Easing the Transition to College or a First Job

Is your young adult starting a first job or preparing for college? If you’re feeling a little nervous about this new life stage, take some steps to ensure both you and your child feel comfortable and ready to navigate new adventures.

Transition Time
Liana Abascal, PhD, MPH, director of adolescent and family services at the Behavioral Diabetes Institute in San Diego, recommends planning for independent living months, if not years, before your child leaves home. American Diabetes Association guidelines suggest using a full year to gradually increase self-management before your child is on their own. Just like learning to drive, diabetes care takes practice, and often a person can benefit from making mistakes.

Abascal writes about the danger of two extremes: expecting your child to take full responsibility for diabetes too soon, or exclusively controlling their care.

Diabetes Summer Camps around the West

American Diabetes Association Diabetes Camps allow kids to enjoy traditional camp activities while connecting with other children with diabetes. Diabetes Camps improve diabetes management skills and lower diabetes-related stress in children who attend. Healthcare professionals oversee daily diabetes care and help campers learn to live successfully with their condition. Camps make kids with diabetes feel normal again and can have a lasting impact on their lives, their families, and their diabetes management.

**California**
- Camp Wan Kura
  Diabetes.org/in-my-community/diabetes-camp/camps/wana-kura.html

**Idaho**
- Camp Hodia
  Hodia.org

**Montana**
- Camp Montana
  Diabetes.org/in-my-community/diabetes-camp/camps/montana.html

**Oregon**
- Chris Dudley Basketball Camp
  ChrisDudley.org/camps-events/chris-dudley-basketball-camp
- Gales Creek Camp
  GalesCreekCamp.org
  
  **Find more camps:** Diabetes.org/in-my-community/diabetes-camp

---

Find Our Newsletter Online!
Find this and past issues of our Counterbalance newsletter, as well as links to resources, on our website. Simply visit PacificSource.com/juvenile-diabetes.
without allowing them to learn self-management. An in-between approach is the solution, Abascal says. Help your adult child to be ready to take full responsibility, while still feeling supported.

Technology, such as a continuous glucose monitoring device, can help. (See the teen page in this issue for more.) Some of these devices allow sharing of real-time glucose readings. “The last year or two before the person leaves home [can be used] to kind of transfer that responsibility,” Abascal suggests. “It helps parents feel so much more secure. They’re still going to worry, of course, but they can see and know that their child has successfully managed his or her diabetes.”

**Establish Roles**

Once a child does leave home, even temporarily, there can be confusion about diabetes care. Who orders medication and supplies? Who will make appointments with doctors? Eliot LeBow, LCSW, a New York psychotherapist, suggests sitting down with your adult child before he or she leaves the nest to discuss these issues. “Parents can... express their concerns, let their child know that they are worried, and have a frank discussion on how they feel,” he says. LeBow suggests asking, “‘What are you comfortable with as far as my involvement in your health?’ Don’t even say ‘diabetes’; make it more general.”

**Learn to Let Go**

It may feel natural to ask about your adult child’s diabetes every time you talk, but it’s likely your child won’t find that helpful. “If a parent asks, ‘How’s your diabetes?’ every time they call, they’re going to push their child away,” he says. “A lot of times, a parent will want to hold on too tight and kind of nag the child to death because they want to still be connected. It’s actually healthy if they call less.”

You can still keep lines of communication open by asking, “How are things going? Is there anything I can do?” Keeping questions open-ended and positive can invite conversation, without the assumption that they’ve done something wrong.”

**Rediscover “You” Time**

Like any new empty-nester, you may not know what to do with your time once your child is out of your care. Abascal says empty-nest syndrome can be even more pronounced in parents who are used to being “super in charge” of their child’s care. So if you feel restless or have an urge to call your child every day, both Abascal and LeBow suggest refocusing on other family at home, or exploring things you enjoy but haven’t had time for. LeBow says “Plan a dinner with a dear friend. Pick up the hobbies that may have fallen by the wayside, or engage in new ones. Start a new tradition, like taking after-dinner strolls or exploring a new neighborhood every weekend. And take comfort in the fact that you’ve ‘graduated’ to the next stage of parenthood. That’s a lot to be proud of.”

**Eliot LeBow, LCSW, CDE,**

is a Diabetes-Focused Psychotherapist, Presenter, and Author. Read more about Eliot LeBow at DiabeticTalks.com.

**Liana Abascal, PhD, MPH,**

director of adolescent and family services at the Behavioral Diabetes Institute in San Diego. Read more about the Behavioral Diabetes Institute programs at BehavioralDiabetes.org/programs/parents-of-children-teens.
Continuous Glucose Monitoring


Have you considered a continuous glucose monitoring device? Studies have shown that these devices have several proven and immediate benefits. Users tend to have improved glycemic control and reduced risk of hypoglycemia, especially at night. Another benefit is lower A1Cs without increasing hypoglycemia. A1C is a measure of your glucose over time. If you think a continuous glucose monitoring system may have benefits for you, talk with your diabetes team or healthcare provider.

