Targeted Training for Illness Management (TTIM)
Diabetes Group Visit Facilitator's Manual
for the *Invested in Diabetes* Project-Standardized Condition

Version Date: September 27, 2022

Note: content specific to the Invested study arms indicated as follows:

TTIM is primarily derived from the Diabetes Awareness and Rehabilitation Training Program (DART), (McKibbin 2006) and the Life Goals Program (LGP) (Bauer and McBride 2003).

The material from this manual has been modified for a Shared Medical Appointment Format by the Invested in Diabetes Research team (Drs. Bethany Kwan, Jeanette Waxmonsky, Phoutdavone Phimphasone-Brady, Natalie Ritchie, and Martha Sajatovic) and Stacey Halvorsen.

McKibbin, C.L., Patterson, T.L., Norman, G., Patrick, K., Jin, H., Roesch, S., Mudaliar, S., Barrio, C., O'Hanlon, K., Griver, K., Sirkin, A. & Jeste, D.V. (2006). A lifestyle intervention for older schizophrenia patients with diabetes mellitus: A randomized controlled trial. *Schizophrenia Research, 86(1-3)*, 36-44. (DART)

Bauer, M.S. & McBride, L. (2003) *Structured Group Psychotherapy for Bipolar Disorder: The Life Goals Program, (2nd ed)*. New York, NY: Springer Publishing Company. (LGP)

Kwan BM, Rementer J, Richie N, Nederveld AL, Phimphasone-Brady P, Sajatovic M, Nease DE Jr, Waxmonsky JA. (2020). Adapting Diabetes Shared Medical Appointments to Fit Context for Practice-Based Research (PBR). *J Am Board Fam Med. Sep-Oct;33(5)*, 716-727.

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The Targeted Training for Illness Management (TTIM) Curriculum

The TTIM curriculum is a set of materials for use with adults with type 2 diabetes mellitus (T2DM) that blends diabetes education, psychoeducation, problem identification, goal-setting, behavioral modeling/reinforcement and mental health care linkage, adapted to the primary care setting. TTIM is designed to help patients address T2DM as well as stress and/or co-occurring mental health conditions, which are common among people with T2DM.

"Branding" the Program

While the script calls this program "TTIM" explicitly, your practice may choose another name.

Using This Manual

Although this manual is highly structured and every effort should be made to adhere to the time recommendations, some of the flow of the group sessions will be determined by the characteristics of the patients and the facilitator.

Group Visit Length, Duration, and Frequency

Diabetes group visits using TTIM are designed to include six group sessions of 8-10 patients with T2DM. There should be a set cohort of patients who go through the sessions together (the same patients attend each of the sessions), also known as a "closed group." Clinics may choose to hold the sessions weekly, biweekly, or monthly. Each group session is expected to last 2 hours and concludes with an interactive question/answer/comment session led by the facilitator depending upon the specific session content. Patients will receive handouts at most sessions with guidance for actions to take at home to implement goals set during the session.

Group Visit Care Team

The primary group facilitator should have training in health education with skills and expertise in diabetes, and may include a nurse, a certified diabetes educator (CDE), a trained health coach under supervision of a nurse or CDE, or any other appropriate clinical team member.

Workflow for Group Visits

Your practice will need to develop workflows for group visits that fit clinic and patient needs. In most practices, patients will be seen by a designated prescribing provider for 5-10 minutes for a general office visit before, during, or after each group session. In general, the workflow includes having patients check-in with the front desk staff and having medical staff check vitals, then having patients meet with a prescribing provider before group, or taken to the room where the session will be held.

Follow-Up and Additional Support

Some patients may need additional support or resources to implement their goals. This support may be required between sessions (the active group education period) or in the months following completion of the group sessions. Follow-ups do not need to be structured. Simply checking in and seeing how patients are doing, or if they need resources or help with their goals or care plan, is enough. Clinics should decide how often and under what circumstances follow-up will be conducted. It is expected most patients will appreciate at least 1 follow-up call during the active group education period, and 1 follow-up call between 1 to 3 months after the completion of the group sessions. Note at least one follow-up call following completion of group education is required for certain certifications, such as from the American Diabetes

Association. See the National Standards for Diabetes Self-Management Education and the ADA certification guide for meeting Standard 8 for more details.

Make-Up Sessions

Patients are sure to miss sessions periodically. To catch patients up, your clinic may offer make-up sessions by phone or in-person, either individually or as a group (when multiple patients have missed the prior session). Make up sessions can be shorter than regular sessions by focusing on highlights. They can be offered before/after an upcoming session or on a separate day, and be offered with or without a prescribing provider visit as appropriate.

Preparing for Sessions

- Periodically check the program website for the latest TTIM materials as updates may be made over time.
- Determine which materials are needed for the session and what topics you will cover. Which home practice was assigned at the last session? What home practice will be assigned at today's session? What materials do you need to gather for this session? What instructions will you need to provide to patients for the next session (e.g., bring a glucose meter, pillbox, etc)? Which of the optional content will you cover and how will you modify to fit it all in?

Snacks, Door Prizes and Rewards for Group Engagement

You may choose to give door prizes (e.g., trinkets from the dollar store or small health-promotion items like resistance bands) for group members who answer questions. Let participants know that good health and a relaxed mental state is the best prize of all for being able to manage one's illnesses, but that door prizes will be given at each session to make it more fun for everyone. You may also provide healthy, unprocessed snacks, such as apples, oranges, carrots, celery, a healthy peanut or almond butter, hummus, nuts, whole grain crackers, and cheese.

Home Practice Review

As each session builds upon skills learned in the previous session, it is important to have a brief review of the last home practice. Encourage sharing by each participant and emphasize learning through modeling, practice, feedback, and reinforcement. Maintain a positive atmosphere and give frequent and abundant praise for participation, questions, and answers. This emphasis on the positive will encourage participation, enhance learning, and promote good attendance.

Summaries

At the end of each class, it is important to ask group members to summarize what they have learned and then provide the structured summary to remind patients of all information and skills that they have learned in the session.

Visual Aids

Visual aids are important as some participants will likely have vision, hearing, memory, and/or different learning styles. Project visuals using PowerPoint if possible. Use flip charts or whiteboards to write down brainstorming ideas from the group at the front of the classroom and leave them there during the entire session. For reference, place flip charts or other visual aids from prior sessions at the front of the classroom as well.

Documentation and Data Collection

Each practice should develop workflows and tools for tracking patient participation in group, topics covered, and results from patient surveys. Note that the first and last session require administration of surveys at specific points during the session.

Orientation to the Facilitator's Manual

The following icons provide visual cues to the group facilitator(s) throughout this manual:

Instructions to Group Facilitator(s)

Provides directions on key points to make and topics to cover

Scripts

Scripts that can be followed verbatim or paraphrased to explain or introduce a topic

Visuals

Indicates a cue to bring up a visual (PowerPoint and/or Patient Handout)

Home Practice

Indicates an opportunity to introduce or review activities patients will be asked to complete outside of class

Group Discussion

Indicates an opportunity for the group to have a discussion about personal experiences, goals, challenges, and solutions

Peer Mentor

Indicates when to encourage the peer mentor to offer suggestions, describe personal experience, or demonstrate an activity

Patient Surveys

Indicates when to administer patient surveys

Group Facilitation: General Strategies and Principles

Here are some general guidelines on working with groups to provide education and support.
Enhance and maintain motivation:
Keep patients engaged by emphasizing their sense of control over their participation and outcomes. For instance, you may say something like:

- "You have a lot of control over diabetes. We consider diabetes to be a 'hopeful condition' as one of the few health problems with which you can take direct action to live a long and healthy life."
- "This group is like running an experiment on yourself. Over the next six classes, we are going to see what works best for you to cope with diabetes."

As noted previously, maintain a positive atmosphere and give frequent and abundant praise for classroom participation, questions, and answers. This emphasis on the positive will encourage participation and will enhance learning and promote good attendance. Use the visual aids and handouts to enhance patient understanding and engagement in materials.

Be intentional to "check-in" with patients. Invite patients to share their experience in the group to ensure understanding and alignment with values and preferences. For instance, you may:

- Periodically ask patients, "What surprises you? What information do you think you still need?"
- Align with values, where possible: "Keeping up with your health is very important so you can do the things that you enjoy. Let's briefly discuss what those things are and how taking care of your diabetes can help you."
- Encourage sharing by each participant. The emphasis should be on learning through discussion modeling, practice, feedback, and reinforcement.
- At the end of class, ask group members to summarize what they have learned and then provide the structured summary to remind patients of all information and skills that they have learned in the session.

Group Facilitation Techniques (adapted from "Facilitator's Guide to Participatory Decision Making" by Sam Kaner)

- Diverse Communication and Learning Styles
  - Visuals, words, graphics
- Paraphrasing:
  - Use your own words, summarize, help support people to think out loud and to feel reassured
- Drawing People Out:
  - Use with paraphrasing, ask "Can you say more about that?", "What do you mean by…?", "How so?"
- Mirroring:
  - Formal way of paraphrasing - Repeat it verbatim, use their words not yours
- Gathering Ideas:
  - Suspend judgment, do not discuss ideas, mirror or paraphrase what the group members say
- Stacking:

    - Help people take turns when several people want to speak at once, relieves facilitator of knowing the order of hands, say “Would all those who want to speak, please raise your hands?”, “Susan, you’re first. Deb, you’re second. Bill, you’re third.”
- Tracking:
    - Keep track of the various lines of thought going on at the same time within a single discussion, say “It sounds like there are three conversations going on right now. I want to make sure I’m tracking them.”, “Am I getting it right?”
- Encouraging:
    - Create opening for participation, don’t put anyone on the spot, Ask “Who else has an idea?”, “Is there another perspective on this issue?”, “Is this discussion raising questions for anyone?”
- Balancing:
    - Ask for other views that may be present but not yet expressed, silence does not mean consent, ask “Are there other ways of looking at this?”, “What do others think?”, “Does everyone else agree with this?”
- Making space:
    - In a fast-paced discussion, invite quiet members to speak, look for body language cues, ask “Was there a thought you wanted to express?”, “Did you want to add anything?”, structured go-arounds
- Intentional Silence:
    - Lasts only a few seconds, give speaker extra quiet time to discover what they want to say, allow everyone to catch up
- Listening for Common Ground:
    - “Let me summarize what I’m hearing from each of you-I’m hearing a lot of differences but also some similarities.”

TTIM
Diabetes Group Visit Sessions

Session 1: Setting the Stage and Introduction to Diabetes

Supplies and Equipment Needed for Session 1:

1. Name tags
2. Flip charts and markers or laptop and projector with visual aids in PowerPoint
3. Visuals identified at the end of this session
4. Extra pens/pencils for group members
5. Light snacks appropriate for individuals with T2DM
6. Sample pictures of T2DM complications
7. 2-3 door prizes

SESSION 1 TOPICS AND SUGGESTED TIME SCHEDULE

1.1 Setting the Stage..... 15 min

1.2 Learning about Yourself and Your Starting Point.....45 min

1.3 An Introduction to Diabetes..... 20 min

1.4 Diabetes Complications..... 20 min

1.5 Benefits of Change ..... 15 min

Summary of Today's Lesson..... 5 min

1.1. Setting the Stage

In this section, group leaders will:

- Provide an overview of the program and how groups work
- Discuss ground rules for participating
- Have the group introduce themselves

"Welcome to the Targeted Training in Illness Management (TTIM) program. We are pleased that you could join us! This program will review and teach new skills to manage your diabetes. The focus is on helping YOU to be more in charge of your health. It is designed to empower YOU! This program is meant to enhance your diabetes self-management.

For the next 6 sessions, we will work with you to achieve the best possible control of your diabetes. I will be here to help you as your Health Educator. We will meet (indicate frequency determined by this practice) for two hours. At the end of these six sessions, we hope that you will feel more confident about managing your diabetes. If you need help between sessions, or after, please feel free to follow-up with us for additional support.

I may spend a lot of time speaking as we have many topics to cover, but I/we will ask you to participate by sharing your experiences and practicing skills both by yourself and with other group members. If you have any questions or problems with the class, please feel free to mention them to me/us. We are [I am] part of your team and want to help you do your best. We are now going to lay out the basic ground rules of the group sessions."

Note: Allow time for questions. Provide examples that involve participants and seek all members' agreement for ground rules. Provide contact information for group leaders.

"GROUND RULES:

ATTENDANCE: Each session builds upon the last. Therefore, we ask all of you to attend each session if you can. If you cannot attend, we ask that you please contact one of your group leaders. This will prevent the group from worrying if you do not show up.

THE SAME TIME FOR ALL: We want to make sure that everyone has enough time to speak and share experiences. We ask that you be aware of others who may also wish to speak and alert me/us if someone who would like to speak does not get a chance to speak.

BE POSITIVE AND CONSTRUCTIVE: If you would like to offer a suggestion or advice to another group member, we encourage you to be supportive and positive so that you don't accidentally make the other person feel badly. We should assume that everyone does the best that they can and our job is to make comments that are non-judgmental, helpful, encouraging and supportive.

CONFIDENTIALITY: Deciding to participate in this group is a very personal choice. Some people prefer to keep the fact that they participate in a group to themselves. So, we ask that you not share any personal information about other group members with people outside of this group. It is okay to tell others about your experience in the group, but for everyone's safety

and comfort we ask that you not reveal specific information about anyone here to others outside of the group."

Group Discussion: "Let's get to know one another a bit. Please write your name down on the name tag you have been given and wear it today. We will then go around the room and learn a little bit about of each of you. You have been invited to participate because you all have experienced having diabetes. You have probably learned some things about diabetes and it is very likely that we can all learn from each other's knowledge and experience. As we go around the room, we will be asking the following questions. Please do not worry about having a 'right' answer, as answers might differ a lot for each of you and it is perfectly ok to not know some of these answers. "

List of questions to ask each group member during introduction:

1. What is your name? (Write all first names down on flip chart)

2. When were you diagnosed with diabetes?

3. What has your experience with diabetes been like?

4. What is one thing that you would like to learn from this group?

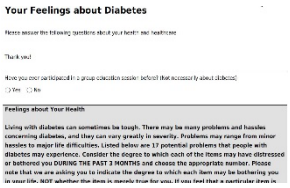
In this exercise, take about 20 minutes to introduce members to the group. Assist group members who have difficulty initiating dialogue by providing additional structure to the task. Some individuals will have already experienced some complications of T2DM and it is helpful to get comments on personal experience with complications from group members.

1.2. Learning about Yourself and Your Starting Point

In this section, group leaders will:

- Administer the baseline patient surveys
- Conduct a group discussion about the questions in the surveys

At this point, hand out the patient surveys (Baseline Survey Packet #1: Diabetes Experience and Self-Care). You may also ask patients to complete these measures prior to the class starting, either at home or while waiting for the group to begin.



Your Feelings about Diabetes

Please answer the following questions about your health care case

Thank you!

Have you ever participated in a group education session (which focused specifically about diabetes)

☐ Yes ☐ No

Feelings about Your Health

Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes, and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. Listed below are 17 potential problems that people with diabetes may experience. Consider the degree to which each of the items may have distressed or bothered you DURING THE PAST 3 MONTHS and choose the appropriate number. Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is

"Now, we're going to spend some time on questions about yourself – how you're feeling now, what you're doing well with, and what you might be struggling with. This will be helpful when thinking about what you will learn with this group, and what goals you might want to set for yourself. Please complete these questions as completely and honestly as possible, and return them to me when you are done. We will also be using this information to help track

your progress by the end of our work together, and to help the clinic learn about how well this program is working for our patients."

As patients complete the measures, put a patient sticker and/or name and date on each survey packet. While the surveys can be scored later, scan the answers for each patient to get a quick sense of how patients in this group are feeling and what might be some initial areas of concern.

Thought Question to the Group: **"Let's take a moment to think about the questions you just answered. Which rang true or stood out for you?"**

As patients talk about what questions or sections resonated with them, focus on validating or normalizing the experience of distress or feeling unmotivated or struggling with their diabetes self-care behaviors. For instance, you can say that distress or feeling stressed is a common experience with diabetes, and this program is designed to help them figure out how to manage that stress, how to gain the knowledge and skills they need to better manage their diabetes, their stress, and other mental health conditions they may be experiencing.

1.3. An Introduction to Diabetes

In this section, group leaders will:

- Describe blood sugar, the digestive system, and insulin
- Discuss ways to manage blood sugar

"Diabetes has to do with a problem in processing and using fuel from the food you eat. All of the food you eat changes as it moves from your stomach to your intestines. Some of this food is broken down into sugars. These sugars enter your blood stream and are known as "blood sugar". Your doctor may also call it "blood glucose". Talk to your doctor about what your blood sugar (glucose) level should be, as everyone is a little different. We are going to go through some frequently asked questions in order to learn some of the basic facts about diabetes.

What is blood sugar used for?

Blood sugar travels in your blood stream to all of the cells in your body to give them the energy they need.

How do the cells in your body get the sugar from the food you eat?

Blood sugar cannot enter the cells in your body all by itself. It needs help. How? Insulin! Insulin is a hormone made by the pancreas, which is a gland behind your stomach. The

stomach and the pancreas are parts of your digestive system, the part of your body that digests or processes the food you eat."

Review and Discuss Visual 1: The Digestive System

"Okay, so quick check: What part of our digestive system helps blood sugar enter cells? (Right, the pancreas!) And what does the pancreas produce to help blood sugar enter your cells? (Right, insulin!)

How Insulin Is Used?

Insulin is a hormone. Insulin helps sugar enter the cells. Think of the cell as having locked doors. Insulin is the key that opens the doors so the sugar can get into the cells.

In People with Diabetes, Blood Sugar Can Build Up

Because diabetes is a disease of the pancreas, a person with diabetes has trouble using the sugars formed from the food they eat. There are two reasons for this:

1. The body may not make enough insulin, or

2. The cells do not allow the insulin to work as well as they should. This is called Insulin Resistance. The cells resist the insulin – like the "key" for that door doesn't work anymore.

This is a problem. If sugar cannot get from the bloodstream into the cells, then it stays in the blood. Sugar may eventually build up to high levels. These high levels can be harmful to your body over time.

Is there a Cure for Diabetes?

Right now, there is no cure for diabetes. We hope that, in the future, there will be. For now, good treatment including a healthy diet and physical activity can help to keep your blood sugar at a healthy level, sometimes without having to take medications. A normal sugar level does not mean that your diabetes is cured. But a normal blood sugar level does show that you are taking good care of yourself!

Managing Your Blood Sugar

So, what are things that we can do to keep our blood sugar at normal levels? (Write down group suggestions on the flip chart or whiteboard). That's right! There are three main things that you can do to help to keep your blood sugar at normal levels.

1. Eat a healthy diet

2. Get regular physical activity

3. Take your medications "

1.4. Diabetes Complications

In this section, group leaders will:

- Describe diabetes complications
- Lead a group discussion on diabetes complications

Thought Question to the Group: **"It's also important to talk about "diabetes complications," which are medical problems that can happen due to changes in the blood vessels and nerves of people with diabetes. What types of things can happen if we don't manage our diabetes?"**

(Write down group suggestions on the flip chart or whiteboard)

Review Visual #2: Diabetes Complications

Group Exercise: Review and discuss Visual #3.

Match the diabetes complication to the description. Give door prizes for correct answers.

"These complications may sound scary, but it is possible to slow or prevent complications by taking care of your diabetes. As you learn how to take good care of yourself, eat healthy, be active, and monitor your sugars, you will be able to slow or prevent these complications before they become serious. Remember that taking care of yourself is the best prevention! So next, let's talk about the benefits of living a healthy lifestyle and how this can help prevent complications."

1.5. The Benefits of Change and Setting Yourself Up for Success

In this section, group leaders will:

- Discuss benefits of healthy behaviors
- Discuss ways to make healthy changes

Thought Question to the Group: **"First, what do you all think are benefits of healthy behaviors like stress management, healthy eating and physical activity?"**

Encourage participants to share what they think are important benefits. Give door prizes for first/best answers. Write group member suggestions on the flip chart.

Review Visual # 4. Setting yourself up for success to make healthy changes

"Many people with diabetes struggle, at least in the beginning, with figuring out how to make good health habits part of their lifestyle. Those who also have high stress or mental illness can find it even more difficult to create good habits. Here are some things that help set people up for success to make healthy changes."

"We just talked a bit about your beliefs about the benefits of a healthy lifestyle. Throughout this program, we will also give you important knowledge about diabetes and managing your health. And, we will help you to set small, achievable goals and brainstorm ways to overcome barriers to improve your confidence in your ability to achieve your health goals."

Session 1. Summary Script:

In this section, group leaders will:

- Describe diabetes complications
- Lead a group discussion on diabetes complications

"Now, let's recap. What did you all learn today? Anything new or surprising for you? What are you looking forward to learning more about or working on for yourself?

Echo what the group members offer as what they learned, and summarize anything they didn't cover.

"We learned about blood sugar. High blood sugar is a common problem associated with diabetes. High blood sugar can be caused by a low level of insulin in your blood. It can also be caused by your cells ignoring the insulin that is there. Keep in mind, however, that by watching your diet, being active, and taking your medications, you can help keep your blood sugar at healthy levels.

We learned that there are many complications of diabetes. Fortunately, these problems can be avoided if you properly control your blood sugars.

We also learned that there are at least three things that can help you to make healthy behavior changes: 1) having knowledge about the disease, 2) gaining confidence in your ability to make healthy changes, and 3) keeping an expectation that your healthy changes will lead to something positive.

We realize that you had a lot of information today. Some of it was likely review and some may be new information.

I hope that you found this group session both interesting and enjoyable.

