Danish University Colleges

Focusing on life beyond numer.
Guided Self-Determination (GSD)
Prip, Anne; Christiansen, Anette Wendelboe; Zoffmann, Vibeke

Publication date:
2014

Document Version
Post-print: The final version of the article, which has been accepted, amended and reviewed by the publisher, but without the publisher's layout.

Link to publication

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Download policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
Introduction

Studies in young adulthood have identified difficulties for young adult women in particular, who struggle with a combination of long term poor glycaemic control, weight concern, misuse of insulin, late complications and psychosocial distress or depression (1-3). Research thus calls for interventions which are especially tailored to young adult women with poorly controlled Type 1 Diabetes (T1D), applicable by clinicians in practice and effective in promoting health and preventing complications. Susan, a 24-year-old woman, was one of 200 patients between 18 and 35 years old with type 1 diabetes who took part in a randomised controlled trial (RCT), testing the effectiveness in this age group of a flexible version of Guided Self-Determination (GSD) prior proven effective in adult care (4,5).

Guided Self-Determination

The GSD intervention is a form of Skills training involving the use of reflection sheets, which are filled in by the patient before a number of conversations with professionals with advanced communication skills. GSD prompts a six-stage mutual problem-solving process: ‘joining a mutual relationship with the healthcare professional (HCP)’, ‘self-exploration’, ‘self-understanding’, ‘shared decision making’, ‘action’ and ‘feedback from action’ (1, 2).

Purpose

To examine how an individual with complex chronic disease experience GEB. The case study should provide insights into how the autonomy supportive intervention is experienced, from the person perspective.

Methods

A case study was conducted one year after Susan had finished the trial. Susan was interviewed by two external interviewers who were not involved in the intervention. The interview was thematically analysed according to a procedure suggested by Braun and Clarke (3). An overview of Susan’s diabetes management from onset until after the GSD intervention was made based on the interview and electronic patient record data on HbA1c, weight concern, misuse of insulin, late complications and psychosocial distress or depression.

References


Implications for practice

We consider GSD applicable by HCPs in order to facilitate a process of change in young adults with a complex of poorly controlled T1D and psychosocial distress. Time is used more efficiently when patients work at home to clarify their difficulties. Shifting the focus from ‘numbers’ to the patients’ life with diabetes can increase attendance and release the potential for change.

Conclusion

Susan benefitted from this flexible intervention, breaking out of her isolation by focusing on what was personally important for her and going through an empowering process with improved HbA1c and psychosocial functioning.

Contact details

Anette W. Christiansen, Lecturer
telephone: +45 7228 2851,E-mail: anch@phmetropol.dk

Anne Prip, Lecturer
telephone: +45 7248 7405,E-mail: anpr@phmetropol.dk

Susan’s life with diabetes before, during and after GSD training

<table>
<thead>
<tr>
<th>Time</th>
<th>Susan’s reactions and experience</th>
<th>Glycaemic control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>8 years old</td>
<td>Susan not sure about glycaemic status</td>
</tr>
<tr>
<td>2002</td>
<td>12-14 years old</td>
<td>Susan took over BG control herself</td>
</tr>
<tr>
<td>2005-6</td>
<td>17-18 years old</td>
<td>Susan isolated herself with diabetes</td>
</tr>
<tr>
<td>2007-9</td>
<td>19-21 years old</td>
<td>Susan moved to the capital region and started studying at university</td>
</tr>
<tr>
<td>April-July 2009</td>
<td>21 years old</td>
<td>Susan started at centre 4, SDC</td>
</tr>
<tr>
<td>August 2009-</td>
<td>22 years old</td>
<td>Susan had nine months of non-attendance</td>
</tr>
<tr>
<td>March 2010</td>
<td>22 years old</td>
<td>Susan talked up with her boyfriend, she was crying and asked for help</td>
</tr>
<tr>
<td>June 2010-</td>
<td>23-25 years old</td>
<td>Susan took part in eight individual visits with a GSD-trained nurse</td>
</tr>
<tr>
<td>March-Oct 2011</td>
<td>25-24 years old</td>
<td>Six extra GSD visits together with the GSD nurse and V2</td>
</tr>
<tr>
<td>December 2011</td>
<td>24 years old</td>
<td>Two months later. Susan expressed a wish to become pregnant</td>
</tr>
<tr>
<td>October 2012</td>
<td>25 years old</td>
<td>Interview conducted by external interview</td>
</tr>
</tbody>
</table>

In usual care

Susan found that the focus was on numbers. Susan experienced her situation deadlocked.

Since adolescence Susan had a pattern of eating disorders and poor glycaemic control and interpersonal difficulties. With her difficulties silenced, they became mixed up in one big mess, which Susan could not resolve.

In GSD

Susan found that focus was on her life with diabetes

Susan found it productive to spend time focusing on her life with diabetes.

Using reflection sheets, Susan explored her own reactions to diabetes and became able to identify and unravel difficult situations hidden away for many years.

Susan broke through her isolation and ‘unpacked a big dark shadow behind her’ through communication.

Susan opened up to significant others, sharing the unspoken difficulties, first with the GSD nurse, secondly with her friends and boyfriend and finally with her parents.

Implications for practice

We consider GSD applicable by HCPs in order to facilitate a process of change in young adults with a complex of poorly controlled T1D and psychosocial distress. Time is used more efficiently when patients work at home to clarify their difficulties. Shifting the focus from ‘numbers’ to the patients’ life with diabetes can increase attendance and release the potential for change.

Conclusion

Susan benefitted from this flexible intervention, breaking out of her isolation by focusing on what was personally important for her and going through an empowering process with improved HbA1c and psychosocial functioning.

Being isolated with diabetes

Finally Susan found the strength within herself to manage diabetes

References
