Peer Leader Manual

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Foreword

As the numbers of people with diabetes rise worldwide, so does the need for improved standards of self-management. High-quality therapeutic education delivered by proficient educators is the only means to achieve those high standards. The International Diabetes Federation recognizes the urgent need to reach a great number of healthcare providers with the best diabetes education materials in order to promote improved daily diabetes management and care skills and prevent disabling complications. Innovative, appropriate educational tools are key to engage and motivate all learners and facilitate effective learning.

IDF is sponsoring translational research projects around the world via our funding programme, BRIDGES, which is supported by an educational grant from Lilly Diabetes. Our aim is to help researchers to test the implementation of original, effective tools and disseminate positive outcomes.

IDF is therefore pleased to present this Peer Leader Training Manual, which was developed by Tricia Tang and Martha Funnell (University of Michigan, USA) during the implementation of their BRIDGES-supported project (ST07-009).

User's Guide

Welcome!

This Peer Leader Training Manual was developed to train Peer Leaders (PL) to provide on-going diabetes self-management support as part of a larger study. It was **not** designed to prepare peers to provide group-based diabetes self-management education. The information in this User's Guide describes how this manual was used in our program and offers tips for how to make adaptations.

You may choose to use all or portions of the training depending on your particular needs and situation. We ask only that appropriate credit be given whenever these materials are used and that adaptations be clearly described.

Diabetes self-management education (DSME) has long been considered a cornerstone of diabetes care. In multiple studies and meta-analyses, DSME has been found to be cost-effective and effective for improving metabolic and psychosocial outcomes, at least in the short term. The data also show that these improved outcomes begin to decline after about 6 months and that the provision of on-going diabetes self-management support (DSMS) is needed in order to sustain these improvements. This evidence is reflected in the current International Diabetes Federation Standards for DSME, which recommend that ongoing self-management education and support be accessible to people with diabetes after the completion of initial DSME.

Because of the global epidemic of diabetes and the limited number of professional personnel and other resources, it has been suggested that training peers to provide on-going support would increase availability of and access to DSMS. Preliminary evidence for volunteer-based peer support interventions in diabetes is promising, but limited. There is very little information about choosing effective peer leaders, the type of training that is needed, evaluating competency, how to link peers with health professionals and how to sustain peer-led programs.

Although the larger study is still in progress, a pilot study evaluating the use of this manual in the peer training program, showed that it was effective for training peers in empowerment-based group facilitation skills, active listening, diabetes knowledge and self-efficacy. Nine peers were trained in our program designed to provide DSMS to up to 100 African Americans in a U.S. urban community with type 2 diabetes. The term peer leader was chosen because it was the best description for the role in this project and to decrease confusion with the health professional educators who were part of the study.

THE DSME PROGRAM

The intervention included group DSME co-led by a certified diabetes educator and two PLs. The education was provided using a patient-centered, question-based approach with no pre-established curriculum. Information was provided based on questions by participants. As examples of the PL role in the DSME program, one PL opened each session by asking participants how things had gone and the other PL closed the session by asking participants to set a goal for the following week. During the session, the certified diabetes educator responded to clinical questions and the PL added information related to their own experiences. If participants raised practical, behavioral, emotional or cultural concerns, the educator gave the PLs the first chance to respond. The educator and the PL shared responsibility for group facilitation (e.g., making sure all had a chance to speak, behavioral and psychosocial issues were discussed with each topic, etc). The DSME groups ranged in size from 5 to 15.

In addition to attending group-based sessions, each participant was assigned a PL and had two individual sessions. During the first, a values clarification exercise was conducted followed by the 5-step goal setting model (Appendix D) and, finally participants set an I-SMART goal (Appendix E). During the second, the PL followed up with participants on their I-SMART goal and participants prepared for a physician visit by completing the concerns assessment form with the PL (Appendix J).

We discovered that having the PLs participate in the DSME program was a critical aspect of the project. First, it demonstrated respect for the role of the patient in self-management. Second, by acknowledging the expertise and experience of the PLs, we demonstrated the value of the PLs so that participants were comfortable and willing attending the on-going peer led group. Third, since the PLs and participants in this study were African American and most the study team were not, it gave us credibility in the community and opened the discussion more easily to specific cultural issues.

THE DSMS PROGRAM

Following the DSME component, participants were offered the opportunity to attend weekly support groups led by the PLs. Participants were told that there was no expectation that they attend each week. Instead, they were told to attend as "often as they felt they needed". If participants had not been to a session or initiated contact with their assigned PL within a month, the PL called them in order to maintain a relationship and to discuss any concerns and progress towards goals. One of the benefits of this approach is that 10 DSME groups could be combined into 4 DSMS groups. Because participants did not attend all sessions, the number who attended each week remained a manageable size (4-12 people) so that more participants could be accommodated with fewer PLs.

The format of the sessions was the same as the DSME, in that there was no prepared content and sessions were designed around issues raised by participants. As in the DSME component, sessions included the following elements, although the order and flow varied per session. The elements were: 1) Reflecting on of goals and experiences; 2) Problem-solving; 3) Addressing emotional concerns; and 4) Discussing issues and concerns raised by the participants. The sessions lasted 75 minutes and both day and evening options were offered. A certified diabetes educator was available by phone for the last 15 minutes if there are any clinical questions or issues that needed to be addressed.

CHOOSING PEER LEADERS

Prior to implementing the PL training program, we conducted focus groups in the community among the target population of patients. They identified a strong preference for PLs who have type 2 diabetes, rather than spouses or other care-givers. It was also important to them that the PLs be similar in age and ethnicity, and had struggled with self-management and the issues with which they also struggle. Based on these criteria, we recruited African Americans from the community who were 40 years of age and up, first targeting individuals who had received DSME in our programs, and then those recommended by others. We chose PLs who were actively working on their diabetes, were supportive of others in the group and interacted well. There was no A1C requirement as this was not a mentoring program. We conducted both an individual and a group interview, focusing primarily on their interpersonal skills. For example, during the group interview we had each person lead a 3-5 minute session on an assigned diabetes-related issue.

IMPLEMENTING THE TRAINING PROGRAM

Kolb's experiential learning theory served as the conceptual framework for the PL training program. According to this theory, learning is seen as a process

of trial and error where learners make their own decisions, experience the outcome of their decisions, reflect on what factors contributed to the outcome and then modify future decisions and actions based on this reflection. The teaching methods employed were designed to provide the opportunity to continually learn from their experiences.

The training program occurred over 12 weeks with 2 training sessions conducted per week for a total of 46 hours. This program is competency-based, and grounded in the theory of experiential learning. It consisted of 3 major components—namely, building a diabetes-related knowledge base, developing skills (communication, facilitation, and behavior change), and applying skills in experiential settings. The PLs requested the diabetes clinical information as a review because they felt it would help them feel more confident when leading the group.

All of the 3 major components were integrated into each training session using a range of instructional methods, including group brainstorming, group sharing, role-play, peer leader simulations, and group facilitation simulations. No lectures or power-point presentations were given.

Each session was presented as outlined with an emphasis on providing experiences to increase communication and facilitation skills. If there were time constraints, the clinical sections of the session were shortened or eliminated. During the sessions, the instructors modeled the facilitation and empowerment-based skills we were teaching.

A description of each of the teaching methods outlined in the program materials was reviewed during the Introduction Session and Table 1. We kept records to ensure that each PL had the opportunity to practice all of the skills. At the end of each skill practice, the PLs first commented on their own performance, followed by feedback from the other PLs and then the instructors. In giving feedback, participants were asked to offer one specific positive comment (e.g., that was very clearly presented) and one comment about a way to improve the skill (e.g., I thought it would have been easier to understand if you had written it on the board).

EVALUATING SKILLS OF PEER LEADERS

To successfully graduate from this competency-based program, participants had to achieve the pre-established criteria across the 4 competency domains during the summative evaluation process that occurred at the end of the training program (Table 2). Because this was a research project, multiple measures were used. A less extensive evaluation may be adequate in a real-world situation. However, active listening was both the most difficult and the most important based on our further work with the DSMS program and should be included in the evaluation process.

The criteria for successful completion in the knowledge domain was achieving at score of >80% correct on the written diabetes knowledge tests (Diabetes Knowledge Test; Diabetes Knowledge Questionnaire-24; Understanding Management Practice Scale). Empowerment-based facilitation skills were evaluated by asking participants to view a series of six video vignettes and write a 1 sentence response and score at least a +2 on at least 3 out of 6 vignettes. (These video vignette statements and rating scheme are listed at the end of each training session under "Skill Building" and can be presented orally by the instructor if video is not available.)

To assess active listening skills, we used a standardized patient interview simulation in which PLs conducted a 10-15 minute session using the 5-step goal setting process. The sessions were taped and instructors then reviewed and evaluated the tapes. The simulation was a based on a common situation among the patients with whom the peers would be interacting (a busy working mother with type 2 diabetes who often ate in fast food restaurants as she drove her children to various activities and had no time to exercise). The trained standardized patient was taught to respond authentically to the questions and goal-setting model while remaining in character. She was also instructed not to offer unrequested information or too much assistance to the peers. Two instructors reviewed each tape using the Active Listening Observation Scale – global (passing score >4). We also used an adapted version of a self-efficacy scale developed in an earlier peer study.

PLs were given 3 attempts to pass each competency domain. On the first attempt, 75% passed the diabetes knowledge, empowerment-based facilitation and self-efficacy and 63% passed the active listening. Remediation was offered to those who did not pass on the first attempt. For example, the simulation tape was reviewed with the PLs and specific feedback given. All passed on the second attempt.

PLs also completed a 5-item satisfaction survey developed for the project. In general, participants rated the training program very high (mean 4.5 out of 5) on all measures. They ranked group brainstorming and group sharing as the most effective instructional methods and quizzlettes as the least effective.

When asked what was most effective about the program, participants reported: sharing diabetes-related experiences, practicing skills with other participants, learning how to avoid making judgments, leading group simulations and receiving group support as they learned new skills. Suggestions to improve the program included more opportunity to practice skills, more time for active listening practice, spending more time on topics that needed more discussion (e.g., distress, depression) and extending the training over a longer period to allow participants to refine communication and behavior change skills.

CAVEATS

This manual was designed to teach peers leaders the important communication, facilitation and behavior change skills necessary to provide effective self-management support for their peers. The primary goal was to equip PLs with the skills to provide emotional and behavioral support to help other people with diabetes cope effectively, set goals and make and sustain lifestyle changes in order to improve their diabetes outcomes and quality of life.

The diabetes clinical content in this manual was included at the request of our PLs. It is designed to provide only a brief review and is not intended, nor is it adequate to train peers to provide initial DSME.

This training manual can be modified to fit the needs to the training audience as well as any training-related parameters, such as duration however the evaluation data are relevant only for the complete program. Any modifications should be clearly identified and described and the title adapted to reflect any changes. The amount of diabetes clinical content can be abbreviated, eliminated or enhanced depending on the nature and purpose of the training program and the role of the peer leaders.

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TABLE 1: INSTRUCTIONAL METHODS

INSTRUCTIONAL METHOD	PURPOSE
Quizlettes	Reinforce content
Peer Leader simulations	Increase comfort in talking before a group
Group brainstorming	Practice leading activity to generate ideas, examples or responses
Group sharing	Practice leading discussion of personal experiences, feelings and thoughts
Skill building	Effective communication and behavior change skills
Role-plays	Apply skills learned working in pairs
Pair and share	Share personal diabetes-related experiences with other participant
Group facilitation simulations	Practice group facilitation skills
Lecturettes	Practice presenting content in a short, focused way

TABLE 2: EVALUATION MEASURES

Diabetes Knowledge Questionnaire-24: Brown S, Garcia A, Kouzekanani K, Harris CL: Culturally competent diabetes self-management education for Mexican Americans: the Starr County Border Health Initiative. Diabetes Care 2002; 25:259-268.

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ALOS-global: Passaert T, van Dulmen S, Scheilevis F, Bensing J: Active listening in medical consultations: development of the Active Listening Observation Scale (ALOS-global). Patient Education and Counseling 2007; 68:258-264.

Disclaimer

Peer leaders are people with diabetes who have undergone intensive training to provide self-management support to others living with diabetes. This training manual for the Peer-Led, Empowerment-based Approach to Self-management Efforts in Diabetes (i.e. PLEASED) program was designed to teach people the important communication, facilitation, and behavior change skills necessary to become peer leaders. The primary goal of the PLEASED training program is to equip people with the skills to provide emotional and behavioral support for people with diabetes to help them cope effectively with diabetes, to make lifestyle and self-management changes and to sustain those behaviors in order to improve their diabetes outcomes and quality of life.

This manual was developed by Tricia S. Tang, PhD and Martha M. Funnell, RN, CDE; Michigan Diabetes Research and Training Center, University of Michigan Medical School (USA).

It should be noted that the training manual also contains diabetes clinical content which was included at the request of our peer leaders. The diabetes content is designed to provide only a brief review and is not intended nor is it adequate to train peers to provide diabetes education. This training manual can be modified to fit the needs of the training audience as well as any training related parameters (e.g., long versus short duration of training). The amount of diabetes clinical content can be reduced, eliminated or enhanced depending on the nature and purpose of the training program and peer support intervention.

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INTRODUCTION

TRAINER MATERIALS

Preparation

– Review outline

Materials to take

– Name tags/table tents
– Notebooks for participants
– Attendance form
– Markers

WELCOME AND INTRODUCTION

Icebreaker activities:

(1) Introduce yourself and tell us where you were born and raised, and how long you have lived in [CITY]. The trainer starts the discussion by responding to these questions.

(2) Everyone has a different experience of living with diabetes. How did you find out you had diabetes? When did you really understand that you had diabetes? The trainer starts the discussion by responding to these questions (if applicable).

ESTABLISHING GROUND RULES

Trainer: In order for the sessions to be effective for everyone, it helps to have some ground rules. Two essential ground rules are:

– What is said in the group, stays in the group (Confidentiality and trust)
– There are no judgments.

Ask participants, "What are some ground rules you think should be established?" Go around the room and have each person state a ground rule for the group.

Write these on a large piece of paper that can be posted at each session. Make sure everybody agrees before you move to the next ground rule. Offer suggestions only as needed. Some examples of ground rules are:

– Do not interrupt when someone is talking.
– Make sure that everyone has a chance to talk.
– No side conversations.
– Starting and stopping on time.
– Respect one another's opinion.
– Provide constructive feedback.
– Turn cell phones off or on vibrate.

Trainer: My role is to be the facilitator. This means that while I am not the 'teacher', part of my job will be to be sure that the ground rules are implemented. I am also the "time-keeper" which means that I will be sure that we start and end on time. There may be times when I will need to interrupt to be sure that everyone gets a chance to talk and that all issues raised by the group participants are addressed.

PURPOSE OF TRAINING PROGRAM

Trainer: The purpose of this training program is to teach you how to facilitate self-management support groups and to help people with type 2 diabetes live longer and healthier lives.

Trainer: Ask participants the following questions and write their responses on a chalkboard or white board.

- Why did you decide to participate in this program?
- What is important for you to learn?
- How will you know that this program has been successful for you?

EMPOWERMENT-BASED GROUP PROCESS

Trainer: See Appendix A. This intervention is based on patient empowerment and will be conducted in a group setting. Group discussions will not be led by a standardized curriculum, but instead it will follow a general process where we encourage participants to share self-management experiences or challenges; invite participants to discuss their emotional and feelings associate with these experiences; elicit help from participants in group-based problem-solving; address any self-management questions; and set behavioral goals and develop action plans to achieve those goals.

THE PLEASED INTERVENTION

Trainer: The goal of this training program is to prepare each of you to facilitate the Peer-Led Empowerment-based Self-management Efforts in Diabetes (PLEASED) intervention.

The PLEASED intervention is a 15-month intervention. In the first 3 months of PLEASED, you, as a Peer Leader will assist a Certified Diabetes Educator (CDE) in conducting diabetes self-management education (DSME). Following the 3-month DSME program, you, as a Peer Leader will take the lead and facilitate 12 months of ongoing weekly diabetes self-management support (DSMS).

In the first 3 months of the PLEASED intervention, Peer Leaders will be paired with a CDE and will be involved in the following activities: **(1)** assisting with the delivery of diabetes self-management education; **(2)** conducting a monthly one-on-one session; **(3)** making monthly follow-up phone calls, and **(4)** assisting participants to prepare for a diabetes-related health care provider visit.

THE PLEASED INTERVENTION

In the following 12 months of PLEASED, Peer Leaders will provide continued self-management support through weekly, self-management groups. The DSMS groups are designed to be patient-centered. There is no set topic or agenda and the sessions are based on the questions, issues and concerns identified by the participants. The goals of these group sessions are to:

(1) Reflect on and share self-management experiences and concerns.
(2) Discuss emotions and feelings
(3) Engage in problem-solving
(4) Address questions about diabetes and its care
(5) Set and follow up on behavioral goals

Peer Leaders will also provide support via telephone contacts. Support can be thought of in different ways. It can involve emotional support involving listening to patients and encouraging them to stay motivated. Or, this support can be behavioral and involve helping patients set behavioral goals and make action plans. During these calls, Peer Leaders will also work with participants to help them complete the 5-step behavioral goal-setting process that we will teach you.

STRUCTURE AND GUIDELINES FOR THE PLEASED PEER LEADER TRAINING PROGRAM

Trainer: We have organized the training program in the following way:

- 3-months training
- Training sessions are 2 times per week; 2-hours per session (10AM-12PM) with a 15 minute snack/break.
- Participants are expected to attend every session.
- If a participant cannot attend a session, please notify a trainer at least one week in advance.
- Participants must make up missed sessions. Participants who miss a session will make the session up by meeting one-on-one with a trainer.
- Participants will follow the ground rules established by the group.

SKILL DEVELOPMENT

Over the course of training, you will learn the following core skills: **(1)** Active listening, **(2)** Building motivation, and **(3)** Facilitating behavior change.

1. ACTIVE LISTENING

This skill is the single most useful and important listening skill. In active listening we try to understand what the other person is thinking, feeling, wanting and what the message means. We are also active in checking our understanding before we respond with our own new message. We ask open-ended questions or restate our understanding of their message and reflect it back to the sender for verification and to allow the sender to build on what he/she had said. This feedback process is what distinguishes active listening and makes it effective. Central to active listening is asking open-ended questions and making reflections.

SKILL DEVELOPMENT

Asking open-ended questions. Open-ended questions are questions we ask that cannot be answered by "yes" or "no" or a one-word answer. An open-ended question helps OPEN the door for the person to continue talking and exploring what they are trying to say.

Close-ended question: Are you angry about having diabetes?
Open-ended question: What are your thoughts about having diabetes?

Close-ended question: Do you inspect your feet every day?
Open-ended question: Tell me about your foot care routine.

Making reflections. This skill involves stating in your own words what you understand the speaker has said. This skill serves to check your own understanding and to encourage the speaker to continue explaining his/her point of view. You can reflect back the content, thoughts, or feelings that the speaker conveys. However, it is most helpful to focus on the feelings and to clarify your perception of the issues, so the speaker knows you are listening and understanding his/her emotions.

Participant: Every time I leave the house, I have to remember to bring my insulin pen, my meter, and some hard candy just in case I have a low. Having diabetes is a full-time job.

Peer Leader: It sounds like you are feeling overwhelmed with all the responsibilities you have because of your diabetes.

2. BUILDING MOTIVATION

Rolling with resistance. This is the skill the Peer Leader uses to deal with "resistance" on the part of the participant. The Peer Leader avoids confronting the speaker and instead "rolls with" the direction the speaker is heading. This technique will often bring the client back to a balanced or opposite perspective.

Participant: My doctor wants me to start insulin, but there is no way I am going to give myself shots everyday.

Peer Leader: Going on insulin is a hard transition for people. Maybe you just are not ready to make that change.

Clarifying personal values. This skill involves the Peer Leader asking the participant to select values/attributes important to him/her and discuss why. It also involves exploring whether there is a connection between current self-management behaviors and personal values.

Eliciting "change talk". This skill involves creating an environment in which the participant makes "self-motivating" statements about reasons for change, imagines making the change, and builds his or her own confidence to make changes. The Peer Leader will elicit "change talk" from the participant using the following protocol.

SKILL DEVELOPMENT

On a scale of 1 to 10 (with 10 being the highest), how motivated or interested are you in [insert behavior change]?

On a scale of 1 to 10 (with 10 being the highest), assuming you want to, how confident are you that you can [insert behavior change]?

Follow-up probes:

Why did you not choose a lower number (to elicit positive statements)?

Why did you not choose a higher number 8 (to elicit barriers)?

What would it take for you to move to a 9 or 10?

3. FACILITATING BEHAVIOR CHANGE

Peer Leaders will learn to recognize and use empowerment-based facilitation skills with participants. Empowerment-based communication includes focusing on feelings and goals and problem exploration.

5-step goal-setting process. This 5-step process includes (1) exploring the problem, (2) clarifying feelings and meanings, (3) developing a long-term plan, (4) committing to action, and (5) experimenting with and evaluating the behavioral experiment.

Making an I-SMART diabetes action plan. This process involves selecting a goal that is Inspiring to you, Specific, Measurable, Achievable, Relevant, and Time-specific, and developing a detailed plan (when, how much, where, how often) to make this behavior change. In this process, we also explore possible barriers to change and how these barriers can be addressed. The first and most important step is figuring out the problem you are trying to solve by making the change. This is Step 4 in the 5-step goal setting process.

Problem-solving. This process involves identifying the problem, generating a list of possible solutions, exploring the benefits and drawbacks of each solution, and selecting the most suitable solution. This is steps 1 and 2 in the 5-step goal setting process.

ADDITIONAL SKILLS

Knowing when to defer/refer to the expertise of health care providers. Peer Leaders will learn to recognize situations in which they need to refer the participant to a health care provider. Every Peer Leader will have a supervising CDE to consult with at all times.

Preparing for a diabetes-related health care visit. For this activity, Peer Leaders will assist participants in completing the Diabetes Concerns Assessment from.

KNOWLEDGE ACQUISITION

Each week we will focus on a specific diabetes or training-related topic.

TOPIC	LEARNING OBJECTIVES
Patient empowerment (Day 2)	– Understand facilitation and the role of a Peer Leader – Define empowerment in your own words – Relate your definition of empowerment to your own diabetes experience – Provide constructive feedback to other participants in the Peer Leader training group – Demonstrate the skill of "active listening" – Demonstrate the skill of "asking open-ended questions"
Making changes (Days 3 & 4)	– Demonstrate the process of self-assessment – Create a LIFE plan – Engage in self-reflection – Describe the 5-step behavioral goal-setting process – Make an I-SMART diabetes action plan – Evaluate your behavioral experiment – Evaluate I-SMART diabetes action plans – Describe and demonstrate empowerment-based facilitation
What is diabetes? (Days 5 & 6)	– Demonstrate the skill of "making reflections" – Describe what diabetes is – List symptoms of high blood sugar – Describe how to take care of diabetes – Discuss the role of insulin in diabetes – Demonstrate empowerment-based facilitation skills – Describe the importance of the ABCD's of diabetes – Describe ways to improve the ABCD's of diabetes
Healthy eating (Days 7 & 8 & 9)	– Identify influences on eating behaviors – Identify the major food groups and their influence on blood glucose and health – Identify strategies to incorporate healthy eating habits into your life. – Identify foods that contain carbohydrates – Understand the influence of carbohydrates on blood glucose – Identify strategies to better manage blood glucose, blood pressure, cholesterol and weight through healthy eating – Create an I-SMART diabetes action plan to make one change in eating behavior – Understand the plate method, counting carbohydrate servings, and carbohydrate grams – Keep a food diary and analyze the results – Gain experience with all 3 methods for one day

KNOWLEDGE ACQUISITION

TOPIC	LEARNING OBJECTIVES
Stress, coping, and depression (Day 10)	– Discuss the role of stress in diabetes – Recognize the signs of stress – Understand the different emotional experiences people with diabetes have – Identify effective coping strategies – Identify resources for support – Discuss the relationship between diabetes and depression – Recognize the signs and symptoms of depression – Discuss treatment options for depression
Solving problems (Day 11)	– Demonstrate the process of problem solving – Identify strategies to stay motivated with self-management plan – Identify and address barriers to achieving self-management goals – Understand the different roles of people on a diabetes health care team. – Demonstrate how to prepare for a clinic visit (i.e. diabetes concerns assessment).
Physical activity (Days 12 & 13)	– Understand the relationship between physical activity and blood sugar – List positive effects of regular physical activity on health – Demonstrate the skill of "rolling with resistance" – Describe the special things a person with diabetes needs to do before exercising – Demonstrate how to take a target heart rate – Compare and contrast aerobic exercise and resistance – Demonstrate the skill of "clarifying personal values" – Demonstrate the skill of "eliciting change talk"
Acute complications (Day 14)	– Define hypoglycemia and hyperglycemia – Describe the causes, symptoms, and treatment for hypoglycemia – Describe the causes, symptoms, and treatment for hyperglycemia – Describe strategies to manage your diabetes on "sick days"

KNOWLEDGE ACQUISITION

TOPIC	LEARNING OBJECTIVES
Long-term complications (Days 15 & 16 & 17)	– Identify the long-term complications of diabetes – Identify risk factors for the long-term complications – List strategies to lower your risk for the long-term complications – Identify strategies for presenting information about the long-term complications – Identify the long-term effects of diabetes on the heart and blood vessels – Define nephropathy – Define retinopathy – List strategies to lower your risk for large and small blood vessel damage from diabetes – Identify the long-term effects of diabetes on the peripheral nerves – Identify the long-term effects of diabetes on the autonomic nerves – List strategies to protect and care for your feet – Identify the long-term effects of diabetes on sexual health
Taking medication (Days 18 & 19)	– Identify benefits of taking medications for diabetes – Identify barriers for taking medications for diabetes – Understand the purpose, action, side effects and guidelines for taking oral medications for diabetes – Identify strategies to take medications more faithfully – Understand the purpose, action, side effects and guidelines for taking other injectable medications for diabetes – Understand the purpose, action, side effects and guidelines for taking insulin – Identify reasons why many people are resistant to taking insulin – Identify strategies to take medications more faithfully – Demonstrate the process of applying for health care coverage
Monitoring (Days 20 & 21)	– Identify benefits of monitoring blood sugar levels – Identify barriers to monitoring blood sugar levels – List factors that affect blood sugar levels (in the short-term and long-term.) – Interpret the results from blood sugar testing based on an understanding of these factors – Interpret results from monitoring – Identify common responses to blood glucose monitoring results – Identify strategies to monitor and use the results of blood sugar monitoring more faithfully

KNOWLEDGE ACQUISITION

TOPIC	LEARNING OBJECTIVES
Wrap up (Days 22 & 23)	– Demonstrate active listening, asking open-ended questions, and making reflections – Demonstrate the empowerment-based 5-step goal-setting process. – Demonstrate making an I-SMART diabetes action plan – Demonstrate problem solving – Demonstrate rolling with resistance, clarifying personal values, and eliciting 'change talk' – Demonstrate empowerment-based facilitation skills – Demonstrate a one-on one-session with a participant – Demonstrate a follow-up telephone call with a participant
Summative Assessment (Day 24)	– To be announced

INSTRUCTIONAL METHODS

Quizzes (NOT GRADED). We will give brief written quizzes at the beginning of each training session. The purpose of these quizzes is to review the material and/or skills learned in the previous session. Upon completion, we will debrief and discuss the correct responses.

