

Facilitating Family Teamwork: Joslin's Family Teamwork Guide

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Background and rationale (1)

- Empirical research with youths with type 1 diabetes (T1DM) consistently documents that over the transition to adolescence:
 - Parent involvement in diabetes tasks decreases
 - Regimen task adherence decreases
 - Diabetes-related family conflict increases
 - Glycaemic control deteriorates



Background and rationale (2)

- Empirical research with teens with T1DM also consistently documents the link between optimal glycaemic control (HbA_{1c}) and:
 - Low levels of parent–teen conflict over diabetes management
 - Sustained appropriate levels of parent involvement in diabetes management



Family Teamwork Guide

- Seven modules (2–3 pages each) with take-home page for the family
- Can be stand-alone, but each module was created to build on another sequentially
- Developed for use with parent and adolescent together in the clinic setting



Overview of the Family Teamwork Educational Materials (1)

- Target: youths (8–16 years) with type 1 diabetes and their parents
- Objective: to help families work together as a team to share diabetes management tasks by:
 - Improving communication about diabetes in the family
 - Helping to reduce and manage diabetes-related family conflict
 - Complementing, but not replacing, traditional diabetes education



Overview of the Family Teamwork Educational Materials (2)

- Format: printed booklet in colour, with simple graphics (approximately 25 pages)
- Research foundation:
Improved family teamwork and reduced family conflict while significantly improving HbA_{1c} in randomised controlled paediatric trials at the Joslin Diabetes Center in Boston
(Anderson *et al.*, 1999; Laffel *et al.*, 2003)



Family Teamwork Guide

- Modules focus on building the skills for family teamwork to share the burden of diabetes management
- Based on the model: how you *think* and *feel* about diabetes impacts how you *talk* and *act* about diabetes in the family



Module 1

- Diabetes and the family
- Challenges of diabetes
- How you *think* and *feel* affects how you *talk* and *behave*

Module 2

- Putting diabetes tools to work for you
- Blood sugar monitoring
- HbA_{1c}



Module 3

- Checking blood sugar
- Talking about blood sugar
- Avoiding “blame & shame” and the “vicious cycle”

Module 4

- Sharing the burden: family teamwork and flexibility
- Identifying blood sugar patterns
- Individualising care



Module 5

- Flexibility in meal planning
- Carbohydrate counting, exercise and snack foods
- Communication on food: arresting the “food police”

Module 6

- Re-assessment of the burden of care
- Preventing burnout
- Achieving flexibility



Module 7

Instruction for HCPs

- Staying on track
 - *Interdependence* not independence
 - Looking forward
 - Maturation and hope
- Instructions for paediatric health professionals regarding how to use and implement in daily care
 - Dialogue with parents and adolescents
 - Evaluation of family functioning



Evaluation of Family Teamwork Guide

- Publication of Family teamwork materials empirically validated in two randomised controlled clinical trials:
 - **Anderson *et al.* An office based intervention to maintain parent-adolescent teamwork in diabetes management: Impact on parent involvement, family conflict, and subsequent glycemic control *Diabetes Care* 1999;22:713–21**
 - **Laffel *et al.* Impact of ambulatory, family-focused teamwork intervention on glycemic control with youth with T1DM. *J Pediatrics* 2003;142:409–16**



Laffel *et al.*

J Pediatrics 2003;142:409–16

- 2-year prospective randomised controlled clinical trial
- Baseline: 100 youths, aged 8–17 years, with T1DM of 2.7 years' duration
- Baseline mean HbA_{1c} 8.4%
- Patients randomised to Standard Care or Family-focused Teamwork intervention implemented at routine follow-up clinic visits
- Outcomes: glycaemic control (HbA_{1c}), family involvement in diabetes management tasks and quality of life (QoL)



