



Diabetes care is constant and can feel overwhelming. If you or someone close to you lives with diabetes (type 1, type 2, or other forms of diabetes), think about everything involved in diabetes care each day: deciding what/how much/when to eat, how much insulin/other medications to take, treating high and low blood sugar, and so much more. The American Diabetes Association (ADA) recommends that people with diabetes meet medical targets such as hemoglobin A1c values <7.5% for children and <7% for adults, which are associated with reduced risk for medical complications. However, even with careful monitoring and attention to detail, the unpredictability of diabetes can be stressful and might lead to decreased quality of life. Working with a behavioral health provider, such as a licensed clinical psychologist, can help people with diabetes manage the burden of diabetes and improve quality of life.

The ADAA recognizes that it is important to consider the social, behavioral, and emotional factors that can impact medical outcomes and psychological wellbeing in people with diabetes. Psychologists collaborate with individuals to develop personal strategies to meet diabetes care goals and maintain quality of life while living with diabetes. When looking to make behavior changes (i.e. taking insulin more consistently), a psychologist can help an individual identify achievable realistic SMART (Specific, Measurable, Attainable, Relevant, and Time-based) goals that can lead to long term successful changes in health behaviors. Psychologists can also help with other aspects of living with diabetes.

Adjustment to living with diabetes can be challenging. Fear of the unpredictability and lack of complete control over diabetes, referred to as “illness uncertainty,” may lead to stress and difficulty engaging with life. Even years after being diagnosed, diabetes may feel like a burden for some. It might feel like diabetes invades all aspects of life, which can lead to frustration and avoidance of diabetes care tasks, which is referred to as “diabetes burnout.” Negative perceptions of diabetes can interfere with life activities that you need to do (diabetes care, work, school, etc.) and/or pleasurable activities (spending time with friends or loved ones, hobbies, etc.). Individuals with diabetes are also more likely to live with symptoms of depression and anxiety that can interfere with life in addition to being at risk for developing disordered eating behaviors.

Evidence-based behavioral health approaches, including cognitive behavioral therapy (CBT), can help individuals manage the psychological aspects of living with a chronic illness to promote overall quality of life. CBT is a relatively short-term, goal-oriented therapy that aims to help individuals understand and change patterns of thinking, behaviors, and feelings. With CBT and/or other evidence-based strategies shown to be effective for youth<sup>1</sup> and adults<sup>2</sup> living with diabetes, psychologists and individuals with diabetes can work together to build “toolkits” of strategies to improve psychological wellbeing.

When finding a mental health provider, it is important to ensure they are equipped to meet your needs using evidence-based approaches. Feel free to ask any potential therapist about their training or theoretical orientation and what evidence-based strategies they typically practice. For people living with diabetes, it also is ideal to find a mental health provider that has at least some diabetes-focused training. Some diabetes care centers have psychologists embedded in the healthcare team. Your diabetes doctor may also be able to refer you to a licensed clinical psychologist in your area, or you can visit the ADAA Mental Health Provider Directory (<https://professional.diabetes.org/ada-mental-health-provider-directory>). By working with a behavioral health provider who has demonstrated competence treating depression and anxiety with evidence based approaches, especially with one who understands the unique mental health needs of people with diabetes, you can achieve your diabetes care goals and live a satisfying, fulfilling life.

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<sup>1</sup> Hilliard, M. E., Powell, P. W., & Anderson, B. J. (2016). Evidence-based behavioral interventions to promote diabetes management in children, adolescents, and families. *American Psychologist*, 71(7), 590-601. <http://dx.doi.org/10.1037/a0040359>

<sup>2</sup> Steed, L., Cooke, D., & Newman, S. (2003). A systematic review of psychosocial outcomes following education, self-management and psychological interventions in diabetes mellitus. *Patient Education and Counseling*, 51(1), 5-15. [https://doi.org/10.1016/S0738-3991\(02\)00213-6](https://doi.org/10.1016/S0738-3991(02)00213-6)