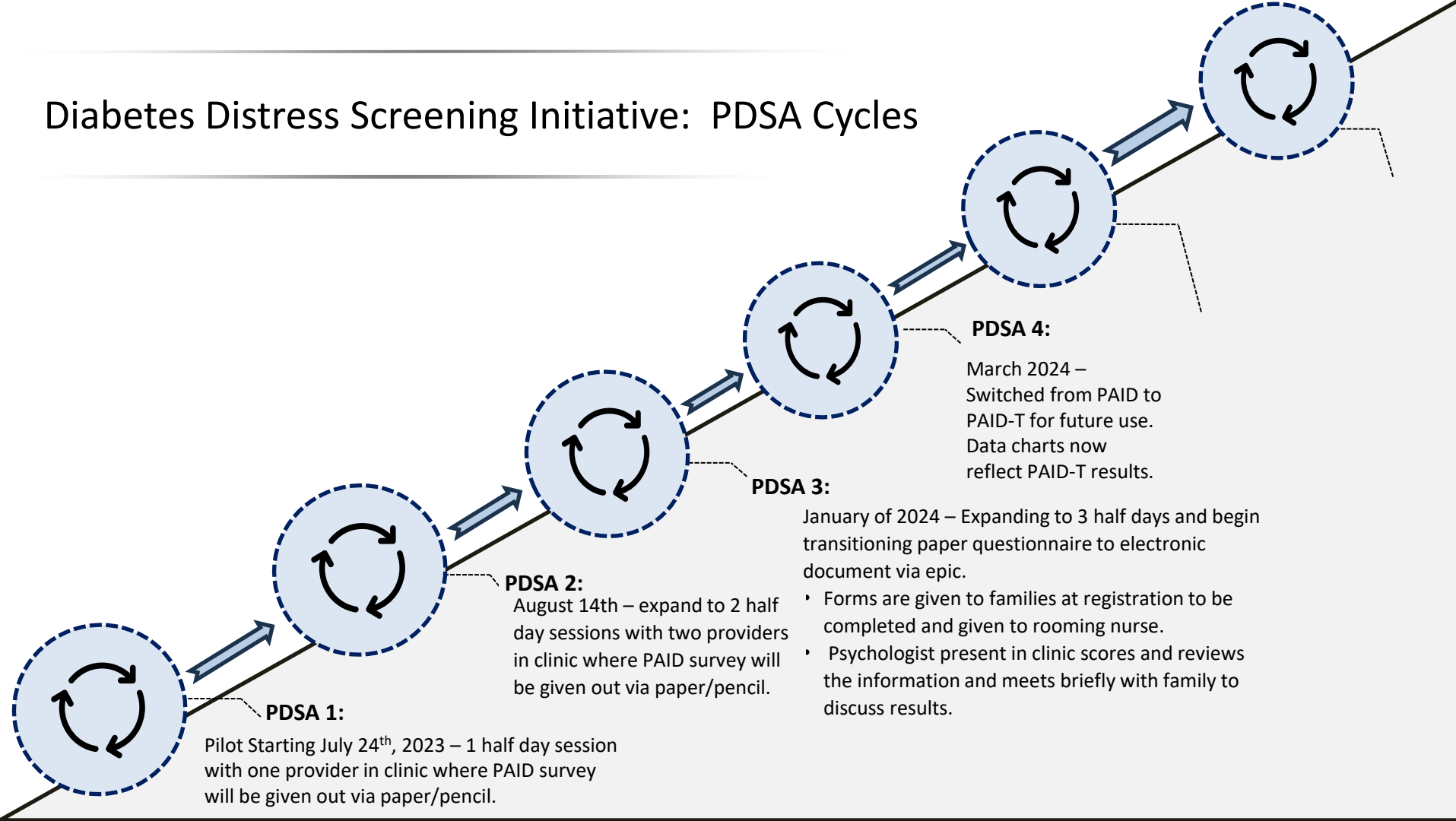
Diabetes Distress Screening Initiative: PDSA Cycles