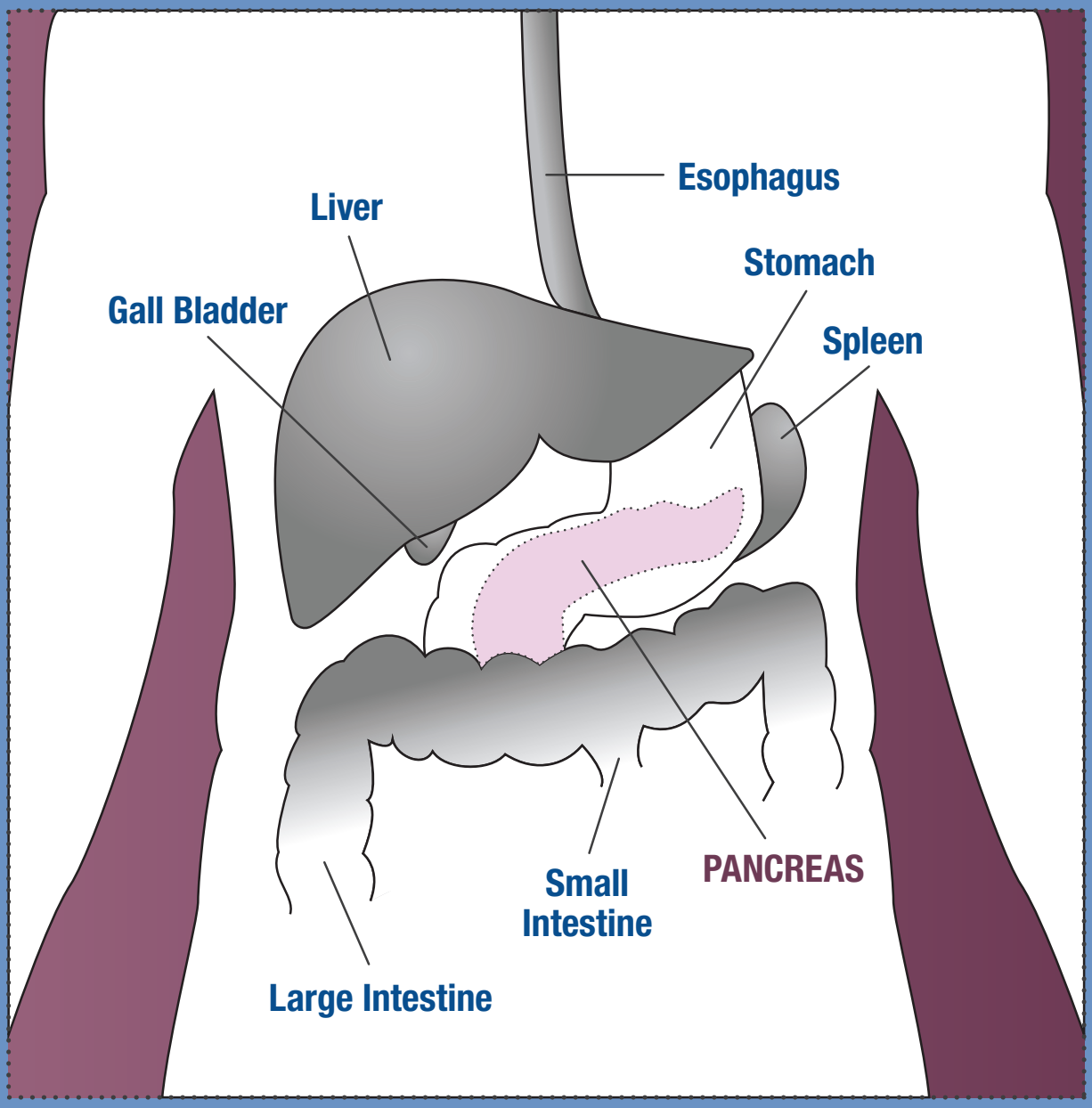
We want to emphasize that YOU are the best managers of your own health and we are here to help you gain confidence in doing what you can to have the best possible health.

Next time we are going to talk more about the basics of diabetes, and help you start to work on your own personal goals."

Session 1.3

Visual 1

YOUR DIGESTIVE SYSTEM



DIABETES COMPLICATIONS

Session 1.4

Visual 2

Nerves

Neuropathy (New-Rop-Path-ee) is a term that refers to nerve damage. The nerves in your hands and feet allow you to feel objects and temperature. When you have neuropathy, your hands or feet may tingle or feel numb. This may keep you from feeling pain when you need to. Without the ability to feel pain, we may hurt ourselves without knowing it. For example, if you put your hand over a flame, you may not be able to feel the heat and you may burn your hand. Other times, neuropathy may cause pain and discomfort, making it hard to use your hands and feet.

Feet

- **Calluses** are areas of skin that become thick and hard. Calluses occur more often and grow faster on people with diabetes. If calluses are not trimmed, they get very thick, break down and eventually turn into open sores (foot ulcers). Make sure to let your doctor or nurse trim your calluses. Never try to cut them yourself as it may lead to infection.
- **Foot Ulcers** usually show up over the ball of the foot or on the bottom of your big toe. They look like a sore. Sometimes an ulcer can form under a callus.

Eyes

Eye problems like cataracts (cloudy vision) or glaucoma can occur, which can cause blurred vision or even blindness.

Heart

The heart pumps our blood. Diabetes makes it harder for the heart to pump blood throughout the body, increasing the chances of heart disease or a stroke.

Kidneys

Kidneys filter our blood. Kidney disease can develop when there is too much sugar in our blood over time, making the kidneys work too hard and eventually collapse. If the filters collapse, waste products start to build up in the blood and can make you very sick.

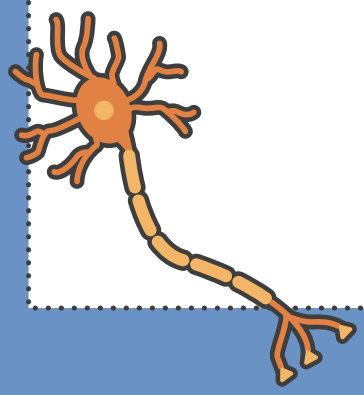
Session 1.4

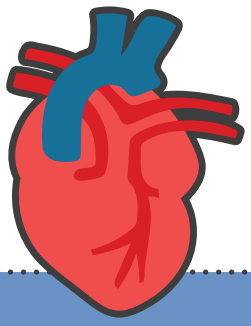
Visual 3

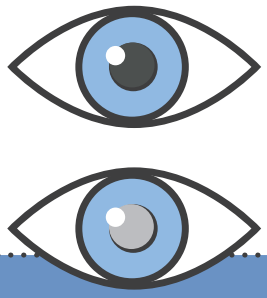
GROUP EXERCISE COMPLICATIONS

Match the name of the diabetes complication with its description

COMPLICATION	DESCRIPTION
Neuropathy	Blood does not flow well through the body
Cataract	Thick, hard skin that can become foot ulcers
Heart Disease	Hands or feet tingle
Callus	Cloudy vision







Session 1.5

Visual 4

SETTING YOURSELF UP FOR SUCCESS

Here are some things that help people make healthy changes:

KNOWLEDGE

Knowledge about healthy changes, benefits of changing, and risks of not changing can help people make good choices for their health.

For example, it is important to know how much and what kind of foods to eat if you want to change your eating habits to be healthier.

CONFIDENCE

It is important that people feel confident that they can make a change.

For example, someone who feels very confident that they can eat 5 fruits and vegetables a day is more likely to eat them than someone who believes that it would be impossible to eat that much.

BELIEFS

Beliefs about what good will come from healthy changes help us make a commitment to leading a healthy lifestyle.

For example, people who believe that getting just 15 minutes of walking a day can help manage weight tend to take more walks.

Session 1.6

Visual 5

CHOOSING OUR CHAPTERS FOR DIABETES GROUPS

Diabetes Basics

- Symptoms of High/Low Blood Sugar
- Importance of Glucose Monitoring
- Taking Care of Your Feet
- Staying on Track with Medication/Treatment
- Personal Goal Setting

Problem Solving and Talking to Your Doctor

- Problem-Solving Skills
- IDEA Approach to problem Solving Skills
- Challenges in Communicating with Health Care Providers
- Tools for Communication with Healthcare Providers
- Personal Care Plan

For All Diabetes Populations: Coping with Stress and Getting the Support You Need

- Stress and Diabetes
- Coping with Stress and Emotions
- Your Support System
- Talking with Your Supports and the Plus-Minus-Alternative Strategy

For Serious and Persistent Mental Health Populations: Coping with stress, mental health conditions (MHCs), and diabetes

- Having a Mental Health Condition AND Diabetes
- Facts and Myths about Mental Health Conditions (MHC)
- Stigma of MHC and Strategies to Cope with Stigma
- Personal Symptom Profile and Triggers of Relapse
- My Stress Action Plan
- Medications and Psychological Treatments for MHC
- Mental Health Treatments and Diabetes (Optional)
- Substance Use and Its Effects on Mental Health and on Diabetes

Nutrition and Healthy Eating

- Nutrition for Physical and Emotional Health
- Reading Food Labels

Session 2: Diabetes Basics

Supplies and Equipment Needed for Session 2

1. Flip charts and markers or laptop and projector with visual aids in PowerPoint
2. Visuals and Handouts identified at the end of this session, including extra copies of the goal setting worksheet
3. Extra pens/pencils for group members
4. Light snacks appropriate for individuals with T2DM
5. 2-3 door prizes
6. Sugar packet and glucose tablet samples
7. Quick reference cards for blood glucose
8. Blood glucose monitor for demonstration
9. Pictures of diabetic foot care
10. [Optional] Pillbox for each group member

SESSION 2 TOPICS AND TIME SCHEDULE

Home Practice review ..... 10 min

2.1: Symptoms of high/low blood sugar ..... 25 min

2.2 Importance of blood sugar monitoring ..... 15 min

2.3 Taking care of your feet..... 15 min

2.4 Staying on track with medications..... 20 min

2.5 Personal goal setting ..... 30 min

Summary of Today's Lesson..... 5 min

Home Practice: Setting a Personal Goal

Optional home practice: Review Medication Profile
Complete "My Medications Routines" work sheet
Fill pillboxes with daily medications
Checking your blood sugar

2.1. Symptoms of High and Low Blood Sugar Note:

In this section, group leaders will:

- Discuss high and low blood sugar
- Discuss the causes of high and low blood sugar
- Discuss ways to identify high and low blood sugar
- Discuss 15:15 rule- what to do when blood sugar is low

Keep in mind that some participants may not have symptoms of high or low blood sugar or may not recognize them. Reinforce the importance of knowing the symptoms in case they experience them in the future. Instruction on blood sugar monitoring should emphasize monitoring techniques and proper hygiene, and identifying participants who need clarification on monitoring frequency and target blood sugar levels.

"We are going to talk now about HIGH and LOW blood sugar. Does anyone know at what level you should keep your blood sugar?" (Wait for group responses)

"That's right! For most people, blood sugar levels are too high when above 130 before meals. For most people, blood sugar levels are too low when below 70. But everyone is different – talk to your health care provider about the right range for you."

Thought Question to the Group: "**What can cause high blood sugar?"** Review answers and add as needed:

"You may get high blood sugar if:

- **You ate too much**
- **You are not taking enough diabetes medicine**
- **You forgot to take diabetes medicine**
- **You are not physically active**
- **You are stressed**
- **You have an infection"**

How will I know if my blood sugar is too high? (Review and discuss Visual #1.)

Health Educators should qualify this in terms of what their blood sugars currently are. For example, a person newly diagnosed with diabetes may have blood sugars over 300 until they are on the correct dose of diabetes medication.

Group discussion: *What can cause low blood sugar?* Review answers and add as needed:

"You may get low blood sugar if:

- You skipped or delayed a meal or snack
- You were more physically active than usual
- You are taking too much diabetes medicine
- You drank alcohol on an empty stomach
- You got rid of an infection that was making your blood sugar high."

"An 'insulin reaction' can also happen if insulin levels are high, causing a drop in blood sugar. For example, this could occur if you take an insulin shot and then skip a meal.

Low blood sugar happens more often when you are trying to keep your sugar level near normal. This doesn't mean you shouldn't try to keep your blood sugars in control, it just means that you have to pay attention to how you're feeling. How can you know if you're blood sugar is too low?"

Review and discuss Visual 2: Signs of Low Blood Sugar

Review and discuss Visual 3: The 15:15 Rule – what to do when you have low blood sugar

Describe the 15:15 rule. Discuss why some of the 15 gram choices might be better than others. Discuss why milk should be NON-FAT (i.e., fat slows absorption of the sugars in the milk, and you are trying to quickly increase blood sugar).

Have sugar packets and glucose tablets available for patients. Brainstorm with them about good places to keep their sugar packets and where to get more if needed.

2.2. Importance of Glucose Monitoring

In this section, group leaders will:

- Discuss the procedures for blood glucose testing
- Discuss the procedures for Hemoglobin A1c Tests

"As it can be difficult to tell if your blood sugar is high or low just by how you feel, it's a good idea to check your blood sugar regularly. Knowing your blood sugar levels can help you and your doctor make changes to your medications, diet, and physical activity habits to help you stay at a healthy blood sugar level. You can monitor blood sugar with a glucose meter (or glucometer or blood sugar meter). We can help you get one and learn how to use it if needed."

Review and discuss Visual #4: Procedures for blood glucose testing

"Following these steps will help you get the most accurate results when measuring blood sugar levels."

Model the proper method of measuring and recording blood glucose. Praise all questions. After going over steps for blood glucose testing have participants do a knowledge self-practice (**Handout #1**). Reveal answers with **Handout #2**.

"One way to get good at testing your blood sugar is to check it regularly. This can help you learn what things affect your blood sugar – like your diet or physical activity. You can learn what works for you to keep your blood sugar in control. Not everyone needs to check their blood sugar every day, or forever. Ask your doctor about how often you should be checking your blood sugar at this point in your treatment plan."

Introduce Optional Home Practice #1. Checking your blood sugar at home.

Distribute quick reference card with glucose monitoring instructions to all participants.

Review and discuss Visual 5: Hemoglobin A1c Tests.

"Your health care provider will also do a special blood test -- called a Hemoglobin A1c test -- every few months to see how you are doing overall."

2.3. Taking Care of Your Feet

In this section, group leaders will:

- Discuss ways to take care of feet
- Display pictures of signs of foot problems (if appropriate for patients)

"Most physical activity involves being on your feet. People with diabetes have to be careful when being physically active as nerve damage can cause loss of feeling in your feet. Sometimes nerve damage can also change the shape of your feet, causing your shoes to rub and cause blisters or sores.

Diabetes can also cause your skin to be very dry, causing the skin on your feet to peel or crack. With nerve damage in your feet, you may not feel these cracks, sores, or blisters until the skin has become infected. For people with diabetes, there is often poor supply of blood to the feet. This may make injuries slow to heal.

There is a lot you can do to prevent problems with your feet. Controlling your blood sugar and not smoking or using tobacco can help protect them. You can also help keep small problems from getting out of control by following these suggestions"

Review and discuss Visual 6: Taking care of your feet

Display pictures of signs of foot problems, if appropriate for your patients.

2.4. Staying on Track with Medication Treatments

In this section, group leaders will:

- Discuss types of medication for diabetes
- Discuss problem solving around taking medications
- Discuss ways to stay on track with medication

"Most people with diabetes are prescribed medications to help control their blood sugar and manage their health conditions. While everyone has their own set of medications, here are a few common ones."

Review and discuss Visual 7. Types of Medications for Diabetes

Group Discussion: "Taking medications can be a very effective way to keep diabetes under control. What are some benefits to taking your medication?" (Write down answers for the group to see)

"On the other hand, staying on track with taking our medications can be tough. What are some of the challenges you've had in taking your medications?"

Problem Solving Around Taking Medications

"When we have challenges taking our medication, it's important to brainstorm and talk to our health care team and each other to come up with possible solutions. Let's think about this example:

Joe's prescription says to take Metformin with meals both in the morning and evening. He often forgets his morning pill because his morning routine changes from day to day. Yet, Joe easily remembers his evening pill as he always eats dinner with his family at the same time. His family would see his pillbox and ask if he took his medicine. Joe wasn't sure what to do, but after discussing it with his doctor, it turned out that he could take a different type of Metformin (Metformin XR) that only needs to be taken once a day. So, he successfully switched and has been taking his medication consistently ever since.

The point is, if you are struggling, we can figure out a better way. Just because the doctor initially said to take a medication a certain way, does not mean that it cannot be discussed again to find a better plan for you. Let's complete the My Medication Routine Form (Handout 3) now."

Review Visual 8/Handout 3. My Medication Routine Form.

"To help everyone stay on track with their medications (especially the problem of forgetting!), it's helpful to think how and when taking medications can fit into our daily routine. To do that, let's complete the My Medication Routine Form. This way we can evaluate which medications you take at what time of day, any special instructions, and address possible problems."

Conduct a group exercise of filling out the Medication Routines sheet (Handout 3) for 1-2 group members so that individuals will know how to complete it on their own. Give door prizes for participation.

OPTIONAL Home Practice: "We are going to give you a pillbox today. This week's homework is to fill up this pillbox with the medications that you are supposed to take each day. Please remember to bring the pillbox and all your medications to the next meeting."

2.5. Personal Goal Setting

In this section, group leaders will:

- Discuss SMART rule for goal setting

"There is a saying, if you don't try, you won't succeed. We always have things that we want to accomplish in life. This is true in general, and for our health.

A goal is something we want to accomplish or change. We all have goals. Some goals can be reached in a short time while others take a longer time to complete. We want to help you reach your goals, even the ones that take a long time to achieve and seem hard to do. When I say "goal", what does that mean to you? Why are goals important?

Now we will talk about the SMART rule for setting goals and how you can use this to set goals that are best for YOU."

Emphasize that patients should be setting goals related to their health, and specifically managing their diabetes.

"Setting Goals

In order to make changes and reach our goals we need to have a plan that is SMART:

S = specific

M = measurable

A = achievable

R = realistic

T = time-bound

- To be specific you must know what you want to do and how you are going to do it.
- To see if a change is taking place you have be able to measure your progress. How often are you going to work on this goal?
- If you are going to achieve a goal then it must be one that is important to you and that you are committed to doing. This will keep you motivated so you continue to make positive changes in your life.
- A realistic goal is one that you feel you can do. While this goal should challenge you a bit, it should not be so hard that you get discouraged and give up.
- Every goal needs to have a time for when you want to start working on your goal, and when you plan to reach your goal. The time set to reach a goal must also be

specific, measurable, and realistic. Without a time some people feel they can start at any time – but then they don't!

Long-term and short-term goals. Some goals are focused on making changes right now and some goals are focused on changes that you would like to make over a longer period of time. It is important to have both long and short-term goals to solve problems related to having a mental health condition and diabetes.

Long-term Goals

Some of our goals take a longer time to achieve. These goals are often the result of many other short-term goals. Examples would be:

- Lose 10 pounds in time for my high school reunion in 3 months
- Improve my A1C in the next 6 months
- In 4 months I want to walk up the stairs to my apartment without getting out of breath

Short-term Goals

We can reach our long-term goals by setting some short-term goals. Some of our goals may be things that we want to complete in the near future, like in a week:

- Walk to the grocery store three times a week starting this Sunday
- I will call my sister two times a week starting tomorrow
- Eat a fruit or vegetable every day this week "

Review and discuss Visual #9. The SMART rule and setting personal goals.

Lead the group through an example exercise of setting a SMART goal.

This is the time for the Group Leaders to bring up Home Practice #2—individual goal setting.

Session 2. Summary

In this section, group leaders will:

- Describe diabetes complications
- Lead a group discussion on diabetes complications

"Now, let's recap. What did you all learn today? Anything new or surprising for you? What are you looking forward to learning more about or working on for yourself?"

Echo what the group members offer as what they learned, and summarize anything they didn't cover.

"Today we learned about high and low blood sugar. Blood sugar is high if above 140 before a meal, and low when below 70. We also learned about symptoms of high blood sugar such as headache, hunger, blurry vision, being thirsty, having to use the bathroom often. If you have low blood sugar, you might feel weak, shaky, or anxious; you might have a headache or feel irritable. The best way to know your blood sugar level is to test it.

We also earned about the importance of monitoring your blood sugar to stay in control and avoid diabetes complications. We also learned steps for blood sugar monitoring and a good way to track your sugar levels. You will be asked to practice monitoring and tracking your diabetes before we meet next. We will review that home practice assignment in a moment. Remember it is important to wash your hands before and after you test to prevent infection and make sure to change your lancet every time.

Today we also learned about taking care of your feet. Not taking care of your feet can result in very serious complications, and taking good care of your feet can minimize or avoid problems.

We then talked about staying on track with your medications and you completed a Medication Routine Sheet. Hopefully you can use this to minimize roadblocks that might keep you from remembering to take your medications and instead fit them into your lifestyle. If you were unable to complete your worksheet today, complete it at home over before we meet next. Review it several times and let's plan to see what you did when we meet again. Please bring your Medication Routine Worksheet with you to the next session.

Finally, many of us need to set goals to be healthy. We learned the difference between short- and long-term goals. A short-term goal is something that you can achieve in one week whereas a long-term goal takes a little longer. It is important to make your goal as strong as possible using the SMART rule (Specific, Measurable, Achievable, Realistic, Time-bound. Use Home Practice Handout #1 to start working on a SMART goal that is right for YOU. Please bring in your home practice worksheets. We'll review these at the beginning of class each week.

Next week, we will work on problem solving skills, communication with health care providers, and creating a personal care plan."

Session 2.1

Visual 1

SIGNS OF HIGH BLOOD SUGAR

How will I know if my blood sugar is too high?

The easiest way to tell if your blood sugar is too high is to do a small blood test. Several warning signals may also tell you if your sugars are too high and include:

Increased Thirst	Blurred Vision	Increased Urination
Nausea	Increased Hunger	Headache

If you have these symptoms, it is a good idea to test your blood sugar and take appropriate action.

SIGNS OF LOW BLOOD SUGAR

Session 2.1

Visual

2

How will I know if my blood sugar is too low?

There are several warning signals that may tell you if your sugars are too low. However, the easiest way to tell if your blood sugar is too low is to do a small blood test.

Anxiety	Irritability	Dizziness	Shakiness
Rapid Heartbeat	Blurred Vision	Weakness	Headache
Sweating	Hunger		

If you feel that your blood sugar is low you should TEST IT!!! If you are unsure, but feel like your blood sugar may be low, PLAY IT SAFE!!! Check a finger-stick blood sugar.
Use the 15:15 rule.

Session 2.1

Visual 3

THE 15:15 RULE

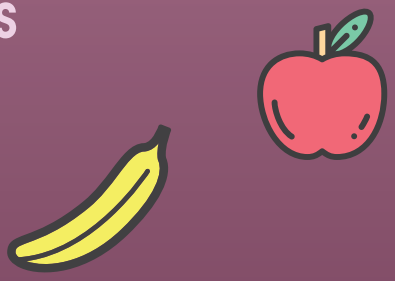
What to do when you have low blood sugar

If you believe you are having symptoms of a low blood sugar test your blood sugar level using your glucometer. If your sugar is below 70 you should eat 15 grams of carbohydrates (sugar). Wait 15 minutes and re-test your blood sugar using your glucometer to be sure that your sugar level has come back up above 70. If it has not come up above 70 eat 15 more grams of carbohydrates (sugar), wait another 15 minutes and test your sugars again. If you do not have your glucometer with you it is okay to treat yourself as if you are having a low without testing your sugar.

Examples of 15 grams of carbohydrates

Best choices:

- 1 medium banana
- ½ apple or ½ cup applesauce
- ½ cup of fruit juice (100% grape juice is a very good choice)
- 1 small box of raisins



Good choices in an emergency:

- 2-3 packets of sugar
- 1 tablespoon of honey
- 8-10 LifeSavers
- ½ cup of soda pop (not diet)
- 1 cup of non-fat milk

It's important to realize that 15 grams of carbohydrates will only work to stabilize your blood sugar for about 30 minutes.

After your sugar level returns to a safe level, you should either:

Eat a meal within 30 minutes; or
Eat a snack like crackers with peanut butter or a slice of cheese.

Try to figure out why your blood sugar was low so that you can make changes in your eating habits or activities that will prevent low blood sugar next time!

