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CASE REPORT

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## SOCIAL WORK PRACTICE WITH A CHILD WITH DIABETES: A CASE STUDY

### Diyabetli Bir Çocukla Sosyal Hizmet Uygulaması: Bir Vaka Çalışması

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#### ABSTRACT

Diabetes is a chronic metabolic disease that affects individuals' physical health as well as their psychosocial well-being. It can occur at any age, including childhood. As with many chronic diseases, combating the effects of diabetes in children requires collaboration between various disciplines. Social work is one such discipline. Although the history of social work in the medical field, especially in chronic diseases, has been long, studies on diabetes are limited. However, with the increase in diabetes cases globally and in Turkey in recent years, the need for evidence-based social work practices on this subject is growing. In this context, an example of social work intervention for a fictional case of a child with diabetes is analyzed in this article. The intervention was conducted according to the stages of the planned change model for social work. The ecological model, empowerment approach, and cognitive-behavioral approach were used together in the evaluation and intervention processes. Although various roles were adopted in the case, it can be said that the broker, empowering, and educational roles were more prominent. In addition, communication, problem-solving, teamwork, collaboration, coordination, and multitasking skills were effectively used in this case. In terms of application levels, studies were conducted with children with diabetes and their families at the micro level, and interventions were conducted at the mezzo level in the school system.

**Keywords:** Case study, child, diabetes, social work

#### ÖZ

Diyabet, bireylerin fiziksel sağlığının yanı sıra psikososyal refahını da etkileyen kronik bir metabolik hastalıktır. Çocukluk dönemi de dahil olmak üzere her yaşta ortaya çıkabilir. Birçok kronik hastalıkta olduğu gibi, çocuklarda diyabetin etkileriyle mücadele etmek çeşitli disiplinler arasında işbirliği gerektirir. Sosyal hizmet de bu disiplinlerden biridir. Tıp alanında, özellikle kronik hastalıklarda sosyal hizmetin geçmişi uzun olsa da diyabetle ilgili çalışmalar sınırlıdır. Ancak son yıllarda dünyada ve Türkiye'de diyabet vakalarının artmasıyla birlikte bu konuda kanıta dayalı sosyal hizmet uygulamalarına duyulan ihtiyaç da artmaktadır. Bu bağlamda, bu makalede kurgusal bir diyabetli çocuk vakasına yönelik bir sosyal hizmet müdahalesi örneği incelenmiştir. Müdahale, sosyal hizmet için planlı değişim modelinin aşamalarına göre yürütülmüştür. Değerlendirme ve müdahale süreçlerinde ekolojik model, güçlendirme yaklaşımı ve bilişsel-davranışçı yaklaşım birlikte kullanılmıştır. Vaka da çeşitli roller benimsenmiş olsa da aracı, güçlendirici ve eğitici rollerin daha ön planda olduğu söylenebilir. Ayrıca iletişim, problem çözme, ekip çalışması, işbirliği, koordinasyon ve çoklu görev becerileri de bu vakada etkin bir şekilde kullanılmıştır. Uygulama düzeyleri açısından mikro düzeyde diyabetli çocuklar ve aileleri ile çalışmalar yürütülmüş, mezzo düzeyde ise okul sisteminde müdahaleler gerçekleştirilmiştir.

**Anahtar Kelimeler:** Vaka çalışması, çocuk, diyabet, sosyal hizmet

## INTRODUCTION

One of the most important health problems affecting humanity today is chronic diseases. Chronic diseases not only affect physiologically but also directly affect patients and their relatives in psychological, social, and economic dimensions (Sütçü, 2023). Diabetes, a chronic disease, has become a global public health problem, with an increasing number of cases in recent years (Coşansu, 2015).

Diabetes, commonly known as sugar sick, is a chronic metabolic disease characterized by elevated blood sugar levels due to insufficient insulin production or inability of the body to effectively use insulin (World Health Organization- WHO, 2024). Diabetes, which can occur at any age, can be a crisis for children and their families. This situation causes both parents and children to experience psychosocial problems (Tong et al., 2022). Therefore, diabetes management includes, in addition to medical treatment, the regulation of a child's social life, relationships, and school and peer relationships. These multidimensional problems in children with diabetes require the cooperation of different professionals such as dietitians, psychologists, occupational therapists, and social workers.

