

ENGLISH

NEW BEGINNINGS

A Discussion Guide for
Living Well With Diabetes



National Diabetes Education Program

A program of the National Institutes of Health and the Centers for Disease Control and Prevention

New Beginnings: A Discussion Guide for Living Well With Diabetes

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Introduction

About 25.8 million adults in the United States have diabetes. It is a major cause of heart disease and stroke, and the leading cause of kidney failure, nontraumatic lower limb amputations, and new cases of blindness among adults (CDC, 2011). African Americans have higher rates of diabetes than the general population and are more likely to suffer from diabetes complications. People with diabetes can reduce their risk for these complications by managing their blood glucose, blood pressure, and blood lipids, and by receiving preventive care for their eyes, feet, and kidneys.

Diabetes self-management education is an important part of helping people with diabetes reduce their risk for these complications and improve their quality of life. In addition to teaching self-care behaviors such as healthy eating, physical activity, and blood glucose monitoring, diabetes self-management education should include goal setting, problem solving, and developing strategies to support emotional well-being, and health and behavior change (Funnell, et. al., 2007).

Social support is also important for people trying to manage a chronic disease like diabetes. Family and friends can provide emotional, practical, and informational support to a person who is trying to manage the disease. African Americans may rely on family and friends for support more often than the general population (Ford, Tiley, & McDonald, 1998). These relationships can have a positive or negative effect on their mental and physical health. Families can learn skills to provide the support that people with diabetes need to manage the disease.

This guide focuses on helping people with diabetes and their families manage the emotional impact of diabetes and build positive, supportive relationships. These issues are often overlooked but can have an impact on how people give and receive information about diabetes, whether they seek help, and, ultimately, what influences them to take action to manage their diabetes. This guide is intended to:

- ▶ Help group leaders lead discussions about the emotional side of living with diabetes.
- ▶ Help people with diabetes identify family and social support needs; and
- ▶ Develop goal setting, positive coping, and problem solving skills.

New Beginnings: A Discussion Guide for Living Well With Diabetes uses stories about African Americans with diabetes as a tool to stimulate discussion. Stories are effective tools for opening up conversations, modeling behaviors, and helping people remember important information (Jonassen & Hernandez-Serrano, 2002). The stories used in *New Beginnings* can help participants think about their own experiences with diabetes, and identify goals and strategies that will be personally meaningful.

New Beginnings can be used to supplement diabetes self-management education sessions and in diabetes support groups. Use the *New Beginnings* discussion guide to help people with diabetes and their family members take positive action to manage the disease.

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How to Use This Guide

What is this discussion guide all about?

The discussion guide contains tools and questions to lead a small group discussion with people who have diabetes and their family members. It has eight modules about the emotional side of managing diabetes and about family support. It can also be used to teach goal setting, stress management, and problem solving. *New Beginnings* can be used with support groups, diabetes education classes, and faith-based and worksite diabetes support groups.

Who can use this guide?

A group leader is the person who takes the lead in guiding the discussion. This person can be a diabetes educator, health educator, community health worker, peer counselor, or anyone with training and experience leading support groups and group education. *New Beginnings* discussions do not focus on giving medical advice. However, it would be helpful to have a diabetes educator or other health care professional serve as an advisor to a lay *New Beginnings* group leader by providing guidance, answering questions, and participating in some of the sessions to provide additional information for participants.

Where can I use this guide?

New Beginnings discussions can take place in any setting. The setting should have at a minimum:

- ▶ Privacy. The facilitator should be able to close the space to people who are not participating in the group to protect the privacy of the participants.
- ▶ Comfortable seating for all of the participants.
- ▶ Equipment for showing or playing the stories. Most of the stories used in *New Beginnings* are in video or audio formats. These can be shown on a TV with a DVD player, a computer with a projector and speakers, or a mobile device with sound and a screen that can be seen by all participants.

The discussions are designed for groups of up to 10 people. Larger groups may require more than one facilitator to manage the discussions and activities. *New Beginnings* has also been used with very large groups and a panel discussion. This format provides a way to discuss important issues related to managing diabetes; however, it does not allow for the activities that address behavior change. For more information, please review page 147, [Creating Your Own Panel Discussion](#).

How can I use this guide?

The *New Beginnings* modules can be used together to develop diabetes discussion groups that meet over the course of a few weeks or months. Each module can also stand alone or be integrated into an existing diabetes education program or support group. You can present the modules in the order that makes the most sense for your participants. You can also combine discussions from different modules. Pick and choose the activities and stories that will work best for your group. The format for each *New Beginnings* module is the same.

Module	Topics Covered
Module 1. Overview: Living Well With Diabetes	<ul style="list-style-type: none">▶ Diabetes ABCs▶ Managing diabetes▶ Supporting a loved one with diabetes
Module 2. Know Your ABCs	<ul style="list-style-type: none">▶ Diabetes ABCs▶ Managing diabetes▶ Goal setting
Module 3. Coping With Emotions	<ul style="list-style-type: none">▶ Emotional coping▶ Depression▶ Providing emotional support
Module 4. Overcoming Self-Doubt	<ul style="list-style-type: none">▶ Building self-confidence and reducing self-doubt▶ Goal setting
Module 5. Managing Stress	<ul style="list-style-type: none">▶ Stress management
Module 6. Problem Solving and Emergency Preparedness	<ul style="list-style-type: none">▶ Problem solving▶ Emergency preparedness
Module 7. Children and Family: How Can They Understand?	<ul style="list-style-type: none">▶ Communicating with children and family members▶ Building social support
Module 8. Working With Your Doctor	<ul style="list-style-type: none">▶ Preparing for health care visits▶ Roles for family caretakers

In addition to these modules, *New Beginnings* has four “Connecting Threads” (CT) units. These units address topics that can be included in all eight *New Beginnings* sessions depending on the needs of your participants. The units are:

- ▶ CT1: Understanding Health Information
- ▶ CT2: Spirituality as a Guide and Support
- ▶ CT3: Commit to Quit: Stopping Smoking
- ▶ CT4: Preventing Type 2 Diabetes

Each unit has more information about how to include these topics in *New Beginnings* discussions.

Each module in this guide has the following sections:

Background

This section provides background information and a summary of key points for the module.

Objectives

This section identifies the knowledge and skills participants should have by the end of the session. The group leader can adjust the objectives based on the needs of the group and the discussions included in the session.

Materials

Stories: Each module provides a list of videos, audio, or print stories that can be used during the session. Pick one or two based on the needs of the group. The times are provided for each video or audio clip. When only a clip of a movie will be used, start and end times for the clip are provided.

The stories used as discussion aids in New Beginnings are the personal stories of people who have diabetes. They are meant to support discussions. They are not advice or recommendations about how participants should feel or behave. Participants can disagree with how the characters in the stories thought about diabetes or dealt with their problems. Remind participants that everyone will have their own personal story and it is normal and okay if it is different from the stories used as discussion aids. Also remind participants to always follow their doctor’s advice. What works for one person with diabetes may not be right for someone else.

Quick Tips

- ▶ Incorporate the discussions and activities into groups that are already meeting.
- ▶ The times listed for activities and discussions are suggestions. Make them longer or shorter based on the needs of your group.
- ▶ Turn the stories into role plays by giving participants the plot and asking them to act it out.
- ▶ Develop your own stories or adapt the stories in *New Beginnings* to include things your participants would recognize – like local parks or restaurants.
- ▶ You can find more information and resources for participants on the NDEP websites (www.cdc_placeholder.gov and <http://www.cdc.gov/diabetes/ndep/index.htm>).

You may use a story that is not included here as long as it relates to the topic of the discussion and you have permission from the story’s publisher or author to use it.

Handouts: The handouts suggested for each module support the key points for the session. Provide one copy for each participant. In some cases, the instructions will suggest different versions of similar handouts to meet the needs of certain groups, such as older adults or people who need handouts that are easier to read. Pick the handout that will be best for the group.

Get the handouts by clicking the link in the module. The handouts can be copied or ordered from the *National Diabetes Education Program* or from the other websites provided. Please allow time for delivery when ordering handouts.

Equipment: This section lists audiovisual equipment that will be needed to use the stories and lead the discussions.

Group Discussion

Each discussion has two parts. The first half of the discussion is focused on the person with diabetes and the second half is focused on family support or an important skill. The pages with the discussion questions are divided into two columns. Instructions for leading the session are in the left column. Discussion questions and key talking points are in the right column. The questions and talking points are suggestions. Use your own words to lead the discussion.

Group Leader Instructions	Talking Points and Discussion Questions
Say:	Hello. I’d like to welcome you all here today for our group discussion on the effects of diabetes on people with the disease and their families. Before we get started, I’d like to ask you a few

Exercises

Each module includes one to three exercises that can be included in the session. The exercises help participants think about how to apply what they have learned, practice new skills, and plan to make behavior changes. The exercises can be adapted to meet the needs of the group. Suggestions for variations on the exercises are provided in the instructions. Each module includes a “Think-Pair-Share” activity. This activity gives participants time to think about what they have learned, talk about it with one other participant, and then share key points with the rest of the group. The Think-Pair-Share exercise is a good option for participants who do

not know each other well or who are not comfortable speaking in front of a group. It is a good way to help participants share what they have learned or actions they are going to take without having to share personal information they would like to keep private.

Homework Exercises

These are optional activities that provide participants the opportunity to think about what they have learned, practice at home, or discuss the topic with family members.

Expand This Module

This section includes additional resources that can be used to learn more about the topic of the session, expand the discussion with additional information, or provide additional handouts for participants.

Stories

The discussion aids for *New Beginnings* tell the stories of real people with diabetes who are coping with the disease and interacting with loved ones. They show how people respond to common situations, and how they try to apply skills taught in *New Beginnings* sessions. The stories also show how family members respond to a loved one with diabetes and ways they can provide support. Each module includes suggestions for multiple stories that match the topic of the session. Pick the story that will be the best match for the group and the time you have for the session. You may also choose to use a story that is not listed here that relates to the topic of the session.

All of the stories included in *New Beginnings*, except for *The Debilitator*, are in the public domain and may be used without permission. The handouts are also in the public domain and may be copied without permission. *The Debilitator* is a privately produced film that may be shown for educational purposes. If you would like to show *The Debilitator* for other purposes, you should contact Millennium Filmworks, the creators of *The Debilitator*, at millenniumfilmworksinc.com for permission and information about ordering the film.

Disclaimer

The Debilitator is an independently produced film created by Millennium Filmworks. The film is not a product of the Centers for Disease Control and Prevention (CDC), and as such, CDC does not have the rights to use, reproduce, or broadcast the film. CDC is not responsible for the content of *The Debilitator* film, and reference to this film does not imply an endorsement of products developed by the organizations that funded and created this film. Information on ordering this film is provided solely as a service for users of this discussion guide. It is possible to use this discussion guide without access to the film.

Story	Format	Topic
<i>The Debilitator</i>	Video	This movie is about Calvin Dixon, a man who has not been managing his diabetes. After a dream in which he dies of a heart attack, he is motivated to see a doctor, share his fears with his family, and ask for their help in managing his diabetes.
<i>It Takes a Family</i>	Video	This movie is about the Clayton family, who are working together to support their elderly father, who has diabetes. This video explores themes of family support and spirituality in managing diabetes.
<i>Managing Diabetes Podcast: Episode 1</i>	Audio	In this audio podcast, David talks about his strategies for managing diabetes for someone who is newly diagnosed. He also talks about overcoming some of the challenges of being more physically active.
<i>Managing Diabetes Podcast: Episode 2</i>	Audio	In this audio podcast, Haywood talks about being diagnosed with diabetes and how he is making changes to manage his diabetes. This story also comes in a <i>print version</i> .
<i>Living with Type 2 Diabetes: Finding the Support You Need</i>	Video	This video features experts talking about the importance of finding support for managing diabetes from friends, family, and community.
<i>A Little Help Goes A Long Way</i>	Print	In this story, Linda Dimps is motivated to start managing her diabetes after her mother passes away from complications of diabetes. With the support of her husband Alfred, Linda develops a plan for making lifestyle changes to improve her ABCs, including changing how she eats and her physical activity.
<i>Haywood's Story: Living with Type 2 Diabetes</i>	Print	In this story, Haywood talks about being diagnosed with diabetes and how he is making changes to manage his diabetes. This story also comes as an <i>audio podcast</i> .

Story	Format	Topic
<p>Jacquie’s Story</p> <ul style="list-style-type: none"> ▶ <i>Jacquie’s Story A</i> ▶ <i>Jacquie’s Story B</i> ▶ <i>Jacquie’s Story C</i> ▶ Transcripts 	Audio	<p>In these podcasts, Jacquie talks about life growing up with type 1 diabetes. She talks about the role her parents played in helping her manage her diabetes as a child, and how she learned to manage diabetes on her own as she grew up. Jacquie talks about the importance of being prepared and learning to manage problems.</p>
<p>Yvonne’s Story</p> <ul style="list-style-type: none"> ▶ <i>Yvonne’s Story A</i> ▶ <i>Yvonne’s Story B</i> ▶ <i>Yvonne’s Story C</i> ▶ <i>Yvonne on Smoking</i> ▶ <i>Yvonne on Sweets</i> ▶ Transcripts 	Audio	<p>In these stories, Yvonne talks about her struggle to accept her diagnosis of diabetes and learn to overcome challenges related to maintaining a healthy diet, losing weight, and quitting smoking. Yvonne talks about the importance of being self-confident and learning to overcome set-backs. A diabetes educator, Yvonne explains the impact of smoking on people with diabetes and why it is important to stop using tobacco.</p>
<p><i>LyCynthia and Terry’s Story</i></p> <ul style="list-style-type: none"> ▶ Transcripts 	Audio	<p>LyCynthia and Terry talk about the impact of diabetes on the family. LyCynthia talks about growing up with diabetes and the importance of support from her family and husband in helping her manage complications. Terry talks about the importance of learning about diabetes in order to support his wife, and the importance of good communication. LyCynthia and Terry also talk about how they help their daughter understand diabetes, and encourage her to take steps to eat a healthful diet and be active to reduce her risk for diabetes.</p>
<p><i>Setting Goals to Improve Your Health</i></p>	Video	<p>In this video, experts share tips for setting achievable goals to manage diabetes.</p>

Story	Format	Topic
<i>Stressful Situation Activities</i>	Print	These short stories present examples of people in a stressful situation. In Activity 1, Karen is overworked and not getting support from her family or coworkers. In Activity 2, Bill and Penny find out that Bill has diabetes right before a family vacation and they are in denial about the diagnosis. You can adapt these stories to make the characters or situations more familiar to the participants in your group. For example, instead of Bill and Penny going to Vermont for Christmas, they can be going to a family reunion in the summer. This would allow you to discuss the challenges of eating well at family events.
<i>Getting Ready for Your Diabetes Care Visit</i>	Video	In this video, a doctor talks about the steps to get ready for a visit with the health care team. It reinforces the importance of the person with diabetes taking an active role in working with health care providers.
<i>Partnering With Your Diabetes Care Team</i>	Video	In this video, a doctor reinforces the message that your health care team is a resource to help you manage your diabetes. It reviews the key things a person with diabetes should address at every visit with a health care professional.

Adapting the Discussion Guide

New Beginnings is designed to be flexible and adaptable. You can use it to create a *New Beginnings* support group that focuses on the issues discussed in the guide. You can also use the stories and questions with an existing program. While the focus of this guide is African Americans with diabetes, the topics discussed in *New Beginnings* are important for all people with diabetes and their families. If you are working with a diverse group, pick stories that will be meaningful to the people in your group. You can also encourage the people in your groups to tell their own stories. Read *Stories to Reach, Teach, and Heal* for more information about using storytelling in diabetes education.

Getting Ready for a Session

Tip: At the end of each session, it is a good idea to tell participants about the topic for the next session and identify questions or concerns they have about the topic area. This will

help you pick which resources and questions will best meet the needs of your group. Keep the needs of your group in mind as you go through these planning steps.

1. Review the session overview and learning objectives.
2. Review the stories and handouts. Pick one or two stories that will work for your group. *Tip: You can read the transcripts of the audio podcasts to decide which sections will meet the needs of your group.*
 - a. You can print and copy all of the handouts and worksheets used in *New Beginnings* from the *New Beginnings* website or by clicking the links included in the guide.
 - b. You can edit the worksheets to meet the needs of your group. For example, you can add information about local resources that would be helpful for your participants.
 - c. If you would like to order handouts from one of the organizations recommended in the guide, please allow time for delivery.
3. Review the discussion questions. Pick the questions that will be most important to your group.
 - a. Review the “Expand This Session” section at the end of each module to decide if there is any additional information you would like to include.
4. Review the “Connecting Threads” units for additional questions or exercises that may be important for your group.
5. Review the exercises. Pick the exercises that will work best for your group and the time you have for the session.
6. Review the homework. If appropriate, pick one exercise that will work for your group.
7. Use the *New Beginnings Session Plan Template* to organize your session.
8. Prepare handouts, worksheets, and evaluations for the session. If you are ordering materials from NDEP, please allow 4 to 6 weeks for delivery. See the [Evaluation](#) section for more information about tracking and evaluating your *New Beginnings* sessions.

Building Trust and Maintaining Privacy

New Beginnings discussions ask participants to think and talk about their feelings about diabetes and the experiences they have had with the disease, both good and bad. This kind of sharing can make people feel uncomfortable. A *New Beginnings*

discussion group should be a safe place where participants can express how they really feel and know that they will not be judged. They also need to know that what they share will not leave the group.

During the first session, ask the group to develop “ground rules” to which everyone can agree. Ground rules should cover:

1. **Sharing information.** Everyone should have a chance to talk if they want. Group members should not judge or criticize other members. People should not give advice unless they have been asked for their advice.
2. **Respect.** Everyone has a right to their opinion or beliefs. People can agree to disagree without being disrespectful.
3. **Privacy.** Participants should not talk about what is shared by other participants outside of the group. Participants should only contact people outside of the group if they have permission to do so.
4. **Other issues.** Groups can also set rules about taking phone calls and texting during the session, bringing children, bringing healthy snacks, etc.

Write the rules on a piece of paper that is posted during each session. Remind group members about the ground rules during each session or if there are problems.

New Beginnings Session Plan Template

Topic _____

Date of Session _____

Session Goals

By the end of the session, participants will know/do:

Stories

Handouts

Equipment Needed

Discussions and Exercises

Discussion Questions	Exercises	Key Points

Homework

Please see other side.

Session Summary

Number of participants _____

List the parts of the session that worked well.

List the parts of the session that need improvement.

List participant questions or issues that need follow-up.

Frequently Asked Questions

There are lots of videos and booklets about diabetes. How are the *New Beginnings* materials different?

New Beginnings focuses on the emotional and family support side of managing diabetes. This is a topic that is often overlooked in other diabetes education resources. However, it is an important part of learning to manage the ups and downs of living with a chronic disease. By using a storytelling approach to open and guide discussions, *New Beginnings* connects emotionally with participants and can help them to think about how they manage diabetes in new and different ways.

The stories are about African Americans, but the people in my group are not all African American. Do the stories and questions still apply to them?

Yes. The topics discussed in *New Beginnings* are important for all people with diabetes and their families. While the stories focus on African American characters, the issues and lessons learned apply to all of us. It might be worthwhile for your group to talk about how some things in the stories might be different in their families, cultures, or community groups. You can also use stories that have characters who are like the people in your group.

I am a diabetes educator. How can I use this discussion guide?

You can use the discussion guide and resources in a variety of settings such as clinics, support groups, and diabetes retreats. They can be used to supplement the diabetes self-management education tools you are already using.

Use *New Beginnings* to help your clients:

- ▶ Recognize the emotional side of diabetes and how it can affect diabetes self-care.
- ▶ Understand the importance of diabetes care and self-management.
- ▶ Set goals and develop plans for adopting diabetes self-care behaviors.

I am a health minister. What does this discussion guide have to offer me?

A health ministry can use the *New Beginnings* discussion guide to start a support group for congregation members with diabetes and their families. Programs like this can also be opened to people in the community who may benefit from *New Beginnings*. There are many other ways health ministries can support people with diabetes. Health ministries can offer programs that help their members link the choices they make about their health to deeper values, which can motivate them to make healthier choices. Faith-based programs can provide the support people need in order to accept their condition and make positive changes to take care of their health. Faith communities can also provide healthy food choices at events

and activities. Your health ministry can also partner with local hospitals or health departments to offer diabetes self-management classes led by a certified diabetes educator at your place of worship. Contact your local health department, hospital, or chapter of the *American Association of Diabetes Educators* or *American Diabetes Association* for more information.

I am a business owner. What does this discussion guide have to offer me?

Poorly managed diabetes can have a huge effect on your most important resource: your employees. Investing in improved diabetes management can pay off in better productivity, less absenteeism, lower medical costs, and healthier retirees. Many businesses already have wellness coordinators or occupational health nurses who could lead discussion groups. Smaller businesses that may not have these personnel may have a few employees who would be willing to lead these discussions as “brown bag” lunch sessions. More information and suggestions for things that you as a business owner can do to help prevent and manage diabetes among your employees can be found at www.diabetesatwork.org.

I work at a community college. Can we use this material in our adult enrichment courses?

Yes, all of the *New Beginnings* materials except *The Debilitator* movie are in the public domain, so you can photocopy and use them without concern about copyright issues. You may add other materials or adapt these materials to your needs for an adult enrichment course. You must contact *Millennium Filmworks* for information on the rights to show *The Debilitator* movie outside of *New Beginnings* sessions.

I want to lead a group, but I don't know that much about diabetes. Will the discussion aids and guide give me all the facts that I need to know about the disease?

No. The material in the discussion guide is focused on emotions and behavior. If you do not know much about diabetes, work with a health care professional like a diabetes educator or nurse who can provide the diabetes-related information and answer any specific medical questions participants may have.

You can learn more about diabetes at NDEP at www.yourdiabetesinfo.org. Your local hospital, health department, clinic, or *American Diabetes Association* chapter may be able to provide the information and resources you need to get started.

References

Centers for Disease Control and Prevention. 2011.

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Jonassen, D., & Hernandez-Serrano, J. (2002). Case-based reasoning and instructional design: Using stories to support problem solving. *Educational Technology, Research and Development, 50*(2), 65–77.



Overview: Living Well With Diabetes

Background

This module introduces participants to the steps involved in managing diabetes and the important role of social support. It can be used to raise awareness of diabetes, teach people about action steps they can take to manage it, and action steps loved ones can take to support a person who has the disease. Diabetes can wear down a person's energy and wellbeing, but this does not have to happen. A person can take charge and manage their diabetes.

This module was developed for new groups to help the participants and moderators get to know one another. The information may be too basic for groups that have already been meeting. Skip this module if it does not meet the needs of your group.

This first module is heavily scripted to show you the “flow” of a *New Beginnings* discussion. It has detailed notes on what you can say to the group to lead the discussion. Feel free to use this script or your own words. The other modules are not scripted and just provide questions and talking points.

The key points for this module are:

People with diabetes can manage the condition by:

- ▶ Learning about diabetes.
- ▶ Knowing their ABCs.
- ▶ Managing their diabetes.
- ▶ Getting routine care.

Family members can support their loved ones with diabetes by:

- ▶ Learning about diabetes.
- ▶ Talking to their loved ones about coping with diabetes.
- ▶ Finding out what their loved ones need.
- ▶ Finding ways to help.

Objectives

By the end of this session, participants will be able to:

- ▶ Name at least 3 actions a person can take to manage type 2 diabetes.
- ▶ Name at least 3 actions a loved one can take to support a person with diabetes.



Time needed for the session: 45 to 60 minutes.

Materials

Stories (choose one):

- ▶ *It Takes a Family* – The Clayton family works together to support their elderly father, who has diabetes (video: about 3 minutes)
- ▶ *Managing Diabetes Podcast: Episode 1* – David talks about his strategies for managing diabetes and being more active for someone who is newly diagnosed (audio: 2 minutes)
- ▶ *Living with Type 2 Diabetes: Finding the Support You Need* – Experts talk about the importance of finding support for managing diabetes from family, friends, and community (video: about 3 minutes)
- ▶ *Jacquie's Story A* – Jacquie talks about growing up with type 1 diabetes and learning to manage the disease on her own as she became an adult (audio: about 7 minutes)
- ▶ *Jacquie's Story C* – Jacquie talks about growing up with type 1 diabetes and how it impacted her as a teenager and young adult (audio: about 6 minutes)
- ▶ *Yvonne's Story A* – Yvonne talks about how she learned she had type 2 diabetes and overcame denial to make the lifestyle choices to manage her diabetes (audio: about 4 minutes)
- ▶ *Yvonne's Story B* – Yvonne talks about the challenges she faces in trying to make healthy food choices (audio: about 3 minutes)
- ▶ The *Debilitator* (entire movie: 34 minutes. If you plan to show the whole movie, add this time to the session time.)

- ▶ The *Debilitator* “Radio Interview” 4:29–7:54 – In this clip, a doctor discusses the facts about diabetes and its impact on African Americans during a radio interview (video: about 3 minutes)
- ▶ The *Debilitator* “Calvin’s Dr. Appointment” 13:10–19:21 – In this clip, Calvin discusses his uncontrolled diabetes with his doctor (video: about 6 minutes)
- ▶ The *Debilitator* “What is Diabetes?” 15:15–19:21 – In this clip, Calvin’s doctor explains diabetes and some of its complications (video: about 4 minutes)

Handouts (one for each participant)

- ▶ *Tips to Help You Stay Healthy*
- ▶ *Help a Loved One With Diabetes*
- ▶ *A Little Help From My Family* (optional: create reminder bookmarks or postcards)
- ▶ *Attention Men! Control Your Diabetes for Life. . .and for Your Family* (option for a men’s group)

Equipment

- ▶ DVD player/TV monitor/computer with audio and projector.
- ▶ Flipchart or blackboard.

Group Discussion

This discussion will provide an overview of the topics that will be discussed in *New Beginnings* and an introduction to diabetes management concepts.

Before beginning the session, you should talk about setting ground rules for the group. See page 14 for more information about setting ground rules.