Session 2.2

Visual 4

BLOOD SUGAR TESTING

Steps for blood sugar testing

To get the most accurate results when measuring blood sugar levels follow these easy steps:

STEP 1: Gather all needed items:
- Test strips
- Lancet-needle and lancing devices (sterile)
- Glucose meter
- Record or log book

STEP 2: Wash your hands with soap and water.

STEP 3: Remove the cap from the lancing device. Insert a new lancet into the lancing device and put the cap back on.

STEP 4: Insert a strip into the meter (this will turn the meter on).

STEP 5: To get a drop of blood to test, place the lancing device against the side of your clean finger. Pull back the trigger. Press the button on the lancing device. Touch the test drip to the blood drop.

STEP 6: The meter will say how much sugar is in your blood. Write that number in your log book.

STEP 7: Wash your hands again.

STEP 8: Remove the cap from your lancing device. Remove the lancet and place in a sharps container.

Session 2.2

Handout 1

BLOOD GLUCOSE TESTING SELF PRACTICE

Self-practice:

Put a number next to the item to indicate its appropriate step. For example, place a number 1 in the space next to "gather all needed items" because that is the first thing that should be done!

_____ Gather all needed items.

_____ Remove the cap from the lancing device. Insert a new lancet into the lancing device and put the cap back on.

_____ Wash your hands with soap and water.

_____ Insert a strip into the meter (this will turn the meter on).

_____ To get a drop of blood to test, place the lancing device against the side of your clean finger. Pull back the trigger. Press the button on the lancing device. Touch the test drip to the blood drop.

_____ Wash your hands again.

_____ Remove the cap from your lancing device. Remove the lancet and place in a sharps container.

_____ The meter will say how much sugar is in your blood. Write that number in your log book.

Session 2.2

Handout 2

BLOOD GLUCOSE TESTING SELF-PRACTICE (ANSWERS)

SELF PRACTICE ANSWERS

1. Gather all needed items.
2. Remove the cap from the lancing device. Insert a new lancet into the lancing device and put the cap back on.
3. Wash your hands with soap and water.
4. Insert a strip into the meter (this will turn the meter on).
5. To get a drop of blood to test, place the lancing device against the side of your clean finger. Pull back the trigger. Press the button on the lancing device. Touch the test drip to the blood drop.
6. Wash your hands again.
7. Remove the cap from your lancing device. Remove the lancet and place in a sharps container.
8. The meter will say how much sugar is in your blood. Write that number in your log book.

Home Practice

Session 2

Optional Home Practice

1

CHECKING YOUR BLOOD SUGAR AT HOME

Please complete the following chart over the next week and bring to class. Try to check your blood sugar at least two times each day (or as often as recommended by your doctor).

HOME PRACTICE | Daily Log

Week starting _____

DATE	BREAKFAST	LUNCH	DINNER	BEDTIME	COMMENTS

HEMOGLOBIN A1C TESTS

Session 2.2

Visual 5

Glycosylated Hemoglobin (A1C):

Hemoglobin is the part of a red blood cell that carries oxygen to the cells of the body. When glucose or sugar in the blood sticks to the hemoglobin it is called glycosylated hemoglobin or A1C. Glucose stays attached to the hemoglobin for the life of the red blood cell, which is about 2 to 3 months.

Your health care provider will likely be checking the results of an "A1C" test at least every few months to see how well your blood sugar is being controlled long term.

Hemoglobin is the part of a red blood cell that carries oxygen to the cells of the body. When glucose or sugar in the blood sticks to the hemoglobin it is called glycosylated hemoglobin or A1C. Glucose stays attached to the hemoglobin for the life of the red blood cell, which is about 2 to 3 months.

Session 2.3

Visual 6

FOOT CARE FOR PEOPLE WITH DIABETES

- Check your feet daily.
- Wear shoes or slippers at all times.

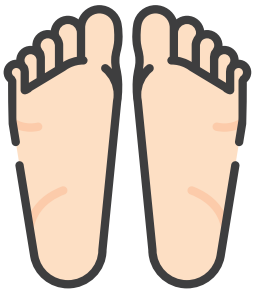
- Shop for shoes in the afternoon or evening when feet are often a bit swollen.
- Wear shoes and socks that fit well and do not squeeze.

- Protect your feet from heat and cold.
- Keep your feet in good condition. Wash them daily if possible.
- Check the temperature of bath water with your elbow before getting in the tub.
- Apply lotion to the tops and bottom of feet but not between toes.

- Avoid heating pads and electric blankets.

Follow these steps to check your feet

1. Remove your shoes and socks.
2. Check your socks for blood stains.
3. Feel feet for calluses.
4. Look for any scratches or changes in color.
5. Feel feet for temperature changes.
6. Check between the toes for tears or fungus.
7. Use pressure to detect painful areas in foot.



TYPES OF DIABETES MEDICATIONS

Session 2.4

Visual 7

Class	Generic Names	Brand Names
Sulfonylureas (increase insulin release)	Glyburide Glipizide Glimepiride	Diabeta Micronase Amaryl Glucotrol
Biguanide (decreases glucose production by liver, decreases glucose absorption by gut, increases insulin sensitivity)	Metformin	Glucophage
Alpha-glucosidase inhibitors (delay carbohydrate absorption in gut)	Acarbose Miglitol	Precose Glyset
Thiazolidineones (Decrease insulin resistance)	Pioglitazone Rosiglitazone	Actos Avandia
DPP-IV inhibitors (increase insulin secretion, delay gastric emptying)	Sitagliptin Saxagliptin Vildagliptin Linagliptin	Januvia Onglyza Galvus Tradjenta
GLP-1 Mimetics (increase insulin production, decrease glucose production)	Exenatide Dulaglutide Liraglutide Semaglutide	Byetta, Bydureon (long-acting) Saxenda (for wt loss), Victoza Trulicity Ozempic
Amylin analogs (slowed gastric emptying, decreased glucagon, decreased food intake)	Pramlintide	Symlin
Meglitinide analog (Increased insulin secretion)	Rapaglinide Nateglinide	Prandin Starlix
Insulin	Short-acting Intermediate/ Long-acting	Humalog, Novolog Lantus, Levemir, NPH

Session 2.4

Visual 8

Handout 3

MY MEDICATION ROUTINES

	MORNING	NOON	EVENING	BEDTIME	SPECIAL INSTRUCTIONS (i.e. take with food)
My Medications e.g., Metformin	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.	1. 2. 3. 4. 5.
What I am usually doing at this time of day?					
What keeps me on track?					
What is a problem?					
How I can minimize or solve the problem?					

My overall plan to keep me on track with taking medications:

Session 2.5

Visual 9

PERSONAL GOAL SETTING

Personal Goals: Set Yourself Up For Success!

Have a plan that is SMART

1. **S**pecific – what do you want to do and how will you do it?
2. **M**easurable – how often are you going to work on this goal?
3. **A**chievable – it must be something that is possible to do or accomplish
4. **R**ealistic – it must be something you feel you can do and that you can commit to
5. **T**ime-bound – when do you want to reach your goal?

EXAMPLES

Specific long-term goal: In one year I want to lose 30 pounds and take less diabetes medication. I will do this by being active every day for at least 30 minutes.

Measurable: How will you keep track

Short-term Goal: This week I will walk to the mailbox every day

Achievable: Is it possible (for people like you in general) to get 30 minutes of activity per day?

Realistic: Is this realistic for you? Is this something you can do?

Example of an unrealistic goal: I will go to the gym every day and work out for 2 hours.

Time-bound: When will you start working on this goal? When will you reach the goal?

When you finish one short-term goal, think about setting another one until you are able to reach your long-term goal.

SETTING A PERSONAL GOAL

Session 2

Home Practice

2

ACTION PLAN – HANDOUT

Long-term goal: _____

Short-term goals need to be:

- **S** = Specific
- **M** = Measurable
- **A** = Achievable
- **R** = Realistic
- **T** = Time-bound

Write your short-term goal here: _____

_____

Barriers

List the barriers that you are likely to encounter in your effort to reach your goal, as well as some potential ways to overcome these barriers.

Barriers	What can I do?

Confidence

Circle a number on the scale of 1–10 that represents how confident you are that you can achieve the above goal. If you record lower than 7, you might want to discuss with your peers ways of increasing your confidence.

1 2 3 4 5 6 7 8 9 10

Not at all *Very Confident*

Importance

Circle a number on the scale of 1–10 that represents how important this goal is to you. If you record lower than 7, you might want to increase your chances, by choosing a more "heartfelt" goal.

1 2 3 4 5 6 7 8 9 10

Not at all *Very Confident*

What are the expected benefits for you when you achieve your goal?

_____

_____

Signature _____ Date _____

Engel, L. (2010). In B. Oldenburg & P. Reddy (Eds.).
Australasian Peers for Progress Diabetes Project – Facilitator Handbook. Melbourne: Monash University.

Session 3: Problem Solving and Talking to Your Doctor

Supplies and Equipment Needed for Session 3

1. Flip charts and markers or laptop and projector with visual aids in PowerPoint
2. Visuals and Handouts identified at the end of this session
3. Extra pens/pencils for group members
4. Light snacks appropriate for individuals with T2DM
5. 3-4 door prizes

SESSION 3 TOPICS AND SUGGESTED TIME SCHEDULE

Home Practice review.....15 min

3.1 Problem-solving skills.....10 min

3.2 IDEA Approach.....30 min

3.3 Communication challenges.....15 min

3.4 Tools for communication with care providers.....30 min

3.5 Personal care plan.....15 min

Summary of Today's Lesson .....5 min

Home Practice: Questions/Concerns to discuss with mental health and/or primary care providers

3.1. Problem-Solving Skills

In this section group leaders will:

- Introduce the concept of problem solving skills

"Problems are a natural part of life. Everyone has problems to deal with now and again. This may be particularly true when people are dealing with life-long health conditions like diabetes. People might have problems like not having enough money to buy the medicines that they need or like needing a change in their medication now and long before their next appointment. Today, we will talk about useful ways to solve problems so that you can remove barriers and get what you need as quickly as possible.

"What is problem solving? Problem solving is a tool that you can use to:

- Talk about a situation in your life that causes you concern.
- Think about choices that you should make.
- Decide on the best solution.
- Apply to a situation to solve the problem."

3.2. The IDEA Approach

In this section group leaders will:

- Describe the IDEA approach for problem solving
- Practice problem solving using the IDEA approach with patients

"One method to solve problems is called the IDEA approach. The steps to solving problems can be remembered by thinking of the word IDEA. "IDEA" stands for:

1. Identify the problem
2. Define possible solutions
3. Evaluate the solutions
4. Act on the best solution

Let's look at this more closely with an example. Let's say that you are prescribed a twice-a-day medication for high blood pressure, but you always forget the morning dose because of oversleeping or getting distracted by other activities. You think that this may be making your mood more depressed and irritable. This causes you to keep to yourself and that makes you even more withdrawn and depressed. To solve this problem we have to start with the first step (I in the word IDEA), Identify the Problem!"

Review and discuss Visual #1 and #2 – The IDEA Approach

Review and discuss Visual #3/Handout #1. Using the IDEA Approach

"Let's practice solving a problem of our own now. Think about one problem you have had with your diabetes. Who would like to share one problem they are experiencing with managing their diabetes? We can go through applying the IDEA approach to this problem together. Then, let's have you each work on applying the IDEA approach to a problem you are currently facing."

Have group members discuss how they filled out the worksheets. Have 1-2 members identify and go through the IDEA approach out loud. Give door prizes for participation. You could also assign this as a Home Practice if time is limited.

3.3. Challenges in Communicating with Health Care Providers

In this section group leaders will:

- Discuss importance of good communication with healthcare providers
- Discuss challenges in communicating with healthcare providers

"Our relationship with our doctors is important. We must communicate with them well so we can together manage our diabetes and overall health. Everyone is different and may have very individual reactions and responses to medication or other treatments. One person might take a medication for blood sugar and have it work well, while it might work less well for another person.

It is important, but not always easy, to discuss your questions and expectations with your doctor. Some people get frustrated with their doctors, or feel they can't trust or communicate well with them, and stop going to appointments. Here are some reasons why it can be hard to communicate well with our health care providers."

Note: to avoid a "gripe session," it can be better to limit group discussion for this section.

"Time – Health care providers often have a very short time allotted for appointments and have things they have to cover to meet medical standards of care.

Language – Health care providers may not speak the same language that you do. Or it may be very difficult to understand what they are saying because medical terms can be confusing.

Emotions – Patients may feel angry with or frightened by their diagnosis. They may also become frustrated if the health care provider is not able to give them enough time during their visit. They may also feel the healthcare system is failing them. Or sometimes we don't agree with a treatment or plan a health care provider would like us to follow.

But you don't need to give up on getting good health care. There are strategies to help get what you need to manage your health."

3.4. Tools for Communication with Healthcare Providers

In this section group leaders will:

- Discuss common questions and concerns for communication with healthcare providers
- Discuss tools for effective communication with healthcare providers
- Role play communication with providers

"Just like learning to manage diabetes, learning to communicate with your doctor can take some time and practice. It is sometimes helpful to practice how you might approach certain topics with your doctor. Let's review some common questions and concerns that people with diabetes have for their healthcare providers. Then, we'll go over some tools for effective communication with health care providers. It is also often helpful to bring along a supportive family member or friend to your appointment."

Review and Discuss Visual 5/Handout #2. Common questions and concerns.

Have participants work on coming up with questions or concerns they would like to bring up with their health care provider at their next appointment.

Review and Discuss Visual #4. Tools For Effective Communication With Healthcare Providers

Role play communication with providers. Using volunteers, have participants play a patient discussing a specific question or concern and another participant playing a care provider to enhance discussion. This should be fun for participants!! Some groups may not have enough participants who feel comfortable with role playing. It may be easier for such groups to review and discuss typical, "real-life" scenarios where an individual needs to communicate about a problem they are having.

"Now, let's try out some of these tools for communication. How about we do a role play with one of the health questions or concerns we just went over? Remember the key steps: 1. Be prepared – write down your most important questions and concerns in advance; 2. Share information – there might be solutions you hadn't yet thought of; 3. Ask questions and repeat back what you heard; 4. Write down the information and/or ask the clinic to print out the information."

Alternative to role play:

You may decide to use scenarios rather than role play. Give participants Handout #3. Have participants review either Scenario 1, Scenario 2 or both. Discuss what the individual might be able to say to their clinician to make a change that is reasonable and acceptable. It might be a good idea to ask participants if they were ever in a similar situation. Use optional hand-outs to give participants a chance to read along while the facilitator reads the scenarios out-loud.

"Scenario 1—Medication-related side effects

Maria is prescribed Metformin for her diabetes, which she finds is helping to manage her blood sugar better. But since starting Metformin she has been feeling tired, dizzy, and nauseous. Sometimes she doesn't want to take metformin because her stomach also hurts too much. Her doctor said she is doing well controlling her diabetes with metformin, but Maria is still worried about continuing the medication. She wants to talk to her doctor about her concerns at her next appointment, but is worried that her doctor will refuse to make a change or will brush off her concerns.

Scenario 2—Financial hardship

Eric has depression and diabetes. To stay healthy, he knows it is important to manage his mood. He has been taking a medication called Zoloft that helps his depression, but he is still struggling a bit. His doctor told him that another medication called Abilify may help him feel even better if he takes it with Zoloft. But when Eric gets to the pharmacy, he finds out that the even with his Medicare the new medication will cost $300 a month. He cannot afford this and does not get the new medication. A month later he goes in to see his clinician for his

usual checkup. He is embarrassed to say that he did not get the new medication, yet wonders if there are some other options that are more affordable."

3.5. Personal Care Plan

In this section group leaders will:

- Discuss ways to develop a personal care plan for healthy mind and healthy body

"We have spent a lot of time talking about ways to manage our diabetes by making healthy changes, solving problems, and communicating to our health care providers about our needs. Now let's try to put these tips into action with a Personal Care Plan for a Healthy Mind and Healthy Body. Think of this as a "first draft" that you can change later. Everyone likely has different goals and your goals probably need to change over time. You may find some of your first goals are not realistic for you; for example, they may need to be broken down into smaller steps. You may also end up meeting your goals and then want to pick new goals. Please fill out those portions of the Personal Care Plan that you can now. The most important thing to do today is to pick one or two stress or mental health goals and one or two diabetes goals (in some cases these may be the same goals). We'll come back to this care plan again."

Review and discuss Handout 4. Personal Care Plan.

Session 3. Summary

"Now, let's recap. What did you all learn today? Anything new or surprising? What are you looking forward to learning more about or working on for yourself?"

Echo what the group members offer as what they learned, and summarize anything they didn't cover.

"We discussed problem-solving and how to use the IDEA approach to deal with many problems that come up in managing diabetes. The IDEA approach takes some time to get used to, but can be helpful in many situations.

We also spent time talking about communicating what you think is important to your doctor or other clinician. We had some fun practicing communication skills and I hope this was helpful for you! The bottom line is that if you don't tell your doctor what is important to you they won't be able to help you as well. Your doctor might think that he or she knows what is

important for you, but of course that is not always the case. Use your voice to help your clinician make the best choice for you! Learning to communicate with your clinician can also take time and practice.

Please take the Home Practice handout and complete it before we meet next so we can discuss it together. At the next class, we will be discussing stress and coping and/or mental health and diabetes."

Session 3.2

Visual 1

PROBLEM SOLVING AND TALKING TO YOUR DOCTOR

IDEA steps

STEPS TO SOLVING PROBLEMS: IDEA

The steps to solving problems can be remembered by thinking of the word **IDEA**.
IDEA stands for:

1. **I** **dentify** the problem
2. **D** **efine** possible solutions (list as many as possible)
3. **E** **valuate** the solutions (list **ALL** the pros and cons)
4. **A** **ct** on the best solution

THE IDEA APPROACH

Session 3.2

Visual 2

STEP 1: IDENTIFY THE PROBLEM

What is the problem? What is keeping you from doing or getting what you want?

PROBLEM: I forget to take my morning medication for bipolar disorder.

STEP 2: DEFINE POSSIBLE SOLUTIONS

Think of all of the possible ways to solve the problem. Do not judge them. Just write them down.

POSSIBLE SOLUTIONS:

1. I could take all my medication at bedtime.
2. I could talk to my doctor about giving me a medication that only needs to be taken once a day.
3. I could just give up on the medication entirely since I am still depressed.

STEP 3: EVALUATE THE POSSIBLE SOLUTIONS

Here you list the pros and cons of each possible solution:

Possible Solution	Pro	Con
I could take all my medication at bedtime.	Easier to remember.	Too tired in the morning. Will probably make me oversleep.
I could talk to my doctor about giving me a medication that only needs to be taken once a day.	Easier to remember. Might work even better.	Do not have a doctor's appointment for 2 months (but could probably get one sooner if I called).
I could just give up on the medication entirely as I am still depressed.	Least hassle.	Might get even more depressed. Ended up in the hospital last time I did this.

STEP 4: ACT ON THE BEST SOLUTION

Your best solution may be the one with the most important pros and the fewest, or least bothersome cons. Solution number 2 looks like it might have the best trade-off in pros and cons. So this may be the solution that you try first.

Handout #1

Session 3.4

Visual 3

USING THE IDEA APPROACH

Worksheet: Using the IDEA approach to solving problems

STEP 1: IDENTIFY THE PROBLEM

STEP 2: DEFINE POSSIBLE SOLUTIONS

(list as many as possible)

STEP 3: EVALUATE THE POSSIBLE SOLUTIONS

(list ALL the pros and cons)

Pros:

Cons:

STEP 4: ACT ON THE BEST SOLUTION

Worksheet

THE IDEA APPROACH TO PROBLEM SOLVING

Session 3.2

Home Practice

1

THE IDEA APPROACH TO PROBLEM-SOLVING:

Step 1. Problem: **IDENTIFY** the Problem

_____

_____

_____

_____

Step 2. **DEFINE** Possible Solutions

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

Step 3. **EVALUATE** each of the Possible Solutions

Pros: _____

_____

_____

_____

Cons: _____

_____

_____

_____

Step 4. **ACT** on one of the Possible Solutions

Which solution did you choose?

_____

_____

_____

Handout #2

Session 3.3

Visual 4

Home Practice 2

QUESTIONS AND CONCERNS TO DISCUSS WITH HEALTH CARE PROVIDERS

When we visit the health care provider, several topics commonly discussed include:

- **Home glucose monitoring results**
- **Problems with hypoglycemia (low blood sugar)**
- **Problems with hyperglycemia (high blood sugar)**
- **Test results and what they mean**
- **Options for treatment**
- **Physical activity**
- **Meal planning**
- **Immunizations**
- **Tests that have not yet been completed**
- **Referrals to other health care providers**
- **Community resources**
- **Medication questions:**
  - What should I do if I forget to take an insulin or diabetes medication dose?
  - What should I do if I get a cold or the flu?
- **Mood or anxiety symptoms**
- **Pain or discomfort**
- **Energy levels**
- **Medication side effects**
- **Problems with using drugs or alcohol**

What are your top questions or concerns to bring up with your health care provider?

_____

_____

_____

_____

Session 3.3

Visual 5

TOOLS FOR EFFECTIVE COMMUNICATION WITH HEALTHCARE PROVIDERS

Tool #1: **Prepare** for your visit by thinking about what concerns or questions you would like to discuss. Write your questions or concerns down to help remember them during your visits and make sure they are covered. Some people find it helpful to bring a support person to the visit.

Tool #2: **Take notes** during or right after the visit, or ask your support person to keep notes. Writing down what your provider tells you can help you go back and remember what they said.

Tool #3: **Share information.** Tell your health care team what you are experiencing with your health and your treatments. They may have solutions or alternatives you haven't thought of!

Tool #4: **Ask questions.** If you realize that something they said doesn't make sense, you can ask them to clarify, slow down and say it again, or write it down for you.

Tool #5: **Repeat back** what the health care provider has told you. You can say, "Let me make sure I got this right."

Tool #6: **Take a copy of your care plan home.** Ask if the clinic can print out your care plan, such as an explanation of your health concern, medication lists, or referrals (this is sometimes called an "after visit summary")

Tool #7: **Schedule your next visit** before leaving. Bring your calendar or appointment book with you to schedule your next visit.

Session 3.3

Handout 3

SCENARIOS FOR INTERACTION WITH CARE PROVIDERS

Scenario 1 — Medication-related side effects

"Maria is prescribed the medication Glucophage (metformin) for treatment of her diabetes. While she has found that Glucophage is helping her manage her blood sugar level better, she has been feeling increasingly tired and dizzy and is having nausea and stomach pain since starting this medication. Maria notes that these symptoms are getting worse and at times she doesn't take her Glucophage because her stomach hurts too much. Her primary care provider has told her that she is doing well with controlling her diabetes with Glucophage but she is worried about continuing on this medication. She plans to discuss this with her primary care MD, who has been prescribing Glucophage, but is concerned that he will refuse to make a change or will brush off her concerns."

