Phase 1: Full Caretaker Control

- Restoration of full diabetes management.
- May also include weight restoration and restoration of normal eating.
- Focus on the dangers of malnutrition and long term elevated blood glucose.
- Caretaker takes control of diabetes management, similar to the way that an inpatient nursing staff would.
- Endocrinologist dictates insulin reintroduction protocols.
- Endocrinologist or other doctor treats physiological side effects of insulin reintroduction and new or worsening complications.
- CDE and Therapist work with parents on logistics of diabetes management and patterns of family interaction.
- Therapist works with patient on eating disorder behaviors, including those related to diabetes management, and emotional challenges of physical changes (weight gain, edema, neuritis, etc)

Phase 2: Gradual Return of Control to Person with Diabetes

- PWD’s acceptance of increased insulin (amount of insulin and number of injections or boluses), increased bg testing, and acceptance of or decreased presence of physiological changes, indicates a readiness to start Phase 2.
- Dosing
  1. PWD and Caretaker calculate doses together and Caretaker administers or oversees PWD administer insulin.
  2. PWD calculates doses and Caretaker verifies, then PWD administers insulin.
  3. PWD calculates doses and administers insulin on their own.
- Blood Glucose testing
  1. Caretaker oversees PWD test bg.
  2. PWD tests bg and Caretaker reviews log daily, then weekly.
  3. PWD is responsible for conducting and tracking all bg testing.
- Return control over eating if PWD was also restricting or binging food.
- PWD goes on outings without Caretaker.

Phase 3: Establishing Healthy Independence

- Initiated when PWD reaches a predetermined goal - percent of insulin taken and/or number of bg tests and/or HbA1c value.
- Therapy work evolves from behavioral based to working on eating disorder thoughts, diabetes feelings and body image.
- Address other comorbid mental health disorders.