Steps to Healthier Living™

The Chronic Disease Self-Management Workshop

An Evidence-Based Self-Management Workshop originally developed at Stanford University

LEADER'S MANUAL

DO NOT COPY OR DISTRIBUTE

SMRC
Self-Management Resource Center

Copyright © 2020
Self-Management Resource Center

DO NOT COPY OR DISTRIBUTE

Steps to Healthier Living™

The Chronic Disease Self-Management Workshop

An Evidence-Based Self-Management Workshop originally developed at Stanford University

LEADER'S MANUAL

DO NOT COPY OR DISTRIBUTE

Developed by
Kate Lorig, DrPH
Virginia González, MPH
Diana Laurent, MPH

Original Development Supported by
AHCPR Grant HSO 6680
and
California State Tobacco-Related Disease Research Program
Award 1RT 156

SMRC
Self-Management Resource Center

© Copyright 2020
Self-Management Resource Center
All rights reserved.

© Self-Management Resource Center, 2020. All rights reserved. All or portions of this material include copyrighted materials belonging to Self-Management Resource Center. This program may only be used or reproduced by organizations licensed by the Self-Management Resource Center. To obtain a license, contact the Self-Management Resource Center. Any other use of the Program in whole or part is prohibited. Licensing information may be obtained from:

Self-Management Resource Center
PO Box 219
Aptos CA 95001 USA
Licensing@SelfManagementResource.com
phone (650) 242-8040
http://www.SelfManagementResource.com

DO NOT COPY OR DISTRIBUTE

December 2020

REQUIRED:

A COPY OF YOUR ORGANIZATION'S SIGNED LICENSING AGREEMENT MUST BE INSERTED IN EACH MANUAL HERE

DO NOT COPY OR DISTRIBUTE

DO NOT COPY OR DISTRIBUTE

CONTENTS

Introduction i
How to Use This Manual ii
Checklist for Leaders iii

Session: Page

Session One 1: 1
Activity 1: Introduction 1: 3
Activity 2: Fatigue and Getting a Good Night's Sleep 1: 10
Activity 3: The Mind-Body Connection/Distraction 1: 16
Activity 4: Introduction to Action Plans 1: 22
Activity 5: Closing 1: 27

Session Two 2: 1
Activity 1: Feedback 2: 3
Activity 2: Introduction to Problem-Solving 2: 6
Activity 3: Dealing with Difficult Emotions 2: 9
Activity 4: Introduction to Physical Activity and Exercise 2: 17
Activity 5: Preventing Falls and Improving Balance 2: 22
Activity 6: Making an Action Plan 2: 27
Activity 7: Closing 2: 30

Session Three 3: 1
Activity 1: Feedback 3: 3
Activity 2: Making Decisions 3: 6
Activity 3: Pain Management 3: 11
Activity 4: Endurance Exercise 3: 16
Activity 5: Healthy Eating 3: 22
Activity 6: Making an Action Plan 3: 28
Activity 7: Closing 3: 31

Session Four 4: 1
Activity 1: Feedback 4: 3
Activity 2: Better Breathing 4: 6
Activity 3: Reading Food Labels – Part 1 ..... 4: 11
Activity 4: Exercise Practice 4: 18
Activity 5: Problem-Solving 4: 20
Activity 6: Communication Skills 4: 23
Activity 7: Making an Action Plan 4: 31
Activity 8: Closing 4: 34

DO NOT COPY OR DISTRIBUTE

Session: Page

Session Five 5: 1
Activity 1: Feedback 5: 3
Activity 2: Reading Food Labels – Part 2 ..... 5: 6
Activity 3: Medication Usage 5: 10
Activity 4: Relaxation Body Scan 5: 16
Activity 5: Dealing with Depression 5: 20
Activity 6: Communicating with Ourselves (Self-Talk) 5: 24
Activity 7: Making an Action Plan 5: 29
Activity 8: Closing 5: 32

Session Six 6: 1
Activity 1: Feedback 6: 3
Activity 2: Making Informed Treatment Decisions 6: 6
Activity 3: Working with Your Health Care Team 6: 9
Activity 4: Guided Imagery Relaxation 6: 13
Activity 5: Looking Back and Planning for the Future 6: 17
Activity 6: Closing 6: 21

Appendix: Page

Appendix I: Charts, Agendas and Handout ..... I: 1
Charts ..... I: 1
1: Guidelines ..... I: 2
2: Self-Management Tasks ..... I: 2
3: Self-Management Tool Box ..... I: 3
4: Brainstorming ..... I: 3
5: Parts of an Action Plan ..... I: 4
6: Problem-Solving Steps ..... I: 4
7: Symptom Cycle ..... I: 5
8: Three Kinds of Physical Activities and Goals ..... I: 5
9: Reduce the Risk of Falling ..... I: 6
10: Decision-Making Steps ..... I: 6
11: Decision to be Made ..... I: 7
12: Moderate Endurance Exercise ..... I: 8
13: Monitoring Exercise Intensity ..... I: 8
14: Be FIT ..... I: 9
15: The Plate Method ..... I: 9
16: Reasons for Shortness of Breath ..... I: 10
17: Communication Skills ..... I: 10
18: Purposes of Medications ..... I: 11
19: Unexpected Medication Effects ..... I: 11
20: Medication Responsibilities ..... I: 12

DO NOT COPY OR DISTRIBUTE

Appendix: Page

Appendix I: Charts and Handout (continued)
Charts (continued)
21: Ways to Manage Negative Thinking ..... I: 12
22: Evaluating Treatments ..... I: 13
23: Internet URL Addresses ..... I: 13
24: Take P.A.R.T. ..... I: 14
Agendas by Session ..... I: 15
Workshop Overview/Homework Handout ..... I: 19
Appendix II: Action Plan and Feedback Flow Charts ..... II: 1
Action Plan Flow Chart ..... II: 2
Feedback Flow Chart ..... II: 5
Appendix III: "Problem" Action Plan and Feedback Examples ..... III: 1
Action Plans ..... III: 1
Doesn't Know What to Do ..... III: 1
Doesn't Want to Make a Plan ..... III: 2
Makes Plan for Every Day ..... III: 2
Hedges on Plan ..... III: 3
Plan Depends on Another Person ..... III: 4
Plan Seems Like Too Much to Leader ..... III: 4
Plan Isn't an Action ..... III: 5
Low Confidence Level ..... III: 6
Confuses "How Much" and "How Often" ..... III: 7
Feedback ..... III: 9
Didn't Do It At All ..... III: 9
Didn't Do It At All – Didn't Like It ..... III: 9
Partially Complete – Unhappy About It ..... III: 10
Partially Complete – OK With It ..... III: 10
Partially Complete – Too Ambitious ..... III: 11
Partially or Not Complete – Got Sick ..... III: 11
Adjusted or Changed Plan ..... III: 11
Appendix IV: Dealing With Different Types of People and Situations ..... IV: 1
People ..... IV: 1
The Too-Talkative Person ..... IV: 1
The Silent Person ..... IV: 2
The "Yes, but…" Person ..... IV: 2
The Non-Participant ..... IV: 3
The Argumentative Person ..... IV: 3
The Angry or Hostile Person ..... IV: 4
The Questioner ..... IV: 5
The Know-It All ..... IV: 5
The Chatterbox ..... IV: 6
The Crying Person ..... IV: 6
The Suicidal Person ..... IV: 7

DO NOT COPY OR DISTRIBUTE

Appendix IV: Dealing With Different Types of People and Situations
People (continued)
The Abusive Person ..... IV: 7
The Superior Observer ..... IV: 8
The Person Who Doesn't Make Action Plans ..... IV: 8
The Person in Crisis ..... IV: 9
Situations ..... IV: 10
In-Class Practices ..... IV: 10
Creating a Non-Threatening Atmosphere ..... IV: 10
Handling Questions ..... IV: 11
Co-Leader Illness ..... IV: 11
Support of Physicians ..... IV: 12
Relaxation Interruptions ..... IV: 12
Running Out of Time ..... IV: 13
Other Attendees ..... IV: 13
Injury Control ..... IV: 14
Appendix V: Example "What If" Scenarios ..... V: 1
Paraphrasing Practice Scenarios ..... V: 1
Action Plan Scenario #1 ..... V: 2
Action Plan Scenario #2 ..... V: 2
Action Plan Scenario #3 ..... V: 3
Action Plan Scenario #4 ..... V: 3
Action Plan Scenario #5 ..... V: 3
Action Plan Scenario #6 ..... V: 4
Yakity-Yak ..... V: 4
Interpreting Emotions ..... V: 5
You're late! ..... V: 5
Waterworks ..... V: 6
Awful Week ..... V: 6
Lost ..... V: 7
Shooting Down Suggestions ..... V: 7
Feeling Blue ..... V: 8
Cultural Humility #1 ..... V: 8
Cultural Humility #2 ..... V: 9
Cultural Humility #3 ..... V: 9
Endless Challenging Questions ..... V: 10
Angry and She Will Tell You Why ..... V: 10
Ventriloquist ..... V: 11
Perpetually Partially Complete ..... V: 11
Touchy-Feely Psycho-Babble ..... V: 11
Hypoglycemia ..... V: 11
"Just trying to help…" Brainstorming ..... V: 12
Judgmental Participant ..... V: 12

DO NOT COPY OR DISTRIBUTE

Appendices, *continued* **Appendix: Page**

Appendix V: Scenarios, continued
Trouble Reading ..... V: 13
Diets ..... V: 13
Here, Try These ..... V: 13
Treatment Advice ..... V: 14
Medications are Bad ..... V: 14
Doctor-Bashing ..... V: 15
Can't Use "The Plate" ..... V: 15
Trust My Gut? ..... V: 16
That Costs Too Much ..... V: 16
Asking for Doctor Recommendations ..... V: 16
Expecting Expertise ..... V: 17
Bad Head Trip ..... V: 17
Can't Get Medications ..... V: 17
Shady Salesman ..... V: 18
Preaching Exercise ..... V: 18
"You shouldn't feel that way!" ..... V: 18
"Control Freak" Co-Leader ..... V: 19
Ambitious Co-Leader ..... V: 19
Missing Co-Leader ..... V: 20
Leader Personality Clash ..... V: 20
Co-Leader Goofs Up and then Blows Up ..... V: 21
Poor Demonstration ..... V: 21
Left Outside ..... V: 21
Participant Death ..... V: 22
Appendix VI: How to Work with Participants with Dementia and Other Memory issues ..... VI: 1
Appendix VII: Teaching Techniques Used in the Workshop ..... VII: 1
Lecturette ..... VII: 1
Brainstorming ..... VII: 2
Call Outs ..... VII: 3
Demonstration/Practice ..... VII: 4
Appendix VIII: History of Self-Management Programs ..... VIII: 1
The Arthritis Self-Management Years ..... VIII: 1
The Chronic Disease Self-Management Years ..... VIII: 4
The HIV Self-Management Years ..... VIII: 7
The Chronic Pain Self-Management Years ..... VIII: 7
The Diabetes Self-Management Years ..... VIII: 8
The Building Better Caregivers Years ..... VIII: 8
The Cancer Thriving and Surviving Years ..... VIII: 9
Appendix IX: CDSMP Suggested Revision Form ..... IX: 1

DO NOT COPY OR DISTRIBUTE

DO NOT COPY OR DISTRIBUTE

INTRODUCTION

The Chronic Disease Self-Management Program (CDSMP) was originally developed at Stanford University Patient Education Research Center as a collaborative research project between Stanford University and the Northern California Kaiser Permanente Medical Care Program. The primary developers of the program are Kate Lorig, DrPH, Virginia González, MPH, and Diana Laurent, MPH, all of whom were at Stanford, and are now at the Self-Management Resource Center.

Several assumptions underlie the CDSMP:

- People with chronic conditions have similar concerns and problems.
- People with chronic conditions must deal not only with their disease(s), but also with the impact these have on their lives and emotions.
- Lay people with chronic conditions, when given a detailed Leader's Manual, can teach the CDSMP as effectively, if not more effectively, than health professionals.
- The process or way the CDSMP is taught is as important, if not more important, than the subject matter that is taught.

In a five-year research project, the CDSMP was evaluated in a randomized study involving more than 1000 subjects. This study found that people who took the program, when compared to people who did not take the program, improved their healthful behaviors (exercise, cognitive symptom management, coping, and communications with physicians), improved their health status (self-reported health, fatigue, disability, social/role activities, and health distress), and decreased their days in the hospital. Studies by others had similar results.

The companion book for the workshop is *Living a Healthy Life with Chronic Conditions, 5th Edition*, by Kate Lorig, Diana Laurent, Virginia González, David Sobel, Marian Minor and Maureen Gecht-Silver. The book is also available on audio CD and as an e-book. Bull Publishing also distributes an audio CD that may be used with the relaxation exercise in this workshop.

Books and CDs can be ordered from Bull Publishing Company, P.O. Box 1377, Boulder, CO 80306, phone 1-800-676-2855, www.bullpub.com.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

HOW TO USE THIS MANUAL

The Chronic Disease Self-Management Leader's Manual is designed so that you can facilitate your workshops with confidence that you are presenting the material correctly and maintaining the necessary fidelity to the program. Please pay attention to the following points before you lead your workshops:

- Text that is highlighted in grey is instructions to you. *If the text is highlighted in grey, do not read that text!* A whole area might be grey, or just phrases, such as:

  Instructions to Leaders: Ask for a volunteer and then go around the room.

  Or **Say in your own words:** Please look at the Symptom Cycle on this chart….
  Or **Say:** The question we are going to brainstorm is…
  Or **Ask:** Did anyone feel a difference?

- Text that is NOT shaded is the content that you tell the group.
  - **Say in your own words** means just that. The most common complaint that we hear from participants is that the Leader read from the manual. Each of us has our own way of speaking. Each area of the country has a unique style, as do many ethnic groups. You are speaking to your own community; use words that are meaningful to your community, not SMRC's exact words. As long as the content is given in the workshop, how you say that content is yours.
  - However, words that follow **Say** should be read from the manual. This is most commonly required for brainstorm questions. If it is important that the phrase be exact.
  - **Ask** should usually be repeated as written, but there is some flexibility if the question is clear.
- Do not deviate from relaxation script text. This is not a time to be creative. It may seem simple, but relaxation scripts are carefully created by experts in psychology to avoid harm.
- If this is your first workshop, be prepared but please don't stress! It's easier than you might think, and you will be able to phrase things in your own way with practice. Reading is fine as long as you keep eye contact with your group, but you should be increasing your paraphrasing (use your own words) as your experience increases.
- The chart text in your manual is **bold** when it should be printed on the chart, and the text that is *in italics* is there to prompt you on what to say as you present the chart. Do not put the text in italics on your charts! Make your charts from Appendix I, not from the session pages.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

CHECKLIST FOR LEADERS

- ❑ Post the agenda at the beginning of every session.
- ❑ Keep to the time limits for each activity in the workshop.
- ❑ Have each participant make an Action Plan in every session and give feedback in Sessions 2-6. DO NOT SKIP THESE.
- ❑ If people are reluctant to participate in activities, gently encourage but do NOT force their participation.
- ❑ Remember to MODEL appropriately, especially in making an Action Plan and giving feedback, by always starting with yourself.
- ❑ Do not talk about yourself for more than one minute when using personal examples.
- ❑ Encourage workshop participants to examine their own experiences and to share these with the group.
- ❑ Monitor sharing to prevent individual monopoly.
- ❑ Keep sharing directed toward the subject.
- ❑ Problems should be addressed by the group first (i.e., brainstorm solutions).
- ❑ Reinforce verbally or non-verbally (with nods of head, etc.) every person, every session.
- ❑ If someone misses a session, call to determine the problem (be careful not to ask yes/no questions).
- ❑ Do NOT add anything to the workshop and do NOT bring in outside speakers!
- ❑ If you have questions or problems, notify your program coordinator.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

SESSION ONE

Purpose

- To introduce the group members to each other
- To inform the group about the general principles of self-management
- To identify how their role and that of the provider's differ when dealing with a chronic illness versus an acute disease
- To identify group members' problems caused by chronic illness
- To identify and emphasize the common elements of various chronic health problems
- To introduce self-management techniques
- To discuss the causes of fatigue and ways to manage it.
- To discuss the role of good quality sleep and identify ways to get it
- To introduce the mind-body connection and the mind as a powerful self-management tool
- To provide practice with distraction
- To introduce Action Plans as a key self-management tool

Objectives

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

1. Describe their role in the care of their chronic disease
2. Identify a set of problems that are common among various chronic illnesses
3. Name at least 2 components of the Self-Management Tool Box
4. Describe at least one new way to manage fatigue.
5. Name at least 3 ways to improve the quality of their sleep
6. Practice distraction as a self-management tool
7. Make a self-management behavior Action Plan for the coming week

Materials

- Workshop Overview/Homework handout for each participant
- Charts:
  1: Guidelines **(post at all sessions)**
  2: Self-Management Tasks
  3: Self-Management Tool Box **(post at all sessions)**
  4: Brainstorming **(post at all sessions)**
  5: Parts of an Action Plan **(post at all sessions)**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Materials, *continued*

- Blank name tags for everyone *(These should be reusable, as you will need them every week.)*
- Easel
- Blank flip chart and felt pens, whiteboard and erasable pens or blackboard and chalk
- *Living a Healthy Life with Chronic Conditions* for each household
- Paper, extra pencils
- Kleenex
- **A watch or phone that marks seconds**

Reading for Leader's' Preparation

- *Living a Healthy Life, 5th edition*: Chapters 1 & 2, Chapter 5 pages 90 – 92, 106 – 110 and Chapter 6 pages 148 -149
- Making an Action Plan Flow Chart, Appendix II

Agenda

Post this agenda at the beginning of the session:

Session One Agenda

Activity 1:	Introduction (45 minutes)
Activity 2:	Fatigue and Getting a Good Night's Sleep (20 minutes)
	BREAK (20 minutes)
Activity 3:	The Mind-Body Connection/Distraction (20 minutes)
Activity 4:	Introduction to Action Plans (35 minutes)
Activity 5:	Closing (10 minutes)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Activity 1 — 45 minutes
INTRODUCTION

Materials:

- Chart 1, Guidelines
- Chart 2, Self-Management Tasks
- Chart 3, Self-Management Tool Box
- Workshop Overview/Homework handout
- *Living a Healthy Life with Chronic Conditions*

Note to Leaders: Charts for this workshop are shown in boxes throughout this manual. The material printed in the boxes *in italics* may be added verbally and should not be printed on the charts. Only the material printed **in bold** needs to be printed on the charts. **Make your charts from the Chart Summary in Appendix I, NOT from the manual text.**

1. **Instructions to Leaders:** As participants arrive, distribute name tags. Have them write their names as they like to be called (first name or nickname, not last name). These should be large enough so that they can be read across the room. Felt pens are good for this. **Do NOT make name tags for them!** (This is a self-management workshop.) Also, give them the Workshop Overview handout.