Lecturettes. While the PLEASED program does not support lecture-based teaching, there will be concepts and topics that require some background. In these cases, we will give brief (no more than 5-minute) talks addressing the topic.

Group brainstorming. This activity invites all Peer Leaders to generate ideas and examples in response to a question posed by trainers.

Group sharing. This activity is conducted in the large group and invites each group member to share and exchange topic-related experiences.

Skills building. This activity introduces Peer Leaders to the effective communication skills and empowerment-based facilitation skills they will use when leading DSMS- groups.

Role-plays. This activity provides Peer Leaders with an opportunity to practice facilitation skills with a partner (e.g., active listening, asking open-ended questions).

Peer Leader simulations. This activity provides Peer Leaders the opportunity to practice and refine their facilitation skills.

Pair and share. This technique calls for Peer Leaders to pair up to discuss a topic or an experience.

Group facilitation simulation. This activity provides an experiential environment for participants to work in pairs and practice facilitation skills in a group setting.

TRAINING EVALUATION

Diabetes-related knowledge. To assess changes in diabetes-related knowledge post-training, we will give pre- and post-tests including the Diabetes Knowledge Questionnaire (DKQ-24), the Diabetes Knowledge Test (DKT), and Understanding Management Practice (UMP).

Empowerment-based facilitation skills. We will evaluate Peer Leaders' empowerment-based facilitation skills using self-management video vignettes and peer leader simulations. Peer Leaders will be asked to provide responses to typical self-management statements made by patients with diabetes. We will evaluate whether these responses are consistent with the empowerment approach (e.g., focus on feelings or goals, problem exploration).

Active listening and motivation building skills. We will evaluate Peer Leaders' active listening skills including asking open-ended questions and making reflections. We will also evaluate Peer Leader's skills for rolling with resistance, clarifying personal values, and eliciting "change talk."

5-step behavioral goal-setting process. We will evaluate Peer Leaders' ability to use the 5-step goal-setting process which includes exploring the problem, clarifying feelings and meanings, developing a long-term plan, committing to action (I-SMART diabetes action plan), and experimenting and evaluating the behavioral experiment.

Making an I-SMART diabetes action plan. We will evaluate Peer Leaders' ability to develop a diabetes action plan that is Inspiring, Specific, Measurable, Achievable, Relevant, and Time-Specific.

Self-efficacy. We will assess Peer Leaders' confidence in understanding the range of core self-management topics and facilitating behavior change discussions using a self-report survey.

READINGS AND RESOURCES

Each session includes a "Preparation and readings" section to help you prepare for the following session. The books provided are:

1. Lifelong Management Guidebook
2. Funnell MM, Anderson RM, Burkhart N, Gillard ML, Nwankwo. 101 tips for diabetes self-management education. American Diabetes Association. 2002. Alexandria, Virginia.
3. Anderson RM, Funnell MM, Burkhart N, Gillard ML, Nwankwo R. 101 tips for behavior change in diabetes education. American Diabetes Association. 2002. Alexandra, Virginia.
4. McCulloch DK. The Diabetes Answer Book. Practical Answers to more than 300 top questions. Sourcebooks, Inc, Naperville, Illinois.
5. Weiss MA, Funnell MM. The little diabetes book you need to read. Running Press Book Publishers 2007; Philadelphia, Pennsylvania.

PREPARATION AND READINGS

Readings:

– The Little Diabetes Book, Pages 19-28.

– 101 Tips for Diabetes Self-Management Education, pages 112-123

Assign "Peer Leader" simulations:

– Have each participant prepared to lead an icebreaker activity

CHAPTER 1

PATIENT EMPOWERMENT

TRAINER MATERIALS

Preparation

- Review session and readings

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Empowerment Group Process (Appendix A)
- Self- and peer-assessment evaluation form (Appendix B and C)
- Active listening skills assessment form (Appendix D)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are discussing Patient Empowerment. As you know, this program is based on the philosophy of empowerment, so an understanding of the definition and skills needed to implement an empowerment based program are critical for your success as a Peer Leader. The objectives for today are:

At the end of this training session, you will be able to:

- Understand facilitation and the role of a Peer Leader.
- Define empowerment in your own words.
- Relate your definition of empowerment to your own diabetes experience.
- Provide constructive feedback to other participants in the Peer Leader training group.
- Demonstrate the skill of "active listening".
- Demonstrate the skill of "asking open-ended questions".

"PEER LEADER" SIMULATIONS

Trainer: Introduce the Peer Leader simulation activity. Discuss feedback form, self-assessment and constructive feedback. Hand out self- and peer- evaluation form.

Have each group participant conduct their own the icebreaker activity.

SELF-ASSESSMENT

Trainer: Self-assessment is the ability of an individual to observe, analyze, and judge his/her performance and determine how he/she can make improvements (See Appendix B).

SELF-ASSESSMENT

On a scale of 0 to 10, with **0 = not at all** and **10 = extremely**, rate your own presentation in each of these three areas.

Felt comfortable presenting to a group _____ *(0-10)*
Provided accurate information and content _____ *(0-10)*
Made a connection with the audience _____ *(0-10)*

Describe one positive aspect of your presentation.

Describe one area that you can improve and why.

PEER-ASSESSMENT

Trainer: Peer-assessment is a process of providing constructive feedback to a fellow learner (i.e. peer) with the intention of helping the learner improve their skills (See Appendix C).

On a scale of 0 to 10, with **0 = not at all** and **10 = extremely**, rate the presentation in each of these three areas.

Felt comfortable presenting to a group _____ *(0-10)*
Provided accurate information and content _____ *(0-10)*
Made a connection with the audience _____ *(0-10)*

Describe one positive aspect of the presentation.

Describe one area that this person can improve and why.

GROUP BRAINSTORMING: WHAT ARE QUALITIES OF A GOOD TEACHER?

Trainer: Think about a favorite teacher you had. Ask the group, 'What are the qualities that made this person a good teacher?"

- Patient
- Good listener
- Responsible
- Dependable
- Honest
- Considerate
- Understanding

GROUP SHARING: ROLE OF PEER LEADER

Trainer: Your job is to be the facilitator. While a teacher provides the answers, a facilitator stimulates the group to discover the answers through reflection. Because the key to learning that leads to lasting change is finding internal motivation, anything that a "facilitator" does to enhance this process is called "facilitation."

The three main purposes of facilitation are to:

1. Improve the quality of each participant's learning experience
2. Help participants find internal/external motivation and support for making lasting changes.
3. Help participants learn from their experiences so that they can use similar strategies when making future changes.

Being a facilitator also means that you need to actively participate in the discussion and that at times you may interrupt, re-direct or end a conversation in the interest of time or to be sure everyone talks. You may need to remind people of the ground rules to be sure that they are observed.

Thinking back on your earlier description and experiences with good teachers, did they also use facilitation skills? In your own words, describe how you see your role in the PLEASED program. Are there tasks other than those listed that you see as important for you?

GROUP BRAINSTORMING: WHAT IS EMPOWERMENT?

Trainer: People define empowerment in different ways. Ask the group, "In thinking about diabetes, how would you define empowerment and what it means to you? How is empowerment relevant for diabetes self-management?" Write these on the board. Discuss differences and similarities of responses.

Trainer: This course is based on the philosophy of empowerment. In the context of diabetes, empowerment is defined as the process of discovering and using your own innate ability to gain mastery over your diabetes.

GROUP BRAINSTORMING: PERSONAL EXPERIENCES WITH DIABETES EDUCATION AND CARE

Trainer: Ask participants to describe their previous experiences with diabetes education and care. Ask the group, "How did the approaches used in those experiences differ from an empowerment view? How did the approaches used work for you?" Point out that most adults do not like to be told what to do.

LECTURETTE: EMPOWERMENT

Empowerment – Part 1

In the past, most diabetes education was designed to "get you" to make changes in your life to manage your diabetes.

It was assumed that making those changes was worth your effort and sacrifices.

If you did not make enough effort, you may have been labeled as "non-compliant" or "disobedient."

This often led to uncomfortable and sometimes antagonistic relationships with health care professionals.

However, a recent study showed that 98% of health outcomes are dependent on the person with diabetes and 2% on the provider.

Therefore, the decisions you make each day largely determine your long-term health and outcomes.

An informed decision is one in which you have enough information to weigh the pros and cons of all of the possible choices.

There are no wrong or right decisions when managing diabetes, only choices and consequences.

Empowerment – Part 2

There are 3 fundamental principles of empowerment:

1. Diabetes is a patient-managed disease.
2. You have the right & responsibility to make informed decisions about your care. When you select the changes you want to make, then you are more likely to be motivated to make and sustain those changes.
3. Providers serve as educators, consultants and collaborators to patients who make the ultimate decisions about their self-management.

Empowerment does not mean that you do everything perfectly to manage your diabetes or everything that your health care providers recommend. Rather, it means that you have weighed the personal costs and benefits of various options to make informed choices that are consistent with the realities of your life, priorities and values.

The reality of diabetes is that you are in charge. Empowerment means that you take charge.

Trainer: Ask the group, "What do you think of these principles? Do they ring true for you? Are there others you would add?" Write on the board and discuss.

LECTURETTE: LIVING WITH DIABETES

Trainer: Ask the group, "What are some ways that diabetes is different for you than other illnesses?" Write these on the board. Discuss differences and similarities of responses.

Living with Diabetes

Diabetes is largely self-managed.

No one can "make" you take care of your diabetes. Unlike other illnesses, diabetes is largely managed by you, and not your doctor.

Your health care professionals can offer advice, but ultimately the responsibility and the decisions are in your hands.

You decide what advice you will take and what you will reject. Your future health is in your hands.

GROUP BRAINSTORMING: REAL LIFE DIABETES VERSUS TEXTBOOK DIABETES

Trainer: Ask the group, "What is the difference between real life and textbook diabetes?"

- You are the expert on your diabetes.
- Your health care professionals know about textbook diabetes, but only you know about what real diabetes means to you and your life.
- What works for others may or may not work for you.

GROUP BRAINSTORMING: QUALITIES OF A GOOD HEALTH CARE PROVIDER

Trainer: Ask the group, "What are the qualities of a good doctor?" Name 2 things you like the most about your diabetes care provider. Name 2 things you like the least about your diabetes care provider. List these on the board and discuss.

- Patient
- Good listener
- Knowledgeable
- Dismissive
- Hurried

SKILL BUILDING: ACTIVE LISTENING

Active listening is the single most useful and important listening skill. In active listening we are genuinely interested in understanding what the other person is thinking, feeling, wanting, and what the message means. We are also active in checking our understanding before we respond with our own new message. We ask open-ended questions or restate our understanding of their message and reflect it back to the sender to see if we have understood what they are trying to communicate. This feedback process both defines active listening and makes it effective.

SKILL BUILDING: ACTIVE LISTENING

Active Listening Steps:

1. Look at the person, and stop other things you are doing
2. Be sincerely interested in what the other person is talking about
3. Focus on feelings and emotions
4. Ask open-ended questions
5. Make reflections (feelings and emotions)
6. Be empathic and non-judgmental
7. Be aware of your own feelings and strong opinions, but avoid conveying them

SKILL BUILDING: ASKING OPEN-ENDED QUESTIONS

A skill that helps with active listening is asking open-ended questions.

Goal: Allows the participant to tell their story. Open-ended questions:

– cannot be answered by "yes" or "no" or a one-word answer
– communicate no bias
– are non-judgmental
– allow the participant to talk and use their own words

An open-ended question helps the person with the problem explore and understand a problem so that they can identify effective strategies to address the problem.

OPEN-ENDED	CLOSE-ENDED
To what extent...	Did you...?
How often...	Will you...?
Why...	Can you...?
Tell me about...	Is it...?
Help me understand...	Have you...?
What, if any...	Do you...?
What else...	Are you...?

Trainer: Choose a partner. Take turns asking each other the following questions. For the person answering a question, indicate whether the question is open-ended or close-ended. Then, write how you felt answering the question.

SKILL BUILDING: ASKING OPEN-ENDED QUESTIONS

QUESTION	OPEN OR CLOSED	FEELING
Did you grow up in Ypsilanti?		
Will you change your diet?		
What do you like about going to church?		
Do you have a lot of friends?		
What makes your best friend special?		
Do you have siblings?		
Who are the important people in our life and why?		
How do you feel about exercising?		
Do you drink?		
What hobbies do you have?		
Tell me about your siblings.		
What is something that you have tried to do with little success?		
What is something you have done with great success?		

Trainer: Ask the group, "What was that exercise like for you? How did you feel where you were being asked close-ended questions? How did you feel when you were being asked close-ended questions? "

Examples:

Close-ended question: Are you angry about having diabetes?
Open-ended question: What are your thoughts about having diabetes?

Close-ended question: Do you inspect your feet every day?
Open-ended question: Tell me about your foot care routine.

Trainer: Now let's practice changing close-ended questions to open-ended questions. Find you partner and change all the questions you checked off as close-ended and turn them into open-ended questions.

SKILL BUILDING: ASKING OPEN-ENDED QUESTIONS

Close-ended: _____
Open-ended: _____

Close-ended: _____
Open-ended: _____

Close-ended: _____
Open-ended: _____

Close-ended: _____
Open-ended: _____

Close-ended: _____
Open-ended: _____

ROLE-PLAY: DEMONSTRATE ACTIVE LISTENING SKILLS

Trainers: We (the trainers) will role-play helpful active listen skills and not so helpful listening skills.

Please use the following assessment form to assess active listening skills (See Appendix D). The assessment includes a list of eight criteria that measures active listening skills. Please indicate how strongly you agree or disagree that the person you are observing has met each criteria.

Active Listening Skills Assessment Form

On a scale of 1 to 5, with1 = strongly disagree and 5 = strongly agree

1. Is not distracted during the conversation
2. Is not off-hand, hurried or dismissive
3. Listens attentively
4. Gives the patient time and space to present the problem
5. Uses exploring questions (i.e., open-ended questions)
6. Expresses understanding verbally and non-verbally (i.e., makes reflections, makes eye contact, nods, etc.)
7. Makes an effort to state back understanding of what the other person is communicating
8. Avoids giving advice or expressing judgments

Describe one positive aspect of the interaction.

Describe one area that could be improved in this interaction.

ROLE-PLAY: DEMONSTRATE ACTIVE LISTENING SKILLS

ROLE-PLAY A: Example of less-helpful listening

Peer Leader A:	"How did you feel or react when you found out you had diabetes?"
Participant:	When I found out I had diabetes I just cried and cried.
Peer Leader A:	I would have gone to another doctor to get a second opinion.
Participant:	Responds naturally to question to continue the conversation.

ROLE-PLAY B: Example of helpful active listening

Peer Leader B:	"How did you feel or react when you found out you had diabetes?"
Participant:	When I found out I had diabetes I just cried and cried.
Peer Leader B:	It sounds like you were very upset.
Participant:	Responds naturally to question to continue the conversation.

ROLE-PLAY: PRACTICE ACTIVE LISTENING SKILLS

Trainers: Ask participants to pair up and perform a role-play. One person will play the role of the Peer Leader and the other will play the role of the Participant.

Role Descriptions

Participant: When you are the Participant, your job is to talk about your real feelings. Do NOT pretend to be someone else, make up a problem or give answers that are not authentic for you. The conversation needs to be meaningful enough so that it provides a real opportunity to explore your thoughts about it. During the role-play your job is to respond authentically to what the Peer Leader says. Be yourself and do not try to act like another person because this is not fair to the Peer Leader. The Peer Leader needs the opportunity to work with genuine responses, not matter what they may be.

Peer Leader: When you are acting as the Peer Leader your job is to try and help the Participant discuss and explore their thoughts and talk about their feelings and emotions regarding the issue. Your primary role is to practice active listening and ask open-ended questions. Do not offer observations, advice or guidance. Your goal is to be as helpful to the Participant as possible.

Trainer: Please ask the following questions:

- What were your thoughts when you first found out you had diabetes?
- What are your thoughts now?

After 5 minutes, debrief the interaction. Debrief in the following order: First, the Participant will comment on how the experience felt for him/her. Second, the Peer Leader will comment on what he/she felt during the conversation. After debriefing, then switch roles and do again.

DEBRIEF ROLE-PLAY IN LARGE GROUP

Trainer: Now lets talk about your experiences. Ask the group the following questions and discuss.

- Did the time seem to go slow or fast?
- What was it like being asked questions?
- What was it like to be listened to?
- What was hardest for you when you were the Peer Leader?
- What was easiest for you when you were the Peer Leader?
- Are there skills that you need to work on to implement active listening in a group setting?

PREPARATION AND READINGS

Readings:

- The Little Diabetes Book, pages 29-45
- 101 Tips for Behavior Change, pages 50-60

Assign each participant a topic for "Peer Leader" simulations:

- Role of Peer Leader
- Empowerment lecturette: Part 1
- Empowerment lecturette: Part 2
- Living with diabetes lecturette

CHAPTER 2

MAKING CHANGES [session 1]

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Self- and peer-assessment evaluation form (Appendix B and C)
- Active listening skills assessment form (Appendix D)
- LIFE plan questions (Appendix E)
- 5-step goal-setting process (Appendix F)
- I-SMART diabetes action plan form (Appendix G)
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask for a volunteer to conduct an icebreaker exercise. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are beginning the first of two sessions on Making Changes. For most people, making changes in their lives is one of the biggest struggles they face when living with diabetes. There are, however, strategies they can learn to make this process more manageable. The objectives for today are:

At the end of this training session, you will be able to:

- Demonstrate self- and peer- assessment
- Provide constructive feedback to other participants in the Peer Leader Training group
- Create a LIFE plan
- Provide constructive feedback to other participants in the Peer Leader training group.
- Describe the 5-step behavioral goal-setting process
- Make an I-SMART diabetes action plan

QUIZ AND REVIEW: PATIENT EMPOWERMENT, SESSION 1

1. Define empowerment. (Participant should respond in their own words, but convey the concepts of taking charge and making informed decisions.)

QUIZ AND REVIEW: PATIENT EMPOWERMENT, SESSION 1

2. Name one thing that is different between real diabetes and textbook diabetes. (Participants should respond in their own words, but convey the idea in terms of their own diabetes.)

_____

3. Name one difference between a teacher and a facilitator (Participants should respond in their own words, but convey the concepts that teachers provide information while facilitators help participations learn through discovery.)

_____

4. Name at least one purpose of a facilitator (name all three if you can). (improve quality of participants learning experiences, help participants find internal and externals motivation to make changes, and help participants learn from experiences, so they can use strategies for future changes.)

_____

True or False?

5. Diabetes is best managed by health care professionals.

   True **False**

   Explanation: *False; Diabetes is a patient-managed disease.*

6. Empowerment emphasizes a collaborative approach between patients and their health care providers

   True False

7. When you make an informed decision, you follow the advice of experts.

   True **False**

   Explanation: False; You also make the decision based on knowledge about yourself.

8. Active listening is being sincerely interested in what the other person is talking about.

   True False

9. Active listening includes offering your opinion.

   True **False**

   Explanation: False; Active listening includes being aware of your own feelings and strong opinions, but not conveying them.

QUIZ AND REVIEW: PATIENT EMPOWERMENT, SESSION 1

10. In active listening, if a person becomes emotional, you should try to change the subject so you won't upset them.

True **False**

Explanation: False; In active listening, if a person becomes emotional you should try to help them explore and understand their feelings.

11. Active listening involves offering advice to help resolve a problem the other person is describing.

True **False**

Explanation: False, active listening does not involve giving advice or making judgments.

"PEER LEADER" SIMULATIONS

Trainer: Have each group participant lead his/her simulation topic.

- Role of Peer Leader
- Empowerment lecturette: Part 1
- Empowerment lecturette: Part 2
- Living with diabetes lecturette

Conduct a self- peer- assessment using the evaluation form (See Appendix B and C).

SELF-ASSESSMENT

Trainer: Self-assessment is the ability of an individual to observe, analyze, and judge his/her performance and determine how he/she can make improvements (See Appendix B).

On a scale of 0 to 10, with **0 = not at all** and **10 = extremely**, rate your own presentation in each of these three areas.

Felt comfortable presenting to a group _____ *(0-10)*
Provided accurate information and content _____ *(0-10)*
Made a connection with the audience _____ *(0-10)*

Describe one positive aspect of your presentation.

Describe one area that you can improve and why.

PEER-ASSESSMENT

Trainer: Peer-assessment is a process of providing constructive feedback to a fellow learner (i.e. peer) with the intention of helping the learner improve their skills (See Appendix C).

On a scale of 0 to 10, with **0 = not at all** and **10 = extremely**, rate the presentation in each of these three areas.

Felt comfortable presenting to a group _____ *(0-10)*
Provided accurate information and content _____ *(0-10)*
Made a connection with the audience _____ *(0-10)*

Describe one positive aspect of the presentation.

PEER-ASSESSMENT

Avoid judgments even if they are positive judgments – such as you presented well. It is more helpful to be more specific like, "you appeared as if you were very relaxed – walking from one end of the room to the other" or "you really made every person in the room feel important by making eye contact with all

Describe one area that this person can improve and why.

Offer constructive feedback, not critical. You look like a deer caught in headlights – not useful, because it doesn't offer you ways to improve.

You seemed like you were a bit nervous – when I feel nervous I like to have something to help me – like my notes.

GROUP ACTIVITY: LIFE APPROACH TO DIABETES

Trainer: One approach that can help people with diabetes think about how to take charge of their diabetes and better care for themselves is the LIFE approach. LIFE stands for:

L *Learn all you can*
I *Identify your guiding principles*
F *Formulate your plan*
E *Experiment and evaluate your plan*

L OF LIFE: LEARN ALL YOU CAN

Trainer: The first step is to learn all you can about diabetes because what is known about diabetes is constantly changing, and your diabetes will also change over time. Learning about diabetes is a lifetime process. It is equally important that you know yourself and what makes diabetes real for you. It is only when you put those two things together that you can create a plan that will work well for your life and your diabetes.

Ask participants to write down their responses to the following questions. Encourage participants to spend time on the areas that have the most meaning to them. After they have gone through all of the questions, ask them to form groups of 3 and discuss their responses. Once they have had this discussion, ask that they share one key insight with the entire group. Stress that they do not need to discuss individual responses during the debriefing, just insights.

Trainer: Give each group participant the handout of LIFE questions. (See Appendix E)

1. Is diabetes common in your family?
2. How do your family members respond to your diabetes and how you care for it?
3. How do your job/social activities and family obligations affect how you care for your diabetes?
4. What barriers do you face in terms of eating, exercise, monitoring and taking medicines for your diabetes?
5. How would you describe yourself?
6. How do these qualities affect how you care for your diabetes?

L OF LIFE: LEARN ALL YOU CAN

7. Which of your cultural or religious beliefs influence how you care for your diabetes?
8. What is your emotional response to diabetes, both now and in the past?
9. How does your emotional response influence caring for your diabetes?
10. What are the major stresses in your life?
11. How do these stresses affect how you care for your diabetes?
12. List the top 5 most important things in your life. Is caring for diabetes on that list?
13. Do you enjoy/dislike any of the changes you are considering to better care for your diabetes?
14. Do you have any other health issues that affect how you care for diabetes?

I OF LIFE: IDENTIFY YOUR GUIDING PRINCIPLES

Trainer: There are three guiding principles that will help you make decisions about how you will care for your diabetes.

PRINCIPLE 1: Your role

How much responsibility do you want for creating your self-management plan? Some people want to make all the decisions and others want to make none. Still others prefer to turn treatment decisions over to their health care provider, but make their own exercise and meal plans. All of these are "right," the point is to decide what you want. Answer the following question.

On a scale of 1-10, how much responsibility do you want for making your plan?

PRINCIPLE 2: Level of flexibility

How much flexibility do you need? Some people have a very routine schedule and others have no schedule at all. However, timing of food, medicine, and exercise has a big impact on your blood sugar and diabetes. You can design a plan that gives you more flexibility, but it often takes more planning, monitoring, or medicine. Answer the following question.

On a scale of 1-10, how much flexibility do you need?

PRINCIPLE 3: Your targets

The way you evaluate your plan is based on whether you are meeting you targets for blood sugar, weight, cholesterol, and blood pressure. If you don't know where you are going, it is hard to know when you have arrived.

What are your targets for:
A1C
Weight
Cholesterol
Blood pressure

F OF LIFE: FORMULATE YOUR PLAN

Trainer: You have many decisions to make about how you will care for your diabetes, including meal planning, weight loss, exercise, oral medications, injectable medications, insulin, or a combination of these.

What strategies will you use to treat your diabetes? How likely do you think it is that you will be able to carry out this plan?

E OF LIFE: EXPERIMENT WITH AND EVALUATE YOUR PLAN

Trainer: Because there is no one right or best way to treat diabetes, most people try different things at different times. One way to think of this is as an experiment in which you set a goal, make a plan, and evaluate your ability to carry out the plan. A good thing about an experiment is that you can't lose. Whether it works or not, you always learn something. Sometimes what you learn from an experiment that does not work is more valuable than what you learn from an experiment that does work.

LECTURETTE: 5-STEP BEHAVIORAL GOAL-SETTING MODEL (5 MIN)

Trainer: See Appendix F. Let's walk through the whole 5-step behavioral goal-setting model before breaking it up into its separate steps.

GROUP ACTIVITY: STEPS 1 & 2 OF THE 5-STEP BEHAVIOR GOAL-SETTING PROCESS

Trainer: To design an experiment, it is helpful to work through the 5-step behavioral goal-setting process (See Appendix F).

The first step is to really identify or understand what the problem is. The best way to learn this is to talk about real-life challenges.

STEP I: Exploring the problem or issue

– What is the hardest thing about caring for diabetes for you?
What is the one thing you would like to change about yourself?

The one thing I would really like to change is to be able to stand up for myself in the context of work.

– Can you think of some specific examples?

Once she wrote me an email accusing me of lying to her because I had promised if she agreed to be a mentor for a visiting faculty member from Beijing Medical School, then she could have a first class ticket to China and stay in a 5-star hotel.

– Please tell me more about that.

GROUP ACTIVITY: STEPS 1 & 2 OF THE 5-STEP BEHAVIOR GOAL-SETTING PROCESS

STEP 2: Clarifying feelings and meaning

– What are your thoughts about this?

