

# DEVELOPMENTAL DIFFERENCES IN REPORTED HELICOPTER PARENTING, AUTONOMY, AND GLUCOSE MONITORING IN A MEDICAL SPECIALTY CAMP

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Guiding Framework: Where, When,  
and for Whom does HP act as a  
protective factor?

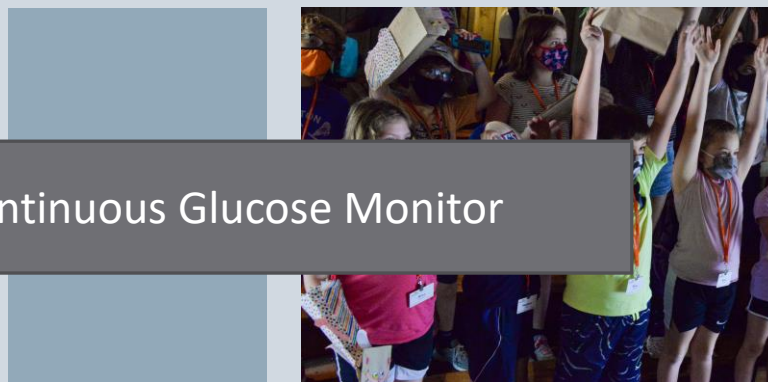
# Helicopter Parenting

Well intended behaviors taken to an excessive degree, to the detriment of the child's development of autonomy, competence, and social skills<sup>1</sup>

HP manifests at higher rates in children with disabilities<sup>2</sup>

1. Garst & Gagnon, 2015

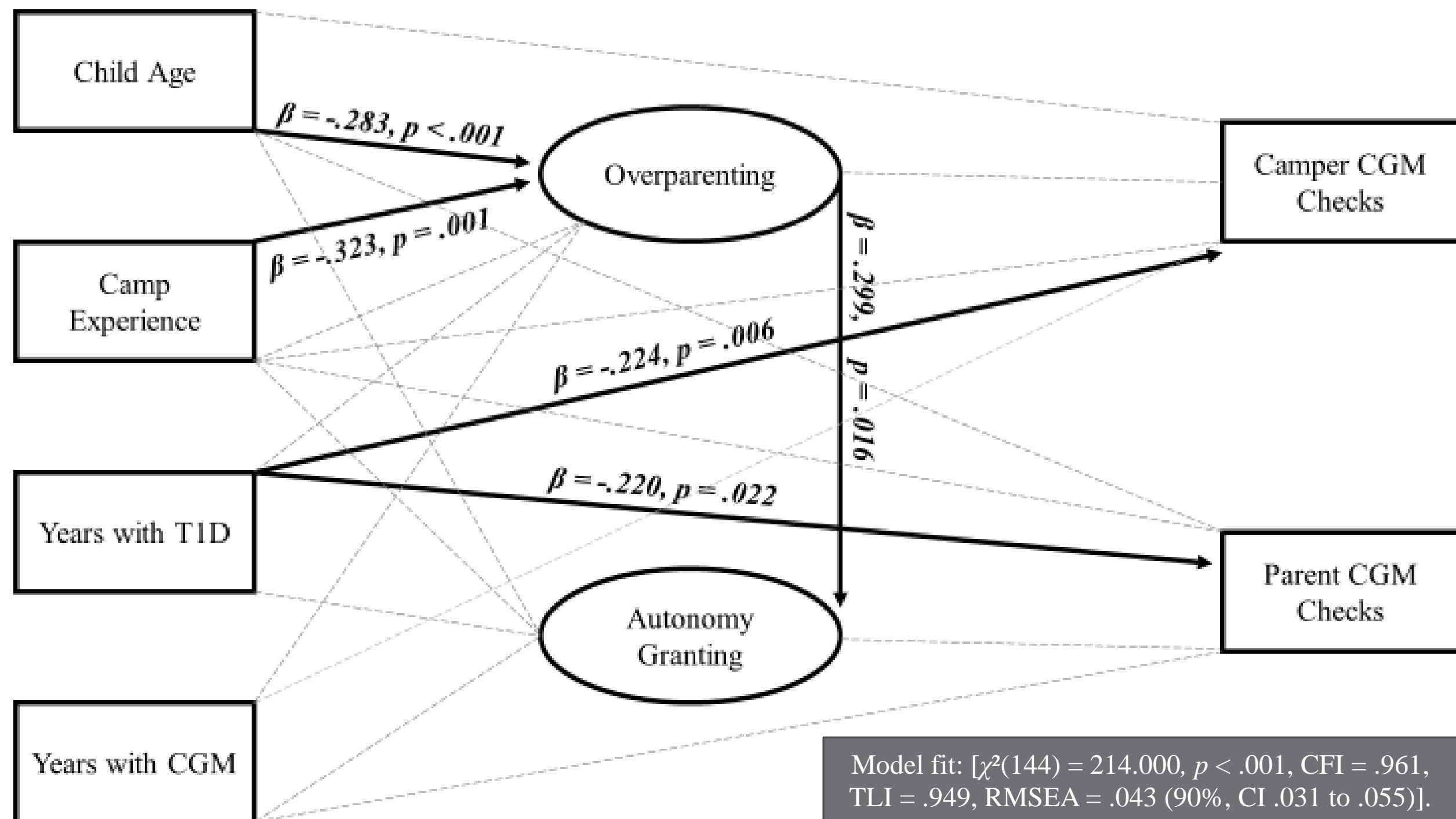
2. Gagnon et al., 2020



Continuous Glucose Monitor

## Present Study: What child characteristics influence helicopter parenting, autonomy granting and **CGM** use?

- Data were collected in Summer 2021 from 261 youth at a T1D camp
- Primarily **female (59.5%)**
- Average **13.83** years old
- Average of **3.72 years camp attendance**
- Average of **5.95 years since T1D diagnosis**
- Primarily white (**64.2%**), African American (**16.5%**), multi-Racial (8.8%), Hispanic or Latino Origin (5.4%), or Asian origin (1.6%).
  - **Demographics reflect 2019 census estimates for state**





# So what?

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Consistent with T1D and overparenting literature, in the present study as older campers reported lower rates of overparenting.

More experienced medical specialty campers (controlling for camper age) also reported lower rates of overparenting.

- Given the extra effort camp programmers may associate with “helicopter parents” more experienced campers with T1D (and their parents) may put less strain on often limited resources.

Autonomy granting behaviors (i.e., encouraging child independence) are typically negatively associated with overparenting.

- Children with a disability may view this autonomy granting, not as “facilitating” independence, rather, as “forcing” independence, a space where the child is not psychologically ready to go, reflecting the excessive behaviors underpinning overparenting.

Adherence to diabetes management tends to decline in parallel with experience managing the illness.



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