The application of social work for individuals and families with chronic diseases is not a new topic. Social workers work with many client groups, including patients with diabetes, in a hospital environment. In contrast, research on diabetes cases in social work is limited (Decoster, 2001). This article examines an example of a social work intervention carried out for a diabetic child prepared by constructing professional experiences. To better understand this case, information on diabetes and its psychosocial effects was provided. Subsequently, case history, intervention, and analysis are presented.

## DIABETES

Diabetes is a chronic metabolic disease characterized by elevated blood sugar levels due to insufficient insulin production or inability of the body to effectively use insulin (WHO, 2024). There are two main types of diabetes. Type 1 diabetes is an autoimmune condition that leads to the destruction of insulin-producing beta cells in the pancreas. It is known as type 2 diabetes and is characterized by insulin resistance and relative insulin deficiency (ElSayed et al., 2023; WHO, 2024). Gestational diabetes is another form of diabetes that occurs during pregnancy and usually improves after birth but can increase the risk of developing type 2 diabetes later in life (ElSayed et al., 2023; Jun and Xu, 2023).

Diabetes can result in death if left untreated (ElSayed et al., 2023). Although it was estimated that there were 108 million patients with diabetes worldwide in 1980 (WHO, 2024), this number was reported to be approximately 529 million by 2024 (Ong et al., 2023). More than three-quarters of patients with diabetes live in low-income and middle-income countries (International Diabetes Federation- IDF, 2021). Diabetes is a major cause of blindness, kidney failure, heart attack, stroke, and lower extremity amputation. According to World Health Organization data, diabetes-related death rates have increased by 3% between 2000 and 2019 (WHO, 2024). Moreover, diabetes is estimated

to cause 6.7 million deaths in 2021; in other words, it is the cause of one death every 5 s worldwide (IDF, 2021). The most common clinical symptoms of diabetes include increased thirst and excessive water consumption, frequent urination during the day, overeating, unexplained weight gain or weight loss, blurred vision, vaginal itching in women, and feelings of weakness, fatigue, and exhaustion (Halk Sağlığı Genel Müdürlüğü- HSGM, 2023; National Institute of Diabetes and Digestive and Kidney Diseases- NIDDK, 2016).

Diabetes treatment is a complex process that requires a multifaceted approach with a primary focus on maintaining blood sugar levels within the target range to prevent complications. Insulin therapy is essential for patients with type 1 diabetes and is usually administered via injections or insulin pumps. The management of type 2 diabetes begins with lifestyle changes such as dietary changes and increased physical activity. If these changes are insufficient, pharmacological interventions, such as metformin and other antidiabetic medicines, may be used (İşeri et al., 2023; Tavakoli et al., 2008).

Current treatment and monitoring guidelines emphasize the importance of personalized treatment plans that consider the patient's general health status, preferences, and presence of comorbidities (Kaner et al., 2021). In addition to pharmacological treatment, patient education plays a critical role in diabetes management. Self-management education aims to enable individuals with diabetes to make conscious decisions regarding diet, exercise, and medication adherence to ensure effective glycaemic control (Bayrak and Çolak, 2012). In addition, addressing psychological problems such as anxiety and depression is also important because these problems can negatively affect diabetes management and the overall quality of life (Çapoğlu et al., 2019; Kendirkiran, 2023). Complications of diabetes, such as diabetic neuropathy, diabetic foot ulcers, and cardiovascular diseases, require comprehensive management strategies, including regular monitoring and preventive care (Fard et al., 2007; Özen and Sertdemir, 2022; Tavakoli et al., 2008). For example, diabetic neuropathy can be managed with medications, such as anticonvulsants and antidepressants, but complete relief is often difficult to achieve (Ziegler, 2006; Zilliox and Russell, 2011).

Diabetes treatment is based on three main components, which vary depending on the type of disease and individual needs: dietary management, physical activity, and medication. Each of these components is critical for controlling a patient's blood sugar level and preventing complications.

It can be said that three components are quite important in the treatment of diabetes.

**1. Dietary Management:** Dietary management involves regulating patients' eating habits. Individual nutrition plans prepared by dietitians aim to control carbohydrate intake and encourage healthy food choice. Research has shown that regular physical activity and medical nutrition therapy improve blood glucose levels in individuals with type 2 diabetes (İşeri et al., 2023). American Diabetes Association (ADA) guidelines emphasize that lifestyle changes play an important role in the prevention and management of diabetes (İşeri et al., 2023).