Scenario 2 — Financial hardship

"Eric is a 67 year old man on Medicare who has recently been prescribed Abilify (aripiprazole) by the psychiatrist who manages his mental health treatment. Eric has been taking an antidepressant medication (Zoloft) also prescribed by this clinician. While the Zoloft has helped Eric's depression some, he still has some symptoms which prevent him from functioning at his best. His clinician has told him that the Abilify may further improve his depression if he takes it in addition to the Zoloft.

When Eric gets to the pharmacy to fill his prescription he finds out that the even with his Medicare the new medication will cost him about $300/month. He cannot afford this and does not fill the prescription. A month later he goes in to see his clinician for a regularly scheduled appointment. He is a little embarrassed to say that he did not take the medication, but wonders if maybe there are some other treatment choices that would work as well but that are more affordable."

PERSONAL CARE PLAN

Session 3.4

Handout 4

A Personal Care Plan for a Healthy Mind and a Healthy Body

Name: _____ Address: _____

Cell phone: _____ Home phone: _____

Person to contact in case of emergency:

Name: _____ Contact tel: _____

My Health Care Team:

Primary care provider name and phone number: _____

Other health care providers: _____

_____

My Health Goals:

	Example:
What is my goal?	Get physical activity two days/week
When do I want to achieve my goal?	Work on this over the next month
What can I do to help reach my goal?	***Ask a friend to walk with me for 30 minutes after dinner***

Questions for my Health Care Team:

_____

_____

_____

_____

_____

Session 4A: For All Diabetes Populations: Coping with Stress and Getting the Support You Need

Supplies and Equipment Needed for Session 3

1. Flip charts and markers or laptop and projector with visual aids in PowerPoint
2. Visuals and Handouts for this session
3. Extra pens/pencils for group members
4. Light snacks appropriate for individuals with T2DM
5. 2-3 door prizes

SESSION 4A TOPICS AND SUGGESTED TIME SCHEDULE

Home Practice Review .....5 min

4A.1: Stress and Diabetes ..... 20 min

4A.2: Coping with Stress and Emotions ..... 40 min

4A.3: Your Support System ..... 25 min

4A.4: Talking with Your Supports ..... 25 min

Summary of Today's Lesson ..... 5 min

Homework Assignment: Complete and review My Stress Action Plan

Note to Health Educators:
A key component of this session is INTERACTION between group attendees and leaders. Members will be encouraged to provide their own comments and points of view.

4A.1. Stress and Diabetes

In this section the group leaders will:

- Discuss the relationship between managing Diabetes and Stress

"I want to first talk today about what you can do to manage stress. While stress is common, especially for people with diabetes, the good news is there are many things that can be helpful. But it is best to have a plan to deal with stress BEFORE you are in a super-stressful situation when it's hard to think clearly."

Everyone experiences stress, whether from getting stuck in traffic when you're running late or worrying about whether you have enough money to pay bills on time. A certain kind of stress from having diabetes is called diabetes distress-- it's the emotions people can have about diabetes, like being very upset about being diagnosed with diabetes, being afraid of complications, feeling stressed about all the things you need to do to manage diabetes, or having difficult relationships with friends and family because of having diabetes. Too much stress is bad for our health-- and people with lots of diabetes distress tend to have worse blood sugar levels, feel like they can't get their health under control, and feel overall like their life isn't as good as it should be.

Diabetes distress is very common – about half of people with diabetes have some diabetes distress. But learning to cope with diabetes distress, and stress in general, may help your health and wellbeing. It's also important to mention that some people with diabetes may feel depressed - like things will never get better, feeling helpless and frustrated, and having a "down" mood that does not go away, which can require more special attention to take care of. "

4A.2. Coping with Stress and Emotions

In this section group leaders will:

- Discuss examples of helpful coping skills
- Discuss examples of unhelpful ways of coping
- Share 20 tips for managing stress
- Discuss daily relaxation
- Help patients to develop action plan to manage stress

"Everyone deals with stress in one way or another. Our coping skills-- how we think or what we do with stress-- can impact how much stress affects our health.

Helpful coping skills either work on solving the thing that is causing you stress (if you have control over the situation) or work to make you feel better (even if you can't solve the problem!) For example, think about someone who is newly diagnosed with diabetes and feeling stressed about it. One thing they can control is getting more information and a good plan to manage diabetes – so a helpful coping skill might be making an appointment to talk to their doctor as soon as possible and starting a medication if needed. And even though the person can't change whether or not they have diabetes, they can still deal with the stress by talking to other people for support or finding extra ways to relax. "

Thought Question to the Group: What are examples of helpful coping skills you have used?

"Examples if needed to prompt discussion:

- Take some time to calm down
- Think through your options
- Make a plan
- Take action to follow through on your plan
- Take extra care of yourself
- Do some physical activity
- Pray
- Journal
- Talk it out"

"How do these ways of coping make us feel?

Sometimes we react to stress with unhelpful ways of coping that can make the problem bigger, or make us feel worse in the long run. Think again about someone who is newly diagnosed with diabetes and feeling stressed about it. That person might avoid going to their doctor or decide not to take their medication, which could make their diabetes worse! Or they might pretend that everything will be okay and try not to think about having diabetes, which could also cause problems."

Thought Question to the Group: **What are examples of other unhelpful ways of coping you have used or seen others used?**

"Examples if needed to prompt discussion:

- **Distract yourself to avoid thinking about the problem**
- **Pretend the problem does not exist so it "goes away"**
- **Pretend everything will be okay, even when it may not be**
- **Smoke**
- **Drink alcohol**
- **Eat too much**
- **Sleep too little, too much, or both**
- **Stop taking care of yourself**
- **Not take your medication**
- **Put off doing the things you need to do**
- **Spend too much time watching TV or on your phone or computer"**

Thought Question to the Group: **How do these ways of coping make us feel?**

Questions to consider for further discussion:

- What types of coping skills do you usually use?
- Are there certain situations in which you usually use helpful coping skills?
- Are there certain situations in which you usually use less helpful ways of coping?

Can someone give me an example of a recent stressful situation and the things you did to cope with it?

Review and Discuss Visual #1. 20 Tips for Managing Stress

"To get some more quick tips to cope with stress, let's take a look at Visual 1/Handout 1."

Review and Discuss Visual #2. Planning out Coping Strategies for Stressful Situations

"Now that we have some more ideas, let's look at Visual 2/Handout 2 to think about how we want to cope with a stressful situation that we are currently facing."

Daily Relaxation

"It's also important to find ways to relax each day. Relaxation activities should calm the tension in both your mind and body. So, it may take more than just watching TV. Some good forms of relaxation are yoga, tai chi (a series of slow, graceful movements) and meditation. Relaxing can also be as simple as taking deep breaths or a warm bath. Believe it or not, but relaxation takes practice.

Let's look at Visual 3/Handout 3 to practice deep breathing together. We'll take a moment to close our eyes and breathe deeply for just one minute to see what it feels like. I will let you know when a minute passes."

Review and Discuss Visual #3. Deep Breathing

"Try to take at least 5 to 10 minutes every day for deep breathing or another form of relaxation."

Introduce Home Practice #1. Your Stress Action Plan

4A.3. Your Support System

In this section group leaders will:

- Discuss types of support from different individuals

"Getting good support is also important when changing habits for the better. People who support us may be friends, family, doctors, nurses, group members or others. These people help us by giving us encouragement, tips, and so on. Let's think about the types of people who may be important for you as you make healthy changes."

Thought Question to the Group: What kinds of support do these individuals provide?

Encourage group members to list individuals in their lives who may provide support. Write down comments on flip chart.

Examples as needed for discussion:

---WHO----	---WHAT----
• Friends • Family • The people in this diabetes group • Your doctors • Dietician • Case Manager • Yourself • Other?	• Encourage you • Get active with you • Eat better with you • Make more healthful food with you or for you • Give you tips and suggestions • Say you are doing a good job • Help you in other ways so you have more time to take care of yourself • Other?

4A.4. Talking with Your Supports and the Plus-Minus-Alternative Strategy

In this section group leaders will:

- Discuss the Plus-Minus-Alternative (PMA) strategy to communicate well with people
- Role play on how to communicate well using the PMA strategy

"Sometimes other people may do things that make it hard to reach your health goals. This can happen because other people do not know what you need or you have not clearly expressed your needs. Having their cooperation can help you to reach your goals."

Distribute copies of Handout 4: the PMA strategy

"But how do you get other people to change their ways to help you? These are times when you will have to use special communication skills. One simple way is to use the PLUS/MINUS/ALTERNATIVES (PMA) strategy.

This strategy allows you to:

1. **Say something positive about the person (a plus)**

2. Say what your problem is (a minus)

3. Make a suggestion for change (an alternative)

This way of communicating may help the person not be upset by your request and invites their help.

Also, you want to make sure that it is a good time to talk. One simple way to do that is to ask by saying "is this a good time?" or "do you have a few minutes?"

If the person says "Yes" then you will continue. If the person says "No," you can ask for a better time to talk by saying, "When would be a better time for us to talk?"

For example, if your roommate or friend brings you candy or chips on a regular basis even though you are trying to eat more healthfully.

You might say: "John, do you have a minute?" If YES….

1. John, I really like it that you share with me. (a plus)
2. As I am trying to keep my diabetes under control, I really can't eat all of candy and chips that you give to me. (a minus)
3. Would you mind if we share them with someone else? (an alternative)

Of course, you will have to find your own way of saying these things. Why don't we give it a try?"

Can I have a volunteer to act this out with me?

Pick a situation that might be expected to arise for most people. Ask for comment from the group on the interaction. Then encourage another group member to role play the individual using the PMA strategy and another individual to role play the individual who is being asked to change. Give door prizes for the role-play volunteers and positive feedback for the discussion.

Session 4A. Summary

"Now, let's recap. What did you all learn today? Anything new or surprising? What are you looking forward to learning more about or working on for yourself?"

Echo what the group members offer as what they learned, and summarize anything they didn't cover.

"Today we discussed healthy ways to deal with stress and relax, deep breathing, and making a stress action plan. Learning to deal better with stress usually takes time and practice. No one has all the "right" answers and we can all learn from each other. Finally, we reviewed your support system and how some of the people in your life can help you.

There are times, however, where people might stand in the way of your healthy habits. When this happens, you need to use your communication skills. Remember the plus, minus, alternatives (PMA) technique. Say something positive about the person or what they do for you, state your problem, and suggest an alternative."

As appropriate based on discussion, talk about how to access more mental health services.

"This week's home practice is to review and try out your Stress Action Plan. Please bring this in to review with the group next time. At the next class, we will be discussing nutrition and healthy eating. Please bring in some food labels for their favorite foods – especially those with ingredient lists – to review together next time."

20 TIPS FOR MANAGING STRESS

Session 4A.1

Visual 1

1
Ask for help. Feel free to ask your friends and family for help. They care about you and want the best for you. And you can help them another time.

2
Be tidy.
Keep your things in order.

3
Get enough sleep.
Shoot for 8 hours per night.

4
Make time to do something you enjoy. Go for a walk with a friend, read a book, or watch a video …whatever makes you happy.

5
Just say "no." Learn how to say no to things you don't really want or need to do.

6
Know yourself. Know what situations make you feel stressed. Plan how to cope with them.

7
Make a to-do list. Put the most important things on top.

8
Remind yourself. Use notes, calendars, timers— whatever works for you.

9
Set small, doable goals. Divide large goals (like weight loss) into smaller chunks.

10
Solve problems. When you have a problem, try to solve it promptly. That way, it won't become a source of stress in your life.

11
Count to 20 in your head. This can give your brain a needed break.

12
Soothe yourself.
Get a massage, take a hot bath, have a cup of herbal tea, or put on some calming music.

13
Give yourself a pep talk. Say something calming, like: "There's no rush. I can take my time." Try some ways to relax.

14
Stretch. Do yoga or other stretching physical activities.

15
Take a breather. If you can, take a break from whatever is making you feel stressed.

16
Talk about your feelings. Tell a friend, family member, or counselor how you feel.

17
Cut back on caffeine. Caffeine can make you feel jumpy and anxious.

18
Get moving! Do something active—even if it's just a walk around the block.

19
Do something fun.
Go out dancing, go shopping, call a friend. Do whatever you enjoy—as long as it's healthy.

20
Think clearly.
Things may not be as bad as they seem to be.

Adapted from https://www.cdc.gov/diabetes/prevention/pdf/t2/Participant-Module-9_Manage_Stress.pdf

Session 4A.2

Handout 2

PLANNING OUT COPING STRATEGIES FOR STRESSFUL SITUATIONS

Stressful Situation

Parts you **can** control

Parts you **cannot** control

Things you can do to make the situation better

Things you can do to feel better

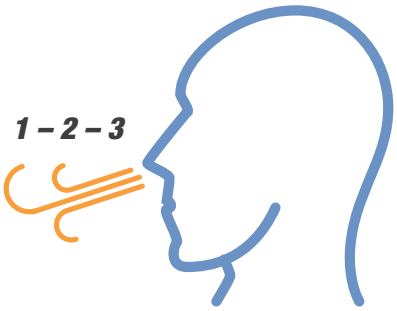
Session 4A.2

Visual 3

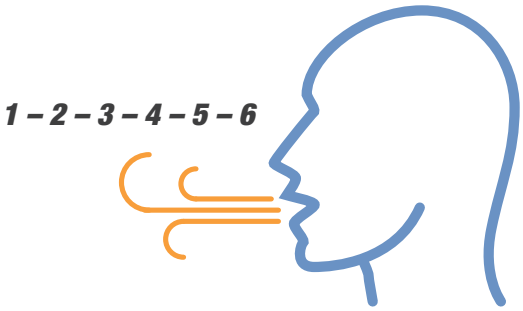
DEEP BREATHING

Deep breathing is a form of relaxation you can learn and practice at home using the following steps. It's a good skill to practice as you start or end your day. With daily practice, you will soon be able to use this skill whenever you feel stress.

1. Sit in a comfortable position with your feet on the floor and your hands in your lap. Close your eyes.
2. Picture yourself in a peaceful place. Perhaps you're lying on the beach, walking in the mountains or floating in the clouds. Hold this scene in your mind as you are able.
3. Begin to breathe in and out slowly and deeply. Go at whatever pace is comfortable for you.



INHALE



EXHALE

4. Continue to breathe slowly for 1 minute.
5. Try to take at least 5 to 10 minutes every day for deep breathing or another form of relaxation.

MY STRESS ACTION PLAN

Session 4A.2

Home Practice

1

1. Figure out what the main sources of stress are for me:

   _____

2. Talk to support people who know about my situation:

   _____

   _____

3. List activities I want to do that help me deal with stress:

   a. _____

   b. _____

   c. _____

   d. _____

4. When can I find time to relax most days? _____

5. Make it a priority to get the right amount of sleep most nights (about 7-8 hours).

   What time do I want to try to go to bed? _____

   What time do I want to try to go up? _____

   What can I also do to get better quality sleep? _____

   _____

6. **Inform** my health provider(s) if I am experiencing too much stress or depression. They may suggest a medication or other type of treatment.

7. **Avoid** alcohol and other medications or drugs, which can cause problems later.

8. **Share** with others in my support system if I am feeling like life is not worth living or I am feeling hopeless. It is possible that I may have a clinical depression, which is a treatable condition through therapy and/or medication.

YOUR SUPPORT SYSTEM

Session 4A.4

Handout 4

The Plus/Minus/Alternative Strategy (PMA)

Problem: _____

Person: _____

Plus: _____

Minus: _____

Alternative: _____

Session 4B: For Serious and Persistent Mental Health Populations: Coping with stress, mental health conditions (MHCs), and diabetes

Supplies and Equipment Needed for Session 4B

1. Name tags (optional for sessions two and three)
2. Flip charts and markers or laptop and projector with visual aids in PowerPoint
3. Visuals and Handouts identified at the end of this session
4. Extra pens/pencils for group members
5. Light snacks appropriate for individuals with T2DM
6. 2-3 door prizes

SESSION 4B TOPICS AND TIME SCHEDULE

Home Practice Review ……5 min

4B.1: Having a Mental Health Condition AND Diabetes ……5 min

4B.2: Facts and Myths about MHC… ……. 10 min

4B.3: Stigma and Strategies to Cope with Stigma ……15 min

4B.4: Personal Symptom Profile ……15 min

4B.5: My Stress Action Plan ……15 min

4B.6 Medications and psychological treatments for MHC……10 min

4B.7 Treatments for MHC and diabetes……10 min

4B.8: Triggers of Relapse……15 min

4B.9 Substance use, MHC and Diabetes ……15 min

Summary of Today's Lesson ……5 min

Homework Assignment: Complete and review My Stress Action Plan

4B.1. Having a Mental Health Condition AND Diabetes

In this section group leaders will:

- Discuss diabetes and different mental health conditions
- Discuss ways to manage mental health conditions and diabetes

"A certain kind of stress from having diabetes is called diabetes distress-- it's the emotions people can have when facing a chronic disease like diabetes, like being very upset about being diagnosed with diabetes, being afraid of complications, feeling stressed about all the things you need to do to manage diabetes, or having difficult relationships with friends and family because of having diabetes. Too much stress is bad for our health. And people with lots of diabetes distress tend to have worse blood sugar levels, feel like they can't get their health under control, and feel overall like their life isn't as good as it should be.

Diabetes distress is very common – about half of people with diabetes have some diabetes distress. Some people may also experience an extra high level of distress from a mental health condition like depression, bipolar disorder, or schizophrenia."

Review and Discuss Visual #1. Diabetes And Mental Health Conditions (MHCs) Are Related

"People with mental health conditions like depression, bipolar disorder, or schizophrenia are more likely to have diabetes, and vice versa.

People with mental health conditions and diabetes can have more health problems overall. Examples of this are higher rates of heart attack and psychiatric hospitalization. So, if our mental health and diabetes are not in good control, it could affect how long a person lives.

Studies show that taking care of diabetes has good effects on mental health and that taking care of your mental health has good effects on diabetes. So you can have a healthier and longer life by taking care of your mental health AND your diabetes.

Taking care of a mental health condition includes taking prescribed medications, following up with counseling/case management, avoiding drugs and alcohol, having daily routines such as a regular time to go to sleep and wake up, as well as taking advantage of supports like family and friends.

Taking care of diabetes includes eating healthfully, being active, taking prescribed medications and testing blood sugars as recommended."

4B.2. Facts and Myths about Mental Health Conditions

In this section group leaders will:

- Discuss facts and misconceptions about mental health conditions

Review and Discuss Visual #2. Facts About Mental Health Conditions

Review and Discuss Visual #3. Untrue Things About Mental Health Conditions

Review each of the facts and myths. Ask group members if they have ever heard of these before and their thoughts and feelings about them se facts. Allow a brief period of time for participants to generate their own facts and myths about MHC based upon personal experience.

4B.3. Stigma of MHC and Strategies to Cope with Stigma:

In this section group leaders will:

- Discuss stigma about mental health conditions
- Discuss ways to deal with stigma

"We are now going to talk about STIGMA. Our feelings and knowledge about mental illness are influenced by what we have learned from other people. One difficulty some people encounter is stigma, or feeling ashamed and judged by others. Stigma is caused by faulty beliefs, stereotypes, and myths people have about mental illness. Stigma influences the way others act toward people with mental health conditions. Stigma also affects the way people feel about having mental illness and their behavior. For example, it may make a person less likely to take their medication. Have these comments affected how you think, feel, or manage your condition?"

Thought Question to the Group: "What might be some good ways to deal with stigma?"

Review and discuss visual #4. Stigma and strategies to cope with stigma

4B.4. Personal Symptom Profile and Triggers of Relapse

In this section group leaders will:

- Discuss the symptoms of having a mental health relapse
- Discuss personal symptom profile
- Discuss personal triggers of mental health relapse

"Let's start by talking about your symptoms when you have had a mental health relapse (or when the symptoms first started). What is it like for you?

We are going to break down the symptoms of a mental illness into:

- Thoughts,
- Feelings, and
- Behaviors

Let us look at the symptoms listed on the Personal Symptom Profile on Visual #5. When we go through these symptoms, mark any that you have had during one of your relapse episodes."

Review and Discuss Visual #5. Personal Symptom Profile

"Now we are going to discuss possible triggers of mental illness symptoms or relapse. In some ways, a mental health condition can be compared to diabetes. With diabetes, blood sugar levels can go too high or too low because a person's body does not manage sugar properly. With a mental health condition, a person can have periods of stability when the person is okay and times when they are not. In both diabetes and a mental health condition, the condition may become unstable for many reasons.

The better you understand your personal triggers for relapse, the more successful you will be in preventing it. Let's review the Triggers of Relapse on Visual #6. Life changes of almost any type can trigger relapses. So can changes in medication, use of drug or alcohol,

changes in sleep patterns or many other things. Let's review the ones that might have affected you."

Review and Discuss Visual #6 (Personal Triggers of MHC Relapse)

4B.5. My Stress Action Plan

In this section group leaders will:

- Help patients to develop an action plan to cope with future symptoms
- Share resources for suicide prevention

"Now that we understand the things that can trigger MHC symptoms or relapse let's develop a plan of action to cope with future symptoms using the Action Plan Worksheet."

Review and Discuss Visual #7/Home Practice #1. Stress Action Plan

Go over the Stress Action Plan (Visual 7/Home Practice #1) and come up with some examples as a group. You will assign completion as home practice; plan to review at the next session.

Go over Action Plan items #1-5 with the group together, using the visual as a guide. Give door prizes for participation (first/best answers). For home practice, have individuals fill in items #6-9 on their hand-out sheet. Review as a group how members can use their available supports (who, when, how?), coping responses and what they could or should do it they ever have suicidal thinking.

"Having thoughts of death or suicide can happen to people with depression or other mental illnesses. Let's talk about how it is possible to make plans to keep yourself safe if these kind of thoughts happen.

Options for suicide prevention discussion could be a review of resources for some participants or may provide new information for others.

- Make a safety plan
- National Suicide Prevention Life Line – 1-800-273-8255

- Call 911
- Talk to family and or friends
- Don't isolate yourself
- Don't do things that make you sad. For example: for some people listening to certain kinds of music or watching the news makes them feel sad.
- Keep a written schedule.
- Maintain a routine
- Get regular physical activity
- Do not use drugs or alcohol

Reinforce instructions that when a person is at high risk to themselves they need to go to their nearest emergence room and be assessed by a health professional."

4B.6. Medications and Psychological Treatments for Mental Health (Optional)

In this section group leaders will:

- Discuss medication options to treat mental health conditions
- Complete medication profile with patients
- Psychological treatments for mental health conditions

"Now we are going to talk about medications used to treat mental health conditions. It is often helpful to bring all of your medication bottles with you to your doctor appointments. Our goal is to discuss strategies to help you to be more confident and knowledgeable when you make decisions with your provider about medications. Let's begin by reviewing the three major medication groups used to treat mental health conditions."

Review and Discuss Visual #8. Medications To Treat MHCs

"First, I want to refresh your memory on something we said about medications before. Why do medications have 2 names? One name is the generic or chemical name (for example 'aripiprazole'). The other is the brand name or the name used by the company that makes the medication (for example, "Abilify"). You see this with other products such as "tissues" being sometimes called "Kleenex."

