

Dealing with toddler trials



It can be difficult for a family to adjust positively to a diagnosis of diabetes in a young baby or toddler, writes **Sheila O'Kelly**

After a child is diagnosed with diabetes we have to adapt and get on with the rest of our lives. Vincent McDarby, Senior Clinical Psychologist, Our Lady's Hospital for Sick Children, Crumlin, gave a Diabetes Ireland public meeting advice on how to do this. In particular he spoke about how the use of a 'reward box' can transform the negative experience of injections into a neutral one.

Coping with preschool children in relation to diabetes or any chronic condition is very different to other age groups for a number of reasons, said Mr McDarby. Firstly, toddlers live very much in the moment and they're not concerned about long-term consequences.

If you offer a two-year-old a single

square of chocolate and say you can have one square of chocolate now or if you wait and watch the clock until two minutes are past, you can have the whole bar of chocolate, virtually all two-year-olds will take the single square of chocolate there and then rather than wait two minutes for the entire bar.

"They don't understand delayed reinforcement, they live very much for the moment," said Mr McDarby. "That's why star charts don't work very well with young children."

Toddlers are completely dependent on their parents for care. That means that the burden of daily diabetes management for toddlers falls largely on parents. All the concerns we have in terms of keeping blood sugars in check and always being prepared when we go out are the concern of the parent, not the toddler.

"So when we're looking at coping with diabetes in relation to toddlers, we're looking at how parents cope with the diagnosis of diabetes," said Mr McDarby. There are three main things that happen in parents after their child aged five or under is diagnosed with diabetes.

Parental anxiety

First of all, there's a significant increase in parental anxiety, which is normal and completely understandable. Most parents have had very little if any experience with diabetes.

"All of a sudden they're presented with insulins, they're presented with blood sugars, they're presented with meal plans. This is a huge amount of information to take on board and understandably causes anxiety," said Mr McDarby.

Grieving

Parents will often go through a process of grieving and this is normal. They're grieving the life that they had planned out for their toddler, their child, a life free from diabetes.

"When the parents were thinking about their child going to school or college and taking up a job, at no point had they envisaged diabetes being part of that future," said Mr McDarby.

Family behaviour changes

The other main thing that happens after diabetes is diagnosed is a major behav-

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your pattern change. Things that in the past you wouldn't think twice about, like going out for a day with your child, now suddenly become more complicated.

"You have to think about bringing glucometers, bringing insulins, the availability of appropriate food and being able to treat low blood sugars. These are all behaviour patterns that change, but these are normal reactions after a diagnosis of diabetes in a toddler. However, after a period of adjustment family life should return to relative normality.

"Usually things do settle back to a relative state of calm and relative normality, but sometimes there can be difficulties and people find it difficult to get back to normal," said Mr McDarby.

Injections

It is normal for parents to be anxious about diabetes management procedures, particularly injections. Some parents will have toddlers who become averse to injections, said Mr McDarby, and can become very upset and distressed about injections, even going so far as parents having to hold them to administer injections.

"A number of parents have said to me that they find giving their child an injection almost like a form of abuse, that they sometimes have to hold their upset child to give them an injection and find this to be an extremely difficult thing to do," said Mr McDarby.

For a toddler an injection if administered correctly should be at worst uncomfortable and not painful, however, it can develop to become painful through a negative psychological association with the injection routine. Toddlers like all children are very in tune with parents' reactions and parents' emotional states.

Studies suggest that about one in 10 people experience anxiety around injections. If toddlers are aware that parents are upset or anxious or have difficulty with the injections they start to perceive it as a negative experience.

"That's generally what causes the distress that we see in relation to injections. To deal with that we have to look at parents' anxiety about giving injections to

toddlers," said Mr McDarby.

Toddlers will often look to parents to determine if new experiences are threatening. When parents become anxious about injections, toddlers pick up on this and perceive injections as threatening. This causes the toddler to become distressed, which causes the parent to become more distressed. This in turn causes the toddler to become more distressed and so on. This can quickly lead to a point where a major battle erupts every time you go to give an injection to your toddler.

Overcoming injection anxiety

This injection anxiety can be overcome. You can do this by pairing the injection with a positive event.

"We do this over a number of weeks until we get rid of the negative association with the injection. The injection then basically becomes a neutral procedure," said Mr McDarby.

"We use a reward box. It's something that we designed ourselves in the hospital and found it to be extremely effective. Basically you get a large box, fill it with loads of different small trinket toys that the child is interested in like action figures, comics, games or whatever it is that interests the child.

"You don't go to the child's playroom and take toys that they already have. You get a whole new set of toys. You include interactive toys that they play with you, individual toys that they play with themselves, indoor toys, outdoor toys.

"Basically when the child looks into the box the child is going to be absolutely mesmerised by the choice of toys they want to play with," said Mr McDarby.

The idea is to turn the negative experience of injections on its head.

"We want the child to approach the parent and say 'I want my injection'," said Mr McDarby.

Each time the child needs an injection you take down this box, and as soon as the child is given the injection you open the box and you allow the child look into it and to take one item from the box.

"They've got 30 seconds to choose an

item from the box and if they don't choose an item from the box within that time you choose an item for them.

"So they learn pretty quickly if I don't choose, someone chooses for me," said Mr McDarby.

The child is allowed to play with the item for five minutes – never longer than five minutes. A visual timer, such as a small hourglass, is placed in front of the child so that they start to become aware how long they have left to play with the item. When the time is up the item is put back into the box, the lid is put on the box and the box is put out of sight.

"The child has no other access to this box except at the time that they're given the injections. Very quickly they're going to learn 'okay I know what's in that box and I want to get at it again and the only way I can get it is the injection'. So they're going to start looking for the injections," said Mr McDarby.

Basically the negative association with the injection is completely overshadowed by the strong positive association with getting access to the items in the reward box. It is important to keep varying the contents of the box.

"This programme will succeed so long as the parent ensures that the reward box remains highly rewarding to the child and this involves keeping an eye on the contents of the box and removing anything that the child appears disinterested in and regularly introducing new items. As long as you keep the box rewarding, the child is going to go for it.

"That is why we only give them five minutes. If you give the child any longer with the item they'll become bored with it," said Mr McDarby.

Parents only need to do this until the child's negative association with the injection is gone.

"Once the negative association with the injections has been completely extinguished, usually in two to three weeks, we leave the box with the child so they have full access to the box. They become bored with it and at that point then the injection becomes a neutral experience," said Mr McDarby.