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Clinical

Abstract Title

Adaptation of a Dialectical Behaviour Therapy Program for First Nations Youth Living with Type 2 Diabetes in Manitoba, Canada.

Background

Youth living with type 2 diabetes (T2D) have identified mental health as an important component of diabetes management. Type 2 diabetes diagnosed in childhood disproportionately affects First Nations children, families and communities. Dialectical Behavior Therapy (DBT) is a Western based program, which includes teachings on mindfulness, emotion regulation, and distress tolerance and interpersonal effectiveness.

Objective

This pilot project examines the adaptations such as minor worksheet modification and incorporation of Ansinimowin cultural teachings to develop an impactful culturally relevant community-based mental health intervention based on feedback from Anisininew youth living with T2D.

Methods

An initial scoping review revealed previous incorporation of First Nations ways of knowing and being into health interventions. Consultations with Indigenous lead organizations in research (IPERC and DREAM steering circles) and with elders and knowledge keepers from different nations informed a focused intervention in partnership with a Knowledge Carrier and community members from one community St Theresa Point. Recruitment, enrollment, and adherence rates to the DBT program are being determined.

Results

The research team including Four Arrows Regional Health Authority, child psychologists and trainees, and a Knowledge Carrier from St Theresa Point with expertise in mental health reviewed and adapted images and examples to reflect the lived experience of youth living with T2D in community. Currently the DBT intervention is being co-led by a community knowledge carrier and an educator with 2 child psychologists as an after-school program including a healthy snack in the community high school. We are collecting data on the feasibility, acceptability and satisfaction of the program which will be available for reporting in Fall 2025.

Conclusion

Building trusting relationships between university-based researchers and community led researchers, knowledge keepers and community leadership, and sharing health priorities which are derived from the youth living with T2D allowed the development of a better intervention which is culturally relevant and delivered in community.

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