Visual 9 gives some examples of Antidepressant medications. These are usually used to treat depression, but can also used to help anxiety."

Review Visual #9. Antidepressants

"Thinking about ALL the medications you are currently taking (for diabetes, mental health, or any other condition you be taking medication for), please complete a Medication Profile Worksheet (Visual 10/Handout 1) for at least one medication. Let's take a few minutes or to start completing the handout. At home you may wish to fill out a worksheet for each medication you take. We have extra copies of the worksheets if you would like to take some home. If you can, please take the worksheet to your next appointment to discuss with your doctor. This will help you understand what your medications are supposed to do and why you are taking them."

Review and Discuss Visual #10/ Handout #1. My Medication Profile

Have group members complete a medication profile for at least one medication they are currently prescribed. Some individuals may not remember their medications, so help them to figure out what kind of medication they are on and what the medication is typically used for by looking at the visuals and seeing which category the medication belongs in (mood stabilizer, antipsychotic or antidepressant). Encourage them to keep medication lists and discuss them with their mental health care provider at their next visit.

Thought Question to the Group: **"In addition to medications, we know that psychological treatments (counseling or talk therapy) can be very helpful to help people manage their mental illness. Visual 11 shows some of these. What ones do you know about? What ones have you tried?"**

Review and Discuss Visual #11. Psychological Treatments For MHCs

4B.7. Mental Health Treatments and Diabetes (Optional)

In this section group leaders will:

- Discuss additional mental health treatment

"Many medications for mental health such as mood stabilizing drugs (Valproate/Depakote, Olanzapine/Zyprexa, Quetiapine/Seroquel and others) and antidepressants (sertraline/Zoloft, Celexa/Citalopram) can cause weight gain over time. Sometimes people on mood stabilizing medications can develop diabetes, or if they already have diabetes, it may get worse. As such, people with mental health conditions and diabetes should be monitored closely to make sure their diabetes stays in good control. If diabetes stays in good control, people tend to feel better emotionally, too.

It is important for YOU to share with your mental health care provider how your diabetes is doing. In some cases, mental health care providers may modify mental health treatments (including switching drugs or reducing dosage) based on your reports. This class is NOT intended to give specific medication or psychotherapy instructions on managing your mental health condition. These are only general guidelines. You need to speak with your mental health clinician for more specific instructions."

Encourage discussion. Give door prizes for participation. Stress importance of informing mental health providers about diabetes status.

4B.8 Substance Use and Its Effects on Mental Health and on Diabetes

In this section group leaders will:

- Discuss about drug abuse
- Discuss ways to solve or minimize drug abuse
- Share resources for drug abuse

"Abusing drugs or alcohol is common in people with a mental health condition. One possible reason is that people with mental health conditions use drugs and alcohol to SELF-MEDICATE their mental illness and numb them to stress and distress. However, using drugs and alcohol nearly always back-fires and causes more problems in the long-run, including depressed mood or irritability (Visual 12). Drugs and alcohol can also make diabetes worse."

Thought Questions to the Group:

1. What kinds of mood problems have drugs or alcohol caused for you in the past?
2. What kinds of problems in your diabetes have drugs or alcohol caused you in the past?
3. Were you able to solve or minimize these problems? If so, how did you do it?
4. What are some local resources for getting help with a substance use problem if needed?

Encourage non-judgmental information-sharing in this session around substance use effects on mental health conditions and diabetes. Some group members may be reluctant to discuss their substance abuse. Taking about how some individuals suffer multiple relapses and can still make progress towards abstinence or substance use reduction can help individuals with substance abuse.

Review and Discuss Visual #13/Handout 2. Substance Abuse Treatment Services

Session 4B. Summary

"Now, let's recap. What did you all learn today? Anything new or surprising? What are you looking forward to learning more about or working on for yourself?"

Echo what the group members offer as what they learned, and summarize anything they didn't cover.

"Today we discussed ways that people with mental health conditions can cope with both stigma and stress. Learning to cope with problems usually takes time and practice. No one has all the "right" answers and we can all learn from each other.

We also discussed treatments for mental health conditions. You completed a Medication Profile that you can take to an upcoming doctor's visit. You may wish to complete a Medication Profile Worksheet for each medication you are prescribed. We have extra copies of blank Medication Profile Worksheets in anyone wants extra copies to take home.

You also worked on making a Stress Action Plan. This week's home practice is to finish and try out your Stress Action Plan. Please bring this in to review with the group next time. At the next class, we will be discussing nutrition and healthy eating. Please bring in some food labels for their favorite foods – especially those with ingredient lists – to review together next time."

Session 4B.1

Visual 1

For Serious and Persistent Mental Health Populations:

COPING WITH STRESS, MENTAL HEALTH CONDITIONS (MHCS), AND DIABETES

Session 4B.1

Visual 2

FACTS ABOUT MENTAL HEALTH CONDITIONS (MHCs)

1. MHCs such as schizophrenia, bipolar disorder (manic-depressive illness), and depression are PHYSICAL illnesses that are a result of a problem in how the brain works.
2. Schizophrenia and Bipolar disorder (manic-depressive illness) occur in about 10 of every 100 people.
3. Major Depression occurs in about 16 of every 100 people.
4. MHCs are a leading cause of disability in the U.S. and in the world.
5. Begin to breathe in and out slowly and deeply. Go at whatever pace is comfortable for you.
6. BMHCs are often long-lasting (chronic) and individuals may get better for a while, and then have a relapse.
7. While there is no "cure" for most MHCs, there are many things that can help such as medications, counseling, healthy life style and not using drugs and alcohol.
8. Some people with MHCs can hear voices (hallucinations) or have extreme fear (paranoia). This is called "psychosis" by medical professionals and is not uncommon among those with MHC. In most cases periods of psychosis are brief.
9. A lot of people experience negative attitudes and discrimination because of their mental illness. This is called stigma.
10. Many people with a MHC do not discuss it. But lots of people are living a good life with a MHC and are ok with it.

Session 4B.1

Visual 3

UNTRUE THINGS THAT PEOPLE MIGHT SAY ("MYTHS") ABOUT MENTAL HEALTH CONDITIONS (MHCs)

1. MHCs are caused by immoral behavior or using drugs or alcohol.
2. People with MHCs are unable to make important decisions about their healthcare.
3. People with MHCs are not very smart.
4. A person who has experienced psychosis is not able to manage their own life or affairs.
5. Medications for MHCs are a "crutch" and should be avoided in order to not get addicted.

Session 4B.2

Visual 4

WAYS TO COPE WITH STIGMA

1. Search out and stay connected with people who provide support and do not judge me for having a mental illness.

FRIENDS

FAMILY MEMBERS

SUPPORT/SELF-GROUP

MENTAL HEALTH PROVIDER: THERAPISTS, PSYCHIATRISTS, SOCIAL WORKER, CASE MANAGER

2. Continue to learn about my illness and improve on ways to manage and cope.

3. Help teach others about the illness in order to minimize misunderstandings and gain support.

4. Do not share illness-related symptoms and problems with individuals who will judge me or treat me badly because of it.

Other ways I can cope with stigma:

PERSONAL SYMPTOM PROFILE

Session 4B.4

Visual 5

Check any symptoms that you have experienced:

THOUGHTS

___ Concentration or memory problems

___ A sense that others are plotting against me

___ Things are bad and are not going to get better

___ Racing thoughts

___ Hearing things (voices) or seeing things (visions)

___ Difficulty making decisions

BEHAVIOR

___ Rapid or loud speech

___ Using drugs or alcohol

___ Trouble sleeping or sleeping too much

___ Stopping/reducing work or usual activities

___ Frequently crying with little or no reason

___ Not taking my medications

___ Involvement in dangerous or risky activities

___ Restlessness and pacing

___ Isolating myself from others

___ Fighting without good reason

___ Preparing a suicidal plan

Other: _____

_____

FEELINGS

___ Feeling "high", overly optimistic or euphoric

___ Feeling unusually irritable or impatient

___ Feeling worthless

___ Less energy

___ Feeling less enjoyment or interest in previous enjoyed activities

___ Feeling depressed

___ Feelings change quickly

___ Feeling guilty without cause

___ Changes in appetite

Other: _____

_____

Session 4B.3

Visual 6

PERSONAL TRIGGERS OF MHC RELAPSE

Check all those that have triggered mental illness relapse for you:

____ Negative/Bad life events

____ Positive/Good life events

____ Medication Change

____ Not taking my medication

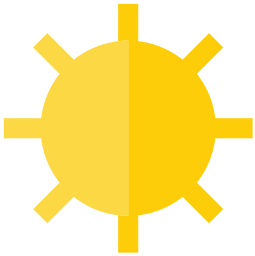
____ Physical illness

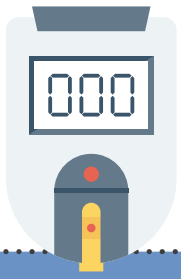
____ High or Low Blood Sugar

____ Drug or alcohol use

____ Change in routine

____ Change in sleep pattern





Session 4B.5

Visual 7

MY STRESS ACTION PLAN

(How to handle stress and symptoms of MHC)

1. **Inform** my mental health provider(s) that I see early warning signs of MHC or potential triggers for MHC.
2. **Discuss** potential medication changes with my provider rather than taking matters into my own hands.
3. **Avoid** alcohol use and other medications or street drugs that might seem to help in the short run but cause problems in the long-term management of my illness.
4. Have a daily routine/plan/structure for my day; allow for rest breaks/down time.
5. Minimize sleep loss and stay with sleep routine. Discuss with provider any difficulties with sleep or significant changes in ability to sleep or need for sleep.
6. Utilize support persons who know about my illness.

   Name: _____

   Name: _____

7. List of coping responses/activities that help me deal with symptoms:

   e. _____ f. _____

   g. _____ h. _____

8. List of coping responses/activities that worsen or prolong my symptoms:

   a. _____ b. _____

   c. _____ d. _____

9. Suicide prevention:

   a. _____

   b. _____

Session 4B.6

Visual 8

MEDICATIONS TO TREAT MHC

There are basically three groups of medications used to treat MHCs. They are:

1. Mood stabilizers
2. Antipsychotics (also known as neuroleptics or major tranquilizers)
3. Antidepressants.

1. Mood stabilizers include lithium and anticonvulsants or antiepileptic medications. These are the basis of treatment for bipolar disorder (also called manic-depressive disorder), and also may be used in other mental disorders such as schizoaffective disorder, schizophrenia and even in major depression. They are good for treating mania and are often given long-term to prevent future manic episodes. Some mood stabilizers, such as lithium, depakote, and tegretol require regular blood tests to determine the level of medication. Your doctor will determine the best therapeutic level of the mood stabilizer for you. It is different for each person and does not necessarily relate to the specific dose of the medication.

2. Antipsychotics. These medications are called antipsychotics, neuroleptics or an older name — major tranquilizers. In the past these medications were only used to treat schizophrenia or mania but now, with newer types of antipsychotics, these medications are used in all phases of bipolar disorder and in major depression.

3. Antidepressants. They may be used to treat depression in all types of MHC including major depression, bipolar disorder in people with schizophrenia when they are depressed. Some antidepressants are sedating and are used to help with sleep. Others are more energizing, for people who are slowed down by their depression.

****Some people are prescribed other medications to treat anxiety or to help them sleep. While these are not core treatments for MHC, they can be very important in maintaining mental health.

**********Some people take complementary or alternative medication treatments on their own (herbs or supplements that they may buy at the health food store or online. These treatments may impact the other medications that you take. Although they are natural, they are considered medications. Thus, it is important to let your prescribing doctor know if you are taking these other medicines, even if they do not ask you.

ANTIDEPRESSANTS

Session 4B.6

Visual 9

Examples of Antidepressant Medications

- Amitriptyline (Elavil® [DSC])
- Bupropion (Wellbutrin®, Wellbutrin SR®, Wellbutrin XL™ – depression, Zyban® – smoking cessation)
- Citalopram (Celexa™)
- Desipramine (Norpramin®)
- Duloxetine (Cymbalta®)
- Escitalopram (Lexapro™)
- Fluoxetine (Prozac®, Prozac® Weekly™ – depression, Sarafem™ – premenstrual disorder)
- Imipramine (Tofranil®, Tofranil-PM®)
- Mirtazapine (Remeron®, Remeron SolTab®)
- Nortriptyline (Aventyl® HCl [DSC], Pamelor®)
- Paroxetine (Paxil®, Paxil CR™, Pexeva™)
- Sertraline (Zoloft®)
- Trazodone (Desyrel®)
- Venlafaxine (Effexor®, Effexor® XR)

Examples of Mood Stabilizers

- Carbamazepine (Carbatrol®, Epitol®, Equetro™, Tegretol®, Tegretol®– XR)
- Lamotrigine (Lamictal®)
- Lithium (Eskalith®, Eskalith CR®, Lithobid®)
- Valproic Acid and Derivatives (Depacon®, Depakene®, Depakote® Delayed Release, Depakote® ER, Depakote® Sprinkle®)
- Oxcarbazepine (Trileptal®)
- Topiramate (Topamax®)

Examples of Antipsychotic Medications

- Aripiprazole (Abilify™)
- Chlorpromazine (Thorazine® [DSC])
- Clozapine (Clozaril®, FazaClo™)
- Fluphenazine (Prolixin® [DSC], Prolixin Decanoate®)
- Haloperidol (Haldol®, Haldol® Decanoate)
- Loxapine (Loxitane®)
- Olanzapine (Zyprexa®, Zyprexa® Zydis®)
- Paliperidone (Invega™)
- Perphenazine (Trilafon® [DSC])
- Quetiapine (Seroquel®)
- Risperidone (Risperdal®, Risperdal Consta™)
- Trifluoperazine (Stelazine® [DSC])
- Ziprasidone (Geodon®, injectable formulation)

MY MEDICATION PROFILE

Session 4B.6

Visual 10

1. Generic/chemical name (for example, escitalopram): _____

2. Medication brand name (for example, Lexapro): _____

3. What the medication typically is intended to treat (may be different for me — I have to discuss this with my doctor):

   _____

   _____

4. What the purpose of the medication is in my situation.
   Complete this information after discussion with my doctor or individual that is writing my prescriptions.

   _____

   _____

5. My response to this medication.

   Good Effects: _____

   Bad Effects: _____

6. How bothersome this side effect or problem is for me (check one). Decide what the overall problem or hassle is **when compared to the benefit.**

   ____ Mild Problem:

   ____ Moderate Problem:

   ____ Severe Problem:

7. Suggestions from my doctor or treatment provider about how it would be best to try to manage these bothersome side effects.
   Complete this information after discussion with my doctor or individual that is writing my prescriptions.

   _____

   _____

   _____

Session 4B.6

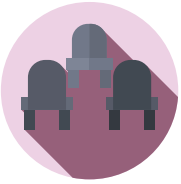
Visual 11

PSYCHOLOGICAL TREATMENTS FOR MHC

There are many types of psychological treatments that are available. You may have had experience with all or some of these in the past. Psychological treatments include:

1. INDIVIDUAL (ONE-TO-ONE) THERAPY

The therapist meets with the individual alone. The approach and style depends on the therapist and the patient.



2. GROUP THERAPY

This is the TTIM format!! Group members generally have something in common (for example, people who have both mental illness and diabetes) and can talk about their problems and how they are working to solve their problems. Group members can learn from each other.

3. FAMILY THERAPY

Similar to group therapy, but group members consist of family members. This can be helpful because family members can learn about mental illness and how best to cope with the effects on the family.

4. ADVOCACY (SELF-HELP) ORGANIZATIONS

These are groups that advocate and support efforts to support individuals with mental illness on both a local and national level. For example, groups like the National Alliance for the Mentally Ill (NAMI) and the Depression and Bipolar Support Alliance (DBSA) have local chapters and a national headquarters. They both have websites that provide education and information on local groups and events. One important thing that these groups do is to, battle stigma and discrimination against people with mental illnesses.

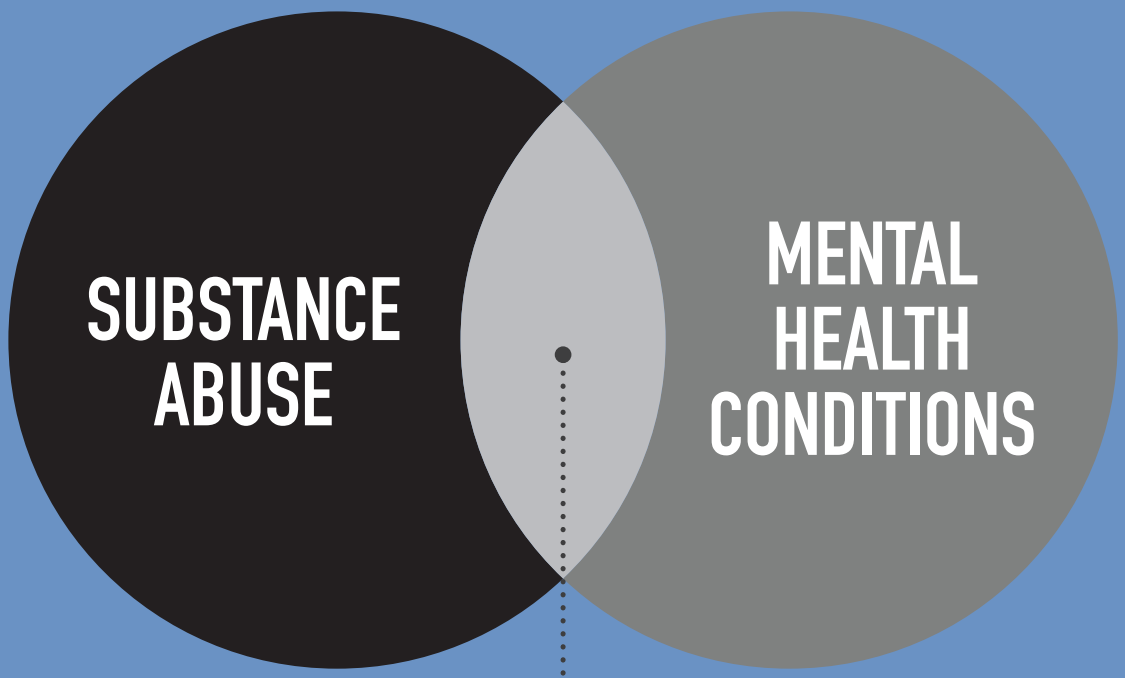
NAMI: www.NAMI.org
DBSA: www.dbsalliance.org

HAVE YOU HAD EXPERIENCE WITH ANY OF THESE THERAPIES OR SUPPORTS?

Session 4B.9

Visual 12

THE EFFECTS OF DRUG/ALCOHOL ABUSE ON MHC



- Mood Instability
- Irritability/Paranoia
- Increased Symptoms
- More Severe Episodes
- Poorer Medication Response
- Decreased Medication Adherence

Handout #2

Session 4B.9

Visual 13

LOCAL SUBSTANCE USE AND ALCOHOL RESOURCE

Note to practices: Provide a list of local resources for substance use, alcohol, detoxification and other mental health services and supports in your area.

Session 4B

Home Practice

1

HOW MY MENTAL HEALTH TREATMENTS AFFECT MY DIABETES

HOME PRACTICE: How my mental health treatments affect my diabetes

1. What (if any) are the effects of my mental health treatments on my diabetes?

_____

_____

_____

_____

2. Have I had a weight change since I began taking my current mental health treatments?

_____

_____

_____

_____

3. Have I had a change in my diabetes treatments since I last saw my psychiatrist or mental health professional? If so, what was that?

_____

_____

_____

_____

Session 5: Nutrition and Healthy Eating

Topics. Nutrition for best physical and emotional health, reading labels, carb counting

Supplies and Equipment Needed for Session 5

1. Flip charts and markers or laptop and projector with visual aids in PowerPoint
2. Visuals and Handouts identified at the end of this session
3. Extra pens/pencils for group members
4. Healthy snacks
5. 2-3 door prizes
6. Food label examples

SESSION 5 TOPICS AND TIME SCHEDULE

Brief Homework Review..... 10 min

5.1 Nutrition for Health ..... 30 min

5.2 Reading food labels ..... 15 min

5.3 Carbohydrate counting..... 20 min

5.4 Portion control and the Plate Method ..... 20 min

5.5 Problem Solving for healthy eating ..... 20 min

Summary of Today's Lesson ..... 5 min

Home Practice 1: Making meals healthier
Optional Home Practice 2: Meal Planning
Optional Home Practice 3: Food Log

Session 5.1. Nutrition for Physical and Emotional Health

In this section group leaders will:

- Discuss importance of nutrition for managing diabetes
- Discuss different types of nutrients: carbohydrate, fat, protein
- Discuss good and bad fats, proteins, and carbohydrates

"You can better manage diabetes by eating healthy foods and reducing or avoiding foods that can raise your blood sugar. Today we will discuss healthy eating and some dietary recommendations for people with diabetes. If you need additional support in learning how to eat healthy, you should talk to your doctor about seeing a nutritionist, dietician, health coach, or a diabetes educator. This class is NOT intended to give specific diet instructions on managing your diabetes. These are only general guidelines. You may need to speak with your primary care clinician or diabetes specialist for more specific instructions."

"What is the purpose of food? Food is fuel. Think of your body like a car. You have one car to get you around for the rest of your life. How do you treat that car? Do you get regular maintenance? What happens if you don't get maintenance done? How much gas do you put in your gas tank and what type of gas do you want to put in? Food is that gas you put in your gas tank. What gas is going to help your body run best? To figure this out, we turn to macronutrients.

What are macronutrients? Macronutrients are the major types or parts of the food we eat, and include fats, carbohydrates (or "carbs"), and protein. When our food gets digested, it breaks down into one or more of the macronutrients. Each macronutrient serves a different purpose, so it is important to make sure we get the right ones in a balanced way. Let's talk about each one."

Review and Discuss Visual 1. Purpose of Macronutrients

- What are carbohydrates for?
- What is protein for?
- What is fat for?

Review and Discuss Visual 2. Types of Macronutrients

"It's especially important to understand the different types of carbs, as these have important and different effects on blood sugar. There are both SIMPLE carbohydrates and COMPLEX carbohydrates. You can think of simple vs complex carbohydrates like sand going through a funnel. Simple carbohydrates are like very fine sand going through a funnel

quickly – simple carbs are small and digest and get into the blood quickly. Complex carbohydrates are like gravel that moves through a funnel more slowly – complex carbs are bigger and digest and get into the blood stream more slowly over time.

Sugar is a SIMPLE carbohydrate. Sugar in food affects the amount of sugar in our blood very quickly. There are two main types of sugar:

1. Naturally-occurring sugars that are in milk or fruit – *these types of sugars still "count" as carbs and are important to think about when managing blood sugar, but are not "bad" for you.*

2. Added sugars like those added during processing, such as fruit canned in heavy syrup or sugar in a cookie. Added sugars are often called things like fructose, sucrose (another word for table sugar), and corn syrup. *We should be eating little to no foods with added sugars, as much as possible.*

Starch is a COMPLEX carbohydrate. Starch is found in foods made from grains as well as in fruits and vegetables. Potatoes and other root vegetables (vegetables that grow underground, like carrots, turnips, and parsnips) are mostly starches. Grains include things like wheat, rice, corn, barley, and oats. Grains are often processed before we eat them – for instance, turned into flour and baked into foods like bread, cereal, and crackers.

