

Introduction

- Prevalence in youth diagnosed with type 1 diabetes is rising, requiring additional support from health-care professionals (Collins et al., 2021)
- Youth programming promotes positive developmental outcomes (Allen et al., 2021).
- Self-Determination Theory (SDT) as a motivational model for health behavior change, emphasizing the role of Autonomy Supportive Environments (ASE).
- The aim of this study was to pilot test interviews that can be replicated for further examination of parents of youth with type 1 diabetes and healthcare providers perspective

Methods

- Participants were recruited through their involvement in a Mid-Atlantic medical specialty program for youth with T1D.
- Participants were invited to engage in interviews via Zoom.
- One parent and one healthcare professional agreed to participate in a 20-30 minute interview with members of the research team.
- Interviews were recorded and transcribed with the permission of participants.
- Data was thematically analysed:
 - Initial Coding
 - Data Reduction
 - Theme Development
 - Researcher Confirmation



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Autonomy, Relatedness, and Advocacy in Parenting Youth with Type-1 Diabetes

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Results

Three themes were constructed from the data describing how parents and healthcare providers foster and promote components of the Self-Determination Theory (SDT).

- Advocacy
 - Both parties were aware of the adverse challenges faced by individuals with T1D and they jointly participated in support for diabetes awareness.
- Relatedness
 - Both the parent and healthcare provider wanted to create a welcoming environment. There seemed to be more efforts from the parent in trying create opportunities for the child with T1D to interact with other children with T1D.
- Autonomy
 - Both spoke about striving to create autonomy supportive environments by including youth in decision making and staying educated.

Discussion

- Parenting a child with type-1 diabetes involves creating a safe, inclusive environment where the child can thrive and learn to manage their diabetes.
- Autonomy supportive environments can also be attained outside of structured institutions for youth such as in camps, families, with diabetes educators, and in extracurricular activities (Allen et al., 2021).
- Support from healthcare professionals can lead to positive health outcomes with the promotion of autonomy, competence, and relatedness (Collins et al., 2021).

Autonomy, Relatedness, and Advocacy in Parenting Youth with Type-1 Diabetes Abstract

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In November 2022, a parent of a child with type 1 diabetes and a healthcare provider participated in pilot study interviews via Zoom. This study was grounded in the Self-Determination Theory (SDT) with an emphasis on the component of Autonomy Supportive Environments. The study sought to address how implementing the Self-Determination Theory (SDT) can influence a child's diabetes management and environment. The purpose of this study was to pilot test interviews that can be replicated for further examination with parents and healthcare providers of children with diabetes within the REACH program. To assess the perspectives of parents and healthcare providers, interview questions were formulated in preparation for data collection. A 20–30-minute interview was facilitated, and 10 questions were assigned to the parent while 7 questions were assigned to the healthcare provider. Questions regarding the fostering of competence, relatedness, autonomy, choice provision, rational provision, perspective taking, and advocacy were asked during this time. The results suggest that parenting children with type 1 diabetes poses many challenges, but there is room for improvement by including healthcare providers and individuals within a child's social environment through the fostering of advocacy, autonomy, and relatedness. Due to this study's small sample size, more research is needed to better understand the impact of fostering autonomy supportive environments while parenting youth with type 1 diabetes.

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Parental support is an important aspect to a child's development, specifically parenting with autonomy support. Studies suggest Self-Determination Theory helps promote healthy behaviors. The REACH program and its research strives to focus on fostering autonomy supportive environments through focus groups, camps, and trainings. It also focuses on diabetes management. This study examines fostering autonomy supportive environments through the self-determination theory elements of autonomy and relatedness, and views advocacy in creating this for the child, as well as, people in their social environments.

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Autonomy, Relatedness, and Advocacy in Parenting Youth with Type-1 Diabetes Methods

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Participants: Parent of child with T1D and healthcare provider . Data collection process: Interviewing via Zoom . Duration of interview: 20-30 minutes. Interview protocol: Consent to record, the use of pseudonyms for write-ups, and demographic questions.