I feel like I was raised not the be confrontational – but hate it when I let people walk all over me. If this doesn't change I will continue having this chronic stress – that will make me feel helpless and just get more depressed.

– Are you feeling (insert feeling) because (insert meaning) ?

– How will you feel if this doesn't change?

ROLE-PLAY: PRACTICING STEPS 1 & 2 OF THE GOAL-SETTING MODEL

Trainer: Addressing Steps 1 & 2 of the behavioral goal-setting model involves active listening and asking open-ended questions. Ask participants to pair up and perform a role-play. One person will play the role of the Peer Leader and the other will play the role of the Participant. After 5 minutes, debrief the interaction with the active listening skills assessment form (See Appendix D). Then, switch roles.

Role Descriptions

Person with problem: When you are the person with a problem, your job is to talk about a real problem in your own life. Do NOT pretend to be a patient, make up a problem or give answers that are not authentic for you. The problem needs to be meaningful enough so that it provides a real opportunity to explore your thoughts about it and do some problem solving. During the role-play your job is to respond authentically to what the Peer Leader says. Be yourself and do not try to act like another person because this is not fair to the Peer Leader. The Peer Leader needs the opportunity to work with genuine responses, not matter what they may be.

Peer Leader: When you are acting as the Peer Leader your job is to try and help the person with the problem discuss and explore their problem and talk about their feelings and emotions regarding the problem. Your primary role is to practice active listening and ask open-ended questions. Do not offer observations, advice or guidance. Your goal is to be as helpful to the person with the problem as possible. In this exercise please focus on steps 1 & 2 of the goal-setting model

Start by asking the following question:

What is the hardest thing for you about facilitating the PLEASED intervention?

DEBRIEFING

Trainer: Now let's talk about your experiences. Ask the following questions (or others) and discuss.

– What was it like to be listened to?

– What was hardest for you when you were the Peer Leader?

– What was easiest for you when you were the Peer Leader?

– Are there skills that you need to work on to implement active listening in a group setting?

GROUP ACTIVITY: STEPS 3 & 4 OF GOAL-SETTING PROCESS

Trainer: Step 3 of the 5-step behavioral goal-setting process is developing a long-term goal. Use the worksheet below to help you develop a long-term goal.

QUESTIONS	ANSWERS
1. What do you want?	To lose weight.
2. How willing are you to address this issue?	I really want to do it this time.
3. On a scale of 1-10, how important is it for you to do something about this?	On a scale of 1-10, it is a "9" for importance.
4. How would this situation have to change for you to feel better?	I would need to lose at least 10 pounds.
5. What are the barriers to accomplishing this?	I hate to exercise and I love sweets.
6. How would you address the barriers?	Find a physical activity I like to do – like dancing; eat sweets less often, but not completely give them up.
7. Who could help/support you?	My spouse.
8. What would happen if you do not do anything about it?	I would feel very bad about myself, my diabetes may get worse.
9. What are some options for reaching this goal?	I could work on either being more active or eating fewer sweets.
10. What will you do?	I will start with being more active, as I think I will be more successful than if I tried to give up sweets.

Trainer: Step 4 for the behavioral goal-setting process is committing to action. After choosing a goal to reach, you will have to develop an I-SMART plan (See Appendix G). Use the worksheet below to help you make an I-SMART plan.

GROUP ACTIVITY: STEPS 3 & 4 OF GOAL-SETTING PROCESS

COMPONENT	MEANING	TYPES OF QUESTIONS
I = Inspiring	In order to be motivated to make a change, your problem needs to be inspiring and meaningful to you.	On a scale of 1-10, how important is this behavior change to you? (eliciting 'change talk')
S = Specific	It helps to be very clear about exactly what you will do.	What will you do? Where will you do it?
M = Measurable	You must decide how you will know if you have accomplished your goal.	When will you do it? How long will you do it?
A = Achievable	You need to choose a goal that you can reach.	On a scale of 1-10, how confident are you that you can accomplish this plan? (eliciting 'change talk')
R = Relevant	This behavior change will help you reach your overall goal	Will this behavior change help you achieve your overall goal?
T = Time-specific	Determine how long you will want to do this behavioral experiment.	How long will you do this experiment?

ROLE-PLAY: STEPS 3 & 4 OF THE BEHAVIORAL GOAL-SETTING PROCESS

Trainer: Addressing Steps 1 & 2 of the behavioral goal-setting process involves eliciting "change talk." Ask participants to pair up with the same partner as before and perform a role-play. One person will play the role of the Peer Leader and the other will play the role of the Participant. The Peer Leader will assist the Participant in making an I-SMART diabetes action plan (See Appendix G). After five minutes, debrief the interaction. Then, switch roles.

PREPARATION AND READINGS

Readings:

- Lifelong Management Guidebook, "Making Changes" chapter, pages 10-24
- The Little Diabetes Book. Pages 203-222
- The Diabetes Answer Book, pages 296-304

Assign participants a topic for "Peer Leader" simulations:

- 5-step behavioral goal-setting process
- Making an I-SMART diabetes action plan

CHAPTER 3

MAKING CHANGES [session 2]

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Self- and peer- assessment evaluation form (Appendix B and C)
- Active listening skills assessment form (Appendix D)
- 5-Step behavioral goal-setting process form (Appendix F)
- I-SMART diabetes action plan form (Appendix G)
- Empowerment-based facilitation rating form (Appendix I)
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today is the second session of Making Changes. The objectives for today are:

At the end of this training session, you will be able to:

- Evaluate your behavioral experiment (Step 5 of 5-step goal-setting process)
- Evaluate I-SMART diabetes action plans
- Describe and demonstrate empowerment-based facilitation

QUIZ AND REVIEW: MAKING CHANGES, SESSION 1

True or False?

1. In the LIFE plan, the L stands for learning about the diabetes disease process.

   True **False**

   Explanation: *False; It also stands for learning about yourself.*

QUIZ AND REVIEW: MAKING CHANGES, SESSION 1

2. The role of health care professionals is to make all of the decisions in a patient's care.

   True **False**

   Explanation: False; Patients and professionals are collaborators and partners in the decision making process.

3. The role of the patient is to make all of the decisions in their self-management plan.

   True **False**

   Explanation: False, Patients and professionals are collaborators and partners in the decision making process.

Change the following close-ended questions to open-ended questions.

4. Are you afraid of using insulin?

   What concerns you about using insulin?

5. Does your family give you support in caring for your diabetes?

   What kind of support do you want and need from your family?

"PEER LEADER" SIMULATION

Trainer: Have participants lead his/her simulation topic.

- 5-step behavioral goal-setting process
- Making an I-SMART diabetes action plan

Conduct a self- and peer- assessment using the evaluation form (See Appendix B and C).

GROUP SHARING: EVALUATE BEHAVIORAL EXPERIMENTS

Trainer: Discuss the experiments from the previous week. Ask the group, "How did it go this week with the experiment you chose? What did you learn from the experience?" When discussing experiments avoid offering advice, praise, or blame. If a participant struggled, ask "Has anyone in the group had a similar experience? How did you resolve this issue?" Remember that positive reinforcement is just as much of a judgment as negative feedback or criticism.

GROUP BRAINSTORMING: EVALUATING I-SMART GOALS

Trainer: Although most people have goals for diabetes, making them I-SMART goals increases the likelihood that they will be achieved. Read the following situations and ask participants to pair up and use the I-SMART format to write the goal (See Appendix G). If there are missing areas on the form, brainstorm ideas for both questions to ask to help the person reflect on their plans and specific strategies that could be included in the I-SMART plan.

GROUP BRAINSTORMING: EVALUATING I-SMART GOALS

Situation 1:

Carol/Carmen's doctor wants her to lose at least 40 pounds to lower her blood sugar and blood pressure. She has tried to lose weight in the past, but has been unsuccessful. She knows that she eats when she is stressed and she is very concerned about her job right now because others in her department have been laid off. She is also very concerned about her health because she has seen the devastating effects of diabetes on her family members. She knows that she tends to snack when she comes home from work, so she decides to walk 10 minutes three times per week after work to help her handle her stress and avoid the kitchen.

I: Ask her to rate importance of this to herself, not just to her doctor.

S: States what but not where. Also, needs a "bad weather" plan.

M: 3 days per week for 10 minutes.

A: Ask her to rate her confidence level and identify possible barriers.

R: Will help her better manage stress and avoid snacking, which is an important first step. She is not likely to lose weight with this level of exercise.

T: Ask her for how long she will experiment with this plan before she evaluates the results.

Situation 2:

Albert/Alberto is concerned because his A1C has been slowly creeping higher. He decided to do more blood sugar checks to see if he can spot the problem times. He has increased his monitoring in the morning and evening, but has had trouble monitoring before and after lunch at work. He decides to set the alarm on his watch for the next 5 days as a reminder to do a check. He tells you he uses his alarm to take his medicines as well and that works for him. He is going to try this for a week.

I: Although it appears he is committed, ask him to rate importance to be sure.

S: Set alarm as a reminder to monitor at work.

M: 5 days

A: High

R: Needs information in order to figure out what to do about his blood sugar.

T: 1 week and then evaluate.

Situation 3:

Mary/Maria has been feeling very upset about her diabetes as of late. In fact, she is so upset that she has not been taking care of herself. This makes her feel guilty and adds to her negative feelings. Her blood sugar levels are high and she is tired all of the time. She wants to feel better both physically and emotionally, and knows that the first step for her is to better handle her emotions. In past situations when she has dealt with problems, she has used prayer and kept a diary of her feelings, which helped her. She tells you that she wants to start keeping a journal again as a way to better understand her feelings.

GROUP BRAINSTORMING: EVALUATING I-SMART GOALS

I: Ask her to rate importance of this to herself.

S: Ask her to identify when, where and how often. Ask if she has a diary or needs to buy one as a first step.

M: Writing is measurable, but she hasn't identified how often or when.

A: Because feeling overwhelmed and upset can undermine confidence, asking her to rate her confidence level is extremely important. In addition, helping her to consider barriers and strategies to overcome them may also increase her confidence level.

R: Yes, it worked before.

T: Ask her how long she will experiment with this plan before evaluating the results.

SKILL BUILDING: EMPOWERMENT-BASED FACILITATION SKILLS

Trainer: Recap the main principles of the empowerment approach. Empowerment-based facilitation focuses on addressing the participant's feelings and goals as well as exploring and understanding the participant's problem. Empowerment-based facilitation avoids the solving the problem for the participant and most of all, judging the participant. See the empowerment-based facilitation skills rating form (See Appendix I).

Use the empowerment-based facilitation skills rating form to make up responses to the following statement.

> **"Over the holidays, I really indulged in eggnog, cookies, pies, and cakes. I gained 5 pounds in only 2 weeks."**

Empowerment-based facilitation skills rating form

SKILL BUILDING: EMPOWERMENT-BASED FACILITATION SKILLS

RATING	GOAL	EXAMPLES OF QUESTIONS
Focusing on Feelings or the Problem **(+2)**	Focusing on the participant's feelings	– How do you feel about that? – It sounds like you are feeling overwhelmed.
	Exploratory questions to clarify the meaning	– Tell me more about that – Why is this a problem for you? – Can you give me some examples? – How would you like things to be different?
	Making reflections	– So, it is a nuisance to have to remember to check your blood sugar 2 hours after eating.
Focusing on goals **(+1)**	Eliciting patient commitment	– What are you willing to do? – Are you reading to make a change?
	Eliciting options and goals	– What do you want to accomplish? – What are the steps you can take?
Miscellaneous **(0)**	Asking and answering technical questions (i.e., simply gathering factual data	– How long have you diabetes? – What medication did your provider prescribe?
	Miscellaneous	– Any statement that doesn't fit the other four scoring categories.
Solving problems for the person **(-1)**	Giving advice	– A better way to handle that situation would be – Why don't you try to do it this way?
	Offering to solve-problems for the patient.	– I think you should talk to your wife about that. – I would be glad to call your sister and talk to her about her nagging you.
Judging the person **(-2)**	Blaming the patient	– You need more willpower. – That's doesn't seem like the best solution.
	Forgiving the patient	– Nobody could follow a diet on vacation. – That's not really your fault you couldn't help yourself.
	Invalidating the patient	– Your situation does not seem as bad as other people's. – You shouldn't feel angry about that.

SKILL BUILDING: EMPOWERMENT-BASED RESPONSES – AL VIDEO VIGNETTE 1

Trainer: Please watch the following video clip of a person describing a diabetes-related experience. Write down a 1-2 sentence empowerment-based response to this person.

"My goal is to start eating less"

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Exploring the problem
0	Miscellaneous
-1	Solving the problem for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

- Lifelong Management Guidebook, "Making Changes" section
- The Little Diabetes Book, pages 49-93.
- The Diabetes Answer Book, pages 1-64

CHAPTER 4
WHAT IS DIABETES? [session 1]

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Active listening skills assessment Form (Appendix D)
- 5-Step behavioral goal-setting process form (Appendix F)
- I-SMART diabetes action plan form (Appendix G)
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are going to talk about What Diabetes Is. This session is the first of two sessions. The objectives for today are:

At the end of this training session, you will be able to do the following:

- Demonstrate the skill of "making reflections"
- Describe what diabetes is
- List symptoms of high blood sugar
- Describe how to take care of diabetes
- Discuss the role of insulin in diabetes
- Demonstrate empowerment-based facilitation skills

QUIZ AND REVIEW: MAKING CHANGES, SESSION 2

1. Name the first four steps of behavioral goal setting.
    1. Identifying the problem
    2. Clarifying feelings and meaning
    3. Developing a long-term plan
    4. Committing to action

QUIZ AND REVIEW: PATIENT EMPOWERMENT, SESSION 1

2. What does I-SMART stand for?

I: Inspiring
S: Specific
M: Measurable
A: Achievable
R: Relevant
T: Time-specific

Please indicate whether the following 2 statements are I-SMART goals. If not, change the statements to be an I-SMART goal.

3. I want to lose weight.

No; I will not get second helpings for dinner 4 days a week.

4. Getting more physically fit is a very important goal for me. Over the next 2 weeks, I will walk 10 minutes after dinner three nights a week.

Yes.

True or False?

5. Self-reflection is the process of examining one's personal values, beliefs, and experiences. This process develops a deeper understanding of one's self, culture, experiences, and beliefs.

True False

6. Telling people what they should be doing to manage their diabetes is always helpful.

True **False**

Explanation: False; Telling people what they should do tends to increase resistance. In addition, it is not an empowerment-based facilitation strategy.

SKILL BUILDING: MAKING REFLECTIONS

Trainer: So far we have talked about the skill of "asking open-ended questions" as part of active listening. Now we will talk about another skill, "making reflections."

Goal: To build rapport and encourage participant to explore and share their thoughts and feelings.

SKILL BUILDING: MAKING REFLECTIONS

This skill involves reflecting back to the person who is speaking what you believe he/she has said in order to verify (or clarify) your understanding, and to encourage the speaker to continue elaborating on his/her point of view. You can reflect back the content, thoughts, or feelings that the speaker conveys. However, it is most important to focus on the feelings, so the speaker knows you understand his/her emotions.

Essence of reflections:

- Statements, not questions
- End with a down turn in your voice
- Don't worry about getting it perfect – even reflections that are not quite right bring out useful information
- Clarify what was said – I'm not sure I fully understood what you mean. Let me see if I have this right."
- Can start with "I hear you saying..." or "It sounds like..." "It seems like..."

Example:

Participant: Every time I leave the house, I have to remember to take my insulin pen, my meter, and some hard candy just in case I have a low. Having diabetes is a full-time job.

Peer Leader: It sounds like you are feeling overwhelmed with all you have to do because of your diabetes.

GROUP ACTIVITY: PRACTICE "MAKING REFLECTIONS"

Trainer: Now we are going to practice the skill of making reflections. Choose a partner. One will be the "talker", the other will be the "reflector." The talker will choose of the of sentence stems and complete it. The reflector will try to reflect back what the talker is stating. If the reflection is accurate, the talker will say "yes." If the reflection is not accurate, the talker will say "no." The reflector will continue making reflections until it is correct.

1. One thing that I like about myself is that...
2. One thing you should know about me is...
3. One thing about myself I'd like to change is...

Example A

Talker: One thing I like about myself is that I am a very loyal friend.

Reflector: You are happy with the fact that you stand behind your friends no matter what.

Talker: Yes.

Example B

Talker: One thing you should know about me is that I am a reckless driver.

Reflector: So, you drive over the speed limit.

Talker: No.

Reflector: So, when you drive, you do not pay attention to what is going on around you.

Talker: Yes.

ROLE-PLAY: MAKING REFLECTIONS

Trainer: Ask participants to choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. Using the sample questions below, practice the skill of making reflections. After 5 minutes, debrief the interaction. Then, switch roles.

Sample questions:

- What part of your life with diabetes do you wish was different?
- What has taking care of your diabetes taught you about yourself?"

Trainer: In a large group, debrief the exercise. When you were the Participant, how did that feel? When you were the Peer Leader, how did that feel?

GROUP BRAINSTORMING: WHAT IS DIABETES?

Trainer: Ask the group, "In your own words, what is diabetes?" List responses on the board and discuss.

- Diabetes means I have too much sugar
- Diabetes means I can't eat anything I want to anymore

LECTURETTE: WHAT IS DIABETES?

What is diabetes?

Although most people think of diabetes as a sugar problem, it is actually an insulin problem. Either your body doesn't make enough insulin or your body doesn't use insulin effectively.

The food we eat is broken down into sugar that the body uses for energy. All carbohydrate foods (not just sweets) are broken down into sugar in your blood. EACH and EVERY cell in your body needs sugar for energy. Insulin helps sugar get into the cells.

Metaphor for diabetes:

Think of a car. In order for a car to drive it needs "fuel" or "gas." To put gas in the car, you need a pump. Once you have the pump ready, you can open the gas cap and pump gas into the car. Once your car has gas, it has the energy it needs to move. Think of each cell in your body like a car, the sugar that your food is broken into as the "gas," and the insulin as the pump. When you have diabetes, you do not have enough pumps to get the gas into the car (insulin deficiency). Or, you may have enough pumps, but the gas cap is rusted shut and you can't put the pump into the car (insulin resistance). Without insulin, sugar builds up in the blood stream, causing high blood sugar levels.

GROUP SHARING: WHY DID I GET DIABETES?

Trainer: Ask the group, "Why do you think you developed diabetes?"

- No one knows why a person develops diabetes
- When people get older, less active, and heavier, their cells become more resistant to insulin
- Type 2 diabetes runs in families (genetic)
- Stress doesn't cause diabetes, but may bring it out earlier for people who are at risk
- African Americans have a higher incidence (or rate) of diabetes.

LECTURETTE: WHAT IS INSULIN?

The Role of Insulin

Insulin is a hormone made by cells in the pancreas. Insulin is the key that opens the doors of cells and allows sugar to get into the cell.

Your body is made up of millions of cells. Each cells need sugar to function.

Carbohydrates in food are broken down into sugar, and sugar enters the blood stream. When you have diabetes it is hard for the sugar to go from your blood stream into cells because of your body is not making enough insulin or your cells are resistant to the insulin.

GROUP BRAINSTORMING: SYMPTOMS OF HIGH BLOOD SUGAR

Trainer: Ask the group, "What symptoms have you had when your blood sugar is high?

- Going to the bathroom frequently
- Thirsty
- Tired
- Blurred vision
- Burning or tingling in your feet

GROUP BRAINSTORMING: MANAGING YOUR BLOOD SUGAR

Trainer: The goal of diabetes treatment is to keep the blood sugar as close to the target level of less than 7% as is possible and safe for you. Keep in mind that it is not possible to keep your blood sugar in the target range at all times. It is what happens most of the time that counts. There are four things that affect blood sugar. Ask the group, "What are some things you do to help keep your blood sugar in the target range?

- Food raises blood sugar so you can eat less food or certain types of food.
- Exercise lowers blood sugar so you can exercise regularly.
- Diabetes medications lower blood sugar so you can take medications.
- Stress raises blood sugar so you can learn to better cope with stress.

GROUP BRAINSTORMING: FEELINGS ABOUT HAVING DIABETES

Trainer: It is true that there is a lot to pay attention to and do when you have diabetes. Ask the group, "What are your thoughts about all you have to do for your diabetes? What are some ways you deal with thinking about all of these things?"

- Feel overwhelmed
- Feel frustrated with having to be on top of things every day
- Talk to friends about feelings
- Ask help from family

ROLE-PLAY: 5-STEP GOAL-SETTING PROCESS & I-SMART DIABETES ACTION PLAN

Trainer: At the beginning of each week, we will work through the 5-step goal-setting process and create an I-SMART diabetes action plan. Think about a behavior that you want to change. Make sure this is important to YOU, not just to your doctor, spouse, or others (See Appendix F and G).

Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will assist the Participant in working through the 5-step empowerment-based goal setting process and then creating an I-SMART diabetes action plan. Switch roles and do again.

PREPARATION AND READINGS

Readings:

- Lifelong Management Guidebook: What is diabetes?
- Little Diabetes Book, pages 165-201
- Risk Assessment form outline

Assign participants a topic for "Peer Leader" simulations:

- What is diabetes?
- Metaphor for diabetes
- What is the role of insulin?

CHAPTER 5

WHAT IS DIABETES? [session 2]

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- 5-Step behavioral goal-setting process form (Appendix F)
- Empowerment-based facilitation rating form (Appendix H)
- Diabetes Complications Risk Profile (Appendix I)
- Personal Health Questionnaire – 9 (PHQ-9) (Appendix J)
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are going to continue talking about What Is Diabetes. This session is the second of 2 sessions. The objectives for today are:

At the end of this training session, you will be able to do the following:

- Describe the importance of the ABCD's of diabetes
- Describe ways to improve the ABCD's of diabetes

QUIZ AND REVIEW

True or False?

1. Diabetes is caused by eating too much sweets, cookies, cakes, and sugar.

   True **False**

   Explanation: False; Diabetes is due to a problem with insulin. Either your body doesn't make enough insulin, or your body doesn't use insulin effectively

2. Diabetes is a problem with insulin – either the body does not make enough insulin or the body doesn't use the insulin effectively.

   True False

QUIZ AND REVIEW

3. The liver produces insulin.

True **False**

Explanation: False; Insulin is produced in the pancreas

4. List 3 symptoms of high blood sugar.

1. _____

2. _____

3. _____

(Going to the bathroom frequently, Thirsty, Tired, Blurred vision, Burning or tingling in your feet, Slow-healing infections, Weight lossl)

5. List 4 things that can help you manage your blood sugar.

1. Change amounts or types of food (Food raises blood sugar)
2. Exercise regularly (Exercise lowers blood sugar)
3. Take medication (Diabetes medications lower blood sugar)
4. Learn to better handle stress. (Stress raises blood sugar)

"PEER LEADER" SIMULATION

Trainer: Have each participant lead his/her simulation topic.

– What is diabetes?
– Metaphor for diabetes
– What is the role of insulin?

Conduct a self- and peer- assessment using the evaluation form (See Appendix B and C).

GROUP SHARING: MAKING CHOICES AND CHANGES

Trainer: Taking care of diabetes is hard work. The other demands, stresses, and pressures in your life do not go away just because you have diabetes.

Ask the group, "How are you able to fit diabetes into your life?"

GROUP ACTIVITY: LEARNING YOUR ABCD'S

Trainer: One way to look at your diabetes health is to know your ABCDs.

The Diabetes Complications Risk Profile (See Appendix I) lists your ABC's. You can use these as a guide for making choices and changes. Write down the ABCDs on a board and discuss.

GROUP ACTIVITY: LEARNING YOUR ABCD'S

A A1C
B Blood pressure
C Cholesterol
D Depression
S smoking

LECTURETTE: A1C

Trainer: Distribute forms with personal results to participants. Ask the group, "What questions do you have about your A1C?"

A1C

A1C tells you your average blood sugar level over the past 3 months. The recommended target for a person with diabetes is less than 7.

A1C is a measure of how much glucose sticks to the red blood cells (hemoglobin) in your blood stream. The higher your glucose level, the more sugar there is to stick to these cells. The glucose builds up over time.

Because red blood cells live about 3 months, the amount of sugar that has stuck to these cells during that time can be measured. Your A1C should be checked every 3 to 6 months.

A1C also helps you understand your risk for developing the complications of diabetes. Keeping your A1C in the target range reduces your risk for developing long-term complications of diabetes, such as damage to your eyes, kidneys, heart and nerves.

You can think of the A1C as the big picture of your blood sugar level while the checks you do at home are a snapshot of that moment in time. For example, your grade for a semester long class may be a 90 (average of all tests), but you may have received a 100 on exam 1, 80 on exam 2, and a 90 on exam 3.

GROUP BRAINSTORMING: WAYS TO LOWER YOUR A1C

Trainer: Refer to the table on page 25 of the Guidebook. Discuss reasons why this may be different than what a person sees on his/her meter (check only at specific times of day, etc). Ask the group, "What are some ways you can lower your A1C?"

- Eat smaller portions
- Eat smaller portions more often and throughout the day
- Eat (and drink) fewer sweets
- Maintain a reasonable weight
- Be more active
- Take medicines or adjust the doses of medicines
- Add or adjust insulin dose, timing, or shots per day

GROUP BRAINSTORMING: WAYS TO LOWER YOUR A1C

Trainer: Refer to the graph on page 26 of the Guidebook, or draw this on the chalkboard or white board. Ask participants to note where their A1C is. Point out that every time they lower their A1C, they lower their risk of developing complications from their diabetes. Point out that there are no guarantees, but the odds are in their favor of reducing their risk if they keep their A1C closer to normal. Use an analogy for risk reduction such as wearing a seatbelt or using a designated driver.

LECTURETTE: BLOOD PRESSURE

Trainer: Ask the group, "What questions do you have about blood pressure and diabetes?"

Blood Pressure

High blood pressure (hypertension) increases your risk for the other complications of diabetes.

Blood pressure has two numbers. The top number (systolic) is the amount of pressure against the blood vessel walls when your heart pumps (contracts). The bottom number (diastolic) is the amount of pressure against the blood vessel walls when your heart relaxes, between beats.

Both numbers are important. The recommended level for blood pressure for people with diabetes is 130/80.

African Americans have a higher incidence of hypertension than other ethnic groups.

Ask to have your blood pressure checked at every provider visit, and ask to know your results.

GROUP BRAINSTORMING: WAYS TO LOWER YOUR BLOOD PRESSURE

Trainer: Ask the group, "How many of you take your blood pressure at home? What are some things you do to lower your blood pressure?"

- Eat less salt
- Stop smoking
- Eat more vegetables, fruits and whole grains
- Be more active
- Lose weight and/or maintain a reasonable weight
- Take medicines, add to the number of medicines you take or change your dose or type of medicines

Most people with diabetes will need 1 or more medications to manage their blood pressure. Page 199-200 of your guidebook lists the types of medicine used to treat high blood pressure.