- 2. Physical Activity:** Regular exercise improves blood glucose control by increasing insulin sensitivity. Exercise programmes should be customised according to the physical capacity of individuals (Kabalı and Özan, 2020). Patients' attitudes towards exercise may affect their compliance with treatment; therefore, it is important for health professionals to inform patients about this issue (Kaynak and Polat, 2017).
- 3. Medication:** Medication plays a critical role in the management of diabetes. Insulin therapy is mandatory for patients with type 1 diabetes because these individuals experience insufficient insulin production. However, some patients may also need insulin therapy (Kaner et al., 2021). Negative attitudes towards insulin use are common, especially in individuals with Type 2 diabetes, and this may negatively affect adherence to treatment (Gül et al., 2021; Kaynak and Polat, 2017).

Diabetes treatment requires a customized approach based on individual needs (Sugandh et al., 2023). Dietary management, physical activity, medication therapy and patient education are the main components of the treatment process. The combination and effective implementation of these elements will help achieve successful results in diabetes management. Diabetes is a complex condition that requires a holistic treatment approach, including lifestyle changes, pharmacotherapy, patient education, and psychological support.

## PSYCHOSOCIAL IMPACTS OF DIABETES

Diabetes is a chronic disease that affects individuals' physical health as well as their psychosocial well-being. Individuals with diabetes frequently experience problems such as fear of disease-related complications (Zahn & Kubiak, 2015), depression (Holt, 2018), and anxiety (Upchurch Sweeney et al., 2013). This can negatively affect the quality of life and disease management of patients with diabetes (Çapoğlu et al., 2019), leading to poor glycaemic control and an increased risk of complications (Upchurch Sweeney et al., 2013; Wilson, 2022).

Studies have shown that a significant proportion of individuals with diabetes experience anxiety about complications, such as hypoglycemia and cardiovascular disease (Moini et al., 2022). These anxieties can lead to neglect of self-care routines and increasing health problems (Moini et al., 2022). A meta-analysis reported that the prevalence of depression among individuals with diabetes ranges from 10% to 30%, which is significantly higher than that in individuals without diabetes (Vinall and Pouwer, 2013). In addition, the emotional burden of living with diabetes can manifest itself as depression and anxiety disorder (Holt, 2018). However, as with other chronic diseases, diabetes can lead to burnout, which can create feelings of helplessness and hopelessness (Wilson, 2022).

Social support plays a critical role in the psychosocial wellbeing of individuals with diabetes. Individuals who receive strong support from family, friends, and healthcare providers tend to have better coping mechanisms (Vinall and Pouwer, 2013). However, lack of social support can increase feelings of isola-

tion and stress, making diabetes management more difficult (Bahar & Tanriverdi, 2017). Furthermore, the financial burden of diabetes is a significant source of stress for families. The costs associated with diabetes management include medications, monitoring supplies, hospital visits, and straining family resources (Kulzer et al., 2023). Financial stress can lead to conflicts among family members regarding resource allocation. Additionally, individuals with diabetes may feel guilty about the financial impact of their condition on their families, which can lead to emotional problems (Bahar & Tanriverdi, 2017). However, the stigma associated with diabetes is also a significant problem. Many patients may avoid participating in social activities because of feelings of shame and embarrassment (Polonsky, 2020).

In conclusion, the psychosocial problems faced by individuals with diabetes are diverse, and addressing these problems is necessary to improve their overall health and quality of life. It is of great importance for professionals working with individuals with diabetes to adopt a holistic approach that considers both physical and psychological needs.

## **SOCIAL WORK AND CHILDREN WITH DIABETES**

Diabetes is a chronic disease, and as with other chronic diseases, it causes various psychosocial problems for both patients and their relatives during the diagnosis, treatment, and terminal periods (İçağasıoğlu Çoban, 2016; Özbesler, 2013; Sütçü, 2023). These multidimensional problems reveal the necessity of a holistic approach, and make it necessary for professionals, including social workers, to cooperate.

Social workers operate at various levels of practice when working with diabetic children. First, they provide comprehensive education and support to families regarding the medical aspects of diabetes, helping them understand the disease process, treatment options, and possible complications (Decoster, 2001; İçağasıoğlu Çoban, 2016). During this process, they aimed to provide effective support by working with health professionals in a multidisciplinary team. Second, social workers help patients cope with this situation by addressing the emotional and psychological effects of the disease diagnosis (İçağasıoğlu Çoban, 2016). In this context, they can work on issues, such as adaptation to illness, emotional management, and access to community resources.