A big difference in how quickly starch breaks down into glucose and go into the blood is how much fiber in the food. Fiber is the part of plant foods that does not get digested and does not fully break down into glucose in the blood. Fiber helps you to feel fuller with a smaller amount of food and, because it takes longer to digest, will help you feel fuller for a longer period of time. High fiber foods slow down how quickly your body processes sugar, which can improve blood sugar levels. Good sources of fiber include:

1. Fruits and vegetables with skin (like apples and potatoes with skin on) or seeds you can eat (like peas, strawberries, and raspberries)
2. Whole grains: foods that have not been processed to remove fiber, like brown rice, whole oats, or whole wheat
3. Beans or Legumes: These include black beans, kidney beans, pintos, chick peas (garbanzos), white beans, lentils, and peanuts
4. Nuts and Seeds: Sunflower seeds, pecans, walnuts and almonds are a good source of fiber and healthy fat."

Group Discussion: Have the group identify what types of foods might be good, okay, and not so good sources of macronutrients. Reference the list below for some suggestions if the group struggles.

There are good, okay, and not so good foods that fall into each category. Aim for a good balance of the "good," and try to limit the not so good. Let's brainstorm foods that might

fall into the good, okay, and not so good category. [Write answers on a whiteboard or flip chart]

- We just talked a bit about different kinds of carbohydrates.
    - What are some foods with good carbs? What makes a good carb?
    - What are some foods with okay carbs?
    - What are some foods with the not so good carbs? Why are they not so good?
- What are foods with good fats? What makes them a good fat?
    - What are some foods with okay fats?
    - What are some foods with not so good fats? Why are they not so good?
    - How can we limit the not so good fats?
- What are foods that are good sources of protein? What makes them a good source of protein?
    - What are some foods that are okay sources of protein?
    - What are some foods that are not so good sources of protein? Why are they not so good?

Suggested sources of good, okay, and not so good sources of macronutrients.

- Good Carbs
    - Vegetables -all types
    - Fruit (use glycemic load, dried fruits probably on maybe list)
    - Quinoa
    - Beans
    - Whole grain pasta (moderation, <240 grams of carbs/day)
    - Whole grain bread (moderation, <240 grams of carbs/day)
    - Brown rice (moderation, <240 grams of carbs/day)
    - Yams, sweet potatoes
- Okay Carbs (reference glycemic load)
- Not So Good Carbs
    - Soda
    - Candy
    - Cookies
    - Cake
    - White pasta
    - White bread
    - White rice
    - Chips
    - French fries
    - Fried/breaded foods
    - White potatoes
- Good Protein
    - Fish

        - Eggs
        - Organic meat
        - Nuts
        - Seeds
        - Beans
    - Okay Protein
        - Organic dairy (in moderation)
        - Nitrate free bacon
    - "Not So Good" Protein
        - Highly processed meats, especially with nitrates (sausages, bacon)
    - Good Fat
        - Olive Oil
        - Coconut Oil* (high in saturated fat; may still be healthy)
        - Avocado Oil
        - Avocados
        - Nuts
        - Seed
        - Fish
        - Eggs
        - Organic meat
    - Okay Fat
        - Grassfed/organic butter and dairy
    - Not So Good Fat
        - Trans fats
        - Vegetable oils
        - Margarine
        - Fried foods - French fries, fried chicken
        - Processed meats (lunch meat, hot dogs)"

Review visual 3. Limiting bad fats.

Review visual 4. How much sugar is in my food?

<u>OPTIONAL (for groups ready for more in-depth details on nutrition):</u>

"It is helpful to think about glycemic load to better understand carbs and how they affect our blood sugar. The term "glycemic load" means taking into account how quickly a food breaks down to sugar and how much sugar it has."

Review and Discuss Optional Visual 3: Glycemic Load

"Our bodies need carbohydrates for energy, but some carbohydrates make blood sugar levels go up higher than others. The key to keeping blood sugar levels in check is to eat

foods that have a low glycemic load and balance the carbohydrates you eat with protein and healthy fats. It is also important to get physical activity so that your body can use the carbohydrates you eat for energy instead of getting stored. If you eat more carbohydrates than usual, you can expect your blood sugar levels to be higher. If you eat less carbohydrates than usual, you can expect your blood sugar levels to be lower. Finding the right balance for you is important to feel your best, do the things you enjoy, and lower your risk of diabetes complications. If you take any pills or insulin, consult your doctor on how many carbohydrates you should eat and when."

Session 5.2 Reading Food Labels

In this section group leaders will:

- Discuss how to read and interpret food labels
- Practice reading a food label with patients

Review and discuss visual #4 – Food Labels

Using the example provided or examples brought by group members, go through and explain each element of a food label – serving size, number of servings, macronutrients, and ingredients.

"Reading food labels is a great way to find out how many macronutrients are in a food. For foods that do not have a label, you can also make your best guess about the amount of fat, carbohydrates, and protein that are in it. Keeping the general serving sizes in mind will help you estimate how much fat, protein, and carbohydrates you are eating.

Food labels show what is in specific foods and can help you decide what is nutritious and healthy. Here are the steps in reading a label to find out the amount of each macronutrient in a food. On the food label:

1. Look at the serving size and total servings in the package – many packages have more than 1 serving
2. Look at the TOTAL carbohydrates in that serving size – if you eat more or less than one serving size, you'll need to do the math to figure out how many carbs you're getting in the amount you eat (2 servings means twice the amount of carbs).
3. Look at the total fat and protein. Avoid foods with trans fats. Limit foods with saturated fat. The best fats are polyunsaturated.
4. Look at the ingredients list – do any sugars seem to come from added sugars? You can tell if ingredients include things like sugar, syrup, fructose, sucrose, galactose, or maltose. Do the carbs seem to come

from whole grains? You can tell if there is at least some fiber in the food and the ingredients include things like whole wheat, whole oats, barley, and rice.

Sugar and fiber are listed under the Total Carbohydrate section on a label. The Total Carbohydrate section on a food label will also include any starch (like flour or rice). For example, a cereal could contain rice, but white rice does not have much fiber and is not a sugar. But, it is a carbohydrate and will affect your blood sugar. That is why you should always look at the Total Carbohydrates on a food label.

Sugar

The sugar listed on a food label is a combination of naturally occurring sugars and added sugars. While you cannot change the amount of naturally occurring sugar in fruit or milk, you can and should limit the amount of added sugar in your diet. Foods or drinks with added sugars have calories, but often lack the vitamins, minerals and fiber that are important to your health. Foods made with a lot of sugar are often high in calories and fat, like candy bars. Choose snacks with 5 or less grams of sugar per serving.

While it is important to look at the sugar content of a food, remember that any carbohydrates will affect your blood sugar. You must look at the Total Carbohydrate section on a label to see if it will fit into your food plan and use the glycemic load to make good choices of carbs.

Fiber

A good fiber choice is a food that has 3 grams or more of fiber per serving. Men should aim for 30-38g of fiber per day, and women should aim for 21-25g per day. Aim for the lower amount if you are over age 50."

Practice reading a label and have participants find the carbs, protein and fats in a food. Have them identify how much of the macronutrients are in the food by reading the top of the label. "How much protein is in this food? How many carbs and fat? Are they good fats? Good carbs?

Next identify the ingredients that make up that macronutrient. For example, if there are 10 grams of fat in this food, what is the fat coming from? Is it a healthy fat? After reading this label, what are the pros/cons of this food. Is it healthy? What is this food doing for you? Is it providing good gas in your gas tank?"

Session 5.3 Carbohydrate Counting: A method to control your blood sugar and weight

In this section group leaders will:

- Discuss how to count carbohydrates
- Discuss general strategies for keeping carbs on check

This section is adapted from www.diabetes.org and from https://www.niddk.nih.gov/health-information/communication-programs/win.

"In addition to eating the right carbs, keeping track of how many carbohydrates you eat and setting a limit for how many you eat can help keep your blood sugar levels on track. But, how much carbohydrate should you eat?

According to the American Diabetes Association, the amount of carbohydrates that you need depends on things like your body size, your activity level and your dietary preferences. Carbohydrates are measured in grams. A gram measures the weight of a food or its nutrients. Generally, 15 grams of carbohydrate is considered to be one serving. A good place to start is to eat a total of 45-60 grams of carbohydrate at each meal, and 15-30g for a snack. Depending on how your diabetes is being managed, you may need more or less carbohydrate at meals. You and your health care team can figure out the right amount for you. Once you know how many carbohydrates to eat at each meal, choose your food and the portion size to match."

Review and discuss Visual 5. Foods that contain 15 grams of carbohydrates

"Thinking about our discussion of "good carbs," which of these foods would be the best choice for a healthy diet?"

"Now that we have talked about the carbohydrates in food and how to count carbohydrates, let's talk about this example: Mary's healthcare team decided she could have 45 grams of carbs for her dinner meal. If the meal was 1 grilled chicken breast, ½ cup lettuce salad, ½ cup potatoes, ½ cup corn, and a small dinner roll, would this fit into her plan of 45 grams of carbs? How would we go about figuring this out?"

Review and discuss Visual 8: How to keep carbs in check

Session 5.4 Portion Control and the Plate Method

In this section group leaders will:

- Discuss portion controls
- Discuss healthy plate method and ways to build a healthy plate

"One thing that can make it hard to stay on track with healthy eating is eating too much! What are some ways that we can avoid overeating?"

Review and discuss Visual # 9. Healthy Plate & Visual # 10. Healthy Plate Instructions

"The Plate Method is one easy way to see if we're eating the right amounts of different kinds of foods."

Review and discuss Visual # 11. Portion Control

"Second, knowing how much food is in one portion can help us keep track of how many portions we are eating."

Session 5.5 Problem Solving to Feed Your Body in a Healthy Way

In this section group leaders will:

- Discuss barriers to healthy eating and ways to overcome those barriers
- Discuss healthy meal planning

"A healthy meal plan can help us keep our blood sugar levels even, lower our blood pressure and make us feel better physically and emotionally. But for many people, obstacles can get in the way of eating healthy."

Thought Question to the Group: **What are things that keep you from eating healthy? What are some ways you could overcome this challenge?**

Note: If no member volunteers a challenge they are facing, [suggest possible problems that individuals may have such as not being able to get to the grocery store on a regular basis]

Give door prizes for volunteering a challenge, or for making suggestions for how to overcome a challenge. [Use the IDEA approach (Visual 12 and Visual13/Handout 1) to solve a dietary problem a group member has had or is currently having. Review the IDEA approach if participants do not remember it.]

Home Practice: This session's Home Practice (Visual 14/Home Practice 1) involves trying out different ways to make meals healthier. Instruct the group members to write down when and what strategies they try to make meals healthier. You may choose to assign Home Practice 2 or 3 instead of Home Practice 1 if these make more sense for the group.

OPTIONAL: Meal Planning, Food Diaries, and Food Tracking

"Meal planning for diabetes is more than just cutting back on starches or sugars. There are many options that people with diabetes use to help them plan their meals. Having diabetes doesn't have to mean eating the same foods day after day. By spending some time on meal planning each week, you'll be able to try new foods and enjoy your favorites, and it will be easier to shop smart and eat right when you've made a plan in advance. You can use a food log to do some meal planning by logging the foods you plan to eat in advance to see how many calories and macronutrients are in the foods you plan to eat. There are also apps and websites that you can use to plan what you will eat at restaurants you plan to go to. This can help you plan ahead to set yourself up for success vs reacting to less healthy food choices already made."

Practice meal planning or assign Home Practice using the template in Visual 15/Home Practice 2 Meal Planning Template.

OPTIONAL Group Discussion: Meal Planning, Food Diaries, and Tracking Apps

- **Which meal planning, food diaries, or tracking apps have you tried?**
- **Which are your favorite apps/websites for logging food?**
- **What did you learn about your eating behaviors?**
- **What surprised you?**
- **How did it help?**

- What challenges came up with sticking to it?

OPTIONAL Home Practice: Visual 16/Home Practice 2 – Food Log

For groups ready for more work on nutrition and diet, assign keeping a food log as home practice. Use the template provided in Visual 13, or have group members use an app or website of their choosing – free smartphone apps to suggest include MyFitnessPal, LoseIt!, FatSecret, or SparkPeople, or websites like www.myfooddiary.com. You can also download a food diary template of your choosing from the internet.

Session 5. Summary

"Now, let's recap. What did you all learn today? Anything new or surprising? What are you looking forward to learning more about or working on for yourself?"

Echo what the group members offer as what they learned, and summarize anything they didn't cover.

"Today we learned about macronutrients, and good, okay, and not so good carbs, fat, and protein. We learned to read food labels and how to count carbohydrates. We reviewed portion control and the plate method. Then, we worked on problem solving with respect to nutrition and healthy eating.

This week's home practice is to [INDICATE WHICH HOME PRACTICE WAS ASSIGNED]. Please bring this in to review with the group next time. At the next and final class, we will be discussing physical activity and sleep. We will also have our final celebration and complete our last set of surveys to see how we are doing now compared to when we first started."

Session 5.1

Visual 1

PURPOSE OF MACRONUTRIENTS

CARBOHYDRATES

- Provides energy – is your body's main source of fuel
- Aids digestion
- Protects against disease
- Can help control weight
- ~50% (half) of calories should be from carbs (150-300g per day for a 2000 calorie diet)

FAT

- Acts as a messenger, helping proteins do their job
- Carries vitamins and aids in vitamin and mineral absorption
- Protects against disease
- Regulates blood sugar
- Provides long-term energy
- 20-35% of calories should be from fat (44 to 78g per day for a 2000 calorie diet)

PROTEIN

- Functions as a building block for the body - muscle tissues , bones, skin, hair, blood
- Builds and repairs muscle tissues
- Helps make enzymes, hormones, and other body chemicals
- Can be broken down for energy
- 10-35% of calories should be from protein (50-175g per day for a 2000 calorie diet)

Session 5.1

Visual 2

TYPES AND SOURCES OF MACRONUTRIENTS

CARBOHYDRATES

Simple Carbs
- Sugar

Complex Carbs
- Starches
- Fiber

Carbs Come From
- Simple carbs from sugars and syrups
- Complex carbs from grains, fruits, vegetables
- Fiber comes from the husk, bran, and germ of grains or the skin, pulp, or seeds of fruits and vegetables
- Processing or milling grains to make white flour or white rice removes husk, bran, and germ, reducing fiber

FAT

Bad Fats
- Sugar

Good Fats
- Polyunsaturated Fats (Omega-3 and Omega-6 fatty acids)
- Monounsaturated Fat

Fats Come From
- Trans and saturated fats from fried foods (doughnuts) and prepackaged baked goods (biscuits, pizza, cakes, cookies)
- Saturated fats from animal products (butter, cheese, regular fat milk, fatty cuts of meat) and plants (margarine, coconut and palm oil)
- Unsaturated fats from olives, nuts, seeds, fish, soybeans (including tofu), corn oil, flax

PROTEIN

Essential Amino Acids
- 22 types of amino acids needed to stay healthy
- Complete proteins – have all 22 essential amino acids
- Incomplete proteins – have only some of the essential amino acids (eat a variety to get all amino acids)

Protein Comes From
- Complete protein from animal products (meat, poultry, fish, eggs, dairy)
- Complete proteins from plants: quinoa and soy (soybeans, tofu)
- Incomplete proteins from plants: beans and legumes, nuts, grains, fruits, vegetables

Session 5.1

Visual 3

LIMITING BAD FATS

Tips on limiting the amount of bad fats you get from your food:

1. To limit saturated fats, get most of your calories from plant foods like grains, fruits, and vegetables.

2. Avoid stick margarine with high trans fats (soft margarines are usually lower in trans fats).

3. Limit use of cooking oils high in saturated fat, like coconut oil, butter, and bacon grease.

4. Use olive oil or other vegetable oil when cooking or in salad dressing.
5. Steam vegetables and flavor with lemon juice and herbs.
6. Grill or bake meat, fish, and poultry.

7. Trim fat from meat and take the skin off poultry (e.g., chicken, turkey).
8. Limit your intake of high-fat processed meats such as bacon, sausages, and lunch meats.
9. Limit fried food.

10. Limit use of butter and cream. In a restaurant, ask for vegetables to be prepared without butter, or scrape some of the butter or cream off your food.

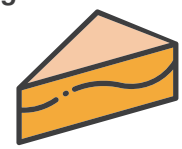
Session 5.1

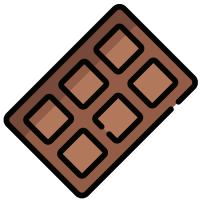
Visual 4

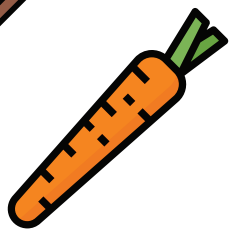
HOW MUCH SUGAR IS IN MY FOOD?

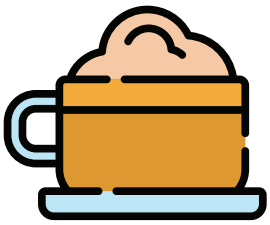
How much sugar is in…?

- **T12 oz cola** = 39 g sugar
- **1 small slice white cake without icing** = 15g
- **1 small slice pumpkin pie** = 25g
- **1 half cup of chocolate ice cream** = 17g
- **1 medium chocolate chip cookie** = 9g
- **1 oz candy bar** = 12g
- **T1 medium orange** = 7g
- **1 cup orange juice** = 21g
- **1 packet honey** = 17g
- **2 tablespoons of frosting** = 20g
- **1 cup chopped carrots** = 6g
- **1 fist-size meatball** = 2g
- **16oz pumpkin spice latte** = 49g









GLYCEMIC LOAD

Session 5.1

Visual 5

DEFINITIONS

Blood Sugar (blood glucose) = carbohydrates that are broken down into sugar and absorbed by your bloodstream

Glycemic Index = ranks carbs based on how quickly they are digested and get into the bloodstream, which effects blood sugar

Glycemic Load = the amount of carbohydrates a food contains based on a serving of that food and its glycemic index

THE TAKEAWAY:

- Foods with a low glycemic load (<10) have less impact on your blood sugar levels
- Foods with a high glycemic load (>20) can cause your blood sugar to spike
- If you have high blood sugar, decrease the amount of carbohydrates you eat and choose carbohydrates with a lower glycemic load
  - Remember that glycemic load is based on 1 serving of that food so the more you eat of that food, the greater load you will have and the more impact it will have on your blood sugar

FOODS WITH HIGH AND LOW GLYCEMIC LOAD

High GL>20	Medium GL = 11-19	Low GL<10
Soda	Whole grain pasta	Orange
Apple juice	Sweet potatoes	Apple
Candy	Brown Rice	Pear
White pasta	Pineapple	Watermelon
White bread	Banana	Berries
White rice	Grapes	Grapefruit
White potatoes	Corn tortillas	Carrots
Pancakes	Gatorade	Peas
Instant oatmeal	Unsweetened orange juice	Nuts
Dried fruits like raisins and dates	Unsweetened oatmeal	Beans
Sweet corn on the cob	Raisin Bran cereal	Whole grain breads (varies by brand)
Ice cream	Special K cereal	Couscous
	Quinoa	Milk
	Whole grain breads (varies by brand)	Popcorn

FOOD LABELS

Session 5.2

Visual 6

Note: This is just an example. You may use any materials you prefer to demonstrate food labels. A food label with ingredients listed can help patients figure out healthy or unhealthy sources of carbohydrates.

Source: https://www.fda.gov/food/labelingnutrition/ucm114155.htm

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container about 2

Amount Per Serving

Calories 250 — Calories from Fat 110

	% Daily Value*
Total Fat 12g	**18%**
Saturated Fat 3g	**15%**
Trans Fat 3g	
Cholesterol 30mg	**10%**
Sodium 470mg	**20%**
Total Carbohydrate 31g	**10%**
Dietary Fiber 0g	**0%**
Sugars 5g	
Proteins 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

* Percent Daily Values are based on 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

1 **Serving Size**

2 **Amount of Calories**

3 **Limit these Nutrients**

4 **Get Enough of these Nutrients**

5 **Percent (%) Daily Value**

6 **Footnote with Daily Values (DVs)**

For educational purposes only. This label does not meet the labeling requirements described in 21 CFR 101.9

Nutrition Facts

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Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

For educational purposes only. This label does not meet the labeling requirements described in 21 CFR 101.9

1 Serving Size

This section is the basis for determining number of calories, amount of each nutrient, and %DVs of a food. Use it to compare a serving size to how much you actually eat. Serving sizes are given in familiar units, such as cups or pieces, followed by the metric amount, e.g. number of grams.

2 Amount of Calories

If you want to manage your weight (lose, gain, or maintain), this section is especially helpful. Tne amount of calories is listed on the left side. The right side shows how many calories in one serving come from fat. In this example, there are 250 calories, 110 of which come from fat. The key is to balance how many calories you eat with how many calories your body uses. ***Tip:*** *Remember that a product that's fat-free isn't necessarily calorie-free.*

3 Limit these Nutrients

Eating too much total fat (including saturated fat and trans fat), cholestorol, or sodium may increase your risk of certain chronic diseases, such as heart disease, some cancers, or high blood pressure. The goal is to stay below 100%DV for each of these nutrients per day.

4 Get Enough of these Nutrients

Americans often don't get enough dietary fiber, vitamin A, vitamin C, calcium, and iron in their diets. Eating enough of these nutrients may improve your health and help reduce the risk of some diseases and conditions.

5 Percent (%) Daily Value

This section tells you whether the nutrients (total fat, sodium, dietary fiber, etc.) in one serving of food contribute a little or a lot to your total daily diet.

The %DVs are based on a 2,000-calorie diet. Each listed nutrient is based on 100% of the recommended amounts for that nutrient. For example, 18% for total fat means that one serving furnishes 18% of the total amount of fat that you could eat in a day and stay within public health recommendations. Use the Quick Guide to Percent DV (%DV): 5%DV or less is low and 20%DV or more is high.