2. **Say in your own words:** Hello and welcome to the [NAME of your workshop]. I'm [FIRST NAME] and this is [FIRST NAME]. We will be the facilitators for this workshop over the next six weeks. Like all of you, we are here because we either have a chronic health condition or we live with or are close to someone who does.

3. **Say in your own words:** This program was originally developed as part of a rigorous research project at Stanford University, and the research results showed that the program helps people with chronic conditions. That is why this workshop is offered.

4. **Say in your own words:** We will all introduce ourselves shortly, but let's go over our guidelines for the workshop first.

DO NOT COPY / DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 1

Guidelines

1. **Come to every session**

   And be on time

2. **Be respectful of others and their ideas**

   Don't talk over or interrupt others.

   Allow everyone a chance to talk.

   It's ok to disagree.

3. **Maintain confidentiality**

   Personal information shared in the group stays here in the group.

   And we leaders will not share anything unless there may be harm to self or others.

4. **Give any new activities at least a 2-week trial**

   Before deciding which tools work best for you.

5. **Make and complete a weekly Action Plan**

   We will be talking more about this at the end of this session.

6. **Turn off or silence electronic devices**

Instructions to Leaders: Add any other items that apply to your group (e.g. location of the restrooms, please do not wear heavy perfume, no selling of products, take care of your personal needs, etc.)

DO NOT COPY OR DISTRIBUTE

5. **Say in your own words:** We are all here because we want to learn how to better manage our chronic health conditions.

   It is important to understand that both our role and our health care provider's role change when dealing with a chronic physical condition or mental health issue like diabetes, arthritis or chronic depression.

   a. Rather than choosing your treatment for you, like with the flu or a broken leg, the provider becomes a <u>teacher and adviser</u>.

© Self-Management Resource Center, 2020

b. We become partners, responsible for managing our condition on a daily basis and informing the provider of our treatment preferences.

6. **Say in your own words:** Our health care providers aren't with us every day. Yet we have to **manage** our chronic health condition every day. So, how we live each day affects our symptoms, our health and our quality of life.

   a. No matter what, we do have a choice of whether to be a passive manager or an active manager.

      - As a passive manager we could choose to do nothing and gradually lose the ability to do the things we want.

      - As an active manager we can work on improving or maintaining our health in order to keep or regain what is important to us in our lives.

   b. By being in this workshop, you have chosen to be an active manager. But to actively manage, we must be willing to take on 3 self-management tasks:

(Chart 2 on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 2

Self-Management Tasks

1. **Take care of health condition**

   Such as taking medicine, exercising, going to our health care providers, changing the way we eat.

   Keeping informed about our status - asking questions, reading, and so on, and when necessary, carrying information from one provider to another.

   Taking part in planning our treatment program by monitoring and reporting on our condition and sharing our preferences and goals with the physician and all other members of the health care team.

2. **Carry out normal activities**

   Chores, employment, social life, and so on.

   Doing the things in life that we like and that are important to us. This may mean changing the way we do things. For example, using a garden stool on wheels or having prepared dinners in the freezer for times we are not feeling up to cooking.

3. **Manage emotional changes**

   Changes brought about by our illness, such as anger, uncertainty about the future, changed expectations and goals, and sometimes depression. Changes can also happen in our relationships with family and friends.

   Knowing that there will be emotional "ups and downs," and that the "downs" are not pits to crawl out of, but natural ups and downs that we all have in life.

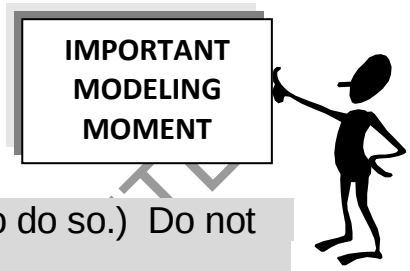
DO NOT COPY OR DISTRIBUTE

7. **Say in your own words:** Before we start discussing some of the self-management tools we will be learning, we would like for all of us to introduce ourselves.

© Self-Management Resource Center, 2020

8. **Say in your own words:** In your introduction, please tell us:
   a. Your first name or nickname,
   b. Your chronic health condition(s), if you wish, and
   c. One or two problems your chronic health condition has caused you. Rather than tell us about your symptoms like fatigue or pain, though, tell us how those symptoms affect your life. My partner and I will start with our own introductions.

9. **Instructions to Leaders:** Introduce yourself first. Be careful here as **you will be modeling** how the participants will introduce themselves. (Modeling will be important for every activity you do. Leaders should *always model* the activity *before* asking the participant to do so.) Do not dwell on your specific problem(s), however. Be brief.



   a. Name any chronic condition you have, or someone close to you has.

   b. Name one or two problems you have because of your health condition, or that you have experienced as a result of living with someone with a chronic condition. How does your health condition affect your life? (Do not list just symptoms.)

   c. The introduction might be something like this: *"I'm John and I have emphysema. This has meant slowing down and never being sure how I will feel day to day."* Or, "*I'm Jane and my husband has heart disease. The problems this causes me is that we can't do as much together as we used to."*

The Leader not facilitating this activity should write the first Leader's problems on the board or flip chart, then introduce him/herself and write his/her problems.

10. **Say in your own words:** Now we would like to go around the room and have you introduce yourselves. Because we have limited time, please be brief in your introduction.
    a. What we would like to hear from you is:
       - Your first name or nickname.
       - What type of chronic condition you have, if you don't mind saying.
       - One or two problems that this health condition causes you. How does it affect your life on a day-to-day basis? For example, rather than fatigue, you might say, not being able to do what you want to do or not knowing

© Self-Management Resource Center, 2020

what to expect.

- If you do not have a chronic condition, then tell us one or two problems that affect YOU because a family member or friend has a chronic condition.

b. Do we have a volunteer to start? After the first person, we'll go around the room.

11. **Instructions to Leaders:** The other Leader should list what people say on the board or flip chart. Put a check mark next to a word or statement every time it is repeated by another person.

    a. If people start to tell a story or go on and on, redirect them to just name the chronic condition and one or two problems that they have.

    b. If people just name symptoms, redirect them: "and how does pain affect your life?"

    c. The scribe should not write the chronic condition or symptoms. Rather, listen to the co-Leader who should repeat how those symptoms affect them, and write that down.

12. **Say in your own words:** As you may have noticed, many of our problems are similar, regardless of which chronic conditions we have.

13. **Say in your own words, pointing to items on Chart 3. If possible, link the items to something that is on the list of problems:** We will be learning tools to address most if not all the problems we've listed. For example, we will be discussing:

    a. Increasing physical activity in Sessions 2 and 3. This is a powerful tool to help solve many problems, such as fatigue, pain, stress and difficult emotions.

    b. Medication usage in Session 5,

    c. Using your mind in Sessions 1, 5 and 6. These tools also help with fatigue, pain, and stress.

    d. Fatigue and sleep this week,

    e. Better communication in Session 4,

DO NOT COPY

© Self-Management Resource Center, 2020

f. Healthy eating in Sessions 3, 4 and 5,

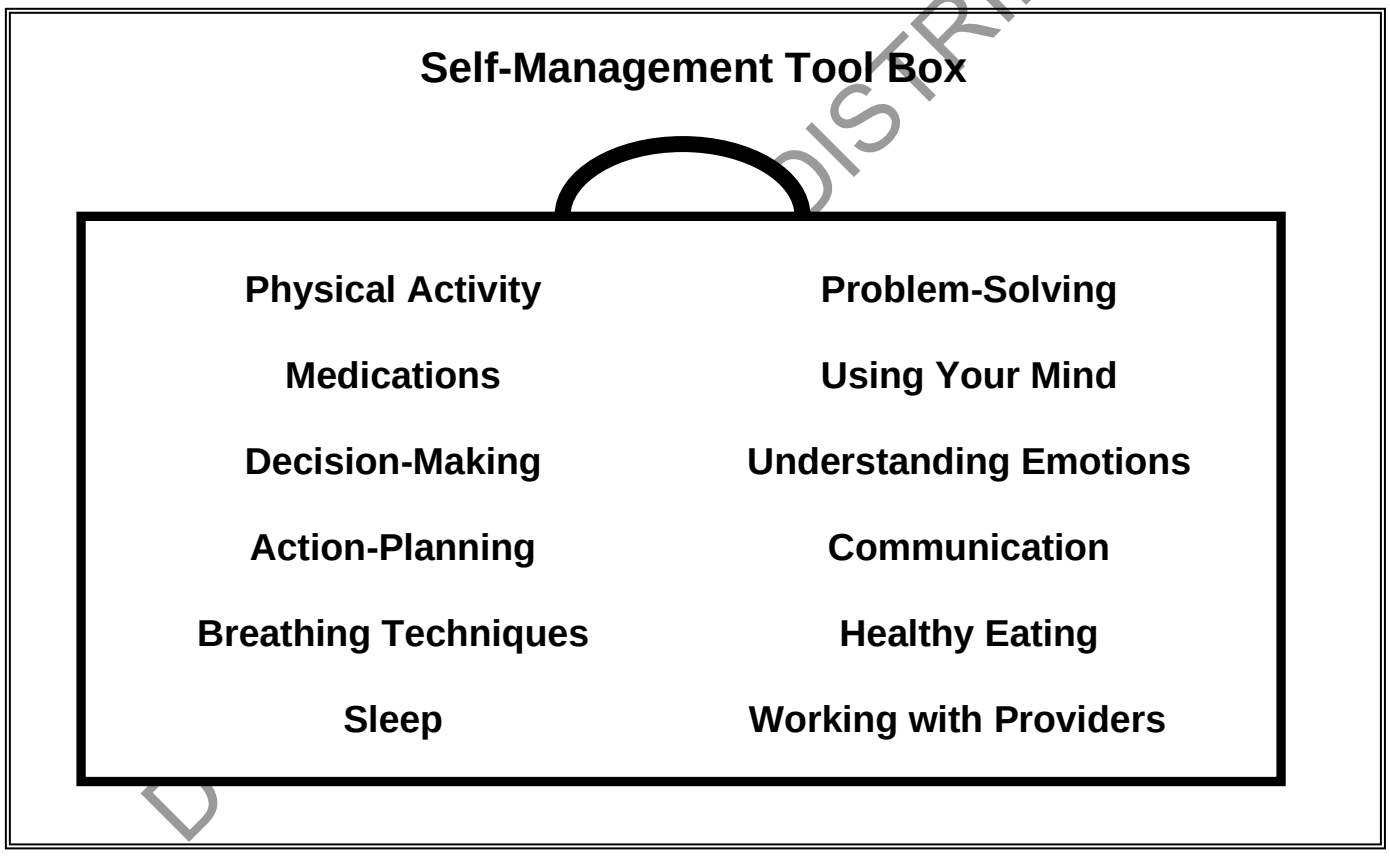
g. Breathing techniques in Session 4. These can help with stress, not just symptoms of lung or heart problems.

h. Understanding emotions in Sessions 2 and 5. Emotions play a big part in our physical and emotional health, and

i. Working with health care providers in Session 6.

j. The 3 most important tools in our Self-Management Tool Box are Problem-Solving, Action-Planning and Decision-Making. We will be using these tools just about every session. These tools will help most of us deal with almost all the problems on our list.

Chart 3



DO NOT DISTRIBUTE

14. **Say in your own words, holding up each item as discussed:** Let's talk a little bit about the materials you received.

    a. The Workshop Overview handout tells you what we will be discussing in each session. You will notice that on the back of the handout are the weekly homework assignments. These are to help you practice and

© Self-Management Resource Center, 2020

reinforce the lessons of the week or prepare for the next week's lessons. Unlike school, this homework is for you. We will not look at or grade your homework. However, in many cases you will be reporting in class about what you have done and what you have learned.

b. Your book, *Living a Healthy Life with Chronic Conditions*, is not a workbook, but a reference book. It has all the material that we cover during our workshop, but it also has a lot of other topics we don't have time to discuss in the workshop.

15. **Say in your own words:** This is a very interactive workshop. All of us will be practicing and sharing what we learn and what we have already learned from experience. You are the best source of ideas for all of us.

16. **Say in your own words:** Now let's move on to our first Self-Management topic, which is how to deal with one of the most common symptoms for people with chronic conditions: fatigue.

DO NOT COPY OR DISTRIBUTE

Activity 2 — 20 minutes
FATIGUE AND GETTING A GOOD NIGHT'S SLEEP

Materials

- Chart 3, Self-Management Tool Box
- Chart 4, Brainstorming

1. **Say in your own words:** Fatigue is a very common symptom for most chronic conditions.

2. **Say in your own words:** To start off our discussion about fatigue, we're going to do a **"brainstorm."** The purpose of a brainstorm is to allow us to share as many ideas about a topic as possible in the quickest way possible. To do this, we'll be following these guidelines:

(Chart 4 on the next page)

© Self-Management Resource Center, 2020

Chart 4

Brainstorming

- **Anyone can share**
- **No commenting during brainstorm**
  About others' ideas, negative or positive.
- **No questions until after** *the brainstorm.*
- **Clarification waits until after**
  When all the ideas are out, we'll go over anything that needs clarification.

3. **Say:** The question we're going to brainstorm now is:

What things can cause fatigue?

(Brainstorming Guidelines for Leaders on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Brainstorming Guidelines for Leaders

- The facilitator reads the question as written in the manual.
- The scribe writes the brainstorm question, using KEY words.
- The facilitator repeats the ideas loudly, using the participant's own KEY words while looking at group, **not at the scribe**.
- If the idea is too long, ask the participant to shorten it. If they cannot, ask for permission from them if you shorten or rephrase it.
- The scribe listens only to the facilitator and writes what the facilitator says.
- The scribe does not use abbreviations or symbols.
- The scribe is responsible for telling the facilitator if they can't keep up with the ideas.
- The facilitator controls the "traffic"- slowing the brainstorm if the scribe needs to catch up.
- Neither the facilitator nor the scribe comment or allow anyone else to comment on the ideas (positively or negatively, verbally or by facial expression).
- The facilitator does not allow questions until after the brainstorm is over.
- If there are less than 15 ideas, the facilitator uses silence **...W…A…I…T…!** (it's not over until you have counted to 15 to yourself with no new ideas). If there are no more, the brainstorm is over.
- The facilitator does NOT call on people.
- The scribe tells the facilitator when there are almost 15 ideas listed.
- If there are 13 ideas, the facilitator tells the group you will take 2 more and end the brainstorm.
- After the brainstorm, the scribe or facilitator reads back the list to the group.
- The facilitator asks if any ideas need clarification.
- If there are ideas listed in the manual to add, the facilitator adds only those ideas that are not already listed.
- If any ideas are "inappropriate", such as alcohol or violence, the facilitator points this out politely without pointing anyone out.

© Self-Management Resource Center, 2020

4. **Instructions to Leaders:** After the brainstorm, read back the list, ask if anything needs clarification. Add any of the following if not already mentioned. They do not need to be written, but you may if you wish:

   a. not enough sleep
   b. poor quality sleep
   c. disease itself, such as, pain from inflammation, joint or tissue damage, poor blood supply to the heart, trapped or damaged nerves, and fatigue because the body is less efficient and takes energy to heal itself
   d. inactivity - causes de-conditioning, body is less efficient
   e. activities that strain joint or muscles
   f. muscle tension
   g. stress, anxiety or other difficult emotions
   h. depression - fatigue is a major symptom
   i. poor nutrition - poor quality, or not enough/quantity
   j. medication side effects
   k. dehydration This is particularly important for you if you're taking some blood pressure medications or diuretics – water pills. You should be getting plenty of fluid if you're on these medications, or you will become dehydrated, which is also hard on your kidneys. It's not true that taking in fluids makes fluid retention in your body worse – it's actually the opposite. Unless, of course, your doctor has you on fluid restrictions.