Children diagnosed with diabetes may experience various emotional reactions including denial, anger, fear, anxiety, guilt, grief, sadness, and depression. Social workers can develop strategies, such as crisis intervention, supportive counseling, and evidence-based methods (e.g., guided relaxation, journaling, and behavioral approaches) to cope with these emotional states (Hampson & Fraser, 2019). They also help clients navigate complex interactions with health professionals and institutions, making these processes manageable (Hampson & Fraser, 2019).

Social workers use therapeutic interventions, such as counseling and support groups, to help children with diabetes cope with emotional challenges and adjust to their new realities (Decoster, 2001). Case

management helps older adults navigate complex service systems, especially those with comorbidities. These services cover a variety of areas including access to nutritional resources, fitness training, diabetes education, health insurance, medication assistance, transportation, and counseling (Hampson & Fraser, 2019). Social workers can also provide support to individuals with diabetes who live in rural areas, are homebound, or are uninsured to access standard diabetes programs (Decoster, 2001).

Social workers can advocate policy changes that increase access to healthcare and improve the quality of life of children with diabetes. School-based interventions play a critical role in supporting children with diabetes (Agiri, 2019). Social workers collaborate with school staff, teachers, and nurses to develop individualized education plans that consider the child's specific needs related to diabetes management (An et al., 2022). This includes providing appropriate accommodation during school hours, ensuring access to necessary supplies and support, and educating school staff on diabetes management to prevent misunderstandings. They also play an important role in creating a supportive school environment that encourages social inclusion and reduces peer stigma.

## **CASE HISTORY<sup>1</sup>**

The age of B.T. (♂) is ten. lives with his mother (H.T.), father (A.T.) and older sister (Z.T.) in Izmir. B.T. is a primary school student in the fourth grade. B.T. was first diagnosed with diabetes when he was four years old. Both of B.T.'s parents have completed high school. B.T.'s family's economic conditions are quite good. His father, A.T., owns a famous restaurant chain in Izmir. His mother is a social media content producer (influencer). B.T.'s diabetes treatment continues at a Training and Research Hospital in Izmir. For the treatment of B. T., his family receives consultancy services from a famous dietician, H.H. H.H. said that B.T. should not consume any fruit for the treatment of diabetes, and the family has prevented B.T. from consuming fruit for approximately four years. At school, his classmates made fun of the B.T. for not consuming foods like them and not eating fruit. Following this incident, a physical fight broke out between B.T. and several classmates. During this time, the B. T. bruises on his arms. B.T. went to the hospital for treatment and his doctor suspected physical abuse, so he was reported to the Medical Social Work Unit as a case of abuse.

## **CASE INTERVENTION**

In this case study, the planned change process model was used. The Planned Change Model involves creating and executing a plan or strategy aimed at improving or modifying a pattern of behaviors, conditions, or circumstances to enhance a client's well-being or situation (Kirst-Ashman & Hull, 2012). In this context, the studies conducted with the case were presented below under headings corresponding to the stages of the planned change process model.

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1 The case examined in this study was created as a fictional case example in the field of medical social work.

## 1. Engagement

The case was reported to the hospital's social works unit as "*child neglect and abuse suspect*" through consultation with B.T. The hospital's social work unit manager referred the case to the social worker S.A. responsible for the Endocrinology Clinic (since the number of social workers in the hospital was insufficient, there was no social worker assigned to each clinic). S.A. first called the doctor who requested consultation to obtain information about the case and began collecting preliminary information about the case from secondary sources. The doctor stated that since B.T. was a child, there was a possibility that he had fallen while playing, but the scratches and bruises on his arms were not normal, and therefore, there was a suspicion of violence. Social worker S.A. collected information on the case from the hospital's automation system. After collecting the initial information, he visited the Endocrinology Clinic to meet the case. The first interview was held in the patient's room with the B.T. and his mother, H.T.

B.T. (♂) is 10 years old and lives in Izmir with her mother H.T., father A.T., and older sister Z.T. Mother H.T. is 35, father A.T. is 38, and older sister Z.T. is 13. B.T. is a fourth-grade primary-school student. Her older sister Z.T. is a third-grade middle school student. B.T.'s parents are high school graduates. Her father, A.T., had a famous restaurant chain in Izmir. Her mother was a social media content producer (influencer). When she was four years old, blood tests taken upon the advice of her pediatrician revealed that the B.T. had type 1 diabetes. B.T. has been receiving diabetes treatment for approximately six years.