6 Footnote with Daily Values (DVs)

The footnote provides information about the DVs for important nutrients, including fats, sodium and fiber. The DVs are listed for people who eat 2,000 or 2,500 calories each day

– The amounts for total fat, saturated fat, cholesterol, and sodium are maximum amounts. That means you should try to stay below the amounts listed

Adapted from http://www.fda.gov/Food/LabelingNutrition/PrintInformationMaterials/ucm114155.htm

Foods that contain about **15 grams** of carbohydrates

CARBOHYDRATES

Session 5.3

Visual 7

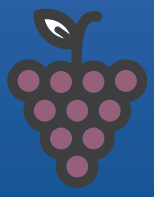
Carbohydrates (carbs) are measured in grams.
15 grams of carbohydrates are **one serving.**

STARCHES

- ¼ bagel
- 1 slice bread (1 ounce)
- 1 small dinner roll
- ½ of a hamburger or hot dog bun
- ½ of an English muffin
- 1 (6 inch) tortilla
- ¾ cup, cold, unsweetened cereal
- ½ cup unsweetened cooked cereal, like oatmeal
- 1/3 cup rice or pasta
- ½ cup starchy vegetables, like potatoes, corn, lima beans, winter squash
- ¼ of a large baked potato (3 ounces)
- ½ cup plain cooked beans or lentils

FRUITS

- Fruit 1 small whole piece of fresh fruit
- ½ banana
- ½ cup canned or frozen fruit
- ¼ dried fruit
- 17 small grapes
- 1 cup melon or whole berries



DAIRY

- 1 cup white milk
- ½ cup chocolate milk
- ¾ cup (6 ounces) plain yogurt
- ½ cup vanilla ice cream

SWEETS

- 2 inch square of brownie or cake without frosting
- 1 tablespoon of regular syrup, jam, jelly, sugar, or honey
- 2 tablespoons of light syrup

COMBINATION FOODS

- ½ cup casserole
- 1 cup soup

Session 5.3

Visual 8

HOW TO KEEP CARBOHYDRATES IN CHECK

What are some ways to keep your carbohydrates in check?

Know which foods are high in carbohydrates

- Read food labels – how many total carbs? How much sugar? How much fiber?
- Keep track of your carbs using a food diary (on paper or a tracking app on a smartphone)

Limit foods with ADDED SUGAR

- Avoid sugary drinks like soda, fruit juices, sweet tea, and coffee drinks
- Avoid added sweeteners like sugar, honey, syrup, jam, and jelly
- Limit sweets and desserts like candy, sweet rolls, regular Jell-O, cake with icing, and pie
- Choose fresh fruit instead of canned
- **Use the glycemic load list to make choices**

Avoid highly processed or prepackaged foods

- Eat whole foods

Session 5.4

Visual 9

HEALTHY PLATE

Healthy Plate for Everyone

Fill 1/2 the largest section with non-starchy foods

These foods include:

Spinach, carrots, lettuce, greens, cabbage, bok choy, green beans, broccoli, cauliflower, tomatoes, vegetable juice, salsa, onions, cucumbers, beets, okra, mushrooms, peppers, turnips.

Fill 1/4 plate with starchy foods

- a piece of fruit or a 1/2 cup fruit salad (fresh, frozen or canned in juice or frozen in light syrup
- whole grain breads (whole wheat or rye)
- whole grain, high-fiber cereal
- cooked cereal (oatmeal, grits, hominy, cream of wheat)
- brown rice, whole grain pasta, tortillas
- cooked beans and peas (pinto beans, black-eyed peas)
- potatoes, corn, lima beans, sweet potatoes, winter squash
- low-fat crackers and snack chips, pretzels and fat-free popcorn – best if high fiber

Add an 8.oz. glass of non-fat or low-fat milk. If you don't drink milk, you can add another small serving of a carbohydrate such as a 6 oz. container of light yogurt or a small roll

Fill 1/4 plate with meat or substitutes

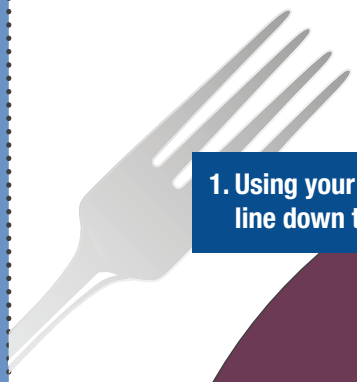
- chicken or turkey without the skin
- fish (tuna, salmon, cod, catfish)
- other seafood (shrimp, clams, oysters, crab, or mussels)
- lean cuts of beef and pork (sirloin or pork loin)
- tofu, eggs, low-fat cheese

HEALTHY PLATE INSTRUCTIONS

Session 5.4

Visual 10

A simple and effective way to manage your diabetes—and lose weight-- is to create a healthy plate. Creating your plate lets you still choose the foods you want, but changes the portion sizes so you are getting larger portions of non-starchy vegetables and a smaller portion of starchy foods. When you are ready, you can try new foods within each food category. Try these 6 simple steps to get started:



1. Using your dinner plate, put a line down the middle of the plate.

2. Then on one side, cut it again so you will have 3 sections on your plate.

3. Fill the largest section with non-starchy vegetables such as:

- spinach, carrots, lettuce, greens, cabbage, bok choy
- green beans, broccoli, cauliflower, tomatoes
- vegetable juice, salsa, onion, cucumber, beets, okra
- mushrooms, peppers, turnip

4. Now in one of the small sections, put starchy foods such as:

- a piece of fruit or a 1/2 cup fruit salad
- whole grain breads, such as whole wheat or rye
- whole grain, high-fiber cereal
- cooked cereal such as oatmeal, grits, hominy, or cream of wheat
- brown rice, whole grain pasta, corn or whole wheat tortillas
- cooked beans and peas, such as pinto beans or black-eyed peas
- potatoes, green peas, corn, lima beans, sweet potatoes, winter squash
- whole grain crackers

5. And then on the other small section, put your meat or high protein foods such as:

- chicken or turkey
- fish such as tuna (in moderation as it is high in mercury), salmon, cod
- other seafood such as shrimp, clams, oysters, crab, or mussels
- lean cuts of beef and pork such as sirloin or pork loin
- tofu, eggs, cheese

6. Breakfast – Your plate will look different at breakfast but the idea is the same. If you use a plate or bowl for breakfast, keep your portions small. Use half your plate for starchy foods. You can add fruit in the small part and meat or a high protein food in the other (yogurt and milk are also high protein foods to consider for breakfast).

PORTION CONTROL

Session 5.4

Handout 11

(Note: you may use any preferred materials for explaining or demonstrating portion size)

Keeping Portions under Control

Problem = Everyday Objects

1 cup of cereal = **a fist** 

1/2 cup of cooked rice, pasta, or potato = **1/2 baseball** 

1 baked potato = **a fist** 

1 medium fruit = **a baseball** 

1/2 cup of fresh fruit = **1/2 baseball** 

1 1/2 ounces of low-fat or fat-free cheese = **4 stacked dice** 

1/2 cup of ice cream = **1/2 baseball** 

2 tablespoons of peanut butter = **a ping-pong ball** 

Session 5.5

Visual 12

PROBLEM SOLVING TO FEED YOUR BODY IN A HEALTHY WAY

The "IDEA" steps to solving problems

The steps to solving problems can be remembered by thinking of the word **IDEA**.

What does IDEA stand for?

1. **I d e n t i f y** the problem
2. **D e f i n e** possible solutions (list as many as possible)
3. **E v a l u a t e** the solutions (list **ALL** the pros and cons)
4. **A c t** on the best solution

Handout #1

Session 5.5

Visual 13

PROBLEM SOLVING TO FEED YOUR BODY IN A HEALTHY WAY

Worksheet: Using the IDEA approach to solving problems

IDEA Step **Your Answers**

STEP 1: IDENTIFY THE PROBLEM

STEP 2: DEFINE POSSIBLE SOLUTIONS

(list as many as possible)

STEP 3: EVALUATE THE POSSIBLE SOLUTIONS

(list ALL the pros and cons)

Pros:

Cons:

STEP 4: ACT ON THE BEST SOLUTION

Session 5.5

Visual 14

PROBLEM SOLVING TO FEED YOUR BODY IN A HEALTHY WAY

HOME PRACTICE | Making Meals Healthier

Please write the date and mealtime when you make a healthy change, followed by a short description of what you did. Keep track as many times during the next week as you can – try at least twice!

DATE	MEAL/SNACK TIME	WHAT I DID
Example: 6/1/18	XX Breakfast ___ Lunch ___ Dinner ___ Snack ___ Other	Ate whole wheat toast instead of white
	___ Breakfast ___ Lunch ___ Dinner ___ Snack ___ Other	
	___ Breakfast ___ Lunch ___ Dinner ___ Snack ___ Other	
	___ Breakfast ___ Lunch ___ Dinner ___ Snack ___ Other	
	___ Breakfast ___ Lunch ___ Dinner ___ Snack ___ Other	

MEAL PLANNING

Session 5.5

Visual 15

HOME PRACTICE 2 | Meal Planning

DAY	MEAL	SHOPPING LIST
Sunday	Breakfast Lunch Dinner	
Monday	Breakfast Lunch Dinner	
Tuesday	Breakfast Lunch Dinner	
Wednesday	Breakfast Lunch Dinner	
Thursday	Breakfast Lunch Dinner	
Friday	Breakfast Lunch Dinner	
Saturday	Breakfast Lunch Dinner	

Session 5.6

Visual 16

FOOD LOGS

Day:	Time	Total Carbs	Sugar	Protein	Total Fat	Saturated Fat
Breakfast Foods and Drinks						
Lunch Foods and Drinks						
Dinner Foods and Drinks						
Snack Foods and Drinks						

Session 6: Lifestyle Change – Physical Activity, Sleep, and Good Habits and Reflection and Acknowledgment of Progress

Supplies and Equipment Needed for Session 6

1. Flip charts and markers or laptop and projector with visual aids in PowerPoint
2. Visuals and Handouts identified at the end of this session
3. Extra pens/pencils for group members
4. Light snacks appropriate for individuals with T2DM
5. 2-3 door prizes
6. Diplomas
7. Party supplies including healthy snacks

SESSION 6 TOPICS AND TIME SCHEDULE

Home Practice Review:..... 15 min

6.1 Physical Activity Benefits and Recommendations ..... 30 min

6.2 Making Physical Activity Part of a Healthy Lifestyle..... 30 min

6.3 Getting Physical Activity in Your Community ..... 15 min

6.4 The importance of daily routine and good sleep habits..... 25 min

6. 5 Surveys and reflection upon group progress ..... 30 min

6.6 Celebration ..... 10 min

6.37Plans for Follow-up ..... 5 min

Summary of Today's Lesson..... 5 min

Home Practice #1: Discussing physical activity with primary care provider

Session 6.1. Physical Activity Benefits and Recommendations

In this section group leaders will:

- Discuss the benefits of physical activity
- Discuss physical activity recommendations: How much physical activity should someone get and what types of activities count?
- Discuss different types of physical activity

"Today we're going to talk about something we all know we need to do to stay healthy: getting physical activity. Physical activity is very important for both physical and mental health. Being physically active has positive effects on diabetes, stress, and even mental health conditions like depression."

Thought Question to the Group: "What are some benefits of getting regular physical activity?"

Review and Discuss Visual 1. Benefits of Physical Activity.

"Three reasons on the list are why every person with diabetes should get regular physical activity. The fourth reason helps contribute to general health (especially for women). The last two reasons contribute to emotional health – healthy, enjoyable activities can reduce stress."

"Think of physical activity as medicine."

Review Visual 2: How much physical activity should I get?

"The next thing we need to know is – how much physical activity do I need? Pretty much all of us could benefit from getting more physical activity. The research shows that every little bit counts – any physical activity is better than none! The more you do, the more benefit you get. Working your way up to 150 minutes of moderate intensity activity spread out over the course of a week – or 75 minutes of vigorous intensity - is a good long-term goal. That's about a half hour most days of the week. For even more benefit – and especially if you want to lose weight – you'll want to aim for 300 minutes of moderate intensity – or 150 minutes of vigorous intensity. That's about 45 minutes to an hour most days of the week. For people with diabetes, try not to go more than 2 days without physical activity."

Review Visual 3: Move More, Sit Less.

"If these recommendations sound like a lot, remember that ANY amount is better than none, and you can work on increasing your activity over time. The key is – move more, sit less! Stand up and move around a bit after sitting for more than 30 minutes. Even a small amount of physical activity helps improve insulin sensitivity (that is, physical activity helps our body use insulin more efficiently to keep blood sugar at normal levels). You also don't have to get all of the minutes at one time in a day – 5 or 10 minutes here and there all counts!"

Review and Discuss Visual # 4A. Types of Physical Activity & Visual # 4B/Handout 1. Types of Activities Review

"It's not all about the "cardio!" Especially as we get older, muscle strengthening activities and balance and flexibility become even more important. Aim for 2 non-consecutive (not back-to-back) days a week of muscle strengthening or "resistance" activities (such as using hand weights or resistance bands), and 1 or 2 days of balance and flexibility activities. For resistance activities, do at least one set each of 5 different types of movements (like leg raises, bicep curls, and shoulder presses). Each set should include between 8 and 15 repetitions or "reps" – the last rep should be hard but not impossible to do. These types of activities are especially good for controlling blood sugar."

<u>OPTIONAL</u>: For groups that are ready for more details on physical activity, you may choose to go into figuring out different intensity of physical activity and the various activities that qualify.

Review and discuss <u>optional</u> Visual 5: Physical activity intensity

"The intensity of the activity has to do with your breathing and your heart rate. There are several methods for figuring out the intensity of an activity. You can use the talk test – at higher intensities, you are working harder to breathe and so it becomes more difficult to talk. You can use the feeling method – moderate activity feels like you are walking quickly to try to catch the bus, whereas vigorous activity feels like you are climbing up the stairs with a heavy laundry basket. The feeling method is nice because it's different for everyone – you decide how you feel – and as you get in better shape, activities feel easier and you can increase intensity. Or you can use the heart rate method. There are

calculators on the internet that can help you figure out what heart rate equals moderate or vigorous intensity for your age. Or, you can just look at our list of activities to figure out if your favorite activity is listed as moderate or vigorous."

Review and discuss optional Visual # 6/Handout 1. Examples of physical activity at moderate and vigorous intensity

Session 6.2. Making Physical Activity Part of a Healthy Lifestyle

In this section group leaders will:

- Discuss precautions during physical activity for people with diabetes
- Discuss barriers to starting or increasing physical activity
- Discuss IDEA approach for addressing the barriers to physical activity

"Remember our motto from the first session: to make a change, we need the knowledge of what to do, the confidence to do it, and the belief that there will be benefits of a change. We just talked about some benefits of getting more physical activity. But we all know that getting enough physical activity can be tough. Let's talk about some things that can make it hard to get enough physical activity, and how we can overcome those challenges and make physical activity part of our lifestyle."

Thought Question to the Group: **What things are important to consider when starting to add more physical activity to your life?"** [If the group has difficulty coming up with considerations, offer suggestions like not knowing what kind of activity is safe, finding an activity that is enjoyable, finding time to fit activity in, and the importance of setting achievable goals and making plans.

Review and discuss Visual # 7. Getting Started with Physical activity

Review Visual # 8. Precautions during physical activity for people with diabetes.

"There are some ways people with diabetes have to be extra careful when being active. For example, people with diabetes must be especially careful about monitoring their blood sugar (so that it doesn't go too low), choosing appropriate footwear, and avoiding injury to their feet when doing physical activity. People with diabetes who are experiencing neuropathy (loss of sensation) or a history of foot ulcers need to be aware of the risk of falls and injury to their feet. This is when checking your feet for sores or injury becomes especially important."

Home Practice: Discuss homework assignment (Visual 9/Home Practice 1) of planning to discuss physical activity with their health care provider.

"Adults with a chronic condition like diabetes may want to work with a health care professional or physical activity specialist to choose physical activity that is appropriate for their health status."

Go over Visual 10/Handout 2. "One of the most important things to consider in making a plan for getting more physical activity is to pick activities that you enjoy. What are some ways of getting physical activity that people in our group like to do, or would like to try?"

Have each group member fill out the handout for their top 10 physical activities they currently do or would enjoy doing (or as many activities as people can think of). Then have members read their list. Discuss which types of activities are identified the most.

"Most people agree that physical activity is good for both our body and mind and would like to be more active. But there are many things that can get in the way of getting more physical activity, even once we've found something we enjoy doing."

Thought Question to the Group: "What are some things that make it hard to be physically active?"

If the group has trouble coming up with barriers: **"Time management and fitting in activity is a common challenge. One of the most convenient kinds of physical activity is walking. Walking can be done almost anywhere, but there may be some things that keep you from walking as much as you would like. For example:**

- **You may feel unsafe in your neighborhood**
- **It may feel too hot or too cold to be outside walking"**

Group Activity: **"There are several solutions that we can try to help solve these problems. Can you think of some yourself? Let's trying using the IDEA approach to problem solving!"** If the group has trouble coming up with solutions, provide some examples. For instance: If you feel unsafe, you may walk at a shopping mall or you may walk with a buddy. If it is too hot outside for walking: You may walk early in the morning or after sunset.

Review Home Practice 2. Building physical activity into the week.

Session 6.3. Getting Physical Activity in Your Community (Optional)

"Your community may offer several options for places to get physical activity that you may not know about such as community parks, physical activity equipment, swimming pools, and exercise groups. We have a list of community agencies that can help you to get what you need to do physical activity."

Provide resource lists to each group participant for their community (Handout 3). Discuss which resources they might like to add to their plan for getting physical activity.

Session 6.4. The Importance of a Daily Routine and Good Sleep Habits

In this section group leaders will:

- Discuss importance of maintaining a daily routine
- Discuss importance of good sleep habits and ways to maintain the good sleep habits

"Another important thing we can do to take care of ourselves and manage our diabetes is getting good sleep. The part of the brain that regulates a person's moods also regulates sleep and wakefulness and is called the body's "internal clock." A stable daily routine is very important in regulating our body's "internal clock." Going to bed and getting up around the same time, and having a daily activity routine (for example, eating at regular times and taking medications at regular times) helps keep our mood regular. Also, many of our other healthy habits can be built around having a stable routine. For instance, taking medications at the same time each day, and linking them to a daily activity you already do regularly can help you remember to take your medication. For example, taking medication just after or before brushing your teeth in the morning can help stay on track. The trick is finding a stable routine and sticking to it."

Review and discuss Visual # 11/Handout 3. My Daily Activities and Routine

Note: If time is running short, assign this activity as home practice.

"Let's all think through our daily routines. What are things we do each day pretty regularly? How might we make sure we are scheduling when we will go to sleep, and when we will get up each day?"

Thought Question to the Group: "In addition to keeping a routine, what are some other things that might be considered good sleep habits that have worked for you in the past?" Write the good sleep habits on the board. Give door prizes for the 2-3 best answers.

Review and discuss Visual # 12. Good Sleep Hygiene Tips

"We call having good habits around sleep, sleep hygiene." Review any good sleep habits that the group did not mention in the discussion.

Review and discuss Visual # 13. Sleep Disorders

"Getting enough sleep helps keep blood pressure and blood sugars controlled and improves mood. Most people need 7 or more hours of sleep per night. If you are very tired even after sleeping all night or wake up repeatedly, even after trying good sleep habits, you may have what's called a 'sleep disorder.' Let's review two common sleep disorders and when to talk to your primary care provider."

Session 6.5 Surveys and Reflection upon Group Progress

Final data collection: At this point, hand out the patient survey packet #2 (End of Group Survey Packet).

"Just like at the beginning of working together, we are going to spend some time answering questions about how you are feeling now, what you are doing well, and what you might still be working on. This will help us figure out where you might want to go from here, and how well this program is working for people. Please complete the questions as honestly and completely as possible, and return them to me when you are done."

Collect the surveys and affix a patient sticker and/or the patient's name and date. There is no need to score the surveys now, but you may look through to see where patients seem to be doing well and where they might still be struggling. You may reference this information in discussing group progress and helping patients think through what their next steps might be after the groups have completed. As patients return their surveys, check for completeness, and distribute copies of the personal care plans that they completed in a previous session.

"A key focus of this program is helping people to be managers of their own health and to have illness-management be a part of your lifestyle."

Thought Question to the Group: "Thinking about the surveys and your Personal Care Plan, what progress have you made towards your goals?"

Review visual 14/handout 4. Illness management as a lifestyle

Thought Question to the Group: Remember one of the goals was to gain more knowledge and confidence in our ability to make healthy changes. "What are some things you have learned or have more confidence in as a result of this program?"

"Finally, let's go over your Personal Care Plans that you worked on previously. Discuss how personal care plans may have changed and how individuals might contact care providers to talk about important issues."

Session 6.6 Celebration

"Congratulations on completing Targeted Training in Illness Management!! (TTIM) We hope that you have found the sessions to be useful. The goals of TTIM are to help individuals be better managers of their own health.

TTIM has been a bit like attending school so we think you deserve a "diploma." You worked hard in TTIM and learned a lot of information. Your sharing with other people was very valuable and we appreciate the time and effort that you put into this."

Distribute Diabetes Group Visit "Diplomas."(**Handout 5**) Acknowledge everyone's contribution and participation. Say something positive and personal regarding every group member's effort.

Session 6.7 Plans for Follow-Up

"This is the last group session. [Optional: We will follow-up with you in the next 4-6 weeks to see how you are doing on your Personal Care Plan and other things that we discussed in the group sessions.] Do you have an appointment to discuss your care plan with your health care providers? If not, that is OK. But this week would be a good opportunity to make sure that you have an appointment soon in order to discuss your care plan."

Distribute Session 6 Handout 6 and collect information from group participants on preferences for follow-up.

Make sure that you have contact information for each group member. Also obtain alternative contact information such as a work telephone or family member that they provide for you. Make sure that you have contact information for primary care and mental health care providers (telephone and fax or email if that is available).

Session 6. Summary

"Now, let's recap. What did you all learn today? Anything new or surprising? What are you looking forward to learning more about or working on for yourself?"

Echo what the group members offer as what they learned, and summarize anything they didn't cover.

"Today we reviewed the many benefits that physical activity has on our mind and body, including how it can affect our blood sugar level. We discussed how to get started and remove obstacles to physical activity.

We also discussed different types of physical activity and how much we should be getting. We also learned about some precautions and actions that you should take. For example, if you feel dizzy, have chest pain, or hurt in any way, you should stop and notify your doctor. [If optional section covered: Finally, we also reviewed types of physical activity that might be

available in your community.] This week's home practice is to plan for discussing physical activity with your doctor. If you do not have an appointment with your doctor, please make one to discuss your plans for physical activity.

Remember: This program is intended to give general guidelines for people with diabetes. Talk with your primary care doctor or diabetes specialist before you start any new physical activity and about the best type of physical activity for you.

An important next step is building physical activity into your week. Try to build these physical activities into your life and keep track of your physical activity so you can tell if you are meeting your goal.

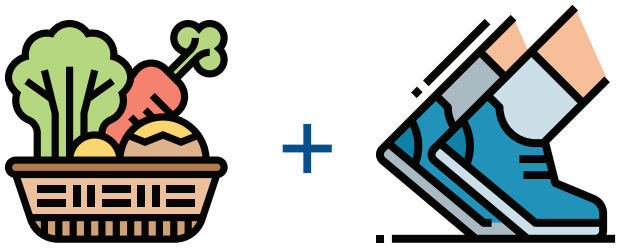
We also discussed the importance of daily routines and good sleep hygiene for both physical and mental health. Sleep apnea causes people to have trouble breathing when they sleep. People with sleep apnea (who often snore and often have headaches) should consult with their doctor."