5. **Say in your own words, pointing to Sleep on Chart 3:** All of these can cause fatigue, but the lack of sleep or a poor-quality sleep are what most people think of first.

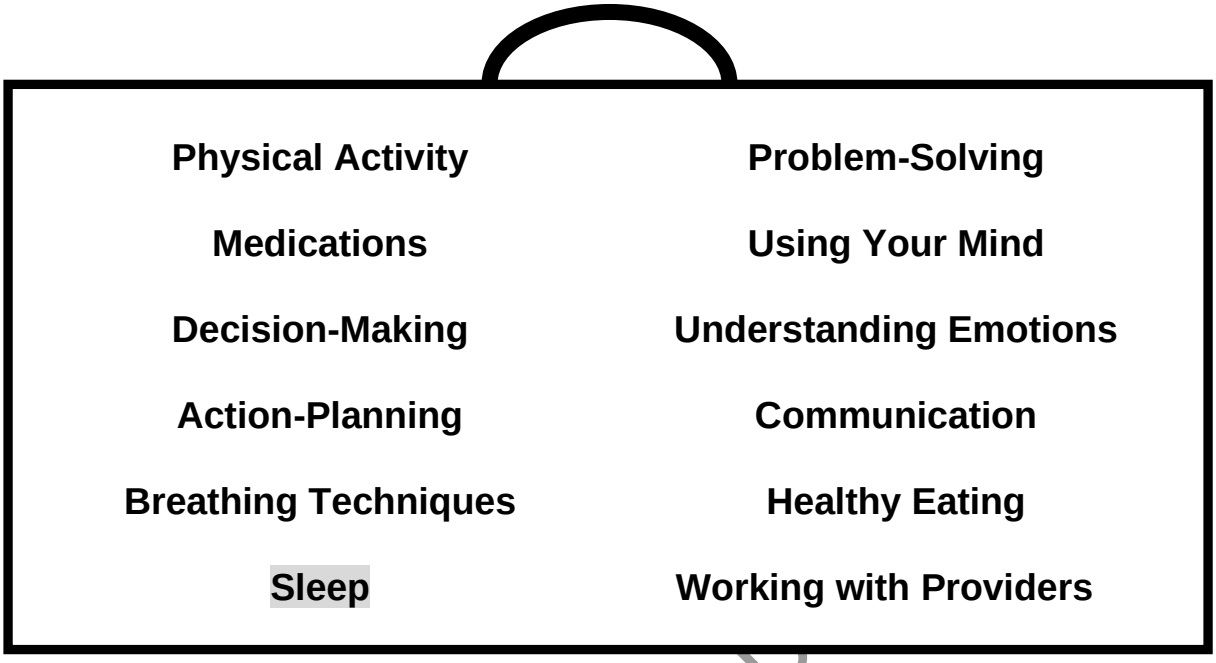
(Chart 3 on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 3

Self-Management Tool Box



6. **Say in your own words:** Getting quality sleep is especially important for people with chronic physical and mental health conditions because the body and mind heal and recover during sleep. Research suggests that better sleep can help improve many chronic physical and mental health conditions.

7. **Call out:**

What are some ways to get a good night's sleep?

Instructions to Leaders: After the call-out, be sure to add any of the following **if they are not mentioned**:

a. Go to bed at the same time every night
b. Get up at the same time every day (even weekends)
c. Avoid caffeine (including chocolate) for 4 hours before bedtime
d. Avoid alcohol near bedtime – it interferes with the quality of sleep
e. Avoid going to bed hungry or eating a large meal within 2 hours of bedtime
f. Create a restful environment that is cool, dark and quiet
g. Limit daytime naps – no longer than 30 minutes and earlier in the day

DO NOT COPY OR D

© Self-Management Resource Center, 2020

h. Regular physical activity but not close to bedtime
i. Relaxation techniques to manage stress and worries
j. Comfortable bedding
k. If you are a light sleeper, use ear plugs
l. If you take diuretics (water pills) for high blood pressure, you may want to ask your provider about taking take these in the morning so you will not have to get up during the night to go to the bathroom.

8. **Say in your own words:** Although the amount of sleep is different for all, getting good sleep is sometimes easier said than done. Having difficulty sleeping is not an uncommon complaint.
   a. We may have trouble getting to sleep,
   b. We may wake up often, or
   c. We may not be able to go back to sleep once we have awakened.

9. **Say in your own words:** If you get to sleep okay, but find you wake and then have problems falling back to sleep, this may be caused by anxiety or depression.

10. **Say in your own words:** Sometimes you can fall back to sleep by keeping your mind off of your troubles. This is a time when you may want to practice a technique called distraction, which we will talk about and practice after our break.

11. **Say in your own words:** If you sleep all night but still wake up tired or with a headache, you might have sleep apnea. Doctors say that this is a problem that many people don't know they have, and it can be very dangerous. There is more about sleep apnea in your book, and we encourage you to read about it. It's important to know.

12. **Say in your own words:** If your sleep problems continue, or you are concerned about getting enough sleep, talk to your health care provider.

13. **Say in your own words:** It's time for a 20-minute break. When we come back, we will learn about the connection between the mind and body and a tool called distraction.

BREAK 20 minutes

DO NOT COPY OR DISTRIBUTE

Activity 3 — 20 minutes
THE MIND-BODY CONNECTION/ DISTRACTION

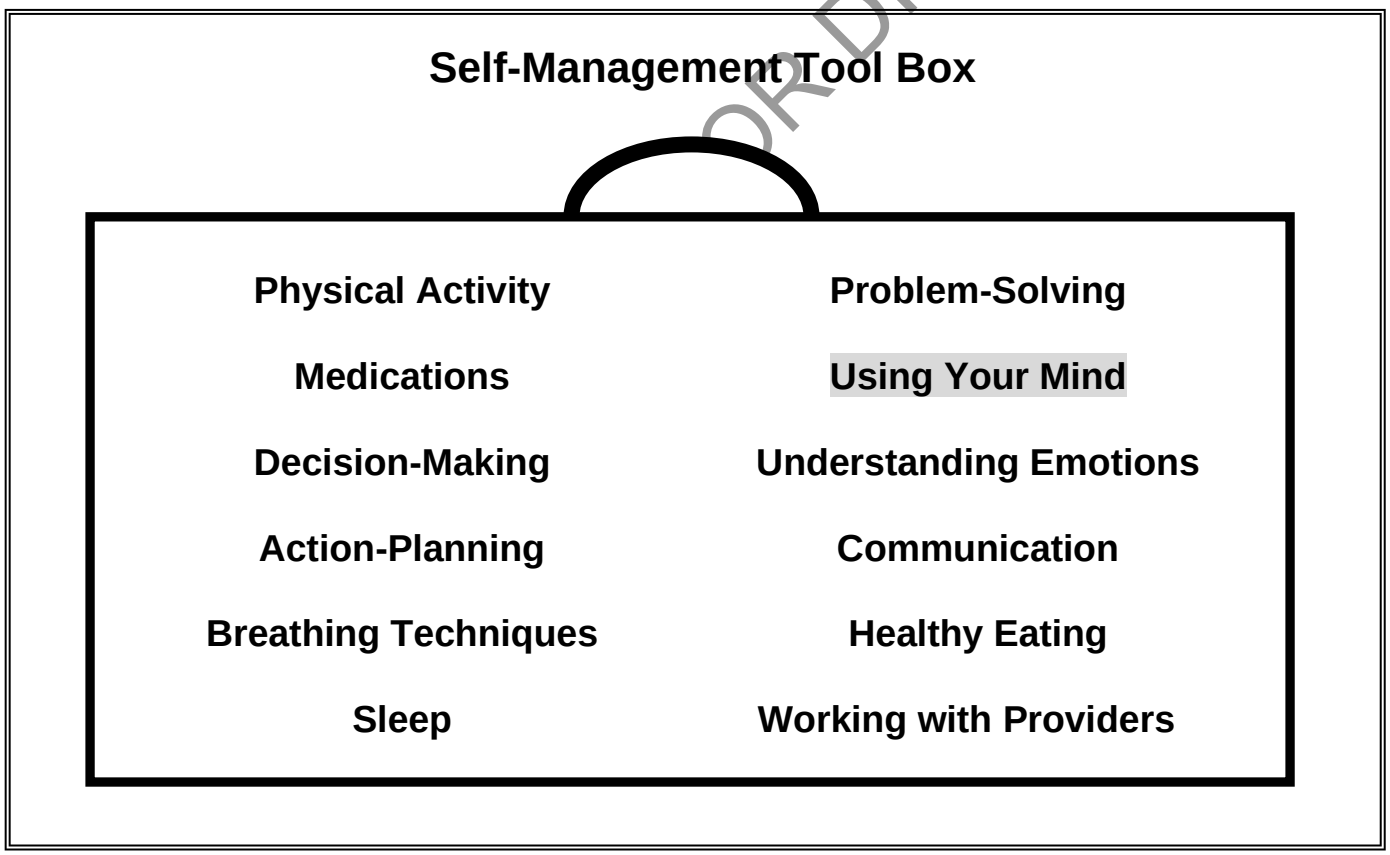
Materials
- Chart 3, Self-Management Tool Box
- Chart 4, Brainstorming

1. **Say in your own words, using Chart 3, pointing to Using Your Mind as you mention it:** We've all heard about the connection between the mind and body. We know that our mind can have an important influence over our body.

   In this workshop, we're going to look at ways to use this relationship as we learn ways to help manage our health problems, and especially the symptoms we experience.

DO NOT DISTRIBUTE

Chart 3



© Self-Management Resource Center, 2020

2. **Say in your own words:** Right now, we are going to start with a look at our first using the mind tool. This tool involves thinking activities where we actively use our minds to manage symptoms and help us feel better.

3. **Say in your own words**: The mind is a very powerful tool. To demonstrate how your mind can affect your body, we're going to do a short activity. So, please close your eyes and get comfortable.

Say and talk slowly, pausing at the dots…: Imagine you're holding a big, bright, yellow slice of lemon. Picture it in your mind. You can feel the texture of the lemon rind in your hand. . . [Pause] . . .Now lift the lemon to your nose. You can smell its strong, citrus aroma.

[Instructions to Leaders: PAUSE to let them imagine it**]**

…Next, bring the lemon slice to your mouth and take a big bite out of the slice of lemon…it's juicy… the juice squirts all through your mouth… you can taste the tart lemon juice filling your mouth…the juice dribbles down your chin… Taste the juice from that lemon!

[Instructions to Leaders: Give participants a few seconds to imagine this.**]**

4. **Say in your own words:** You can open your eyes now. What happened to your body while you were imagining the lemon juice in your mouth?

   The salivation and puckering that some of you experienced is caused by the mind - there is no lemon here.

5. **Say in your own words**: This is a simple example of how the mind can affect the body with very little effort. Just imagine what we could do if we learned ways to use that power to help us with our symptoms!

6. **Say in your own words**: In this workshop, we will learn several thinking-type techniques. Our job is to try the different methods and find the ones that work best for us. Most people find that they like some techniques better than others.

   a. We will be learning 4 thinking type activities in this workshop: distraction, relaxation body scan, helpful thinking and guided imagery.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

b. Equally powerful and helpful to many people are prayer and meditation, which not only help the mind and body, but also the spirit. If prayer and meditation are important in your life, we encourage you to continue to use them.

c. There are also some other activities for using the mind that are discussed in the *Living a Healthy Life* book.

d. **Caution:** None of these techniques should be used to overcome chest pain or sudden numbness or weakness on one side of the body. These are warning signs of possible heart attack and stroke and should be immediately reported. They need medical management.

7. **Say in your own words:** Today we're going to practice **short-term distraction** to help us manage our symptoms. This tool is a good one for the sleep issues we talked about before the break.

8. **Say in your own words:** It's difficult for the mind to focus well on 2 things at once.

   a. Our minds are like a radio. While a radio can get many stations, only one station at a time comes in well.

   b. This is also true for the mind that has many thoughts but can really only focus well on one thought at a time.

   c. Therefore, learning how to use distraction can be beneficial in managing symptoms.

   d. Because the mind doesn't focus well on 2 things at the same time, we force our mind to think about something other than the symptom, so the symptom will feel less intense**.**

9. **Say in your own words:** Distraction is good to use when we have to do short activities that cause us trouble such as pain and discomfort or anxiety. Examples are climbing the stairs or doing some routine chore.

10. **Say in your own words:** In addition to helping us fall asleep or fall back to sleep, short-term distraction can also help us when we have troubling thoughts, or even when we experience shortness of breath.

11 **Say in your own words: Again, do not practice distraction or ignore a symptom when you are experiencing chest pain or sudden numbness or weakness on one side of the body.**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

12. **Say in your own words:** Some examples of short-term distraction techniques are counting backwards by threes, playing a baseball game in your head, thinking of a flower or bird for each letter of the alphabet, making plans for a future event, or trying to think of all the words in an old song. All of these are done only in your head.

13. **Say in your own words:** We're going to do a **brainstorm** next. Remember, the purpose of brainstorming is to allow us to share as many ideas about a topic as possible in the quickest way possible.

14. **Say:** Let's brainstorm. The question we're going to brainstorm now is:

    What are some other distraction techniques?

(Brainstorming Guidelines for Leaders on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Brainstorming Guidelines for Leaders

- The facilitator reads the question as written in the manual.
- The scribe writes the brainstorm question, using KEY words.
- The facilitator repeats the ideas loudly, using the participant's own KEY words while looking at group, **not at the scribe**.
- If the idea is too long, ask the participant to shorten it. If they cannot, ask for permission from them if you shorten or rephrase it.
- The scribe listens only to the facilitator and writes what the facilitator says.
- The scribe does not use abbreviations or symbols.
- The scribe is responsible for telling the facilitator if they can't keep up with the ideas.
- The facilitator controls the "traffic"- slowing the brainstorm if the scribe needs to catch up.
- Neither the facilitator nor the scribe comment or allow anyone else to comment on the ideas (positively or negatively, verbally or by facial expression).
- The facilitator does not allow questions until after the brainstorm is over.
- If there are less than 15 ideas, the facilitator uses silence **...W…A…I…T…!** (it's not over until you have counted to 15 to yourself with no new ideas). If there are no more, the brainstorm is over.
- The facilitator does NOT call on people.
- The scribe tells the facilitator when there are almost 15 ideas listed.
- If there are 13 ideas, the facilitator tells the group you will take 2 more and end the brainstorm.
- After the brainstorm, the scribe or facilitator reads back the list to the group.
- The facilitator asks if any ideas need clarification.
- If there are ideas listed in the manual to add, the facilitator adds only those ideas that are not already listed.
- If any ideas are "inappropriate", such as alcohol or violence, the facilitator points this out politely without pointing anyone out.

© Self-Management Resource Center, 2020

15. **Instructions to Leaders:** After the brainstorm, read back the list, ask if anything needs clarification, then point out the types of distraction on the list that use only the mind, and then point out those that use activities.

16. **Say in your own words:** We are discussing distraction techniques that use thoughts for the **mind** to focus and concentrate on.

    a. Examples are counting backwards by threes, thinking of a flower or bird for each letter of the alphabet, or trying to think of all the words in an old song, versus engaging in physical **activities**, such as reading, going shopping, talking to friends, or watching television.

    b. Both types are good strategies for helping us manage our symptoms, but right now we're talking about the "thinking" type of distraction, a technique that uses only the mind for short periods of time.

17. **Say in your own words:** Now we're going to try a distraction activity. First, we want you to concentrate on your pain or discomfort for 30 seconds, and then rate your pain or discomfort on a scale of 0 to 5, 5 being most painful or uncomfortable.

    If you don't have pain or discomfort, you can pinch yourself to produce a little pain or irritation or make a tight fist to create muscle tension. You can do anything that will not cause you harm but will cause a little discomfort.

    a. **Instructions to Leaders:** Tell them to start. Time this for 30 seconds.

    b. **Say in your own words:** Now rate the pain or discomfort you just experienced on a scale of 0 to 5, 5 being most painful, and remember it.

    c. **Say in your own words:** Now we're going to do the same thing while using a distraction technique. Take a minute to think about what distraction technique you are going to use. It can be one of our examples from before, such as playing a baseball game in your head, counting backwards, or thinking of a flower for each letter of the alphabet.

    d. **Instructions to Leaders: Pause to give participants time to choose a distraction technique.**

    e. **Say in your own words**: If you have been pinching yourself or making a fist to produce discomfort, please continue with that. If you are already experiencing

DO NOT COPY OR DISTRIBUTE

pain or discomfort, you don't need to try to produce more. OK, now start thinking of your distraction. Begin.

f. **Instructions to Leaders: Time this for <u>45 seconds</u>. Do NOT tell them how much time you are having them do this**.

g. **Say in your own words:** Now rate the pain or discomfort you just experienced on a scale of 0 to 5, 5 being most painful, and remember it.

- By a show of hands, how many of you felt a difference?
- Which time was more painful or uncomfortable?
- Were both times the same length or was one time longer?

h. **Say in your own words:** We'd like to point out that most people find that distraction helped them to think the second time was shorter or the same as the first, although it was actually 15 seconds longer.

18. **Say in your own words:** Remember, using distracting thoughts are best for short periods, whereas engaging in physical activities that provide a diversion work for longer periods.

    a. When you engage in an interesting activity, such as going to a movie, gardening, reading, you forget about the symptoms.

    b. However, sometimes you may need to interrupt a long, distracting activity so as not to overdo and cause more pain or fatigue later.