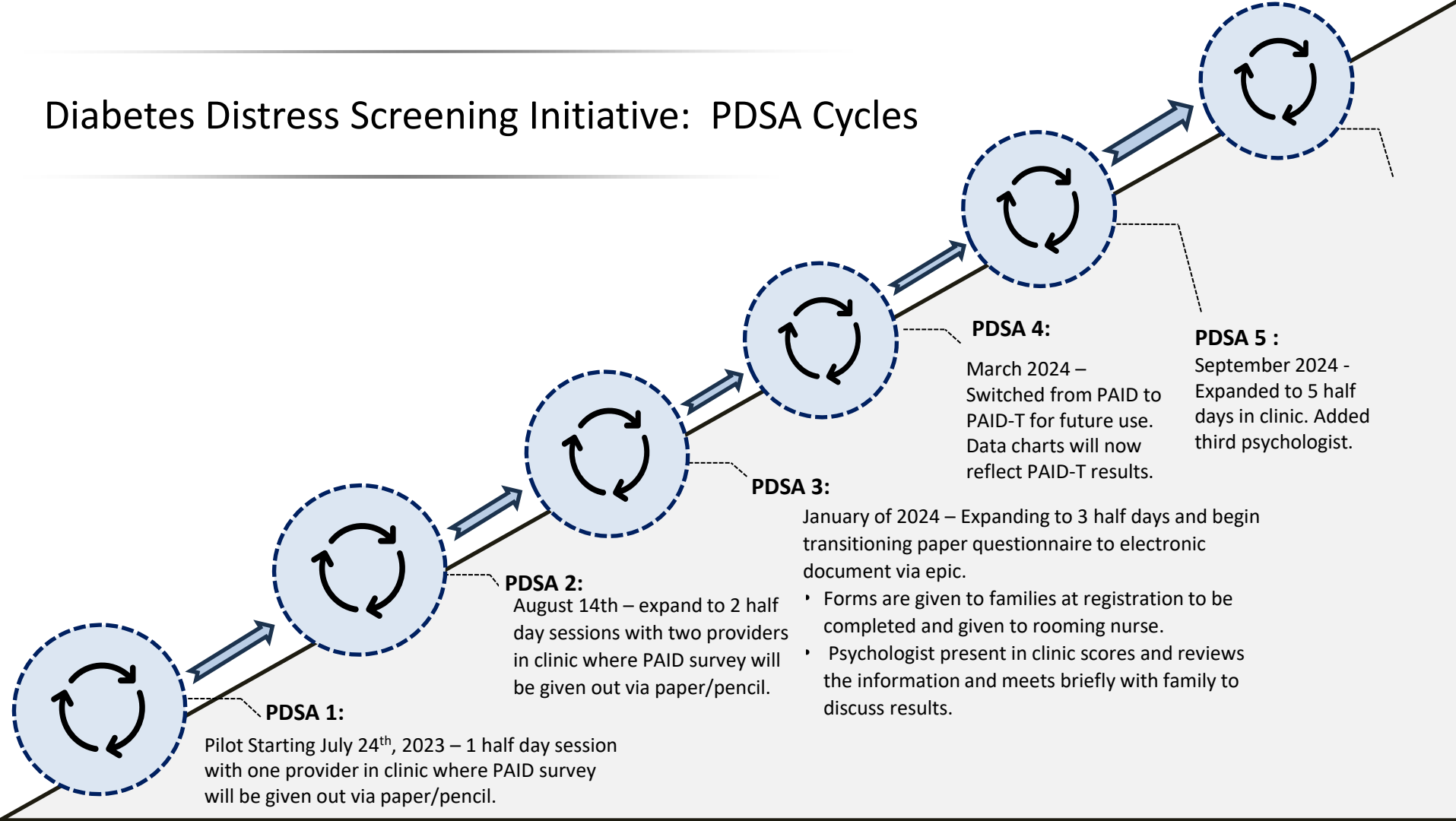
Diabetes Distress Screening Initiative: PDSA Cycles