LECTURETTE: CHOLESTEROL

Trainer: Ask the group, "Why questions do you have about cholesterol?"

Cholesterol

Cholesterol is a waxy, fat-type (lipid) substance in your blood. High cholesterol adds to your risk for heart and blood vessel disease (atherosclerosis).

Your body makes cholesterol from saturated and transfats. Cholesterol is also present in certain types of foods.

You need to have your cholesterol checked at least once a year.

There are three types of fats that are measured to find out your overall cholesterol level: LDL, HDL, triglycerides

GROUP BRAINSTORMING: WAYS TO LOWER YOUR CHOLESTEROL

Trainer: Ask the group, "What are some things you do to manage your cholesterol level?"

- Eat less saturated and trans fats and cholesterol containing foods such as bacon and shortening
- Maintain a reasonable weight
- Eat skinless, lean meats
- Take medicine to lower cholesterol
- Eat more fiber (dark, green leafy vegetables and whole grain cereals
- Use margarines and dressings with plant stanols/sterols added

Statins are the type of medicine most often used to lower cholesterol. See Page 201 for a list of cholesterol medications.

LECTURETTE: LDL

Trainer: Ask the group, "What questions do you have about LDL cholesterol?"

LDL

LDL is the bad kind of cholesterol ("lousy" cholesterol) that deposits fat in your blood vessels. High LDL increases your risk for heart and blood vessel disease.

The recommended target for people with diabetes is an LDL of less than 100 mg/dl. If you have one other risk factor for heart disease along with diabetes, the recommended target is 70 mg/dl.

GROUP BRAINSTORMING: WAYS TO LOWER YOUR LDL

Trainer: Ask the group, "What are some things you do to lower your LDL?"

- Eat less saturated and trans fats and cholesterol
- Use monounsaturated oils instead of saturated (hard) fats
- Take medicines

LECTURETTE: HDL

Trainer: Ask the group, "What questions do you have about HDL cholesterol?"

HDL

HDL is the healthy or good cholesterol ("happy" or "healthy" cholesterol). It helps to remove fat deposits from your blood.

Exercise raises HDL.

The recommended target for HDL is 45 mg/dl or higher for men and 55 mg/dl or higher for women. A high HDL helps to protect you against heart and blood vessel disease.

GROUP BRAINSTORMING: WAYS TO RAISE YOUR HDL

Trainer: Ask the group, "What are some ways you can raise your HDL?"

- Exercise more
- Lower your triglycerides
- Eat more baked or broiled cold-water fish
- Use monounsaturated oils instead of saturated (hard) fats
- Take medicine
- Take Omega-3 and fish or cod liver oil capsules (Need at least 1500 mg/day of EPA/]DHA Omega-3 fish oil capsules. Doses of 3000 mg or more may be prescribed by your provider.

LECTURETTE: TRIGLYCERIDES

Trainer: Ask the group, "What questions do you have about triglycerides?"

Triglycerides

These are another type of fat in the bloodstream that is linked to high blood sugar levels. The recommended target is less than 150 mg/dl.

Consuming sugar and alcohol increases triglycerides.

As you lower your blood sugar level your triglycerides generally come down as well.

GROUP BRAINSTORMING: WAYS TO LOWER YOUR TRIGLYCERIDES?

Trainer: Ask the group, "What are some ways you can lower your triglycerides?"

- Lower your blood sugar
- Eat fewer sweets
- Drink less sweet liquids and alcohol
- Eat more baked or broiled cold-water fish
- Take medicines
- Take Omega-3 and fish or cod liver oil capsules (Need at least 1500 mg/day of EPA/DHA Omega-3 fish oil capsules. Doses of 3000 mg or more may be prescribed by your provider.

GROUP ACTIVITY: DEPRESSION

Trainer: The D in the ABCD's stands for depression. Ask the group, "Have any of you had experience with depression?"

Depression

People with diabetes are about twice as likely to develop depression as people who do not have diabetes. It is not really clear whether people with diabetes have more depression because of the burden of living with diabetes or because of the effects of diabetes on the body. Most likely it is a combination of both. There is some evidence that depression increases the risk for developing diabetes.

In the past 2 weeks have you often been bothered by any of the following problems?

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Trouble falling asleep, staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling bad about yourself, feeling that you are a failure, or feeing that you have let yourself or family down
- Trouble concentrating on things such as reading the newspaper or watching television
- Moving or speaking so slowly that other people noticed. Or being so fidgety or restless that you have been moving around a lot more than usual

There is no blood test for depression, but if you answer yes to five or more of the above questions, you may be suffering from depression.

Trainer: Invite participants to take out a piece of paper to complete the PHQ-9. Let them know that this is only a screening to find people at risk for depression, and it does not make a diagnosis.

Trainer: There are treatments for depression. Things you can do, counseling or medicines each help, and studies show that they work best in combination. Point out that depression does not mean that you are weak or unable to cope effectively. If you scored more than 5, the first step is the talk with your health care provider about the results.

Now that you know your ABCDs, how will you use this information to set targets in these areas? Is there one on which you particularly want to focus? Make sure this is important to YOU, not just your doctor, spouse or others.

EMPOWERMENT-BASED FACILITATION TRAINING: DOROTHY-VIGNETTE 1

Trainer: Please watch the following video clip of a person describing a diabetes-related experience. Write down a 1-2 sentence response to this person.

> **"I'm real proud of my exercise program. Since I've been back from vacation I've walked every single day – even on the two days I really didn't want to."**

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Exploring the problem
0	Miscellaneous
-1	Solving the problem for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

- Lifelong Management Guidebook, "What is diabetes?" chapter
- The Diabetes Answer Book, pages 171-178.
- 101 Tips for Behavior Change, pages 84-93

Assign participants a topic for "Peer Leader" simulations:

- What is A1C and why is it important?
- Managing blood pressure
- Managing cholesterol
- Managing LDL and HDL
- Managing triglycerides
- Depression

CHAPTER 6

HEALTHY EATING [session 1]

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Active listening skills assessment form (Appendix D)
- I-SMART diabetes action plan form (Appendix G)
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are beginning the first of three sessions on Healthy Eating. The objectives for today are:

At the end of this training session, you will be able to do the following:

- Identify influences on eating behaviors
- Identify the major food groups and their influence on blood glucose and health
- Identify strategies to incorporate healthy eating habits into your life

QUIZ AND REVIEW WHAT IS DIABETES?, SESSION 2

True or False?

1. A1C tells you the average blood sugar level over the past week.

   True **False**

   Explanation: False; A1C tells you the average blood sugar level over the past 3 months.

2. The recommended level for blood pressure for people with diabetes is 140/90.

   True **False**

   Explanation: False; The recommended level for blood pressure for people with diabetes is 130/80.

3. People with diabetes are twice as likely to have clinical depression than people without diabetes.

   True False

QUIZ AND REVIEW
WHAT IS DIABETES?, SESSION 2

4. What does ABCD stand for?

- **A** A1C
- **B** Blood pressure
- **C** Cholesterol
- **D** Depression
- **s** smoking

5. Name the three types of cholesterol.

1. Triglycerides
2. LDL
3. HDL

Name 2 ways to manage the types of cholesterol you named above.

Type of cholesterol: TRIGLYCERIDES

1. _____
2. _____

(Lower your blood sugar, Eat fewer sweets, Drink less sweet liquids and alcohol, Eat more baked or broiled cold water fish, Take medicines)

Type of cholesterol: LDL

1. _____
2. _____

(Eat less saturated and trans fats and cholesterol, Use monounsaturated oils instead of saturated (hard) fats, Take medicines)

Type of cholesterol: HDL

1. _____
2. _____

(Exercise more, Lower your triglycerides, Eat more baked or broiled cold-water fish, Use monounsaturated oils instead of saturated fats, Take medicine, Omega-3 and fish oil capsules)

GROUP FACILITATION SIMULATION:
EVALUATE I-SMART EXPERIMENT

Trainer: In the previous session, you practiced steps 1 through 4 of the behavioral goal-setting process which is [ask participants for response]. Well, step 5 is evaluating the outcome of your behavioral experiment. Because you have not completed a behavioral experiment, I will be handing out cards with examples of behavioral experiments. Handout "index cards with sample goals" to participants.

GROUP FACILITATION SIMULATION: EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What if anything would you do differently next time?
- What will you do when you leave here today?

"PEER LEADER" SIMULATION

Trainer: Have participants lead his/her simulation topic.

- What is A1C and why is it important?
- Managing blood pressure
- Managing cholesterol
- Managing LDL and HDL
- Managing triglycerides
- Depression and diabetes

Conduct self- and peer- assessment using the evaluation form (See Appendix B and C).

GROUP SHARING: THE MEANING OF FOOD

Trainer: One of the reasons why changing our eating habits is so hard, is that food has meanings for most of us that go far beyond nutrition. Ask the group, "What did food mean to you before you got diabetes?" Write responses on the board and discuss.

Love	Pleasure	Home and family
Comfort	Culture	Guilt
Stress reliever	Security	

Ask the group, "What does food mean to you now that you have diabetes?"

Chore	Judgment	Health
Guilt	Stress	Pleasure
Punishment	Deprivation	Sense of accomplishment

GROUP BRAINSTORMING: STRATEGIES FOR ENJOYING FOOD

Trainer: Ask the group, "What strategies have you used so that you can still enjoy your food and have it mean what it did to you before you had diabetes?

- Eat smaller portions of favorite foods
- Replace sugar with artificial sweeteners

LECTURETTE: WHAT IS IN FOOD?

What is in food?

Our food is made up of various nutrients, vitamins, minerals and water. The nutrients are:

Carbohydrates – Proteins – Fats

LECTURETTE: WHAT IS IN FOOD?

Carbohydrates are the sugars and starches in food. All carbohydrates break down into blood sugar and have a direct effect on your blood sugar level.

Ask the group, "What are examples of foods with carbohydrates?"

Protein is a nutrient used to build and repair muscles, skin, and cells. Proteins have no direct effect on your blood sugar level.

Ask the group, "What are examples of foods with protein?"

Fat is a nutrient that carries vitamins, helps skin health, and adds flavor to food. Fat takes the longest to break down in your body and has no direct effect on your blood sugar level.

Ask the group, "What are examples of foods with fat?"

Vitamins and minerals? Vitamins are very small nutrients that help your body work. Vitamins help heal cuts, fight infection and keep skin and eyes healthy. Minerals are nutrients that keep your body strong. Minerals help build and repair bones, control blood pressure, and establish water balance.

Water helps your body get rid of waste. When your blood sugar is high, you may be losing water in your urine. Drinking liquids will help replace water and help to lower your blood sugar.

GROUP SHARING: SUPPORT FROM FAMILY AND FRIENDS

Trainer: We know that people with diabetes do better in caring for their diabetes with the support of family and friends. Ask the group, "What kind of support do you currently receive from your family and friends? What kind of support would you like to receive? How can you get the support you need?" List types of support on the board and discuss.

- Nagging
- Eating the same things
- Reminding you to choose the "right" foods
- Diabetes police
- Cooking differently

LECTURETTE: HEALTHY EATING WITH DIABETES

Healthy eating with diabetes

There is no such thing as a diabetic diet, good food, bad food or cheating. There are six key food choices you can make when eating for good health and to manage your blood sugar.

1. Eat less food
2. Eat less fat
3. Eat less sugar
4. Eat less salt
5. Eat more fiber
6. Eat regular meals

Each of these strategies has different benefits.

List these six food choices on the board.

LECTURETTE: HEALTHY EATING WITH DIABETES

Trainer: Ask the group, "What have you done to incorporate any of these strategies into your life? What did you learn about the effects of these strategies on your health? What did you learn about yourself as a result of your experiences?" Identify and discuss commonalities in the responses.

ROLE-PLAY: ACTIVE LISTENING

Trainer: Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will ask, "What is your most important reason for paying attention to your food choices?" The Peer Leader will also ask questions to help the Participant reflect on the importance of paying attention to food choices, and to identify personally relevant strategies to improve food choices. Examples of questions include:

- How important is this to you?
- What are you thoughts/feelings about this issue?
- Have you worked on this issue before?
- What barriers did you encounter? How did you overcome those barriers?
- How confident do you feel that you are ready to address this issue at this time?

After 5 minutes, debrief using the evaluation form (See Appendix D). Then, switch roles.

Trainer: Ask the group, "Was it easier for you to be the Peer Leader or the Participant? Why?"

LECTURETTE: PORTION CONTROL

Portion control

You will notice that four of the six food choices above involve eating "less" of something:

Eat less food
Eat less fat
Eat less sugar
Eat less salt

One way to eat less of each of these is to eat smaller portions of foods with fat, sugar and salt than your usual servings. One of the advantages is that you don't have to give up foods you enjoy, you simply eat less of them. Another advantage is that you can still eat what others are eating and not call attention to yourself. After a while, the smaller portions look "normal" to you and you feel satisfied at the end of the meal.

A disadvantage for some people is that the smaller portion is not as satisfying or they have a hard time stopping after eating a smaller amount. As a result, they overeat later.

Some people find that portion control helps them handle some situations (e.g., eating in restaurants, eating away from home), but that they do better with a more precise meal plan in their everyday lives.

LECTURETTE: PORTION CONTROL

Portion control does not only mean eating less food. Portion control also means filling up your plate with more of the foods that contain smaller amounts of fat, sugar and salt.

You are the best judge of whether portion control will work for you.

ROLE-PLAY: 5-STEP GOAL-SETTING PROCESS & I-SMART DIABETES ACTION PLAN

Trainer: Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will assist the Participant in working through the 5-step empowerment-based goal setting process and then creating an I-SMART diabetes action plan. After 5 minutes, debrief the interaction. Then, switch roles.

PREPARATION AND READINGS

Required reading:

- Lifelong Management Guidebook, "Diet" chapter
- The Diabetes Answer Book, pages 179-188

CHAPTER 7

HEALTHY EATING [session 2]

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Active listening skills assessment form (Appendix D)
- Empowerment-based facilitation rating form (Appendix H)
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we will continue with the second of three sessions on Healthy Eating. The objectives for today are:

At the end of this training session, you will be able to do the following:

- Identify foods that contain carbohydrates
- Understand the influence of carbohydrates on blood glucose
- Identify strategies to better manage blood glucose, blood pressure, cholesterol and weight through healthy eating

QUIZ AND REVIEW HEALTHY EATING, SESSION 1

True or False?

1. Portion control always means eating less.

   True **False**

   Explanation: False; Portion control does not always mean eating less. It can also mean filling up your plate with more of the foods that contain smaller amounts of sugar, fat, and salt.

2. People with diabetes cannot eat the same foods as other people.

   True **False**

   Explanation: False; People with diabetes do not have to give up foods that other people are eating, they simply eat less of them.

QUIZ AND REVIEW
HEALTHY EATING, SESSION 1

3. Circle all that have a DIRECT effect on your blood sugar.

1. Protein
2. Carbohydrates
3. Fat
4. Vitamins
5. Minerals

4. Please circle which of the foods below have carbohydrates.

Two hard-boiled eggs	No
An orange	Yes
A porterhouse steak	No
Peanuts	No (a little)
Skim Milk	Yes
Corn on the cob	Yes
Butter	No

GROUP BRAINSTORMING:
GOOD INTENTIONS, BAD ADVICE

Trainer: As we discussed earlier, it seems like no matter where you go, there is always food available. One of the issues faced by many people with diabetes is how to handle different situations that involve food, particularly when you are around other people. Ask the group, "What is it like for you when you are in situations with food and others are eating things you enjoy, but you know that the foods will negatively affect your blood glucose? How do you feel in these situations? How do you handle these feelings?"

LECTURETTE:
HEALTHY EATING WITH DIABETES

Healthy eating with diabetes

There is no such thing as a diabetic diet, good food, bad food or cheating. There are six key food choices you can make when eating for good health:

1. Eat less food
2. Eat less fat
3. Eat less sugar
4. Eat less salt
5. Eat more fiber
6. Eat regular meals

Each of these strategies has different benefits.

List these on the board, using a grid similar to the one found on page 29 of the Diabetes Lifelong Management Guidebook.

LECTURETTE: EATING TO MANAGE YOUR BLOOD SUGAR

Eating to manage blood sugar

To lower your blood sugar you can: Eat less food, Eat less sugar, Eat regular meals, Eat more fiber

Three things affect your blood sugar levels:

- Timing of meals
- How much you eat
- What is in the food you eat

Timing of Meals:

- Eat at least 3 times a day
- Be as consistent as you can
- Do not skip meals
- Eat breakfast

How much you eat:

- Chose smaller portions
- Eat only 1 serving
- Use a small plate and eat slowly
- Keep tempting foods out of the house or out of sight
- Gradually cut down on your portion sizes

What is in the food you eat:

- Carbohydrates have the greatest effect on your blood sugar.
- Sugar is a form of carbohydrate, but all carbohydrates affect your blood sugar.
- Carbohydrates are not "bad" They are the main fuel your body needs to stay healthy.
- Fiber affects how quickly the carbohydrates are digested and go into your blood stream. Eating foods high in fiber slows down the effect of carbohydrates on your blood sugar.

LECTURETTE: EATING TO MANAGE BLOOD PRESSURE

Trainer: We talked about strategies to manage blood sugar. Now let's talk about strategies to manage blood pressure, cholesterol, and weight.

Eating to manage blood pressure

To manage your blood pressure you can: Eat less food, Eat less salt.

The recommended sodium intake is 2300 mg per day, and 2000 mg per day for those with congestive heart failure.

LECTURETTE: EATING TO MANAGE BLOOD PRESSURE

– Eating less food helps you to lose weight, which helps to lower blood pressure.
– Eating less salt helps some people to lower their blood pressure.
– To eat less salt you can:
  > Eat fewer or smaller portions of foods that are high in salt.
  > Add less salt to food when cooking or at the table.
  > Choose foods that have less than 400 mg of sodium per serving, or main dishes with less than 800 mg of sodium per serving.

LECTURETTE: EATING TO MANAGE CHOLESTEROL

Eating to manage cholesterol

Cholesterol is a soft, waxy substance that is made by the liver. Your body needs cholesterol, but it makes all that it needs. Although cholesterol in food can raise your cholesterol level, most cholesterol in your blood comes from the saturated fat you eat. The recommendation from the American Diabetes Association is to eat no more than 200 mg of cholesterol per day.

There are four types of fat in the food you eat:

Saturated Fats	*Unsaturated Fats*
(1) saturated fat	**(3)** poly-unsaturated (may lower HDL)
(2) trans fatty acids (raises LDL)	**(4)** mono-saturated (lowers LDL)

To manage your cholesterol you can: Eat less fat, Eat less sugar, Lose weight, and Eat more fiber.

– Eating less food helps you to eat less fat and to lose weight.
– Eating less "bad" (saturated, trans or hydrogenated fats) helps to lower your cholesterol. Replacing "bad" fat with "good" (polyunsaturated or monounsaturated) fat in your diet helps to improve cholesterol.
– Eating less sugar can help to lower triglyceride levels.
– Eating more fiber also helps to lower cholesterol.
– Eating more omega-3 oils helps to lower cholesterol and triglycerides. Cold water fish contains omega-3 oils. Try to eat 2 servings of cold water fish per week.

GROUP SHARING: FEELINGS ABOUT FOOD

Trainer: It seems that no matter where you go or what you do, there is always food available. One of the issues faced by many people with diabetes is how to handle different situations that involve food, particularly when you are around other people. Other people often have lots of advice about what you "should" or "should not" be eating. Ask the group, "What are some strategies you have used to handle the advice of others when it comes to food?"

LECTURETTE: EATING TO MANAGE WEIGHT

Weight is the balance between calories in and calories out.

Portion control is one way to manage your weight.

To lose weight you can: Eat less food, Eat less fat, Eat less sugar, Eat regular meals, Eat more fiber.

- Eating less food helps you to lose weight.
- Eating more fiber helps you to feel full which can help your weight loss efforts.
- Doing more physical activity helps you to lose weight.
- Because fat calories are "dense" and extra fat calories convert directly to fat, eating less fat can help you to cut back on calories.

ROLE-PLAY: ACTIVE LISTENING

Trainer: Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will ask the Participant, "What is the hardest thing for you about eating when you have diabetes?" The Peer Leader will then ask open-ended questions to help the Participant reflect on the difficulties of eating with diabetes and to identify personally relevant strategies for improving eating habits. After 5 minutes debrief the interaction. Debrief using the evaluation form (See Appendix D). Then switch roles and do again.

EMPOWERMENT-BASED FACILITATION TRAINING: LOIS – VIGNETTE 1

Trainer: Please watch the following video clip of a person describing a common experience of living with diabetes. Write down a 1-2 sentence response to this person.

> **"I was at the church picnic last Saturday and really wanted a piece of apple pie. As I was putting it on my plate, my friend said, "You are diabetic and are not allowed to eat dessert."**

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Problem exploration
0	Miscellaneous
-1	Solving problems for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

- The Diabetes Answer Book, pages 189-198
- Lifelong Management Guidebook, "Diet" chapter, pages 38-52

Collect and bring in at least 5 pictures representing different types of food

Keep a food diary for two days (See Appendix K)

CHAPTER 8

HEALTHY EATING [session 3]

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Active listening skills assessment form (Appendix D)
- I-SMART diabetes action plan form (Appendix G)
- Food diary (Appendix K)
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we will continue with the third of three sessions on Healthy Eating. The objectives for today are:

After this training session, you will be able to do the following:

- Create an I-SMART diabetes action plan to make one change in eating behavior.
- Understand the plate method, counting carbohydrate servings, and carbohydrate grams.
- Keep a food diary and analyze the results.
- Gain experience with all three methods for one day.

QUIZ AND REVIEW: HEALTHY EATING, SESSION 2

1. Strategies you can use to lower your blood sugar are (circle all that apply):.

   1. Eat less food
   2. Eat less fat
   3. Eat less sugar
   4. Eat less salt
   5. Eat regular meals
   6. Eat more fiber

2. Ms. Grayson had 800mg of sodium for breakfast, 950mg of sodium for lunch, and 750mg of sodium for dinner. Has she exceeded the recommended amount of sodium intake per day?

   (yes, 2,500mg exceeds the recommended level of 2,300mg)

QUIZ AND REVIEW: HEALTHY EATING, SESSION 2

True or False?

3. Skipping meals is a great way to lose weight.

True **False**

Explanation: False; Eating regular meals helps you to lose weight.

4. Eating less salt will help lower your cholesterol.

True **False**

Explanation: False; Eating less salt will help lower your blood pressure.

5. Monosaturated fat is considered to be a "bad" fat.

True **False**

Explanation: False; Monounsaturated fat is considered a "good" fat (lowers LDL)..

GROUP FACILITATION SIMULATION: EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What if anything would you do differently next time?
- What will you do when you leave here today?

GROUP ACTIVITY: SELF-REFLECTION

Trainer: Keeping a food diary helps you to understand your eating habits and challenges. Review your food diary and reflect on the following questions:

- Are there foods that mean home, culture and family to me?
- Are there foods that I eat when I am feeling blessed, stressed or depressed?
- Do I feel deprived of sad if I don't eat certain foods?
- Are there foods that I can't stop eating once I start?
- Are there people in my life who can support my efforts?
- What is critical for me to consider when developing a meal plan so that I stick with it?

Turn to a partner and tell them one thing that you learned from your reflection.

GROUP SHARING: APPROACHES TO MEAL PLANNING

Trainer: Ask the group, "What meal planning method do you currently use? How is it working? Would a more or less structured meal plan work better for you? Why?"

LECTURETTE: HEALTHY EATING AND THE PLATE METHOD

Healthy eating and the Plate Method

Focusing on healthy eating means that you choose a balance of foods from each of the six food groups. You also may pay attention to portion sizes as a way to manage your blood sugar, weight, and cholesterol.

The six food groups are:
Starches
Fruit
Milk
Vegetables
Meat
Fats

The Plate Method is a way of helping you to manage portion sizes and types of food.

- At breakfast, fill 1/4 of your plate with starch, and 1/4 with protein. Add a piece of fruit and a glass of milk.
- At lunch and dinner, fill 1/2 of your plate with non-starchy vegetables, 1/4 with meat and 1/4 with starch. Add a piece of fruit and a glass of milk.
- Keep in mind that adding fat adds calories.

GROUP ACTIVITY

Trainer: Hold up pictures of food brought in by the participants and ask the group to identify the correct food group and whether it is an appropriate portion size. Refer to page 67 for examples of how to estimate portion sizes with a hand or other common objects. Use measuring cups and spoons to demonstrate actual serving sizes as a standard.

LECTURETTE: CARBOHYDRATE COUNTING

Carbohydrate Counting

Carbohydrates have the greatest effect on blood sugar levels. Counting carbohydrates helps you balance the number of carbohydrates you eat with your medicines, activity, and stress.

Counting carbohydrates does not necessarily mean that you eat fewer carbohydrates, but that you spread them out over the course of the day.

Two methods for counting carbohydrates are:

- Choices
- Grams

LECTURETTE: CARBOHYDRATE COUNTING

Counting carbohydrate choices

- Count the number of carb choices per meal
- The goal is to keep the number about the same from meal to meal
- A starting point for women is 3 carb choices per meal, and 4 carb choices per meal for men. Each serving size has about 15 grams of carbohydrate.

– Because vegetables have so few carbs (5 grams/1/2 cup), you do not need to count these carbs unless you eat 1 1/2 cups or more.

Counting carbohydrate grams

- Count the number of grams of carbohydrate per meal.
- Each carb serving has about 15 grams of carbohydrate.
- Counting carbohydrate grams is more precise, and you can match your pre-meal insulin to the amount of carbohydrates you eat. It may be more work, but it gives you more flexibility.
- A starting point for women is 45 grams of carb per meal, and 60 grams of carb per meal for men.
- The serving size for starch, fruit, and grain choices is ½ cup. Each choice or serving has about 15 grams of carbs.
- Because vegetables have so few carbs (5 grams/1/2cup), you do not need to count these carbs unless you eat 1 1/2 cups or more.
- Carb counting only takes into account the carbohydrate content of the food. The protein and fat are not counted. Although these do not directly affect blood sugar levels, they do have calories and need to be considered.

GROUP BRAINSTORMING: STRATEGIES FOR CHOOSING FOOD WHEN AWAY FROM HOME

Trainer: Ask the group, "What strategies do you use for choosing foods in different situations, such as eating away from home, potlucks, restaurants and holidays." List these on the board and discuss. Ask the group, "How do you handle feeling different or left out at these times?"

GROUP ACTIVITY: IDENTIFYING AND COUNTING CARBOHYDRATES

Trainer: Ask the group to list their favorite meals. Then, ask the group to identify both carbohydrate source and amount of carbohydrate in the meals. Ask the group, "Do you feel it would be more beneficial for you to count grams or servings of carbohydrates?

LECTURETTE:
READING LABELS

Reading labels

One way to identify the number of servings or grams of carbohydrates is to read the label.