How It Works

Although considered a newer technology, continuous glucose monitoring has been around for more than 10 years. Typically, the system tests glucose once every five minutes, up to 288 readings a day. This allows you to view blood glucose results in real time throughout the day and night. It allows you to track how fast your glucose is rising and falling, so you can take action to bring it back into your normal range. You receive alerts when your blood glucose goes too low or too high. You can customize the alerts, but the built-in hypoglycemia safety alarm is always on to alert you when glucose hits 55 mg/dl. Sensors, which are worn on the skin, are very small, mostly painless to insert, and can be worn on the abdomen, back, or arms. Dexcom’s G5 sensor with attached transmitter is water resistant up to eight feet deep, so you can wear it while bathing and swimming. You can also share your glucose in real time with up to five other people, by using Dexcom’s Follow App. You will need to calibrate the sensor with a finger stick glucose test at least once every 12 hours.

Options

Dexcom® and Medtronic® are the primary makers of continuous glucose monitoring technology currently on the market in the United States. Currently, the only “stand-alone” device on the market is Dexcom’s G5® Mobile CGM System. Medtronic is integrated with a pump, the 530G with Enlite®. It has a build in suspension of insulin for two hours if glucose goes to 60 mg/dl or below, with very loud alarms. Because of this feature, it is considered an “artificial pancreas” and is not typically covered by PacificSource or other insurers. In addition, Tandem Diabetes Care® (T:slim G4®) and Animas Corporation® (Vibe®) offer integrated pumps with Dexcom’s technology. The Vibe and the T:slim do not have the insulin suspend feature, but more often meet the insurance coverage criteria. If you use a pump without an integrated system but still want continuous glucose readings, you can use Dexcom’s G5 Mobile system alongside any pump or injecting, but you will need to carry a receiver or a smart device (iPhone®). Currently, only the Apple® iPhone works as a receiver, but Dexcom is working on an Android®-compatible version and hopes to have it on the market in 2016.
Asian Chicken Lettuce Wraps

A copycat recipe that you can easily make at home. There are about 20 carbohydrates in 3 wraps, depending on how much filling you use. 287 calories in 3 wraps.

Ingredients
1 tablespoon sesame oil
1 pound ground chicken
1 large onion, diced
2 tablespoons garlic, minced or pressed
1 tablespoon soy sauce
1/4 cup hoisin sauce
2 teaspoons fresh ginger, minced
1 tablespoon rice vinegar
1 teaspoon Sriracha or other hot sauce—more or less to taste
1 can (8 ounces) sliced water chestnuts, drained and finely chopped
1 small bunch green onions, thinly sliced
2 teaspoon sesame oil
Salt to taste
Iceberg, Bibb, or butter lettuce leaves, rinsed, drained, and chilled
Soy sauce, hoisin, spicy mustard sauce for dipping (optional)
Roasted peanuts, chopped (optional)

Instructions
1. In a medium skillet on medium heat, warm 1 tablespoon sesame oil. Add the ground chicken and cook until it is cooked through. With a spatula, break it up into small chunks as it cooks. (It will resemble ground beef.)
2. Stir in the onion, garlic, soy sauce, hoisin sauce, ginger, rice wine vinegar, and Sriracha sauce until completely coated and chicken is thoroughly cooked. Remove from heat.
3. Fold in water chestnuts, green onion, sesame oil, and peanuts if desired. Salt to taste.
4. Serve in a lettuce leaf and top with hoisin, soy sauce, or spicy mustard if desired.

Adapted from DamnDelicious.net.

C is for Calories!

Calories measure how much energy your body gets from food. The more active you are, the more calories you need. Most kids need from 1,800 to 2,000 calories a day. Too many calories make you gain weight.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Calories Burned in 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycling</td>
<td>79</td>
</tr>
<tr>
<td>Jumping Rope</td>
<td>131</td>
</tr>
<tr>
<td>Playing Soccer</td>
<td>100</td>
</tr>
<tr>
<td>Running</td>
<td>105</td>
</tr>
<tr>
<td>Skateboarding</td>
<td>66</td>
</tr>
<tr>
<td>Skating</td>
<td>92</td>
</tr>
<tr>
<td>Swimming</td>
<td>79</td>
</tr>
<tr>
<td>Walking</td>
<td>46</td>
</tr>
</tbody>
</table>

Use the table above to answer these questions.
1. Which activity in the table uses the most calories? ______________
2. Which two use the same amount? ______________ and ______________

Answers: 1. Jumping Rope; 2. Bicycling, Swimming

PacificSource Diabetes Newsletter for Kids and Teens