19. **Say in your own words:** Now we will discuss one of the 3 most important self-management tools in our Self-Management Tool Box, Action-Planning.

DO NOT COPY OR DISTRIBUTE

Activity 4 — 35 minutes
INTRODUCTION TO ACTION PLANS

Materials

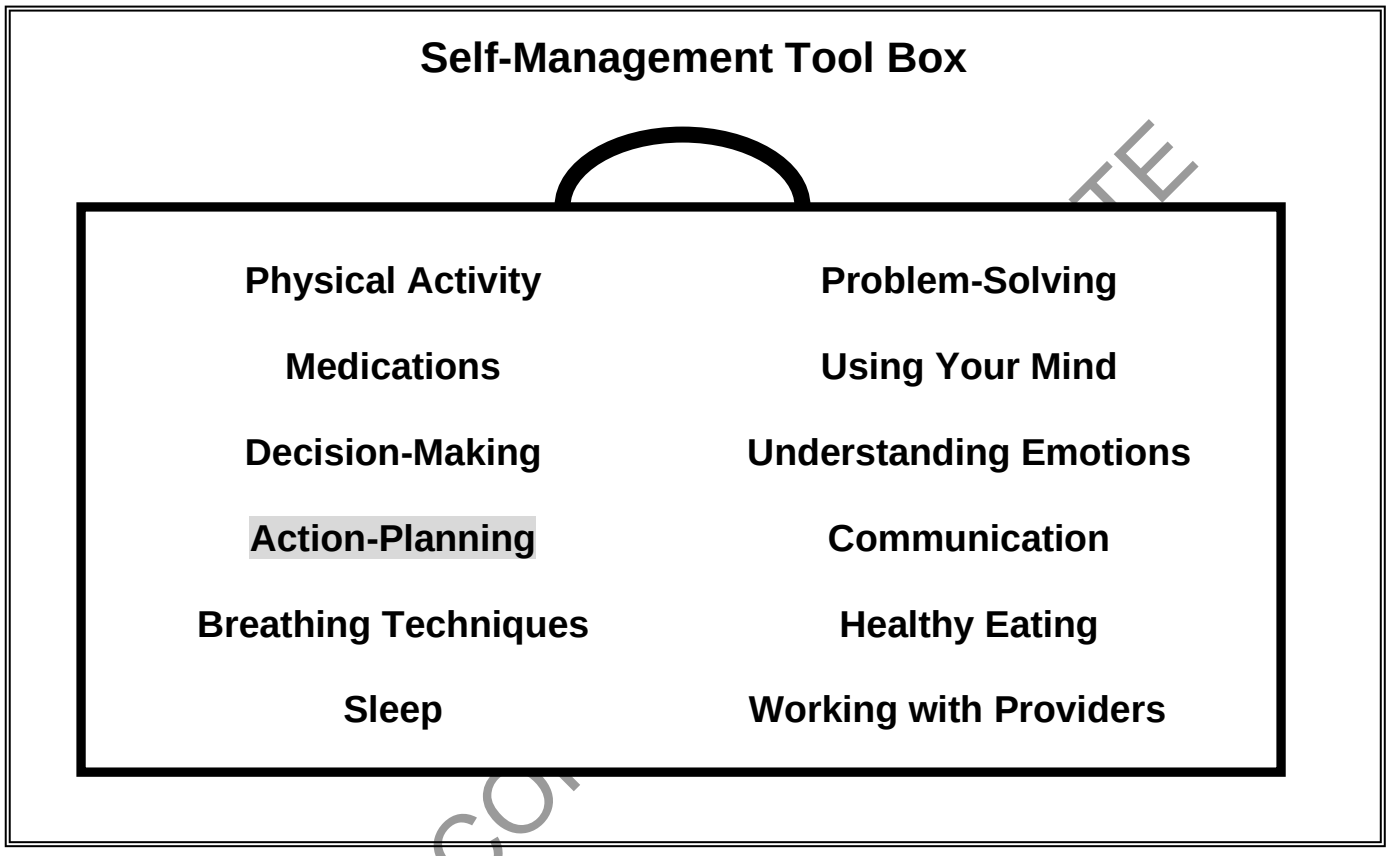
- Chart 3, Self-Management Tool Box
- Chart 5, Parts of an Action Plan
- Action Plan Flow Chart, Appendix II

1. **Say in your own words:** Sometimes it can be overwhelming to think about the changes we want to make or the activities we want to accomplish. They seem too big to work on all at once, which makes it hard to get started.

© Self-Management Resource Center, 2020

2. **Say in your own words, pointing to Action-Planning on Chart 3 as you mention it:** To help with this, we have one of the most important self-management tools in our tool box - Action Planning**.** Action Plans allow us to achieve what we want or decide to do by breaking down the activity into smaller, more "doable" steps or tasks.

Chart 3



DO NOT COPY

3. **Say in your own words:** For example, a person who decides they want to improve fitness might break this goal into one of these steps at first:
   - One plan could be to research what type of exercise to do.
   - Another Action Plan might be to find a place to exercise, such as a warm water swimming pool, or an exercise class at the senior or community center.
   - Another could be to start an exercise program by walking for 5 minutes 2 or 3 times a week.
   - Or you want to read about exercise in the *Living a Healthy Life* book.
   - Or you will ask a friend to exercise with you.

© Self-Management Resource Center, 2020

4. **Say in your own words:** We do not need to do all the steps at once. Rather, we need to get started by deciding which step we are going to work on this week and exactly how we are going to do it.

5. **Say in your own words, using Chart 5:** This is done by making a weekly Action Plan. Here are the necessary parts of a successful weekly Action Plan:

Chart 5

Parts of an Action Plan

1. **Something YOU want or decide to do**
   Not what someone else thinks you should do, or that you think you should do.
2. **Achievable**
   Something you can expect to be able to do this week.
3. **Action-specific**
   For example, losing weight is not an action or behavior, but replacing snacks with fruit between meals is; losing weight is the RESULT of actions.
4. **Answer the questions:**

   What? (specific action)
   For example, walking or replacing junk food snacks with fruit.

   How much? (time, distance, amount)
   For example, 30 minutes, or 4 blocks, or 1portion.

   When? (time of day or which days of the week)
   For example, after dinner or Monday, Wednesday, Friday.

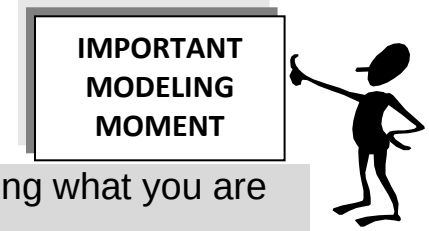
   How often? (number of days in the week)
   For example, 3 times; avoid "every day", if something comes up, it's better to have succeeded when you say you'll do something 3 times rather than to feel you've failed if you've done it 6 times; you feel even better if you do it 7 times when you've said you'll do it 3 or 5 times!)
5. **Confidence level of 7 or more**
   Ask yourself, "On a scale of 0=not at all sure to 10=totally sure, how sure am I that I will complete the ENTIRE Action Plan?"
   If you rate your confidence below a 7, you might want to look at the barriers and consider reworking your Action Plan so that it's something you are confident that you can accomplish. It's important that you succeed!

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

6. **Say in your own words:** We will give more examples by telling you our Action Plans for the week and then discuss how to make an Action Plan. I'll start.

7. **Instructions to Leaders**: One Leader should go through each step on Chart 5, pointing at each step while standing next to it (or co-Leader using the chart), using his or her own Action Plan. Start by saying what you are trying to accomplish such as exercise more.



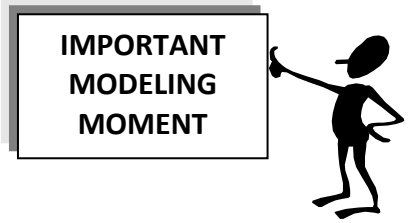
PREPARE BEFORE SESSION: Leaders should prepare Action Plans in advance with each other, remembering that the Leaders' Action Plans will be **MODELS** for the rest of the participants. This means that your Action Plan should be something you really want to do and will complete.

If possible, at least one Leader's Action Plan should be around behaviors taught in the workshop (e.g., exercise or relaxation techniques). Also, it should appear reasonable to the participants. (For example, even if you walk 5 miles a day, tailor your Action Plan so it is not too intimidating to the group. Make a plan for half a mile a day instead.)

Leaders should make Action Plans around different things, for example, one might be about exercise, and the other about relaxation. Be careful to make the Action Plan for 3-4 times a week, rather than 5-7, and report a confidence level of 7-9.

8. **Say in your own words:** Now my partner will share his/her plan.

Instructions to Leaders: The second Leader reports his or her Action Plan, answering each of the questions on Chart 5 as the first Leader points to them.



9. **Say in your own words:** REMEMBER - Action Plans must be:
   - something you ***want or decide to do****, and*
   - ***achievable***, that is you can expect to achieve it in the next week

10. **Say in your own words:** Please tell us your Action Plan for this week, and how sure you are that you will complete the plan, 0 being not at all sure and 10 being totally sure.

© Self-Management Resource Center, 2020

This number is *not* the percentage of the Action Plan you believe you can complete, but how sure you are that you can complete the *whole* Action Plan.

11. **Instructions to Leaders:** Ask for a volunteer to start reporting Action Plans and then go around the room from that person (do not ask for a second volunteer).

    Point to each step (what, how much, when, how often, confidence level) on Chart 5 as each participant reports their plan.

    See Appendix II, Making an Action Plan Flow Chart.

12. **Instructions to Leaders:** If confidence level is less than 7, ask the participant what the problem might be and if they encounter the problem, what would they do.

    a. Ask the participant if they would like suggestions from the group.

    b. If they say yes, have the group offer 4-5 suggestions and the original participant should not comment.

    c. After all the comments ask the participant "If you have (name the problem) what will you do?" Participants can change the plan if they wish.

    d. Ask the participant to state the new or amended Action Plan, starting with "I will".

13. **Instructions to Leaders:** If someone is having trouble making a clear Action Plan (i.e., specific activity, times per day, days per week), go through the same steps as above, **asking other group members for suggestions** *before* you help.

    Do not spend more than 3 minutes with any one person. If someone is having problems, work with them individually *afterwards*.

    If someone does not want to make an Action Plan, say that is OK and that you will come back to them later—then go back to the person after everyone has made their plan. If they still do not want to make a plan, that is OK.

14. **Say in your own words:** Many people find that writing down their Action Plans is helpful to keep them on track. (**Instructions to Leaders:** Remember that not everyone can write so this should not be a direction but a suggestion.)

© Self-Management Resource Center, 2020

An example of an Action Plan form can be found on page 36 of *Living a Healthy Life.* You might want to copy the form to use. (**Instructions to Leaders:** Do **NOT** offer to copy the form for them! This is a self-management workshop. If you think that some members of your group don't read, you may leave this out.)

15. **Say in your own words:** Either my co-Leader or I will be calling you once during the coming week to see how you are doing on your action plan.

NOTE TO LEADERS: See Making an Action Plan Flow Chart in Appendix II for details on how to help someone make an Action Plan.

Activity 5 — 10 minutes
CLOSING

1. **Say in your own words:** We'd like to invite you to review what was covered today in your *Living a Healthy Life* book. Remember that the book is not a workbook, but a reference book, so there is more in the book than is covered in the workshop.

   a. The reading for each session is listed on the back of your "Workshop Overview" handout.

   b. To learn more about your own chronic health problem, you can look for those chapters in the book, as well.

2. **Say in your own words:** We will begin discussing physical activity and exercise next week, as well as problem-solving, ways to deal with difficult emotions, and preventing falls. AND we will make a new Action Plan!

3. **Say in your own words:** Remember to **keep track of your Action Plan** daily and to be ready to share your progress with the group about it next week.

4. **Say in your own words:** Also remember to practice distraction a few times during the week.

5. **Instructions to Leaders:** Thank folks for coming.

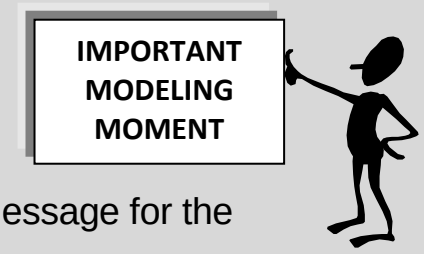
DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

6. **Instructions to Leaders:** Collect name tags.

7. **Instructions to Leaders:** Stay around for 15 minutes or so to answer questions and straighten the room.

SPECIAL NOTE TO LEADERS



- Leaders will be contacting participants during the week to support them in their Action Plan.
- Leaders should split up the class list, each Leader calling or emailing half of the participants. If no one answers, and there is voicemail, be sure to leave a message for the person.
- When you call, **MODEL** how participants will be calling each other in later sessions.
- **BE BRIEF:**

  "Hi, this is Chris from the [NAME OF WORKSHOP]. How are you doing with your Action Plan for walking?" "Mine is to cook three healthful meals this week. I've done it twice so far, so things are going well." "I'm looking forward to hearing about your success at the next workshop."

DO NOT COP

© Self-Management Resource Center, 2020

SESSION TWO

Purpose

- To report on Action Plan for last week
- To introduce Problem-Solving techniques
- To discuss difficult emotions and ways to manage them
- To introduce the benefits of exercise
- To identify the risks for falling and ways to prevent falls
- To assist participants in choosing appropriate exercises for a fitness program

Objectives

By the end of the session, group members will be able to:

1. Name the steps of problem-solving
2. Discuss ways of managing difficult emotions
3. Name at least 5 benefits of exercise
4. Name the 3 types of exercise that make up a complete exercise program
5. Plan a fitness program by choosing a long-term exercise goal
6. Name at least 3 ways to help prevent falls
7. Make an Action Plan for the coming week
8. Find a "buddy" to call during the week

Materials

- Charts:
  1: Guidelines **(post at all sessions)**
  3: Self-Management Tool Box **(post at all sessions)**
  4: Brainstorming **(post at all sessions)**
  5: Parts of an Action Plan **(post at all sessions)**
  6: Problem-Solving Steps **(post at all sessions)**
  7: Symptom Cycle **(post at all sessions)**
  8: Three Kinds of Physical Activities and Goals
  9: Reduce the Risk of Falling
- Name tags
- Easel
- Blank flip chart and felt pens, whiteboard and erasable pens or blackboard and chalk
- *Living a Healthy Life with Chronic Conditions*
- Paper, extra pencils
- Kleenex

© Self-Management Resource Center, 2020

Reading for Leaders' Preparation:

- *Living a Healthy Life,* Chapters 2 and 5, pages 25-26, 87 - 90, 110 - 123 Chapters 7, 8 and 9
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II
- *Leader's Manual*, Feedback Flow Chart, Appendix II

Agenda

Post this agenda at the beginning of the session:

Session Two Agenda

Activity 1:	Feedback (20 minutes)
Activity 2:	Introduction to Problem-Solving (5 minutes)
Activity 3:	Dealing with Difficult Emotions (40 minutes)
	BREAK (20 minutes)
Activity 4:	Introduction to Physical Activity and Exercise (20 minutes)
Activity 5:	Preventing Falls and Improving Balance (20 minutes)
Activity 6:	Making an Action Plan (20 minutes)
Activity 7:	Closing (5 minutes)

© Self-Management Resource Center, 2020

Activity 1 — 20 minutes
FEEDBACK

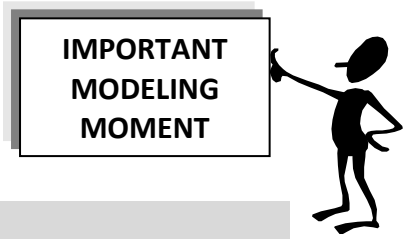
Materials

- Feedback Flow Chart, Appendix II

Instructions to Leaders: Encourage participation of all members. Not more than 3-5 minutes should ever be spent on one person. People who discuss their Action Plans earlier will probably need more time than those who come later. Do not spend all your time with "yes buts" or other "real" problem people (the general rule is that if someone has said "yes but" three times, you should go on to someone else. Deal with these folks during the break). Please review the **Feedback Flow Chart in Appendix II** to help you make appropriate responses to each participant. This activity works best if one Leader leads the activity and the second Leader follows the feedback with the flow chart and helps as needed.

1. **Say in your own words:** Welcome back! The first thing we're going to do today is to report back on the Action Plans we made last week. Each of us will share our experiences in completing our Action Plans.

   I'll start, and then my partner will report.



   Instructions to Leaders:

   - Start with yourself as a model but make it very short.
   - If one Leader encountered problems, he/she should model that a modification was made and then completed.

2. **Say in your own words:** Now we'd like to hear about your Action Plans. We'll start with the first volunteer and will go around the room from that person.

   a. First, tell us what your Action Plan was for the past week.

   b. Then tell us how well the Action Plan was completed. You can use words like:

      - completed
      - partially completed
      - was not able to complete

© Self-Management Resource Center, 2020

- changed it to another plan. Sometimes plans need to be changed and if this occurred and you substituted something else, this is good self-management.

c. Finally, if you were not able to complete your plan or if you changed your plan, describe the barriers that prevented you from completing your Action Plan or caused you to change it. If you changed it, tell us how you changed it.