As you read the label, pay attention to

- **Serving size**
- Servings per container
- Fat content and types of fat
- Sodium content
- **Total Carbohydrate**
- **Dietary fiber**
- Other nutrients

LECTURETTE:
READING LABELS

Of these, only serving size, total carbohydrate and dietary fiber directly affect blood glucose.

Fiber is a form of carbohydrate that has no effect on blood sugar levels. The fiber can be subtracted from the total carbohydrate. There are two methods for doing this. If the food has more than 5 grams of fiber, subtract the grams of fiber from the grams of total carbohydrate. The remainder is the amount of carbohydrates that are counted.

The other method is to divide the amount of fiber in half, and subtract that amount from the total carbohydrates. The remainder is the amount of carbohydrates that are counted.

Trainer: Using a label as an example, identify each of the items listed above (serving size, servings per container, fat content and types of fat, sodium content, total carbohydrate, dietary fiber), and determine how the food item is counted and fits into the goals of the participants.

ROLE-PLAY:
5-STEP GOAL-SETTING PROCESS & I-SMART DIABETES ACTION PLAN

Trainer: Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will assist the participant in working through the 5-step goal-setting process to create an I-SMART diabetes action plan related to healthy eating and/or meal planning. After 5 minutes, debrief the interaction. Then, switch roles.

GROUP FACILITATION SIMULATION:
EMPOWERMENT-BASED FACILITATION

Trainer: Select a pair of participants to act as "Peer Leaders" and facilitate a discussion.

Assign one participant in the group to start the discussion with: "I'm really struggling with counting carbs."

After the discussion use the Empowerment-based facilication rating form (See Appendix H) to provide feedback.

PREPARATION AND READINGS

Readings:

– The Diabetes Answer Book, pages 209-214

– Lifelong Management Guidebook, "Diet" chapter

Over the next week, try each of the meal planning methods for 1 day.

CHAPTER 9

STRESS, COPING AND DEPRESSION

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Empowerment-based facilitation rating form (Appendix H)
- Relaxation tape
- Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

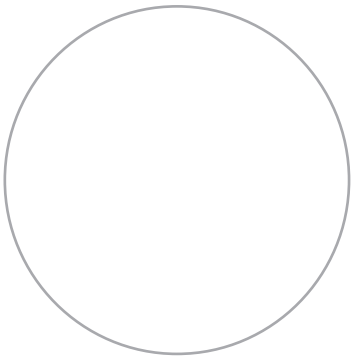
Today we are discussing Stress, Coping, and Depression. The objectives for today are:

After this training session, you will be able to do the following:

- Discuss the role of stress in diabetes
- List signs of stress
- Identify the different emotions experienced by people with diabetes
- Identify effective coping strategies
- Identify resources for support
- Discuss the relationship between depression and diabetes
- Recognize signs and symptoms of depression
- Discuss treatment options for depression

QUIZ AND REVIEW
HEALTHY EATING, SESSION 3

1. Using the plate method, draw how would you portion your dinner if you were having chicken, mashed potatoes, and greens.



(1/2 non-starchy vegetables, 1/4 meat/protein, 1/4 starch)

QUIZ AND REVIEW
HEALTHY EATING, SESSION 3

2. What are the two methods for counting carbohydrates?

1. Grams
2. Choices

3. Using the label below, how many serving sizes, total carbohydrates, fiber and sodium, carb choices, and carb grams are in 1 cup of this cereal?

A. Serving size	1
B. Total carbohydrate	45
C. Fiber	6
D. Sodium	250
E. Carbohydrate choices	3
F. Carbohydrate grams	45

NUTRITION FACTS: RAISIN BRAN CEREAL
Serving size: 1 cup (55g)

AMOUNT PER SERVING		
Calories	180	Calories from fat 8
		% Daily Value
Total Fat	1 gram	1%
Saturated fat	22 g	1%
Trans fat	0 g	
Cholesterol	0 mg	0%
Sodium	250 mg	10%
Potassium	227 mg	6%
Total carbohydrate	45 g	15%
Dietary fiber	6 g	20%
Sugars	18 g	
Protein	3.85 g	
Vitamin A	500 IU	10%
Vitamin C	0 mg	0%
Calcium	0 mg	0%
Iron	7.48 mg	42%

GROUP FACILITATION SIMULATION: EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What if anything would you do differently next time?
- What will you do when you leave here today?

SELF-REFLECTION: STRESS AND THE CAUSES OF STRESS

Trainer: Please take 5 minutes to write down, in your own words, what "stress" is. Then, write down the causes of stress in your life.

- Job
- Relationship
- Family
- Financial problems
- Health problems

Trainer: Ask participants to come back into a large group, and share some of their responses. Write these on the board.

LECTURETTE: WHAT IS STRESS?

What is stress?

We all have things happen to us that we find stressful. For example, getting in a car accident, being laid off from work or even being late for an appointment can cause stress (and forgetting to eat after you took your insulin), having construction being done in your home.

One way to define stress is a situation or event that causes strain on a person. Another way to define stress is when a person feels a situation or event is a challenge or threat. Keep in mind that stress is not an event, **it is how you respond do that event.** For those who find the quizzes we do every morning challenging, this may be a stressor.

It is not just bad events that cause stress. Good events can also cause stress. Have you ever helped plan a daughter or son's wedding? Or had to give a speech when receiving an award?

The body responds to stress by making a hormone called **adrenaline** that causes you to breathe faster, your heart to beat faster, and your blood pressure to increase.

When you are stressed your body gets ready for "fight or flight" – if the energy is not used, then you may feel tense or tired.

LECTURETTE: WHAT IS STRESS?

Stress can affect your diabetes. Hormones like cortisol can make the liver release more sugar. Your body needs this sugar for energy in stressful "fight or flight" situations.

Stress can lead to blood sugars that are too high, too low, or change rapidly for no apparent reason. Stress makes it hard to keep your blood sugar in the target range.

GROUP BRAINSTORMING: SIGNS OF STRESS

Trainer: Ask the group, "What are the signs you notice when you are stressed? What are signs other people (friends and family) noticed when you are stressed?"

Irritable	Short-tempered	Over-eating
Anxious	Withdrawn	Can't fall asleep
High blood sugar	Tearful	

GROUP BRAINSTORMING: DISTRESS AND DIABETES

Trainer: We have talked about some of the negative emotions that people experience when they are diagnosed with diabetes and the negative emotions they may feel living with diabetes on a daily basis**.**

Although most people think you should "get over" these feelings, we know that most continue to have negative emotions about diabetes and all they have to do to manage it throughout their lives.

Ask the group, "What are some of the ways you feel, or have felt, about having diabetes or having to care for your diabetes?" Write these feelings down on the board and discuss.

Denial	Anger	Frustration
Guilt	Distress	Fear
Depression	Acceptance	Sadness

SELF-REFLECTION: COPING STRATEGIES

Trainer: There are basically three ways to deal with stress: change your belief about it (your daughter is getting married to a person you do not like; try to change your feelings about her fiancée by looking for any good qualities), eliminate or avoid the cause of your stress (your can't stand your boss, so you can quit your job), or learn ways to deal with the situation (take up yoga, have a friend to talk to). There are many different ways people deal with stress. Let's use the example of getting laid off at work – one person may deal with it by taking a 5-mile run, another person might just hit their favorite bar and drink till they feel better.

Take 5 minutes to write down the ways you deal with stress.

GROUP FACILITATION SIMULATION

Trainer: Select two participants and have the pair facilitate a group discussion of "Coping strategies." Have the Peer Leaders write strategies on the board and discuss with the group.

Understanding	Practice religion	Let it go
Let it out	Get organized	Read the Bible
Find help	Plan your time	Think positive
Pray	Be patient	Have fun
Take a break	Be active	Look at each situation
Eat	Quiet time	Treat yourself
Give yourself a break	Drink alcohol	Yell at someone
Drive too fast	Hold it in	Talk to someone
Take deep breaths	Cry	

LECTURETTE: ASKING FOR SUPPORT

Asking for support

Talking about diabetes and the problems you face day to day with a friend or a family member is a strategy you can use to handle the stress and distress of diabetes. In addition to friends and family, people seek support from other sources including:

- Minister, pastor, religious leader
- Mental health care counselor
- Support groups

If you feel overwhelmed and need help, ask for it. You can even ask your health care provider where to get this help. Asking for help is a sign of strength, not weakness.

If you want support from your friends and family, it may help for them to learn about diabetes. They can go to classes with you, or you can teach them.

It is most important for your supporters to understand how you are choosing to mange your diabetes and the goals that you have set. Another way to involve your partner or family is to ask for their help in reaching your goals. For example, you can ask them to help plan an exercise program or ask them to exercise with you. Involving them and telling them about your goals helps them to offer the kind of support your need.

You need to let your partner or family know how they can support you. It may be hard to ask your family for what you need. You may need to ask that they not have certain food in the house, or not to nag you about what you eat. You may ask that the daily routine be changed so you can eat or exercise at a certain time. It is not selfish to ask for this support. After all, your health is important to your family as well as to you.

PAIR AND SHARE: SOURCES OF SUPPORT

Trainer: Choose a partner. Choose on person to go first. This person will ask his/her partner, "Who do you turn to for support with your diabetes? How is this person helpful to you? After 5 minutes, debrief using the evaluation form (See Appendix B). Then, switch roles and do again.

Return to large group and report back on the discussions.

GROUP ACTIVITY: RELAXATION EXERCISE

Trainer: Now, let's end today's session with a relaxation exercise. Relaxation techniques like deep breathing or using a relaxation tape are ways to deal with stress.

Conduct a relaxation exercise and then debrief with group participants. "How did that feel? Can you imagine doing this youself at home?"

LECTURETTE: DIABETES AND DEPRESSION

Diabetes and depression

The stress and distress of diabetes can lead to sadness and feeling sad and depressed. But when the blues don't go away, and become overwhelming, clinical depression can occur.

People who have diabetes are two times more likely to have clinical depression than people who do not have diabetes.

Diabetes is hard enough to manage, but when you add depression on top of that, it can be overwhelming. Depression usually does not come on suddenly. It can develop slowly and go unnoticed. Risk factors for depression include family history of depression, financial struggles, and other burdens of life and living with diabetes.

Depression can have a negative impact on self-management. People with diabetes who are depressed tend to have:

- More problems keeping their blood sugar on target
- Greater risk for cardiovascular disease

If left untreated, depression can make long-term complications and disability even worse.

How do we know when depression is a problem? When it gets in the way of being able to go to work, be socially active, and perform simple daily tasks.

PAIR AND SHARE: RECOGNIZING DEPRESSION

Trainer: So, how do we know if you are clinically depression? Do you remember completing a form called the Personal Health Questionnaire (PHQ-9)? *Pass out the PHQ-9 handout.* This survey helps you and your health care providers find out if you have depression or are experiencing symptoms of depression.

Pick a partner. Think about a time in your life that you noticed having these symptoms and talk about it with your partner.

- What was going on for you?
- How did it affect you (e.g., PHQ-9)?
- What did you do about it?

GROUP ACTIVITY: RELAXATION EXERCISE

Trainer: Now, let's end today's session with a relaxation exercise. Relaxation techniques like deep breathing or using a relaxation tape are ways to deal with stress.

Conduct a relaxation exercise and then debrief with group participants. "How did that feel? Can you imagine doing this youself at home?"

LECTURETTE: TREATING DEPRESSION IN DIABETES

Treating depression in diabetes

Depression is very difficult, but no one should have to deal with it alone. It is important to share with your health care provider any major change you notice in your mood. Your health care provider may not ask you about this in your routine visits, so it is up to YOU to tell them when you feel down.

The good news is that there has been a great deal of research on how to mange depression among persons with diabetes. All of these work, but they work best when you combine all three. These treatments include:

- Things you can do
- Counseling
- Medicine

Things you can do

Take a close look at how you live your life. This will help you figure out whether you can make changes that will help you feel better. You may want to discuss this with a spouse or close friend, health care provider, or spiritual advisor. There are three things to consider:

First, what are your major stressors? Can you somehow reduce or even get rid them? If not, can you think of some realistic ways to better deal with them?

Second, do your personal habits add to your stress? Many people take on too many things, get over-involved with any one activity, or don't relax and sleep enough. Other habits are smoking, eating too much, drinking too much alcohol, and illicit drug use. While these habits may seem to help your stress in the short term, they usually create more problems than they solve.

Finally, it is very important to build new habits that lift your spirits or distract you. What did you used to enjoy doing (before you were stressed or down)? Is there some new activity you may enjoy? Some examples are walking, reading, listening to music, going places, seeing friends, and doing a hobby. Physical activity has been shown to both prevent and manage depression. Exercise helps your body as much as your mind.

Counseling

It is often helpful to discuss your stressors and mood changes with a counselor. Counseling can help you find sources of stress, figure out if you are depressed, and find the solution that will work best. Even if you have friends and loved ones who support you, it can help to talk with someone who can just listen.

LECTURETTE: TREATING DEPRESSION IN DIABETES

There are many types of counseling (which is also called psychotherapy). Although most types are effective, studies show that one called CBT (cognitive-behavioral therapy) is very effective for people with depression and diabetes. However, the most important thing is to find a counselor with whom you feel comfortable. Your health care provider can recommend a counselor and offer ideas for low-cost or community-based programs.

Antidepressant medicines

There are several different kinds of medicines to treat depression. You and your health care provider need to figure out which one works best for you. You may have to try several before you find the right one for you. Some antidepressants can affect blood sugar. So be sure to ask your provider or pharmacist if your other treatment needs to be changed.

These medicines can take up to 4 weeks to start working. You may not feel better right away. Ask your health care provider and pharmacist about your medicine, what you need to know, how to take it safely and what side effects may occur.

If you want to stop taking your medicine for depression, it is very critical to talk with your health care provider first. It is not safe to stop this type of medicine without first talking with your provider.

PREPARATION AND READINGS

Readings:

- The Little Diabetes Book, pages 119-140
- Lifelong Management Guidebook, "Living with diabetes" chapter

CHAPTER 10

SOLVING PROBLEMS

TRAINER MATERIALS

Preparation

- Review session and readings
- Prepare lecturettes and group activities

Materials to take

- Name tags/table tents
- Markers
- Attendance form
- Diabetes concerns assessment form (Appendix L)
- Quizzes (1 per person)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are going to talk about how to Solve Problems that may affect our self-management and how we care for ourselves and our diabetes. The objectives for today are:

After this training session, you will be able to do the following:

- Demonstrate the process of problem-solving
- Identify strategies to stay motivated over the long-term.
- Identify and address barriers to achieving self-management goals.
- Demonstrate how to prepare for a clinic visit (i.e. diabetes concerns assessment)
- Understand the different roles of people in a diabetes health care team

QUIZ AND REVIEW STRESS, COPING AND DEPRESSION, SESSION 1

1. Define stress

   Stress is a situation or event that causes strain on a person.

   Stress is also when a person feels a situation or event is a challenge or threat.

2. Name 3 effective coping strategies to deal with stress. (Effective for YOU)

   1. _____
   2. _____
   3. _____

   (Understanding, Get organized, Think positive, Take a break, Quiet time, Practice religion, Read the Bible, Pray, Be active, Treat yourself, Let it go, Find help, Be patient, Look at each situation, Give yourself a break, Let it out, Plan your time, Have fun)

QUIZ AND REVIEW
HEALTHY EATING, SESSION 3

True or False?

3. When under stress, hormones in the body cause the pancreas to release more sugar.

True False

Explanation: False; When under stress, hormones in the body cause the liver to release more sugar.

4. Stress causes blood sugar to increase.

True False

Explanation: False; Stress can cause blood sugar to increase, decrease, or change rapidly for no apparent reason.

5. The body makes more insulin for the "Fight or flight" response.

True False

Explanation: False; The body makes more sugar for the "Fight or flight" response.

6. People who have diabetes and are depressed tend to have higher blood sugar levels.

True False

7. Anti-depressants (medication) are the only way to treat depression.

True False

Explanation: False; Psychotherapy is another way to treat depression.

8. Most people get over their negative feelings about diabetes within a few weeks after diagnosis.

True False

Explanation: False; most people experience some negative feelings throughout their lifetime with diabetes.

GROUP FACILITATION SIMULATION: EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What if anything would you do differently next time?
- What will you do when you leave here today?

SELF-REFLECTION: SOLVING PROBLEMS IN THE PAST

Trainer: Think about a problem you had in the past (at home, at work, with friends) and how you tried to fix it. It doesn't matter if you choose something that worked well or something that did not work at all. Ask yourself these questions:

- How did I feel about the problem?
- What did I try to do?
- What motivated me to make that change?
- What helped me?
- What got in my way?
- What did I learn about myself?

GROUP BRAINSTORMING: PROCESS OF PROBLEM-SOLVING

Trainer: During your self-reflection, you went through a process of problem-solving. Specifically, you went through a thinking process to arrive at a solution. Although you may not always think about it, there is a process that you go through when you solve a problem. There are actually 4 steps to this process.

STEP 1: Identify the problem

Trainer: Ask a participant to identify a real problem they are facing. If there are no volunteers, choose a common problem, such as difficulty finding time to exercise, etc.

STEP 2: Think about why this is a problem
(How do you feel about it? How is it interfering in your life?)

Trainer: Ask the participant to answer these questions. Ask, "Is it important for you to solve this problem? Is there any reason you can think of why you want to keep this problem?"

GROUP BRAINSTORMING: PROCESS OF PROBLEM-SOLVING

STEP 3: Generate several different options for handling this problem

Trainer: Ask the entire group (including the participant with the problem) to brainstorm a list of ideas for ways to handle this problem. Write these on the board. Do not comment on the validity of these during the brainstorming process.

STEP 4: Choose a solution that works best for you and conduct an experiment

Trainer: Go through the list on the board. Ask the participant with the problem to rate the options as possible (put a check next to these), questionable (put a question mark next to these) and impossible (cross these off the list). Then ask the participant with the problem to identify the top 3 options and draw a circle around those. As the final step, identify one to try in the next week.

Trainer: This problem-solving strategy is also useful when participants are "stuck" on a problem, are unable to identify strategies for their I-SMART plan and/or ask you to tell them what to do for their I-SMART plan how to solve their problem. If you do this in a one-on-one session, be sure that the participant goes first in terms of identifying options and list all of their ideas as well as your own. In this way, the participant is still taking on the responsibility for choosing his/her own plan.

GROUP BRAINSTORMING: OVERCOMING BARRIERS

Trainer: It is not unusual to run into barriers when trying to make changes in your life to care for your diabetes. Ask the group, "Think about an example of how you tried to make a change in your diabetes self-management (e.g., exercise, diet, taking medication, etc) and the barriers you faced when trying to make this change. How did you overcome those barriers?"

TELEPHONE CALL ROLE-PLAY: PROBLEM-SOLVING

Trainer: As a Peer Leader, one of your jobs will be to call participants every 2 weeks to check-in with their progress, and help them solve problems getting in the way of achieving their self-management goals. We are going to perform a role-play of this telephone call. Choose a partner. One person will play the role of the Peer Leader and the other will play the role of the Participant. For Participants, think of a self-management goal you have been having difficulty achieving. For Peer Leaders, your job is to help the Participant go through the problem-solving process to arrive at a solution. The Peer Leader might open with, "How have you been doing with your action plan OR self-management goals?" Listed below are questions you might ask. After 5 minutes, debrief the interaction. Then, switch roles.

- What did you try to do?
- What motivated you to make that change?
- What helped you make that change?
- What got in the way?
- What did you learn about yourself?

GROUP ACTIVITY: WHAT IS A HEALTH CARE TEAM?

Trainer: People with diabetes turn to many different people for support in dealing with their diabetes, including family, friends, and co-workers. In addition to these people, you may also rely on a health care team. Ask the group, "What is a health care team? Who is on your health care team? How did you choose your health care team" Write these responses on the board and discuss.

- Endocrinologist (doctor who specializes in diabetes)
- Primary care provider (doctor who takes care of general medical problems)
- Nurse educator
- Nurse practitioner
- Dietician
- Social worker
- Pharmacist

Trainer: Ask the group, "What role does each member of your health care team play? Did you look for different attributes from different members of your team?"

GROUP BRAINSTORMING: HOW TO GET THE MOST OUT OF A HEALTH CARE VISIT

Trainer: Ask the group, "What are some things you do to get the most out of a visit with your provider?" Write responses on the board and discuss.

- Decide what you want to tell your health care team.
- Make a list of the questions you want to ask.

SELF-REFLECTION: DIABETES CONCERNS ASSESSMENT

Trainer: Another strategy to get the most benefit out of a health care provider visit is to think about what your goals are and organize your thoughts. One role you will have as a Peer Leader is to assist participants in preparing for a health care visit. Introduce the diabetes concerns assessment form (See Appendix J). Before assisting participants in completing this form, it is helpful to have completed this form yourself. Take the next 5 minutes to complete the diabetes concerns assessment form.

Debrief in a large group about the experience of completing this form. Do you think it would be helpful to you and/or participants in preparing for a health care visit?

SKILL BUILDING: EMPOWERMENT-BASED FACILITATION – ARLIVIA VIDEO VIGNETTE 2

Trainer: Please watch the following video clip of a person describing a diabetes-related experience. Write down a 1-2 sentence response to this person.

"I'm feeling so overwhelmed. People are being laid off at work, my mom is not doing well, and on top of that my doctor wants me to start taking insulin."

SKILL BUILDING: EMPOWERMENT-BASED FACILITATION – ARLIVIA VIDEO VIGNETTE 2

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? If rating is a negative number, write down a revised response. Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Problem exploration
0	Miscellaneous
-1	Solving problems for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

- The Diabetes Answer Book, pages 199-208.
- Lifelong Management Guidebook, "Solving Problems" chapter

CHAPTER 11

PHYSICAL ACTIVITY [session 1]

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– I-SMART diabetes action plan form (Appendix G)
– Active listening skills assessment (Appendix D)
– Quizzes (1 per participant)
– Chair salsa video

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are beginning the first of two sessions on Physical Activity. Physical activity is an important part of diabetes self-management. It is one of the ways you can manage your blood sugar better. The objectives for today are:

After this training session, you will be able to do the following:

– Understand the relationship between physical activity and blood sugar.
– List positive effects of regular physical activity on health.
– Demonstrate the skill of "rolling with resistance."
– Describe the special things a person with diabetes needs to do before exercising.

QUIZ AND REVIEW SOLVING PROBLEMS, SESSION 1

1. List the steps of problem-solving.

   1. Identify the problem
   2. Think about why it is a problem
   3. Generate several different solutions to the problem
   4. Select a solution that works best for me

2. What is an endocrinologist?

   An endocrinologist is a doctor who specializes in diabetes.

QUIZ AND REVIEW
SOLVING PROBLEMS, SESSION 1

3. List at least 3 things you can do to get the most out of a health care visit.

1. Decide what you want to tell your health care team.
2. Make a list of questions you want to ask.
3. Complete the Diabetes Concerns Assessment
4. Take all of your medicines or make a list of your medicines, including over-the-counter, herbs and vitamins

True or False?

4. Any health care provider who is involved in caring for your diabetes is part of your diabetes health care team.

True False

5. When problem-solving, choose a solution that the majority of group members agree is the best course of action.

True **False**

Explanation: False; When problem solving, choose a solution that will work best for you.

GROUP FACILITATION SIMULATION:
EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

– How did it go?
– What did you learn?
– What barriers did you encounter?
– What if anything would you do differently next time?
– What will you do when you leave here today?

GROUP BRAINSTORMING: WHAT ARE THE BENEFITS OF PHYSICAL ACTIVITY

Trainer: Ask the group, "What are the benefits of physical activity? Write answers on a board and discuss.

- Helps you feel better about yourself
- Helps keep your blood sugar in the target range
- Increases insulin sensitivity (the insulin you make is better able to work)
- Helps lose weight and keep it off
- Helps you deal with stress (releases endorphins 'feel good hormones')
- Keep joints more mobile and less stiff
- Keeps bone healthier and stronger
- Reduces the risks for stroke and heart attack
- Lowers blood pressure
- Improves circulation
- Reduces feelings of depression and anxiety

SKILL BUILDING: ROLLING WITH RESISTANCE

Trainer: Even though we can think of a long list of benefits from doing physical activity, many people still struggle to start exercising. "Rolling with resistance" is a skill the Peer Leader can use to address "resistance" on the part of the Participant.

Goal: Rolling with resistance allows the Participant to express their resistance without feeling pressured to change or worrying about being judged. This skill helps the Peer Leader "pull up along side of the Participant," essentially agreeing with them. The key is to avoid counter-arguing or trying to persuade them otherwise. This technique will often bring the Participant back to a more balanced perspective.

Trainer: Role-play the following encounters.

Example A

Participant:	My doctor wants me to start exercising, and I know I should, but I really hate it.
Peer Leader:	So, it sounds like exercise is the very last thing you want to do.
Participant:	Well, it's not the worst thing in the world. I would be fine to take a walk with a friend a couple times a week.

Example B

Participant:	I know eating fast food is bad for me, but I work 2 jobs and really don't have time to go grocery shopping much less cook a homemade healthy meal.
Peer Leader:	It seems like you are so busy in any given day that the only possible way to fit in a meal is to grab something fast at a place like McDonald's or Burger King.
Participant:	I am definitely busy during the week. But, sometimes on the weekend, I have the time to make a healthy stir-fry with vegetables or grill some chicken.

GROUP ACTIVITY: PRACTICING "ROLLING WITH RESISTANCE"

Trainer: Now we are going to practice the skill of rolling with resistance. Choose a partner. On a 3 X 5 index card, make a list of 5 statements that people with diabetes make about the difficulty of managing their diabetes.

- I would exercise if it were not so cold outside.
- I don't like taking my medication, it makes my stomach upset and gives me a bad taste in my mouth.
- My family complains when I make healthy meals like baked chicken and steamed green beans.
- I'm never going on the needle. My mom had to get her foot amputated a year after going on insulin.

Trainer: Collect the index cards and then go around the room and have each person respond a statement. Go around the room until each person has responded to 3 statements.

ROLE-PLAY: NOT "ROLLING WITH RESISTANCE"

Trainer: Choose a partner. One person will play the role of a Participant with the problem and other will play the role of the Peer Leader. The Peer Leader will receive a 3X5 index card with the following instructions "Your job is to tell the Participant what he/she is doing wrong and provide advice and solutions of how to fix the problem." The Participant will receive a 3X5 index card with the following instructions "Think about a behavior or situation you should change, but you do not want to change the behavior/situation or you are having great difficulty changing the behavior/situation."

Possible behaviors and/or situations:

- Quit smoking
- Eating fast food
- Not exercising enough
- Not testing blood sugar
- Having children/grandchildren eat healthier
- Cleaning up around the house

GROUP BRAINSTORMING: DEBRIEFING THE ROLLING WITH RESISTANCE EXERCISE

Trainer: Ask participants to report back to the large group and focus on feelings. How did the Participants feel during the conversation?