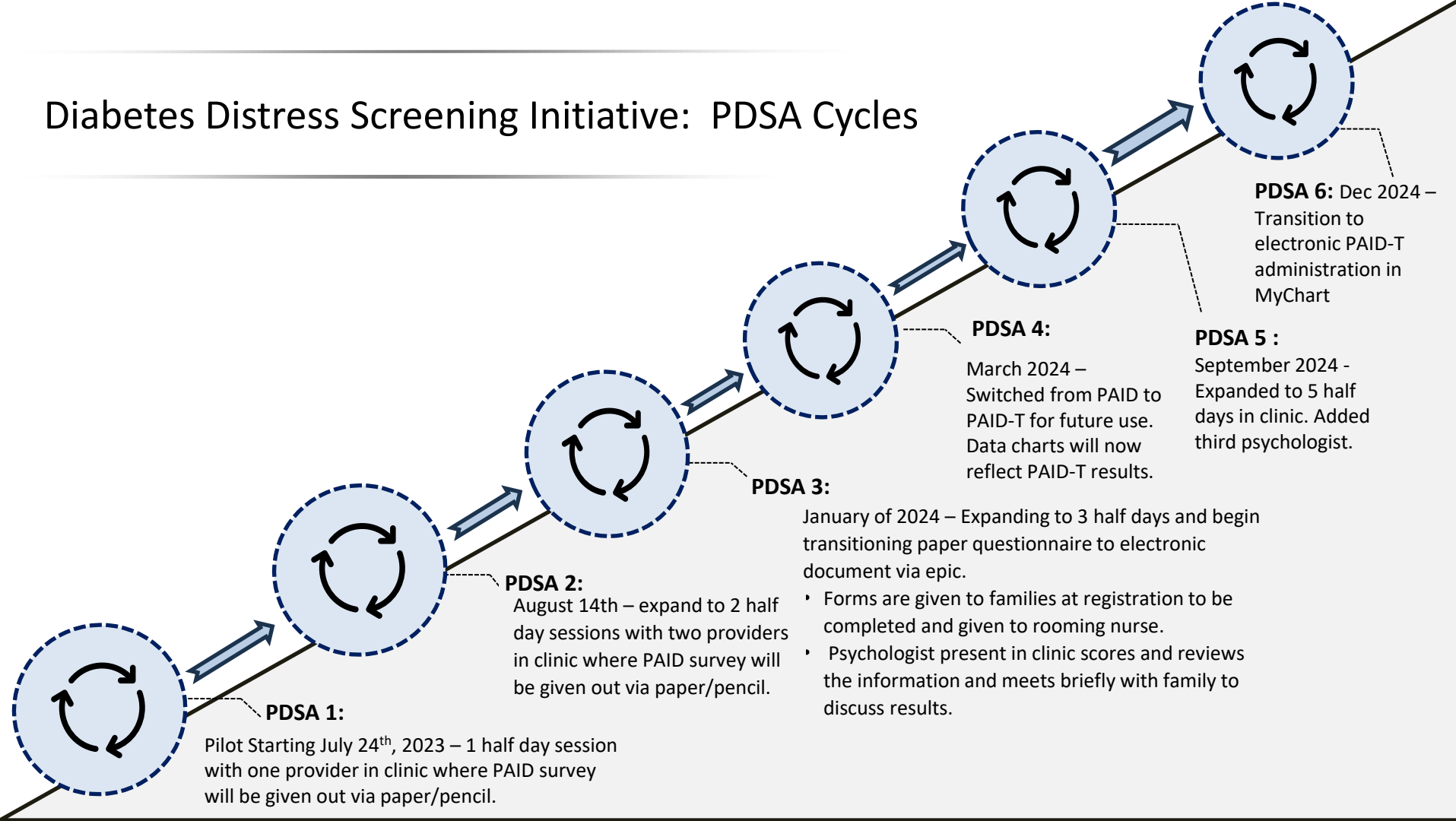
Diabetes Distress Screening Initiative: PDSA Cycles



Diabetes Distress Screening Initiative: PDSA Cycles



Diabetes Distress Screening Initiative: PDSA Cycles



Results

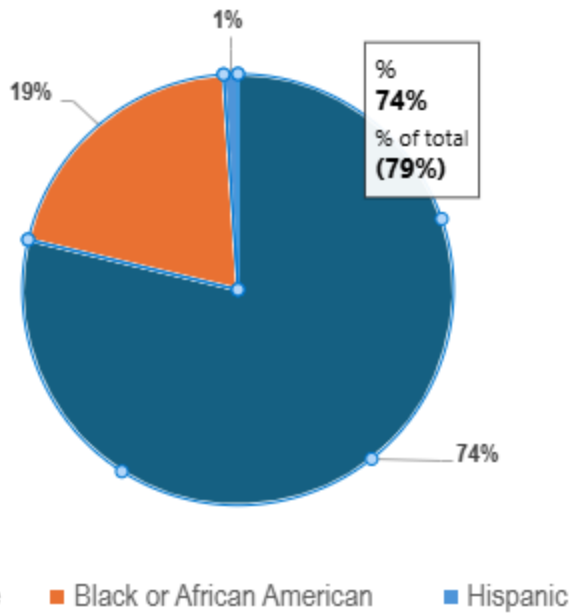
- 237 youth screened (48% males); mean age: 15.3 yrs.
- Mean Distress Score = 25.2 (SD = 13), in the low distress range
- Several patients reported moderate/severe distress on several questionnaire items.
- These results highlight significant distress in both emotional and management aspects.
- All patients identified as having moderate/severe distress on an individual item were promptly linked with appropriate resources