3. **Instructions to Leaders: Respond to each participant as follows.**

In addition to the following instructions, make sure you review the Feedback Flow Chart in Appendix II

If someone reports their confidence level ↓	If they were successful ↓	If they met obstacles and adjusted or changed their Action Plan successfully ↓	If there were problems and the person was partially successful ↓	If there were problems and the person was unsuccessful ↓
Tell them that we don't need to report confidence levels from last week	Congratulate them	Congratulate them for being a good self-manager	Comment on the good start they have made (but do not congratulate), and then problem-solve (see problem-solving steps below) with the group, if the person wishes to do so	Go through the steps of problem-solving:

© Self-Management Resource Center, 2020

Problem-Solving Steps with the group:

STEP 1

Ask the person to state the problem he/she had in completing the plan. Ask him/her to be specific.

STEP 2

Ask the person if he/she has any ideas of how to solve the problem or did he or she try a solution. Stop here if the person has ideas or has already tried a solution.

STEP 3

If the problem is not solved, ask the individual if he or she would like to hear some suggestions from the group on how to solve the problem. If yes, then continue with the next steps. If not, move on to the next participant.

STEP 4

Ask the group by a show of hands if anyone else has ever had this problem.

STEP 5

Ask the group to **give 4 or 5 possible solutions***.* These suggestions should be given without comment or discussion.

STEP 6

Tell the person with the problem that he or she just listen and get ideas. The group Leaders can also offer suggestions, but *not until* others in the group have participated.

STEP 7

When you have possible solutions (not more than 5 or 6), stop the suggestions or, if you see there are more ideas, tell the group that you'll take one more and then stop. Suggest that they catch the person at break.

Leaders may write these on the board or flip chart or suggest that the person with the problem jot them down. If you suspect that your group may have people who cannot read, suggest that they remember the ideas instead of writing them down. They do not have to write the suggestions unless they want to.

(Continued on the next page)

© Self-Management Resource Center, 2020

STEP 8

Ask original participant if he/she could use any of the strategies suggested and, if so, which one. Recommend that participant make a note of the helpful suggestion or remember it.

If no suggestions seem workable, then say you will talk with the person more during the break - and do so.

DO NOT SPEND A LOT OF TIME ON ANY ONE PERSON. If a participant gives excuses why something won't work, go on to the next person after three "Yes buts".

Activity 2 — 5 minutes
INTRODUCTION TO PROBLEM-SOLVING

Materials

- Chart 3, Self-Management Tool Box
- Chart 6, Problem-Solving Steps

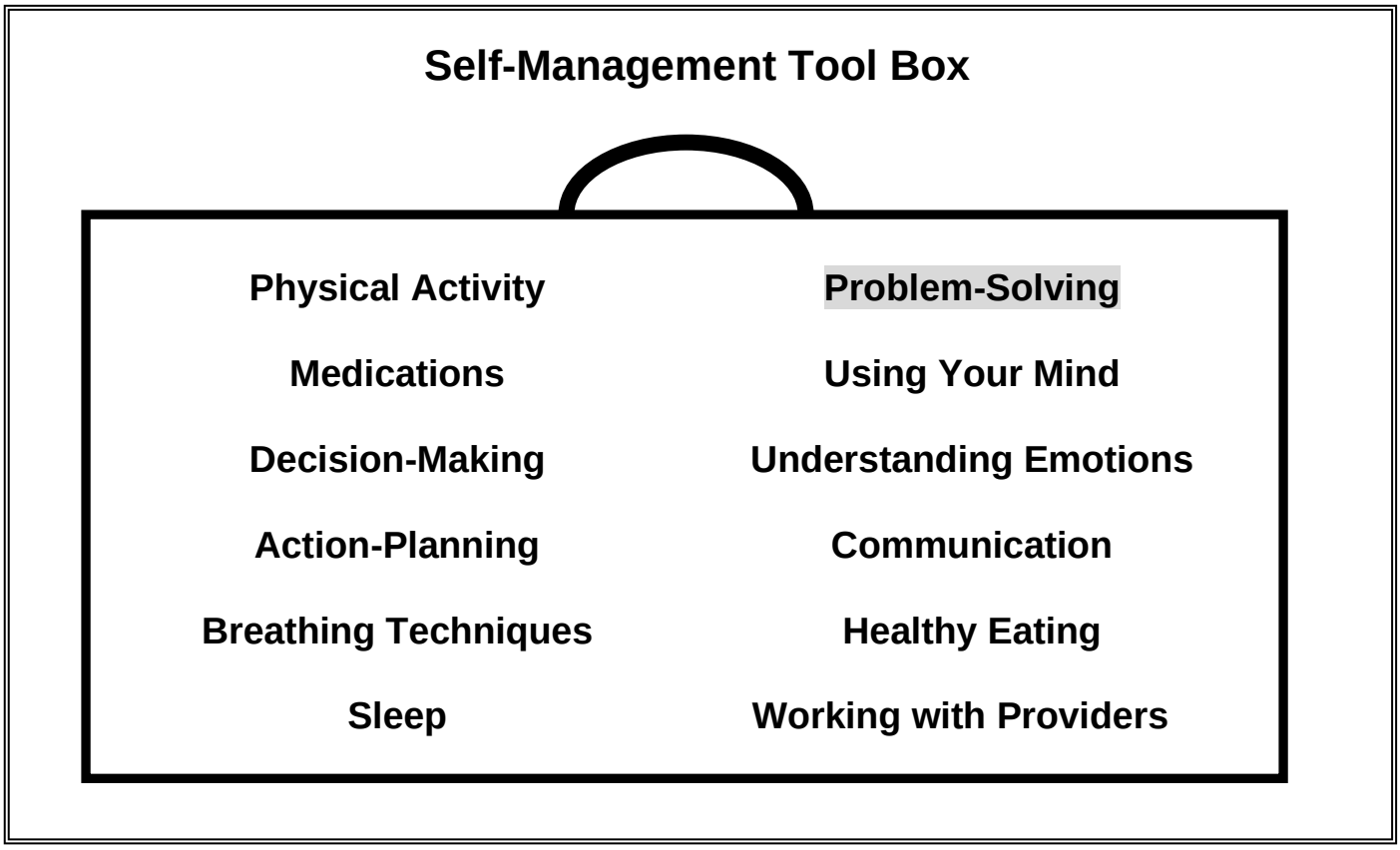
1. **Say in your own words, if you were able to do a problem-solve during Feedback, pointing to Problem-Solving on Chart 3:** Throughout the workshop, we will be solving problems in the same way we just did. Problem-solving is another of the most important tools for self-management and in life, so let's take a closer look at the steps we can use to solve problems.

   Say in your own words, if there were no problems during feedback, pointing to Problem-Solving on Chart 3: Throughout the workshop, we will be solving problems that might come up. Problem-solving is one of the most important tools for self-management and in life, so let's take a closer look at the steps we can use to solve problems.

(Chart 3 on the next page)

© Self-Management Resource Center, 2020

Chart 3



2. **Instructions to Leaders: Refer back** to one of the problems just discussed, or if no one had a problem, **use an example of your own** (or use "I didn't do well at my job this week and didn't get to do my action plan" as you **point at the steps on Chart 6:**

(Chart 6 on the next page)

© Self-Management Resource Center, 2020

Chart 6

Problem-Solving Steps

1. **Identify the problem**

   This is the most difficult and most important step.

   For example, someone might feel that poor performance at work is the problem, when the real problem is that fatigue is affecting their ability to concentrate on work.

2. **List ideas** *to solve the problem.*

   Examples of ideas might be:
   - *increase their fitness by taking a short walk at lunchtime*
   - *eating breakfast*
   - *see if there's a place to take a short nap or rest during lunch hour*
   - *call their health care provider or pharmacist to ask if any of their medications cause fatigue; or look up information on depression to see if the fatigue is caused by depression.*

3. **Select one** *method to try.*

   For example, taking a walk at lunchtime might help them to become fitter, as well as help determine if they are depressed. If depression is causing the fatigue, they will feel less fatigued after the walk.

4. **Assess the results**

   If the problem is solved – great! If not…

5. **Substitute another idea**

   From the list if the first didn't work, or one of your own. Continue assessing the results and substituting ideas until you've used all the ideas on your list.

   If the problem still isn't solved…

6. **Utilize other resources**

   To make another list. Ask friends, family, or professionals for ideas if your solutions didn't work, then go back to #3, and continue until you've used all the items on your new list.

   If your problem is still not solved, then…

7. **Accept that the problem may not be solvable now**

   You can revisit it at another time.

© Self-Management Resource Center, 2020

3. **Say in your own words:** Over these next six weeks we will especially be using the first three steps of this problem-solving tool to help us find solutions to some of the problems we identify and share in this group.

Activity 3 — 40 minutes
DEALING WITH DIFFICULT EMOTIONS

Materials
- Chart 7, Symptom Cycle
- Chart 4, Brainstorming

NOTE TO LEADERS
- The main purpose of this activity is to help people understand that the emotional ups and downs they experience living with a chronic health problem are normal, and to give people a chance to share and problem-solve on these issues.
- The problem-solving aspect is important, as it is part of what differentiates this activity from a standard support group in which the main purpose is to listen.
- People DO need to be listened to as well, which is why we ask that they pair up to share some of their experiences.
- The reason we then ask them to *share their partner's experience* with the group rather than their own is to help each person know they have been heard and to limit what is shared. This helps leaders control the group dynamic.

1. **Say in your own words, using Chart 7, remembering to point to each word on the cycle as you mention it:** We'd like to introduce you to the Symptom Cycle. This is the cycle we are trying to break with tools in your Self-Management Tool Box.

   a. Many people assume that the symptoms they are experiencing are due only to the *disease*. While the health condition can certainly cause pain, shortness of breath, fatigue, etc., it is not the only cause.

      Each of these symptoms can by themselves contribute to the other symptoms, and all can make each worse.

   b. Even worse, these symptoms can feed on each other.

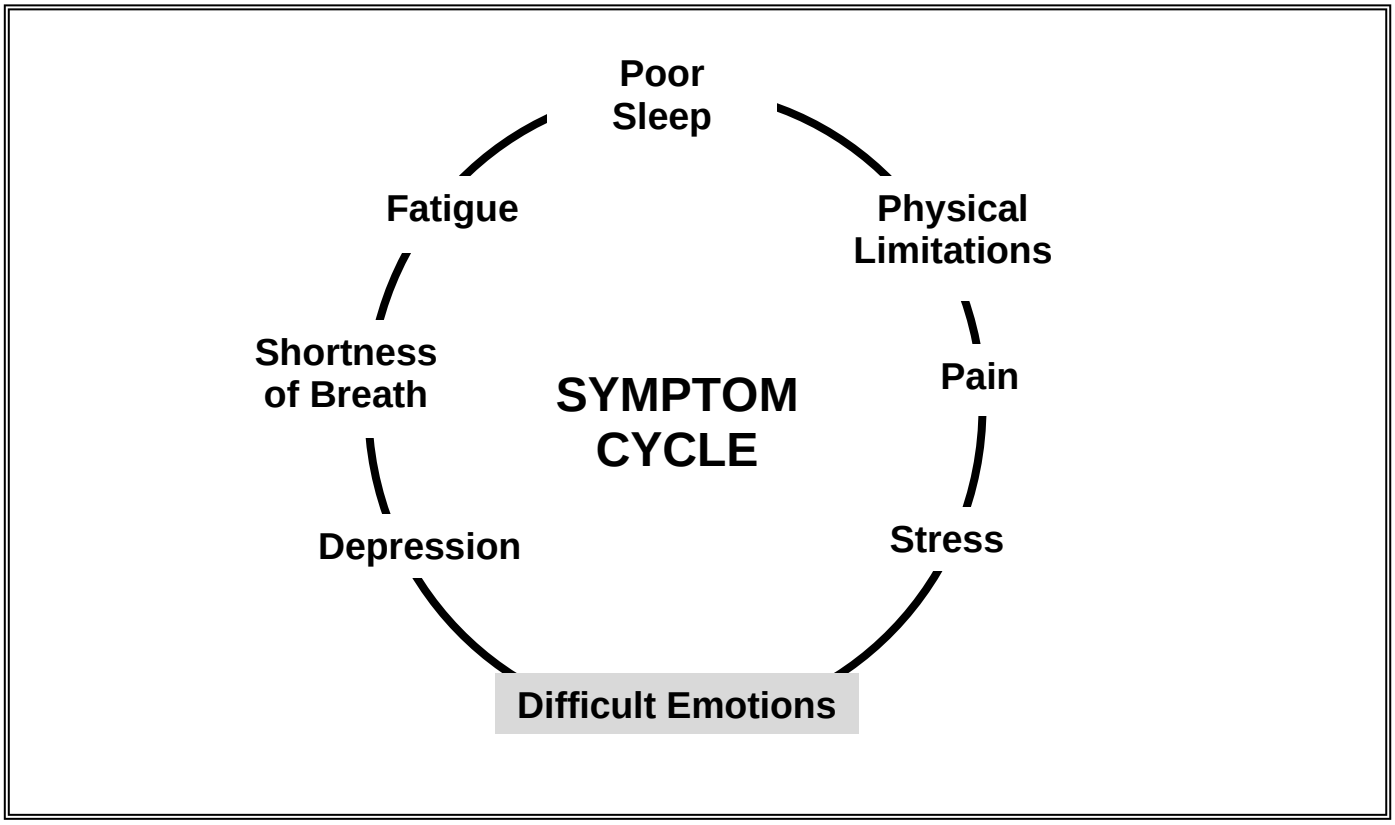
© Self-Management Resource Center, 2020

- For example, depression causes fatigue, stress can lead to poor sleep, and these can lead to more pain or shortness of breath, and so on.

- The interactions of these symptoms, in turn, make our disease/condition worse. It becomes a **vicious cycle** that only worsens unless we find a way to break the cycle.

- And these points on the cycle don't always go in a circle. Things can cross from one to another, as well.

Chart 7



2. **Say in your own words, pointing to Difficult Emotions when mentioned:** We can learn to use the different tools in our Tool Box to help break the cycle at these various points.

   a. Last week we talked about fatigue and poor sleep. Today, we're going to discuss difficult emotions. We all have different words to describe these emotions, such as frustration, anger, fear, worry, or any other difficult emotion you may feel can feed this cycle.

© Self-Management Resource Center, 2020

c. Health is very important, and when we have a chronic health problem, we often feel a loss of control over our health. We worry about our future and about our relationships with other people.

b. These feelings are common and normal for people with chronic physical or mental health problems. They are symptoms, just like fatigue, pain or shortness of breath.

3. **Say in your own words:** How many people have sometimes felt difficult emotions about their illness?

4. **Say in your own words:** In a minute, we will ask you to break into pairs.

   People with chronic conditions should pair up with each other, and people who do not have a chronic condition should pair up with each other. You should NOT pair up with the person you came with, such as your partner or other family member.

   Here is what we would like you to discuss while your partner listens:

   a. We want you to identify and tell your partner what CAUSES you to feel the difficult emotion? For example, you may fear that your pain will get worse to the point you won't be able to do the things you like to do. So, the cause of your difficult emotion (fear), then, is the uncertainty of not knowing about the future or not being able to do the things you like. The **cause or the reason for your emotion** is what we'd like you to share.

   b. You will have about 4 minutes and then you will listen as your partner discusses the causes of his/her emotions. We will let you know when half of the time has passed, so you can make sure you have enough time for both of you to share.

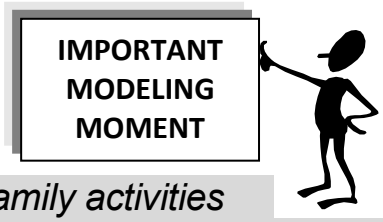
   c. After about 8 minutes, you will report to the group on what YOUR PARTNER shared.

   d. **IMPORTANT:** If there is something you don't want the whole group to hear, either don't share it with your partner, or tell your partner not to share it with the group.

   e. I will start with what causes my difficult emotion, and then my co-Leader will share.

© Self-Management Resource Center, 2020

5. **Instruction to Leaders: Model** examples of your own, making sure that you are modeling the **cause** of the emotion rather than the emotion, such as: *For me, as an example, what causes my difficult emotions is that I feel I'm cheating my family because I can't participate in family activities the way I used to.* Or, *not knowing whether I'm going to get worse causes difficult emotions at times.*



   Write your causes on the board or flip chart, and then the co-Leader reports their cause and writes it on the board or flip chart.

6. **Instructions to Leaders:** Tell the group to break into pairs. If you have people without chronic conditions in the group, ask them to raise their hands to find each other as partners. If you have a person without a partner and everyone else has partners, ask if anyone would take an extra person and allow one group of 3. When everyone has a partner, begin timing.

   After 4 minutes, **remind the group** that they should switch.

   After 7 minutes, **tell the group** that they have 1 minute left.

IMPORTANT NOTE TO LEADERS!
Do NOT allow the sharing in pairs to go longer than 10 MINUTES TOTAL!

7. **Instructions to Leaders:** After 8 minutes, **reconvene the group.**

8. **Say:** Briefly tell us what causes your partner's difficult emotions. You don't need to name the emotions, just the causes.

   Instructions to Leaders: Ask each person to report only on 1 or 2 of the most important causes of these difficult emotions for his or her partner. Ask for a volunteer to start, and then ask his/her partner after that. From there, go around the room. Do not ask for a second volunteer.