Introductions

Group Leader Instructions	Talking Points and Discussion Questions
Say:	<p>Hello. I'd like to welcome you all here today for our group discussion on the effects of diabetes on people with the disease and their families.</p> <p>Before we get started, I'd like to ask you a few questions:</p> <ul style="list-style-type: none"> ▶ Do you either have diabetes or have someone in your family with diabetes? Please raise your hand. Okay, keep your hands raised. ▶ Do you have a close friend or coworker with diabetes? Please raise your hand.
Say:	<p>Look around the room at the number of people affected by diabetes.</p> <p>According to CDC, there are more than 25 million people in the United States with diabetes.</p> <p>I want you all to think about this fact for a minute.</p>
Say:	<p>This disease is very serious and has complications that can cause heart disease, kidney failure, amputations, blindness, impotence, and many more health conditions. But with some effort and help from experts, it is manageable.</p>
Say:	<p>But before we go more deeply into our discussion of diabetes, let's introduce ourselves.</p> <p>My name is _____, and I'll be leading our discussion today. I'm glad that you are here to share your story and learn more about managing diabetes.</p>
<i>Ask participants to introduce themselves.</i>	
Say:	<p>Now, let's get back to the discussion.</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Say:</p>	<p>Some people do not realize how serious diabetes is. Did you know that diabetes is a leading cause of death in the United States, and that there is a strong link between diabetes and heart disease?</p> <p>In fact, more people with diabetes die of heart disease than of any other cause. We have to do something to help educate ourselves about how to manage diabetes so we can lower the chances of complications.</p>
<p><i>Introduce the video or audio clip.</i></p>	
<p>Say:</p>	<p>We are going to watch _____. After we watch the video, we'll have a short discussion.</p> <p>Your comments are all very important, so I ask that we please respect each other and our time here by speaking one at a time.</p>
<p><i>Let the group know how much time you have planned for discussion.</i></p>	<p>The discussion should last about ____ minutes or so.</p>
<p>Ask:</p>	<p>Are there any questions at this point? If not, let's get started. You may want to take notes as you watch the video.</p>
<p><i>Show the video or play the audio clip.</i></p>	

After video discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p><i>When the video or audio clip is over, see if any participants look ready to talk. If so, let them comment on what they heard. If not, move on to the first question (Option 1) or the Think-Pair-Share exercise (Option 2). In all cases, wait for open, voluntary responses.</i></p>	
<p>Option 1</p> <p><i>Note: Call on people who look as if they have something to say. When necessary, probe for the following emotions: fear, sadness, and hope. Allow each participant about 3 minutes to express his or her feelings and then move to the next person.</i></p>	<p>That story had a lot of key messages for the main character and his/her family. Tell me how this story made you feel and why.</p>
<p>Option 2</p> <p><i>Conduct the Managing Diabetes Think-Pair-Share exercise on page 30. Participants who do not know each other or who are not comfortable speaking in front of the entire group may prefer this exercise to warm up to the group discussion.</i></p>	

Diabetes Management Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p><i>Hand out: Tips to Help You Stay Healthy. This discussion is based on the topics covered in the handout. The characters in the stories may not talk about all of the strategies addressed in the handout. Participants may also point out choices the characters made that they think were wrong. If so, ask why they think the character might have made those choices.</i></p>	
<p>Say:</p>	<p>This handout outlines 4 steps people with diabetes can take to manage their condition.</p>
<p>Ask:</p>	<p>What is the first step?</p> <p>What are some things the characters did to take this step?</p> <p>Why do you think learning about diabetes is important?</p> <p>How do you think it will help?</p>
<p>Ask:</p> <p><i>Note: This might be a good time to mention quitting smoking for those who smoke. See Connecting Threads 3.</i></p>	<p>What is the second step? The ABCs are A1C, which is a measure of your blood glucose over the last 3 months; blood pressure; and cholesterol.</p> <p>Managing your ABCs will help lower your chances of having a heart attack or stroke.</p> <p>We will talk more about managing the ABCs during our sessions.</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Ask:</p>	<p>What is the third step?</p> <p>Did you notice any actions the characters took to manage their diabetes?</p> <p>What do you think made it easier for them?</p> <p>What do you think made it harder?</p> <p>We will spend time talking about small steps that people with diabetes can take to manage their condition. We will also talk about how loved ones can help.</p>
<p>Ask:</p> <p><i>Note: Some participants may only think of doctors. Remind them that diabetes educators, nurses, pharmacists, dietitians, and others are also part of their health care team.</i></p>	<p>What is the fourth step?</p> <p>Do you remember any examples from the video of the characters getting routine care or talking about getting care from a health care professional?</p> <p>What did you think about how well the characters related to members of their health care team?</p> <p>During these sessions we will talk about how to make the most of your appointments with your health care providers.</p>

Family Support Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>Note: You may need to encourage the discussion by giving a few lead-in examples of the family's role; for example, a mother's choice of what to cook for dinner, children being physically active with their father, or the family making sure the character took his or her medicine or went to the doctor.</i></p> <p><i>Some participants may mention actions that family members took that were not helpful. Ask why they think the family member might have made those choices.</i></p>	<p>What roles did the family members play in the life of this person with diabetes?</p> <p>How important were the family members in the story?</p>
<p style="text-align: right;">Ask:</p> <p><i>Note: Discuss relationships within families, and ask members of the group to share their personal stories relating to a family member or close friend.</i></p>	<p>Can you relate to this family? In what ways?</p>
<p><i>Note: Do not ask more than five questions about the story. If your group is having a good discussion not related to the questions above, feel free to go with the flow.</i></p>	
<p><i>Hand out: Help a Loved One with Diabetes fact sheet.</i></p>	
<p style="text-align: right;">Say:</p>	<p>Let's take a look at this fact sheet.</p> <p>Just as there are 4 steps a person with diabetes can take to manage their condition, there are 4 steps loved ones can take to help.</p>

Group Leader Instructions	Talking Points and Discussion Questions
Ask:	<p>What is the first step?</p> <p>What are some examples of this from the story?</p> <p>Why is it important for loved ones to learn about diabetes?</p>
Ask:	<p>What is the second step?</p> <p>Did you notice any examples of this in the story?</p>
Ask:	<p>What is the third step?</p> <p>Did you notice the ways the characters in the story talked about what they needed?</p> <p>What can be difficult for a person with diabetes talking about what they need with loved ones?</p>
Ask:	<p>What is the fourth step?</p> <p>What are some things family members did in the story to help?</p>
Ask:	<p>Does anyone have any suggestions on how to help someone in your family who is living with diabetes?</p>
<p><i>Optional</i> Hand out: bookmarks or postcards.</p>	
Say:	<p>Here is a reminder for you about ways to help a loved one with diabetes. Use it to begin a conversation about diabetes with family members or loved ones.</p>
Say:	<p>We're getting close to the end of the session now. We are almost finished. I just have one more question for you.</p>
Ask:	<p>Are there things that you will try to do differently in your own life or your family life now that you have watched this story and had this discussion?</p>

Close the Session

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Say:</p> <p><i>Note: Answer questions briefly. Explain homework (see Homework Exercises, below). Remind participants of next session. Ask participants to complete the session evaluation.</i></p>	<p>I want to thank each of you for participating in our group discussion.</p> <p>Does anybody have any questions before we wrap up?</p> <p>In our next session we will talk about _____. Do you have any specific questions about this topic that you would like to talk about or learn more about?</p>
<p style="text-align: right;">Say:</p>	<p>Thank you.</p>

Module 1 Exercise

A. Managing Diabetes Think-Pair-Share (about 12 minutes total)

- ▶ Ask participants to think about the story. What actions did the character take to manage his or her diabetes? What seemed to help? What seemed to be getting in the way? What role did the family play? (3 minutes)
- ▶ Ask participants to pair up and discuss their answers. (5 minutes)
- ▶ Ask participants to share 2 or 3 key things they learned about managing diabetes and family support. (5 minutes)

Homework Exercises

- ▶ Ask participants to discuss the *Tips to Help You Stay Healthy* handout with family members and friends.
- ▶ Ask participants to review the *Tips to Help You Stay Healthy* fact sheet and complete the “Take Action” section on the back of the sheet.
- ▶ Ask participants to review the *Help a Loved One With Diabetes* fact sheet and complete the goal setting exercise on the back.



Know Your ABCs

Background

Adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes (CDC, 2011). Adults with diabetes are also more likely to have a stroke than those without diabetes. Blood sugar (blood glucose) control is very important for preventing these complications, but so are blood pressure and cholesterol control. The goal of this session is to help participants understand the ABCs of diabetes, important steps they can take to lower their chances for heart disease and stroke, and how they can begin to set goals to improve their health.

The key points for this module are:

- ▶ The number one cause of death among people with diabetes is heart disease.
- ▶ The ABCs of diabetes are **A1C**, **B**lood pressure, and **C**holesterol.
 - The A1C goal for many people with diabetes is below 7.0%. Ask what your goal should be.
 - Your blood pressure goal should be below 140/80 unless your doctor helps you set a different goal.
 - Ask what your cholesterol numbers should be. If you are over 40 years of age, you may need to take a statin drug for heart health.
 - The “s” can be for smoking. People with diabetes should not smoke.
 - People with diabetes should work with their health care team to set appropriate goals.

- ▶ People with diabetes can manage their ABCs by:
 - Eating foods like fruits, vegetables, beans, and whole grains.
 - Eating foods made with less salt and fat.
 - Being moderately active 150 minutes per week (such as by walking).
 - Staying at a healthy weight by being active and eating the right amounts of healthy foods.
 - Stopping smoking.
 - Taking medicines the way their health care providers tell them.
 - Asking their doctor about taking aspirin.
 - Asking for help if they feel down or have trouble with stress.
 - Asking family and friends to help them take care of their heart and their diabetes.
- ▶ Successfully changing these behaviors involves:
 - Setting meaningful goals that will motivate behavior change.
 - Breaking goals down into manageable steps.
 - Setting goals that are specific, measurable, achievable, realistic, and timely (SMART).
 - Continuing to keep trying even when there are challenges.
 - Reevaluating goals and making changes when needed.

Note: CT1: Understanding Health Information and CT3: Commit to Quit: Stopping Smoking may have additional resources that can be incorporated into this session.

Objectives

By the end of the session participants will be able to:

- ▶ Name each of the ABCs for diabetes control.
- ▶ State the target goals for A1C, blood pressure, and cholesterol.
- ▶ Name at least 3 behaviors for managing the ABCs of diabetes.
- ▶ Name at least 2 factors for successful goal setting.



Time needed for discussion: 45 to 60 minutes.

Materials

Stories

- ▶ Managing ABCs (choose one of the following):
 - *Managing Diabetes Podcast: Episode 2* – David talks about his strategies for managing diabetes and being more active for someone who is newly diagnosed (audio: about 2 minutes)
 - *A Little Help Goes A Long Way* – With the support of her husband Alfred, Linda makes a plan to make healthier lifestyle choices to improve her ABCs (print)
 - *Haywood’s Story: Living with Type 2 Diabetes* – Haywood talks about being diagnosed with diabetes and how he is making changes to manage the condition (print)
 - The *Debilitator* “Radio Interview” 4:29–9:51 – A doctor discusses type 2 diabetes and its impact on African Americans during a radio interview (video: about 5 minutes)
 - The *Debilitator* “Radio Interview Pt. 2” 8:40–9:51 – A doctor discusses type 2 diabetes and its impact on African Americans during a radio interview (video: about 1 minute)
 - The *Debilitator* “What is Diabetes?” 15:15–19:21 – Calvin’s doctor explains diabetes and some of its complications (video: about 4 minutes)
- ▶ *Setting Goals to Improve Your Health* – Experts share tips for setting achievable goals to manage diabetes (video: about 3 minutes)
- ▶ *Yvonne’s Story A* – Yvonne talks about how she learned she had type 2 diabetes and overcame denial to make the lifestyle choices to manage her diabetes (audio: about 4 minutes)
- ▶ *Yvonne’s Story B* – Yvonne talks about the challenges she faces in trying to make healthy food choices (audio: about 3 minutes)
- ▶ *Yvonne’s Story C* – Yvonne talks about the importance of not ignoring diabetes and taking action to manage it (audio: about 2 minutes)
- ▶ *Optional – Yvonne on Smoking* – Yvonne talks about the dangers of tobacco use for people with diabetes and what motivated her to quit smoking (audio: about 2 minutes)

Handouts (one for each person)

- ▶ Choose one of the following based on which would be best for your group:
 - *Take Care of Your Heart. Manage Your Diabetes*
 - *Tips to Help You Stay Healthy*
- ▶ *Making a Plan Worksheet* or *A Guide to Changing Habits*
- ▶ *The Power to Control Diabetes Is In Your Hands* (option for older adult groups)
- ▶ *Diabetes Numbers At A Glance Card* (optional)
- ▶ *Know Your Diabetes ABCs Just Like You Know Your Other Numbers* (optional: create reminder postcards or bookmarks)
- ▶ *Help a Loved One With Diabetes* (optional)

Equipment

- ▶ DVD player/TV monitor/computer with audio and projector.
- ▶ Flipchart or blackboard.

Group Discussion

This discussion will focus on understanding the ABCs of diabetes, how they link to heart disease, and the steps it takes to set goals for behavior change.

Diabetes ABCs

Group Leader Instructions	Talking Points and Discussion Questions
Ask:	What do you know about the link between diabetes and heart disease?
Reinforce:	<p>Over time, high blood sugar levels can damage the nerves and blood vessels in your body, which can lead to complications like heart disease.</p> <p>People with diabetes might also have other risk factors for heart disease like high blood pressure, cholesterol problems, obesity, and a family history of heart disease.</p> <p>Smoking significantly increases the risk of heart disease in people with diabetes.</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Ask:</p>	<p>What, if anything, do you think people with diabetes can do to lower their chances for having a heart attack or stroke?</p>
<p>Ask:</p> <p><i>Pass out one of the handouts on managing the ABCs of diabetes.</i></p>	<p>What are the ABCs of diabetes?</p>
<p>Reinforce:</p> <p><i>See CT3: Commit to Quit: Stopping Smoking on page 137 for more information on quitting tobacco use.</i></p>	<p>Managing the ABCs of diabetes can lower your chances of having a heart attack or stroke.</p> <p>A: A1C. It is your average blood sugar over the past three months. The goal for many people with diabetes is an A1C that is below 7.0%.</p> <p>B: Blood pressure. High blood pressure makes your heart work too hard. The goal blood pressure for most people with diabetes is below 140/80.</p> <p>C: Cholesterol. Ask what your cholesterol number should be. If you are over 40 years of age, you may need to take a statin for heart health.</p> <p>We could also add an “s” for smoking. People with diabetes should not smoke or use tobacco products.</p> <p>People with diabetes are already at higher risk for heart disease and other health problems. People with diabetes who smoke are at even higher risk for heart disease and other complications.</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p> <p><i>Note: Take Care of Your Heart and Tips to Help You Stay Healthy include goal tracking forms.</i></p>	<p>The ABC goals listed are for most people with diabetes but not everyone.</p> <p>People with diabetes should talk to their health care team about goals that are right for them.</p> <p>Write down the goals your doctor sets for you and go over how you are doing with them at every visit.</p>
<p><i>Optional: Give participants a Know Your Diabetes ABCs reminder bookmark or postcard. Ask them to write the targets on the card. As an alternative, give the Diabetes Numbers at a Glance card, which lists the target numbers.</i></p>	
<p>Ask:</p> <p><i>Review the actions from Take Care of Your Heart or Tips to Help You Stay Healthy.</i></p>	<p>What actions can you take to manage your ABCs?</p>
<p><i>See Expand This Module on page 43 for additional resources to support making healthy food choices and being more active.</i></p>	
<p><i>Option: Conduct Exercise A on page 39.</i></p>	

Behavior Change Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p>Say:</p>	<p>Let's watch/listen to someone with diabetes who is working to manage their ABCs.</p> <p>As you listen, make a note of the steps or self-care behaviors they are trying to work on.</p>

Group Leader Instructions	Talking Points and Discussion Questions
<i>Play a managing diabetes video/ audio or read story.</i>	
Ask:	<p>What steps was the character trying to take to manage their ABCs?</p> <p>What do you think motivated him/her/them to change?</p> <p>What strategies was he/she using to change?</p>
Ask:	<p>What behaviors was the character having trouble with?</p> <p>What do you think might be getting in the way?</p>
Ask:	<p>How did family members help?</p> <p>How did family members get in the way?</p>
<i>Optional: Hand out Help a Loved One with Diabetes.</i>	
Ask:	<p>Could you relate to the character's story about trying to change their behavior?</p> <p>In what ways are you alike?</p> <p>In what ways are you different?</p> <p>What, if anything, did you learn about the strategies the character tried that might help you?</p>
<i>Option: Conduct Exercise A or B on page 39.</i>	

Goal Setting Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>When it comes to making behavior changes, everyone is different. We have different reasons for why we want to change and different challenges that get in the way.</p> <p>But we are all capable of making changes.</p> <p>Setting a goal, making a plan, and keeping track of how you are doing will increase your chances of making important behavior changes.</p> <p>Also remember that you don't have to change everything at once. Even small steps can have big rewards.</p>
<p><i>Show Setting Goals to Improve Your Health video.</i></p>	
<p>Ask:</p> <p><i>Write responses on the flipchart paper.</i></p>	<p>What do you think are some key messages from the video?</p>
<p>Reinforce:</p>	<p>Set meaningful goals: figure out what will motivate you.</p> <p>Break goals down into manageable steps.</p> <p>Set goals that are specific, measurable, achievable, realistic, and timely.</p> <p>There is no such thing as failure. Reevaluate your goals and keep trying.</p>
<p><i>Distribute the Making a Plan Worksheet or A Guide to Changing Habits.</i></p> <p><i>Option: Conduct Exercise C on page 40.</i></p>	

Close the session

- ▶ Take final questions.
- ▶ Thank the group for their participation.
- ▶ Explain the homework if applicable (see [Homework Exercise](#) on page 43).
- ▶ Remind participants about the next session. Ask if they have specific questions or issues they would like to see addressed.
- ▶ Ask participants to complete the session evaluation.

Module 2 Exercises

A. Behavior Change Think-Pair-Share (15 minutes)

The goal of this exercise is for participants to think about actions they can take to manage their ABCs, what challenges they might face, and how they might overcome them.

- ▶ Ask participants to review the self-care behaviors that are listed in the handout. Ask them to think about which of these are important to them right now. Write down what they would like to improve. (5 minutes)
- ▶ Ask the participants to pair up with another participant. Share the areas they would like to improve and what is challenging about getting started. Brainstorm some ideas about what might help them get started. (5 minutes)
- ▶ Ask one person from each to group to share the ideas they came up with for getting started on making changes. Write the responses on flipchart paper. (5 minutes)

Variation:

- ▶ *Conduct a Think-Pair-Share right after playing the behavior change video. Participants can focus on the challenges, opportunities, and strategies the character used to manage his or her ABCs. Shorten the group discussion that follows.*

B. Family Support Role Play (15 minutes total)

The goal of this exercise is to identify the role loved ones play in supporting a person with diabetes who is trying to take action to manage his or her ABCs.

- ▶ Ask for three volunteers from the group to role play the interview in *A Guide to Changing Habits*. Assign each person to play one of the characters.
- ▶ Tell the participants that since this is a talk show, they will have a chance to ask the characters questions about what it takes to make behavior changes.
- ▶ Ask the volunteers to read out loud the roles they have been assigned. (2–3 minutes)

- ▶ After they have completed the scene, ask the volunteer playing the host to take a few questions from the audience. The volunteers should respond as their characters. (5 minutes)
 - You may need to get the group started by asking the first question. Some options are:
 - Tom, what are you doing now to help Carrie?
 - Carrie, looking back, can you think of some things that you could have done to help Tom understand what you were going through when you were first diagnosed?
 - Tom, how did you feel when Carrie called you a nag? What do you wish she had done differently?
 - Thank the volunteers and give them a round of applause.
 - Ask the entire group: What are some key points you learned from this exercise? What actions can you take to manage your ABCs? What challenges do you think you might face? How can you overcome them? Write the responses on flipchart paper. (5–7 minutes)

C. Individual Goal Setting (10 minutes)

The goal of this exercise is to have participants create meaningful goals for managing their ABCs based on what has been discussed about goal setting.

- ▶ Ask participants to pick one of the actions or behaviors for managing their ABCs that they would like to improve and complete the *Making a Plan Worksheet* or the **Let's Make a Plan** handout in the *A Guide to Changing Habits* published by the American Diabetes Association. Family members can set a goal for helping their loved one, or improving their own health by using the *Help a Loved One with Diabetes* handout. (5–7 minutes)
- ▶ Ask if anyone would like to share their plan with the rest of the group. Applaud each person who shares his or her plan.
- ▶ *Note: Be careful about allowing participants to comment on the plans of others unless the person sharing specifically asks for advice from the group. The goal is to encourage people to identify ways to solve their own problems. Unsolicited advice can make people feel less empowered.* (3–5 minutes)
- ▶ Ask the group to give themselves a round of applause for setting goals to improve their health.

Making a Plan Worksheet

If you're ready to make a change, these questions can help you make a plan. Use your plan to help you reach your goal, step by step.

Print these questions so you can write down your answers. If you have diabetes, share your plan with your health care team.

What's hardest about caring for my diabetes?

Example: I don't have the time to do what I need to do, such as exercising. I often feel guilty.

Why is this important to me?

Example: I know that exercise can help me lose some weight.

Why haven't I made this change before?

Example: I don't have time to exercise.

How can I work around what gets in the way?

Example: I can try to find some time in my day to get out for a walk.

What's my goal?

Example: I want to see if I can work up to getting 30 minutes of walking in a day, at least 5 days out of the week.

What's my plan to get started to reach my goal? What will I do, and when will I do it?:

Example: I'll start by walking for ten minutes at lunch time.

What do I need to get ready?:

Example: I need to take walking shoes to work. I also need to choose a good time to walk and put it on my calendar.

What might get in the way of making this change?

Example: Being too busy. Also, in bad weather, I won't want to walk outside. I can walk inside instead.

How will I know if my plan is working?

Example: It might take a little time before I see any weight loss, but I might enjoy my walks and find that I have more energy. I can also check my blood glucose before and after my walk to see if it improves.

How will I reward myself?:

Example: If I stick with my plans this week, I'll watch a movie.

Remember:

- ▶ You can make a plan that works for you.
- ▶ Make changes one at a time.
- ▶ Ask for support from family, friends, and your health care team.
- ▶ Celebrate your hard work!

Adapted from the American Diabetes Association's Channel Series: A Guide to Changing Habits.

Homework Exercise

- ▶ If you did not conduct a goal setting activity, ask participants to review the materials and set a goal for taking one of the actions to improve their ABCs. Ask family members to set a goal for helping their loved one with diabetes, or for changing their own behavior. The following handouts for this session include goal setting worksheets:
 - *Take Care of Your Heart. Manage Your Diabetes*
 - *Tips to Help You Stay Healthy*
 - *A Guide to Changing Habits*
 - *Making a Plan Worksheet*
 - *Help a Loved One with Diabetes*

Expand This Module

Use these resources to learn more about the topic of this session, expand the discussion, or provide additional resources to participants.

Making Healthy Food Choices Resources

- ▶ *Healthy Eating with Diabetes Video* (about 5 minutes)
- ▶ *It's More Than Food, It's Life Recipe Cards* (set 1)
- ▶ *It's More Than Food, It's Life Recipe Cards* (set 2)
- ▶ *Tasty Recipes for People with Diabetes and Their Families*
- ▶ *A Diabetes Friendly Meal Everyone Can Enjoy*
- ▶ *A Quick Healthy Dish for People with Diabetes and Their Families*
- ▶ *Buffet Table Tips*
- ▶ *Eating Right When Money's Tight*
- ▶ *Healthy Eating During Winter Gatherings for People with Diabetes*
- ▶ *Summer Eating Tips*

Physical Activity Resources

- ▶ *Physical Activity: Practical Tips and Action Steps Video* (about 3 minutes)
- ▶ *CDC videos demonstrating different types of physical activity*
- ▶ *There Are a Lot of Ways to Get the Physical Activity You Need*

- ▶ *Success Story: David – “I Control My Diabetes With Diet and Exercise”*
- ▶ *Overcoming Barriers to Physical Activity*

CT3: Commit to Quit: Stopping Smoking on page 137 has additional resources and ideas for expanding the discussion on how to stop smoking.



Coping With Emotions

Background

Learning to live with diabetes is not easy. Managing diabetes means making changes in eating and physical activity habits, possibly taking medications, and dealing with the emotions that come with having a chronic disease. People with diabetes and their loved ones can learn healthy ways to cope with the roller coaster of emotions that living with the illness can cause. It is especially important that people learn to recognize the signs and symptoms of depression and take action to address them. Developing healthy emotional coping strategies and supportive family relationships are an important part of managing diabetes.

The key points for this module are:

- ▶ It is normal to experience a range of emotions when living with diabetes.
- ▶ Healthy coping strategies can help a person with diabetes manage his or her emotions and take actions that support healthy behaviors.
- ▶ Family members provide positive support when they are encouraging, help the person with diabetes feel good about themselves, and focus on solving problems.
- ▶ People can develop healthy coping strategies by adjusting how they think, feel, and act when faced with stressful or upsetting situations.
- ▶ It is important to recognize the signs of depression and get help, if needed.

Objectives

By the end of the session participants will be able to:

- ▶ Identify at least 3 positive coping strategies.
- ▶ Identify at least 2 helpful actions loved ones can take to support healthy coping in a person with diabetes.
- ▶ Name 3 reactions that can be adjusted to develop a healthy response to a stressful situation.
- ▶ Identify at least 5 signs of depression.



Time needed for discussion: 45 to 60 minutes.

Note: Ideas and activities from CT2: Spirituality as a Guide and Support and/or CT3: Commit to Quit: Stopping Smoking can be incorporated into this module.

Materials

Stories (Choose one)

- ▶ *Stressful Situation Activities* – In Activity 1, Karen is overworked and not getting support from family or coworkers. In Activity 2, Bill and Penny are planning a trip and are in denial about Bill's diabetes (print)
- ▶ *Jacquie's Story A* – Jacquie talks about growing up with type 1 diabetes and learning to manage the disease on her own as she became an adult (audio: about 7 minutes)
- ▶ *Jacquie's Story B* – Jacquie talks about the importance of family support in managing diabetes (audio: about 1 minute)
- ▶ *Jacquie's Story C* – Jacquie talks about growing up with type 1 diabetes, and how it impacted her as a teenager and young adult (audio: about 6 minutes)
- ▶ *LyCynthia and Terry's Story* 14:30–18:00 – LyCynthia and Terry talk about the importance of family support in managing diabetes (audio: about 4 minutes)
- ▶ *Yvonne's Story A* – Yvonne talks about how she learned she had type 2 diabetes and overcame denial to make the lifestyle choices to manage her diabetes (audio: about 4 minutes)
- ▶ *Yvonne's Story B* – Yvonne talks about the challenges she faces in trying to make healthy food choices (audio: about 3 minutes)
- ▶ *Yvonne's Story C* – Yvonne talks about the importance of not ignoring diabetes and taking action to manage it (audio: about 2 minutes)
- ▶ *Yvonne on Sweets* – Yvonne talks about her challenges trying to make healthier food choices (audio: about 1 minute)

- ▶ The *Debilitator* “Bad Dream” 0:00–3:27 – Calvin has a bad dream about the possible consequences of his uncontrolled diabetes (video: about 3 minutes)
- ▶ The *Debilitator* “Calvin and Tasha” 1:40–2:48 – Calvin and his daughter have a heated discussion about why he is not managing his diabetes (video: about 1 minute)
- ▶ The *Debilitator* “Dr. Goodson and Her Mother” 10:51–12:48 – Dr. Goodson talks to her mother about her concerns over her mother’s diabetes (video: about 2 minutes)
- ▶ The *Debilitator* “Calvin Talks to His Family” 23:00–26:38 – Calvin talks to his family about the importance of taking steps to manage his diabetes (video: about 3 minutes)
- ▶ The *Debilitator* “Diabetes Support Group” 27:23–31:59 – Members of a diabetes support group talk about their challenges living with diabetes (video: about 4 minutes)

Handouts (one for each participant)

- ▶ *Healthy Coping Strategies Worksheet*
- ▶ *Depression and Diabetes* pamphlet
- ▶ *Help a Loved One with Diabetes* (optional)
- ▶ *Step by Step CD* (optional)

Equipment

- ▶ DVD player/TV monitor or computer with player and projector.
- ▶ Flipchart or blackboard.

Group Discussion

This session will focus on identifying healthy ways to cope with the emotional impact of diabetes.