PAID T Scoring Scale
0-70: Low distress
70-90: Moderate distress
> 90: High distress

Individual scoring scale
1-2 No Problem
3-4 Moderate
5-6 Serious

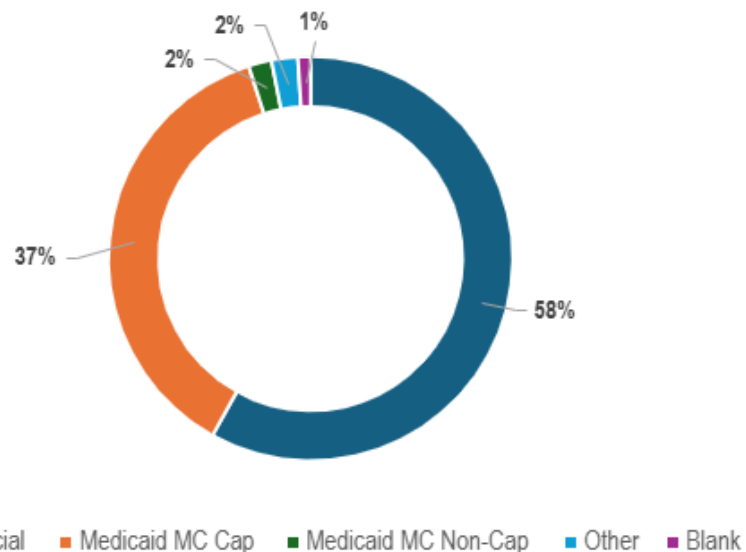
phics

Demographics



■ White ■ Black or African American ■ Hispanic

Insurance Type Distribution



■ Commercial ■ Medicaid MC Cap ■ Medicaid MC Non-Cap ■ Other ■ Blank

Discussion/ Conclusion

- Routine distress screenings are essential for addressing psychological barriers in adolescents with T1D.
- Implementing the PAID-T Distress questionnaire significantly enhances the ability to identify patients with diabetes distress and identify specific areas causing distress.
- The presence of a psychologist in the clinic to review these scores and triage patients experiencing distress is crucial, as it may reduce wait times for psychological services and address immediate needs.

Discussion/ Conclusion

- We anticipate that reducing diabetes related distress will lead to improvement in adherence and health outcomes.
- We plan to expand the presence of psychologists in our diabetes clinics, ensuring that more patients have timely access to the care they need. Anecdotally show-rates are higher when patients have met psychologist in clinic. Can currently see patients as soon as a week.
- Future research will examine the relationship between diabetes distress and:
 - Time since diagnosis
 - HbA1c
 - Management type (CGM, Insulin Pump, Insulin Injections)
 - Insurance type

Future Directions

- **May administer PAID-C (ages 8-11) to identify younger patients with diabetes distress**
 - Currently younger patients are being identified by a warm-handoff from providers in clinic.
- **Also have parent versions of PAID-T and PAID-C.**
 - Could administer to identify parents with identify high diabetes distress and refer to an adult psychologist we have partnered with at Ohio State University who has a support group for parents of people with type 1 diabetes. He also sees caregivers individually as well for therapy.
- **We have several type 2 clinics with patients with burn-out and diabetes distress.**
 - It would be helpful to identify a validated screener to identify patients with type 2 diabetes and diabetes distress.

