

Barbara Schwartz/Davis shows a young child how to use medical supplies that are commonly used by diabetics.

Photo by © Deborah Welsh Photography



SWEET STRUGGLES

By Barbara Schwartz/Davis

Caring Homes Needed for Children with Type 1 Diabetes

AS the whirling of the blades slows down and the helicopter lands, a little girl clings to life as her blood sugar soars high. Hospital emergency staff come rushing to the side of the Type 1 diabetic suffering from diabetic ketoacidosis (DKA) — a medical complication which is life threatening if not treated.

This time, Tiffany had a soft landing into the arms of caring people. But what happens next for her once she recovers and sits in her hospital bed, waiting to be released into someone's care? Doctors connect Tiffany's diabetic ketoacidosis to medical neglect by her parents, along with other concerning signs of abuse and neglect, requiring involvement of Child Protective Services.

Tiffany's medical needs mean that finding the right family to care for her is important. A wise social worker knows not to place this child with just anyone, but now faces the challenge of finding the right family to care for her. For now, Tiffany remains in the hospital waiting for a home where her blood sugars, food intake and medications can be monitored by a person who is qualified and properly trained. That is the responsible thing to do. Taken from parents whose drug addiction overshadowed their ability to care for their loved one, she has suffered enough.

Unfortunately, it is a common occurrence for children with Type 1 diabetes to wait for extended time to find a family willing and able to care for them. But with proper education,

foster parents can provide these children with comfort and safety.

My journey to become one of these foster parents begins with my own experience as a misdiagnosed adult Type 2 diabetic, while actually being a Type 1 diabetic. My pancreas no longer created insulin, and my blood sugars skyrocketed higher than 600 and as low as 32 (target blood sugar is typically 80-120).

The good news for children in my care was because I experienced this challenge, I learned so much. I learned about many complications that can arise from improper care. I became the teacher I have come to rely on, drawing

from life experience. When I welcomed my first child with Type 1 diabetes, Tiffany, I very quickly knew how to advocate for her well-being.

My advice to her medical staff did not fall on deaf ears, and I was able to help stabilize Tiffany. By increasing Tiffany's insulin dose and getting her on a healthier diet, we made huge improvements. I taught her to keep a log of her blood sugars and count carbs so we could determine with her doctor how much insulin to take. We swam and danced — exercise is key for good health! As Tiffany's blood sugars began to stabilize, her spirit soared. Her excitement with newfound strength was astounding, having not felt this comfortable in her body for years.

My hope was to guide her so she could learn to manage her own health, giving her tools needed to live a long and vibrant life. With time, dedication and determination she persevered. Once our bodies feel nourished with insulin, our moods, mental clarity and energy improves dramatically. For Tiffany, this was a magnificent feeling. She was on the trail of a new adventure. One that felt better. We were the ideal match — and you could be, too!

Once we stabilized Tiffany's diabetes, we started tackling emotional outbursts that caused havoc in her daily life. Life was hard for her to handle when she felt awful. When I first took her in, her blood sugars were running high frequently. She was angry and moody, partly due to her symptoms. My goal was to show her that when she felt better, problems were manageable. From my experience with children with medical challenges, I see how it affects their lives. The more you become familiar with the child, the quicker you can interpret what is going on medically and help them.



Photo by © Deborah Welsh Photography
Barbara Schwartz/Davis with a young child modeling how she worked with children in her home who had diabetes.

On the other end of the pendulum, having a low blood sugar can feel like the wind has been knocked out of one's sail. It's hard to concentrate, hard to speak, and sometimes diabetics get incoherent and faint.

One day Tiffany was sitting on the stairs at the gym and would not get up when I called. Some people would think the child is not listening, and they would misinterpret this youngster's behavior as oppositional. I reminded myself that I had to control my reaction, be patient and check

Tiffany LOVED cookies. She had intense emotional turmoil, and food was a comfort she craved, especially sweets. She confessed to me her desire to sneak food. The fact is, sometimes a child is not truthful because they do not want to get in trouble. That is why it is so important to help the child feel heard, plus have a relationship built on trust and transparency so they will open up to you and you can help. Create a fun space just for them filled with healthy snacks. Out of frustration children will sneak foods, and by giving them their

the funding of equipment. There is updated technology that makes it so much easier to monitor and protect the person you are helping. You will learn about this new technology from your diabetic team.

By the time a child with diabetes leaves your care, it is important they have everything they need. I suggest you advocate for a continuous glucose monitor, an insulin pump if approved, emergency medical supplies and make sure all prescriptions are filled.

Parenting a child with a life-threatening illness can seem overwhelming, but with the training and education, Type 1 diabetes can be managed. There is a great need for foster parents who are willing and ready to take in these youth so they don't have to wait in hospitals and other less than ideal care settings.

Plus the sweetest part of this struggle is not only are you helping the emotional well-being of a child, but you may very well be saving his or her life.

For more information, visit www.diabetes.org/living-with-diabetes/parents-and-kids/. Watch My Life as A Diabetic at <https://vimeo.com/41630103>. •

Barbara Schwartz/Davis is a family entertainer/speaker, who is committed to helping young people find enriching and loving homes. If her words have inspired you she would love to hear your success. To get involved, visit LittleLiveShow.com or call 415-482-0176.

Names, details story content have been changed to protect the privacy of families. Tiffany is a fictional character whose story is based on non-fictional occurrences for children with type 1 diabetes. A model was used for photos.

TAKE ACTION & BE CALM

In your diabetic training, you will learn how to treat a low blood sugar reading with fruit juices to bring the child's blood sugar back to normal. You will also learn how to treat a high reading.

her blood sugar. It was important that I consider she might have a low or high blood sugar. When I checked her blood sugar, sure enough that was the problem. She had a reading of 45 (below 80 requires action), and couldn't respond to my instructions.

If you're parenting a child with Type 1 diabetes, check blood sugar FIRST, before reacting to behaviors. Contact the doctor if your child has numerous lows or highs. The dose may be off and need adjustment. I highly recommend enlisting the help of an endocrinologist who specializes in diabetic care.

One of the best things you can do for the child in your care is get them a backpack filled with supplies they might need that they can take wherever they go. Teach them to not leave this out of their sight.

own space it helps to alleviate this from occurring.

It would be lovely if this article was a beautiful fairytale, but as we know in the world of foster care that is often not true. We face confusing scenarios as we navigate through treacherous ground. Tiffany had settled in and was having positive results. Unfortunately, she was removed from my home on short notice. Months later, I received a call asking if I would take her back. When she arrived, she was in much worse shape. With time and effort we got her back to a healthier state, which is a cautionary tale of why it's important to find the right family for children with special medical needs.

I advocated for the medical supplies she needed. I pushed politely in hopes of getting a positive response for