AH-HA – A Fresh Approach to DSME

by Beverly Thomassian, RN, MPH, CDCES, BC-ADM

As diabetes professionals, we have all witnessed that moment of clarity that lights up a person's face when they experience that "AHA" moment. As educators, the "AHA" experience is the end result we work toward; it sends a strong signal that there is a breakthrough; a new understanding that comes from deep inside. That is what the AH-HA Diabetes Self-Management Program is all about. This highly interactive person-driven program uses a "discovery learning" approach to diabetes education. It recognizes the individual's experience and expertise and builds confidence that they can succeed in trying new strategies to improve their diabetes self-management and quality of life. The good news is that the approach is straightforward to implement. Additionally, educators can use the AH-HA approach with individuals or in a group setting.

There are three main components to the AH-HA approach:

- 1. Set up a judgment-free zone.
- 2. Support informed and "wise" decisions.
- 3. Use the 5 M framework for problem-solving.

Judgement Free Zone

Creating a judgment-free zone during diabetes coaching and education sessions lays the groundwork to make meaningful connections. This "safety zone" provides individuals with a place to share their truth and have someone acknowledge and recognize what they are going through. It also helps to identify areas of distress and collaborate on problem-solving. Setting a judgment-free zone also opens the door to more fruitful conversation when gathering groups together in person or virtually. To create this environment, the facilitators need to establish the ground rules. For example, the facilitator might say, "There are no good or bad blood sugars or good or bad foods. If a person is stressed out and eats a donut, they are not cheating; they are choosing to have a donut. If people have blood glucose levels out of range, they are not failing; they need support and help with problem-solving based on their lived experiences." If someone uses judgmental terms during the session, the educator gently reminds them that this is a judgment-free zone and encourages them to rephrase it.

Informed vs. "Wise" Decision

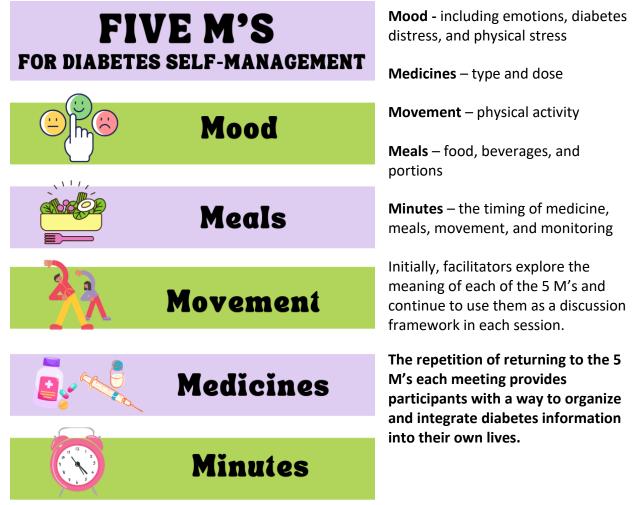
When discussing diabetes self-management goals and behavior adjustments, the AH-HA program encourages individuals to make not only "informed" choices (that work for their diabetes), but also "wise" choices. Wise choices consider and recognize the individual's values, preferences, needs, and wants. For example, if a person tells you, "I am going to cut out carbs to get my blood sugars under target," we would acknowledge that this might be an informed choice. "Yes, cutting out carbs will likely lower your blood sugars, but is it a "WISE" choice?" Does it match their values, preferences, needs, and wants? Or would cutting out carbs

significantly decrease their life's pleasure and joy? Of course, the ultimate decision is up to the individual, but it is worth helping them explore and consider their choices out loud. After all, diabetes lasts a lifetime, and we want to support daily quality of life while reducing the risk of complications.

The next step is to encourage participants to choose an experiment they would like to work on to see how it affects their blood sugars. They can use fingerstick glucose monitoring, or a continuous glucose monitor, to evaluate the results of their actions and decide whether to continue the experiment or try something different.

The 5 M's Framework

In the AH-HA model, participants are asked to guess the 5 "M" words that impact blood glucose levels. Monitoring is not one of the official M's because it results from the 5 M's and is referred to as the glucose number.



The 5 M's for Diabetes Self-Management Include:

Based on 5 M Framework Tool by Funnell et al. www.DiabetesEd.net

This method is quick and doesn't focus on teaching all the ins and outs of diabetes. Instead, the instructors lean into the lived experience and expertise of the individuals in their own lives.

Over time, participants start to intuitively use the 5 M framework to discuss their diabetes selfmanagement efforts. The 5 M's also help participants adopt new problem-solving skills and expand their thinking beyond self-blame and the immediate outcome of their decisions. Plus, since the participants are coming up with their own solutions, it provides them with a customized plan for future and similar situations.

The 5 M framework helps participants become quickly engaged in individual sessions and conversations with other group members. In group settings, other members may point out other M's to consider or provide words of support. In individual settings, educators can recognize the M currently being addressed and explore if another M might also be worth considering. For example, an educator might say, "I hear you are taking your medicines every day, yet your blood sugars are still above your target goal. Would you consider adding any other M's to your experiment?"

Coach Beverly is one of the diabetes education specialists co-leading virtual group classes as part of the ongoing research on the AH-HA study. As an instructor and observer, she has witnessed the effectiveness of this approach firsthand. Participants who might be initially unsure about the AH-HA program approach quickly become more engaged in their own diabetes self-management and are excited to help coach and support other class members.

Here is to more "AH-HA" moments and transformation of diabetes self-management education through self-discovery. I want to give special thanks to my mentor and lead facilitator, Susan Guzman, PhD, who inspires me with new and profound communication approaches each time we collaborate.

References

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