

• **Table 6**
 Typical development and diabetes demands and priorities across childhood

Ages and corresponding developmental level	Typical developmental tasks	T1D management priorities (and person responsible)	Family considerations due to presence of T1D
	Attachment and development of trusting bond with caregivers	Reduction of wide fluctuations in glucose levels (caregiver)	Vigilance in identifying child symptoms of hypo- and hyperglycemia
0–2 years; infancy and start of toddlerhood	Physical development and reaching milestones of first words and walking	Prevention of hypoglycemia (caregiver)	Coping with stress associated with management and additional responsibilities
	Often begin formal schooling—preschool to elementary school	Reduction of wide fluctuations in glucose levels (caregiver, school personnel)	Continued vigilance in identifying child symptoms
	Separating from caregivers for activities	Prevention of hypoglycemia (caregivers, school personnel)	Communicating and planning for monitoring when not with child; coping with stress
2–6 years; end of toddlerhood through early childhood	Physical growth with interests in exploring new challenges and activities	Trusting others to help with diabetes management (child)	Close monitoring of food intake and adjustments for variable appetites
	Developing skills in physical, social, and academic areas	Sharing in the identification of symptoms of hypo- and hyperglycemia (child and caregiver)	Teaching child symptoms of hyperglycemia and hypoglycemia
	Gaining more autonomy from primary caregivers, yet still very reliant on caregiver supervision and planning	Treating hypoglycemia and carrying supplies (child with planning/supervision from adults)	Teaching basics of diabetes management and treatment
	Often engaging in team activities that promote sharing and understanding views of others	Developing sense of problem solving and flexibility with regimen if plans or activities change (child with guidance/modeling from caregiver)	Praising conduct of management tasks
7–11 years; late childhood			Modeling problem solving when new diabetes problems arise

Ages and corresponding developmental level	Typical developmental tasks	T1D management priorities (and person responsible)	Family considerations due to presence of T1D
12–15 years; early adolescence	Managing changes with body	More decision making about diabetes management and regimen changes (teen)	Helping teach child to disclose to others about diabetes
	Attempts at “fitting in” with peer groups; peers becoming larger influence on behavior	Expectation to monitor and be vigilant about glucose excursions when away from primary caregivers (teen)	Coping with stress and new challenges of complex schedules and eating patterns
	Developing stronger sense of self and identity	Disclose to others about diabetes for safety (teen)	Coping with common increase in conflict about diabetes management
	Desiring less guidance and supervision from caregivers, yet still needing it		Developing new forms of monitoring and communicating about diabetes
			Supervising enough but attempting to support growing autonomy in teen
	16–19 years; late adolescence	Expansion of networks and activities	Increasing autonomy for many management tasks (teen)
Increased thinking and worries about what is next		Diminishing seeking of guidance and supervision from caregivers (teens)	Modeling positive decision making about diabetes and life choices
Expectation to make decisions based on interests and opportunities		Discussions about transition to different diabetes care providers (teens, care team, and caregivers)	Creating scaffolding for transition with diabetes and next phase of life

- T1D, type 1 diabetes. Diabetes Care 2018 Sept 41(9)