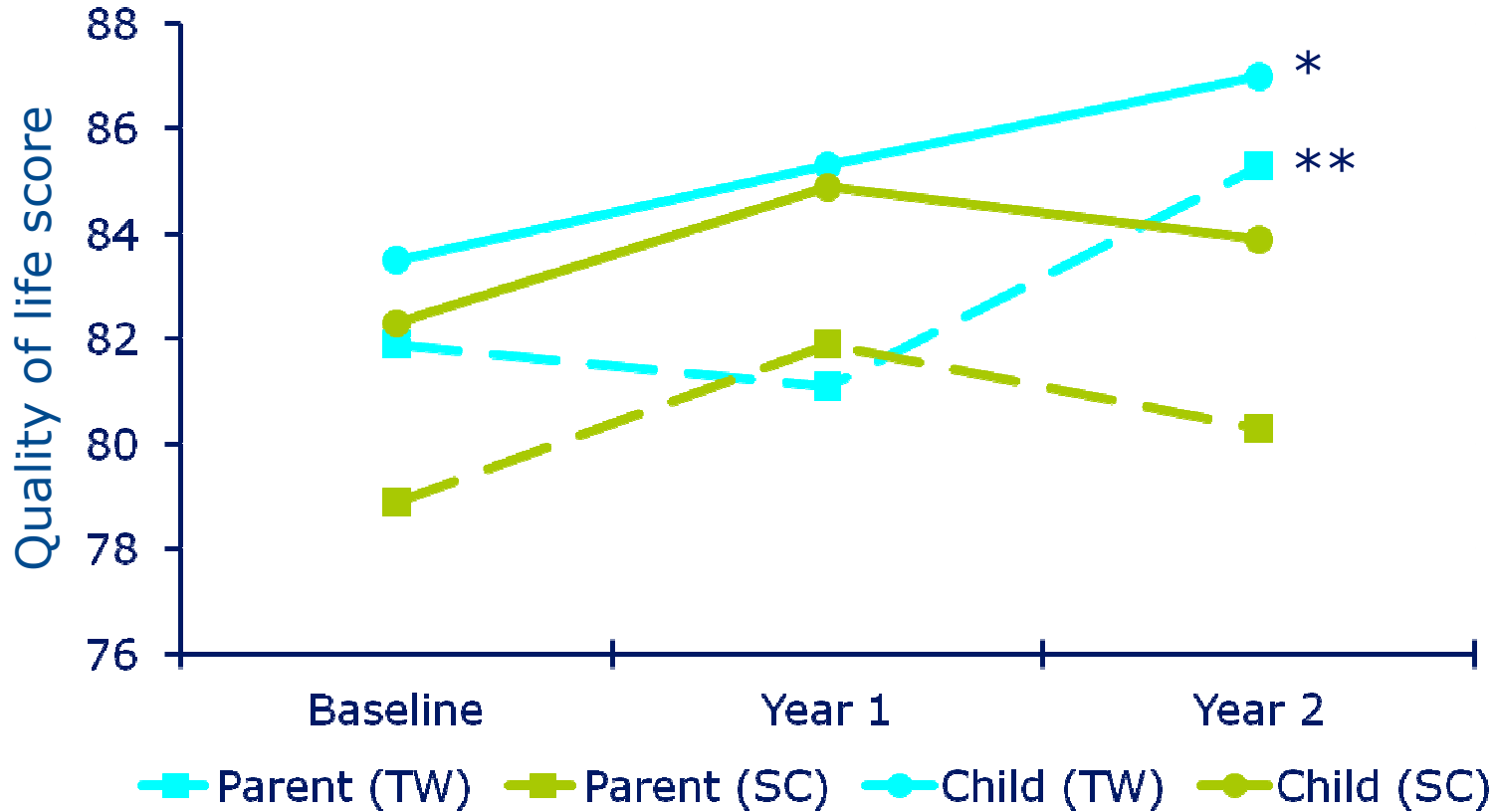
Laffel *et al.*

J Pediatrics 2003;142:409–16

- Significant improvement in HbA_{1c} in the Teamwork group ($8.2 \pm 1.1\%$) compared with the Standard Care group ($8.7 \pm 1.5\%$)
- Families in the Teamwork group maintained or increased family involvement in diabetes management tasks
- Despite increased family involvement, the Teamwork group experienced no increase in diabetes-specific diabetes conflict
- Teamwork youth reported an increase in QoL



Quality of life by group assignment



* $p=0.02$ (child Teamwork at year 2 vs. child Teamwork at baseline)

** $p=0.05$ (parent Teamwork at year 2 vs. parent Teamwork at baseline)



Next steps for Family Teamwork Guide

- Publication of family teamwork materials in multiple languages along with a guide for paediatric diabetes care teams for use as part of ongoing care
- Distribution via national DAWN Youth boards and other collaborating centres?
- Subsequently making materials available in a web-based format for paediatric centres
- Launching via DAWN Youth Training programmes ?