Emotional Impact of Diabetes Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<i>Play video/audio or read story.</i>	

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>Examples participants might give include shock, sadness, depression, grief, anxiety, fear, anger, low self-esteem, guilt, and shame.</i></p>	<p>What emotions do you think the character was experiencing?</p> <p>What are some other emotions a person with diabetes might have?</p>
<p style="text-align: right;">Ask:</p> <p><i>Examples: Hope, relief at being diagnosed, sense of purpose, sense of opportunity to lead a healthier lifestyle, acceptance, feeling good about making improvements.</i></p>	<p>Can you think of any positive emotions the character(s) or a person with diabetes might have?</p>
<p style="text-align: right;">Reinforce:</p>	<p>It is normal for people with chronic diseases to experience a range of emotions that are happy and sad.</p> <p>People will feel emotional at different times and for different reasons.</p> <p>A person who just learned they have diabetes may be in denial because they feel overwhelmed.</p> <p>A person who has been managing diabetes for a long time might experience a health setback that brings on feelings of anger or depression.</p> <p>Some people may be dealing with other illnesses on top of diabetes, or may be taking care of loved ones who have their own health problems.</p> <p>Other issues like family, financial, or work problems can also cause strong emotions.</p> <p>Also keep in mind that changes in blood sugar can impact the mood of a person with diabetes.</p>
<p style="text-align: right;">Ask:</p>	<p>How do you think these emotions might be affecting the character in the story's ability to manage his/her diabetes?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>While it is normal to go through these emotions, they can become a problem if a person uses unhealthy coping strategies to deal with them.</p> <p>Coping is how a person deals with their emotions when facing a challenge.</p> <p>Positive coping strategies can help a person deal with his or her emotions in a way that helps them manage the situation and take care of their health.</p>
<p>Ask:</p> <p><i>Examples: Overeating, watching too much TV, avoiding the doctor, snapping at loved ones.</i></p>	<p>What are some coping strategies you noticed in the story that might be making the situation worse? (or “Can you think of coping strategies that might make a situation worse?”)</p>
<p>Reinforce:</p>	<p>Coping strategies are not healthy if they cause you to be stuck in an emotion or do things that are bad for your health.</p>
<p>Ask:</p> <p><i>Examples: Drinking too much alcohol, smoking, avoiding talking about diabetes, not taking medications.</i></p>	<p>What are some other examples of unhealthy coping strategies?</p>
<p>Ask:</p> <p><i>Examples: Going to a support group, prayer, talking with family members, being physically active.</i></p>	<p>What are some coping strategies that might be helpful for the character?</p>
<p>Reinforce:</p>	<p>Healthy coping strategies help you deal with your emotions and take care of your health.</p>
<p>Ask:</p> <p><i>Examples: Talking about what you need, taking control of the situation, humor, finding a positive outlet.</i></p>	<p>What are some other healthy coping strategies?</p>

Group Leader Instructions	Talking Points and Discussion Questions
Ask:	Can some strategies be both healthy and unhealthy? For example, humor might be a positive way to cope with a difficult situation, but it is not helpful if it is used to avoid talking about the problem.
Reinforce:	It is important for people with diabetes to find and use healthy coping strategies.
<i>Option: Conduct Exercise A on page 57.</i>	

Family Support Discussion

Group Leader Instructions	Talking Points and Discussion Questions
Reinforce:	<p>The way family members behave can also help or hurt a person trying to cope with his or her emotions.</p> <p>Family members provide positive support when they are encouraging, help the person with diabetes feel good about themselves, and focus on solving problems.</p>
Ask:	Can you think of examples of positive family support from the story?
Reinforce:	Family members are less helpful when they are critical, nagging, controlling, or avoid talking about the diabetes.
Ask:	Were there any examples of this behavior in the story?

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Helpful family communication is based on accepting that living with diabetes is hard.</p> <p>Family members can help by finding out what the loved one with diabetes would find helpful. This could be offering gentle reminders, helping the person with diabetes find solutions to problems, and offering motivation and support for making behavior changes.</p> <p>It is OK to make suggestions, but it is usually best to help the person with diabetes come up with his or her own ways to solve problems.</p>
<p>Reinforce:</p>	<p>Emotions such as fear, anxiety, grief, and anger are normal but can be barriers to making healthy lifestyle changes and managing diabetes.</p> <p>For a person with diabetes, or for his or her family and friends, expressing these emotions is not “giving in” to diabetes. It is a healthy step toward dealing with these emotions so you can move on to a positive course of action.</p> <p>An emotion that is stuck in a person’s heart or head could be absorbing a lot of energy that could be channeled into managing diabetes.</p>
<p><i>Option: Conduct Exercise A or B beginning on page 57.</i></p>	
<p><i>Optional: Pass out Help A Loved One with Diabetes if participants have not already received it in a previous session.</i></p>	

Healthy Coping Strategies Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Life with diabetes—as a person with the disease or as the loved one of someone with diabetes—will have its ups and downs.</p> <p>While you cannot always control what upsets you, you can control how you cope with your emotions.</p> <p>Finding healthy ways to cope is about addressing your thoughts, feelings, and actions when faced with an emotionally stressful or upsetting situation.</p>
<p>Ask:</p>	<p>Think about the emotions the character in the story was feeling and how they caused him/her to behave.</p> <p>What do you think the character was thinking?</p> <p>Does he/she have thoughts that are negative or unrealistic for the situation?</p> <p>What are more positive or realistic ways to look at the situation?</p>
<p>Ask:</p> <p><i>Examples: Frustrated by family who don't understand or help, feeling overwhelmed with information, not knowing how to do something, feeling stressed by lots of responsibilities.</i></p>	<p>What do you think the character was feeling?</p> <p>What might be causing the feelings?</p>
<p>Ask:</p> <p><i>Examples: Get more information, talk to the person about what they said, go to a support group, try stress management techniques.</i></p>	<p>What could he/she try to do to address these feelings?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Ask:</p> <p><i>Examples: Schedule an appointment with the diabetes educator, ask the family member to talk about the situation, write down the date for the next support group meeting in his/her calendar, sign up for a stress management class at work.</i></p> <p><i>Write suggestions on the flipchart paper or board.</i></p>	<p>What are some healthy things the character could do to cope with his/her emotions?</p> <p>Focus on specific actions the character has control over, not what other people need to do.</p>
<p>Ask:</p>	<p>Do you think there were other people who were affecting the character's emotional reactions?</p> <p>What do you do if you think there are other people who should change their behavior in order to help you?</p>
<p>Reinforce:</p>	<p>Remember that healthy coping strategies are about changing the way you respond to an emotional situation. Waiting for someone else to change won't help you cope. Focus on what you can do to manage the situation.</p> <p>You cannot make other people change their behavior any more than they can make you change yours. You can talk to them about how their behavior makes you feel and try to find more helpful ways to work together.</p>
<p>Ask:</p> <p><i>Examples: Think about why the strategy might not have worked, try again, try something else, or let someone help you.</i></p>	<p>What do you think the character should do if he/she tries a coping strategy and it does not work?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p><i>Optional: Ask these same questions from the perspective of the family member in the story who was trying (or not trying) to help a loved one with diabetes.</i></p>	
<p>Reinforce:</p>	<p>Finding healthy ways to cope with the emotional aspects of diabetes means:</p> <ul style="list-style-type: none"> ▶ Identifying situations that cause you to be upset and planning healthy coping strategies. ▶ Thinking about how your thoughts impact your emotions. Do you have negative thoughts or unrealistic expectations? How can you look at the situation from a more positive or realistic light? ▶ Thinking about what is causing you to feel the way you do and how can you address your feelings. ▶ Finding specific healthy actions you can take to cope. What have you done in the past that has worked? Focus on actions you control. ▶ Trying your healthy coping strategies and keeping track of how well they work. If something doesn't work, think about what you might do differently. Don't be discouraged by setbacks. Remember that every day is a chance to try something new. ▶ Patting yourself on the back for strategies that work well, and thinking about how you might use them in other situations.
<p><i>Option: Conduct Exercise A, B, or C beginning on page 57.</i></p>	
<p><i>Optional: Give each participant a Step by Step CD to remind them that every day is a new beginning. Play the "New Beginning" song or music video.</i></p>	

Diabetes and Depression Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<i>Hand out the Depression and Diabetes brochure.</i>	
Ask:	<p>Did you know that people with diabetes are twice as likely to have depression as people without?</p> <p>Does this surprise you?</p>
Reinforce:	<p>Everyone has times when they feel sad. But depression is a serious mental illness that affects your quality of life.</p> <p>Depression is a serious issue because it can make it harder for you to manage your diabetes, which could lead to complications.</p> <p>Poor blood sugar management, medications, and other physical problems can also lead to symptoms of depression.</p> <p>It is important for you to be aware of the signs and symptoms of depression and talk to your health care team about how you feel.</p> <p>Depression can be treated if you get help.</p>

Group Leader Instructions	Talking Points and Discussion Questions
Review:	<p>Signs of depression are listed on page 3 of the brochure:</p> <ul style="list-style-type: none"> ▶ Ongoing sad, anxious, or empty feelings. ▶ Feeling hopeless. ▶ Feeling guilty, worthless, or helpless. ▶ Feeling irritable or restless. ▶ Loss of interest in activities or hobbies once enjoyable, including sex. ▶ Feeling tired all the time. ▶ Difficulty concentrating, remembering details, or making decisions. ▶ Difficulty falling asleep or staying asleep, a condition called insomnia, or sleeping all the time. ▶ Overeating or loss of appetite. ▶ Thinking of death and suicide or suicide attempts. ▶ Ongoing aches and pains, headaches, cramps, or digestive problems that do not ease with treatment.
Reinforce:	<p>If you have signs of depression, it is important to talk to your health care provider so you can get help.</p> <p>Take it seriously when someone threatens to hurt themselves or other people. Get them help right away.</p>

Close the session

- ▶ Take final questions.
- ▶ Thank the group for their participation.
- ▶ Explain homework if applicable (see [Homework Exercises](#) on page 59).

- ▶ Remind participants of the next session. Ask if they have specific questions or issues they would like to see addressed.
- ▶ Ask participants to complete the session evaluation.

Module 3 Exercises

A. Emotional Aspects of Diabetes Think-Pair-Share (13–15 minutes)

The goal of this exercise is to have participants think about the emotional side of managing diabetes or helping a loved one with diabetes and healthy ways to cope.

- ▶ Ask participants to think about the emotional side of managing diabetes or helping a loved one who has diabetes. Write down some of the emotions people might feel. (3–5 minutes)
- ▶ Ask the participants to pair up with another participant and share the list they came up with. Brainstorm some ideas about healthy coping strategies. (5 minutes)
- ▶ Ask one person from each to group to share the ideas they came up with. Write the responses on flipchart paper. (5 minutes)

Variations:

- ▶ *Ask participants to think about what makes them feel emotional or stressed. Brainstorm positive coping strategies.*
- ▶ *Ask participants to think about talking with a loved one about coping with the emotional side of diabetes. Brainstorm positive ways to start the conversation.*

B. Family Support Role Play (12–18 minutes total)

The goal of this exercise is to identify the role loved ones play in supporting a person with diabetes who is trying to cope with the emotional side of the disease. Give the entire group time to read both of the *Stressful Situation Activities* if they have not already done so.

- ▶ Ask for 2 volunteers from the group to role play the couple in Activity 1. Assign each person to play one of the characters.
- ▶ Ask the person playing Karen to talk with her husband about healthy ways she plans to cope with her emotions and how he can support her. If applicable, she can refer to the list the group brainstormed earlier. Ask the person playing the husband to respond. (2–3 minutes)
- ▶ Ask the rest of the group for additional strategies Karen and her husband might discuss. (2–3 minutes)
- ▶ Ask for 3 different volunteers to play the couple in Activity 2 and their adult daughter or son.

- ▶ The couple is in denial about their need to address Bill’s diabetes. Ask the person playing the child to talk to the couple about how they are feeling and how he or she might help support them. If applicable, he or she can refer to the list brainstormed earlier. (2–3 minutes)
 - You may point out that this is a challenging scene because the couple is in denial. Remember, family members are most supportive when they recognize that diabetes is difficult, when they are encouraging, and when they focus on helping the person with diabetes solve problems. Also remember that you can’t make people change, but you can talk about how their behavior makes you feel.
- ▶ Ask the rest of the group for additional strategies for helping a loved one cope with the emotional side of diabetes. (2–3 minutes)
- ▶ Ask the entire group: (2–3 minutes)
 - What is challenging about asking a loved one for help?
 - What is challenging about trying to help a loved one?
 - What are some healthy ways to ask for help or provide support?
- ▶ Thank the volunteers and give them a round of applause.
- ▶ Ask the entire group: What are some key points you learned from this exercise? Write the responses on flipchart paper. (2–3 minutes)

C. Healthy Coping Strategies (8–13 minutes)

The goal of this exercise is for participants to create a plan for coping with an emotional or stressful situation.

- ▶ Pass out the *Healthy Coping Strategies Worksheet*. Ask participants to think about a situation related to their diabetes or helping a loved one with diabetes that causes them to feel emotionally stressed.
- ▶ Ask participants to complete the worksheet. Remind participants that they should be focused on what they can do, not trying to make other people do things. (5–8 minutes)
- ▶ Ask if anyone wants to share some healthy coping strategies they came up with. They don’t have to share the emotionally stressful situation. Give each person who shares a round of applause. *Note: Be careful about allowing participants to comment on the strategies of others unless the person sharing specifically asks for advice from the group. The goal is to encourage people to identify ways to cope with their own emotions. Unsolicited advice can make people feel less empowered.* (3–5 minutes)
- ▶ Ask the group to give themselves a round of applause for making a plan to use healthy coping strategies.

Homework Exercises

- ▶ Ask participants to complete the *Healthy Coping Strategies Worksheet* at home if they did not do this exercise during the session.
- ▶ Ask participants to discuss the *Help a Loved One With Diabetes* fact sheet with friends or family members if they have not already done so.

Expand This Module

Use these resources to learn more about depression, expand the discussion on depression, or as additional resources for participants.

- ▶ *National Institute of Mental Health (NIMH)*. The NIMH mission is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. NIMH provides educational resources, including videos, on its website.
- ▶ *Diabetes and Depression in Older Women* podcast (audio)
- ▶ *NIMH Booklet on Depression* (includes a section on how to help a loved one with depression)
- ▶ *Diabetes at Work Lesson Plan: Emotional Well Being*
- ▶ *Diabetes at Work: What's Depression Got to Do with It?*

Incorporate activities from *CT2: Spirituality as a Guide and Support*.

References

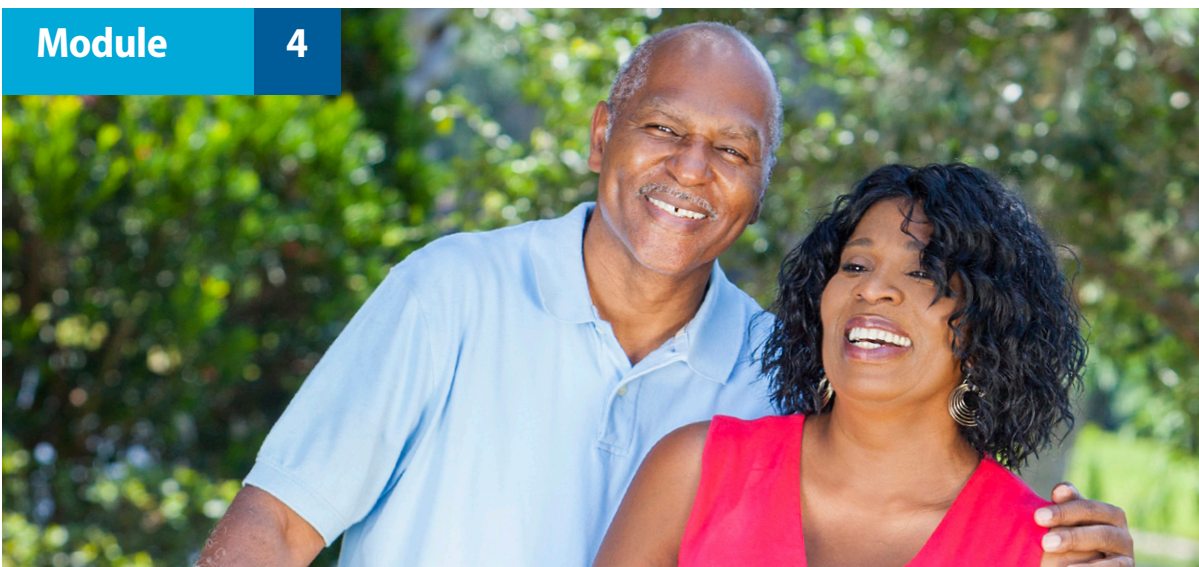
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Overcoming Self-Doubt

Background

Managing diabetes can present many challenges. To be successful, people with diabetes need to be able to set goals, make a plan, monitor their progress, and deal with setbacks. This can be hard if a person has doubts about his or her own ability to be successful. Self-doubt is normal and many people doubt themselves, especially when faced with a new challenge. Positive encouragement can help people overcome self-doubt and take on the challenges of managing diabetes.

The key points of this module are:

- ▶ Self-doubt can hold people back from making healthy changes.
- ▶ People can learn to overcome self-doubt by thinking and behaving in ways that are encouraging and supportive.
- ▶ People can also overcome self-doubt by setting themselves up for success. This means setting goals and taking a proactive approach to problem solving.

Objectives

By the end of the session, participants will be able to:

- ▶ Identify at least 3 thoughts or actions that can lead to self-doubt.
- ▶ Name at least 3 positive thoughts or actions for overcoming self-doubt.
- ▶ Describe at least 3 thoughts or behaviors people with diabetes can use to set themselves up for success in reaching their goals.



Time needed for discussion: 45 to 60 minutes.

Materials

Stories (choose one)

- ▶ *Stressful Situation Activities* – In Activity 1, Karen is overworked and not getting support from family or coworkers. In Activity 2, Bill and Penny are planning a trip and are in denial about Bill’s diabetes (print)
- ▶ *Yvonne’s Story A* – Yvonne talks about how she learned she had type 2 diabetes and overcame denial to make the lifestyle choices to manage her diabetes (audio: about 4 minutes)
- ▶ *Yvonne’s Story B* – Yvonne talks about the challenges she faces in trying to make healthy food choices (audio: about 3 minutes)
- ▶ *Yvonne’s Story C* – Yvonne talks about the importance of not ignoring diabetes and taking action to manage it (audio: about 2 minutes)
- ▶ *Yvonne on Sweets* – Yvonne talks about her challenges trying to make healthier food choices (audio: about 1 minute)
- ▶ *Setting Goals to Improve Your Health* – Experts share tips for setting achievable goals to manage diabetes (video: about 3 minutes. *Optional: this video may be included in addition to one listed above if it has not been used in a previous session.*)
- ▶ The *Debilitator* “Calvin and Tasha” 1:40–2:48 – Calvin and his daughter have a heated discussion about why he is not managing his diabetes (video: about 1 minute)
- ▶ The *Debilitator* “Dr. Goodson and Her Mother” 10:51–12:48 – Dr. Goodson talks to her mother about her concerns over her mother’s diabetes (video: about 2 minutes)
- ▶ The *Debilitator* “Calvin Talks to His Family” 23:00–26:38 – Calvin talks to his family about the importance of taking steps to manage his diabetes (video: about 3 minutes)
- ▶ The *Debilitator* “Diabetes Support Group” 27:23–31:59 – Members of a diabetes support group talk about their challenges living with diabetes (video: about 4 minutes)

Handouts (one for each participant)

- ▶ *Be Your Own Best Friend Worksheet* (page 73).
- ▶ *Making a Plan Worksheet* or *A Guide to Changing Habits*.

Equipment

- ▶ DVD player/TV monitor/computer with audio and projector.
- ▶ Pens or pencils, paper, and an envelope for each member of the group (including the facilitator).
- ▶ Stamps for mailing each envelope.
- ▶ Flipchart or blackboard.

Group Discussion

Managing diabetes can be a challenge, especially if a person doubts his or her own ability to change. People can learn to overcome the self-doubt that can get in the way of making healthy choices and taking care of their diabetes.

Being Your Own Best Friend Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<i>Play video/audio or read story.</i>	
Ask:	What are some actions the character takes that work against him/her? Why do you think he/she does them?
Ask:	Aren't these the excuses that your own worst enemy would give?
Reinforce:	Sometimes the "reason" a person does something is not a factual explanation but an attitude or an emotion that leads to self-doubt.
Ask:	What does it mean to be your own best friend? What kind of actions does a best friend take to help you out?

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>A best friend reminds you how you have already succeeded. You may not have met your A1C goal, but you may be halfway there and that is something to be proud of.</p> <p>A best friend is kind but does not let you make excuses. A best friend reminds you that if you keep trying, you can make it.</p> <p>A best friend might not be as hard on you as you are on yourself.</p> <p>A best friend would help you solve problems. If something didn't work, your best friend would help you figure out why it did not work and what else you can try. They would remind you of what has worked for you in the past. A best friend would not blame you; he or she would look for ways to help you try again.</p> <p>A best friend would not let you give up.</p> <p>A best friend would give you a "reality check." Instead of setting a goal to run a marathon before you are ready, a best friend would help you set a goal of getting an extra 30 minutes of activity this week.</p> <p>A best friend would remind you to think about what is most important to you.</p>
<p>Ask:</p>	<p>How does the character in the story behave like his/her own best friend? (or How could the character act like his/her own best friend?)</p> <p>Could you relate to the character? Why or why not?</p>
<p><i>Option: Conduct Exercise A on page 70.</i></p>	

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> ▶ <i>Feeling guilty.</i> ▶ <i>Telling yourself that you are no good, that you can't do anything right, that you brought this on yourself, and that you'll never change.</i> ▶ <i>Worrying about everyone else, so that you don't take care of yourself.</i> ▶ <i>Feeling fearful of facing the truth.</i> ▶ <i>Seeking out people who are even worse off than you so that you can feel better, but who lead you to do unhealthy things like drinking too much alcohol.</i> ▶ <i>Seeking out people who make you think you cannot change or do better.</i> ▶ <i>Blaming others instead of making changes.</i> ▶ <i>Being angry (at yourself, at others, at how unfair life is).</i> 	<p>Are you ever your own worst enemy? Can you give examples?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> ▶ <i>Telling yourself you can do it.</i> ▶ <i>“Patting yourself on the back” for trying to make good changes, including small ones.</i> ▶ <i>Giving yourself credit for problem solving.</i> ▶ <i>Asking for what you need (such as help with getting more physical activity, restaurant food that is prepared healthfully, or kind words instead of criticisms from friends and family).</i> ▶ <i>Sharing your fears instead of always trying to be the “pillar of strength” for everyone else.</i> ▶ <i>Seeking out people who have faced similar challenges and overcome them.</i> ▶ <i>Seeking out positive people who have positive energy and an upbeat attitude.</i> ▶ <i>Telling yourself that you deserve to have a healthy body, a second chance, time to yourself, the right to love yourself the way you are, and the right to ask for help.</i> 	<p>Are you ever your own best friend? Can you give examples?</p>
<p style="text-align: right;">Ask:</p>	<p>How can you be your own best friend?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Don't beat up on yourself for slip-ups. It is hard to break old habits.</p> <p>But don't let yourself get away with excuses, either. Excuses are your own worst enemy talking.</p> <p>Be kind to yourself. Imagine putting an arm around yourself and thinking about what you could say that would be helpful. Everyone needs comfort, but can it be from a hot bath, from a phone call to an old friend, or from a walk alone with the dog instead of from eating?</p> <p>Sometimes being your own best friend means allowing yourself to grieve—letting your emotions out about loss (of independence, of a loved one, of your health) or about your fears (of possible complications of diabetes, of disability, of death) so that you can move on. A best friend wouldn't tell you to “just hold it all in.”</p>
<p><i>Option: Conduct Exercise A or B on page 70.</i></p>	

Setting Yourself Up for Success Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p>Ask:</p>	<p>Your worst enemy would set you up for failure by putting you in a situation where you could not possibly be successful, or by setting meaningless goals so that you do not feel a sense of pride when you succeed.</p> <p>What else what your worst enemy do to set you up for failure?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Ask:</p>	<p>On the other hand, your best friend would set you up for success by helping you set goals you can achieve and setting goals that are meaningful so you feel proud of yourself when you make it.</p> <p>What else would your best friend do to set you up for success?</p>
<p>Ask:</p> <p><i>Write responses on the flipchart paper.</i></p> <p><i>Examples: Set a goal that was not specific, set too many goals, set a goal that was too hard for his/her current knowledge/skill level, set goals based on what was important to other people instead of what was important to him/her.</i></p>	<p>Can you think of examples from the story where the character set himself/herself up for failure?</p>
<p>Ask:</p> <p><i>Write responses on the flipchart paper.</i></p> <p><i>Examples: Set a goal he/she could achieve, decided exactly what he/she needed to do to be successful, kept going even when it was hard, set a goal he/she could be proud of achieving.</i></p>	<p>Can you think of examples where the character set himself/herself up for success?</p> <p style="text-align: center;">OR</p> <p>What do you think the character could have done to set himself/herself up for success?</p>
<p><i>Optional: Show the Setting Goals to Improve Your Health video.</i></p>	

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Setting yourself up for success means:</p> <ul style="list-style-type: none"> ▶ Setting goals (see goal setting in Module 2). ▶ Choosing goals that are not too difficult, but not too easy. ▶ Developing a specific plan for how you will achieve your goal. For example, I will work on lowering my A1C by one point by my next appointment by taking my medication every day and choosing low-fat snacks. ▶ Choosing behaviors that feel right for you. Walking might work for some people, but if you would rather dance, then you should dance! ▶ Keeping track of your progress. Reward yourself for taking steps toward your goal. ▶ Figuring out what happened when something goes wrong. For example, don't think, "I missed my walk because I'm weak." Think, "I missed my walk because I had too many things on my schedule today—how can I manage my time better?" This will help you identify specific actions you can take to solve the problem. ▶ Not beating up on yourself. Tomorrow will bring another chance to try again. ▶ Reminding yourself that you can do it. ▶ Taking what you have learned from your successes and applying it to what you need to do next.
<p><i>Option: Conduct Exercise A or C on page 70 or 71.</i></p>	

Close the session

- ▶ Take final questions.
- ▶ Thank the group for their participation.
- ▶ Explain homework if applicable (see [Homework Exercises](#) on page 71)
- ▶ Remind participants about the next session. Ask if they have specific questions or issues they would like to see addressed.
- ▶ Ask participants to complete the session evaluation.

Module 4 Exercises

A. Your Own Best Friend Think-Pair-Share (10–14 minutes)

- ▶ Hand out the *Be Your Own Best Friend Worksheet*.
- ▶ Ask participants to review the examples on the worksheet and fill in their own examples. (3–5 minutes)
- ▶ Ask participants to pair up with another member of the group and discuss how they can be their own best friends. (2–4 minutes)
- ▶ Ask one member of each pair to share some key points from their discussion. (5 minutes)

Variations:

- ▶ *Ask participants to think back to a stressful time in their life and imagine what they would tell themselves if they could go back and be a best friend. Share their positive thoughts in the pair.*
- ▶ *Ask participants to think about a challenge they are currently facing. How can they be their own best friend? Share their ideas in the pair.*
- ▶ *Ask participants to think about some of their current goals. Are they setting themselves up for failure or success? How can they set themselves up for success? Discuss in the pair.*

B. Your Own Best Friend Versus Your Own Worst Enemy (5–10 minutes)

The goal of this exercise is for participants to learn how to coach themselves with positive and comforting thoughts.

- ▶ Ask participants to picture a best friend leaning over one shoulder and a worst enemy hovering over the other. A worst enemy doesn't just tempt you with overeating or other unhealthy behaviors; he or she also beats up on you emotionally so that you keep hurting yourself. A best friend puts a comforting arm around your shoulder, offers a kind helping hand, and asks you to forgive yourself so that you can do better next time.

- ▶ Hand out paper, pens or pencils, and envelopes.
- ▶ Ask participants to address the envelopes to themselves.
- ▶ Ask participants to imagine being their own best friends and to write themselves encouraging letters. (5–10 minutes)
- ▶ Ask participants to seal the letter inside the self-addressed envelope and turn it in to the discussion leader/facilitator.
- ▶ Mail the letters 2 days after the session.

C. Set Yourself Up for Success (8–12 minutes)

The goal of this exercise is for participants to set or improve SMART goals and develop a plan for achieving them.

- ▶ Ask participants to pick a goal they would like to work toward and complete the *Making a Plan Worksheet* or the *Let's Make a Plan* handout in the *Guide to Changing Habits* published by the American Diabetes Association. (5–7 minutes)
- ▶ Ask if anyone would like to share their plan with the rest of the group. Applaud each person who shares his or her plan. *Note: Be careful about allowing participants to comment on the plans of others unless the person who shared specifically asks for advice from the group. The goal is to encourage people to identify ways to solve their own problems. Unsolicited advice can make people feel less empowered.* (3–5 minutes)
- ▶ Ask the group to give themselves a round of applause for setting goals to improve their health.