Attacked? Judged?
Supported? Understood?

How did the Peer Leaders feel about the conversation?

Frustrated? Annoyed?
Satisfied? Helpful?

ROLE-PLAY: "ROLLING WITH RESISTANCE"

Trainer: Choose a partner. One person will play the role of a Participant with the problem and other will play the role of the Peer Leader. The Peer Leader will receive a 3X5 index card with the following instructions "Your job is to actively listen to the Participant's problem, practice "rolling with resistance," and side with the Participant to help him/her arrive at a more balanced perspective." The Participant will discuss the same behavior/ situation as the previous exercise.

GROUP BRAINSTORMING: DEBRIEFING THE ROLLING WITH RESISTANCE EXERCISE

Trainer: Ask participants to report back to the large group and focus on feelings. How did the Participants feel during the conversation?

Attacked? Judged?
Supported? Understood?

How did the Peer Leaders feel about the conversation?

Frustrated? Annoyed?
Satisfied? Helpful?

GROUP BRAINSTORMING: BEST EXERCISE FOR DIABETES

Trainer: Ask the group, "What is the best exercise for people with diabetes?" Write responses on a board and discuss.

The best exercise is the one you will do. Anything you do that requires your body to move is "exercise." Ask the group, "What kinds of physical activity do you enjoy doing?" Write responses on a board and discuss.

- Gardening
- Walking
- Roaming the mall
- Swimming
- Aerobic classes
- Dancing

PAIR AND SHARE: ADDING ACTIVITY IN EVERY DAY LIFE

Trainer: Pair up and make a list of ways to increase activity in every day life. Write down ideas on the board, and whoever had the longest list will receive a prize.

- Park your car farther away from where you are going
- Take the stairs instead of elevators
- Walk instead of drive to nearby places
- Take a 10 minute walk after breakfast, lunch, and dinner
- Park at the opposite end of the mall of where you want to go so you can walk inside

LECTURETTE: STARTING A NEW EXERCISE PROGRAM

Starting a new exercise program

STEP 1:

Talk about your plans with your health care provider because the amount of diabetes medication may need to change

- People with retinopathy cannot lift weights or do resistance training
- People with neuropathy need to take extra care to protect their feet by wearing shoes that fit well and protect their feet

Make sure the exercise program you choose is safe

STEP 2:

Check your blood sugar before you exercise

- Do not exercise if your blood sugar is less than 80
- If blood sugar is less than 100, you may need extra carbohydrates before you exercise (eat 1 carb serving (15 grams) for every hour of activity)
- Exercise can lower blood sugar during, and for up to 24 hours after exercise, so check your blood sugar more often

GROUP ACTIVITY: CHAIR SALSA EXERCISE

Trainer: Play the chair salsa video and invite group members to exercise. Discuss how group members feel after completing the exercise.

ROLE-PLAY: 5-STEP GOAL-SETTING PROCESS & I-SMART DIABETES ACTION PLAN

Trainer: Choose a partner. Each person will make an I-SMART action plan for the week. Work together to help each other design a plan.

PREPARATION AND READINGS

Readings:

- Lifelong Management Guidebook, "Physical Activity" chapter.

Complete your I-SMART diabetes action plan.

CHAPTER 12

PHYSICAL ACTIVITY [session 2]

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– Empowerment-based facilitation rating form (Appendix H)
– Values clarification form (Appendix M)
– Quizzes (1 per participant)
– Chair salsa video

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we will continue with the second of two sessions on Physical Activity. The objectives for today are:

After this training session, you will be able to do the following:

– Demonstrate how to calculate a target heart rate.
– Compare and contrast aerobic exercise and resistance
– Demonstrate the skill of "Clarifying values"
– Demonstrate the skill of "Eliciting change talk"

QUIZ AND REVIEW PHYSICAL ACTIVITY, SESSION 1

1. List 5 benefits of physical activity.

1. _____
2. _____
3. _____
4. _____
5. _____

(Helps you feel better about yourself, Helps keep you blood sugar in the target range, Increases insulin sensitivity, Helps you lose weight and keep it off, Helps you deal with stress, Keeps joints more mobile and less stiff, Keeps bones healthier and stronger, Reduces risk for stroke and heart attack, Lowers blood pressure, Improves circulation, Reduces feelings of depression and anxiety, Reduces risk for Alzheimer's disease)

QUIZ AND REVIEW
PHYSICAL ACTIVITY, SESSION 1

2. List 2 things you can do in to increase your activity in every day life

1. _____

2. _____

(Park you car farther away from where you are going, Take the stairs instead of elevators, Walk instead of drive to nearby places)

3. What is "rolling with resistance"?

(Not arguing or disagreeing with someone who expresses reluctance to change – just rolling with it)

True or False?

4. Brisk walking is the best exercise for people with diabetes.

True **False**

Explanation: False; The best exercise is one you will do.

5. You only need to heck your blood sugar before exercising if you feel shaky.

True **False**

Explanation: False; Checking your blood sugar before exercising lets you know if exercising is safe for you at that time.

6. Do not exercise if your blood sugar is less than 80.

True False

7. If you blood sugar is less than 100, you need 3 servings of carbs before working out.

True **False**

Explanation: False; If your blood sugar is less than 100, you may need to eat 1 carb serving for every hour of vigorous activity.

LECTURETTE: TARGET HEART RATE

Trainer: Let's talk about target heart rate.

Target heart rate

– Your heart rate tells you how hard you are exercising.

– If your heart rate is too slow, the exercise will not have benefits on your heart and blood flow; If your heart rate is too fast, you are putting too much strain on your body.

– Keeping your heart rate in the target zone helps you get the most benefit from your workout.

– To find your heart rate, take your pulse as soon as you stop exercising. Keep moving while you count.

– To check your heart rate, find your pulse either on your neck or wrist and count the beats for 10 seconds and multiply by 6 to get the beats per minute, or use the chart to find your target heart rate for 10 seconds.

– Ask your provider what target heart rate is safe for you.

Target Heart Rates: You can figure your target heart rate using:

- 220-your age = maximum heart rate (MHR)
- MHR X .60 = 60% of maximum heart rate
- MHR X .80 = 80% of maximum heart rate

GROUP ACTIVITY: CHAIR SALSA EXERCISE – CALCULATE TARGET HEART RATE

Trainer: Ask participants to calculate their target heart rate and write it down. Play the chair salsa video and have everyone participate and then check his/her heart rate. Ask participants to calculate their target heart rate at 60% and then at 80%. Ask the group, "Did your heart rate change? Did you achieve your target heart rate? If not, what could you do differently so that you would reach your target?"

LECTURETTE: AEROBIC EXERCISE AND RESISTANCE TRAINING

Trainer: There are two types of exercise – aerobic or cardiovascular exercise and resistance training.

LECTURETTE: AEROBIC EXERCISE AND RESISTANCE TRAINING

Aerobic Exercise and Resistance Training

– Benefits of aerobic exercise

> Increases your sensitivity to insulin
> Decreases your body's resistance to insulin
> Helps your body use more energy for 2 to 4 hours after exercise
> Decreases your body fat
> Helps you handle stress
> Increases your energy
> Improves your mood
> Raises you HDL
> Improves your heart and blood vessel health
> Keeps your weight stable
> Helps you sleep better
> Improves your muscle tone.

– Benefits of resistance training:

> Increases your sensitivity to insulin
> Increases your muscle mass, which helps
- Your body use more energy
- You be stronger and more steady on your feet strength and stability
- You do your daily activity more easily
- Your body have more energy for 24 to 48 hours after exercise

SKILL BUILDING: CLARIFYING VALUES AND ELICITING "CHANGE TALK"

Trainer: In diabetes self-management, physical activity is one of the most difficult behaviors for people to change. As a Peer Leader, one of your jobs is to help participants build motivation to improve their self-care practices, including increasing their physical activity.

We will be practicing two motivation building techniques: The first one is **clarifying values** and the second one is **eliciting change talk**.

The technique of "clarifying values" is when you help participants think about or identify the personal values and attributes that are important to them (See Appendix M).

Peer Leader: Taking care of diabetes can be a lot of work. There are different reasons people want to make changes in their self-management. Sometimes it is helpful to think about what is important to you and what kind of person you are or want to be. The list (see below) contains values, traits, and goals that can be important to some people. Looking at this list, what is important for you? Why is it important to you?

SKILL BUILDING: CLARIFYING VALUES AND ELICITING "CHANGE TALK"

SAMPLE LIST OF VALUES, ATTRIBUTES, AND GOALS (APPENDIX M)

Good parent or grandparent	Attractive
Good spouse	Disciplined
Good community member	Responsible
Strong	In control
On top of things	Energetic
Competent	Independent
Spiritual	Considerate
Good Christian	Youthful

Trainer: Now after you help the participants identify the values and attributes that are important to them, help the participant think about the relationship between their current self-management practices and their ability to achieve their goals or live out their personal values.

Peer Leader: Given the values that are important to you, do you see any relationship between how you manage your diabetes and the ability to live out these values or achieve your goals? Or, how will the values important to you change the way you take care of your diabetes?

ROLE-PLAY: ONE-ON-ONE SESSION (CLARIFYING VALUES)

Trainer: During the first 3 months of the PLEASED intervention, Peer Leaders will conduct a monthly one-on-one session (3 sessions in total) with each participant. During these one-on-one sessions, the Peer Leader will assist the participant in clarifying his/her values.

Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. Using the values clarification form (See Appendix M), the Peer Leader will try to elicit values and attributes that are important to the Participant an explore whether these values are consistent or inconsistent with the Participants' current self-management behavior. After five minutes, debrief the interaction with the Active Listening Skills evaluation form (See Appendix D). Then, switch roles and do again.

SKILL BUILDING: ELICITING "CHANGE TALK"

Trainer: In the process of linking self-management behavior to core values, the Peer Leader has laid the groundwork for the next activity, **eliciting "change talk".**

"Change talk" is when a person makes statements that reflect internal motivation to make improvements or changes. The Peer Leaders will elicit "change talk" from the participant using the following questions. You will notice that these questions are very similar to ones used in the 5-step goal-setting process. The 5-step goal-setting process is also a way of eliciting "change talk."

On a scale of 0 to 10 (with 10 being the highest), how motivated or interested are you in [insert the behavior the participant wants to change]?

SKILL BUILDING: ELICITING "CHANGE TALK"

On a scale of 0 to 10 (with 10 being the highest), assuming you want to, how confident are you that you could [insert the behavior the participant wants to change]?

Following the participant's response, the Peer Leader will follow with 2 probes:

- Why did you not choose a lower number, like a 1 or 2? (to illicit positive motivational statements)
- Why did you not choose a higher number? (to elicit barriers), or What would it take to get you to a 9 or 10?

ROLE-PLAY: ONE-ON-ONE SESSION (ELICITING "CHANGE TALK")

Trainer: During the first 3 months of the PLEASED intervention, Peer Leaders will conduct a monthly one-on-one session (3 sessions in total) with each participant. During these one-on-one sessions, the Peer Leader will assist participants in clarifying values and then eliciting "change talk."

Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will interview the participant to discover what self-management behavior the participant would like to change and then use the questions outlined above to elicit "change talk." After five minutes debrief the interaction with the Active Listening Skills evaluation form (See Appendix B). Then, switch roles and do again.

EMPOWERMENT-BASED FACILITATION TRAINING: AYANA – VIGNETTE 1

Trainer: Please watch the following video clip of a person describing a common experience with living with diabetes. Write down a 1-2 sentence response to this person.

"My doctor told me that I have to start exercising. I hate exercise and it's too expensive to join a gym."

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? If rating is a negative number, write down a revised response. Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Problem exploration
0	Miscellaneous
-1	Solving problems for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

- The Diabetes Answer Book, pages 81-106
- Lifelong management guidebook, "Physical activity" chapter

CHAPTER 13

ACUTE COMPLICATIONS

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– Active listening skills assessment (Appendix D)
– SMART diabetes action plan form (Appendix G)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to the session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are going to talk about the short-term, or Acute Complications of diabetes. The objectives for today are:

After this training session, you will be able to do the following:

– Define hypoglycemia and hyperglycemia
– Describe the causes, symptoms, and treatment for hypoglycemia
– Describe the causes, symptoms, and treatment for hyperglycemia
– Describe strategies to control blood sugar on "sick days"

QUIZ AND REVIEW: PHYSICAL ACTIVITY, SESSION 2

1. How do you calculate your target maximum heart rate (MHR)?

   220 – your age = maximum heart rate (MHR)

2. What are the two types of exercise? List 3 benefits of each type of exercise.

   A. **Aerobic** (Increases your sensitivity to insulin, Decreases your body's resistance to insulin, Helps your body use more energy for 2 to 4 hours after exercise, Decreases your body fat, Helps you handle stress, Increases your energy, Improves your mood, Raises your HDL, Improves your heart and blood vessel health, Keeps your weight stable, Helps you sleep better, Improves your muscle tone)

   B. **Resistance Training** (Increases your sensitivity to insulin, Increases your muscle mass, which helps: your body use more energy, you be stronger and more steady on your feet, you do your daily activities more easily, your body have more energy for 24 to 48 hours after exercise)

QUIZ AND REVIEW: PHYSICAL ACTIVITY, SESSION 2

3. What is the purpose of helping participants, "Clarify their values?"

This technique helps participants think about the personal values and attributes that are important to their identity or how they see themselves.

4. What are two questions you can use to elicit "change talk?"

A. On a scale of 0 to 10 (with 10 being the highest), how motivated or interested are you in [insert the behavior the participant wants to change]?

B. On a scale of 0 to 10 (with 10 being the highest), assuming you want to, how confident are you that you could [insert the behavior the participant wants to change]?

GROUP BRAINSTORMING: SYMPTOMS OF HYPOGLYCEMIA

Trainer: Ask the group, "What is a low blood sugar reading for you?" Hypoglycemia means that the blood sugar level is too low. Usually a blood sugar level of less than 70 mg/dL is too low. Ask the group, "Have you ever had a low blood sugar? What were your symptoms when your low blood sugar was low?"

- Sweaty
- Nervous
- Anxious
- Weak
- Hungry
- Racing heartbeat
- Irritated
- Headache
- Confused

Turn to a partner and tell them one thing that you learned from your reflection.

ROLE-PLAY: HYPOGLYCEMIA EXPERIENCE

Trainer: Choose a partner. One person will play the role of Peer Leader and the other person will play the role of the Participant. The Peer Leader will ask the Participant, "Tell me about a time when you had a low blood sugar. What were your feelings about this experience" After 5 minutes debrief the interaction using the Active Listening Skills evaluation form (See Appendix B). Then, switch roles and do again.

GROUP BRAINSTORMING: CAUSES OF HYPERGLYCEMIA

Trainer: Ask the group, "When you've had a high blood sugar, what caused it for you?" Write responses on a board and discuss.

- Anything can raise your blood sugar
- Not having the right dose or kind of diabetes medicine
- Being ill or stressed
- Forgetting to take your medication and/or insulin
- Doing less exercise
- Eating more carbohydrates than usual

GROUP BRAINSTORMING: HOW DO YOU TREAT A HIGH BLOOD SUGAR?

Trainer: Choose a partner and make a list of things used to treat high blood sugar. Return to the large group and invite participants to share their list of ideas. Then, go down the list and ask participants if there is anything that is less effective for treating high blood sugar, and why?

- Taking medication and/or insulin
- Drinking water
- Exercise
- Increasing medication if blood sugar readings are higher than target range for more than a week
- Drinking water with 1 tsp. vinegar

LECTURETTE: SICK DAYS

What to do on "sick days"

- People with diabetes can get a cold or have the flu like everyone else.
- You need to take EXTRA care of yourself to make sure your blood sugars in the target range when you are ill.
- When you are sick, check your blood sugar at least every four hours and record the results. Check your temperature at the same time and record that number.
- If your temperature is over 99 degrees, drink some liquids every hour.
- If you are able to eat food, then drink sugar-free liquids. If you are not able to eat, then drink liquids with carbohydrates to match your usual amount or carbohydrates.
- STAY HYDRATED
- Any illness can cause your blood sugar to go up, so it's important to check your blood sugar and to take you diabetes medicine. If you are taking insulin, take your usual dose, even if you do not feel like eating.

CALL YOUR HEALTH CARE PROVIDER IF:

- Your blood sugar level is over 250 mg/dL
- You are vomiting for more than a day
- You have a fever of 101.5F, or a rising fever for more than 24 hours
- If you are sick for more than two days
- If you are unable to eat for more than one day

ROLE-PLAY: 5-STEP GOAL-SETTING PROCESS & I-SMART DIABETES ACTION PLAN

Trainer: Choose a partner. Each person will make an I-SMART diabetes action plan. Choose any self-management behavior that is important to you. Work together to help design a plan.

PREPARATION AND READINGS

Readings:

- The Diabetes Answer Book, pages 65-80
- Lifelong Management Guidebook, "Acute complications" chapter

CHAPTER 14

LONG-TERM COMPLICATIONS [ses

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– I-SMART diabetes action plan form (Appendix G)
– Active listening skills assessment (Appendix D)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we are beginning the first of three sessions on the Long Term Complications of Diabetes. The objectives for today are:

After this training session, you will be able to do the following:

– Identify the long-term complications of diabetes
– Identify risk factors for the long-term complications
– List strategies to lower the risk for the long-term complications
– Identify strategies for presenting information about the long-term complications compassionately and effectively

QUIZ AND REVIEW: ACUTE COMPLICATIONS, SESSION 1

True or False?

1. A blood sugar reading of 80 mg/dl is too low.
   True **False**
   Explanation: False; A blood sugar reading of less than 70mg/dl is too low.

2. A blood sugar reading of more than 300 mg/dl after meals is too high.
   True False

3. The treatment for a low blood sugar reaction is 50 grams of carbohydrate.
   True **False**
   Explanation: False; The treatment for a low blood sugar reading is 15 grams of carbohydrate.

sion 1]

QUIZ AND REVIEW: ACUTE COMPLICATIONS, SESSION 1

4. If you are sick and cannot eat, do not take your diabetes medicine.

True **False**

Explanation: False; If you are sick and cannot eat, you should still take your diabetes medicine.

5. Identify which of these symptoms indicate a high blood sugar, which indicate a low blood sugar and which could be either.

- Irritable	High	**Low**	Either
- Nightmare	High	**Low**	Either
- Nauseated	**High**	Low	Either
- Thirsty	**High**	Low	Either
- Groggy and tired	**High**	Low	Either
- Going to the bathroom more often	**High**	Low	Either
- Blurred vision	**High**	Low	Either
- Confused	High	**Low**	Either
- Passing out	High	**Low**	Either

GROUP SHARING: HEARING BAD NEWS

Trainer: One of the hardest things for many people with diabetes is hearing about the long-term complications of diabetes. It's frightening and difficult to face. This creates a dilemma when you are helping people learn about their diabetes. They need to know so they can take steps to detect early signs and prevent the complications, and so that they can get the help they need. At the same time, when people are very frightened about something, they may deny the reality or give up caring for themselves. Thinking about how you learned about the complications of diabetes, what would have made it easier for you or helped you to handle it better?

LECTURETTE: LONG-TERM COMPLICATIONS

Long-term complications

Over time, high blood sugar and high blood pressure levels can cause damage. These are the long-term complications of diabetes. The large and small blood vessels in the body, as well as the nerves may be damaged by high blood sugar and high blood pressure.

- Large blood vessel damage can lead to **heart attacks** and strokes.
- Small blood vessel damage can lead to kidney (**nephropathy**) and eye (**retinopathy**) disease.
- Nerve damage (**neuropathy**) can lead to pain, numbness and amputations.

LECTURETTE: LONG-TERM COMPLICATIONS

Although no one completely understands why these complications occur, when your blood sugar levels are high the blood cannot flow as easily. High blood pressure causes the blood to be pushed through the blood vessels with greater force. Over time, this causes damage to the small and large veins and arteries.

Although people sometimes think of type 2 diabetes as less serious, people with all types of diabetes are at risk for the complications.

The complications of diabetes are an area of a great deal of research. More is known about the causes of the complications, how to prevent and how to treat them than ever before.

GROUP BRAINSTORMING: GIVING BAD NEWS

Trainer: Ask the group, "What strategies can you use to make your presentation of information about the long-term complications of diabetes more effective and compassionate?" Write on board and discuss.

- Bad news/good news
- Offer hope (e.g., research, treatments)
- Stress prevention
- Stress early detection
- Talk about what they can do to lower risk

LECTURETTE: REDUCING YOUR RISK FOR THE LONG-TERM COMPLICATIONS – PART 1

Reducing Your Risk for the Long-term Complications – Part 1

Although there are no guarantees, you can reduce your risk for having the long-term complications of diabetes. The recommended target ranges for A1C and blood pressure were developed based on studies about the complications and how to prevent them. The chart on page 26 shows the risk for complications with different A1C levels. As you can see, the closer to 7% you are, the lower your risk.

Other factors increase your risk as well:

- Being overweight increases your risk for heart disease, high blood pressure, and also adds to insulin resistance.
- Being stressed is hard on your whole body, but especially your heart and blood pressure.
- Having a family history of high blood pressure, heart and kidney disease.
- African Americans and Latinos are at higher risk for high blood pressure and kidney disease.
- Smoking increases the risk for heart and blood vessel disease, but also increases your risk for kidney and nerve damage.
- Drinking alcohol to excess can damage the heart, blood vessels and the liver.

The good news is that along with keeping your blood sugar and blood pressure in the target range, there are other ways to lower your risk of having these complications and preventing further problems if they occur.

GROUP BRAINSTORMING: REDUCING YOUR RISK FOR THE LONG-TERM COMPLICATIONS

Trainer: Ask the group, "What are you doing to lower your risk for the complications of diabetes?" Write strategies on the board and discuss. Add comments items from the list below if not identified.

LECTURETTE: REDUCING YOUR RISK FOR THE LONG-TERM COMPLICATIONS – PART 2

Reducing Your Risk – Part 2

- **Losing weight** can lower your blood glucose and your blood pressure. Ask your provider for a referral to a dietitian. There are local and internet programs such as Weight Watchers, Tops, or Overeaters Anonymous that can help.
- **Learn new ways to handle stress**, or remember to use the methods that have worked for you in the past.
- **Be more active.** Physical activity helps to lower your blood sugar and blood pressure, helps with weight loss, and is a positive way to handle stress and prevent depression.
- **Ask for a dilated eye exam, cholesterol, and kidney check once a year.** Talk to your health care provider about your results, what they mean, and how they can be improved.
- **Ask your provider to check the bottom and top of your feet** with a small filament to check for sensation.
- **Become more aware of your body and your symptoms.** Report any unusual symptoms to your provider. Cut down or stop smoking. Talk with your health care provider about medicines that make it easier to quit, stop smoking programs, call-in numbers, and other information.
- If you believe that you are drinking too much alcohol, **talk with your provider about alcohol cessation** or treatment programs in the area.

LECTURETTE: HIGH BLOOD PRESSURE

High Blood Pressure (Hypertension) – Part 1

Although high blood pressure is not a complication of diabetes, more than half of all people with diabetes also have high blood pressure. But high blood pressure does increase your risk for the complications, so it is an important part of any discussion on the complications of diabetes.

Blood pressure is defined just as it sounds – the amount of pressure caused by the blood flowing through your veins and arteries. Blood pressure is recorded as two numbers. The top number (systolic) is the amount of pressure when your heart beats and pushes the blood out into your arteries. The bottom number (diastolic) is the amount of pressure when your heart is resting between beats. Blood pressure is written as the higher number over the lower number.

Both the top and bottom number matter. The recommended target for blood pressure for people with diabetes is 130/80. High blood pressure can be treated but it cannot be cured.

LECTURETTE: HIGH BLOOD PRESSURE

The treatment for high blood pressure includes lifestyle changes and medicines. Lifestyle changes to lower blood pressure include:

- Eat less salt (2300 mg/day or 1 tsp is recommended).
- Eat more vegetables and whole grains. Potassium, calcium and magnesium found in fruits and vegetables help lower blood pressure.
- Increase physical activity.
- Learn to manage stress.

GROUP BRAINSTORMING: REDUCING YOUR RISK FOR THE LONG-TERM COMPLICATIONS

Trainer: Ask the group, "Which of these strategies also help to lower your blood sugar?" List strategies on a board and discuss.

LECTURETTE: HIGH BLOOD PRESSURE

High Blood Pressure (Hypertension) – Part 2

Several types of medicines are used to treat high blood pressure. Most people with diabetes will need to take 2 or 3 different pills in order to reach their target blood pressure. Because different types of pills help to lower blood pressure in different ways, they work well together.

Pages 199 and 200 in the Lifelong Management Guidebook list the types of diabetes pills and how they work. Three types of pills are particularly common for people with diabetes. These are:

- ACE inhibitors or ARBs. These pills block the release of a chemical made by the body that raises blood pressure. They are often used by people with diabetes because they also protect the kidneys.
- Diuretics (water pills) decrease the amount of fluid flowing through your blood vessels.

High blood pressure increases your risk for both TIAs (mini-strokes) and strokes. If you have any of the following symptoms, even if they only last for a short time, call 911.

- Sudden numbness or weakness, especially on one side.
- Sudden confusion or difficulty speaking or being understood.
- Sudden trouble seeing with one or both eyes or double vision
- Sudden trouble walking, dizziness, or loss of balance
- Sudden severe headache
- Loss of bowel or bladder control
- Loss of consciousness

Women are more likely to have a headache, face, arm or leg pain, confusion and change in consciousness. Men are more likely to have sudden numbness or weakness on one side.

PAIR AND SHARE: REDUCING YOUR RISK FOR THE LONG-TERM COMPLICATIONS

Trainer: Choose a partner. Choose one person to go first. This person will ask his/her partner, "What are you doing to lower your risk for the complications of diabetes? Why is this important to you? Are there other strategies you could use to prevent or delay the complications?" The first person will then ask questions to help his/her partner reflect on the importance of reducing complications, and to identify personally relevant strategies for reducing the complications of diabetes. After 5 minutes debrief the interaction using the Active Listening Skills evaluation form (See Appendix B). Then, switch roles and do again. Examples of questions include:

- How important is this to you?
- What are you thoughts/feelings about this?
- Have you worked on this before?
- What barriers did you encounter? How did you overcome those barriers?
- How confident do you feel that you are ready to implement at this time?

Trainer: Ask the group, "Was it helpful for you to explore this issue in depth? Why?"