Healthcare providers are asked 7 questions: 1. How do you help foster competence as it pertains to your patients? 2. How do you help foster relatedness as it pertains to your patients? 3. How do you help foster autonomy as it pertains to your patients?, 4. In what ways do you practice the concept of choice provision with your patients?, 5. In what ways do you practice the concept of perspective taking with your patients?, 6. In what ways do you practice the concept of rational provision with your patients?, 7. To what extent do you teach patients to advocate for themselves in school? What strategies do you teach in case they are confronted with a difficult situation?

Parents were asked 10 questions: 1. How do you help foster competence as it pertains to your child? 2. How do you help foster relatedness as it pertains to your child? 3. How do you help foster autonomy as it pertains to your child? 4. In what ways do you promote choice provision with your child? 5. In what ways do you promote perspective taking with your child? 6. In what ways do you promote rational provision with your child?

7. In what ways do you currently include siblings into teaching autonomy to your child or children? How comfortable do you feel involving them in this process? 8. How do you promote advocacy for your child at school? What strategies do you teach in case they are confronted with a difficult situation? 9. To what extent do you include your child in conversations with their healthcare provider? Have you noticed this interaction to foster autonomy? 10. How do you engage the school system in order to help foster a more understanding, compassionate and inclusive environment for children with T1D?

Autonomy, Relatedness, and Advocacy in Parenting Youth with Type-1 Diabetes Results

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Thematic Analysis Procedure

The sectional analysis involved accumulation of data through listening to zoom recordings and ensuring the transcription was aligning with the interviews

1) Coding - Deriving data relating to autonomy ,advocacy relatedness and nutrition from the transcriptions.

2) Coming up with themes

We had a variety of themes and through mentorship we were able to focus on a deductive and a inductive approach .Further discussions resulted in shifting focus to autonomy and advocacy.

3) Checking for reliability of data .- Through the guidance of our mentor we were able to review documentation of data tracing to and from source documents.

4) Defining and stating themes .- Team members had different theme assignments that required joint collaboration in summarizing.

5) Interpretation and reporting

Advocacy.

Both parties were aware of the adverse challenges faced by individuals with Type 1 Diabetes and they jointly participated in support for diabetes awareness through forums such as schools and households .Their advocacy methods were different because the health practitioner focused mainly on the health related aspects by dealing with the school nurses and creating emphasis on good nutrition .The parent pressed on training teachers and students,organizing walks and coordinating with other parents who have children with T1D.

Relatedness.

Both the parent and healthcare provider wanted to create a welcoming environment. There seemed to be more efforts from the parent in trying to create opportunities for the child with type-1 diabetes to interact with other children with type-1 diabetes - to feel included. Whilst, the healthcare provider wanted the patient to feel safe and feel like they were being understood.

Autonomy

Both spoke about striving to create autonomy supportive environments by including the youth in decision making and staying educated. Both shared a willingness to speak to others and one another in an effort to create supportive environments that foster autonomy. The parent shared hosting experiences and engaging, while the provider mainly spoke about one on one or other provider specific communication

Autonomy, Relatedness, and Advocacy in Parenting Youth with Type-1 Diabetes Discussion

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Parenting a child with type-1 diabetes involves creating a safe, inclusive environment where the child can thrive and learn to manage their diabetes. Often, this involves the immediate family, extended family, other children, and the child's school. Parental advocacy in these social groups could influence how the child feels about managing their type-1 diabetes and how they feel about connecting with others. With parental advocacy at home and at school, the child may be more likely to feel more confident in making decisions regarding diabetes management. Advocacy may also initiate feelings of acceptance in their families, schools, and amongst their peers. This research provides indications of the importance of involving and educating social groups about type 1 diabetes. Healthcare providers and school professionals may become better at knowing when and how to care for a child with type-1 diabetes with the continuous facilitation of factual research and data. In regards to the child, parental advocacy could allow the child with type-1 diabetes to feel accepted in their social environments by promoting empathy and compassion amongst family members, school workers and peers. This research further provides indications into the importance of parental advocacy to connect, secure, and lead other parents to resources that support them through protecting their child's diabetes management. This includes 504 plans, IDEAs, and parent support groups.

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Autonomy, Relatedness, and Advocacy in Parenting Youth with Type-1 Diabetes Works Cited

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