   The Leader not facilitating should write the only the **causes** of the emotions on the board or chart pad, taking care to **avoid** writing the name of the emotion if possible.

   a. Ask people to be concise in their reports.

   b. At the end of each report, check with the partner to see that the report was correct, but don't allow the person to go into a lengthy "story." They should only

© Self-Management Resource Center, 2020

correct any misinformation, not add new information. (Leaders need to be firm about this.)

c. If a reason comes up more than once, make a check mark next to that reason.

d. Either the facilitator or the scribe should read over the list generated.

9. **Say in your own words, pointing to Chart 4:** As you can see, there are many causes for difficult emotions. We're going to do a **brainstorm** next. Remember that the purpose of brainstorming is to allow us to share as many ideas about a topic as possible in the quickest way possible. To do this, remember the guidelines on our Brainstorming chart.

Instructions to Leaders: You do not need to go over this chart in detail, unless you group requires it.

Chart 4

Brainstorming

- **Anyone can share**
- **No commenting during brainstorm**
  About others' ideas, negative or positive
- **No questions until after** *the brainstorm*
- **Clarification waits until after**
  When all the ideas are out, we'll go over anything that needs clarification

10. **Say:** Here is the question we are going to brainstorm:

What are some ways to deal with difficult emotions?

11. **Instructions to Leaders:** Read over the list and ask if anything needs clarification.

Add any of the following ***if they are not mentioned:***

a. physical activity or exercise

© Self-Management Resource Center, 2020

b. relaxation
c. prayer or meditation
d. call a friend or talk to someone
e. get out or away from the house - socialize
f. help someone else or do some volunteer work
g. do something nice for yourself
h. write your feelings down
i. write down or think about the positive things in your life or what you are grateful for

If alcohol or street drugs are mentioned, comment that these may seem to help in the short term, but in the long term they can make the problem worse.

(Brainstorming Guidelines for Leaders on the next page)

© Self-Management Resource Center, 2020

Brainstorming Guidelines for Leaders

- The facilitator reads the question as written in the manual.
- The scribe writes the brainstorm question, using KEY words.
- The facilitator repeats the ideas loudly, using the participant's own KEY words while looking at group, **not at the scribe**.
- If the idea is too long, ask the participant to shorten it. If they cannot, ask for permission from them if you shorten or rephrase it.
- The scribe listens only to the co-Leader and writes what the facilitator says.
- The scribe does not use abbreviations or symbols.
- The scribe is responsible for telling the facilitator if they can't keep up with the ideas.
- The facilitator controls the "traffic"- slowing the brainstorm if the scribe needs to catch up.
- Neither the facilitator nor the scribe comment or allow anyone else to comment on the ideas (positively or negatively, verbally or by facial expression).
- The facilitator does not allow questions until after the brainstorm is over.
- If there are less than 15 ideas, the facilitator uses silence **...W…A…I…T…!** (it's not over until you have counted to 15 to yourself with no new ideas). If there are no more, the brainstorm is over.
- The facilitator does NOT call on people.
- The scribe tells the facilitator when there are 15 ideas listed.
- If there are 13 ideas, the facilitator tells the group you will take 2 more and end the brainstorm.
- After the brainstorm, the scribe or facilitator reads back the list to the group.
- The facilitator asked if any ideas need clarification.
- If there are ideas listed in the manual to add, the facilitator adds only those ideas that are not already listed.
- If any ideas are "inappropriate", such as alcohol or violence, the facilitator points this out politely without pointing anyone out.

© Self-Management Resource Center, 2020

12. **Instructions to Leaders:** Ask participants to volunteer any new things that they heard that they might use to deal with these emotions in the future. Just get a few examples; there is not enough time to have everyone give an example.

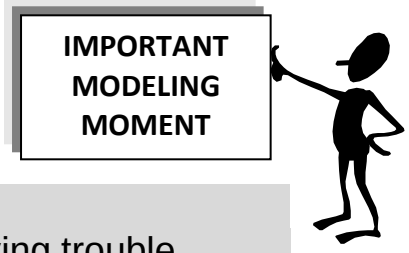
13. **Say in your own words:** Again, the emotions we've been discussing are just another symptom of our health problems – just like symptoms of pain and fatigue.

    You may want to continue exploring your feelings. One way you can do this at home is to write down your thoughts and feelings about different things in your lives, especially those you have never shared. You don't need to show this to anyone, and you don't even have to keep it. Psychologists have found that this practice of writing feelings down helps people feel and cope better with their problems.

14. **Say in your own words:** Another thing you can do is to take a few minutes each day to think about things for which you are grateful or things that make you happy.

    We'd like you to think of one thing for which you are grateful, and then we'll go around the room and have each person tell us one thing for which they are grateful, or which has made them happy today. We'll give you a moment to think about this before we share.

15. **Instructions to Leaders:** Give the group a minute or two to think, then start with yourself as a model and share your thoughts. Then ask for a volunteer and go around the room.



    Leaders do not need to write these. If someone is having trouble thinking of something to say, that is OK and go on. Do not dwell on this.

16. **Say in your own words:** Some people keep "gratitude journals", where they write the things for which they are grateful. This can be a great Action Plan!

17. **Say in your own words:** Exercise or engaging in any physical activity are also good ways to help deal with these emotions. Inform them that after the break, we will be discussing more about exercise.

BREAK **20 minutes**

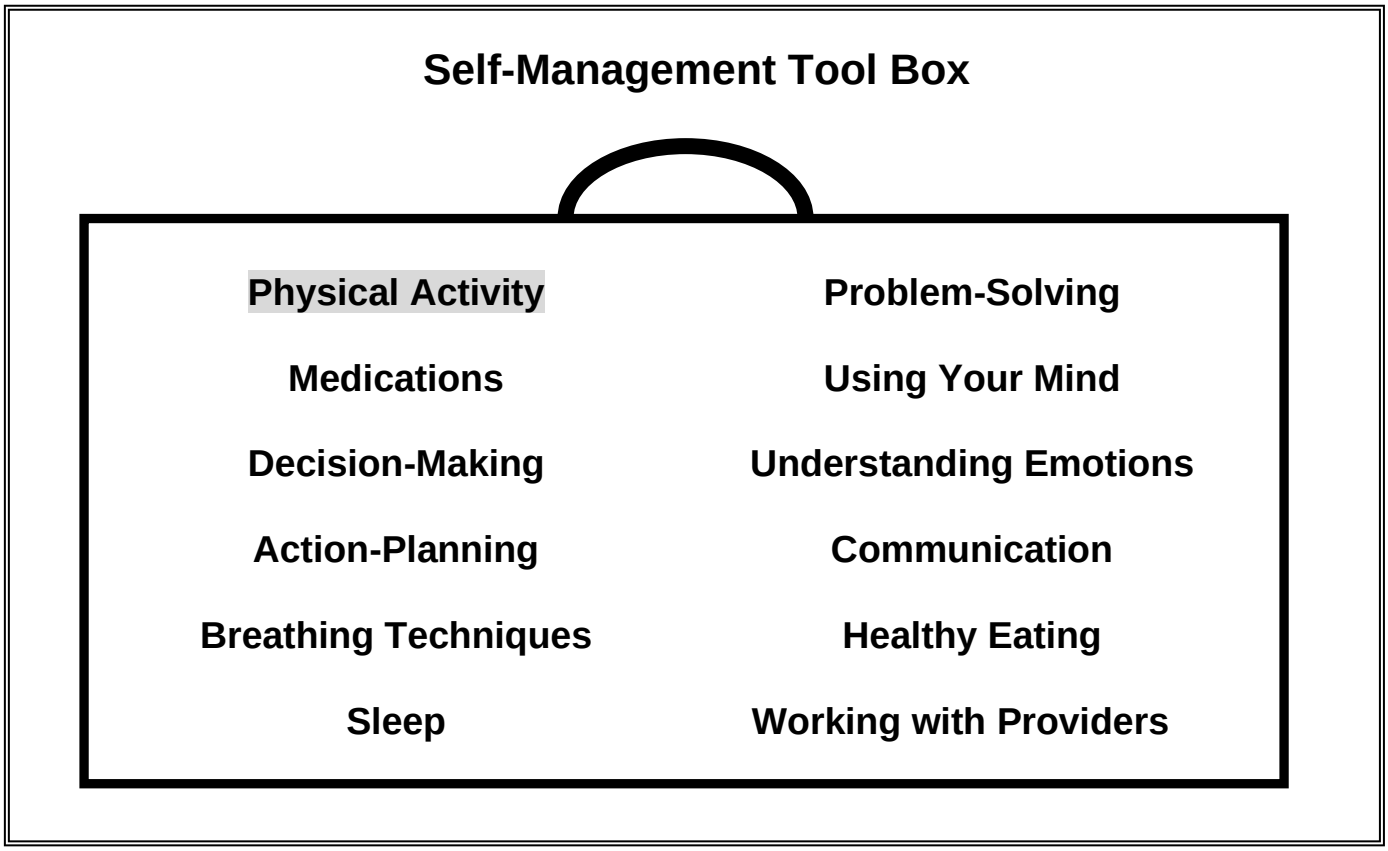
© Self-Management Resource Center, 2020

Activity 4 — 20 minutes
INTRODUCTION TO PHYSICAL ACTIVITY AND EXERCISE

Materials
- Chart 3, Self-Management Tool Box
- Chart 8, Three Kinds of Physical Activities and Goals

1. **Say in your own words, pointing to Physical Activity on Chart 3:** In this workshop, we will talk about physical activity and exercise for fitness and fun. Being physically active means that you move and are active during the day.
   a. An exercise program means that you set aside times and choose specific exercises to do.
   b. Having a chronic health condition may be challenging, but we can still be fit and enjoy physical activities and exercise. In fact, being physically active and exercising may be two of the best things we can do to help our condition.

Chart 3



© Self-Management Resource Center, 2020

2. **Call out: How can physical activity and exercise help us?**

3. **Instructions to Leaders:** Add any of the following if they are not mentioned:
   a. Strong cardiovascular system – heart, lungs and blood vessels
   b. Good muscle strength
   c. Good endurance and stamina
   d. Good flexibility
   e. Weight control
   f. Better sleep
   g. More energy and less fatigue
   h. Less pain
   i. Better balance and coordination which helps prevent falls
   j. Better function
   k. Less anxiety and depression
   l. Less constipation

4. **Say in your own words:** Being more physically active every day, either with an exercise program and/or daily activity, will help you achieve or accomplish many of the things you have mentioned.

5. **Say in your own words, using Chart 8:** There are three types of activities or exercises that make up a complete fitness program, and each has a goal to work toward. These are:

(Chart 8 on the next page)

© Self-Management Resource Center, 2020

Chart 8

Three Kinds of Physical Activities and Goals

1. **Flexibility**

   To stretch or loosen muscles and joints. Help to improve balance and coordination and to prepare your body for other exercise or activities such as gardening, shopping, cleaning.

   Goal: 10 minutes without stopping

   Do these slowly, holding each stretch for a few seconds and breathing to relax as you stretch. These can be done daily and as a warm-up for endurance or aerobic activities.

2. **Strengthening**

   Makes your muscles stronger by working them harder, usually done with weight or against resistance; also helps balance and coordination.

   Goal: 8-10 exercises, 2 - 3 days a week

   Choose 8 to10 exercises and start with no more than 5 repetitions of each and slowly increase over 2 weeks to 10 repetitions. It's best not to do strengthening exercise every day – a day between gives your muscles and joints time to adapt and strengthen.

3. **Endurance or Aerobic**

   Also called cardiovascular exercise, such as walking, biking, swimming, dancing, which works most of the body.

   Goal: Moderate exercise 30-40 minutes, 3 - 5 days a week

   The goal is 150 minutes per week total. When exercising at a moderate level, you should be able to talk comfortably while doing the activity.

6. **Say in your own words, pointing to the pages in the book:** Let's look at our books now.

   a. Please look at Chapter 8, pages 183 - 201. Here you will find flexibility, strengthening, and balance and coordination exercises. They are presented in order starting at the head and going down the body to the feet.

   b. As you look through the exercises, you will see the balance and coordination exercises are the flexibility and strengthening exercises labeled VIP, Very

© Self-Management Resource Center, 2020

Important for Posture and BB for better balance. They focus on the trunk, hips, knees and ankles.

c. Now please look at the exercise self-tests starting on pages 201 - 202. These can help you check your progress with flexibility, strengthening and balance. There is also a chronic conditions self-test starting on page 17 which has a section for physical limitations on page 18 in your book. You can take this test to get some recommendations on what exercises might be best for you.

Leaders should familiarize themselves with the material in the book before facilitating this activity!

7. **Say in your own words:** There are as many activity or exercise programs as there are people. A program can start with as little as one minute of activity per hour when you are awake, to an hour 5 days a week.

   a. Another example might be 5 minutes of slow walking, followed by a few minutes of brisker walking, and then a few more minutes of slow walking, with flexibility and strengthening exercises before and/or after as part of your warm-up and cool-down periods.

   b. The important thing to remember is to start where you are now and gradually increase your activity, working toward these suggested goals.

8. **Say in your own words:** Some people with chronic health conditions are concerned about starting exercise; they think it might bring on more problems. This, however, is not the case. In fact, **it's more dangerous to NOT be physically active**.

   a. Once we start, we can learn ways to make sure the activities or exercises we do are safe. So, you ask, how do we know if we've done too much? We keep track of how we are feeling. For example:

      - If you have more symptoms, such as pain or increased fatigue, for more than a few hours after you finish your physical activities than before you started, then you know you probably have done more than you need.

      - This means you do less next time or you work at a less intense level. Also, if you get out of breath or are so tired that you have to stop before 10 minutes of an activity, then you are working too hard and should slow down.

© Self-Management Resource Center, 2020

b. Can you remember a time when you started a new exercise or activity, or did something physical that you hadn't done in a long time? Examples would be: washing windows, raking leaves, taking an extra-long bike ride or walk, or add weights to your exercise. Were you stiff and sore the next day?

c. It is normal to feel slightly stiff or have some sore muscles the day after you start a new exercise. This can be especially true with strengthening exercise or when you walk or bike a lot faster or up a hill. This will go away as you continue to exercise and your muscles get used to the new work.

9. **Say in your own words:** If you are concerned about certain symptoms during or after exercise and what to do about them, look at *Living a Healthy Life* page 177 for some guidelines.

   Also, be sure to talk to your health care provider about these symptoms before exercising again to get advice on what you should do.

10. **Say in your own words:** Think of a physical activity you would like to do and the problems that are preventing you from achieving that goal.

11. **Call out: What are some of the problems preventing you from achieving your physical activity goal?**

12. **Say in your own words:** Now that we know some of the problems, let's come up with some solutions.

13. **Instruction to Leaders:** Choose one or two of the problems identified above and problem solve.

14. **Say in your own words:** We encourage you to take your self-test and choose a goal around physical activity. Then start working on the exercises you want to include in your program. Many people find Action Planning around physical activity helpful.

© Self-Management Resource Center, 2020

Activity 5 20 minutes
PREVENTING FALLS AND IMPROVING BALANCE

Materials
- Chart 3, Self-Management Tool Box
- Chart 9, Reduce the Risk of Falling

1. **Say in your own words:** The risk of falling and fear of falling tend to get worse when we have health conditions, or as we age. This is especially true for people who have problems with balance and people who have osteoporosis.

   Falling can result in injury, sometimes very serious. It is important to understand how we can improve our balance and keep ourselves safe from falling.

2. **Say:** Let's do a brainstorm. The question we are going to brainstorm is:

   What situations or places do you think are risky for falling?

   Instructions to Leaders: Read over the list and ask if anything needs clarification. Add any of the following if they are not mentioned:

   a. Getting up at night to go to the bathroom. Poor light, not being fully awake, clutter in the way, and feeling lightheaded when sitting up or standing due to bedtime medications.

   b. Throw rugs

   c. Poor lighting. Either dim light or glare from lights, depending on your vision.

   d. Getting in or out of the tub or shower. Slippery when wet! Use a non-skid bath mat.

   e. Poor vision. Bifocals on stairs, uneven ground.

   f. Poor hearing. Not being aware of situation.

   g. Bad footwear. Not fitting or unsupportive.

   h. Walking on uneven ground, stairs

   i. Ice and other slick surfaces, or ice grippers used incorrectly

© Self-Management Resource Center, 2020

j. Incorrectly using assistive devices (canes, walkers), or not using them when you should.

k. Cluttered rooms

l. Carrying things when you can't see the ground (laundry baskets, stairs)

m. Children's and pet's toys

n. Living alone with cognitive impairment

o. Rushing to answer the phone or doorbell. Keep phone within reach.

p. Lack of adequate nutrition and being dehydrated

3. **Say in your own words, referring to Chart 9:** Let's look at some ways that we can reduce the risk of falling.