## 2. Assessment

Obtaining a diabetes diagnosis, carrying out treatment, and controlling insulin is a traumatic experience for both the child and the family. Therefore, the family's interest in B.T. and treatment follow-up are extremely important. In the interviews, the relationships between mother H.T., father A.T., and their children was observed, and it was assessed that the parents developed healthy relationships with their children. On the other hand, the socioeconomic condition of the family was so quite good.

As a result of the evidence obtained from the interviews, it was concluded that B.T. was not a "*child suspected of neglect or abuse*" but was subjected to peer bullying due to his illness. It was learned that B.T. physically fought with his friends for the first time but that he had previously been verbally mocked with nicknames. On the other hand, it was evaluated that the disturbing but careful point about the case was the "*fruit consumption*" issue. In this context, it was thought that B.T. parents had incorrect information or beliefs.

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about the case was the *“fruit consumption”* issue. In this context, it was thought that B.T. parents had incorrect information or beliefs.

### 3. Planning

The Planning phase involves the client and social worker collaborating to create a plan with specific goals and objectives aimed at addressing the issue at hand. This plan is designed to assist the client in meeting their needs or resolving the problem (Johnson & Yanca, 2010). Following the preliminary assessment section, the procedures carried out with B.T. and his family were planned as follows.

- First, individual interviews were conducted with the B.T. about the problem to be addressed and peer bullying. In this context, an interview purpose was determined for B.T. on how to control her anger and cope with peer bullying.
- A meeting with the B.T.’s teacher was planned for peer bullying and diabetes.
- An educational study was conducted for peers and the school environment, which are the most important sources of peer bullying. To achieve this, meetings were planned with the school principal and Provincial Directorate of the Ministry of Family and Social Services. It was also thought that it would be appropriate to provide training on diabetes awareness and diabetic students at the B.T.’s school.
- Perhaps the most difficult part of the intervention plan was how to convince the family about B.T.’s fruit consumption. In this context, it was thought that it would be appropriate to meet the hospital’s dietician and patient’s doctor to provide accurate information to the family.

### 4. Implementation

Interviews were held with the B.T. on anger management and strategies to cope with peer bullying. In this context, B.T. was counselled on *“emotions,” “feelings of anger,” “our body’s reactions during anger,” “skills to initiate and maintain healthy communication,” “body language,” “what to do during anger,” “violence and its consequences,” “peer bullying”* and *“what to do against bullying”*. In addition, family members were informed of these topics to raise their awareness.

In accordance with plan, B.T.’s teacher, N.K. A meeting was also held. N.K. stated that her student was a successful child, and she did not know that she had diabetes. Therefore, social worker S.A. provided general information about the disease. In addition, the fact that the teacher did not know about the disease made the family feel ashamed/fearful. It was planned to meet the family again on this issue. To raise awareness of the students and teachers at B.T.’s school about diabetes and peer bullying, awareness training was organized by the school administration, the Provincial Directorate of Family and Social Services, and the Provincial Directorate of Health.

B.T.’s parents were interviewed due to both the teacher’s lack of knowledge about B.T.’s illness and the prohibition on fruit consumption. The father reported that he had difficulty accepting his child’s



illness and thought that if it was learned that he was sick, his child would be sent to another school. He also stated that they received counselling from a well-known dietician and that they did not allow B.T. to eat fruit because they were told that their child would get better if they did not consume fruit. Social work S.A. informed A.T. that children with diabetes were not accepted to a special education class or school, and that he was studying in the same classes as children without diabetes. Sound information was obtained from B.T.'s doctor and the hospital dietician. Father A.T., mother H.T. and B.T. received counselling from the hospital dietician regarding nutrition and fruit consumption in diabetes. Within this scope, a B.T. diet was arranged, and fruit consumption was ensured.

## **5. Evaluation**

The interviews conducted with B.T. showed that his anger management and peer bullying prevention skills had improved. Not only were the interviews conducted with B. T. effective in this result, but it was also evaluated that awareness work on the subject among his classmates, other students at school, and teachers made a positive contribution to the process. Informing B.T. and his parents about nutrition in diabetes facilitated the intervention process and allowed B.T. to consume fruits. Moreover, the family's false beliefs and thoughts about diabetes were replaced with those of appropriate and healthy individuals.

## **6. Termination**

The first interview was conducted in a patient room in the clinic. Subsequent interviews were conducted in interview rooms located in a social works unit. During the intervention process, many people and institutions were contacted, and the application was successfully completed. In the last interview, all the work done to B.T., A.T., and H.T. was summarized, the gains from the intervention process were discussed, and the case was concluded.