Variation:

- ▶ *If participants have set a goal in a previous session, ask them to evaluate their goal and decide if they have set themselves up for success or been acting as their own worst enemy. Ask participants to identify three specific ways they can improve their goals.*

Homework Exercises

- ▶ Ask participants to complete the *Be Your Own Best Friend Worksheet* if they did not do this during the session.
- ▶ Ask participants to complete the goal setting activity or reevaluate their goals if they did not do this during the session.

References

King, D., Glasgow, R., Toobert, D., Strycker, L., Estabrooks, P., Osuna, D., & Faber, A. (2010). Self-efficacy, problem solving, and social environmental support are associated with diabetes self-management behaviors. *Diabetes Care*, *33*, 751–753.

Kirchbaum, K., Aarestad, V., & Buethe, M. (2003). Exploring the connection between self-efficacy and effective diabetes self-management. *The Diabetes Educator*, *29*(4), 653–662.

Peyrot, M., & Rubin, R. (2007). Behavioral and psychosocial interventions in diabetes: A conceptual review. *Diabetes Care*, *30*(10), 2433–2440.

Be Your Own Best Friend Worksheet

Being Your Own Worst Enemy	Being Your Own Best Friend
Feeling guilty.	Giving yourself a break and telling yourself to try again.
Telling yourself that you are no good, cannot do anything right, brought this on yourself, and will never change.	Reminding yourself that everybody makes mistakes, that it is never too late to make a change; telling yourself that you can do it.
Worrying about everyone else, so that you do not take care of yourself.	Reminding yourself that you have to take care of yourself if you are going to be there for your family.
Being fearful of facing the truth.	Seeking support from friends, family, and faith.
Seeking out people who are even worse off than you so that you can feel better, people who lead you to do unhealthy things like drinking too much alcohol, or people who make you think you cannot change.	Seeking out positive people who have energy and an upbeat attitude. Seeking out people like you who have successfully made changes.
Being angry at everyone, blaming others instead of making changes.	Focusing on behaviors you have control over. Taking positive actions instead of waiting for other people to change.
Thinking your changes are not good enough (for example, criticizing yourself for losing only 5 pounds when you want to lose 50).	“Patting yourself on the back” for making good changes, including small steps; giving yourself credit for problem-solving.
Feeling that you cannot look weak because everyone looks up to you and you would lose respect if you asked for help.	Sharing your fears and not always trying to be the “pillar of strength” for everyone else; realizing that people respect those who are self-confident enough to ask for help.
Feeling that standing up for yourself is selfish and that you will embarrass yourself or your family (for example, that you’ll insult the hostess if you make your need for healthful food known).	Asking for what you need (for example, help with getting physical activity, healthfully prepared food, or kind words instead of criticisms).

Being Your Own Worst Enemy	Being Your Own Best Friend
Providing excuses for others' behavior.	Not blaming yourself ("they're right, I deserve it"), but speaking directly; telling others to suggest ways that they can help instead of criticizing.
WRITE IN YOUR OWN EXAMPLES	



Managing Stress

Background

Stress can set off the “fight or flight” response of the nervous system. This response, which relies on animal instinct instead of thought-out decisions, is helpful in a sudden emergency when a person needs to react quickly by running away or fighting back. But when the fight or flight response remains with people all the time, the feelings can be destructive. When people with diabetes have trouble coping with stress, it might cause them to stop managing their condition or to use unhealthy behaviors to cope. Unmanaged stress can cause people who are helping to support a person with diabetes to “burn out.” Learning to manage stress is very important for people with diabetes and their loved ones.

The key points for this module are:

- ▶ Stress is a normal part of life. People can learn to manage stress so that it does not cause them health problems.
- ▶ Learning to identify the signs of stress is part of the process of learning to manage stress.
- ▶ Strategies for managing stress include:
 - Reducing or eliminating the source of stress.
 - Changing how you respond to stress.
 - Taking a time out.

Note: Group leaders may incorporate some of the discussion questions and activities around spirituality from **CT2: Spirituality as a Guide and Support** and/or **CT3: Commit to Quit: Stopping Smoking** into this module.

Objectives

By the end of the session participants will be able to:

- ▶ Identify at least 2 signs of stress.
- ▶ Name 3 strategies for managing stress.
- ▶ Name 3 examples of healthy actions for managing stress.



Time needed for discussion: 45 to 60 minutes.

Materials

Stories (choose one)

- ▶ *Stressful Situation Activities* – In Activity 1, Karen is overworked and not getting support from family or coworkers (print)
- ▶ The *Debilitator* “Bad Dream” 0:00–3:27 – Calvin has a bad dream about the possible consequences of his uncontrolled diabetes (video: about 3 minutes)
- ▶ The *Debilitator* “Calvin and Tasha” 1:40–2:48 – Calvin talks to his family about the importance of taking steps to manage his diabetes (video: about 1 minute)
- ▶ The *Debilitator* “Dr. Goodson and Her Mother” 10:51–12:48 – Dr. Goodson talks to her mother about her concerns over her mother’s diabetes (video: about 2 minutes)
- ▶ The *Debilitator* “Calvin Talks to His Family” 23:00–26:38 – Calvin talks to his family about the importance of taking steps to manage his diabetes (video: about 3 minutes)

Equipment

- ▶ DVD player/TV monitor or computer with speakers and projector.
- ▶ Small memo pads (3 x 5)—one for each participant—and pens or pencils.
- ▶ Flipchart or blackboard.

Group Discussion

This discussion focuses on stress management.

Stress Reactions Discussion

Group Leader Instructions	Talking Points and Discussion Questions
Review:	<p>It is important to learn healthy ways to manage stress. Stress that is not well managed can cause people to make choices that are bad for their health.</p> <p>Stress is a physical or mental reaction to an event or experience.</p> <p>These events can be good, like planning a wedding or starting a new job. They can also be bad, such as the loss of a loved one or dealing with financial problems.</p> <p>Stress can be short term, like the stress you feel when you are running late. Or it can be long term, like the stress you feel when dealing with job problems. Little stresses can also build up to a point where you have a bad reaction to a minor issue.</p> <p>Stress is a normal and natural response to life events. It is the way a person manages stress that is important. A person can make choices that are not healthy and add to the stress. Or they can make choices that help them take care of their health and cope with the situation.</p>
<i>Play video/audio or read story.</i>	

Group Leader Instructions	Talking Points and Discussion Questions
<p>Ask:</p>	<p>Which characters do you think are experiencing stress, and how are they dealing with it?</p> <p>How could their reactions to the stress be working against them?</p> <p>How could their reactions be helping?</p> <p>Can you relate to the character(s)? Why or why not?</p>
<p>Reinforce:</p>	<p>Everyone responds to stress in different ways.</p> <p>Some people view stressful situations as a challenge to be overcome.</p> <p>Others experience a brain shutdown or emotional short circuit.</p>
<p>Ask:</p>	<p>Think back to your childhood. Were you ever suddenly called on in class to answer a question or do a math problem, and had your mind go blank?</p> <p>What is going on in a situation like that?</p>
<p>Review:</p>	<p>Your brain, in a sense, can short circuit when you are experiencing stress.</p> <p>It is hard to think clearly, to make decisions, and to deal with things that you could normally handle when your brain short circuits and shuts down.</p> <p>You have to let the emotions out and work through them to get your brain back on track.</p>
<p>Ask:</p> <p><i>Examples: Yelling, having a good cry, talking to someone, praying.</i></p>	<p>Have you ever had the feeling of a lump in your throat, a feeling of tightness as if you were closed in, or a feeling that you couldn't think straight because you were upset and were holding in your emotions?</p> <p>What did you do that helped?</p>

Group Leader Instructions	Talking Points and Discussion Questions
Ask:	What are some other reactions you have that are a signal you are “stressing out”?
Reinforce:	<p>Some people experience stress as a feeling (e.g., anger, frustration, panic, overwhelming sadness).</p> <p>Other people have a physical reaction (e.g., sweating, skin breakouts, clenched teeth, a racing heart).</p> <p>Many people will have both (e.g., overwhelming sadness that leads to crying.)</p>
<p>Ask:</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> ▶ <i>Overeating or bingeing, especially on junk food.</i> ▶ <i>Skipping meals.</i> ▶ <i>Drinking alcohol or taking drugs.</i> ▶ <i>Yelling at your children, your spouse, or your friends.</i> ▶ <i>Hitting someone or something.</i> ▶ <i>Staring at the television.</i> 	What are some things people do to try to get rid of the feelings that come from stress that are not healthy?

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>Make sure that the discussion brings out positive actions that people can take to calm their reactions and to increase their decision-making ability.</i></p> <p><i>Examples might include:</i></p> <ul style="list-style-type: none"> ▶ <i>Physical activity. Physical activity has a calming effect that helps you think clearly.</i> ▶ <i>Writing in a diary or journal, or writing a letter to yourself.</i> ▶ <i>Praying.</i> ▶ <i>Talking with others in a support group.</i> ▶ <i>Giving yourself permission to cry. You may feel much better after you let those tears flow, and you may then be able to do what you need to do to help safeguard your health.</i> ▶ <i>Sharing your emotions with your family. Your family members are the most important people in your life, so don't shut them out!</i> <p><i>People can also learn to manage stress.</i></p>	<p>What are some healthy things a person can do to deal with these feelings?</p>
<p><i>Option: Conduct Exercise A on page 84.</i></p>	

Stress Management Discussion

Group Leader Instructions	Talking Point and Discussion Questions
Review:	<p>People can manage stress by:</p> <ul style="list-style-type: none"> ▶ Removing or reducing the source of stress. ▶ Changing how they respond to stress. ▶ Taking a time out.
Review:	<p>A person can sometimes remove or reduce the source of stress.</p> <p>For example, if traffic is causing you stress, you can find a different way home.</p> <p>The challenge here is identifying what is really causing the stress and understanding the difference between the source of the stress and your reaction to it.</p> <p>For example, you might feel an emotional short circuit every time you have to deal with a certain coworker. Is she the source of your stress?</p> <p>Maybe the real source of your stress is the fact that your boss gives you more work than you can handle. This is actually an issue with your boss, not your coworker. The frustration you feel with her is how you are reacting to the situation, but the solution might come from talking to your boss.</p>
Ask:	<p>What do you think were some sources of stress for the character in the story?</p> <p>Can you think of ways the character in the story could remove or reduce his or her source of stress?</p>

Group Leader Instructions	Talking Point and Discussion Questions
<p>Review and ask:</p> <p><i>Examples: Take a time management class, reduce the amount of time you spend on something else, train your coworker, look for another job.</i></p>	<p>You cannot always remove the things that cause you stress. But you can change how you respond to them.</p> <p>For example, your boss may feel that she cannot reassign work to your coworker because you are more qualified.</p> <p>Since you cannot reduce your workload, what can you do to change how you respond to it?</p>
<p>Review:</p>	<p>Follow these steps when you start to feel a brain shutdown or emotional short circuit:</p> <ul style="list-style-type: none"> ▶ Stop before you say or do anything. ▶ Breathe. Take a few deep breaths. Say a prayer or count to five if it helps. ▶ Think. What would happen if you reacted with anger or ate something out of frustration? What other action could you take? Think about the consequences of your actions on your health and on the people around you. ▶ Choose how you will respond. ▶ Then act. You are now in control of your behavior. Even if you decide to react with your original feeling, you have thought about your choice and are aware of the consequences. For example, you might still be angry with your coworker, but by pausing and thinking you can express your anger in a more controlled way, which might be more productive than flying off the handle.
<p>Ask:</p>	<p>What are some other ways you can change how you respond to stress?</p> <p>What might have been different for the character if he/she had changed how he/she responded to the stressful situation?</p>

Group Leader Instructions	Talking Point and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>Responses can include: you pause to decide what to do next, you pause to buy yourself some time, you pause to take care of a problem, you pause to pump up the team or break the other team's scoring streak.</i></p>	<p>You can also take a time out.</p> <p>What does it mean to take a time out in a game? Why do you do it?</p>
<p style="text-align: right;">Ask:</p> <p><i>Response: You get back in the game, you try a new strategy, you go back into the game and play harder.</i></p>	<p>What happens in a game when the time out is over?</p>
<p style="text-align: right;">Review:</p>	<p>Sometimes when you are dealing with a stressful situation you need a time out.</p> <p>This is especially true when you are dealing with a long-term stressor like managing diabetes or supporting a loved one with diabetes.</p> <p>Do things that give you time for yourself and temporarily take your mind off of the situation.</p> <p>It does not mean you are getting out of the game. But if you can take some time away from the stressful situation, you can come back to it more focused or with a calmer attitude.</p> <p>You break the power the stressor has over you. This can help you focus on problem solving and positive steps toward managing the stress.</p> <p>Some ways you might take a time out include participating in a hobby, doing some physical activity you enjoy, going to church, or volunteering for community service.</p>

Group Leader Instructions	Talking Point and Discussion Questions
Ask:	<p>What are some ways the characters in the story could take a time out from their stress?</p> <p>How might this have helped?</p>
Reinforce:	<p>Talk to your doctor if you feel overwhelmed by the stress, or if you have stress symptoms that do not go away after you have tried the stress management skills.</p> <p>You doctor can help rule out any physical causes of your symptoms and refer you to specialists if you need more help.</p> <p>You doctor can also help you figure out if you are experiencing stress or depression and anxiety, which can be treated with counseling and/or medication.</p>
<i>Option: Conduct Exercise A, B, or C, below.</i>	

Close the session

- Take final questions.
- Thank the group for their participation.
- Remind participants about the next session. Ask if they have specific questions or issues they would like to see addressed.
- Ask participants to complete the session evaluation.

Module 5 Exercises

A. Emotional Short Circuits and Brain Shut Downs Think-Pair-Share

(19 minutes)

The goal of this activity is for participants to identify the situations that cause them stress, how they usually respond to stress, and some healthy ways to manage stress.

- ▶ Give each participant a 3 x 5 inch memo pad. Ask them to write down a brief description of at least one time when they experienced brain shutdown, an emotional short circuit, or some other reaction caused by stress and write down

one positive action that they think they could take if this situation were to happen again. (5 minutes)

- ▶ Ask participants to pair up with another member of the group and talk about what they wrote. Ask them to discuss healthy ways they can respond to stress in the future. (4 minutes)
- ▶ Ask one member of the pair to share their stress management ideas with the rest of the group. (5 minutes)
- ▶ Ask participants to write their names on their pads. Emphasize that this book now belongs to them, and that it is small enough to keep with them all the time in a purse, or in the pocket of a shirt or jacket. Tell participants that they may also use the memo pad as a personal journal or diary, or to write a letter to themselves. They can keep the notebook with them and write down:
 - Any situations in which they experienced brain shut down, emotional short-circuit, or some other stress response.
 - What they did (or were tempted to do) in that situation, such as yelling, overeating, or hiding from others.
 - What they plan to do to deal more positively with strong emotions in the future.

Variations:

- ▶ *Ask participants to think about situations that cause them to feel stressed. Ask them to write down ways they respond to the stress. Which ways are healthy and which are unhealthy? Share their ideas in the pair.*
- ▶ *Ask participants to think about a situation that causes them stress and how they can apply one of the 3 strategies for reducing stress. Ask the pairs to discuss their ideas.*

B. Managing Stress Small Group Activity (15 minutes)

The goal of this activity is for participants to identify ways to apply stress management techniques.

- ▶ Ask the group to split up into three small groups.
 - Give each group a copy of Activity 1 from *Stressful Situation Activities*. Assign to each group one of the three stress management strategies—eliminating or reducing stressors, changing the response to stress, or taking a time out.
- ▶ Brainstorm ways the character could apply the assigned strategy to manage her stress. (5 minutes)
- ▶ Ask the small groups to share their ideas with the rest of the group. (5 minutes)

- ▶ Ask participants to discuss the key things they learned from the exercise. Write these on the flipchart paper. (5 minutes)

C. Managing Stress Role Play (17–20 minutes)

The goal of this activity is for participants to identify ways to apply stress management techniques and communicate with others about their support needs.

- ▶ Ask for three volunteers, one to play Karen, one to play Karen’s husband, and one to play Karen’s boss.
- ▶ Tell the rest of the group that they are responsible for coaching Karen through this stressful situation.
- ▶ Ask: “What can Karen do to reduce or eliminate her stress?” Take suggestions from the group. (2 minutes)
 - Ask “Karen” to role play talking with her husband and boss about reducing her stress based on suggestions from the group. (2–3 minutes)
- ▶ Ask: “What can Karen do to change how she responds to the stress?” Take suggestions from the group. (2 minutes)
 - Ask “Karen” to role play talking with her husband and boss about reducing her stress based on suggestions from the group. (2–3 minutes)
- ▶ Ask: “What can Karen do to take a time out?” Take suggestions from the group. (2 minutes)
 - Ask “Karen” to role play talking with her husband and boss about reducing her stress based on suggestions from the group. (2–3 minutes)
- ▶ Ask: “Do you have any other advice for Karen?” (2 minutes)
- ▶ Give the volunteers a round of applause.
- ▶ Ask the group to identify the most important things they learned from this exercise. (3 minutes)

Homework Exercises

Consider adapting activities from [CT2: Spirituality as a Guide and Support](#) and/or [CT3: Commit to Quit: Stopping Smoking](#) for this module.

Expand This Module

Use these resources to learn more about stress management, expand the discussion, or provide additional resources to participants.

American Diabetes Association: Stress

American Psychological Association Mind/Body Health: Stress

American Psychological Association Stress Tip Sheet

Diabetes at Work Emotional Well Being Lesson Plan and Handouts

See CT3: Commit to Quit: Stopping Smoking for additional information about managing stress for participants who smoke or are trying to quit smoking.

Reference

Lloyd, C., Smith, J., & Weigner, K. (2005). Stress and diabetes: A review of the links. *Diabetes Spectrum*, 18(2), 121–127.



Problem Solving and Emergency Preparedness

Background

Problems are a normal part of life. However, for people with diabetes, minor problems can have a major impact on their health if they are not prepared to deal with them. Schedule delays, sickness, and dangerous weather can lead to skipped meals and missed medications. It is important for people with diabetes to learn good problem solving skills that will help them prepare for the unexpected and take care of their health when problems happen.

This module also contains a discussion on preparing for emergencies and natural disasters.

The key points for this module are:

- ▶ Good problem solving skills can help a person with diabetes be prepared to work through problems and manage their diabetes.
- ▶ Good problem solving skills involve being able to recognize a problem, developing a plan to solve the problem, preparing for and using your plan, and evaluating how well your plan worked.
- ▶ It is important for people with diabetes and their families to be prepared for emergencies and natural disasters like hurricanes, snowstorms, and earthquakes.

Note: Group leaders can incorporate some of the resources from **CT1: Understanding Health Information** into this module. It might be helpful to ask participants at the end of the previous session about any problems they have with managing diabetes or supporting a loved one with diabetes that they would like to learn more about solving. You can then focus this session on helping participants learn to find ways to solve their specific problems. Keep in mind that your goal is not to provide answers for participants—your goal is to help them learn to find ways to solve problems on their own.

Objectives

By the end of the session, participants will be able to:

- ▶ Name the 4 steps to successful problem solving.
- ▶ Name at least 3 action steps they can take to prepare for an emergency.



Time needed for discussion: 45 to 60 minutes.

Materials

Stories

- ▶ Choose one of the following:
 - *Stressful Situation Activities* – In Activity 1, Karen is overworked and not getting support from family or coworkers ([print](#))
 - *Jacquie’s Story A* – Jacquie talks about growing up with type 1 diabetes and learning to manage the disease on her own as she became an adult (audio: about 7 minutes)
 - *Jacquie’s Story C* – Jacquie talks about growing up with type 1 diabetes, and how it impacted her as a teenager and young adult (audio: about 6 minutes)
 - *LyCynthia and Terry’s Story 7:12–12:54* – Terry talks about the importance of learning more about how LyCynthia manages her diabetes (audio: about 4 minutes)
 - *Yvonne’s Story B* – Yvonne talks about the challenges she faces in trying to make healthy food choices (audio: about 3 minutes)
- ▶ *Optional*
 - *Healthy Eating at Family Gatherings and Special Events* (video: about 3 minutes)
 - *Diabetes Travel Tips* (video: about 4 minutes)

Handouts (one for each participant)

- ▶ *Managing Your Diabetes at Work, School, and During Travel* from *Take Charge of Your Diabetes*
- ▶ *Diabetes Disaster Preparedness* (this is a long document—you may want to provide just a few of the checklists) or *Being Prepared for a Disaster When You Have Diabetes* (an easier-to-read option)
- ▶ *Problem Solving Plan Worksheet*

Equipment

- ▶ DVD player/TV monitor/computer with audio and projector.
- ▶ Flipchart or blackboard.

Group Discussion

It is very important for people with diabetes to be able to resolve the problems that might affect their ability to manage their diabetes. Good problem solving skills can help you deal with the unexpected and take care of your health.

Problem Solving Discussion

Group Leader Notes	Talking Points and Questions
<i>Read Activity 1 from Stressful Situation Activities or ask participants to role play it.</i>	
Ask:	<p>What problems happened in the story?</p> <p>How do you think the problem might have affected the character's ability to manage their diabetes?</p> <p>How did the character deal with the problem?</p> <p>Do you think this was a strategy that worked? Why or why not?</p> <p>What other kinds of problems can people with diabetes have that affect their health?</p>

Group Leader Notes	Talking Points and Questions
<p>Reinforce:</p>	<p>Problems are a part of life. People oversleep and run late, flights are delayed, and people get sick.</p> <p>These everyday problems can be serious for a person with diabetes because they can affect your ability to take care of your health.</p> <p>People who develop good problem solving skills are better prepared to take care of problems when they come up.</p> <p>Most problems can be solved. It is important to recognize problems when they happen and come up with a solution that will work, instead of acting without thinking or doing nothing at all.</p> <p>Being prepared can help you successfully take care of problems when they happen.</p>
<p>Ask:</p>	<p>Do you think any of the characters in the story acted without thinking or did not do anything at all about the problem?</p> <p>Why do you think they reacted to the problem this way?</p> <p>What do you think the character can do to be better prepared for problems in the future?</p>
<p><i>Optional: Show Healthy Eating and Family Events and Special Gatherings video.</i></p> <p>Ask:</p> <p><i>Or show Diabetes Travel Tips.</i></p> <p>Ask:</p>	<p>What useful tips did you learn from this video? What other strategies can you think of for sticking to your plans during family events?</p> <p>Was there any information in the video that was new to you? What tips can you use even when you are not taking a trip? What other strategies can you use to be prepared while you are away from home?</p>

Group Leader Notes	Talking Points and Questions
<p>Review:</p>	<p>There are four steps to successful problem solving.</p> <p>First, recognize when there is a problem and understand what is causing it.</p> <p>You may need to think about a situation to really understand the root cause of the problem.</p> <p>For example, a person might skip breakfast because they are running late.</p>
<p>Ask:</p> <p><i>Examples: the person is not sleeping well, the person is going to bed late, the person is depressed and has trouble getting out of bed, the person might have really low blood sugar in the morning.</i></p>	<p>What might be causing this problem?</p>
<p>Reinforce:</p>	<p>A person who has trouble waking up in the morning because they stay up too late has a very different problem from a person who has trouble getting up in the morning because they are depressed.</p>
<p>Ask:</p>	<p>What do you think might be some root causes of the character's problems in the story?</p>
<p>Reinforce:</p>	<p>When you understand what is actually causing the problem, you can start to come up with solutions that will work.</p>

Group Leader Notes	Talking Points and Questions
<p style="text-align: right;">Review:</p> <p><i>(See Expand This Module on page 97 for more information on developing sick day plans).</i></p>	<p>Second, come up with a plan to solve the problem.</p> <p>This may mean learning more about the problem. For example, do you know what to do if you get sick and cannot eat your regular diet?</p> <p>You may need to learn more about how to take care of yourself when you are sick in order to come up with a plan to manage your diabetes on sick days.</p> <p>You should also think about what might get in the way of your plan and how you can overcome possible barriers.</p>
<p style="text-align: right;">Ask:</p> <p><i>Note: CT1: Understanding Health Information has resources that address some of the information needs of people with diabetes.</i></p>	<p>Do you think the characters understood enough about their problems to develop a plan?</p> <p>How do you think they could have been more prepared for the barriers they faced?</p> <p>Where could they go for more information?</p>
<p><i>Hand out Managing Diabetes at Work, School and During Travel. Explain that this handout has tips for helping people with diabetes be prepared for common problems when they are away from home.</i></p> <p><i>Expand This Module on page 97 has additional resources for solving common problems that people with diabetes face, such as managing high or low blood glucose.</i></p>	<p>These resources have information to help you make a plan to manage diabetes at work, at school, and during travel.</p>

Group Leader Notes	Talking Points and Questions
<p>Review:</p>	<p>Third, get ready to use your plan the next time you have the problem.</p> <p>Decide what you are going to do, how you are going to do it, and take action to make sure you are ready to use your plan.</p> <p>If your plan is to keep easy-to-grab-and-go foods in the house for days you are running late, your next step is to go buy those foods.</p> <p>If you have what you need in place, you will be more likely to use your plan when the problem happens.</p> <p>Use your plan the next time you have the problem.</p>
<p>Review:</p>	<p>When you have tried your plan, decide what parts worked and what parts did not work in order to improve it.</p> <p>Decide what you will do differently next time.</p> <p>Learn from what works and apply it to other problems.</p>
<p>Reinforce:</p>	<p>Do not give up. Keep an overall positive attitude toward problems.</p> <p>When problems arise, stay calm and remind yourself that you can solve them.</p>
<p><i>Option: Conduct Exercise A on page 96.</i></p> <p><i>Option: Use questions from Module 2 or Module 7 to facilitate a discussion on family support for problem solving.</i></p>	

Disaster Preparedness Discussion

Group Leader Instructions	Talking Points and Discussion Questions
Reinforce:	It is important for people with diabetes and their families to be ready for an emergency or natural disaster.
<p>Ask:</p> <p><i>Hand out Diabetes Disaster Preparedness or Being Prepared for a Disaster When You Have Diabetes.</i></p>	What are some things you think a person with diabetes needs to do in order to be ready for an emergency?
Reinforce:	<p>Make an emergency supply kit.</p> <p>Let people know you have diabetes. Wear an ID bracelet or something that will identify you as a person with diabetes.</p> <p>Keep emergency supplies of water so you have enough to drink. Stay hydrated.</p> <p>Keep emergency supplies of food.</p> <p>Keep something like glucose tablets or juice that has sugar in it with you at all times to treat low blood sugar.</p> <p>Check your feet every day and get help for any cuts or sores.</p> <p>Keep a list of all of your medicines, drugstores, doctors, and medical conditions in a zip lock bag.</p> <p>Take your medications and check your blood sugar.</p> <p>Make a plan for how you will keep in touch with family members. Keep the phone numbers of out-of-town family or friends you can call in case you have trouble reaching people who live near you.</p>
<i>Option: Conduct Exercise B on page 96.</i>	

Close the session

- ▶ Take final questions.
- ▶ Thank the group for their participation.
- ▶ Explain homework if applicable (see [Homework Exercises](#) on page 97)
- ▶ Remind participants about the next session. Ask if they have specific questions or issues they would like to see addressed.
- ▶ Ask participants to complete the session evaluation.

Module 6 Exercises

A. Problem Solving Think-Pair-Share (12–19 minutes)

The goal of this activity is to have participants begin to develop a plan for common problems that affect their ability to manage their diabetes or support a loved one with diabetes.

- ▶ Give each participant the *Problem Solving Plan Worksheet*. Ask them to think about a problem they have related to managing their diabetes or supporting a loved one with diabetes and complete the worksheet. (5–10 minutes)
- ▶ Ask participants to pair up with another group member and discuss their plan. (2–4 minutes)
- ▶ Ask participants to share their plans.
- ▶ *Note: Be careful about allowing participants to comment on the plans of others unless the person sharing specifically asks for advice from the group. The goal is to encourage people to identify ways to solve their own problems. Unsolicited advice can make people feel less empowered.* (5 minutes)

Variations:

- ▶ *Ask participants to develop sick day plans.*

B. Preparing for Emergencies (10–15 minutes)

The goal of this activity is for participants to identify tasks they need to complete in order to be ready for an emergency like a natural disaster.