Session 6.1

Visual 1

LIFESTYLE CHANGE – PHYSICAL ACTIVITY, SLEEP, AND GOOD HABITS

Physical Activity Benefits



Healthy Eating + Physical Activity =

Benefits for General Health, Diabetes and Mental Health

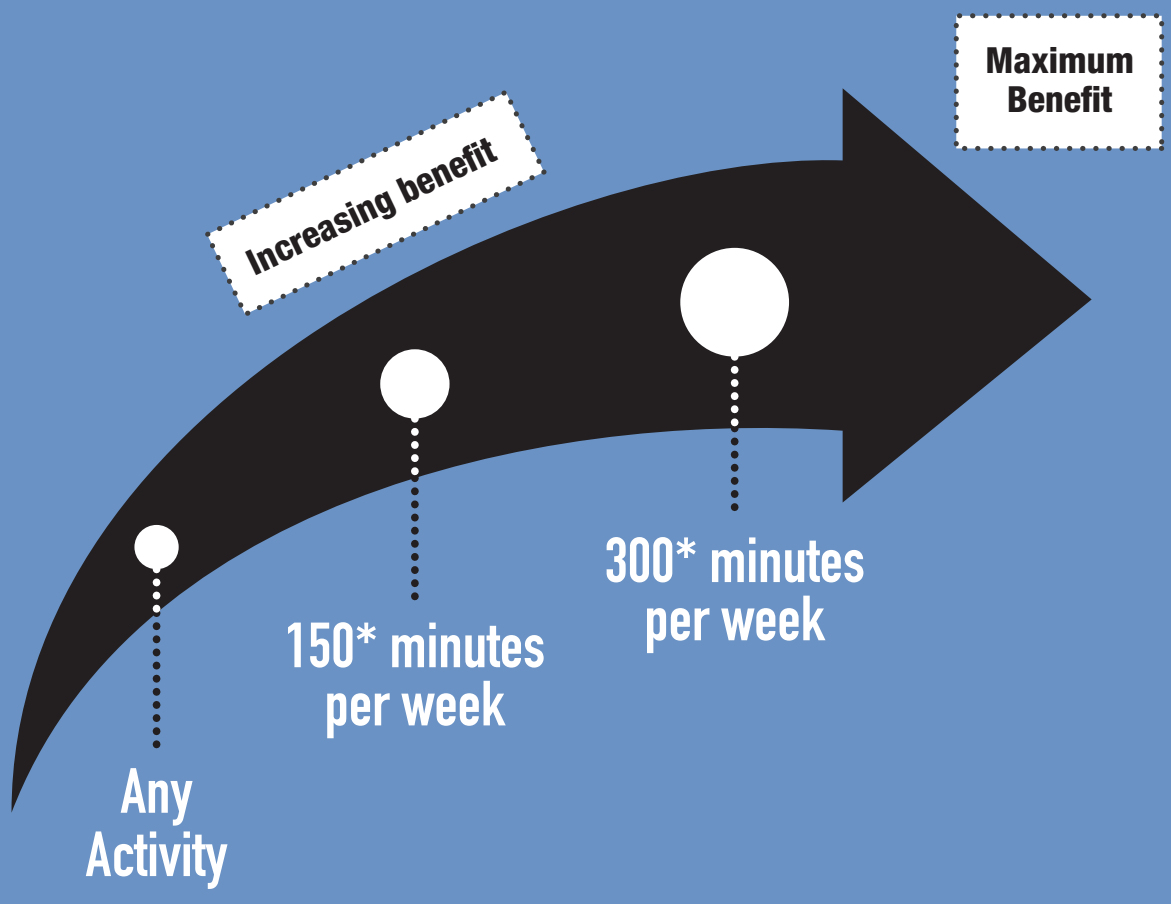
How can physical activity help you?

1. Helps keep your blood sugar in control
2. Helps keep your heart healthy
3. Helps keep your weight in control
4. Helps keep your bones strong
5. Helps you do the activities that you enjoy doing
6. Helps you feel more energetic
7. Helps reduce stress
8. Helps reduce feelings of depression and anxiety
9. Helps improve sleep

Session 6.1

Visual 2

HOW MUCH PHYSICAL ACTIVITY SHOULD I GET?

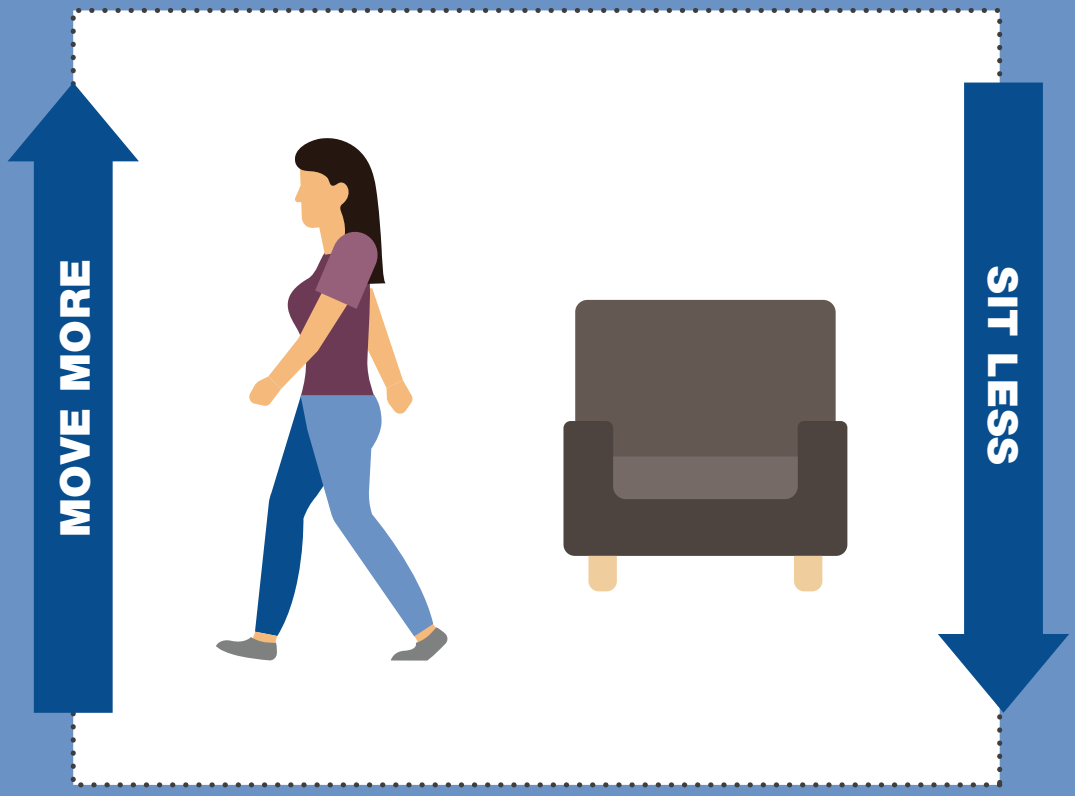


* Each minute of vigorous intensity counts as two minutes!

Session 6.1

Visual 3

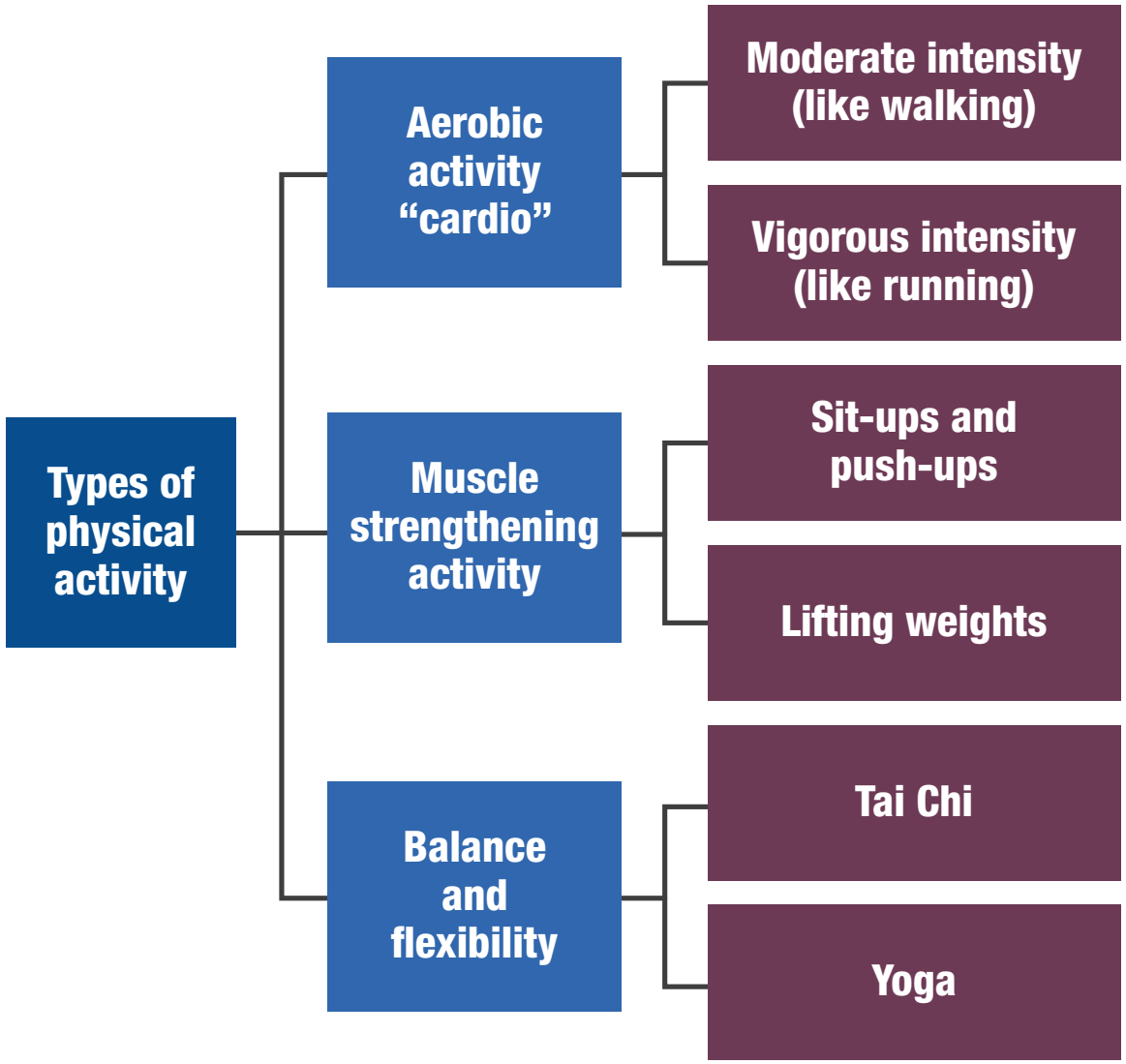
MOVE MORE, SIT LESS



Session 6.1

Visual 4A

PHYSICAL ACTIVITY TYPES



Handout #1

Session 6.1

Visual 4B

TYPES OF ACTIVITIES REVIEW

What is an example of aerobic activity or "cardio"?

_____

What is an example of muscle strengthening activity?

_____

What is an example of balance or flexibility activity?

_____

What should you do if you feel dizzy during physical activity?

_____

What should you do if you feel chest pain during physical activity?

_____

Session 6.1

Visual 5

PHYSICAL ACTIVITY INTENSITY (optional)

TALK TEST	FEELING METHOD	HEART RATE METHOD	LIST METHOD
• Moderate: can talk but not sing • Vigorous: can only say a few words before taking a breath	• 0 (sitting) to 10 (highest effort) rating scale • Moderate = 5 or 6 – Feels like walking quickly to catch the bus • Vigorous = 7 or 8 – Feels like climbing stairs with a laundry basket	• Based on your "target heart rate" for your age: 206.9 - (0.67 * age) • Requires a heart rate monitor or checking your pulse • Moderate = 60-70% of target heart rate • Vigorous = 75-85% of your target heart rate	• Activities listed as moderate in the Activity Examples list • Activities listed as vigorous in the Activity Examples list

Session 6.1

Handout 1

LIST OF EXAMPLES OF MODERATE AND VIGOROUS PHYSICAL ACTIVITY (optional)

Moderate Activity

- Walking briskly (>2.5 mph)
- Recreational swimming
- Doubles tennis
- Bicycling (<10 mph, flat ground)
- Dancing
- Power yoga
- Yard and housework
- Exercise classes like water aerobics
- Exercise machines (like ellipticals) on lower settings

Vigorous Activity

- Running or jogging
- Swimming laps
- Singles tennis
- Vigorous dancing
- Bicycling (>10 mph)
- Jumping rope
- Heavy yard work
- Hiking uphill
- High-intensity interval training (HIIT)
- Exercise classes like kickboxing
- Exercise machines on higher settings

Session 6.2

Visual 7

GETTING STARTED WITH PHYSICAL ACTIVITY

Getting Started: My Physical Activity Plan

1. Before starting any new physical activity program (except for walking), you need to discuss it with your doctor. .
2. Select activities that you enjoy. Begin by asking yourself:
   Do you like doing physical activity alone?
   Do you like doing physical activity with a group or a friend?
   Do you like indoor or outdoor activities?
3. Choose the time of day that best fits your schedule. If you are not a morning person, then you could try to be active in the afternoon or evening.
4. You do not have to buy expensive equipment. You can get started with a comfortable pair of walking shoes, or use common household items to lift weights (like soup cans).
5. Choose shoes with proper balance and support to protect your knees and back. Make sure shoes do not rub or cause blisters. Check your feet regularly for calluses or injury.
6. Listen to your body. Physical activity should not be painful.
7. Make a commitment to 8 weeks. Your body may respond in 2 weeks, but it may take 8 weeks to notice the benefit in your life.
8. If you do not enjoy the activity or have trouble getting going, try another type of activity, time or place.
9. Keep a log of your physical activity so you know how much you're getting. A step counter or app like My Fitness Pal can help you track your physical activity. Just like monitoring your blood sugar, monitoring physical activity can help you stay on track.

Session 6.2

Visual 8

PRECAUTIONS DURING PHYSICAL ACTIVITY

Precautions during Physical Activity

- Physical activity should be something that you enjoy.
- Do not listen to the old saying "no pain, no gain." Physical activity should not hurt! Listen carefully to your body and treat it well.
- Start off easy until your body gets used to physical activity. Try more gentle activities such as easy walking, leisurely bike rides, etc. Then, as you start getting stronger, you can try more difficult activities like brisk walking or hiking.
- Physical activity can lower your blood sugar levels, but this is not a concern for most people with diabetes.
  - However, if you take insulin or a sulfonylurea, it is important to check your blood sugar levels before you do physical activity. If your blood sugar is below 100, have a small snack, wait 15 minutes, and then recheck your blood sugar to ensure it is above 100 prior to activity.

There are several precautions that you should take if you have the following symptoms:

SYMPTOM	PRECAUTION
Blood sugar is below 70	Do not do physical activity. Eat instead. Figure out why your blood sugar is so low. Did you forget to eat?
Eye problems from diabetes	Do not do intense weight lifting.
Hypertension	Do not do intense weight lifting.
Dizziness during physical activity	Stop doing physical activity. Tell your doctor.
Feel sick during physical activity	Stop doing physical activity. Tell your doctor.
Chest pain during physical activity	Stop doing physical activity. Tell your doctor. If severe, call 911.
Feel too out of breath	Slow down. If really bad, call doctor. If severe, call 911.

HOW TO DISCUSS PHYSICAL ACTIVITY WITH YOUR PROVIDER

Session 6.2

Visual 9

HOME PRACTICE 2 | Discussing physical activity with your health care provider

Plan to discuss recommended types of physical activity you can safely do. Ask the following questions:

1. What kinds of physical activity are best for me and what do you recommend?
2. For how long should I do physical activity?
3. Are there any precautions for me?
4. Are there any restrictions on physical activity for me?

Handout #2

Session 6.2

Visual 10

PHYSICAL ACTIVITY I ENJOY

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

BUILDING PHYSICAL ACTIVITY INTO THE WEEK

Session 6.2

Home Practice

2

HOME PRACTICE 2 | Building physical activity into the week

Please choose an activity or combination of activities that you can do on 3 separate days this week.

Do not start a new physical activity until you get an OK from your doctor.

What activities will you choose?

_____

_____

_____

Is this activity practical? YES NO

Do you have knee, back, or other joint problems? YES NO

If you do, do you think this activity could make them worse? YES NO

If yes, why? _____

When can you do this activity? For how long will you do the activity each time?

_____

_____

_____

Session 6.3

Handout 3

COMMUNITY PHYSICAL ACTIVITY RESOURCES

Note: This is an example only. Provide a list for your area.

Alta House 12510 Mayfield Rd. 216.421.1536	Recreation center with gymnasium, weight room, senior center and outdoor bocce ball courts.
Camp Forbes 25440 Harvard Ave. 216.831.5910	Residential camp for City of Cleveland youth between the ages of 9 and 13. Applications for summer camp provided at the recreation centers.
Central 2526 Central 216.664.4241	Recreation center with indoor pool, weight room, gymnasium, indoor track and meeting rooms
Clark 5706 Clark 216.664.4657	Recreation center with indoor pool, meeting space, gymnasium, game room, and art room
Collinwood 16300 Lakeshore 216.420.8323	Recreation center with gymnasium, weight room, fitness center, water slide, aqua playground, lap pool, track, computer room, art room, game room and meeting rooms
Cory 10510 Drexel 216.664.3389	Recreation center with indoor pool, weight room, gymnasium, racquetball courts, dance studio, indoor track
Cudell Recreation 1910 West Blvd. 216.664.4137	Recreation center with indoor pool, sundeck, weight room, gymnasium, meeting space, sauna, and game room
Earle B. Turner 11300 Miles 216.420.8358	Recreation center with indoor pool, outdoor waterslide, gymnasium, meeting room, sauna and game room
Estabrook 4125 Fulton 216.664.4149	Recreation center with indoor pool, outdoor waterslide, gymnasium, meeting room, sauna, and game room
Fairfax 2335 East 82nd 216.664.4142	Recreation center with indoor pool, sundeck, meeting space, sauna, gymnasium and game room
Glenville 680 East 113th 216.664.2516	Recreation center with indoor pool, gymnasium, meeting space, and sauna

Session 6.3

Visual 11

ROUTINE DAILY ACTIVITIES

My Daily Activities

1. What are the things that you include on the list of activities that you do on a daily basis?
2. What personal care activities do you have every day?
   (For example, showering/dressing/shaving?)
3. When do you have your daily meals? Daily snack time?
4. When do you routinely have contact with family, friends or co-workers?
5. When do you do physical activity?
6. When do you relax?
7. What time do you go to bed?
8. What time do you get up?
9. What kinds of things disrupt your daily routine?
10. What are things you can do to keep your routine on track?

Session 6.3

Visual 12

SLEEP HYGIENE

1. Plan to go to bed around the same time every day — even on weekends or when you are not at work/in school.
2. Limit naps (unless you have sleep apnea*).
3. Try to "wind down" with relaxing activities before you get into bed. Do not get into bed until you are tired.
4. Do not have caffeine (coffee, tea, sodas with caffeine) within 6-8 hours of your bedtime. For most people this means no later than 3:00 in the afternoon.
5. Do not drink alcohol or smoke within 2 hours of bedtime — a drink may make you fall asleep, but may cause you to sleep less well.
6. Limit fluids within 2-3 hours before bedtime. Empty your bladder before going to sleep.

7. Take bedtime medications within 1 hour before going to sleep.
8. Use your bedroom only for sleeping or intimacy. Avoid watching TV or using your phone, tablet, or computer in bed.
9. Keep your room dark.

10. Use an alarm clock to wake up when you intended — if you oversleep this is likely to delay the time your body wants to sleep the following night.
11. Get some physical activity during the day.

Follow the above guidelines closely—you should start to see improvement within 2-3 weeks.

** Sleep apnea is a breathing condition that causes individuals to have trouble breathing when they sleep. Individuals with sleep apnea (who often snore and often have headaches) should consult with their doctor.*

SLEEP DISORDERS

Session 6.3

Visual 13

Sleep Disorders: When good sleep hygiene is not enough

If you are very tired even after sleeping all night or wake up repeatedly even after following sleep recommendations, you may have a sleep disorder. Two common sleep problems that can interfere with both blood sugar and blood pressure control are:

1. **Sleep Apnea:** As many as 1 in 3 people with diabetes may have a sleep problem called sleep apnea. If you are tired during the day even after you have slept all night, if you snore, frequently fall asleep when sitting still, or gasp and choke in your sleep, you may have sleep apnea. You are more likely to have sleep apnea if you are male, over 40 years of age, overweight, have a large neck or have a family member with sleep apnea. Untreated sleep apnea is associated with car accidents, high blood pressure, stroke and heart failure. Your primary care provider can talk with you about getting tested for sleep apnea. If you have sleep apnea and have difficulty using the machine to treat it, you can also talk with your provider about other sleep apnea treatments.
2. **Restless Legs Syndrome:** Another common condition that can prevent quality sleep is restless legs syndrome which can cause people to awaken through the night. If you have had unpleasant leg sensations and an uncontrollable urge to move legs for relief you may have this disorder. Simple steps like reducing or avoiding caffeine, alcohol, and tobacco may improve symptoms. Your primary care provider may need to check for vitamin deficiencies. Your provider can recommend both testing and treatment for restless t syndrome.

Handout #4

Session 6.5

Visual 14

REFLECTION AND ACKNOWLEDGMENT OF PROGRESS

Illness Management as a Lifestyle

Things I learned in Diabetes Group:

_____

_____

_____

Ways I feel more confident in managing my:

Stress/Mental Health:

_____

_____

Diabetes:

_____

_____

Do you have any suggestions on how this program could be improved?

_____

_____

DIPLOMA TEMPLATE SUGGESTION

Session 6.6

Handout 5

CONGRATULATIONS!

This document hereby certifies
that _____ has participated in and
completed the
Targeted Training for Illness Management Program
at _____ Practice

You have made great progress towards achieving your health goals.

_____

On behalf of the _____ Practice Team

_____
(Health Educator)

_____
(Primary Care Provider)

_____
(Behavioral Health Specialist)

_____
(Peer Mentor)

PREFERENCES FOR FOLLOW-UP

Session 6.7

Handout 6

Diabetes Group Follow-up Plans

In the next four to six weeks, someone in the practice will be contacting you to see how you are doing with your Personal Care Plan.

Name: _____ Date: _____

1. What is the best time day to call you?

_____ Morning between 9 and 12

_____ Afternoon between 12 and 5

_____ Evening

2. What is the best way for us to reach you?

_____ Phone (call or text)

_____ Email address: _____

3. What is the best number for us to reach you?

_____ Home: _____

_____ Cell: _____

_____ Work: _____

4. How would you prefer to talk with someone from your care team?

_____ In person at my PCP's office

_____ On the phone

5. If we are unable to reach you, is there another person we can contact? Please include their phone number: _____