## **7. Follow-up**

This case study was conducted in a hospital, which is a medical treatment institution, and it was quite difficult to conduct a follow-up interview. However, regular visits to the hospital for treatment enabled a follow-up interview to be held three months after the intervention period. It was understood that the B.T. was able to consume fruit in portions deemed appropriate by the dietician and developed healthy relationships with his friends in the classroom.

## **CASE ANALYSIS**

In this case study, the ecological, empowerment, and cognitive-behavioral approaches were used. B.T.'s relationships with the family system, peer system and school system were evaluated within the framework of the Ecological approach and thus it was determined which systems should be worked on. Biologically, the human body produces a series of stress hormones such as adrenaline. This mech-

anism encourages changes in our physical and mental states and helps us escape or fight. This is called the “*stress response*” and is called “*fight or flight*” (Özel and Bay Karabulut, 2018). B.T.’s losing control of anger and experiencing violence in the face of peer bullying was evaluated as a fight response. B.T. had previously been subjected to verbal bullying by his friends and was partially successful in dealing with this problem without turning into a violent incident. B.T. was reminded of what to do in the face of bullying and B.T. was made to realize this strong aspect. B.T. was informed that he could give a war response without showing violence. In addition, it has empowered the B.T. in studies on anger management. On the other hand, behavioral change was achieved by intervening in the mother’s and father’s incorrect and automatic cognitions about illness and nutrition (reframing). Similarly, cognitive change was achieved in students and teachers by providing education on diabetes and peer bullying.

Many classifications of social work skills have been made in the literature, but Sütçü and Demirel’s (2022) classification was used in this study. B.T. Many skills were used during the intervention. In this context, “*verbal and nonverbal communication*”, “*asking questions*”, “*empathy*”, and “*active listening*” skills were used. Planning and contracting skills (the solution to the problem was planned together with B.T., his family, and the social worker, and then the intervention contract was made), assessment skills (ecological assessment of B.T. and his family, evaluation of the problem), and problem-solving skills (for peer bullying and anger management) were used in the intervention process. In this case, the social worker performed teamwork, cooperation, and coordination skills in bringing B.T. and his parents together with the dietician, the patient’s doctor, and the family for the diabetes and nutrition process in diabetes. Additionally, the case utilized multitasking skills, which are professional skills at different application levels that solve multiple problems simultaneously.

In this study, a broker role was undertaken to ensure that the B.T. and his parents obtained accurate information. An empowering role was adopted to increase the B.T.’s awareness of anger management and peer bullying. Additionally, an educational role was undertaken to inform students and teachers at school about peer bullying and diabetes.

## CONCLUSION AND RECOMMENDATIONS

Diabetes is a chronic disease that causes psychosocial problems beyond physiological problems. Although diabetes cannot be cured definitively, it can be controlled through diet management, physical activity, and medication. Diabetes, which can be observed in every developmental period, can be traumatic for the child and his/her family during childhood. In this respect, a holistic view of social work among children with diabetes can make an important contribution. This article, which examines the social work intervention example for the fictional case of a diabetic child, developed an application according to the stages of the planned change process. The ecological model, empowerment approach, and cognitive-behavioral approach were used together in the assessment and intervention process of the B.T. case. In this article, for the first time in Türkiye, an example of social work practice

in the case of a child with diabetes was created. In this way, it is considered that the article will serve as a guide for social workers who will work in the medical field.

Based on the evaluations made in this fictional case study, the following suggestions are presented.

- Diabetes can cause discrimination, stigmatization, exclusion, and peer bullying problems in children; therefore, these problems should be evaluated in practice with children with diabetes. In addition, social workers should fulfil their advocacy roles in these problems. Social workers should encourage children with diabetes to actively participate in education, awareness campaigns, and support groups. These activities aim to raise awareness of the psychosocial challenges faced by the child and their family, as well as to promote treatment adherence. This involvement should occur at the mezzo level within the child's school and social environment and at the macro level in society to help prevent discrimination and peer bullying against children with diabetes.
- Diabetes treatment is a process in which children and family members must harmonize. Problems between children, family members or other systems can negatively affect treatment. Therefore, social workers should provide counselling regarding the organization of family functions and roles according to children's diabetes management. They should change agents in the transformation of the school and peer systems.
- As with other chronic diseases, the treatment of diabetes can be financially challenging for children and families. Social workers should take on the role of liaisons to provide resources for children with diabetes and their families.
- Evidence regarding social work practices in children with diabetes is extremely limited; therefore, more research and examples of practice are needed.

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