- ▶ Ask participants to work in small groups. Give each person a copy of the checklists from *Diabetes Disaster Preparedness* or *Being Prepared for a Disaster When You Have Diabetes*.
- ▶ Ask participants to review the lists. Identify items they have and items they do not have. Ask participants to identify three things they will do in the next week to get ready for an emergency. (5–10 minutes)

- ▶ Ask participants to share their ideas for getting ready for an emergency. (5 minutes)

Homework Exercises

Choose one:

- ▶ Ask participants to take care of one to-do item from their *Problem Solving Plan Worksheet*.
 - If participants did not complete this during the session, pass it out and ask them to complete it at home.
- ▶ Ask participants to take care of at least one of the to-do items they identified in the disaster preparedness activity.
- ▶ Ask participants to take the *Being Prepared for a Disaster When You Have Diabetes* brochure home and complete or review the family communication plan with family members.

Expand This Module

Use these resources to learn more about the topics in this module, expand the discussion, or as resources for participants.

Tips for Solving Common Problems

- ▶ *Taking Charge of Your Diabetes: Managing Your Diabetes*
- ▶ *Taking Charge of Your Diabetes: Low Blood Glucose*
- ▶ *Taking Charge of Your Diabetes: High Blood Glucose*
- ▶ *People with Diabetes Eating Right When Money's Tight*
- ▶ *Have Diabetes. Will Travel.*
- ▶ *Heading Back to School with Diabetes*

Sick Day Plan Resources

- ▶ *Taking Charge of Your Diabetes: Records for Sick Days*
- ▶ *Taking Charge of Your Diabetes: When You're Sick*

Emergency Preparedness Resources

- ▶ *Diabetes Care During Natural Disasters, Emergencies and Hazards*
- ▶ *Taking Care of Your Diabetes at Special Times: When There's an Emergency or Natural Disaster*

References

Funnell, M., & Anderson, R. (2004). Empowerment and self-management of diabetes. *Clinical Diabetes*, 22(3), 123–127.

Hill-Briggs, F. (2003). Problem solving in diabetes self-management: A model of chronic illness self-management behavior. *Annals of Behavioral Medicine*, 25(3), 182–192.

Problem Solving Plan Worksheet

What is a problem you have managing your diabetes that you would like to solve?

What are some of the root causes of this problem?

What, if any, information do you need to come up with a plan to solve this problem?

What might get in the way of solving this problem? How can you overcome these barriers?

What are you going to do to try to solve this problem?

Write down action steps you need to take to get ready to use your plan and when you will take care of each step.

To Do	Finish by

What did you learn from using your plan? What worked? What will you do differently next time?



Children and Family: How Can They Understand?

Note: It is helpful if participants bring children and family members to this session. Adapt this session to meet the needs of your participants. For example, if most of your participants do not have children, you can leave out the discussions and activities related to helping children understand. If your participants are not married or do not have close family members, you can focus discussions and activities on how to get support from friends.

Background

Many people have concerns about sharing their health fears and worries with family. Often people think that children will not be able to understand, and that it is better to protect them from information about health problems, even when their children have grown into adults. It can be hard for some people to ask for support from family members or accept their help. Some people think that family members will not be willing or able to make the lifestyle changes that would be better for the person with diabetes—better, in fact, for everyone in the family. Open and supportive communication is important for the person with diabetes and their family, and can make a big difference in successfully managing the disease.

The key points for this module are:

- ▶ It is important to have open communication about diabetes with children and other family members.
- ▶ Families are an important source of support for loved ones with diabetes.
- ▶ Family members should try to provide support that is encouraging and based on the needs of the person with diabetes.

Objectives

By the end of the session participants will be able to:

- ▶ Name at least 2 strategies for discussing diabetes with children and family members.
- ▶ Name at least 3 behaviors or actions that are not helpful when trying to provide support to a loved one with diabetes.
- ▶ Name at least 3 helpful behaviors or actions a family member can take to support a loved one with diabetes.



Time needed for discussion: 45 to 60 minutes.

Note: Information and activities from **CT1: Understanding Health Information** and **CT4: Preventing Type 2 Diabetes** may be incorporated into this module.

Materials

Stories

- ▶ Choose one of the following for groups with children who are aged 18 or younger, and/or adult children:
 - *Jacquie's Story A* – Jacquie talks about growing up with type 1 diabetes and learning to manage the disease on her own as she became an adult (audio: about 7 minutes)
 - *Jacquie's Story C* – Jacquie talks about growing up with type 1 diabetes, and how it impacted her as a teenager and young adult (audio: about 6 minutes)
 - *LyCynthia and Terry's Story* – LyCynthia talks about how her family has helped her manage her diabetes since childhood. Terry talks about his role as her husband in helping her manage her diabetes (audio: about 30 minutes. Tip: review the transcript to pick the section of the story that will work best for your group.)
 - The *Debilitator* “Calvin Talks to His Family” 23:00–27:22 – Calvin talks to his wife and children about his diabetes and the support he will need (video: about 4 minutes)
- ▶ Choose one of the following for groups with mostly adult children:
 - *It Takes a Family* – The Clayton family works together to support their elderly father who has diabetes (video: about 3 minutes)
 - The *Debilitator* “Tasha and Calvin” 1:40–2:48 – Calvin and his daughter have a heated discussion about why he is not managing his diabetes (video: about 1 minute)

- The *Debilitator* “Dr. Goodson and Her Mother” 10:51–12:48 – Dr. Goodson talks to her mother about her concerns over her mother’s diabetes (video: about 2 minutes)
- ▶ Choose one of the following for examples of couples:
 - *It Takes a Family* – The Clayton family works together to support their elderly father who has diabetes (video: about 3 minutes)
 - *A Little Help Goes A Long Way* – With the support of her husband Alfred, Linda makes a plan to make healthier lifestyle choices to improve her ABCs (print)
 - *Stressful Situation Activities* – In Activity 1, Karen is overworked and not getting support from family or coworkers. In Activity 2, Bill and Penny are planning a trip and are in denial about Bill’s diabetes (print)
 - *Jacquie’s Story B* – Jacquie talks about the importance of family support in managing diabetes (audio: about 1 minute)
- ▶ *Living with Type 2 Diabetes: Finding the Support You Need* – Experts talk about the importance of finding support for managing diabetes from friends, family, and community (video: about 3 minutes)

Handouts (one for each participant)

- ▶ *Tips for Kids: What is Diabetes?* (option for participants who have teenagers or younger children)
- ▶ *Stressful Situation Activities* (Activity 1 or 2)
- ▶ *How Can I Help Worksheet* (page 114)
- ▶ *Learn About Diabetes Together* worksheet (page 115).
- ▶ *Team Roster Worksheet* (page 116)

Equipment

- ▶ DVD player/TV monitor or computer with speakers and projector.
- ▶ Flipchart or blackboard for writing down key words from discussion.

Group Discussion

This session will focus on developing healthy communication with children and family members.

Helping Your Children* Understand Discussion

**In this discussion, “children” can refer to adult children as well as children who are younger than age 18.*

Group Leader Instructions	Talking Points and Discussion Questions
<i>Play one of the videos or read one of the stories about talking with family members.</i>	
Ask:	<p>What emotions do you think the child in the story is feeling?</p> <p>What do you think children understand about diabetes and its complications?</p> <p>What do you think they can they handle?</p>
Reinforce:	<p>It depends on the age of your child. A 6-year-old may have “magical (unrealistic) thinking,” while a 10-year-old may have a better understanding of the seriousness of a disease like diabetes.</p> <p>Adult children may find it hard to step into the role of caregiver for their parent.</p> <p>Children at any age can feel guilty, angry, scared, or fearful about their own future.</p>
<i>“Communicate” refers to the way the person shares information with their family members.</i>	<p>Ask: What do you think about how the character with diabetes talks to his/her family in the story?</p> <p>Do you think that having this style of communication will help the character live healthfully with diabetes?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Ask:</p> <p><i>“Relate” refers to the character’s attitude or the way the character interacts with family members (for example, passive, open, or bossy).</i></p>	<p>What do you think about how the character with diabetes relates to his/her children? What do you think about his/her attitude or behavior?</p> <p>Why do you think they choose to relate to their children this way? Can you imagine relating/talking with your family this way? Why or why not?</p>
<p>Ask loved ones:</p>	<p>Can you identify with what the children are thinking or feeling? Why or why not?</p>
<p>Reinforce:</p>	<p>You can hurt yourself or your family members by not talking to them about diabetes because you are worried that the information may scare them. Sometimes, not knowing is actually more scary. People can take positive actions when they understand what is happening.</p> <p>Sometimes just talking about something may not seem as if it would do much good, but getting something off your chest can be a huge relief.</p> <p>It is hard to live with diabetes if you are carrying around the knowledge of your condition as a big secret or a big burden in your heart without sharing it.</p>
<p>Ask:</p>	<p>Do you think that there are any risks when talking to family members about serious health topics that may affect you?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>An important way to follow up with your children is to make sure that they are OK emotionally after you have told them about your diabetes.</p> <p>Ask them later what they thought about the conversation, what they think caused the diabetes, and what they think is going to happen to you. Children of any age may have fears of their own that they are not telling you but need to express.</p> <p>Family members may be worried about how physically active the person with diabetes can be, or what they can eat. But they may not understand the family member's diet plan. For example, they may think the person with diabetes can only have sugar-free foods. If family members learn more about diabetes and how it is managed, they can be less worried and more supportive.</p>
<p><i>Optional: Pass out Tips for Kids: What is Diabetes? This colorful, easy-to-read, reproducible tip sheet contains the basics about managing type 2 diabetes for children and their families. It also includes a list of resources where you can get more information for children.</i></p>	
<p><i>Optional: Discuss the way the person with diabetes communicated with his/her spouse. Discuss challenges and benefits of talking to a spouse or partner about living with diabetes.</i></p>	
<p><i>Option: Conduct Exercise A on page 110.</i></p>	

Supporting a Loved One With Diabetes Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>See note above for an explanation of what is meant by “communicate” and “relate” in this discussion.</i></p>	<p>What do you think about the way the child talks/relates to the parent with diabetes?</p> <p>What are they thinking or feeling?</p> <p>How do you think the parent feels about what the child said or did?</p> <p>Can you image having a conversation like this with your parent? Why or why not?</p>
<p>Ask the people with diabetes:</p>	<p>Can you identify with the parent in the story? Why or why not?</p>
<p style="text-align: right;">Ask:</p> <p><i>Possible responses:</i></p> <ul style="list-style-type: none"> ▶ <i>Bring the subject up when the parent is calm.</i> ▶ <i>Write the parent a note telling her again why helshe is worried and saying that helshe loves the parent and wants to help.</i> ▶ <i>Offer to go to a doctor’s appointment together.</i> 	<p>What can the children do to turn their concern into helpful action?</p>
<p><i>Show Living With Diabetes: Finding the Support You Need.</i></p>	

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Family support is very important for people who are managing diabetes.</p> <p>Remember that this is a condition they have to learn to manage day in and day out for the rest of their lives.</p> <p>Supportive family relationships can make it easier for the person with diabetes to make healthy choices.</p> <p>Family members are also important for helping to keep the person with diabetes safe and healthy. For example, a family member may be the first person to notice signs of hypoglycemia and get help. They need to know the right things to do so they do not freeze up from fear.</p>
<p>Ask:</p>	<p>Can you think of examples from the story of things the children/family said or did that might have made managing diabetes harder for the parent?</p>
<p>Reinforce:</p>	<p>Family actions that can make it more difficult for the person with diabetes include:</p> <ul style="list-style-type: none"> ▶ Nagging or making the person with diabetes feel guilty. ▶ Criticism of the person's choices or behavior. Making demands that the person change or make different choices. ▶ Being overprotective. ▶ Ignoring the person with diabetes' self-care needs. For example, not having healthy options at family meals or complaining when the person has to check their blood sugar. ▶ Avoiding discussions about diabetes.
<p>Ask:</p>	<p>Can you think of examples from the story of things the children/family said or did that might have been helpful to the person with diabetes?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Family actions that can help a person with diabetes include:</p> <ul style="list-style-type: none"> ▶ Learning about diabetes. ▶ Encouraging the person with diabetes to be independent and take care of themselves. ▶ Helping the loved one solve problems (not solving the problems for them). ▶ Providing encouragement. ▶ Celebrating successes. ▶ Providing constructive support. For example, taking turns cooking dinner so the person with diabetes has time to go for a walk. Set specific support goals.
<p>Ask:</p> <p><i>Examples: if the person is in denial or stubborn, if they won't tell you what is going on with them, if the person treats you like a child, if talking about diabetes brings up fears about your own health or the future.</i></p>	<p>What can be difficult about being supportive in these ways?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce and ask:</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> ▶ <i>Learn more about diabetes. Get to know your loved one's health care team.</i> ▶ <i>Learn about ways to reduce your risk for diabetes and take action. (See CT4: Preventing Type 2 Diabetes for more information about preventing diabetes.)</i> ▶ <i>Talk to the person about how they would like your help. Set specific goals.</i> ▶ <i>Avoid taking on too much responsibility for managing the person's health. Do not become the "health police."</i> ▶ <i>Talk to a friend, another family member, your pastor or religious/spiritual advisor, or someone else your trust.</i> ▶ <i>Join a support group.</i> 	<p>These are situations that can cause you to feel frustrated and angry with your loved one.</p> <p>This can cause you to nag, criticize, avoid the person, or take other actions that make the issue worse.</p> <p>What are some positive things you can do to cope with the situation/emotions so you can be supportive?</p>
<p><i>Optional: Discuss how the spouse/partner related to the person with diabetes in the story. Discuss challenges and benefits of supporting a spouse or partner living with diabetes.</i></p>	
<p><i>Option: Conduct Exercise A or B on page 110.</i></p>	

Close the session

- ▶ Take final questions.
- ▶ Thank the group for their participation.
- ▶ Explain homework if applicable (see [Homework Exercises](#) on page 112)
- ▶ Remind participants about the next session. Ask if they have specific questions or issues they would like to see addressed.
- ▶ Ask participants to complete the session evaluation.

Module 7 Exercises

A. Children and Family Think-Pair-Share (15 minutes total)

The goal of this exercise is for participants to identify ways to communicate with children and family members about their support needs.

- ▶ Ask participants to think about their concerns about discussing their diabetes with their children or family members. Family members can think about discussing their concerns with their loved one with diabetes. Write down what concerns them most. (5 minutes)
- ▶ Ask participants to pair up with another group member. Brainstorm positive ways to address their concerns. (5 minutes)
- ▶ Ask one member of the group to share their ideas for communicating with family members. (5 minutes)

Variations:

- ▶ *Ask participants to think about their concerns about supporting a loved one with diabetes, or receiving support from a child or family member. In the pairs, they can brainstorm ways to overcome their concerns.*
- ▶ *Ask participants to think about ways they can help a loved one with diabetes, or the kinds of help they would like to receive. Ask participants to share their ideas in the pair.*

B. How Can I Help? (15–20 minutes)

The goal of this exercise is for participants to think about positive, constructive ways they can support a family member with diabetes and set goals for providing support.

- ▶ Distribute the *How Can I Help Worksheet*.
- ▶ Ask participants to complete this exercise with their family member(s). Family members should open the discussion with “How can I help?” (10–15 minutes)

- ▶ The families should discuss specific ways they can provide support.
 - *Optional: Show [Setting Goals to Improve Health](#) video.*
- ▶ The family members will set 3 goals.
 - **Reach Your Goals:** Set one goal related to providing support to help the person with diabetes reach their self-management goals. This goal should be based on goals the person with diabetes has set and can focus on providing moral support such as “I will go for a walk with you once a week to help you reach your physical activity goal.”
 - **Take Care of Yourself:** Set one goal related to creating a supportive and safe environment for the person to manage their diabetes. Examples: “I will learn the signs of hypoglycemia and what to do about it or I will bring a healthy snack when I come over to watch the game.”
 - **Take Care of Myself:** Set one goal to improving their own health. Examples “I will learn about what I can do to prevent diabetes or I will go see my doctor for a check-up.”
 - *Optional: Ask all of the family members to sign the worksheets.*
- ▶ Ask the group if anyone would like to share their plans.

Note: Be careful about allowing participants to comment on the plans of others unless the person who shares specifically asks for advice from the group. The goal is to encourage people to identify ways to solve their own problems. Unsolicited advice can make people feel less empowered. (5 minutes)

- ▶ Remind participants to keep track of their progress toward achieving their goals. Make notes about how their ideas are working. Work with the family member to make changes to any goals that are not working. Set new goals when needed.
- ▶ Ask the entire group to give themselves a round of applause for developing a plan to support their loved one with diabetes.

C. Family Support Role Play (12–18 minutes total)

The goal of this exercise is to identify the role loved ones play in supporting a person with diabetes. Give the entire group time to read both of the [Stressful Situation Activities](#) if they have not already done so.

- ▶ Ask for 2 volunteers from the group to role play the couple in Activity 1. Assign each person to play one of the characters.
- ▶ Ask the person playing Karen to talk with her husband about the kinds of support he needs from her. If applicable, she can refer to the list the group brainstormed earlier. Ask the person playing the husband to respond. (2–3 minutes)

- ▶ Ask the rest of the group for additional strategies Karen can use to open the conversation with her husband. (2–3 minutes)
- ▶ Ask for 3 different volunteers to play the couple in Activity 2 and their adult daughter or son.
- ▶ The couple is in denial about their need to address Bill’s diabetes. Ask the person playing the child to talk to them about how they are feeling and how he or she might support them. If applicable, he or she can refer to the list brainstormed earlier. (2–3 minutes)
 - You may point out that this is a challenging scene because the couple is in denial. Remember, family members are most supportive when they recognize that diabetes is difficult, when they are encouraging, and when they focus on helping the person with diabetes solve problems.
- ▶ Ask the rest of the group for additional strategies for starting a conversation with a loved one who has diabetes. (2–3 minutes)
- ▶ Discuss (2–3 minutes):
 - What is challenging about asking a loved one for help?
 - What is challenging about trying to help a loved one?
 - What are some healthy ways to ask for help or provide support?
- ▶ Thank the volunteers and give them a round of applause.
- ▶ Ask the entire group: What are some key points you learned from this exercise? Write the responses on flipchart paper. (2–3 minutes)

Homework Exercises

- ▶ Pass out copies of *Help a Loved One with Diabetes* or *Tips for Kids: What is Diabetes?* Ask participants to discuss with family members.
- ▶ Pass out copies of the *Learn About Diabetes Together* worksheet. Ask participants to visit one or more of the websites listed with their children or family members to learn more about diabetes. If you do not have a computer at home or church, you can use the computers at your local library. The point of this activity is not just to get educational materials—it is also to get your family involved in learning more and talking more about diabetes. See [CT1: Understanding Health Information](#) for more information about evaluating online health information.
 - *Option: Leave time after the session for participants to use the computers in your facility for this exercise.*

- ▶ Pass out copies of the *Team Roster Worksheet*. Explain that the person with diabetes is the General Manager (GM) and responsible for making sure that everyone on the team understands their position or role. Work with family members to complete the roster. Family members should talk about how they can support the person with diabetes and write down their specific roles on the roster. Write down contact information in the stats column. Make copies for family members to keep in a place where they can find it quickly. Remind participants that the general manager can move or change positions as needed. The general manager will need to keep the roster up-to-date.

Expand This Module

Use these resources to learn more about the importance of family support, expand the discussion, or provide additional resources to participants.

Sharing the Care: The Role of the Family in Chronic Illness

See [CT4: Preventing Type 2 Diabetes](#) for ideas about including diabetes prevention in this session.

References

Rosland, A. M. (2009). *Sharing the care: The role of family in chronic illness*. Oakland, CA: California HealthCare Foundation.

Rosland, A.M., Heisler, M., & Piette, J. (2012). The impact of family behaviors and communication patterns on illness outcomes: A systematic review. *Journal of Behavioral Medicine*, 35, 221–239.

How Can I Help Worksheet

What can I do to help you reach your goals?

What can I do to help you take care of yourself?

What can I do to take care of myself?

What would you like for us to do together that would help you reach your goals?

Learn About Diabetes Together

Visit these websites for more information about diabetes:

www.yourdiabetesinfo.org

<https://diabetesatwork.org/NextSteps/LessonPlans.cfm>

<http://www.diabetes.org/living-with-diabetes/parents-and-kids/>

www.diabetes.org

What can a person with diabetes do to manage the disease?

What can family members do to support a loved one with diabetes?

Team Roster Worksheet

General Manager:

Player	Position (role)	Stats (phone number, email, address, etc.)
	Doctor/Nurse Practitioner/Physician Assistant	
	Diabetes Educator	
	Drug Store/Pharmacist	
	Foot Doctor (podiatrist)	
	Dentist	
	Eye Doctor (optometrist)	

Notes:



Working With Your Doctor

Background

Many people find it hard to talk with their health care providers. They may not be sure what questions to ask the doctor, or they may think that the doctor is in a hurry and does not have the time to answer their questions. Being prepared can help a person with diabetes get the most out of their visits with health care professionals.

The key points of this module are:

- ▶ Prepare for your visit by writing down your questions for the doctor, and bringing a list of all prescription and over-the-counter medicines, vitamins, and herbs you take.
- ▶ Ask questions during the visit, especially if you do not understand.
- ▶ If it would be helpful, talk with your family to find ways for them to support you in working with your health care team.

Note: Resources and information from **CT1: Understanding Health Information** can be incorporated into this module. It may be useful to ask participants at the previous session about specific issues they have communicating with health care providers or understanding health information.

Objectives

By the end of this session, participants will be able to:

- ▶ Name at least 3 ways they can get the most out of their visits with health care professionals.
- ▶ Name at least 2 ways family members can provide support during visits to health care professionals.



Time needed for discussion: 45 to 60 minutes.

Materials

Stories (choose one)

- ▶ *Getting Ready for Your Diabetes Care Visit* – Dr. Gavin talks about the steps to get ready for a visit with the health care team (video: about 3 minutes)
- ▶ *Partnering with Your Diabetes Care Team* – Dr. Gavin reviews the key things a person with diabetes should address at every visit with a health care professional (video: about 4 minutes)
- ▶ *It Takes a Family* – The Clayton family works together to support their elderly father who has diabetes (video: about 3 minutes)
- ▶ *Jacquie's Story A* – Jacquie talks about growing up with type 1 diabetes and learning to manage the disease on her own as she became an adult (audio: about 7 minutes)
- ▶ *Jacquie's Story C* – Jacquie talks about growing up with type 1 diabetes, and how it impacted her as a teenager and young adult (audio: about 6 minutes)
- ▶ The *Debilitator* “Calvin’s Doctor Appointment” 13:10–19:21 – Calvin visits the doctor (video: about 6 minutes. For Exercise B.)

Handouts (one for each participant)

- ▶ *Tips to Help You Stay Healthy*
- ▶ *5 Questions to Ask Your Health Care Team about Your Type 2 Diabetes*
- ▶ *The Power to Control Diabetes Is In Your Hands* (option for groups with people on Medicare)
- ▶ *Team Roster Worksheet* (optional)

Equipment

- ▶ DVD player/TV monitor/computer with audio and projector.
- ▶ Flipchart or blackboard.

Group Discussion

This discussion will focus on making the most of your visits with health care professionals. In this discussion, “health care professional” includes any professional who provides treatment and support to the person with diabetes. This can include doctors, nurses, physician assistants, diabetes educators, pharmacists, dentists, podiatrists, dietitians, and any other specialists.

Partnering With Your Diabetes Care Team Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<i>Show Getting Ready for Your Diabetes Care Visit or Partnering with Your Diabetes Care Team.</i>	
Ask:	<p>What did you think when Dr. Gavin said you are in charge of managing your diabetes and you are getting advice from a team you have engaged to help you?</p> <p>What do you think doctor visits are like when a person with diabetes has a relationship like this with their health care team?</p> <p>Do you feel like you are in charge of managing your diabetes and are getting advice from your health care team? Why or why not?</p> <p>How do you think you can get the most out of your visits to your health care providers?</p> <p>Would you feel comfortable doing this? Why or why not?</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Think about your questions ahead of time. Write them down and give the list to the health care provider at the start of the appointment.</p> <p>Bring a list of your medicines and a description of how you are taking them (for example, how many pills you take and at what time of day).</p> <p>Tell your doctor about any nonprescription medicines, vitamins, and herbal remedies you are taking.</p> <p>Be honest. Tell the doctor if you miss taking your pills, how often, and why (for example, you can't remember to take the one at bedtime, or the medicine upsets your stomach if you take it in the morning).</p> <p>Bring your blood glucose monitoring booklet where you write down your blood sugar measurements.</p> <p>Take your shoes and socks off and ask the doctor to check your feet.</p> <p>Talk to the doctor about your goals for your blood sugar, blood pressure, and cholesterol. Talk about what you can do to manage your ABCs.</p> <p>Talk about other tests that people with diabetes should have on a regular basis, including eye and foot exams, A1C, blood pressure, and cholesterol.</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Ask:</p> <p><i>Examples might include: Go to the emergency room; stay home and take it easy until you can see the doctor; make an appointment to see another doctor; try home remedies or nonprescription medications; go to a naturopath or traditional healer; pray that things will get better soon.</i></p>	<p>What do you do when you cannot get care you get from your regular doctor? (or what do you think people with diabetes do when they cannot get care from their doctor?)</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p style="text-align: right;">Reinforce:</p> <p><i>Give each participant a copy of 5 Questions to Ask Your Health Care Team and/or The Power to Control Diabetes Is In Your Hands.</i></p>	<p>Do not wait too long for an appointment. Ask if another doctor in the practice can see you as a walk-in or for one appointment until you can see your regular doctor.</p> <p>Ask the receptionist to call you if the office has any last-minute cancellations.</p> <p>If you are having chest pressure or increased shortness of breath, DO NOT WAIT. Call 911 or go to the emergency room if you have no other choice.</p> <p>Emergency rooms are just for emergencies. Do not use them as walk-in clinics or for regular care (for example, for refilling prescriptions). Try to think ahead and make appointments with your regular doctor.</p> <p>If you do not have a health care provider, find one for regular follow-up care. Community health centers that accept Medicaid or Medicare, or that provide sliding scale payments for people without insurance, are located in many communities. (See Expand This Module on page 127 for more information.)</p> <p>Talk to your doctor or pharmacist before trying home remedies or nonprescription medications.</p> <p>Working with other healers (such as a massage therapist or a naturopath) can help you feel better, but this should not take the place of seeing your doctor or other health care provider (such as a nurse practitioner or a physician assistant).</p>
<p><i>Option: Conduct Exercise A or B on page 126.</i></p>	

Family Support During the Doctor Visit Discussion

Group Leader Instructions	Talking Points and Discussion Questions
<i>Show It Takes a Family.</i>	
Ask:	<p>What are some ways Mr. Clayton’s family helped him with his health care?</p> <p>What do you think they did that helped him manage his diabetes?</p> <p>What do you think they did that might have gotten in the way of him managing his diabetes?</p>
Ask:	<p>Did you notice any similarities between your family and the Clayton family?</p> <p>What are some ways families can help a person with diabetes get the most out of their health care visits?</p>
Reinforce:	<p>Family and friends can help during the visit by:</p> <ul style="list-style-type: none"> ▶ Being there for emotional support. ▶ Being a second set of ears to keep track of the information from the provider. ▶ Helping keep track of appointments and test results. ▶ Helping to remember questions the person with diabetes wanted to ask. ▶ Helping with setting goals. ▶ Picking up prescriptions and reminding the loved one to take medications.