PREPARATION AND READINGS

Readings:

– Lifelong Management Guidebook, "Complications" chapter

CHAPTER 15

LONG-TERM COMPLICATIONS [ses

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– I-SMART diabetes action plan form (Appendix G)
– Active listening skills assessment (Appendix D)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we will continue with the second of three sessions on the Long Term Complications of Diabetes. The objectives for today are:

At the end of this training session, you will be able to do the following:

– Identify the long-term effects of diabetes on the heart and blood vessels
– Define nephropathy
– Define retinopathy
– List strategies to lower your risk for large and small blood vessel damage from diabetes

QUIZ AND REVIEW: LONG-TERM COMPLICATIONS

Matching

Match the following with their areas of damage with their name:

Eye damage	Atherosclerosis
Kidney damage	Neuropathy
Nerve damage	Nephropathy
Hardening of the arteries	Retinopathy

True or False?

1. Keeping your blood sugar on target means that you don't have to worry about getting the complications.

True **False**

Explanation: False; There are many other factors that contribute to getting the complications of diabetes in addition to blood sugar.

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QUIZ AND REVIEW: LONG-TERM COMPLICATIONS

2. Type 2 diabetes is less serious than type 1 diabetes.
   True **False**
   Explanation: False; type 2 diabetes is just as serious as type 1 diabetes.

3. African Americans have a higher risk for kidney disease and high blood pressure.
   True False

4. Although smoking is bad for you, it does not increase your risk for complications from your diabetes.
   True **False**
   Explanation: False; Smoking does increase your risk for complications from your diabetes.

5. High blood pressure increases your risk for strokes, but not for other complications of diabetes
   True **False**
   Explanation: False; High blood pressure increases your risk for multiple complications of diabetes.

GROUP FACILITATION: EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What if anything would you do differently next time?
- What will you do when you leave here today?

GROUP SHARING: HEARING BAD NEWS

Trainer: Most people with diabetes have known others with diabetes – people in their families, their communities, or their churches. Our views of diabetes are often influenced by those experiences. This is especially true for the complications of diabetes. Ask the group, "Have you ever known anyone with complications from diabetes? What were their experiences? How have their experiences influenced how you think about your diabetes?"

LECTURETTE: HEART AND BLOOD VESSELS

Heart and Blood Vessels – Part 1

People with diabetes are more likely to get atherosclerosis (hardening of the arteries), caused by a build up of fat inside the blood vessel walls. The blood vessels become hard and narrow so that the blood cannot flow through as easily. The vessels going to the legs, heart, and brain can be affected. A way to measure the amount and types of fat in your blood is by checking your cholesterol level.

The legs and feet are often the first part of the body to be affected. Because there is less oxygen and other nutrients flowing to the legs and feet, sores or cuts may heal slowly in those areas. Sores that do not heal can become infected, and these infections can quickly become very serious.

Pain and cramps while walking are also signs that there is not enough blood and oxygen flowing to the legs and feet. When the blood vessels are narrow, the oxygen cannot get there quickly enough. The pain usually goes away with rest because less oxygen is needed when the muscles are resting. This is called **intermittent** claudication. Walking short distances and gradually increasing the length of time walked may help, along with medicines.

The heart is muscle. If the vessels to the heart are affected by atherosclerosis, and when not enough blood gets through, you can have chest pain (angina). If the lack of blood is severe enough, or if there are parts of the heart where the blood flow is blocked, you can have a heart attack.

Heart and Blood Vessels – Part 2

Signs of a heart attack are:

- Fullness, discomfort, squeezing, pressure, or pain in the center of the chest
- Pain going to your shoulders, neck, back, arms, or jaw
- Stabbing chest pain
- Pounding heartbeat or feeling extra heart beats
- Sweating, feeling faint, or nauseated

Women with diabetes have the same rate of heart attacks as men of the same age. Along with the symptoms listed above, they are more likely to have:

- Shortness of breath
- Nausea or vomiting
- Back or jaw pain

People with diabetes are also prone to "silent" heart attacks because of nerve damage from diabetes. Instead of chest pain, signs may be shortness of breath, nausea or vomiting, and back or jaw pain.

LECTURETTE: HEART AND BLOOD VESSELS

If you have signs of a heart attack:

- Call 911 right away. In order to use the "clot buster medicine", you must be seen within 3 hours from the start of your chest pain. The sooner you get to the hospital, the better your chances of surviving.
- Chew one baby or adult aspirin. Aspirin helps break up clots and chewing helps to get the aspirin into your system more quickly. Non-coated aspirin also works faster.

When the blood vessels to the brain are blocked, you can be confused, get dizzy, or pass out. If no blood can get to a part of the brain, you can have a stroke.

The goal of the treatment for the heart and blood vessels is to keep the blood vessels clear and keep the blood flowing. Many people take an aspirin a day to decrease clotting. Because the risk for heart attacks is so high among people with diabetes, many people also take a medicine to lower cholesterol. Because medicines called statins also protect you from heart attacks, these medicines are often used. See page 201 in the Lifelong Management Guidebook for a list of medicines commonly used to lower cholesterol levels.

Ask to have your cholesterol checked at least once year. Talk to your provider about what you results mean and what can be done to improve them.

GROUP FACILITATION SIMULATION

Trainer: Imagine that during the discussion about the long-term complications, one of the participants says, "There is just too much to do. You are going to get the complications no matter what. I am just going to "eat, drink, and be merry."

Select two participants to facilitate a group discussion on how to address this comment. During the discussion, the trainer will list the questions and strategies used on the board. Debrief at the end of the discussion.

- Acknowledge the difficulty in doing all there is to do
- Ask other group members their thoughts on this response
- Ask other group members what they do to stay motivated
- Ask what experiences he/she has had that led to that belief
- Ask if it would help to know about what is known from the research about preventing the complications
- Do not argue with the participant's experiences or beliefs

Trainer: Ask the group, "Are there additional questions or strategies you could think of that you might have used? Were there any that you did not feel were effective, or ones that could have been used more effectively?"

Ask the group, "What feelings do you think were the cause of this participant's belief? How might you find out if you are correct? In what ways does knowing about the reasons behind the statement change the strategies you might use?"

LECTURETTE: KIDNEY DAMAGE (NEPHROPATHY)

Kidney Damage (Nephropathy) – Part 1

The kidneys filter blood as it flows through small blood vessels in structures called nephrons of the kidney. Your kidneys work by filtering out harmful waste products your body does not need, and keeping those things that your body does need. Waste products leave the body in the urine. The cleaned blood leaves the kidneys and flows back through the body, carrying products the body needs and collecting more waste.

High blood sugar and blood pressure levels damage the small blood vessels in the kidney over a long period of time. When the kidneys are no longer able to filter the blood effectively, it is called nephropathy. Nephropathy is more common among African Americans and Latinos, most likely because of higher rates of high blood pressure.

In the early stages, the kidneys are able to work harder and make up for the damage. Over time however, the kidneys become less able to make up for the damage and symptoms occur.

Kidney Damage (Nephropathy) – Part 2

Both blood and urine tests can be done to check for signs of kidney damage. When the kidneys are working normally, protein is not filtered out of the body. The presence of microalbumin (a small amount of a protein called albumin) may be an early sign of kidney damage.

Your blood can also be tested for **creatinine**, a waste product made by the muscles. The amount of creatinine cleared by the body provides an estimate for the glomerular filtration rate (**eGFR**). The glomeruli are small beds of capillaries in the kidneys. Knowing how well these capillaries are able to filer the blood provides information about overall kidney function. Because there are no early warning signs of kidney damage, ask to have your kidneys checked once a year.

Although there are no early signs of kidney damage, later signs of kidney damage are dry, itchy skin, extreme tiredness, swollen feet and ankles, and chronic nausea. You may also need to urinate less often.

In the early stages, the goal for treatment is to keep the damage from getting worse. Keeping your blood sugar and blood pressure close to normal may help to stop the damage. Medicines such as diuretics, ACE inhibitors, and ARBs help lower blood pressure and protect the kidneys (See page 199 in the Lifelong Management Guidebook for a list of these medicines). If the kidneys become severely damaged, you may need dialysis or a kidney transplant.

The good news is that there is a lot you can do to prevent or delay kidney damage. Along with keeping your blood sugar and blood pressure in the target ranges, treating bladder infections right away can help protect your kidneys. Urinating more often, pain or burning when you urinate, or feeling like you have to urinate but aren't able to are all signs of a bladder infection.

ROLE-PLAY: PREVENTING COMPLICATIONS

Trainer: Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will ask the Participant, "What are you currently doing to prevent the complications of diabetes, or to keep them from getting worse?" Then the Peer Leader will ask, "What are you willing and able to do to prevent the complications and keep them from getting worse?"

LECTURETTE: EYE DISEASE

Eye Disease (Retinopathy) – Part 1

Diabetes can affect the eyes. Cataracts and glaucoma are more common among people with diabetes, and occur at a younger age than in people without diabetes. Retinopathy is an eye disease that is specific to diabetes.

Cataracts are a cloudy spot in the lens of the eye. The lens is made up of proteins and water, and is usually clear. But if the protein clumps together, a cloudy spot forms, and light can no longer pass through. Symptoms include blurry vision, poor night vision, difficulty distinguishing colors, and problems with glare. Keeping your blood sugar close to normal, wearing sunglasses when you are outside, and not smoking can help prevent cataracts. Cataracts can be treated with surgery.

Glaucoma is a condition where there is too much fluid inside the eye, which leads to a build-up of pressure in the eye. If not treated, the increased pressure can damage the nerves in the eye and cause loss of vision. Glaucoma is usually treated with eye drops.

Retinopathy refers to damage to the small blood vessels in the back of the eye, called the retina. The retina sends the pictures of what we see to the brain. The central part of the retina is called the macula. The macula is a tiny area that provides extra-sharp vision. Use photographs on Page 180 and 181 of the Lifelong Management Guidebook to illustrate. There are two types of retinopathy, which are explained below.

Background retinopathy: Over time, high blood sugar and blood pressure levels cause the small blood vessels in the retina become weak. As blood flows through the damaged vessels, small pouches balloon out where there are weak places. Because these pouches are fragile, they can easily break so that blood leaks into the retina. Scars form over the places where the vessels break. There is usually no change in sight unless the macula is affected.

Proliferative retinopathy: Over time, the small blood vessels in the retina can become completely blocked. In an effort to keep the blood flowing, new blood vessels grow around the blocked vessels. The new blood vessels grow over the retina and into the clear jelly that fills the eyeball. Because the new blood vessels are fragile, they can break and leak blood into the vitreous. You may feel as though you are looking through a spider web or through blood, or see black floating spots. If this happens you need to get help immediately.

Retinal detachment: As the broken blood vessels heal, scar tissue can form. Sometimes the bands of scar tissue pull the retina away from the back of the eye. You may lose sight suddenly in one or both of your eyes, or see black spots, flashing lights, or spider webs. Call your health care provider right away or go to the emergency room if this happens to you.

LECTURETTE: EYE DISEASE

The good news is that retinopathy can be treated, and most blindness prevented. **Laser therapy** is used to seal or destroy the weak places in the small blood vessels that break or leak. A **vitrectomy** is done to remove the clear jelly that fills the eyeball and remove any blood or scar tissue. The clear jelly is replaced with clear fluid. This surgery is only done when sight has been lost in one eye. Sometimes sight will return after this operation.

There usually aren't any early signs and symptoms of retinopathy. Your vision is usually not affected until much later in the disease process. The only way to find out if you have any signs of retinopathy is to have your eyes dilated and examined. Ask to have a dilated eye exam once a year.

PREPARATION AND READINGS

Readings:

– Lifelong Management Guidebook, "Complications" chapter

CHAPTER 16

LONG-TERM COMPLICATIONS [ses

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– I-SMART diabetes action plan form (Appendix G)
– Active listening skills assessment (Appendix D)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we will continue with the third of three sessions on the Long-Term Complications of Diabetes. The objectives for today are:

At the end of this training session, you will be able to do the following:

– Identify the long-term effects of diabetes on the peripheral nerves
– Identify the long-term effects of diabetes on the autonomic nerves
– List strategies to protect and care for your feet
– Identify the long-term effects of diabetes on sexual health

QUIZ AND REVIEW: LONG-TERM COMPLICATIONS, SESSION 2

True or False?

1. Women with diabetes don't have to worry about having a heart attack as much as men do.

   True **False**

   Explanation: False; Women with diabetes have the same rate of heart attacks as men of the same age.

2. Intermittent claudication is caused by a lack of oxygen to the muscles.

   True False

3. A TIA is another name for a mini-stroke.

   True False

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QUIZ AND REVIEW: LONG-TERM COMPLICATIONS, SESSION 2

4. A small amount of protein in the urine is perfectly normal.

True **False**

Explanation: False; A small amount of protein in the urine is not normal.

5. Cataracts are a build-up of pressure in the eye.

True **False**

Explanation: False; Glaucoma is a build-up of pressure in the eye.

6. Blurred vision is a sign of retinopathy.

True **False**

Explanation: False; Blurred vision is a sign of cataracts.

7. List at least one test that should be done on an annual basis to check for each of the following:

Heart and blood vessel disease	Have cholesterol checked
Kidney damage	Have eGFR and creatinine checked
Eye disease	Have a dilated eye exam

GROUP BRAINSTORMING: PREVENTIVE MAINTENANCE

Trainer: When there are symptoms or signs of a problem with their health, it is much easier for most people to go to the trouble and expense of going to their health care provider. Having tests to be sure that everything is going well, or to look for problems is often more difficult to accomplish. Ask the group, "What are some strategies you use to be sure that you have these tests done?"

- Remind MD
- Keep a record so you can monitor your progress
- Write on your calendar
- Do during birthday/anniversary month

Trainer: Ask the group, "How do you use the information that you get from these tests?" Write ideas on a board and discuss

- Make decisions about action planning and strategies
- Reflect on why the results were what they were
- Congratulate myself
- Focus on the out-of-target-range results and feel badly about myself

LECTURETTE: NERVE DAMAGE (NEUROPATHY)

Nerve Damage (Neuropathy) – Part 1

Neuropathy, or nerve damage, is the most common long-term complication of diabetes. Your nerves are long, thin strings that connect your brain to all of the parts of your body. The nerves in the feet and legs (peripheral nerves) are the ones most often damaged in diabetes. Sometimes the nerves in the arms and hands are also affected. No one really knows why the damage occurs, but it is partly due to the effects of high blood sugar over time.

The nerve damage can cause your nerves to be either less sensitive or more sensitive The symptoms you have are based on which nerves are affected, and how they are affected.

Less sensitive nerves do not send signals of pain, heat or cold to the brain as easily as they normally do. Some people have numbness or feelings of heaviness. Other people don't notice any symptoms, although they may have numb areas that are found during a foot exam. Pain provides protection. If you don't feel pain, you can hurt yourself or have a blister or sore on your foot and not even know that it is there.

Symptoms of more sensitive nerves are burning, tingling, and pain. The symptoms may seem to come and go, but are usually in both legs and both feet

Neuropathy can be diagnosed based just on symptoms or through a foot exam using a monofilament to check for sensitivity, reflexes, heat and cold sensitivity, and vibrations from a tuning fork.

Your feet need to be checked by your health care provider at least once a year. Taking your shoes and socks off at your visit will make this more likely to happen. Ask your provider if there are any areas on your feet to which you need to pay special attention.

Nerve Damage (Neuropathy) – Part 2

There is no cure for neuropathy and most of the treatment is aimed at easing the pain and protecting your feet and hands. The treatments include:

- Medicines to relieve the symptoms of neuropathy and low doses of anti-epileptic and antidepressant drugs to block the transmission of pain
- Lidocaine patches or cream
- Biofeedback programs
- Yoga
- Exercises such as swimming or stationary bike riding
- A TENS (transdermal) unit that provides small electrical impulses that block the pain message

The nerves that control the automatic or "autonomic" functions of the body may also be affected. Pages 189-190 of the Lifelong Management Guidebook lists the nerves that are affected and the symptoms you may notice. Other neuropathies, such as carpal tunnel syndrome, are also more common among people with diabetes.

Along with protecting your feet, there are other things that you can do to manage neuropathy. Smoking and alcohol abuse can both increase your risk for neuropathy. Because depression is more common among people with neuropathy, let your provider know if your pain is causing you to lose interest or get less pleasure in the activities in your life.

"PAIRED-PEER-LEADER" SIMULATION

Trainer: Imagine that during the discussion about the long-term complications, one of the participants says, "My doctor told me that the pain from my neuropathy was just something I will have to 'learn to live with'."

Select two participants to facilitate a discussion on how to address this statement. The discussion should address: 1) how the participant feels about his/her provider's response; 2) what the participant can do to discuss this further with his/her provider; and 3) other options for getting additional help for the neuropathy pain.

Trainer: Debrief at the end of the discussion. Ask the group, "Are there additional questions or strategies you could think of that you might have used? Were there any that you thought were less effective or could have been used more effectively?"

LECTURETTE: FOOT CARE

Foot Care – Part 1

Many people with diabetes worry about amputations. The good news is that most amputations can be prevented by caring for your feet, and by getting help right away for any problems.

Caring for your feet is important for two reasons:

- Many people with diabetes have decreased blood flow to their feet and legs. The lack of blood flow increases your risk for infections. In addition, minor cuts and sores may not heal, and may become infected.
- When feet are numb, you can easily burn or hurt your feet and not even know it. As people get older, or when your blood sugar is high, the skin becomes dry. If the skin is so dry that it cracks, infections can start in the open places.

GROUP BRAINSTORMING: FOOT CARE

Trainer: Ask the group, "What do you do to care for your feet?" Write foot care activities on the board and discuss. Make sure that the strategies listed below are included on the list.

LECTURETTE: FOOT CARE

Foot Care – Part 2

Look at your feet every day: Look at the tops and bottoms of your feet and between your toes. You are looking for red areas, blisters, cracks in the skin, sores, corns, calluses, or ingrown toenails.

Take care of your feet: Wash your feet with soap and warm (not hot) water daily. Avoid soaking your feet, or using vinegar or alcohol on your feet, as this can dry the skin. If your skin is dry, use lotion, except between your toes where fungus can grow. If you have corns and calluses, you can rub the areas lightly every day with a pumice stone after your shower. Do not use chemical corn removers or trim the corns with a razor blade, as you can cause serious damage. If you have a painful corn, pad the area until it heals or you are able to see a podiatrist.

Some people with diabetes prefer to have their toenails cut by a podiatrist. If you cut your nails yourself, trim them even with the end of your toes and shape them to the curve of your toe. Your nails will be easiest to cut after a shower or bath.

Protect your feet: When you have nerve damage and your feet are numb, you need to do what your nerves used to do for you. Although you do not need to buy "special" shoes, you do need shoes that fit well and protect your feet. Avoid going barefoot, and use common sense about wearing sandals and bedroom slippers. Choose the best pair of shoes for your activities – whether it is staying home, exercising or going to the beach. Shake out your shoes before you put them on to be sure there is nothing inside that can injure your feet.

Poorly fitting shoes are one of the leading causes of foot injuries. Make sure that your shoes feel good on your feet when you buy them. Shop for shoes late in the day when your feet are largest, and try on both shoes. Buy shoes with enough room for your toes to wiggle, but not so big that they slide up and down on your heels.

Socks are another way to protect your feet. Socks that are a blend of cotton or wool allow the skin to "breathe". Tight elastic tops on socks and knee-highs limit the blood flow to your feet. If your feet are cold, wear warm socks instead of using hot water bottles, heating pads or microwave warmers to warm them. If you have numb areas, these methods can cause burns without your knowing.

Many insurance companies and Medicare provide for podiatry care, special shoes, or inserts for people with neuropathy. Your provider can help you find out if you qualify.

Seek help promptly: If you hurt your feet, clean the injured area with soap and water. Wrap the area with sterile gauze or a band-aid. If you use a band-aid, remove it carefully so that it doesn't tear your skin. Check the area each day to be sure it is healing. Call your doctor if you have a major injury, signs of infection, or if the injury is getting worse or is not healed in a week.

GROUP BRAINSTORMING: ADDRESSING UNCOMFORTABLE TOPICS

Trainer: Sexual health is an important discussion topic for some people with diabetes. Ask the group, "How comfortable do you feel with this topic? If you don't feel comfortable, what are some things you could do to decrease or hide your discomfort and increase your confidence in talking about this important issue? How do you decide if the discussion is too personal?" List ideas on a board and discuss.

- Be matter of fact
- Avoid making jokes
- Assess the group for their level of comfort (e.g., body language, laughter)
- Ask to talk privately with the individual

LECTURETTE: SEXUAL HEALTH

Sexual Health

Sexual health can be affected by diabetes among both men and women.

The most common problem that men experience is ED, or erectile dysfunction. ED is related to the nerve damage from diabetes, and means that men are not able to have or sustain an erection. Besides diabetes, ED can be caused by some medicines and other health problems.

Treatments for ED include medicines, vacuum devices and surgery. The first step is to talk with you health care provider about this concern, even if your provider does not ask you about it.

Some women with diabetes have trouble having an orgasm, may have dryness that causes sexual activity to be uncomfortable, or they experience frequent vaginal infections. Because women's enjoyment of sexual activity is closely linked with need to feel sexy or "in the mood", feeling tired from high blood sugars can also affect how much desire they feel. The hormonal changes that occur around the time of menstruation and during menopause can cause changes in your blood sugar levels as well. You may need less medicine to manage your blood sugar at these times. Again, the first step is to talk to your health care provider or gynecologist about these concerns.

PAIR AND SHARE

Trainer: Choose a partner. Choose one person to go first and ask his/her partner, "What issues or concerns about diabetes do you think will be most difficult for you when leading a group?" The person can then follow up by asking his/her partner questions to help reflect on the issue to them, and to identify personally relevant strategies to help them overcome difficulties. After 5 minutes debrief the interaction using the Active Listening Skills evaluation form (See Appendix B). Then, switch roles and do again. Examples of questions include:

- What are you thoughts/feelings about this?
- Can you think of possible reasons why this is a concern or issue for you?
- Have you dealt with this in other situations?
- How do you think it will affect your ability to be an effective Peer Leader?
- Are there strategies you believe will help you handle this as a Peer Leader?

Trainer: Ask the group, "Was it helpful for you to explore this issue in this depth? Why?"

EMPOWERMENT-BASED FACILITATION TRAINING:
GENELL – VIGNETTE 2

Trainer: Please watch the following video clip of a person describing a common experience with living with diabetes. Write down a 1-2 sentence response to this person.

> **"My dad had diabetes and died from kidney failure. I know I will too. I don't know why I bother taking care of myself."**

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? If rating is a negative number, write down a revised response. Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Problem exploration
0	Miscellaneous
-1	Solving problems for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

– Lifelong Management Guidebook, "Complications" chapter

CHAPTER 17

DIABETES MEDICATIONS [session 1]

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– Active listening skills assessment form (Appendix D)
– I-SMART diabetes action plan form (Appendix G)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

This is the first of two sessions about Medications for Diabetes. We will talk about oral medicines today and about insulin at the next session. The objectives for today are:

At the end of this training session, you will be able to:

– Identify benefits of taking medications for diabetes.
– Identify barriers to taking medications for diabetes.
– Understand the purpose, action, side effects and guidelines for taking oral medications for diabetes.
– Identify strategies to take medications more faithfully.

QUIZ AND REVIEW LONG-TERM COMPLICATIONS, SESSION 3

True or False?

1. Damage to the peripheral nerves affects sensations in the hands and feet.
   True False

2. A sign of damage to the autonomic nerves is pain in the hands and feet.
   True **False**
   Explanation: False; A sign of damage to peripheral nerves is pain in the hands and feet. The autonomic nerves control "automatic" functions

3. A sign that nerves are less sensitive is numbness in the hands and feet.
   True False

QUIZ AND REVIEW
LONG-TERM COMPLICATIONS, SESSION 3

4. Nerve damage can be cured.

True **False**

Explanation: False; Nerve damage cannot be cured, but there are therapies that can help you manage the pain

5. People with neuropathy should soak their feet in hot water every day.

True **False**

Explanation: False; People with neuropathy should avoid soaking their feet in hot water, because they it is drying and you can burn your feet without knowing it.

6. Foot care should only be provided by a podiatrist.

True **False**

Explanation: False; People need to take care of their feet on a daily basis.

7. Diabetes is one cause of ED.

True False

8. Diabetes does not affect sexual health for women.

True **False**

Explanation: False; Diabetes affects sexual health for women as well as men. They may experience dryness or difficulty achieving orgasm.

GROUP FACILITATION SIMULATION:
EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What if anything would you do differently next time?
- What will you do when you leave here today?

GROUP BRAINSTORMING: WHY TAKE MEDICATIONS?

Trainer: People are often very hesitant to take medications for their diabetes. Ask the group, "If you take pills, what thoughts did you have when your provider recommended that you take pills to manage your diabetes?" Write responses on a board and discuss. Ask the group, "How have your thoughts changed?" Write responses on a board and discuss.

- No big deal
- Cost
- Hassle
- Failure
- Guilt
- Fear diabetes is worse
- Fear of complications
- Punishment
- Worried about side effects
- Worried that insulin is next

LECTURETTE: WHY TAKE MEDICINES FOR DIABETES?

Why take medicines for diabetes?

Medicines for diabetes can help you reach your blood sugar targets.

Over time, your pancreas is less able to keep up with your body's need for insulin. The chart on page 8 of the Lifelong Management Guidebook illustrates this.

Because your needs change over time, diabetes is treated in steps. The first step may be diet and exercise, although more and more people take medication right from the diagnosis.

The second step is usually one or more oral medicines for diabetes. These medicines are not insulin. There are also injectable medicines that are not insulin.

The next step is insulin either with oral medicines or alone.

As you can see, taking medicines does not mean that you have failed or that your diabetes is worse. It simply means that your body needs more help to keep your blood sugar in your target range.

GROUP SHARING: YOUR MEDICINES

Trainer: There are six types of oral diabetes medications. Ask the group, "What medications do you take?" Write on a board and group into the categories listed below. If participants are taking combination therapies, put into both categories. The chart on page 127-128 of the Lifelong Management Guidebook illustrates the different types of medications used to treat diabetes.

- Sulfonylureas
- Biguanides
- Glitinides
- Thiazolidinediones
- DPP-IV Inhibitors
- Alpha-glucosidase inhibitors

LECTURETTE: TYPES OF DIABETES MEDICINES

Types of diabetes medicines

Sulfonylureas: Help your pancreas to make more insulin

- Take glipizide 30 minutes before meals to give it time to work. Others can be taken with meals, but work best if taken at about the same time every day.
- Side effects: low blood sugar, weight gain.

Biguanides: Keep the liver from putting out too much glucose

- Take with main meal to prevent stomach upset.
- Side effects: Stomach upset, metal taste, weight loss.

Glitinides: Help your pancreas to make more insulin, but only when the blood sugar is high, such as after a meal.

- Take 0-30 minutes before each meal. If you skip a meal, skip your pill as well.
- Side effects: low blood sugar, weight gain.

Thiazolidinediones (TZDs): Increase insulin sensitivity

- Take at about the same time each day. They take time to start working (2-12 weeks) so give them a chance.
- Side effects: weight gain, swelling.