Future Directions

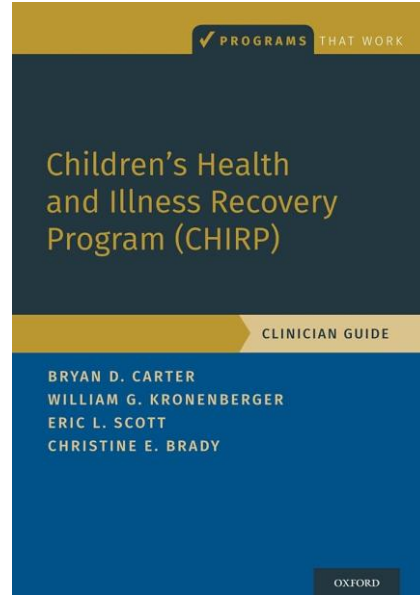
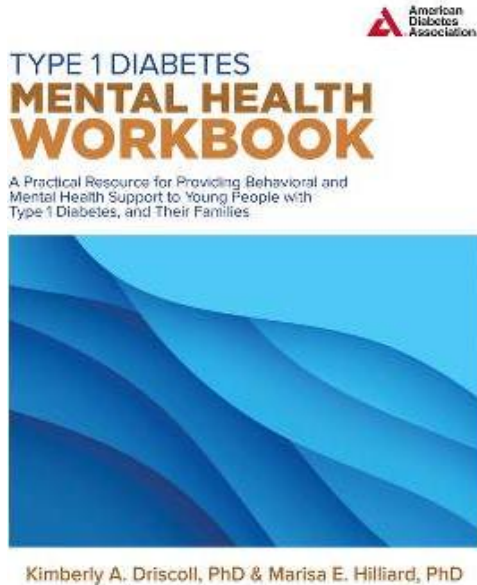
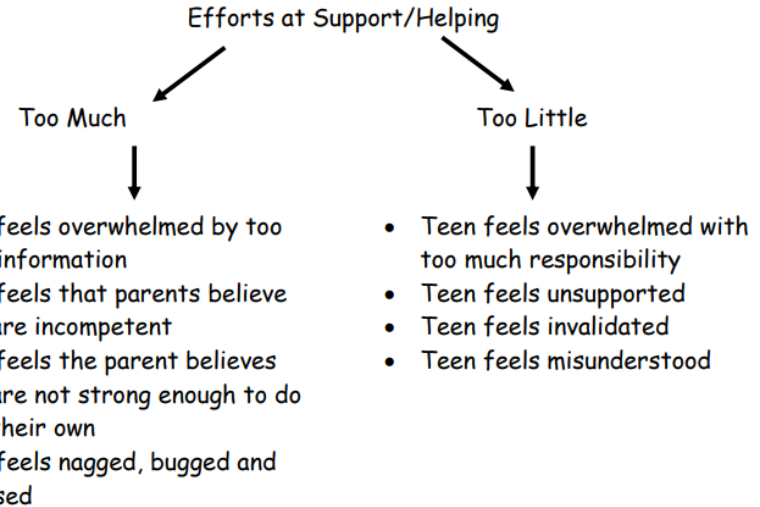
- Psychologists currently are meeting with all new onset patients with type 1 and type 2 diabetes during inpatient hospitalization. We are assessing anxiety, depression, and ADHD as well as aspects of diabetes distress in a clinical interview.
 - We assess for diabetes distress in different areas:
 - Change in Routine
 - Change in Eating Habits
 - Peer Reactions
 - Worry about School
 - Worry about Recreational Activities
 - Procedural/ Injection Anxiety
 - General Diabetes Distress
- **Future directions include identifying patients with higher risk for adherence issues due to elevated diabetes distress and pre-existing psychological concerns for closer follow-up by psychology and social work and administration of the PAID-T at first clinic visit.**

Future Directions

- Currently in process of developing group therapy. Will be able to refer patients from clinic with high PAID-T and PAID-C to individual and or group therapy in the future.

Several topics in CHIRP:

- Stress monitoring, Sleep health
- Problem Solving, Assertive Communication
- Misguided Support



Future Directions

Behavior Therapy for Families Adolescents With Diabetes

Maintenance of treatment effects

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OBJECTIVE — This study reports 6- and 12-month follow-up for the families of adolescents with diabetes who participated in a trial of Behavioral–Family Systems Therapy (BFST).

RESEARCH DESIGN AND METHODS — A total of 119 families of adolescents with type 1 diabetes were randomized to 3 months of treatment with either BFST, an education and support (ES) group, or current therapy (CT). Family relationships, adjustment to diabetes, treatment adherence, and diabetic control were assessed at baseline, after 3 months of treatment, and 6 and 12 months later. This report focuses on the latter two evaluations.

RESULTS — Compared with CT and ES, BFST yielded lasting improvements in parent-adolescent relationships and diabetes-specific conflict. Delayed effects on treatment adherence emerged at 6- and 12-month follow-ups. There were no immediate or delayed effects on adolescents' adjustment to diabetes or diabetic control.

CONCLUSIONS — BFST yielded lasting improvement in parent-adolescent relationships and delayed improvement in treatment adherence, but it had no effect on adjustment to diabetes or diabetic control. A variety of adaptations to BFST could enhance its impact on diabetes outcomes.

Diabetes Care 24:441–446, 2001

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- Currently in the process of developing group therapy.
- Behavioral Family Systems Therapy (BFST):
 - Problem solving
 - Communication Skills
 - Cognitive Restructuring
 - Family Structuring
 - Discuss roles and expectations