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>Family members can be a big help during health care visits.</p> <p>It is especially important for them to be there if they are helping the person with diabetes manage their condition. For example, if they help the family member with diabetes take his or her medication, it would be important to know if the doctor makes any changes to how it should be taken.</p>
<p>Ask:</p> <p><i>Examples: Talking too much, asking questions that are “off topic,” and disagreeing with the patient in front of the doctor.</i></p>	<p>What are some ways family members or friends might get in the way of the person with diabetes “being in charge” during their health care visits?</p> <p>What are some things family members can do to make sure the person with diabetes is in charge during the health care visit?</p>
<p>Reinforce:</p>	<p>Remember that the person with diabetes is the focus of the health care visit.</p> <p>Before the visit, ask the person with diabetes how they would like your help during the visit. Respect your loved one’s wishes.</p> <p>Do not come into the exam room unless the person with diabetes asks you to come with them.</p> <p>Do not take over the conversation with the health care provider.</p> <p>Ask the person with diabetes and their health care provider about what would be the most helpful ways for you to help your loved one manage their diabetes. Your goal is not to take over their care, but to provide support and encouragement.</p>

Group Leader Instructions	Talking Points and Discussion Questions
<p>Reinforce:</p>	<p>After a visit to a health care professional, it might be helpful for the person with diabetes to talk with family members about how he or she is doing.</p> <p>Even if family members went to the appointment with you, it is helpful to talk about what happened to be sure that everyone heard the same information and advice.</p> <p>Keeping family members “in the loop” can help them find positive ways to provide support and prevent them from doing less helpful things like nagging.</p>
<p>Ask:</p>	<p>What are some things you can talk about after the appointment?</p>
<p>Reinforce:</p>	<p>After a visit to the health care provider, families can:</p> <ul style="list-style-type: none"> ▶ Review the advice they heard. Talk about what it means. ▶ Talk about what seems to be working and what can be improved. ▶ Review the goals the person with diabetes set with the health care team. ▶ Set goals for how family members can help support the person with diabetes.
<p><i>Option: Conduct Exercise A, on page 126.</i></p>	

Close the Session

- ▶ Take final questions.
- ▶ Thank the group for their participation.
- ▶ Explain homework if applicable (see [Homework Exercises](#) on page 127).
- ▶ Remind participants about the next session. Ask if they have specific questions or issues they would like to see addressed.
- ▶ Ask participants to complete the session evaluation.

Module 8 Exercises

A. Partnering with the Health Care Team Think-Pair-Share (12–19 minutes)

The goal of this exercise is for participants to think about questions they would like to ask at their next visit to a health care professional.

- ▶ Give each participant a copy of the *Tips to Help You Stay Healthy*. Ask them to look through the brochure and think of questions they would like to ask their doctor. (5 minutes)
- ▶ Ask participants to pair up with another group member and share the questions they have decided to ask at their next appointment. (2–4 minutes)
- ▶ Ask one person from each group to share the questions they identified. (5 minutes)

Variations:

- ▶ *Ask participants to think about ways their family members can support them during doctor visits and write down some ideas. Ask participants to share their ideas in the pair, then with the rest of the group.*

B. Making The Most of the Health Care Visit (21 minutes)

The goal of this exercise is for participants to identify ways to partner with their health care team.

- ▶ Show the scene from *The Debilitator* where Calvin goes to visit the doctor. (6 minutes)
- ▶ Break participants up into small groups. Ask them to discuss what they think Calvin did well during his visit, and what actions he could have taken to get more out of the appointment. (5 minutes)
- ▶ Ask participants to come back and share what they discussed in their small groups. (5 minutes)
- ▶ Ask participants to say one important thing they have learned about partnering with their health care team. (5 minutes)

Variations:

- ▶ *Conduct the discussion about what Calvin did well and areas he could have improved as a large group discussion instead of a small group discussion.*
- ▶ *Ask participants what questions they might have asked Dr. Goodson if they were Calvin's wife or daughter.*
- ▶ *Ask participants to role play the conversation between Calvin and Dr. Goodson using some of the skills they learned.*

Homework Exercises

- ▶ Complete the Team Roster homework from Module 7 if participants have not already done so. Pass out copies of the *Team Roster Worksheet*. Explain that the person with diabetes is the General Manager (GM) and is responsible for making sure that everyone on the team understands their position or role. Work with family members to complete the roster. Family members should talk about how they can support the person with diabetes and write down their specific roles on the roster. Write down contact information in the stats column. Make copies for family members to keep in a place where they can find it quickly. Remind participants that the GM can move or change positions as needed. The GM will need to keep the roster up-to-date.

Expand This Module

Use these resources to learn more about this module, expand the discussion, or provide additional resources for participants.

- ▶ For more information on Medicare benefits: www.medicare.gov/default.aspx
- ▶ For more information on Medicaid benefits: www.medicaid.gov/
- ▶ To find a federally funded health care center: http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- ▶ For worksheets participants can use to keep track of their health care information: www.cdc.gov/diabetes/pubs/tcydl/index.htm
- ▶ Talking With Your Doctor: A Guide for Older People. This booklet provides tips for older adults about communicating with their health care providers. It includes a section on involving family and friends, and worksheets to help people remember the topics they would like to talk about with their providers: www.nia.nih.gov/health/publication/talking-your-doctor-guide-older-people
- ▶ For more information about the role of the family in clinical care: www.chcf.org/publications/2009/08/sharing-the-care-the-role-of-family-in-chronic-illness

CT1: Understanding Health Information has additional resources for learning to communicate with health care providers.

Reference

Rosland, A. M. (2009). *Sharing the care: The role of family in chronic illness*. Oakland, CA: California HealthCare Foundation.

Connecting Threads

New Beginnings has four “Connecting Threads” (CT) units. These units address topics that can be included in all eight *New Beginnings* sessions depending on the needs of your participants. The units are:

- ▶ CT1: Understanding Health Information
- ▶ CT2: Spirituality as a Guide and Support
- ▶ CT3: Commit to Quit: Stopping Smoking
- ▶ CT4: Preventing Type 2 Diabetes

Each of the CT units has instructions for how you can include these topics in the discussions. The units have additional discussion questions, activities, and resources that you can add to almost any *New Beginnings* module if they are important to the participants in your groups. Read [Getting Ready for a Session](#) on page 12 for more information about identifying the needs of your participants.



Understanding Health Information

Background

People with diabetes and their caregivers get information about diabetes from many different sources. They hear about it from health care providers, friends and family, the media, advertising, and the Internet. All of this information can be confusing, and it can be hard for a person to know what, if anything, it means for managing his or her diabetes. This is an important issue for people with diabetes and their caregivers because they carry so much responsibility for taking care of their health.

The ability to find, understand, and use reliable health information is called health literacy (Kerka, 2003). People of all ages, races, and income levels are affected by low levels of health literacy. While the amount of education a person has is a part of health literacy, education alone does not mean that a person will understand health information. In fact, 45% of people with a high school education have low health literacy (U.S. Department of Health and Human Services, 2010). The ability to understand and use health information calls for knowledge that many people without health-related training do not have. A person who is feeling upset or stressed can have trouble understanding health information (Kerka, 2003). Age and physical problems like poor eyesight can also affect health literacy. Issues such as language and culture can play a role in understanding health information as well.

Addressing health literacy will require health care providers and organizations that provide health information to improve the way they communicate with patients. Programs that use resources like *New Beginnings* also have an important role to play in helping people learn to find, understand, and use health information (U.S. Department of Health and Human Services, 2010). *New Beginnings* focuses specifically on skills for finding reliable information about diabetes, talking with health care providers, problem solving, and building self-confidence, which are all

parts of health literacy (Kerka, 2003; Soricone, et. al., 2007). This section provides some additional ideas for activities that can help your participants learn to find, understand, and use health information.

Tips for Improving Health Literacy

- ▶ **Provide information that is easy to read.** *New Beginnings* identifies which resources are easier to read.
- ▶ **Focus on the needs of your participants.** Identify areas that are important to them. For example, they may be more concerned about learning to understand prescription labels than finding information on the Internet. People learn more from discussions that are personally meaningful to them. People are also more likely to understand information that was written with their needs in mind. For example, it might be easier for older adults to understand information that was written to address the needs and concerns of older adults. *New Beginnings* identifies resources that were written for specific groups like older adults or men.
- ▶ **Remind participants that many people have trouble understanding health information.** It is a skill that can be learned. No one should feel embarrassed about being confused by information that is complicated and unfamiliar. When it comes to their health, they have the right to ask questions until they understand.
- ▶ **Use real examples.** If you are teaching participants about reading medication labels, bring medication packages for participants to read. People learn better when examples are hands on and like what they will find in the real world.
- ▶ **Try not to answer specific health-related questions for participants.** For example, someone may ask: “My last A1C was 12, what does that mean?” It is not appropriate for group leaders to answer specific health-related questions. Instead, help the participants find the answer in one of the *New Beginnings* handouts, or help them come up with questions to ask their health care provider. Learning how to find answers to health-related questions can help participants feel more self-confident about finding and using health information than if you answer all of their questions for them.

How to Use *New Beginnings* to Address Health Literacy

All of the *New Beginnings* modules include activities that help participants learn to find, understand, and use health information. You can also create a discussion that is focused just on health literacy issues. Ask participants what areas of finding, understanding, and using health information they find most confusing. It may be learning to find reliable information on the Internet, or understanding instructions from the doctor. Devote an entire *New Beginnings* session to helping participants with the 2 or 3 information issues that are most important to them. Depending on the topic, you might ask a health care provider or diabetes educator to participate in

the session. Just remember that the goal is to help participants learn to find and use health information, not to give them all of the answers.

The following resources were written to help people understand how to find, understand, and use health information. Some of them were designed for you to use with your participants, while other can be used as handouts.

Understanding Health Information on the Internet and in the Media

Medline Plus Guide to Healthy Web Surfing
www.nlm.nih.gov/medlineplus/healthywebsurfing.html

Understanding Risk: What Do Those Headlines Really Mean? www.nia.nih.gov/health/publication/understanding-risk-what-do-those-headlines-really-mean

Communicating With Health Care Providers

Ask Me 3 is a patient education program developed by the National Patient Safety Foundation to improve communication between patients and health care providers.
www.npsf.org/for-healthcare-professionals/programs/ask-me-3/

Understanding Medical Words: A Tutorial from the National Library of Medicine
www.nlm.nih.gov/medlineplus/medicalwords.html

Making Healthy Food Choices

Find more information about making healthy food choices at the FDA's Nutrition Facts and Label Program and Materials page at <http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm20026097.htm>

The [Road to Health Toolkit](#) also contains information about the Nutrition Facts Label in the flipchart, and a poster of the label on the Supplemental CD.

Using Medications

How to Read Drug Labels

www.womenshealth.gov/publications/our-publications/how-to-read-drug-labels.pdf

The New Over-the-Counter Medicine Label

www.fda.gov/Drugs/EmergencyPreparedness/BioterrorismAndDrugPreparedness/ucm133411.htm

Medicines and You: A Guide for Older Adults

www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm

What Patients Need to Know About Safe Medical Injections

www.cdc.gov/injectionsafety/PDF/SIPC_PatientBrochure.pdf

Understanding Lab Test Results

Understanding Lab Test Results

www.webmd.com/a-to-z-guides/understanding-lab-test-results-results

Understanding Health Insurance

Healthcare.gov was developed to help people understand their health care options and rights under the new Affordable Health Care law.

▶ *Get Help Using Insurance*

www.healthcare.gov/using-insurance/index.html

▶ *The Healthcare Law and You*

www.healthcare.gov/law/index.html

Health Literacy Resources for Group Leaders and Health Care Professionals

Here are some additional resources to help you address health literacy. Some of these resources provide additional information to help you work with your participants.

Vanderbilt Diabetes Research and Training Center provides several tools to help health care providers address health literacy in their patients with diabetes, including the *Diabetes Literacy and Numeracy Education Toolkit (DLNET)*.

www.mc.vanderbilt.edu/diabetes/drtc/preventionandcontrol/tools.php

Infection Prevention During Blood Glucose Monitoring and Insulin Administration
(for health care professionals)

www.cdc.gov/injectionsafety/blood-glucose-monitoring.html

Useful Tips to Increase the Accuracy and Reduce Errors in Test Results from Glucose Meters (for health care professionals)
www.fda.gov/MedicalDevices/Safety/AlertsandNotices/TipsandArticlesonDeviceSafety/ucm109519.htm

References

Kerka, S. (2003). *Health literacy beyond basic skills*. ERIC Digest 245. Retrieved June 13, 2012 from <http://eric.ed.gov/?id=ED478948>

Soricone, L., Rudd, R., Santos, M., & Capistrant, B. (2007). *Health literacy in adult basic education*. Health and Adult Literacy Learning Initiative, Harvard School of Public Health. Retrieved June 13, 2012 from www.hsph.harvard.edu/healthliteracy

U.S. Department of Health and Human Services. (2010). *National action plan to improve health literacy*. Washington, DC: Office of Disease Prevention and Health Promotion. Retrieved (date) from http://www.health.gov/communication/hlactionplan/pdf/Health_Literacy_Action_Plan.pdf



Spirituality as a Guide and Support

Background

Spirituality means different things to different people. It usually involves seeking strength, guidance, and support from a higher power. For people with diabetes and their families, spirituality and faith can provide comfort and strength, and help them move from worry and anxiety to hope and positive action.

For some groups, discussions about spirituality and faith will come naturally. Other groups may be uncomfortable with these discussions. If you are unsure, ask the group if they are comfortable with this topic. Some groups may like general discussions about the role of spirituality in their lives without discussing specific religions or religious practices. Discussions that use the word “spirituality” may be safer for groups where the participants come from different religious backgrounds. Other groups may find it helpful to talk about their faith as an expression of their spirituality. For groups with participants who have the same or very similar religious backgrounds, it may be more appropriate to use the word “faith.” Some groups may not be comfortable with any discussions about spirituality or faith. You should take guidance on this topic from the group.

Key Points about Spirituality and Health

- ▶ Expressions of spirituality and faith are different for different people.
- ▶ For some people, spirituality and faith can support a sense of responsibility for their health, and help with acceptance, emotional coping, overcoming self-doubt, managing stress and problem solving.
- ▶ Making the connection between core values and health can help motivate people to take steps to protect their health.

Discussion Questions

Here are some suggestions for questions about spirituality and health that can be included in *New Beginnings* sessions.

Are there any examples in the movie/story in which spirituality or faith plays a role? How does it seem to help?

Are any of you willing to share how spirituality or faith plays a role in your life?

How are your core values related to taking care of your health?

How can your spirituality or faith help you to:

- ▶ Work toward goals?
- ▶ Cope emotionally?
- ▶ Overcome self-doubt?
- ▶ Deal with problems?
- ▶ Manage stress?
- ▶ Communicate with family?

Spirituality and Health Exercises

Use these activities in *New Beginnings* sessions where participants discuss spirituality and health or use them as homework.

Spirituality and Health Think-Pair-Share (10–14 minutes)

- ▶ Ask participants to think about the role of spirituality or faith in their lives. Write down some specific examples of how spirituality or faith might help them manage their diabetes or support a loved one with diabetes. How can it help in coping with emotions, working toward goals, overcoming self-doubt, or with problem solving or stress management? Pick one based on the topic discussed during the session. (3–5 minutes)
- ▶ Ask participants to pair up with another group member and discuss their ideas. (2–4 minutes)
- ▶ Ask one person from each pair to share some of the ideas discussed. (5 minutes)

Prayers and Positive Thoughts

- ▶ Ask participants to create their own special prayer, meditation mantra, or positive thought to recite at a special, quiet time of day: for example, in the morning when they first wake up, when they go for a walk, before a meal, as they go to pick up their child at school, when they drive home from work, at bedtime, or whatever the best time for them may be.
- ▶ The special thought should be something simple to remember that gives them inner strength, such as: “Every day, in every way, I am getting stronger and stronger.” Or: “My blessings are many and my spirit is strong.” Or even: “I can do it. I know I can.”
- ▶ Participants can also create a positive thought to recite when they are trying to overcome self-doubt, or cope with emotions, stress, or problems.

Filling Your Cup

- ▶ Describe the exercise to the group by saying: “Don’t rush through that first cup of coffee, tea, or water in the morning, and don’t grab a travel mug and go.
- ▶ Set aside time—even one minute—to sit with this morning drink as a spiritual time, however you experience it.
- ▶ Sit down, hold the cup in your hands, and focus. Ask yourself: “From where can I draw my inner strength today? Where can I find more strength to nourish my spirit today? What do I want from my full cup today? How can I fill it tomorrow?”
- ▶ Ask participants to try the filling your cup exercise every day for a week.

Consider asking members of the group to suggest other spiritual exercises that help them focus and draw strength.



Commit to Quit: Stopping Smoking

Background

Quitting smoking is the most important thing any person who smokes can do for their health. It is especially important for smokers with diabetes to try to quit. People with diabetes are already at higher risk for heart disease and other health problems. People with diabetes who smoke are at even higher risk for heart disease and other complications than people with diabetes who do not smoke. Quitting smoking is recommended for all people with diabetes who smoke.

Key Points about Smoking and Diabetes

- ▶ It is very important for people with diabetes who smoke to try to quit.
- ▶ Smoking is an addiction and quitting is hard. Many people will try more than once to quit before they stop for good.
- ▶ Stress and depression can make it hard to quit. People who have stopped smoking may start smoking again as a way to cope with these issues. It is important to learn healthy coping strategies and to get help for depression.
- ▶ People who are trying to stop smoking may need medications or support programs to help them quit. Talking with your health care provider about quitting is a good place to start.
- ▶ People who are trying to stop smoking need the support of friends and family. It is important for people who smoke to talk to family members about how they can help.
- ▶ People who are ready to quit smoking can get free support, coaching, information, and referral to local services by calling 800-QUITNOW (800-784-8669) or visiting www.smokefree.gov.

Materials

Clearing the Air

This free booklet from the National Cancer Institute was written to help people quit smoking. It has information for people at any stage of quitting, from just thinking about quitting to people who have stopped smoking and need help staying smoke free.

How to use *Clearing the Air* with *New Beginnings*

- ▶ Give the booklet to all participants. Even participants who do not smoke may have family members who smoke. Quitting smoking is one way family members can support a loved one with diabetes.
- ▶ Give the booklet to participants who ask for more information about quitting smoking.
- ▶ Print out fact sheets, worksheets, or checklists that match the *New Beginnings* discussion you are having that week for your participants who smoke. You can incorporate quitting into all of the *New Beginnings* modules.

Additional Resources

- ▶ *Diabetes and Tobacco: How Quitting Will Help YOU*
- ▶ *Free evidence based resources to help people quit*
- ▶ *A Guide To Quitting Smoking Methods*
- ▶ *Smokefree Smartphone Applications*: Get an app to help you quit smoking.
- ▶ *Smokefree TXT*: Get support for quitting on your mobile phone.
- ▶ *Yvonne on Smoking*: In this audio clip, Yvonne talks about the dangers of being a smoker when you have diabetes. She also talks about how she quit cold turkey. Use this clip to start a discussion about the challenges of quitting smoking.

References

American Diabetes Association. (2004). Smoking and diabetes. *Diabetes Care*, 27 (S1), S74–S75.

Haire-Joshu, D., Glasgow, R., & Tibbs, T. (1999). *Diabetes Care*, 22, 1887–1898.



Preventing Type 2 Diabetes

Background

Family history of diabetes is an important risk factor for developing type 2 diabetes. Most people with type 2 diabetes have a family member who also has the disease. But diabetes does not have to be a family affair. Type 2 diabetes can be prevented or delayed by making healthy food choices, being more physically active, and losing weight if overweight.

Key Points About Preventing Type 2 Diabetes

- ▶ Know your health history and other factors that might put you at risk for type 2 diabetes.
- ▶ Take steps to prevent type 2 diabetes by losing five to seven percent of your body weight if you are overweight (for example, at least 10 pounds if you weigh 200 pounds). Two keys for success are:
 - Eating a variety of foods that are low in fat and eating fewer calories each day.
 - Being moderately physically active at least 30 minutes a day, 5 days a week.

Materials

The *Road to Health Toolkit*

The toolkit was designed for African Americans at risk for type 2 diabetes. It uses a storytelling approach to teach strategies for preventing or delaying type 2 diabetes by making lifestyle changes. The tools and activities can be added to *New Beginnings* discussions to teach family members about ways to prevent diabetes.

Note that the *Road to Health Toolkit* is about preventing type 2 diabetes. Remind participants that some of the recommendations will be different for people who have diabetes.

How to use the *Road to Health Toolkit* with *New Beginnings*

- ▶ Offer a special session on diabetes prevention for family members.
- ▶ Offer a separate session for family members during a *New Beginnings* session.
- ▶ Use *Road to Health* messages during discussions about family support.

Additional Resources on Type 2 Diabetes Prevention

Print Materials

- ▶ *Diabetes Risk Test*
- ▶ *Small Steps, Big Rewards: Your Game Plan to Prevent Type 2 Diabetes*. Use this resource in sessions where you use 4 Steps to Control Diabetes.
- ▶ *More Than 50 Ways to Prevent Diabetes*
- ▶ *Tips for Kids: How to Lower Your Risk for Type 2 Diabetes*
- ▶ *It's Not Too Late to Prevent Diabetes*. A resource for older adults.
- ▶ *Every Family Has Secrets! Could Diabetes Be One of Them?*
- ▶ *Four Questions You Should Ask Your Family About Health History*

Videos

- ▶ *Preventing Type 2 Diabetes*
- ▶ *Preventing Type 2 Diabetes: Maintaining a Healthy Weight*
- ▶ *Blood Sugar and Fears*

Other Resources

- ▶ *Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention.* A curriculum for African Americans about the prevention of type 2 diabetes by making healthy lifestyle choices.
- ▶ *Step by Step Moving Towards Prevention of Type 2 Diabetes.* A music CD to motivate African Americans to get more physical activity every day.
- ▶ *The National Diabetes Prevention Program.* An evidence-based, lifestyle diabetes prevention program.

Troubleshooting

Every group will have its ups and downs and bring unexpected surprises. The group may have people who like to talk a lot, as well as people who are quiet but have much to offer. This section will help you with some of the most common problems when leading a group discussion.

We do not have a conference room in which to meet.

You do not need one. Someone's living room, a local school classroom, or anywhere that people can sit and feel comfortable expressing their feelings will work.

- ▶ If you plan to show a video, you will need a computer with speakers and a projector, or a TV and a DVD player.
- ▶ If you plan to play audio, you will need a computer with speakers or a CD or MP3 player with speakers.
- ▶ You can also ask people to watch the video or listen to the audio at home before the session by giving them the links to the clips. They will need a computer with access to the Internet to view the clips online.

The computer/DVD player is not working and we cannot watch the video.

Try asking for a few volunteers to role-play the scene. It doesn't matter if they do not get it exactly right. Their role-playing will show what they think is important about the scene and how they might handle the situation. This might even give you a chance to have volunteers role-play the same scene in a few different ways. Ask the volunteers to role-play different emotions and different ways of helping the characters

Someone in the group has burst into tears! What do I do?

This is a good sign. Those tears needed to come out. The rest of the group may be even more uncomfortable with tears than you are, so it helps to say something like: "Tears are important. Diabetes is a hard condition to deal with and we are talking about big emotional issues. We are all among friends here, so don't be afraid to cry. Crying is part of the healing process that lets you go on." Ask the person if they want to talk about what they are feeling. Tears could be their way of trying to open up about coping with diabetes.

Someone in the group has become angry. What do I do?

Like tears, anger is a way of expressing emotions that needed to come out. A person may be frustrated, tired, or stressed out, and anger can be a way to express these emotions. Let the person know that it is okay to feel angry and that this is also part of the healing process. Encourage him or her to try to figure out the root cause of the anger and direct that energy to finding solutions (see [Module 5](#)). Getting angry can also be a way to “change the subject.” A person may lash out at others when he or she does not want to deal with their feelings or their situation. Stay calm and do not take it personally. Remember that the anger is not about you or the other people in the group. If you react with anger, it changes the focus of the discussion to the conflict instead of the emotions the person is struggling to cope with.

Anger is a problem when it is misdirected, or leads to behavior that is harmful to the person or to others. A person will need to get help from a doctor or counselor if they have trouble controlling their anger or if it becomes harmful. A person who is being aggressive or upsetting other people in the group should be asked to take a moment to calm down and remember that everyone is here to try to help each other. You may have to ask the person to leave the group if their behavior continues to be a problem.

People take cell phone calls, and they interrupt the discussion.

At the beginning of the session ask everyone to turn off his or her cell phone or switch the phone to vibrate with the ringer off. If people must take calls during the session, ask them to take the calls outside of the room, out of earshot.

People do not want to share personal information.

It is natural for people to feel uncomfortable sharing personal information, especially with people they do not know. It is important that you establish trust in the group from the first session. Explain to participants that the information shared in the group is private and should not be shared with people who are not in the group. Participants should not tell other people who is in the group and should respect all of the ground rules set by the group. The group leader should find out from participants how they would prefer to be contacted. For example, they may not want you to leave messages about the group on their home phone or with family members.

Do not pressure participants to talk about emotions or experiences they are not ready to share. The “Think-Pair-Share” exercises in each module give participants a chance to think about how they are feeling without having to share personal information with everyone. You can focus on the goals or actions participants have decided to take without asking them to share information that might be too personal. Do not allow participants to criticize how other participants feel or react to situations. Participants may be more likely to share with the group when they feel that the group is a safe place where they will not be judged and where their privacy will be respected.

People bring their children, and the noise of the children playing is disturbing to the group.

Prepare ahead of time for this possibility. Even if you have told people not to bring children, it happens sometimes. Figure out what options you have for keeping children who may be too young to participate in the discussion busy and away from the group. If possible, arrange to have games, toys, or art projects, a VCR or a DVD player and a TV in another room to play a children's video, or arrange for babysitters to watch the children. If you meet at a location with a playground, the babysitters can take the children outside. Older children or teenagers should be invited to participate in the session. If the group meets regularly, ask the group how they want to deal with the situation. One possibility is to develop a rotating schedule that arranges for one person each session to stay with the children or to bring someone to stay with the children during the session.

People expect food at sessions like this, or they bring food that is not healthy.

Food helps people to feel more relaxed, and you do want a comfortable setting in which people can open up. If this is a single session, provide water or sugarless drinks, fruit, vegetables and low-fat dip, or low-fat crackers and cheese. Pretzels are a lower fat choice than potato chips, but they are still high in salt and not the best choice for people with high blood pressure. If you are meeting regularly, discuss the food issue with the group at the first session and ask that people only bring low-fat, low-sugar, healthy snacks.

One person is doing all the talking.

There are a few ways to deal with this situation. Sometimes the person who is talking a lot is bringing out good points, and you do not want him or her to stop, but you do want to make sure that everyone has a chance to speak. In that case, every once in a while, explain that you would like to go around the room and ask each person if he or she has anything to say on the topic being discussed. Or you can tell the group that you would like them to adopt some "ground rules" for the discussion. These ground rules could include rules that only one person speaks at a time, no interrupting, that all opinions are welcome, that there are no right or wrong opinions, and any other rules that would make the group feel comfortable. For example, one rule might be that one person may speak for only two minutes at a time. Two minutes should give plenty of time for relating an opinion, and even enough time for most personal stories. The "two minute rule" helps to ensure that everyone will have enough time to speak and that one person does not take over the discussion.

If some participants continue to break the ground rules, remind the group of these rules. If a person continues to disrupt the group, call a break in the session and speak to the person individually. Two choices for your conversation with this person are:

- ▶ If the person is difficult and disruptive, ask him or her to keep comments short because others in the group want to speak. Consider establishing the “two minute rule” if you have not already done so. Tell the disruptive person that if he or she cannot follow this rule, you will have no choice but to ask him or her to leave.
- ▶ If you think the person has goodwill but is having trouble with control, ask him or her to help with the group. You can ask the person to help with taking notes on the flipchart, passing out handouts, or other duties. Use the person’s energy and goodwill to help you.