(Chart 9 on the next page)

© Self-Management Resource Center, 2020

Chart 9

Reduce the Risk of Falling

- **Exercise**
  To increase muscle strength, joint flexibility and to improve balance and posture - examples are in the Living a Healthy Life book.
- **Have your vision and hearing checked**
  Annually and correct as necessary. People with poor hearing or vision fall more often.
- **Take care of your feet**
  And wear shoes that have a low, sturdy heel, fit well, have non-slip textured soles and support your feet.
- **Make your home safer**
  - *Make sure there is good lighting and keep areas where you walk tidy.*
  - *Have handrails on both sides of stairs.*
  - *Check that all carpets are fixed firmly to the floor and remove small throw rugs.*
  - *Have grab bars put next to the toilet and tub and use non-skid mats.*
  - *Have telephones or a personal emergency alert pendant accessible in case of an emergency.*
- **Talk to your healthcare professional**
  - *Report falls, near falls and if you are afraid about falling.*
  - *Review all your medications - prescription and over the counter.*
  - *Have your balance checked.*
  - *Report any dizziness or confusion and have your blood pressure checked. Low blood pressure can make you dizzy or groggy when you stand. Take a minute and stand up slowly to get your balance.*
  - *Ask if you could benefit from physical therapy, an exercise program, a home safety evaluation or a device to help support you such as a cane or walker.*

4. **Say in your own words:** A balance evaluation (fall risk assessment) by your health care provider is something to consider if you have any of the following:

© Self-Management Resource Center, 2020

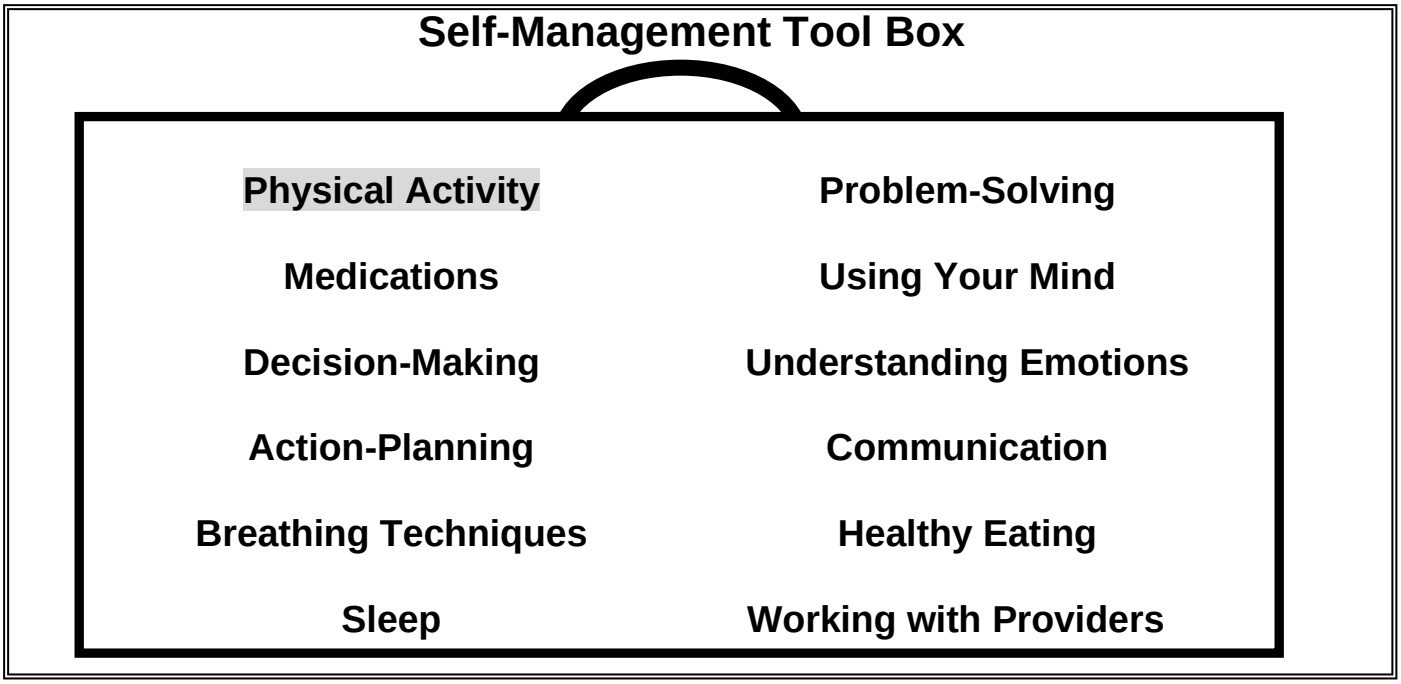
- Have fallen previously or have fear about falling
- Have difficulties with walking or balance
- Use an assistive device for walking, such as a cane or walker
- Have spells of dizziness or confusion
- Have more than one chronic condition
- Take medications that can make you sleepy or dizzy

5. **Say in your own words:** If you are concerned about falling when you are by yourself, you may want to explore a "personal alert system". This is pendant or wristband that you wear; it has a button you can press when you need help. The system is monitored 24 hours a day. There are also some smart watches that can sense when you fall and get help for you.

6. **Say in your own words:** There are some excellent falls-prevention programs listed on the SMRC resources website. The URL address is at the end of each chapter of *Living a Healthy Life.*

7. **Say in your own words, pointing to Physical Activity on Chart 3:** As we mentioned earlier, exercise reduces the risk of falling, and there are some exercises in *Living a Healthy Life* that could be good for balance; these are the flexibility and strengthening exercises labeled BB (Better Balance). Also take the self-test to see where to start.

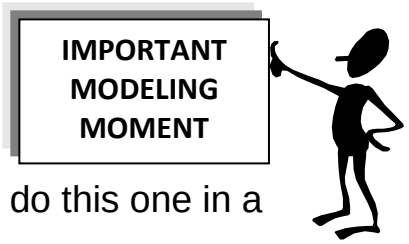
Chart 3



© Self-Management Resource Center, 2020

8. **Say in your own words:** Let's try two exercises for improving balance. They are strengthening exercises for the knees. These can help getting up from a chair, standing and walking, and help prevent falls. Both are labeled "BB" in your book.

9. **Say in your own words, while one Leader demonstrates:** The first one is the Knee Strengthener exercise, which strengthens the muscles on the front of your thigh that straighten your knee. You do this one in a chair with a firm seat. Is everyone ready to try it?



   a. Start with your right knee and put your hand on your thigh so you can feel your muscles work.

   b. Now raise your foot off the floor, straightening the knee as much as you can.

   c. Hold your foot up and the knee straight for a count of 5, and then slowly bend your knee back to the starting position. Do this twice more.

   d. Now let us do two more with the left knee. [**Instructions to Leaders:** Read b and c above.]

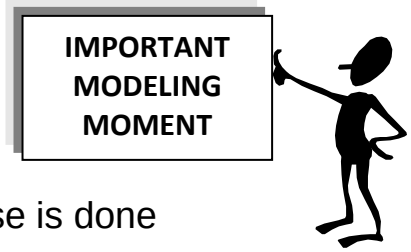
   e. As you get stronger, you can build up to holding your leg straight up for a count of 30.

   f. If you want, you can make circles with your foot while holding it.

   g. Start off doing this exercise 5 times with each leg, gradually building up to 10 times. If this is too much you can start our with just one or two repetitions for each leg.

   h. Remember to breathe! If you count out loud, it will help you remember to not hold your breath.

10. **Say in your own words, while one Leader demonstrates:** The second exercise is the Ready Go, which also strengthens your knees. It also helps with balance and gets your legs ready to make your first steps more comfortable and steadier. This exercise is done standing by a chair or railing for support as needed.



© Self-Management Resource Center, 2020

a. Stand with one leg slightly in front of the other with your heel on the floor and your ankle slightly bent as if ready to take a step onto the front foot.

b. Now tighten the muscles on the front of your thigh, making your knee firm and straight.

c. Hold this position for a count of 10 then relax your knee. Do this twice.

d. Now switch to the other leg and repeat 2 times.

e. Do this exercise each time you stand up, so your muscles are ready to bear weight.

Activity 6 — 20 minutes
MAKING AN ACTION PLAN

Materials
- Chart 5, Parts of an Action Plan
- Action Plan Flow Chart, Appendix II

1. **Say in your own words:** Now it's time to make our Action Plans for this week. This is something we will do each week.

   Remember that Action Plans allow us to achieve what we want or decide to do by breaking down the activity into smaller, more "doable" steps or tasks.

2. **Say:** Let's briefly review the parts of an Action Plan:

(Chart 5 on the next page)

© Self-Management Resource Center, 2020

Chart 5

Parts of an Action Plan

1. **Something YOU want or decide to do**
2. **Achievable**
   Something you can expect to be able to do this week
3. **Action-specific**
   For example, losing weight is not an action or behavior, but replacing snacks with fruit between meals is; losing weight is the RESULT of actions)
4. **Answer the questions:**
   What? (specific action)
   How much? (time, distance, amount)
   When? (time of day or which days of the week)
   How often? (number of days in the week) *avoid "every day"*
5. **Confidence level of 7 or more**
   On a scale of 0=not at all sure to 10=totally sure)

3. **Say in your own words:** We'll start with our own Action Plans for the week.

IMPORTANT MODELING MOMENT

4. **Instructions to Leaders: One Leader should go through each step on Chart 5 (pointing at each step while standing next to it), using his or her own Action Plan. Start by saying what you are trying to accomplish such as exercise more.**

PREPARE BEFORE SESSION: Leaders should prepare Action Plans in advance with each other, remembering that the Leaders' Action Plans will be **MODELS** for the rest of the participants. This means that your Action Plan should be something you really want to do and will complete.

If possible, at least one Leader's Action Plan should be around behaviors taught in the workshop (e.g., exercise or relaxation techniques). Also, it should appear reasonable to the participants. (For example, even if you walk 5 miles a day, tailor your Action Plan so it is not too intimidating to the group. Make a plan for a half a mile a day instead.)

© Self-Management Resource Center, 2020

Leaders should make Action Plans around different things, for example, one might be about exercise, and the other about relaxation. Be careful to make the Action Plan for 3-4 times a week, rather than 5-7, and report a confidence level of 7-9.

5. **Say in your own words:** Now my partner will share his/her plan.

IMPORTANT MODELING MOMENT

Instructions to Leaders: The second Leader reports his or her Action Plan, answering each of the questions on Chart 5 as the first Leader points to them.

6. **Instructions to Leaders:** Emphasize that Action Plans must be:

- something you ***want or decide to do***
- ***achievable***, that is you can expect to achieve it in the next week

7. **Say in your own words:** Please tell us your Action Plan for this week, and how sure you are that you will complete the plan, 0 being not at all sure and 10 being totally sure.

8. **Instructions to Leaders:** Ask for a volunteer to start reporting Action Plans and then go around the room from that person (do not ask for a second volunteer).

   Point to each step (what, how much, when, how often, confidence level) on Chart 5 as each participant reports their plan.

   See Appendix II, Making an Action Plan Flow Chart.

9. **Instructions to Leaders:** If confidence level is less than 7, ask the participant what the problem might be and if they encounter the problem, what would they do.

   Ask the participant if they would like suggestions from the group.

   If they say yes, have the group offer 4-5 suggestions and the original participant should not comment.

   After all the comments ask the participant “If you have (name the problem) what will you do?” Participants can change the plan if they wish.

© Self-Management Resource Center, 2020

Ask the participant to state the new or amended Action Plan, starting with "I will".

10. **Instructions to Leaders:** If someone is having trouble writing a clear Action Plan (i.e., specific activity, times per day, days per week), go through the same steps as above, **asking other group members for suggestions** *before* you help.

    Do not spend more than 3 minutes with any one person. If someone is having problems, work with them individually *afterwards*.

    If someone does not want to make an Action Plan, say that is OK and that you will come back to them later—then go back to the person after everyone has made their plan. If they still do not want to make a plan, that is OK.

NOTE TO LEADERS: See Making an Action Plan Flow Chart in Appendix II for details on how to help someone make an Action Plan.

Activity 7 — 5 minutes
CLOSING

1. **Instructions to Leaders:** Remind participants that they may want to keep a **journal of their feelings** and to think about how they would like to **start an exercise program** or increase the program that they are now doing.

2. **Instructions to Leaders:** Invite participants to review what was covered today in *Living a Healthy Life.* Let them know that the book is not a workbook, but a reference book, so there is more in the book than is covered in the workshop.

   The reading for each session is listed on the back of their "Workshop Overview" handout.

3. **Say in your own words:** Next week we will be talking about **making decisions**. Please think of something in your life for which you need to make a decision and have it ready for next week's activity.

4. **Say in your own words:** Next week, we will also be discussing pain management, more about exercise, and healthy eating.

© Self-Management Resource Center, 2020

To prepare for our discussion on healthy eating, we will keep track of what we eat for at least 2 days during the week. We suggest using 1 day during the week (or work day) and 1 weekend day (or non-work day) because our eating habits are often different on these different days. We will share what we learned about what we eat next week.

5. **Instructions to Leaders:** Inform participants that workshops in the past have liked to have "buddies" that they can contact during the week to support each other in their Actions Plans. Ask them to choose a buddy for this week and give them a moment to exchange phone or email information. If someone objects, they don't have to do this.

6. **Instructions to Leaders:** Remind participants to **keep track of their Action Plans** daily and to be ready to tell the group about them next week.

7. **Instructions to Leaders:** Collect name tags.

8. **Instructions to Leaders:** Stay around for 15 minutes or so to answer questions and straighten the room.

© Self-Management Resource Center, 2020

© Self-Management Resource Center, 2020

SESSION THREE

Purpose

- To introduce and practice decision-making strategies
- To introduce the causes of pain
- To discuss strategies to reduce pain
- To assist participants in developing and monitoring their endurance exercise
- To give an overview of good nutrition and a rationale for eating better
- To identify some ways to change eating practices
- To assist participants in making healthier eating choices

Objectives

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

1. Identify the steps of decision-making.
2. Practice decision-making skills.
3. Describe at least one new method of dealing with pain.
4. Name three ways to monitor endurance exercise.
5. Discuss at least 4 ways in which a good eating plan can help in their self-management process.
6. Define healthy eating.
7. Make an Action Plan for the coming week.

Materials

- Charts:
  - 1: Guidelines **(post at all sessions)**
  - 3: Self-Management Tool Box **(post at all sessions)**
  - 4: Brainstorming **(post at all sessions)**
  - 5: Parts of an Action Plan **(post at all sessions)**
  - 6: Problem-Solving Steps **(post at all sessions)**
  - 7: Symptom Cycle **(post at all sessions)**
  - 10: Decision-Making Steps
  - 11: Decision to Be Made
  - 12: Moderate Endurance Exercise
  - 13: Monitoring Exercise Intensity
  - 14: Be F.I.T.
  - 15: The Plate Method

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Materials, continued

- A watch to time exercise practice
- Name tags
- Blank flip chart and felt pens, whiteboard and erasable pens or blackboard and chalk
- *Relaxation for Mind and Body: Pathways to Healing* CD, CD player
- *Living a Healthy Life with Chronic Conditions*
- Paper, extra pencils
- Kleenex

Reading for Leaders' Preparation:

- *Living a Healthy Life,* pages 27-28, 92-98, 129-133, Chapters 7 and 10
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II
- *Leader's Manual*, Feedback Flow Chart, Appendix II

Agenda

Post this agenda at the beginning of session:

Session Three Agenda

Activity 1: Feedback (20 minutes)
Activity 2: Making Decisions (25 minutes)
Activity 3: Pain Management (20 minutes)
BREAK (20 minutes)
Activity 4: Endurance Exercise (20 minutes)
Activity 5: Healthy Eating (20 minutes)
Activity 6: Making an Action Plan (20 minutes)
Activity 7: Closing (5 minutes)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Activity 1 — 20 minutes
FEEDBACK

Materials

- Feedback Flow Chart, Appendix II

Instructions to Leaders: Encourage participation of all members. Not more than 3-5 minutes should ever be spent on one person. People who discuss their Action Plans earlier will probably need more time than those who come later. Do not spend all of your time with "yes buts" or other "real" problem people (the general rule is that if someone has said "yes but" three times, you should go on to someone else). Deal with these folks during the break. Please review the **Feedback Flow Chart in Appendix II** to help you make appropriate responses to each participant. This activity works best if one Leader leads the activity and the second Leader follows the feedback with the flow chart and helps as needed.

1. **Say:** Welcome back! The first thing we're going to do today is to report back on the Action Plans we made last week. Each of us will share our experiences in completing our Action Plans.

   I'll start, and then my partner will report.

   IMPORTANT MODELING MOMENT

   Instructions to Leaders:

   - Start with yourself as a model but make it very short.
   - If one Leader encountered problems, he/she should model that a modification was made and then completed.

2. **Say in your own words:** Now we'd like to hear about your Action Plans. We'll start with the first volunteer and will go around the room from that person.

   a. First, tell us what your Action Plan was for the past week.

   b. Then tell us how well the Action Plan was completed. You can use words like:
      - completed
      - partially completed
      - was not able to complete

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- changed it to another plan. Sometimes plans need to be changed and if this occurred and you substituted something else, this is good self-management.

c. Finally, if you were not able to complete your plan or if you changed your plan, describe the barriers that prevented you from completing your Action Plan or caused you to change it. If you changed it, tell us how you changed it.

3. **Instructions to Leaders: Respond to each participant as follows.**

In addition to the following instructions, make sure you review the Feedback Flow Chart in Appendix II.

If someone reports their confidence level ↓	If they were successful ↓	If they met obstacles and adjusted or changed their Action Plan successfully ↓	If there were problems and the person was partially successful ↓	If there were problems and the person was unsuccessful ↓
tell them that we don't need to report confidence levels from last week	congratulate them	congratulate them for being a good self-manager	comment on the good start they have made (but do not congratulate), and then problem-solve (see problem-solving steps below) with the group, if the person wishes to do so	go through the steps of problem-solving:

© Self-Management Resource Center, 2020

Problem-Solving Steps with the group:

STEP 1

Ask the person to state the problem he/she had in completing the plan. Ask him/her to be specific.