DPP-IV Inhibitors: Stimulate the release of insulin and slow down the release of glucose by decreasing the breakdown of the incretin hormones (made in the intestine)

- Take at about the same time each day with or without food.
- Side effects: stuffy nose, headache.

Alpha-glucosidase inhibitors: Block the enzymes that break down carbohydrates from food into blood sugar.

- Take with first bite of each meal. If you skip a meal, skip your pill as well.
- Side effects: bloating, gas, upset stomach.

GROUP SHARING: HOW WAS IT FOR YOU?

Trainer: Ask the group, "What have your experiences been with these medicines?" Discuss both positive and negative experiences. Ask the group, "How did you decide if they were working? How did you (or how would you) decide when they stopped working?" Write responses on a board and discuss.

LECTURETTE: NEXT STEPS

Next steps in the treatment of diabetes

Although you may start with one type of medication, it is common to add one or more types of over time. Because they work differently, combining types of medicines can help both of them to do their job more effectively.

LECTURETTE: NEXT STEPS

There are pills that combine different medicines, but they tend to be more expensive and your co-pay may be higher.

Some people take an injectable medication called exenatide (Byetta). This medicine mimics the action of a hormone made in the intestine called GLP-I. This hormone helps the pancreas to make more insulin. It also helps to slow down the amount of glucose that your liver puts out. People with type 2 diabetes make less of this hormone than people without diabetes. Because it is a protein (just like insulin) it has to be taken by injection.

Most people lose weight with this medication because it helps you to feel full more quickly. The main side effect is nausea, especially if you eat more than usual.

GROUP BRAINSTORMING: NATURAL PRODUCTS

Trainer: Many people try herbal or natural medicines to treat their diabetes, which they buy over the counter or at health food stores. Ask the group, "As a facilitator, how will you help participants evaluate whether a product is something to try or a waste of money?" List responses on a board and discuss.

- Is the information clear and easy to understand?
- Are there independent sites or sources that have evaluated the product?
- Are there long-term scientific studies showing that the product works, or are there only testimonials?
- Is there full disclosure?
- What are the qualifications of the person who provides the information?
- Can you evaluate the individual ingredients?

PAIR AND SHARE: TAKING MEDICINES MORE FAITHFULLY

Trainer: Many people struggle with remembering to take their medicines. Choose a partner. Choose one person to go first. This person will ask his/her partner, "What gets in the way of taking your medicines?" This person will then ask questions to help reflect on barriers his/her partner encounters to taking his/her medicines. Once the barriers are clear, ask questions to help your partner develop a strategy to take medications more faithfully. After 5 minutes debrief the interaction using the Active Skills Listening evaluation form (See Appendix B). Then, switch roles and do again.

ROLE-PLAY: 5-STEP GOAL-SETTING PROCESS & I-SMART DIABETES ACTION PLAN

Trainer: Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the participant. The Peer Leader will assist the participant in working through the 5-step empowerment-based goal setting process and creating an I-SMART diabetes action plan. Switch roles and do again.

PREPARATION AND READINGS

Readings:

- The Diabetes Answer Book, pages 239-276
- Lifelong Management Guidebook, "Taking medications" chapter

Bring in an advertisement or internet write up for a "natural" or herbal treatment for diabetes.

CHAPTER 18

DIABETES MEDICATIONS [session 2]

TRAINER MATERIALS

Preparation

– Review session and readings

Support Materials

– Advertisements and information about natural or herbal products

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– Active Listening Skills Assessment Form (Appendix D)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we will continue with the second of two sessions about Medications for Diabetes. Today we will talk about insulin and why people struggle to make the decision to use insulin. The objectives for today are:

At the end of this training session, you will be able to:

– Understand the purpose, action, side effect and guidelines for taking other injectable medications for diabetes.
– Understand the purpose, action, side effects and guidelines for taking insulin.
– Identify reasons why many people are resistant to taking insulin.
– Identify strategies to take medications more faithfully.
– Demonstrate the process of applying for health care coverage.

QUIZ AND REVIEW: MEDICATIONS, SESSION 1

1. Match the type of the medicine with its main action:

DPP-IV Inhibitors	•	• Help the pancreas make more insulin (Sulfonylureas)
Thiazolidinediones	•	• Help shut down glucose production by the liver (Biguanides)
Alpha-glucosidase Inhibitors	•	• Help the pancreas make insulin in response to blood sugar (Glitinides)
Biguanides	•	• Increase insulin sensitivity (Thiazolidinediones)
Sulfonylureas	•	• Stimulate the release of insulin and slow down the release of glucose (DPP-IV Inhibitors)
Glitinides	•	• Block carbohydrates from turning into blood sugar in in the intestines (Alpha glucosidase Inhibitors)

True or False?

2. Taking your once a day medicine at about the same time every day helps keep your blood sugar levels more even.

True False

3. On days you closely watch your diet, you can skip your medicine.

True **False**

Explanation: False; Even on days you closely watch your diet, you still need to take your medicine. However, some medicines (glitinides, byetta) need to be skipped if you miss a meal.

QUIZ AND REVIEW: MEDICATIONS, SESSION 1

4. Once you start taking diabetes pills, you no longer have to pay attention to what you eat.

True **False**

Explanation: False; The pills can't manage your diabetes alone. Paying attention to what you eat will help you get the most benefit from the medicines.

5. It is common to start taking diabetes pills at the time of diagnosis.

True False

GROUP BRAINSTORMING: IS IT GOOD FOR ME?

Trainer: Many people try taking herbal or natural medicines for diabetes, which they buy over the counter or at health food stores. Using the list the group created last time, look at the advertisements you found and use the criteria to evaluate their credibility. Ask one participant to discuss an ad that meets the criteria as credible, and as another participant to discuss one that does not. Discuss the differences and similarities.

- Is the information clear and easy to understand?
- Are there independent sites or sources that have evaluated the product?
- Are there long-term scientific studies or are there only testimonials?
- Is there full disclosure?
- What are the qualifications of the person who provides the information?
- Can you evaluate the individual ingredients?

LECTURETTE: WHY TAKE INSULIN?

Why take insulin?

Medicines for diabetes can help you reach your blood sugar targets.

As we have talked about, over time your pancreas is less able to keep up with your body's need for insulin. Because your needs change over time, diabetes is treated in steps. The first step may be diet and exercise, although more and more people take medication right from their diagnosis.

After oral medicines, the next step is to use insulin, either with oral medicines or alone.

Starting insulin is a big step for many people. They often have many concerns about starting insulin. A large study, called the DAWN study, looked at why people are resistant to taking insulin. One of the main findings was that many people do not believe that insulin works very well.

However, in many ways, insulin is the best treatment for diabetes. Although most people think of diabetes as a sugar problem, it is actually a loss of insulin production or effectiveness. Insulin is also the most natural treatment for diabetes. The insulin you take is very much like the insulin your body naturally makes.

Learning to adjust your dose of insulin based on your blood sugar levels helps keep you in your target range and helps you feel more in charge of your diabetes. Taking insulin does not mean that you have failed or that your diabetes is worse. It simply means that your body needs more help to keep your blood sugar in your target range.

GROUP BRAINSTORMING: WHY DO I NEED TO TAKE INSULIN?

Trainer: People are often very hesitant to take insulin for their diabetes. For many, it is one of their biggest fears about having diabetes. Ask the group, "If you do not currently take insulin, what thoughts do you have about taking insulin to manage your diabetes?" Write responses on a board and discuss. Ask the group, "If you currently take insulin, what thoughts did you have about taking insulin to manage your diabetes before you started? How have your thoughts changed?" Write on a board and discuss.

GROUP BRAINSTORMING: WHY DO I NEED TO TAKE INSULIN?

- No big deal
- Cost
- Hassle
- Failure
- Guilt
- Painful
- Addictive
- Worried about what others think
- Fear diabetes is worse
- Punishment
- Worried about side effects such as weight gain
- Worried about low blood sugar levels

LECTURETTE: TYPES OF INSULIN

Types of insulin

There is one big difference between the insulin you take and the insulin your body makes. Your body makes insulin in response to your blood glucose level. The insulin you take works regardless of whether you eat or not. Your body has little control over the action of the insulin from the shot. You need to do what your body used to do for you.

Normally, your body makes some insulin just about all of the time. This is a "basal" level of insulin that helps your body to function.

When you eat and your blood sugar level goes up, your body makes an extra burst or 'bolus" of insulin to help bring the blood sugar back into the target range. The insulin you take to manage diabetes is designed to work the way your body works as closely as possible.

Four types of insulin are used to treat diabetes. It is common to take more than one type. The different types of insulin have different peak action times (the time when they are working hardest) and durations (how long they last). The tables on pages 129 and 130 in the Lifelong Management Guidebook show the types of insulin that are currently available.

Rapid and short acting insulin start to work very quickly and last only a short time. They are used before meals to provide a bolus of insulin. These types of insulin have the greatest effect on your post-meal blood sugar readings. The site to use for these injections is your abdomen because you want them to start working quickly.

LECTURETTE: TYPES OF INSULIN

Intermediate and long-acting insulin start to work more slowly and last a much longer time. They are used to provide the basal level of insulin in your body, so they have the greatest effect on your fasting blood sugar readings. They can be given in your thigh, arms, buttocks or abdomen.

Mixtures of insulin (70/30 and 75/25) provide both rapid and longer acting insulin. The smaller number is the percentage of rapid acting insulin. The larger number is the percentage of longer acting insulin. 50/50 mixtures are half and half.

GROUP SHARING: HOW DOES IT WORK FOR YOU?

Trainer: Ask the group, "What types of insulin do you take?" Write these on the board and group them into categories using the charts on pages 129 and 130 of the Lifelong Management Guidebook. Ask the group, "What have been your experiences with these types of insulin? Discuss both positive and negative experiences. Write on a board and discuss.

GROUP SHARING: OVERCOMING FEARS

Trainer: Fear of needles is often a barrier for taking insulin. Demonstrate the process of drawing up a dose of insulin with both a vial and syringe and a pen. Pass around an insulin syringe and pen so participants can see the size of the needle. Invite those who are willing to do a "dry" injection to experience how it feels (or demonstrate on yourself). Ask those participants who do not take insulin, "Was there anything that was different than what you anticipated? How was it different? Have your thoughts about insulin changed as a result of this experience?" Ask those in the group who take insulin to talk about how this simulation differs from their real life experiences.

LECTURETTE: PRACTICAL TIPS FOR TAKING INSULIN

Practical tips for taking insulin

The main side effects from insulin are low blood sugar levels and weight gain. Balancing your insulin dose with your carbohydrate intake helps to keep your blood sugar level from going to high or too low (less than 70 mg/dl).

When your blood sugar levels are high much of the time, your body gets rid of some of the sugar in your urine so that you do not gain weight. Decreasing the amount you eat or increasing your activity level can help prevent weight gain.

Insulin can be stored at room temperature for up to 28-30 days. Store any unopened vials of insulin in the refrigerator. If insulin freezes, it should be thrown out, as it will not work.

Other tips for taking insulin are:

- Match the timing of your insulin dose to your meals and other activities. Take once daily insulin at about the same time each day.
- Eat within 15 minutes of taking your shot if you take rapid acting insulin. Eat within 30 minutes of taking your shot if you take short-acting (regular) insulin.
- You do not need to use alcohol to clean your skin. Don't rub in the spot after your shot. If you get bruises, hold your thumb over the site for a few seconds after you pull the needle out.

LECTURETTE: PRACTICAL TIPS FOR TAKING INSULIN

– Try not to give your shot in an area you are using a lot, such as your legs before running. Avoid long, hot baths right after your shot. Both can speed up how fast the insulin works.

– Take your insulin every day, even when you feel good, eat right, and take your diabetes pills.

PAIR AND SHARE

Trainer: Many people struggle with making the decision to take insulin. Choose a partner. Choose one person to go first. This person will ask his/her partner, "What does/did it mean to you to take insulin?" The first person will then ask his/her partner questions to help them reflect on their concerns, thoughts and feelings. Once the concerns are clear, the first person will ask his/her partner questions to identify the benefits of insulin. After 5 minutes debrief the interaction using the Active Listening Skills evaluation form (See Appendix B). Then, switch roles and do again.

EMPOWERMENT-BASED FACILITATION SKILLS: NATE – VIGNETTE 1

Trainer: Please watch the following video clip of a person describing a common experience with living with diabetes. Write down a one to two sentence response to this person.

"My stomach has been really bothering me ever since I have been taking this new diabetes medication, so I stopped taking it."

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? If rating is a negative number, write down a revised response. Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Problem exploration
0	Miscellaneous
-1	Solving problems for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

– Lifelong Management Guidebook: "Taking medication" chapter

– The Diabetes Answer Book, pages 147-158

Using the blood monitoring form (In food diary of Appendix K), check your blood glucose at least 8 times: fasting, before each meal, at bedtime, and 2 hours after each meal. Make a note of any surprises and possible explanations of your results.

CHAPTER 19

MONITORING YOUR BLOOD SUGAR

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– Active listening skills assessment form (Appendix D)
– I-SMART diabetes action plan form (Appendix G)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

This is the first of two sessions about monitoring your blood sugar. The objectives for today are:

At the end of this training session, you will be able to:

– Identify benefits of monitoring blood sugar levels
– Identify barriers to monitoring blood sugar levels
– List factors that affect blood sugar levels (in the short-term and long-term)
– Interpret the results from blood sugar testing based on an understanding of these factors

QUIZ AND REVIEW: MEDICATIONS, SESSION 2

Matching

Match the type of the insulin with its duration of action:

Rapid	NPH	(Intermediate)
Short	Glargine (Lantus)	(Long)
Intermediate	Humalog (Lispro)	(Rapid)
Long	Regular	(Short)

True or False?

1. Taking insulin will damage your kidneys.

True **False**

Explanation: False; Taking insulin will not damage your kidneys, heart, eyes or blood vessels. Keeping your blood sugar within your target range is beneficial for your long-term health because it protects your kidneys, eyes and blood vessels.

[session 1]

QUIZ AND REVIEW: MEDICATIONS, SESSION 2

2. 70/30 insulin is 30% short acting and 70% intermediate acting insulin.
   True False

3. Insulin is the last resort when all of your efforts have failed.
   True **False**
   Explanation: False; Taking insulin does not mean that you have failed in managing your diabetes, It simply means that your body needs more help to keep your blood sugar within your target range.

4. Basal insulin is (circle all that apply)

   a. Long-acting insulin
   b. Similar to the insulin the body naturally makes all of the time
   c. Is taken just before each meal
   d. Has its greatest effect on your fasting blood sugar level
   e. Is also called background insulin

GROUP FACILITATION: EVALUATE I-SMART EXPERIMENT

Trainer: Select two participants to be the "Peer Leaders" and have them facilitate a discussion on Step 5 of the behavioral goal-setting process (e.g., evaluating how the behavioral experiment went). During this interaction, the Peer Leaders might ask the following questions:

- How did it go?
- What did you learn?
- What barriers did you encounter?
- What if anything would you do differently next time?
- What will you do when you leave here today?

GROUP ACTIVITY: HOW DID IT GO?

Trainer: As part of your preparation, you were asked to monitor your blood sugar levels multiple times over the past few days. Ask the group, "Without getting into your results, what thoughts do you have about this activity? Did you have any surprises? Did you encounter any barriers? How did you overcome those barriers?" Write responses on a board and discuss.

LECTURETTE: WHY CHECK YOUR BLOOD SUGAR?

Why check your blood sugar?

Your blood sugar is influenced by many factors. Food, stress, and illness can raise your blood sugar level. Exercise, medicines, and sometimes stress, can lower your blood sugar level.

Before you got diabetes, your body kept all of these factors in balance for you. When your blood sugar started to go up, your body made insulin to help bring it back down. When you blood sugar started to go down, during the night, for example, your liver put out extra sugar. Your blood sugar stayed in balance – between 80 and 100.

Now that you have diabetes, you have to do some of the work your body used to do for you. As you go through the day with diabetes, you have many decisions to make – when and what to eat, when and how much activity to do, and sometimes, how much medicine to take.

Knowing your blood sugar helps you to make informed decisions. Keep in mind that you are checking your blood sugar for **YOURSELF** – not just for your health care team. Being aware of why you check your blood sugar level helps you to monitor more faithfully.

Trainer: Ask the group, "What is the most important reason you check your blood sugar? How often do you need to check you blood sugar to get the information you need? How does this match how often you check?

GROUP BRAINSTORMING: BENEFITS OF BLOOD SUGAR MONITORING

Trainer: Many people find that it is beneficial to check their blood sugar levels and write down the results. Ask the group, "What benefits have you found for checking your blood sugar levels?" Write these on a board and discuss.

- Lets you know where you stand
- Helps you make informed decisions
- Lets you know your hard work is paying off when the numbers are on target
- Helps you understand how the things you do affect your diabetes
- Helps you manage your food and exercise choices more effectively
- Helps you feel in charge of your diabetes
- Helps your health care team
- Helps you know when you are stressed or ill
- You can use the results to adjust your insulin
- Gives you peace of mind

LECTURETTE: CHOOSING YOUR TARGETS?

Choosing your targets

The American Diabetes Association guidelines for target blood glucose levels are:

- Before meals: 70-130 mg/dl
- 2 hours after meals: less than 180 mg/dl

LECTURETTE: CHOOSING YOUR TARGETS?

These targets are based on research studies conducted among people with type 1 and type 2 diabetes. These studies showed that keeping blood glucose levels in these ranges helps to lower your risk for the complications of diabetes.

But you need to decide if these are the targets for which **YOU** will aim. Think about your blood sugar levels now. If your levels are almost always outside of these targets, it may be reasonable to choose a more realistic target for now.

You also need to think about how hard you are able and willing to work to reach these targets, your other health problems and concerns, the other stresses and issues in your life, and how you feel when your blood sugar is within these ranges. Talk with your health care team to get their thoughts on your targets. Then, set a realistic target toward which you will work.

Trainer: Ask the group, "What are your targets and how did you choose those targets?"

GROUP BRAINSTORMING: USING YOUR RESULTS

Trainer: Most of us want to think well of ourselves and want others to think well of us also. This sometimes leads people to report blood sugar monitoring results that are not completely accurate. Ask the group, "Have you ever been tempted to "fudge" your results for your health care team, or when asked about your results by family members? Do you ever not check your blood sugar when you know you haven't been paying as much attention to your diabetes? What are some positives and negatives of doing this?" Write these down on a board, listing positives on one side and negatives on the other, and discuss.

LECTURETTE: USING YOUR RESULTS

Using your results

One of the reasons it is helpful to write down your blood sugar results is because it is easier to look for patterns. A good way to start looking for patterns is to circle the numbers that are outside your target range.

Checking your blood sugar levels at varying times can give you a more complete picture of what is happening throughout the day.

Start by looking at the fasting level. Starting the day on target makes it easier to stay on target throughout the day. Your morning fasting blood sugar should be about the same as your bedtime level.

Next, look at levels that are below the target range, and think about what might have caused those readings.

Next, look at levels that are above the target range, and think about what might have caused those readings.

Keep in mind that not only do food, exercise, and stress affect different levels, but your medicines do as well.

Finally, make a plan to address one set of levels that is out of your target range, for example, fasting, before meals, or after meals. If you take insulin, ask your health care provider how to make changes in your dose based on your blood glucose patterns.

ROLE-PLAY: USING YOUR RESULTS

Trainer: Looking at your results, identifying those that were out of your target range. Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will ask "What do you think might have caused your readings? What are you feelings when you look at your record? What are some strategies you can use to change your results?" After 5 minutes debrief using the Active Listening Skills evaluation form (See Appendix B). Then, switch roles and do again.

ROLE-PLAY: 5-STEP GOAL-SETTING PROCESS & I-SMART DIABETES ACTION PLAN

Trainer: Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will assist the Participant in working through the 5-step empowerment-based goal setting process and creating an I-SMART diabetes action plan. After the plan is complete, switch roles and do again.

PREPARATION AND READINGS

Readings:

– Lifelong Management Guidebook, "Monitoring" chapter

CHAPTER 20

MONITORING [session 2]

TRAINER MATERIALS

Preparation

– Review session and readings

Materials to take

– Name tags/table tents
– Markers
– Attendance form
– Active listening skills assessment form (Appendix D)
– I-SMART diabetes action plan form (Appendix G)
– Quizzes (1 per participant)

WELCOME AND INTRODUCTION

Trainer: Welcome participants to session. Ask the group, "Are there any questions or issues since the last session that you would like to discuss?"

Today we will continue with the second of two sessions about Monitoring your Blood Sugar. This is the last session on the "content of diabetes". The objectives for today are:

At the end of this training session, you will be able to:

– Interpret results from monitoring.
– Identify common responses to blood glucose monitoring results.
– Identify strategies to monitor and use the results of blood sugar monitoring more faithfully.

QUIZ AND REVIEW: MONITORING, SESSION 1

Fill in the blank

1. The recommended fasting or pre-meal target blood sugar level is 80 -130

2. The recommended post-meal target blood sugar level is <180

True or False?

1. Stress can either raise or lower blood glucose levels
   True False

2. Each person with diabetes should set his or her own targets.
   True False

QUIZ AND REVIEW: MONITORING, SESSION 1

3. Post-meal blood sugar levels should be checked within 30 minutes of finishing a meal.

   True **False**

   Explanation: False; Post-meal blood sugar levels should be checked 2 hours after finishing a meal.

4. If your meter has a "memory," you do not need to keep a record of your results.

   True **False**

   Explanation: False; You should keep a written record of your blood sugar monitoring results in order to help you identify patterns.

GROUP ACTIVITY: STAYING FAITHFUL

Trainer: Many people with diabetes struggle to stick with their monitoring plan. They find it easy to skip a reading – especially when they don't think they will like the results, or if they feel like the results aren't useful for them. Ask the group, "What gets in the way of you staying faithful to your plan for checking your blood sugar level?" Write responses on a board and discuss.

- Time
- Cost
- Pain
- Don't do anything with the results
- Don't want bad news
- It's too frustrating
- The results don't make sense
- Never changes
- It's discouraging

LECTURETTE: STICKING WITH IT

Sticking with it

There is no question that checking your blood sugar level day in and day out gets tiresome. It's easy to decide to skip monitoring for a day or two, which can then quickly become 3 or 4 days until you stop altogether.

There are three factors that can influence how faithful you are with your monitoring plan – or with other aspects of diabetes self-management:

- Behavior
- Feelings
- Support

LECTURETTE: STICKING WITH IT

The first is behavior. Although it may sound easy to just check your blood sugar, there are things you can do to make it easier, and therefore more likely to happen. Some things to think about are:

- Where do you keep your meter and supplies? If you have to go get your meter before you do a check, it can be a barrier.
- Are there times that are more difficult than others for you to check? What makes these times harder?
- What do you do about checking when you are away from home? Are there situations (e.g., out to eat, at church, at work, with friends/family) when it is especially difficult?

Trainer: Ask each participant to identify one thing they have tried to handle these situations. Write these on a board and discuss.

LECTURETTE: THOUGHTS AND FEELINGS

Thoughts and Feelings

Managing your diabetes can be frustrating. There are times when you do everything "right" and you feel like you have nothing to show for it. Your results just do not seem to reflect your efforts.

Not checking is a way that some people handle their frustration, even though this is probably not in their best interest in the long-term.

It may help to realize that your blood sugar numbers are not a reflection of your worth as a person. One of the reasons that we talk about "monitoring" or "checking" instead of "testing," is to help reinforce that idea. Your blood sugar is not like a grade on a test or report card. It is just a number that helps you know what to do next.

Our thoughts influence our feelings, and our feelings influence our behavior. So, another way to overcome your negative feelings about monitoring your blood sugar is to change, or reframe, your thoughts. Rather than looking at your blood sugar level and thinking that you have failed miserably, give yourself a more positive and accurate message about what your blood sugar reading really tells you. Remember, your blood sugar number is just a number – it is not a measure of your worth as a person, or necessarily of the effort you make to manage your diabets. Keep in mind that your reading is data, not a judgement.

Trainer: Ask each participant to identify a strategy that they use to deal with their feelings of anger and frustration about the difficulties they face in managing their diabetes. Write responses on a board and discuss.

LECTURETTE: SUPPORT

Support

We know that people who get the support of others tend to do better in managing their diabetes. As you have learned, it really does help to talk with others who share the same struggles and experiences that you are facing.

Blood sugar monitoring is an area where support is also important. However, sometimes family members' and friends' attempts to be supportive don't always work. If the people in your life ask about your numbers every time you do a check, it can feel very instrusive. This is especially true if they then "yell" at you about your results, ask you what you did wrong, or nag you.

There are two things to keep in mind. One is that your family and friends are usually acting out of love and concern for you. After all, your health affects their future as well, and they are often frightened and concerned. The other thing to remember is that inclusion of friends and family in your diabetes monitoring is only helpful if you are feeling supported. In other words, good intentions are not enough.

Although most spouses, family members, and friends want to be supportive, the only way they know how to be helpful is for you tell them what you need. It's not really fair to be unhappy with the support you get if you don't ask for what you need. It still counts as support if you ask for it.

Trainer: Ask each participant to identify a strategy that they use to get the support they need for managing their diabetes. Write responses on a board and discuss.

ROLE-PLAY: BEHAVIOR, THOUGHTS AND FEELINGS AND SUPPORT

Trainer: Many people struggle with checking their blood sugar day in and day out. Choose a partner. One person will play the role of the Peer Leader and the other person will play the role of the Participant. The Peer Leader will ask the Participant "What are your thoughts about the discussion of behavior, feelings and support?" The Peer Leader will then ask the Participant questions to help him/her reflect on the responses. Once the thoughts and feelings are clear, the Peer Leader will ask the participant questions to help the Participant to identify a plan for monitoring more faithfully. After 10 minutes debrief the interaction with the Active Listening Skills evaluation form (See Appendix B). Then, switch roles and do again.

GROUP ACTIVITY: STAYING FAITHFUL

Trainer: At the start of the session, we identified reasons people struggle with staying faithful to their monitoring plan. Ask the group, "Looking at the list, are there any areas that we have not addressed?" If there are areas not previously discussed, ask the group, "What are some ways you have used to deal with these issues?"

EMPOWERMENT-BASED FACILITATION TRAINING:
AYANA – VIGNETTE 2

Trainer: Please watch the following video clip of a person describing a common experience with living with diabetes. Write down a 1-2 sentence response to this person.

> **"It is really hard remembering to test my blood sugar before lunch when I'm at work."**

Use the **Rating Criteria** below to self assess your response. If you are not satisfied with your score, how would you change your response? If rating is a negative number, write down a revised response. Invite participants to share their initial and revised responses if they are willing.

+2	Focusing on feelings or goals
+1	Problem exploration
0	Miscellaneous
-1	Solving problems for the person
-2	Judging the person

PREPARATION AND READINGS

Readings:

– Lifelong Management Guidebook, "Monitoring" chapter