People are arguing and getting upset when they disagree.

Remind the group that we are dealing with emotions here. There is no right or wrong when it comes to how someone feels—it just is the way that he or she feels and we need to be respectful. The point of the discussions is to bring out the many different kinds of emotions that people experience, to talk about how those emotions can help or hurt them, and to explore how to turn emotionally charged events into positive actions. Ask the group: “Can we turn all the powerful energy we are feeling during this discussion into something positive?”

Some people do not have family or friends who can come to the session with them.

It is okay if people do not have family members or friends who attend the sessions. They can still participate in the activities, and take the information home to share with loved ones. If you are doing family-based group activities, you can have participants who come alone work together, or you can work with them during the group activity.

Someone has asked a question about her personal health—for example, whether she should worry about the chest pain she gets sometimes when she is upset. What should I do?

Questions about personal symptoms must be directed back to the person’s health care provider. Do not give health information unless you are qualified to do so. Giving clinical advice is not the purpose of these sessions. See the [Expand This Module](#) section of Module 8 for resources for people who do not have access to health care.

Someone has asked a question and I do not know the answer. What should I do?

Tell the group that you do not know the answer but will help them find one. You are strongly encouraged to invite a local health care provider or certified diabetes educator, or someone from the local American Diabetes Association chapter, to a session. The focus of the modules in this discussion guide is on emotions and behavior. But you also want people to learn how to find the answers to questions about their health. You may be able to help the group find the information on the websites of the National Diabetes Education Program, the Centers for Disease Control and Prevention, or the National Institutes of Health, or from other websites listed in the Resources section in this guidebook.

We want more information. Where can we get it?

You can visit the many websites listed in the Resources section at the end of this guidebook. You can also call your local American Diabetes Association chapter, or call the public inquiries line at the Centers for Disease Control and Prevention at 1-800-CDC-INFO (800-232-4636)/TTY 1-(888) 232-6348 or the National Diabetes Education Program at 1-800-438-5383 to order informational materials.

We want to give you some comments. How can we do this?

Do you have comments to make about this discussion guide? We welcome your opinions so that we can improve these materials in future revisions. Send your comment to us at *CDC-INFO*.

Creating Your Own Panel Discussion

When the one-hour film special *The Debilitator* was broadcast on public television in Atlanta (WPBA) in April 2005, it included a 30-minute panel discussion with a physician, an actor from the movie who has diabetes, a diabetes educator, and a local religious leader. A behavioral psychologist hosted the panel. You may want to have your own panel discussion based on *The Debilitator* or one of the other videos used in *New Beginnings*. For your community event, you may choose to show the video first, and then have your own panel discussion with a panel of local health care providers, people with diabetes, community leaders, and others. This format can be very effective.

Here are a few suggestions for creating your own half-hour panel discussion:

1. Think first about your audience and goals for the panel. Is the main goal to raise awareness of diabetes, to begin discussion of the emotional and behavioral aspects of living with diabetes, to inspire community leaders to take action, to encourage people to share more with their families or with their doctors, or to communicate more basic facts about diabetes?
2. Once you have established your primary goal, decide who would be the best people to communicate these objectives. For example, if the topic is emotional support, a person with diabetes might be more effective at talking about some of the issues than someone without diabetes.
3. Limit the number of people on the panel. Three or four people may be enough. Five people plus a moderator speaking for only five minutes each would take up the entire half-hour with no time for questions.
4. If the panel is speaking in front of a live audience, consider asking that questions be submitted in writing on an index card and then turned in to the moderator to read aloud. This format will lower the chances of disruptive or inappropriate questions.
5. You do not need to write a script for the panelists, but make sure that the moderator has a preplanned list of questions for each panelist that can be used to begin the discussion. Also make sure that each panel member knows which questions will be directed to him or her.

6. Include specific suggestions to the audience about steps they can take to learn more about diabetes after the panel discussion. Give the phone number (888-693-NDEP) or *website for NDEP*, ask people to talk with their health care providers about diabetes, or hand out information about diabetes prevention and management.
7. Do not forget evaluation. Develop a form that you can hand out at the beginning and collect at the end of the session to find out whether people found the session helpful, what actions they are planning to take, what other topics they wish you had addressed, and so forth. This feedback will give you much needed information for planning future events, and it will be of greater interest to your sponsors than simply the number of people who attended or heard the program. There are sample surveys in the evaluation section of this discussion guide.

Evaluation

Evaluation is a very important part of running *New Beginnings* discussion groups. It can provide proof that what you are doing is working and meeting the needs of your participants. There are many types of evaluation you could do. This section will focus on basic evaluation to help you improve how you manage your *New Beginnings* program and show that your efforts are successful. There is more information about the kinds of evaluation you might do in the [Evaluation Resources](#) section.

It is important to evaluate each *New Beginnings* session and make changes based on what you learn.

In general, there are three questions you will try to answer:

1. Are the sessions going as you planned?
2. Are participants satisfied with the sessions?
3. Are participants learning concepts and skills that help them improve how they manage their diabetes?

This section includes tools to help you answer these three questions.

New Beginnings Session Tracking Tool

- ▶ The session tracking tool helps you keep a record of the topics and activities that were covered in each session, what resources you used, what worked well, and what needs to be improved. This information will help you learn if you need to make changes to how you manage the sessions. It can also be useful to share with your supervisor to show the types of activities you have been doing with participants. You should complete this form at the end of each session while the information is still fresh.

Participant Satisfaction Form

- ▶ This form will help you measure your participants' satisfaction with each session. It includes questions about how well the sessions meet their needs and what topics they would like to talk about. You should ask participants to complete the satisfaction form at the end of each session. This information will help you prepare for the next session.

Outcome Evaluation Strategies

- ▶ The strategies included in this tool will help you learn if your participants are learning and using knowledge and skills that help improve how they take care of their diabetes. This is a form of outcome evaluation. The strategies included in this tool can be used at each session.

How to Use These Tools

The tools in this section are *suggestions* for how you can track and evaluate your *New Beginnings* sessions. You can change them to meet the needs of your group and your program. You can add or delete questions or change the format. Focus on collecting information that will help you improve your *New Beginnings* efforts.

New Beginnings Session Tracking Form

Please complete this form after each session. Check all that apply and answer each question in detail. Keep a copy for your records.

Your name:

Date:

Location:

Participant names:*

Length of session:

Number of participants:

Number of participants with diabetes:

Number of participants without diabetes:

**Participant names are included so you can track attendance from session to session. This will allow you to follow up with participants who may miss one or more sessions. To protect the privacy of your participants, you should delete the names before sharing the tracking form with anyone.*

Select the modules, discussions, and activities you used during this session:

Module	Topics Covered	Activities Completed
<input type="checkbox"/> Module 1 Overview: Living Well With Diabetes	<input type="checkbox"/> Diabetes ABCs <input type="checkbox"/> Managing diabetes <input type="checkbox"/> Supporting a loved one with diabetes	<input type="checkbox"/> Exercise A
<input type="checkbox"/> Module 2 Know Your ABCs	<input type="checkbox"/> Diabetes ABCs <input type="checkbox"/> Managing diabetes <input type="checkbox"/> Goal setting	<input type="checkbox"/> Exercise A <input type="checkbox"/> Exercise B <input type="checkbox"/> Exercise C
<input type="checkbox"/> Module 3 Coping With Emotions	<input type="checkbox"/> Emotional coping <input type="checkbox"/> Depression <input type="checkbox"/> Providing emotional support	<input type="checkbox"/> Exercise A <input type="checkbox"/> Exercise B <input type="checkbox"/> Exercise C

Module	Topics Covered	Activities Completed
<input type="checkbox"/> Module 4 Overcoming Self-Doubt	<input type="checkbox"/> Building self-confidence and reducing self-doubt <input type="checkbox"/> Goal setting	<input type="checkbox"/> Exercise A <input type="checkbox"/> Exercise B <input type="checkbox"/> Exercise C
<input type="checkbox"/> Module 5 Managing Stress	<input type="checkbox"/> Stress management	<input type="checkbox"/> Exercise A <input type="checkbox"/> Exercise B <input type="checkbox"/> Exercise C
<input type="checkbox"/> Module 6 Problem Solving and Emergency Preparedness	<input type="checkbox"/> Problem solving <input type="checkbox"/> Emergency preparedness	<input type="checkbox"/> Exercise A <input type="checkbox"/> Exercise B
<input type="checkbox"/> Module 7 Children and Family: How Can They Understand?	<input type="checkbox"/> Communicating with children and family members <input type="checkbox"/> Building social support	<input type="checkbox"/> Exercise A <input type="checkbox"/> Exercise B <input type="checkbox"/> Exercise C
<input type="checkbox"/> Module 8 Working With Your Doctor	<input type="checkbox"/> Preparing for health care visits <input type="checkbox"/> Roles for family caretakers	<input type="checkbox"/> Exercise A <input type="checkbox"/> Exercise B

Please list other topics you covered or activities you included that are not listed above:

What, if any, information did you include from:

1. CT1: Understanding Health Information
2. CT2: Spirituality as a Guide and Support
3. CT3: Commit to Quit: Stopping Smoking
4. CT4: Preventing Type 2 Diabetes

Select the resources you used during today's session:

Stories

- The Debilitator* Video
- It Takes a Family
- Managing Diabetes Podcast: Episode 1

- ❑ Managing Diabetes Podcast: Episode 2
- ❑ Living with Type 2 Diabetes: Finding the Support You Need
- ❑ A Little Help Goes A Long Way
- ❑ Haywood's Story: Living with Type 2 Diabetes
- ❑ Setting Goals to Improve Your Health
- ❑ Stressful Situation Activities (Activity 1 or 2)
- ❑ Getting Ready for Your Diabetes Care Visit
- ❑ Partnering with Your Diabetes Care Team
- ❑ Other. Please list:

Handouts

- ❑ 5 Questions to Ask Your Health Care Team about Your Type 2 Diabetes
- ❑ A Guide to Changing Habits
- ❑ A Little Help From My Family PSA
- ❑ Attention Men! Control Your Diabetes for Life...and for Your Family
- ❑ Be Your Own Best Friend Worksheet
- ❑ Being Prepared for a Disaster When You Have Diabetes
- ❑ Depression and Diabetes pamphlet
- ❑ Diabetes Disaster Preparedness
- ❑ Diabetes Numbers At A Glance Card
- ❑ For a Healthy Heart, Control the ABCs of Diabetes
- ❑ Healthy Coping Strategies Worksheet
- ❑ Help a Loved One With Diabetes
- ❑ How Can I Help Worksheet
- ❑ Know Your Diabetes ABCs Just Like You Know Your Other Numbers
- ❑ Learn About Diabetes Together worksheet
- ❑ Making a Plan Worksheet
- ❑ Managing Your Diabetes at Work, School, and During Travel from Take Charge of Your Diabetes
- ❑ Problem Solving Plan Worksheet

- Step by Step CD
- Take Care of Your Heart. Manage Your Diabetes
- Team Roster Worksheet
- The Power to Control Diabetes Is In Your Hands
- Tips for Kids: What is Diabetes
- Tips to Help You Stay Healthy
- Other. Please list:

How well did today's session go?

- Very well
- Somewhat well
- Somewhat poorly
- Very poorly

What about today's session went well?

What about today's session could be changed or improved?

List participant questions or issues that need follow-up. Check them off as you complete follow-up.

-
-
-
-
-
-

New Beginnings Participant Satisfaction Form

Note to group leader: Use the session objectives to fill in the information about this session. Directions about where to include this information are included in italics. Delete this text and add information from your session. See **Outcome Evaluation Strategies** for more information.

We would like to hear your thoughts about today's session. Please take a few minutes to tell us your thoughts.

1. Overall, how do you think today's session went?
2. What you learned

After today's session, do you understand the topics listed below better?

Topic	No, not better	A little better	Yes, a lot better
<i>Use the session objectives to list the topics for the session.</i>			

3. What you plan to do

Do you plan to try the skills you learned during today's session?

Skill	I won't try this skill	I might try this skill	I am going to try this skill
<i>Use the session objectives to list the skills included in the session.</i>			

4. How are we doing?

Overall, this session:

- Will help me manage my diabetes/help my loved one with diabetes
- Might help me manage my diabetes/help my loved one with diabetes
- Will not help me manage my diabetes/help my loved one with diabetes

5. What did you like most about this session? or What was most useful about this session? (*choose one question*)

- The group leader
- The discussion about:
 - List topics covered*
- The activities
 - List activities included*
- The handouts
- Other (describe)

6. What would you change about this session?

- The length of the session
- The discussion
 - List topics*
- The activities
 - List activities*
- The handouts
- Other (describe)

The next session is about *list the topic(s) for the next session* . What would you like to learn more about or talk about related to this topic?

Thank You!

New Beginnings Outcome Evaluation Strategies

You should try to learn if your participants use the concepts and skills taught during the sessions. This will tell you if the sessions are making an impact. It will also tell you if the participants are having trouble using what they have learned and need more practice or information.

Each *New Beginnings* module lists the objectives for the session. Every objective is based on a specific behavior such as being able to name concepts or identify action steps.

You can evaluate whether participants have met the learning objectives by:

1. Watching and listening to participants to see if they name concepts or demonstrate the use of skills during the session. This is known as participant observation.
2. Asking questions on the participant satisfaction form that will tell you if participants think they understand the concepts and plan to try the skills.
3. Asking questions during the next session about how participants used what they learned during the last session.

Participant Observation

You can watch participants during a session to see if they are able to name key concepts or use the skills. Observation can help you identify areas during the session where participants may need more information or practice.

To conduct participant observation:

1. List the concepts participants should be able to name and the skills they should be able to demonstrate on your session planning sheet (page 15).
2. Write the participant's initials next to the concept or skill when you observe the person using it during the session. You should only note the participant's use of the concept or skill once.
3. It can be hard to lead a discussion and observe whether the participants are using what they have learned. You might want to focus on making observations during the group exercises instead of trying to track behavior throughout the session.

Observation is a useful way to make sure participants understand important concepts and skills during the session. However, it should not be the only way you measure outcomes. Participants may be very good at using concepts and skills during the session. But this does not guarantee that they will use the information in the “real world.” On the other hand, if a participant does not demonstrate the use of a concept or skill during the session, it does not mean that he or she did not learn anything. Some people need time to process information and practice new skills. You should use other outcome evaluation strategies in addition to observation.

Questions on the Participant Satisfaction Form

You can ask questions on the participant satisfaction form that will tell you if participants think they have learned key concepts or plan to use the skills taught during the session.

Question 2 asks participants about what they learned, and question 3 asks participants about whether they plan to use what they learned. You can use the learning objectives for the session to fill in the concepts and skills.

This will give you information about what the participants think at the end of the session. If you find that many participants do not understand the concepts or are not planning to try some of the skills, you may want to follow up with them at the next session. Leave some time at the beginning of the next session to find out if they still have questions or concerns about what was covered.

It is important for participants to leave a session with a feeling that they understood the concepts and might try the skills. However, they may realize they still have questions or have problems using the skills after the session. You should use other strategies to measure the outcomes of your sessions.

Participant Follow-Up

Following up with participants after sessions can help you learn if they used the concepts and skills learned during the sessions. There are several ways you can do follow-up.

- ▶ **Set aside 10 to 15 minutes at the beginning of each session to find out how participants have used what they learned in earlier sessions.** Take notes about how participants are applying what they have learned. Let participants know that it is okay if they have been having trouble using what they learned or if the strategies are not working. This gives the group an opportunity to celebrate the success of participants who have tried new skills, and brainstorm ideas for participants who may be having trouble using the new skills.

► **Include a question on the participant satisfaction form.** Some participants may be more likely to share problems they are having on a survey than with the whole group. However, it may be harder to address specific problems because the survey is anonymous. You can create questions based on the session objectives. For example:

- How much improvement have you made in managing stress?

No Improvement Some Improvement A lot of Improvement

OR

- How many of the stress reduction skills did you try last week?

None One Two Three

OR

- How have you used the skills you learned so far?

► **Ask questions about how participants have applied what they learned after four sessions, and again at the end of all of the sessions.** You can do this as a group by setting aside time at the beginning of sessions 5 and 8. You can also set aside an entire session for discussing how people have used what they learned over the previous four sessions. This would allow you to discuss changes in depth and give participants the chance for more practice. You could also create a survey that asks about how participants have applied what they have learned so far. However, a survey may not allow you to address specific problems participants may be having, and some people may not want to fill out a longer survey.

It may be helpful to try more than one strategy. For example, conduct follow-up at the beginning of the session and include questions on the satisfaction survey. This may give you a better picture of how well the sessions are working.

Keep in mind that you may not work with the participants long enough to see major improvements. Behavior change is difficult and many people need to think about what they have learned and practice before they actually commit to change. Just because a participant does not use the skills right away does not mean the sessions are not working. It is a positive sign of progress if participants say that they thought about using the concepts or skills, talked about them with family or a health care provider, or tried a new skill a few times. When you are evaluating outcomes, these small steps should “count” as success.

Evaluation Resources

Find other strategies for evaluating your New Beginnings discussion sessions.

Basic Guide to Program Evaluation (Including Outcome Evaluation)

<http://managementhelp.org/evaluation/program-evaluation-guide.htm>

Centers for Disease Control and Prevention Framework for Program Evaluation

www.cdc.gov/eval/framework/index.htm

The Community Toolbox, Part J: Evaluating Community Programs and Initiatives
(Chapters 36–39)

<http://ctb.ku.edu/en/tablecontents/index.aspx>

The Program Manager's Guide to Evaluation

www.acf.hhs.gov/programs/oprel/other_resrch/pm_guide_eval/index.html

The 2002 User Friendly Handbook for Project Evaluation

www.nsf.gov/pubs/2002/nsf02057/start.htm

Stories and Audio Transcripts

The stories used as discussion aids in New Beginnings are the personal stories of people who have diabetes. They are used to support discussions. They are not advice or recommendations about how participants should feel or behave. It is okay if participants disagree with how the characters in the stories thought about diabetes or dealt with their problems. Remind participants that everyone will have their own personal story and it is normal and okay if it is different from the stories used as discussion aids. Also remind participants to always follow their doctor's advice. What works for one person with diabetes may not be right for someone else.

A Little Help Goes a Long Way: Supporting a Loved One with Diabetes



Alfred Dimps eats right, stays active, and follows a lifestyle plan to control diabetes. Except that Alfred doesn't have diabetes, his wife Linda does.

After Linda was diagnosed with type 2 diabetes in 1997, she didn't change her eating or exercise habits. She took her prescribed medication, but soon developed a kidney complication. Kidney problems are often the result of uncontrolled diabetes.

Then, four years ago, Linda's mother passed away from diabetes complications. She was on dialysis, suffered a heart attack, and lost her vision. Linda saw the devastating effects that diabetes had on her mother's health and vowed to avoid the same fate. So in 2002 Linda and Alfred made some changes. They began to take her diabetes more seriously and to manage it more effectively.

The National Diabetes Education Program (NDEP) encourages friends and family to be active participants in supporting the more than 18 million Americans with diabetes. The active support of loved ones helps people with diabetes live longer, healthier lives. Linda's doctor encourages their family-oriented approach to controlling her diabetes. With Alfred's invaluable support, Linda is controlling her diabetes for life.

Alfred, 58, and Linda, 52, worked together to develop a plan of action for making lifestyle changes that helped both of them feel better, stay healthy, and control Linda's diabetes. "We found a balance," says Alfred. "We concentrated on being consistent with our meals, our activities, medication, and doctor's appointments. And we stay positive every day."

Linda walks every day and takes water aerobics at a local community center near her home in Washington, DC. Alfred prepares most of their meals and takes simple steps to make the meals healthy and delicious. Alfred bakes food instead of frying, cuts back on salt, and uses different seasonings. "I do a lot of research," he says. "I read the literature that Linda gets from her doctor and diabetes education classes, and I keep up on what's going on with the disease. Together, we make this work!"

In addition, Linda manages her diabetes by controlling her ABCs: blood glucose as measured by the A1C test, Blood pressure, and Cholesterol. Since adopting their healthy habits, Linda has dropped 58 pounds—she even lost a shoe size! She has also greatly reduced her risk for kidney disease, heart attack, stroke, and other deadly complications. Alfred has struggled with high blood pressure in the past and, thanks to the lifestyle changes he and Linda made together, he has lost 52 pounds and his blood pressure is now under control.

For advice on how to help a loved one with diabetes, visit NDEP online at <http://www.ndep.nih.gov> to download or order a copy of their “Tips for Helping a Person with Diabetes.” Developed in partnership with the American Association of Diabetes Educators (AADE), the tip sheet also includes a list of resources for additional support and some great ideas from diabetes educators, nutritionists, and other health care professionals.

NDEP is jointly sponsored by the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) with the support of more than 200 partner organizations.

Jacquie A

Hi. My name is Jacquie Lewis Kemp and I am 50 years old. I'm a type 1 diabetic. I've been diabetic for 44 years. I am married. I have one son who is 21 years old. He is blood sugar normal. My husband is blood sugar normal. So I am the only person who lives with diabetes in our house.

At one time I was CEO of a manufacturing company—kind of a strange thing for a woman to be a head of a manufacturing company—but I was kind of used to doing things that aren't what everybody else does. Being diabetic and seven years old in second grade, there weren't any other people with type 1 diabetes in my class. So I was kind of used to being different.

Seven years old is kind of young to have to learn how to take insulin, manage blood sugar; really in 1969 we didn't really manage blood sugar but urine sugar so the management was a little bit different than it is today. But still issues of going to sleepovers with my friends, if they were having pancakes the next morning I had to take my insulin in the morning. So my parents kind of made rules that said, "you can do the sleepover but you'll need to come home early the next morning so that we can make sure you have your insulin and done all your testing. If they're not having pancakes you can go back but syrup..." I didn't care for the dietetic syrup and I'd rather do without so I just didn't eat pancakes.

As I grew older, in the teen years, hormones became a big issue with my diabetes. Just the changes in hormones makes the blood sugar go up. So my doctor had to really keep tweaking my insulin requirements as I grew older. Also I was participating in sports and I was a cheerleader. And I had to really bring a snack with me and learn how to manage my diabetes on-the-fly, if you will. Up until that point my parents really did a lot of the managing of my diabetes. But as a teen I had to learn how to pay attention to how I was feeling to be able to react to that with a snack or insulin.

I then went off to college. In fact when I went to college, I spent five years at the University of Michigan, and I completed a bachelor's and a master's degree. That is moving pretty quickly, but for someone who is seven years old with diabetes and had to learn a routine, getting things done is what I had always done, so this was really nothing much different. And it seemed like the normal thing to do. But college was the first time that I was really alone with my diabetes. I was no longer living in my parents' house and I had to really do it on my own. I had perhaps the worst insulin reaction while I was in college walking home from my work study job. I had an insulin reaction and I didn't have any money on my body at that time to be able to buy a snack. And one of the things that doctors and diabetes educators always tell you is to always carry an emergency source of sugar. Well, I didn't live too far from where I worked and I thought everything would always be okay. This was the one time I was really afraid that I might black out. Fortunately I did make it back to my dorm and

get something to eat and I was okay. But the point was never ever take that kind of chance again. Even if it's two dollars in my pocket—make sure I have something.

As an adult, working becomes an issue with diabetes. An issue in that you just have to learn how to manage being able to treat low blood sugars and also take your insulin when you need to. You've got to make the diabetes work to your lifestyle, I believe. Diabetes is not like having a cold. It's not an illness that you treat and it goes away and stops. It's something that you live with for a long time. At least until they find a cure. And so we may as well say "this is our lifestyle." I had a complete cabinet—a blood pressure cuff, insulin, sugar tablets, an extra pair pantyhose—this is my emergency kit under my desk that I kept at work so whenever I needed something it was handy. I didn't have to say "I wish I had..." or "I've got to make a plan B". I always had plan A there with me at work and at home. If I needed to go home early I had a fax machine, a computer, or whatever I needed at home to get the work done. One thing that I alluded to before is that diabetes actually has some benefits, believe it or not. Because I was seven years old I did not have a routine. Whatever my parents told me, that was my routine. And it turns out that learning how to manage all these things to manage my diabetes also carried over into my academic life, and my work life, and even today—I'm a writer now—but even today when I'm managing my household. You really plan for the next moment. You don't wait until you get into it. And that's kind of what diabetes training teaches you. You don't get into a mess. You always plan just in case. So if you live your life that way, it will spill over into other areas that will benefit those other areas as well.

Jacque B

I think the most important thing for all of us is family support. My husband has health issues that we just combine what all of our health issues are, and then eat healthfully for all of us. We can't make one meal for one person and another meal for another person. So family support is critical. My husband was very key when I was pregnant with my son. Yeah, type 1 diabetes and I was pregnant. I saw my high-risk specialist every week—every Monday and Wednesday for one hour while he checked the baby and looked at my glucose levels—from the time I was 11 weeks pregnant until I entered the hospital and had my son a month early. So that's a lot of work but I have a beautiful son—a wonderful young man I should say—right now. Diabetes is a lifestyle and so it's not something that's going to go away. We've got to manage it alongside whatever our life is, however we live, whatever we choose to do as a living.

Jacque C

Hello, my name is Jacquie Lewis Kemp and I have been diabetic for 44 years. I have to qualify that in that I have a kidney transplant and a pancreas transplant so I no longer take insulin. However, for 32 years I lived insulin-dependent with type 1 diabetes. I am married and I have one son who's 21 years old and he is blood sugar normal. Diabetes is not like having a cold. It's not an illness that occurs and then

goes away. It is a lifestyle transformation. It is something that has happened to us and so we have to create a lifestyle that will manage diabetes.

From the time that I was diagnosed at seven, my parents were the primary caretakers of my diabetes. At seven I couldn't do it all myself. They helped me with insulin requirements. They did their very best to have me grow up as a—I don't want to say normal child because we're all normal children—well as a child not too unlike the rest of the children. And that meant that I went to sleepovers, and that I played outside—got in trouble with my mother when I went to my girlfriend's mulberry tree. She said, “there's a fruit exchange if you're going to sit there and eat all those berries.”

As a teenager, as I grew into the teenage years, I became more active and was a cheerleader and had to learn how to do some of the diabetes management myself. My parents didn't do all of it. I had to learn to bring my insulin to school with me. I had to bring a snack so that I would always be prepared so my blood sugar wouldn't get low during cheerleading practice. And even when I went to college the progression of my ability to take care of myself really met its height because I was all alone. I had to manage my blood sugar all by myself. I had to manipulate my insulin requirements or how much insulin I would take, and see my doctors, set my appointments. That was pretty much on my own. My parents were not far away but I still had to do most of it myself. And many of the things that I was taught as a child, like never go without a source of sugar, became even more critical because once I forgot and that put me in quite a crisis of what do I do. I don't have my money in my pocket. I don't have sugar. What do I do? Fortunately, I made it back to my dormitory but it was a point that I learned the hard way. Mom said, “do this” and this is why.

As an adult I finally learned how to bring all of this together. I learned in college but as an adult and after I married. My husband and I each have health issues that we had to consider the diet for both of us. And it really does not work if you're making separate meals—this is what I'm going to eat and this is what you'll eat, Honey—that doesn't work. We have to eat as a family. We have to support one another as a family and if it really is in sickness and in health then you become one and you eat the same foods. And my son doesn't know any different—it's what he was raised on. Even when working, I have a cabinet under my desk that I kept my insulin, my blood glucometer, my blood pressure cuff, any other supplies I felt I needed, my log, I had an extra pair of pantyhose—whatever I needed. That was my emergency kit and the key was that I wasn't going to have to figure out a plan B if I got into trouble. I always have my plan A with me and I never had to consider what would I do if I didn't have it. The same was true at home. I had all of my work supplies at home, so if I really needed to go home I could still work from home—had a fax machine, a computer, the Internet. The benefit actually of diabetes—yes, there are some—I think that when we learn how to manage one aspect of our lives it spills over into other aspects of our lives. So we can grow not only in how we manage our diabetes but how we manage our lives and meld them together. That's when we're doing it successfully—when we can bring them together and be happy.

