Defining the role of social workers in diabetes care

Talk to anyone with diabetes or their family members about living with such a complex condition and they will tell you about the many physical and psychological issues they continually face. This article highlights some of the principal psychosocial concerns affecting diabetes care and explains how social workers can help people to cope with the challenges and changes which are triggered by diabetes.

Support is essential

"The constant threat of hypoglycaemia, daily injections, blood glucose monitoring, coping with high blood sugars and my parents nagging 'Are you low? Then there’s the imposed self-denial of snacks and the inevitable feeling of guilt when I overindulge. Fear of the future and feeling so alone. When you add them up, these feelings are really frightening".

This was the response from a 17-year-old with diabetes when I asked him to describe what the condition meant to him.

Diabetes is a lifelong condition and as such, calls for a recurring process of adjustment and a continual search for different ways of coping. Having diabetes can add considerably to the psychological strain of dealing with many life cycle issues, especially during the childhood and adolescent years.

Research evidence confirms the existence of close links between positive psychological adjustment and well being and good management of diabetes. The development of psychosocial support, therefore, is essential and should be built in to routine care from the onset.

Psychosocial issues upon diagnosis

It is important to note that individuals vary widely in their psychological responses to events. Although they share some commonalities, each person’s experience is unique. The diagnosis of diabetes can have a tremendous emotional impact on the person diagnosed and their family.

When people are diagnosed with diabetes, their confidence, self-esteem and sense of being in control may be challenged.

Emotions at diagnosis vary but may include shock, denial, sadness, frustration, guilt, fear, anxiety, anger or even relief.

When people are diagnosed with diabetes, they are forced to re-examine their previous expectations, beliefs and sense of safety and order. This process can challenge a person’s confidence, self-esteem and sense of being in control. Indeed some clients speak of their whole world being turned upside down.

Ongoing issues and emotions

A crisis may occur at any time. Sudden change, a deterioration of their diabetes, or indeed factors unrelated to diabetes can provoke strong fluctuations in a person’s emotional state.
Feelings commonly expressed by many people with diabetes can be roughly divided into three categories. These can be seen on the Table.

Changes in lifestyle
Having diabetes, whether it is Type 1 or Type 2 diabetes, involves making changes to previous routines. These day-to-day changes can be perceived as intrusions and often provoke many strong feelings. Not surprisingly, these feelings are generally negative and commonly range from guilt (I really shouldn’t have…) and fear (Am I doing the right thing?), to anger (Why should I change?). These varied emotions directly affect an individual’s motivation and confidence.

Impact on family and close relationships
Diabetes may impact adversely on personal relationships, giving rise to a broad range of different emotions and often placing strain on interpersonal relationships. It is not uncommon for people with diabetes and/or their families to experience:

- struggles with issues of dependency and autonomy, especially with teenagers;
- changes in family routines and responsibilities;
- sibling rivalry resulting from perceived differences in treatment;

Social work intervention
Evidence suggests that poor adjustment to diabetes can be related to rigid beliefs, poor social support and poor coping strategies. Social workers intervene in a number of different ways to address these issues.

In the remainder of this article, I will outline some of the different methods of intervention employed by social workers in order to provide psychosocial support to people who have diabetes and their families.

Counselling
It is widely acknowledged that a person’s emotions, beliefs and self-esteem have an impact upon the way that she thinks and behaves. Through counselling, social workers can help people to acknowledge and share the emotional challenges raised by diabetes. They are able to create a space in which clients may freely discuss how they feel about themselves and their diabetes.

Counselling offers a secure environment in which problem solving techniques can be applied in order to help explore problems and to clarify problem issues.

Counselling enables us to anticipate change, reducing the impact of a stressful event and apply methods designed to modify negative thoughts and improve self-esteem.

People are encouraged to talk about their concerns and anxieties, exposing fears that can be dispelled or problems that can be resolved. Feelings of uncertainty and vulnerability can in this way be reduced, allowing the client to feel more in control. The social worker can employ motivational interviewing as a technique for identifying and setting realistic goals, maximizing the client’s experience of success as each goal is accomplished.

Individuals are supported and encouraged to anticipate potential problems and to identify potential stressors. We know that change can create stress, so anticipating change and discussing potential areas of difficulty...
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Hypo is the popular term for hypoglycaemia, a low concentration of glucose in the blood. It is caused by too much insulin, in particular when food intake is less than usual or physical activity is greater than usual. A person suffering from a hypo will feel nervous, shaky, weak and/or sweaty. They may have a headache, blurred vision and be very hungry. Taking small amounts of food or drink containing sugar usually helps the person feel better within 10 to 15 minutes.

Cognitive therapy (or cognitive behavioural therapy, CBT) is based on the premise that behaviour and emotions are in constant interaction with cognition (understanding). The aim of CBT is to help patients modify their emotions and improve coping behaviour by assisting them to identify their dysfunctional beliefs and replace them with more appropriate or realistic beliefs. For a detailed explanation of CBT applied to diabetes management see the article by Frank Snoek et al in Diabetes Voice 2002 issue 3.

By using some of the methods of cognitive behavioural therapy (CBT) social workers can facilitate examination and modification of negative thoughts or beliefs, thus improving self-esteem. At the same time, other psychosocial issues outside diabetes which may affect a persons ability to cope may be identified and managed. Bereavement counselling can be offered to those who are bereaved, for example.

Other models of intervention
Social workers may use a variety of models of intervention:
• group work – with parents/siblings/adolescence;
• family therapy – can be used to facilitate higher levels of family cohesion and communication, which enhance a person’s ability to cope with diabetes;
• joint work – with other members of the diabetes team such as a specialist diabetes nurse or a psychologist;
• social workers can liaise with community agencies such as housing departments or community welfare officers to improve a client’s environmental or financial situation.

Conclusion
We have identified some of the following as the most important aspects when working with people who have diabetes and their families:
• focus first and foremost on the person;
• remain open minded rather than judgemental.

Establish a relationship with the client based on empathy, respect and trust.

The majority of people with diabetes display remarkable resilience and coping skills. However, like anyone else, there are times at which they might experience some level of distress and will therefore benefit from the type of psychological support a social worker is equipped to provide. As a social worker myself, my aim is to help empower my clients so that they can develop and apply their own personal meaning to diabetes and support them in their search for ways of coping.

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References