LyCynthia and Terry

LyCynthia: Good morning. My name is LyCynthia Baskin and here with me is my husband Terry.

Terry: Terry Baskin.

LyCynthia: We want to talk about the importance of the involvement of the family in taking care of my diabetes. I developed diabetes at the age of nine. Before we get into that I want to tell you a little about my husband and I. We've been married 20 years. We have a lovely teenage daughter Rachel, who is 17. And we have two cats, Abby and Gracie.

But I developed diabetes when I was nine. Back then in the 60's there was not a whole lot of education as far as learning how to take care of myself. So it was a little bit of a touch and go situation for me and my family. In fact, we didn't even know that anyone in the family had had it. My parents were pretty surprised and just didn't know what to do—none of us did. My brother and sister and I, we were just floored and just confused about a lot of the information that we received. But after a period of time—it was a hit-and-miss situation for us—we learned how to deal with it. My parents, my sister, and my brother became my guardians or my caregivers because at nine I didn't know anything about diabetes. I barely understood how to take care myself. So it was a learning experience for me as well as my family. There were many situations that occurred where we were just floored. We didn't know what to do and diabetes educators back then were practically nonexistent. We got most of our information from the nurse, when we could get her, and it was helpful but it was not the type of information that you can get now. Over a period of time, I learned as I grew, how to take care of myself, as technology developed. And my parents were very instrumental in making sure that I knew exactly what I needed to do. That I knew how to give myself my own injections and they learned how to do it as well. Back then we didn't have disposable syringes, we had glass syringes and we had needles that you had to attach to the syringe. So we all had to learn how to sterilize the glass syringe, load it up with the insulin, and give me a shot. So my parents would take turns giving me the injections because I was just too afraid to learn how to do it and for me it was a very painful experience. We didn't have the fine needles that we have now and I always fought with my parents about taking the shots. But I knew that it was something that I had to learn how to do. In doing so, I learned the importance of having the will to take care of myself. I felt that having the diabetes and the responsibilities of it was not my responsibility, it was my parents' responsibility. As I grew and developed complications I realized that it was on me.

Diabetes is a family affair. It does not just involve the person who has it. It involves the entire family because it affects the entire family—mentally, physically, emotionally, and financially. Therefore, the entire family has a say-so in what goes on. For my parents it was emotionally draining. They learned, because it affected me.

They saw how I withdrew from my friends and because I didn't...my friends didn't understand what the disease was and the things I needed to do to take care of myself. So I had to not only learn how to take care of myself and still try to develop some kind of social interaction with my friends so they would not see me as helpless. And I think that I did my best but it's difficult. It's always difficult for a child to manage diabetes when you have friends who are not diabetic and they're enjoying the foods and all those wonderful things that back then I could not have. So in order to deal with that I withdrew from my friends and basically just stuck with my sister and my brother because they knew, but even they would tease me back then.

As I grew, again, and became older and technology changed, I had access to better tools. I met my husband who, when we got married, he became my caretaker, my caregiver, and my guardian, replacing my parents. And a lot of things that they did for me he took over and, Terry, I want you to tell everyone some of the things that you did and experiences that you had and how you felt taking care of me, learning all you needed to do.

Terry: Well, I can say it's a learning experience year in and year out from the very beginning when we first married. It was all about learning about diabetes from the beginning, genetically how it affects the body itself, and emotionally how it affects the whole family. I knew nothing about it and when I started, LyCynthia and I had to sit down and she had to help me understand what was going on with her blood sugar, the danger signs, and I'm not going to say I'm a quick learner, but I do learn. And at that moment, I guess after two years I started watching very intently what she was doing, how she's doing because she has to apply the shots in various places like in her legs and arms, and it helps me to understand exactly what was needed. And then there was the time where we had to both understand exactly what she could eat because we are restaurant frequenters. We do go to a lot of restaurants and we do love to eat various types of food. But then that had to change in my life to help her. And from learning that experience—we also had better education through I think it was Northside Hospital and in various places that help educate those who have no understanding about diabetes—and I thank God for that because it helped me understand how food, once it's consumed, how it breaks down into the body. Whether it breaks down to sugar or other particles and what it does to the body itself. And I didn't realize that food is an important part of diabetes and how to control it. And with that understanding, I knew exactly what was taking place in my wife's body. Because there are times when, and I can say this wholeheartedly, when we were asleep there were signs that my wife will give to me while in the midst of sleeping, things that she would do to wake me up because she might have a low blood sugar or a high blood sugar. And I had to have that understanding too and what direction do I go as far as the low blood sugar, or what to give her to cool off the high blood sugars, things of that nature. And it's just all a learning process and I thank God for that.

We've been together over 20 years now and it's helped educate me and I pass this information on to others when they come and they say, "well, I'm diabetic," and I help share the stories of what my wife and I have gone through. There have been many nights that she wakes up in the middle [of the] night and I have to look for the signs, you know. Whether it's high or low blood sugar and then immediately, after so many trainings and after so many understandings, I know what to do and how to do it. One night, this was probably about seven years ago, when she was lying in bed and she was having a low blood sugar attack, basically I knew exactly what to do. First step was to make sure that she is breathing well and she is stable and I will go downstairs and get a can of pineapple juice, which worked very well for her. And if she was responding, definitely helping to guide her and watching her drink it. If not, I'll have to work with her, and sitting her up and helping her to receive this juice, and know the times that the juice can come and take effect—in other words, bring the blood sugar level up. These things are essential in our marriage because, like I said, family does help in a long way simply because everybody needs to understand what diabetes would do to your life and how it affects the family members itself.

My daughter was too young—or our daughter was too young—to understand these things, but the blessings that we have gone through she's seen. And there was a time when she was 13, 14, and she understood when daddy had to leave, watch over mom. And if there is a question, she knows where to contact me and I can tell her, I'll help guide her through what she needs to do. So that was truly a blessing for the whole family, to be educated in the perils of having diabetes and what they go through and how they react and where to respond to that in helping that person or persons to deal with this dreadful disease.

LyCynthia: This is why communication in the family is just so important. You've got to know not only just verbal communication but nonverbal communication. If the person is experiencing a low blood sugar and not able to communicate, there may be signs there that you could recognize—a person could recognize—letting you know that there's a problem. But you also must have the wisdom and the knowledge as to what you need to do. You first have to determine what it is—low or high—and then do the right thing. This is why, again, diabetes education is essential to maximizing that person's quality-of-life. If it were not for my husband attending diabetes education classes with me and the rest of my family, then he would not have known what to do when those lows occurred. He would not know what to do as far as my diet or anything regarding my care. Communication is so important in the entire family because, again, diabetes affects the entire family.

I've had diabetes a long time. 29 years, 30 years, oh, I'm sorry, 40 years...

Terry: Wow.

LyCynthia: And through those years I've developed complications as well. As different complications begin to develop, such as kidney failure, again, I had to communicate to them exactly what was going on and they also learned how to help me deal with the kidney failure. I started out with peritoneal dialysis, which is just doing dialysis at home. They also had to learn how to do that. When I developed nerve damage they didn't understand that. But, again, through education and remembering what they heard in diabetes education, they knew that if I had a tingling sensation in my hands or my feet it was because of that. So communication and talking to each other and talking about the emotional part of living with diabetes helps to alleviate some of the frustration and the denial. A lot of us get to the point that we just don't believe that we have it and don't want to deal with it, but it's something that we all have to deal with, whether we like it or not, it's there. But it's easy to manage if you take the responsibility and you don't see it as a problem but an opportunity to better yourself, educate yourself, and do the best that you can do to live a long and healthy life with diabetes. It's not something to be afraid of. It's something that you have to do and I have learned so much in the 40 years about the disease so that if another family member has symptoms, I know how to recognize the symptoms. If they were diagnosed with it, because they have helped me and learned about the disease already, they're already getting a head start in dealing with it. I think I've been pretty successful because of my family in dealing with the disease and I think that to live with it for 40 years means that what I've learned I've applied successfully and I expect to live 40 more years successfully. So diabetes is not the end but the beginning of a new life, just learning how to live it a little bit differently.

Terry: I would agree with you on that, Hon. Because coming from a perspective of family member that doesn't have diabetes but now I have a better perspective on how to control, or help the spouse or loved one control diabetes in their lives. As caretakers we are here to make sure that life goes better or that you can live life better with this disease. The purpose is just to make sure that communication is essential. It's constantly talking about, you know, in our situation, how she feels and watching her because I always watch my wife. Of course, she's a beautiful woman and I love looking at her, but the key is to make sure that the communication signs, like she said, verbal and nonverbal, are there. I remember one night that we were sleeping, again, she does a certain kind of flop in the bed. Well, that would alert me to whether she's conscious or not or if she's having a bout with highs or lows once again. But this is the purpose of the communication. To help the other partner understand, okay is there danger? Find out the initial process, is it a high or low blood sugar? How do you comfort this person, help them move along and guide them where they need to go so they can get back to where they are feeling comfortable with themselves? LyCynthia and I have always talked through these things, helping me to understand my part in her life, especially as her husband. And that helps me to know, when there are people and they come into my office and they might be diabetic and they're not sure what's going on with them, automatically I can readily identify it from there, and pass the information on to them, to help guide them. I think this is a case in point, just like a relay race, you pass the baton

on to each other to help each and every one understand our part in this whole race. How can I help my wife get to the next level because I know she's going to help me. But together to do so much for each other and that's the key in learning [about] each other, how to communicate this, not only to each other but also to our family members—daughter, mother-in-law, father-in-law, you name it. And even when she's away we're talking, communicating the same thing. How she feels, what is she doing, her aches and pains. I need to know that like a recording and I can take the baton from that point on in helping her and going from that point on.

LyCynthia: I'm glad you brought that up because it is so important to help children understand the importance of taking care of themselves. What we have learned in diabetes education, we have taken that information and passed it on to our daughter about the importance of developing good eating habits. Eating the right things and exercise is so important because kids today have access to so many foods that are not necessarily good for them and they're making choices that could be detrimental to their health in the future. So it's important for kids to understand that eating the right things now will affect them as they age or when they get older. So children – you've got to sit them down and talk to them and help them to just break it down to their level so that they can understand the importance of making good choices. Our daughter works in a fast food restaurant and she has access to a lot of items that are not necessarily good and she tends to make decisions that we feel that are not in her best interest. So what we're trying to do is get her to understand that there are other choices that you can make that are just as good. Children want to be like their peers, like I did when I was younger. We want to eat what they eat and do what they do and, as a diabetic child, back then anyway, I couldn't do that. Now there are other choices that they can have and they have more flexibility, but they still have to understand that the responsibility for taking care of themselves is still on them with mommy and daddy's help. But it's still up to them. So you really have to sit them down and talk to them about everything. Find out how they feel about having the disease. Find out what they know. So that you can help them to understand better that they have so many choices and they will feel better if they make this choice versus this choice over here. I know for me, my parents did the same. They were more protective of me of course, and I understood that but they did their best to package up my lunch so that I had a nutritious lunch, but also put some goodies in there too so that I would not feel left out when my friends pulled out the pizza and the ice cream and cookies and those sorts of things. So I had my choices and today there are so many more choices out there for kids and they can work it into their diets. Or the parents can work it into their diets. The key again is communicating. Communicating to the child that this is what you have and this is the way that you have to live to live healthy for the rest of your life. And don't put so many restrictions, not so many more restrictions on them, but present more choices to them and I think they will be more accepting of the things that they can have and what they can do and stay on course and stay focused.

Terry: Very good point, Honey, because I do recall, as kids go, you see this rise in obesity in America and that leads right into diabetes and it's the choices that they make as far as what they do eat. I have to say, you know, what we do as far as with Rachel, we help her to understand you have to make good choices in what you eat. There's a period of time where, yeah, you'll have these binges—the pizzas, and the hotdogs and the hamburgers—but there's also a time when you have to really lay off that stuff and bring in the vegetables and the fruits and help them understand this is just as good. Of course she frowns her face up at it, but we know that she knows we have her best interest at heart simply because we don't want her to have a bout with diabetes. And once again, the common denominator is the communicating part to help them see there's a period of time, you know, you can eat that stuff—I'm talking about the pizza, the hamburgers—but you have to lay off of it, get back on course, do some kind of exercise, make sure that you are eating right and the time of day that you're eating these foods, that helps a lot. Kids today, they want their own when they want their own and on their time. But they have to understand they can't eat junk food every single day. And I thank God that it brings us to the point, where, you know, we get to a point in our lives where we have to watch what we eat on a daily basis and make sure that we're doing the right things. Everybody wants to have that time to binge but there are times when we have to really understand what we're doing, why we're doing it, and how it's going to help us and our bodies.

LyCynthia: That right. It's all about balance and teaching your child to balance their nutritional intake with exercise. Not just letting them have what they want as far as the fast foods but teaching them how to balance out the nutritious vegetables and lean meats and baked foods. They have so many more choices now, so teach them about the alternatives, the other choices, how to work it into their diet so that as they grow they won't develop the complications of diabetes.

Yvonne A

My name is Yvonne Young and I am a registered nurse. I am a diabetes educator and I have diabetes. I've had diabetes for over 25 years, and the way I discovered that I had diabetes, I was applying for some life insurance and one of the things they did was a glucose tolerance test. And at the time I was told that I was borderline diabetic and the term borderline to me meant that I still had time to play. I wasn't really diabetic but eventually I would become a diabetic. But just at the mention of the term "diabetes" I went straight into denial and I ignored my disease for a very long time. I weighed over 200 pounds. I smoked two to three packs of cigarettes a day. I didn't do any kind of exercise and I ate whatever I wanted and how much I wanted and I was wearing a size 20 dress. And I was feeling bad and had all the symptoms of diabetes but in my mind I rationalized that, "Well it was something else. My vision blurred because I need glasses. I'm thirsty all the time because I'm tired. I go to the bathroom because I drink a lot of water," and just totally ignored the disease and even after I got my official diagnosis that I was diabetic and needed to be on medication, I was a poor complier. I didn't take my medication. I didn't check my blood sugars as I should. I didn't exercise or anything because in my mind I didn't have diabetes. Because when you're in denial—that was a comfort zone to me. I didn't have to address the issues of diabetes. But what I found out was that it was also a deadly zone because as a result of me ignoring my disease I allowed complications to start. Both of my parents later became diagnosed with adult onset type diabetes—my father first and then my mother and then my older sister. And theirs was lack of knowledge. My sister, like me, in denial and just didn't want to hear about diabetes, didn't want to learn about diabetes, and didn't want to make the lifestyle changes. She too was overweight. She was a smoker and didn't exercise either.

So people would tell me all the time, "well you're a nurse, you're supposed to know better." Yeah, but knowing better and doing better are two different things because I still face the human challenges. So one day, one day, I heard a little voice said to me, "Yvonne, do you realize what you're doing to yourself?" and I decided then that my lifestyle was killing me. Not exercising, not taking medication, not checking my blood sugars, not trying to follow any type of meal plan. And I had to acknowledge that the numbness in my feet was a result of nerve damage from my uncontrolled diabetes. The coronary artery disease, the patches on my arteries. So I made the lifestyle changes. I decided yes, I want to live. I like life. So I quit smoking cold turkey—didn't have the withdrawals or anything because I was determined that I like living more than I like cigarettes. And I came to the conclusion that food was not worth dying for so I looked at how I was eating and made healthier choices. And I started walking. In the beginning, initially when I started, I lost a total of 50 pounds. I came from a size 20 to a cute little size 12. So in life you have to find something good in everything bad. So, yes, it was bad that I developed diabetes, but it made me start taking care of myself and it got me a cute little size 12 out of the deal, too.

Yvonne B

I'm challenged still every day because our society is designed to make us want to eat. There are all kinds of triggers around us that stimulate our minds to want to eat. Just going down the street and looking at all the different restaurants, the commercials on TV, the ads in newspapers and magazines, of food. And it's just plentiful and it's good and it's comforting and often times I was eating a lot of the wrong things. My battle is with sweets. I love sweets, and the holiday season is very difficult and very challenging for people with diabetes because it's all around us. It starts around Halloween all the way past Super Bowl we're just bombarded with food, food, food. So it's very challenging. People often tell me, "Well, all you have to do is just change the way you eat and exercise." Well that is quite easier said than done. It's a little more difficult than that. It takes a lot of discipline to get diabetes under control. But the first thing you have to do is accept that you have diabetes and you have to make up your mind you're going to do whatever it takes and everything it takes to get this disease under control because if you don't control this disease, it is going to take charge of you. And the complications, they don't just come one at a time. Sometimes they present three at a time and it's very challenging to live the rest of your life with complications. Because when you listen to the statistics associated with diabetes you would think that there is nothing that can be done about this disease. But the good news is, even though there are a lot of complications associated with diabetes, often times these complications can be prevented if we just make the lifestyle changes. Now, if we can get it in our heads that we can get it together in our heads, everything else will fall in place for us. And I tell people that this is not a death sentence. It's not a disease of deprivation. We can eat the same foods, we just have to watch our portions. We have to watch our fat content, and we have to watch the amount of carbohydrates that's in that meal serving. And if the majority of people ate like people with diabetes should, obesity would not be an epidemic today, which has led to the epidemic of diabetes obesity.

Yvonne C

I have a group of friends around me who—you would think they were experts—who would encourage me. "Yvonne, you know, come on, let's walk. Don't eat this" or "Don't eat that." And it's good to know that they cared enough to take note. But the most valuable lesson that I learned about this disease is not to ignore it. And it's easy to ignore because you can walk around all day long with elevated blood sugars and function because after feeling bad for so long you don't recognize that you're feeling bad. You just say, "That's just how I feel" and the only way you really recognize the difference is when those numbers go down, and those symptoms—the blurred vision gets better, the thirst is not as bad, you don't go to the bathroom as often. So maybe if our blood sugars, when they were elevated, it would hurt, we would take more notice and be more mindful of trying to work a little harder at keeping them down. But do not ignore this disease. Follow your doctor's advice. Check your blood sugars. Record them. Talk with a dietitian. She can help you to do an individualized meal plan. Try

to follow that plan. Am I a hundred percent? No, I'm not. But I stay in the top 90's. I haven't tipped the scale over 200 anymore and I'm exercising. I don't smoke and I'm still waging a war against sweets. Some days I win. But often times I don't, but it's doable. It just takes discipline. It takes a lot of discipline. But it can be done. And the good news is, you can prevent complications and prevent any new ones from starting or slow down those which have already started. So in the end we're worth it. Yes, it's a 24/7 job, but we're worth it.

Yvonne Smoking

Smoking and diabetes is a deadly combination because of the effects that diabetes has on your blood vessels and the effect that the cigarette smoke has on your blood vessels. And when you're smoking with diabetes—diabetes makes our blood vessels brittle, it causes them to become narrow—and when you smoke it causes those blood vessels to constrict, and as a result of that, the heart has to pump harder to get blood through those very narrow blood vessels from the diabetes coupled with the effects of smoking. And plus smoking causes your heart to beat faster as well, and cardiovascular disease including heart attack and stroke is the number one leading cause of death in people with diabetes, even if you don't smoke. So when you factor in cigarette smoke, that just increases your chances of having a heart attack and a stroke. And nicotine is a very hard, it's a hard habit to quit, and the only way you're going to really be able to accomplish that—you got to want to quit. You've got to really want to quit. And I was to the point where I wanted to quit because I wanted to live. I already had high blood pressure. I knew that I had coronary artery disease and that I was having plaque forming on my arteries and with the cigarette smoke, it just made that much more work for my heart to do. So I decided that I want to live. I wanted to live. So quitting, just putting it down. I want to live. I don't want to keep killing myself with these cigarettes. This is just a slow walk to death when you smoke and you have diabetes. So I just quit. I just quit and every time the urge came, the craving to smoke, I had to remind myself I want to live. I want to live. I want to live. And that's the bottom line. You choose life or you choose death. You either die or you beat it. So I chose to beat it.

Yvonne Sweets

My battle with diabetes is dealing with sweets. I love sweets. A lot of sweets. My serving of cake is not just a slice, but I can go for a half a cake. And chocolate—the big giant chocolate candy bars—that was a daily treat for me. But one day I did that and I checked my blood sugars and I saw just how high that candy bar made my blood sugars go. So that in itself was enough to stop me from eating a whole bar. But I just felt like I had to have something sweet every day. But if you check your blood sugar every time you eat something sweet and you see the effect that it has on that number, that will kind of make you have a second thought before you continue doing that every day. It worked for me. Now I just eat a little bitty sweet occasionally.

Resources

Diabetes and Tobacco Use: How Quitting Will Help YOU

Diabetes and Tobacco Use: How Quitting Will Help YOU

You probably already know that smoking or using tobacco in any form is bad for your health, but did you know that smoking is a leading cause of nearly 1 out of every 5 deaths in the United States?

If you have diabetes, smoking can be especially harmful.

- Smoking increases your already higher risk for multiple problems such as gum disease, blindness, and kidney disease.
- It can also cause poor blood flow in your legs and feet that can lead to serious problems such as foot infections and ulcers. In fact, 95% of people with diabetes who have or need amputations are smokers.
- People with diabetes who smoke are also more likely to have a heart attack or stroke than people who don't have diabetes and don't smoke at all.
- People with diabetes who smoke may also be more depressed than people with diabetes who don't smoke.

The Good News

You can make a difference!

Using tobacco products, even snuff, can interfere with how your insulin works (a situation called “insulin resistance”). In as little as 8 weeks after you stop smoking, this “insulin resistance” can start to decrease.

Benefits you will see quickly when you stop smoking include—

- In 20 minutes, your pulse rate and blood pressure will decrease.
- In 8 hours, the amount of carbon monoxide (a toxic gas) in your blood will decrease.
- In 36 to 48 hours, your sense of taste and smell will improve.
- In 72 hours, you will have more energy.

New Beginnings Promotional Tools

The following tools are provided to help you promote *New Beginnings* to people with diabetes and their families. Add information about your sessions to encourage people to register. You can download these promo tools using the hyperlinks found in each item title.

Flyer

- ▶ Post the flyer in public spaces where people with diabetes and their family members may see it. For example, drug stores, clinics, and places of worship.

Post card

- ▶ The post card is a personal and private way to let people know about *New Beginnings* groups. They are helpful for people who may want to take the information and call at a later time.
- ▶ Leave them in public spaces where people with diabetes and their family members may see them like drug stores, clinics, and places of worship.
- ▶ Give them to health care providers, community health workers, and other people who work with people with diabetes to give to their clients.

Newsletter article

- ▶ You can adapt the newsletter with stories about people who have attended your *New Beginnings* sessions.
- ▶ Place the article in publications that go to people with diabetes. Clinics, community centers, and places of worship may have newsletters that can run the story.

Recruitment Letter

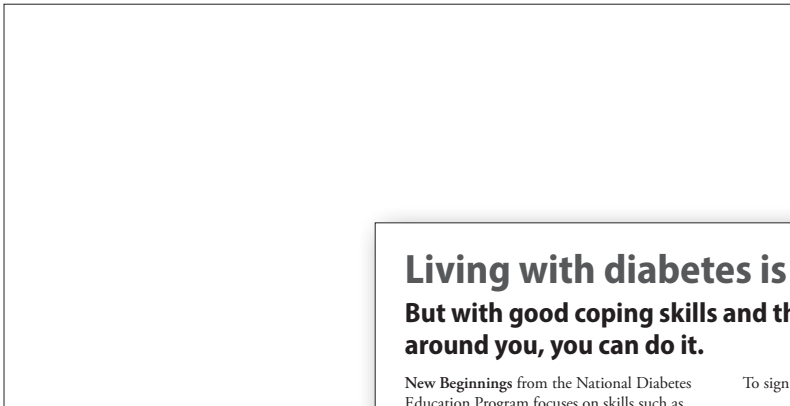
- ▶ Let health care providers, diabetes educators, pharmacists, religious leaders, and other people who work with people with diabetes and their families know about the *New Beginnings* groups and how they can let people know about your program.
- ▶ People who receive your letter may want to talk to you more about *New Beginnings* before they begin referring people. Include your contact information and offer to speak with them personally in the letter.
- ▶ Include post cards to make it easy to refer people with diabetes to the groups.

**Living with diabetes is not easy.
But with good coping skills and the support of
people around you, you can do it.**

New Beginnings from the National Diabetes Education Program focuses on skills such as planning, managing stress, and communicating with your family and health care providers. These skills can help you cope with the ups and downs of managing your diabetes. Family members can learn about diabetes management and the best ways to support you.

With New Beginnings, you will learn in a fun, supportive group setting that every day is a new chance to do a little better.

To sign up for a New Beginnings group, contact:



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This post card is not HIPAA compliant. It may only be used as follows:

- ▶ *Given directly to patients/clients*
- ▶ *Left in a waiting room for people to pick up*
- ▶ *Mailed in an envelope*

Newsletter Article

Yvonne has lived with diabetes for over 25 years. When she first learned she had prediabetes, a condition that put her at increased risk for diabetes, she says she went right into denial. “I weighed over 200 pounds. I smoked two to three packs of cigarettes a day. I didn’t do any kind of exercise and I ate whatever I wanted and how much I wanted and I was wearing a size 20 dress. And I was feeling bad and had all the symptoms of diabetes but in my mind I rationalized that, well it was something else.”

What might surprise people about Yvonne’s story is that she is a registered nurse and diabetes educator. “People would tell me all the time, ‘Well you’re a nurse, you’re supposed to know better.’ But knowing better and doing better are two different things because I still faced the human challenges,” says Yvonne.

Learning to manage diabetes is not easy. People with diabetes are responsible for most of their care including making healthy food choices, being more physically active, monitoring their blood glucose, possibly taking medication, and getting regular health care. When this is added to the other activities of everyday life, managing diabetes can become overwhelming.

People with diabetes can learn the skills to cope with ups and downs of living with diabetes. *New Beginnings* is a program being offered by [Organization] to teach people with diabetes important skills such as planning, problem solving, stress management, and communicating with family members and health care providers. In *New Beginnings* groups, people with diabetes and their family members learn these valuable skills in a fun, supportive environment led by a group leader. [Insert quote from a facilitator, program manager, or participant about your program].

Yvonne did overcome her denial and started to manage her diabetes by quitting smoking, walking, and making healthier food choices. Eventually, she lost a total of 50 pounds. “In life you have to find something good in everything bad. So yes it was bad that I developed diabetes, but it made me start taking care of myself and it got me a cute little size 12 out of the deal too,” says Yvonne.

For more information about *New Beginnings*, contact [insert contact information].

Recruitment Letter

[*Recipient name*]

[*Recipient title*]

[*Recipient mailing address*]

Dear [*Mr./Ms./Dr./Rev. Name*]

[*Organization*] is holding *New Beginnings* discussion groups to help people with diabetes and their families learn to cope with the emotional impact of managing diabetes and build positive, supportive relationships with family members. These issues are often overlooked but can have an impact on how people give and receive information about diabetes, whether they seek help, and, ultimately, what influences them to take action to manage their diabetes. *New Beginnings* is an important health resource in our community, and [*Organization*] is offering facilitated group sessions to teach people with diabetes and their family members important skills including goal setting, problem solving, managing stress, overcoming self-doubt, and communicating with family members and health care providers.

Please consider recommending our program to your [*patients, members, clients*] with diabetes. I have enclosed cards with information about how to register for our program that you can give to people with diabetes and their family members. If you have any questions, please let me know. I would be happy to provide you with more information about *New Beginnings*.

Sincerely,

[*Insert signature*]

[*Name*]

[*Title*]

National Diabetes Education Program

For more information call 1-800-CDC-INFO (800-232-4636)

TTY 1-(888) 232-6348 or visit www.cdc.gov/info.

To order resources, visit www.cdc.gov/diabetes/ndep.

The U.S. Department of Health and Human Services' National Diabetes Education Program is jointly sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention with the support of more than 200 partner organizations.



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