STEP 2

Ask the person if he/she has any ideas of how to solve the problem or did he or she try a solution. Stop here if the person has ideas or has already tried a solution.

STEP 3

If the problem is not solved, ask the individual if he or she would like to hear some suggestions from the group on how to solve the problem. If yes, then continue with the next steps. If not, move on to the next participant.

STEP 4

Ask the group by a show of hands if anyone else has ever had this problem.

STEP 5

Ask the group to **give 4 or 5 possible solutions***.* These suggestions should be given without comment or discussion.

STEP 6

Tell the person with the problem that he or she just listen and get ideas. The group Leaders can also offer suggestions, but *not until* others in the group have participated.

STEP 7

When you have possible solutions (not more than 5 or 6), stop the suggestions or, if you see there are more ideas, tell the group that you'll take one more and then stop. Suggest that they catch the person at break.

Leaders may write these on the board or flip chart or suggest that the person with the problem jot them down. If you suspect that your group may have people who cannot read, suggest that they remember the ideas instead of writing them down. They do not have to write the suggestions unless they want to.

(Continued on the next page)

© Self-Management Resource Center, 2020

STEP 8

Ask original participant if he/she could use any of the strategies suggested and, if so, which one. Recommend that participant make a note of the helpful suggestion or remember it.

If no suggestions seem workable, then say you will talk with the person more during the break - and do so.

REMEMBER, DO NOT SPEND A LOT OF TIME ON ANY ONE PERSON. AFTER THREE "YES BUTS," GO ON TO THE NEXT PERSON.

DO NOT COPY OR DISTRIBUTE

Activity 2 — 25 minutes
MAKING DECISIONS

Materials

- Chart 3, Self-Management Tool Box
- Chart 10, Decision-Making Steps
- Chart 11, Decision to be Made
- Paper and pencils

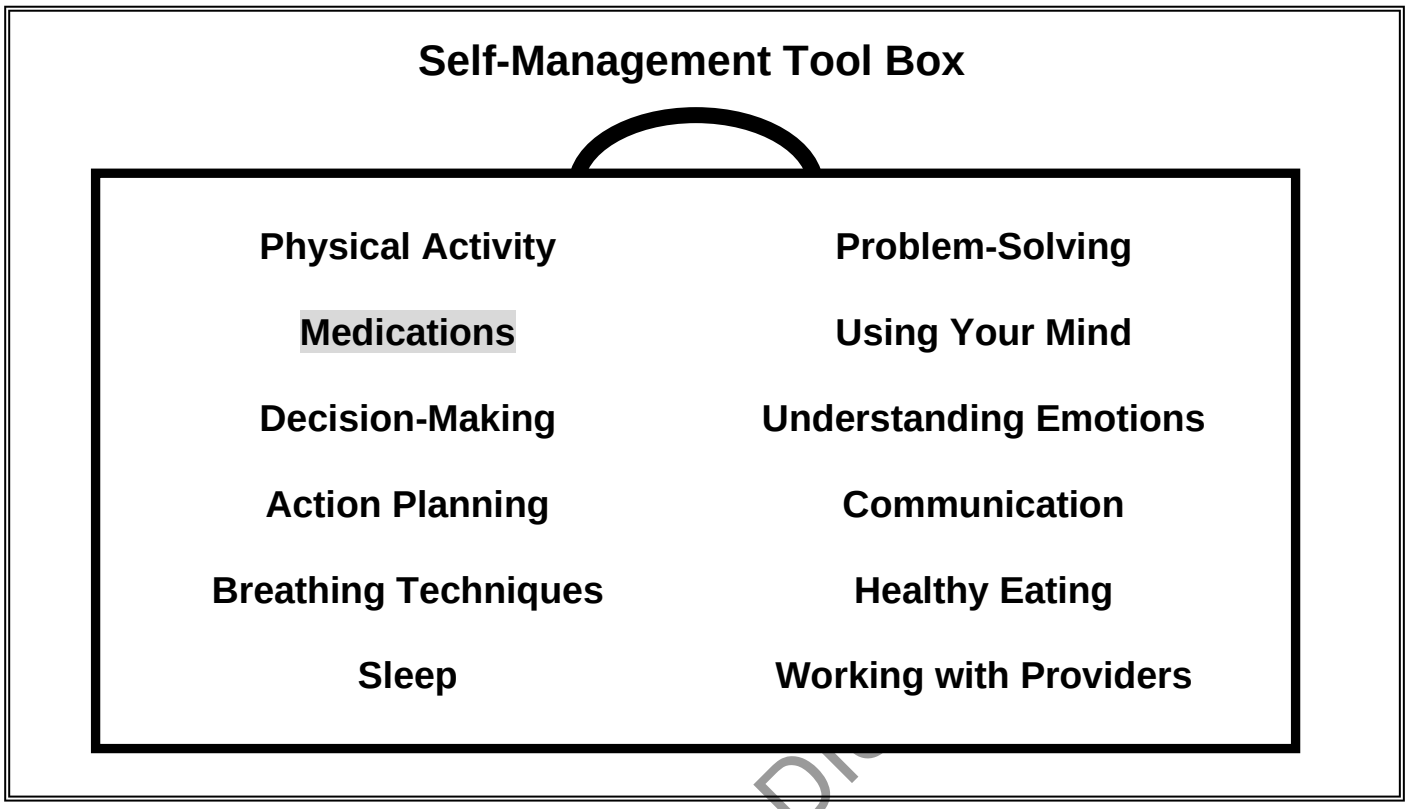
1. **Say in your own words, pointing to Decision-Making on Chart 3:** In life we are all faced with having to make decisions every day - do I have coffee or juice, what do I wear, should I go to the market right now or wait?

   There are also bigger decisions, such as about surgery or a new medication, or whether to stay in my house or move.

(Chart 3 on the next page)

© Self-Management Resource Center, 2020

Chart 3



2. **Say in your own words:** For people who are living with chronic health conditions, however, this can be very challenging because we have to make these decisions during times of uncertainty.

   Developing good decision-making skills is another self-management tool. Let's review some steps to help us make decisions and then we'll look at an example before we practice. [Refer to Chart 10]

(Chart 10 on the next page)

DO NOT COPY OR DI

© Self-Management Resource Center, 2020

Chart 10

Decision-Making Steps

1. **Identify the decision**
   This is like identifying the problem in the problem-solving steps. For example: someone who wants to exercise or improve sleep must decide which option to try. Or, you might want to decide about starting a new medication or taking a trip.

2. **Write down the 'PROs' and 'CONs' for each option** *of the decision to be made. List as many reasons for and against each option as you can.*
   Don't forget emotional reasons, such as fear of side effects, or fear of traveling away from your regular health care team.

3. **Give a score to each pro and con from 1 being not important to 5 being very important** *to you*

4. **Add each column and compare the results to find the higher score**

5. **Ask yourself how this meets the "gut test"** *Or "intuition".*
   For example, does taking the new medication or going on the trip feel "right" to you? If so, you probably have a decision. If not, the gut test should probably win out over the numbers.

3. **Say in your own words:** Here's an example of how any decision could be made using these decision-making steps.

Instructions to Leaders: Point to the Decision-Making Steps on Chart 11 as you describe this example. What to say follows the chart in this manual.

(Chart 11 on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 11

Decision to be made: 'Should I take this new medication?'

PROs	Score (1 - 5)	CONs	Score (1 - 5)
My doctor thinks I should do it	5	There may be side effects	3
It could help prevent complications	4	It's yet another pill I have to remember to take	1
I might feel better	5	It costs too much. I may not be able to afford it	3
		It may not work	4
PROs Total	14	CONs Total	11

The PROs total is greater than the CONs

Decision result is: To start the new medication

Ask the question: 'Does this meet the gut test?'

DO NOT COPY OR DISTRIBUTE

4. **Say in your own words:** Suppose that your doctor has suggested that you consider starting a new medication. So, this is step one, identifying the decision, which is to decide if it's something you want to do.

   Taking medication is always your decision to make, whether or not you go with the doctor's recommendation. If you decide not to follow a doctor's suggestion, tell your doctor. There may be alternatives. We will discuss more about communicating with the health care team in Session 6.

   a. The next step is to list all the reasons for taking the new medication - the "PROs". These are things that you think might be good if you took this medication. In our example, "my doctor thinks I should do it", "it could prevent complications", and so on are the PROs.

© Self-Management Resource Center, 2020

b. Then do the same for reasons against taking the new medication (the "CONs"); these are things that you think might be bad, such as side effects, remembering, and so on.

c. Once you have all the "PROs" and "CONs" listed, score each of them by **how important** they are to you on a scale of 1-5, 1 means it's not important, and 5 means very important.

d. After you have scored each of the reasons with a number from 1 to 5, add up the scores in each column. As you can see, the total for all the "PROs" was 14 and the "CONs" total was 11.

e. The higher score shows the decision: take the new medication.

f. However, and this is important, you then do the "gut test". You ask yourself: Does my gut (or intuition) tell me that I should take the new medication? Does it feel 'right' to me?"

g. If your answer is "yes", you have your decision. **But** if your gut tells you "no", you should probably go with your gut and your decision is "no". You may also consider exploring this further with someone who is an expert. In this example, inform your doctor of your decision.

5. **Say in your own words:** Even if your gut tells you differently than the numbers, this decision-making technique helps you with that decision, as it helps you understand the reasons for your decision.

6. **Say in your own words:** Now let's practice this for ourselves. We're going to break into pairs and help each other with making a decision using this "PRO and CON" technique. The decision can be big or small, whether related to the day-to-day management of your condition or a longer-term life decision. Use the Decision-Making chart to guide your conversation with your partner.

   We will have 10 minutes to work on this activity. At the end of 10 minutes we will reconvene, and 1 or 2 people can share what decision they were trying to make and what decision was reached.

7. **Instruction to Leaders:** Now ask participants to break into pairs (or one group of 3 if odd numbers present).

   Offer blank paper for participants to use if they need it. If someone doesn't want to write (or can't), they may just talk about the "PROs" and "CONs".

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

One Leader should keep time, letting participants know at 5 minutes that half the time has been used and to switch if they haven't already.

8. **Instructions to Leaders:** At the end of 10 minutes, reconvene the group and ask for 1 or 2 people to share:

   1) the decision they were trying to make
   2) 3-4 of the "PROs" and "CONs" - no need for reporting the scores
   3) what they decided, and
   4) if that was what their gut told them.

   You will not have time for everyone to do this. If volunteers start sharing details of how they arrived at their decision or how they rated their "PROs" and "CONs", gently redirect them to just answer the 3 questions mentioned above.

9. **Say in your own words:** This decision-making technique is an important tool in our self-management tool box. If you still have decisions that you'd like to make, you may want to include this in your Action Plan for this week, which we will be making at the end of the session.

DO NOT COPY OR DISTRIBUTE

Activity 3 — 20 minutes
PAIN MANAGEMENT

Materials

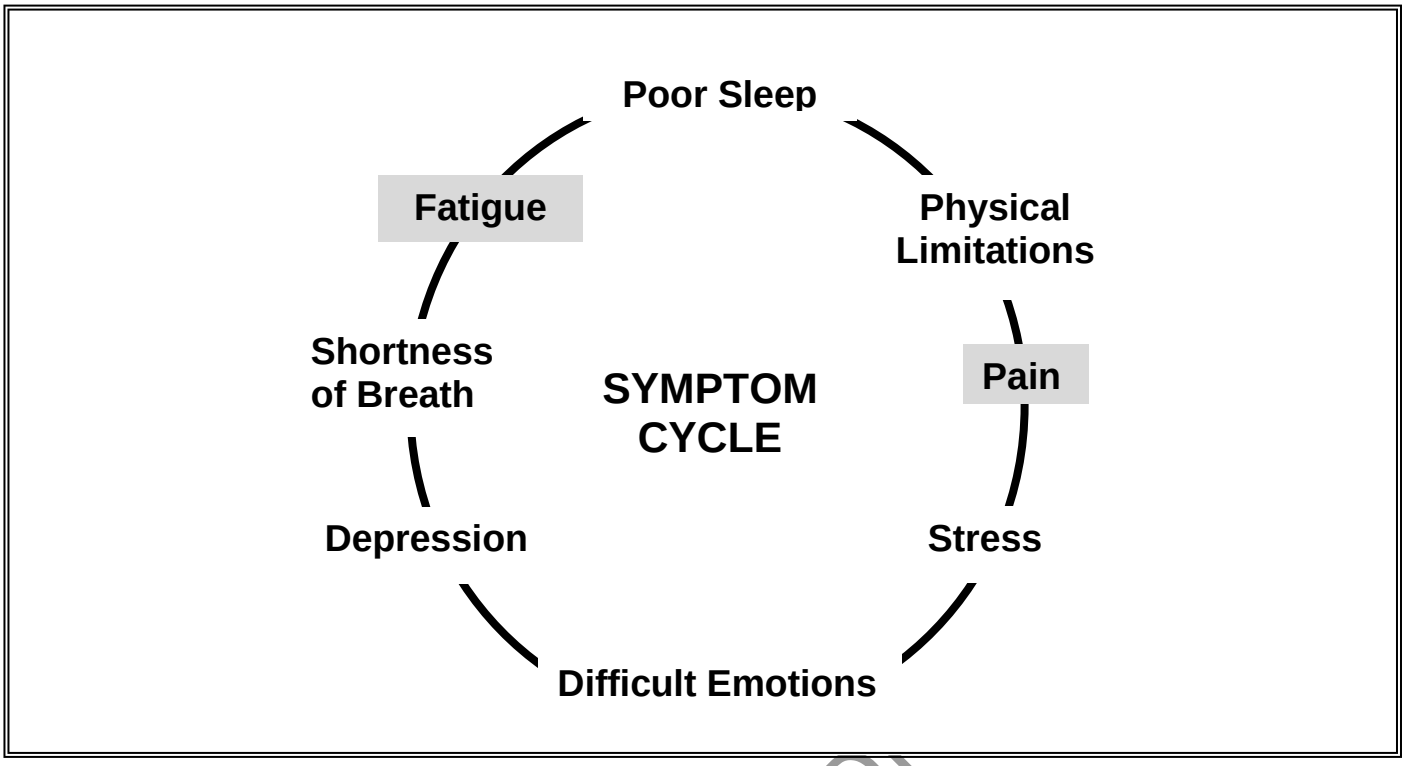
- Chart 7, Symptom Cycle
- Chart 3, Self-Management Tool Box

1. **Say in your own words, pointing to Pain and Fatigue on Chart 7:** One of the most common symptoms on our Symptom Cycle is pain. Remember when we talked about fatigue in Session One? Pain and fatigue have similar causes and are closely related. While pain can have many causes, such as arthritis, nerve damage, injury or inflammation, the tools for managing pain and fatigue are very similar.

(Chart 7 on the next page)

© Self-Management Resource Center, 2020

Chart 7



2. **Say in your own words**: Pain, as you know, can happen anywhere in the body, but we do not feel pain until the pain signal travels through our nerves to our brain. It's the brain that interprets the signal as pain. For example, cutting your hair or fingernails doesn't cause pain because your hair and fingernails don't have nerves.

3. **Say in your own words, also pointing to Depression and Difficult Emotions on Chart 7**: The same parts of the brain cause us to feel pain, as well as depression and other difficult emotions. It's not surprising that pain, fatigue, depression and difficult emotions are closely related and can get that vicious cycle going.

4. **Say:** We're going to do a brainstorm:

   What are some things you can do to manage pain? Remember, most of these also help fatigue.

   Instructions to Leaders: Write the responses on the board or chart pad, adding check marks for those mentioned more than once.

5. **Instructions to Leaders**: After the brainstorm, read over the list, ask if any need clarification. If any of the following are not mentioned on the final list, add the missing ones:

DO NOT COPY OR D

© Self-Management Resource Center, 2020

a. Planning the day to mix rest and activity
b. Not overdoing
c. Resting and getting good sleep
d. Exercising
e. Using relaxation, distraction and other activities that use your mind
f. Remaining social active
g. Learning to say “no”
h. Eating well-balanced means and if needed, losing weight
i. Using medication properly (check with your health care provider about medications, side effects, doses, and so on)
j. Using heat and cold
k. Massaging the area, if not infected or inflamed

6. **Say in your own words:** Almost all these tools are also helpful in managing fatigue.

7. **Say in your own words:** No matter how you manage pain, it is best to do it when you have a little pain than to wait to see if gets worse. It is much easier to reduce a little pain than a lot of pain.

8. **Say in your own words:** One of the best ways to reduce pain is to make plans for each day. This is like having several small Action Plans for each day, such as eat breakfast before 9:00, take a walk, call a friend, clean one bathroom, or take a half-hour rest.

9. **Say in your own words:** Be sure to include exercise in your plan. Exercise is great for pain, depression and often for fatigue. It also strengthens muscles and can help reduce weight.

   If you can’t walk 4 blocks, walk 2 blocks. Do whatever you can without having more pain when you finish, even if it is walking or doing arm exercises for a few minutes.

10. **Say in your own words:** Difficult emotions, stress, and worry about pain can all make the pain worse. In most cases, you do not feel pain until the signals reach the brain. Therefore, activities that use your mind such as relaxation, distraction, and guided imagery are very helpful. Quieting the mind quiets the pain signals.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

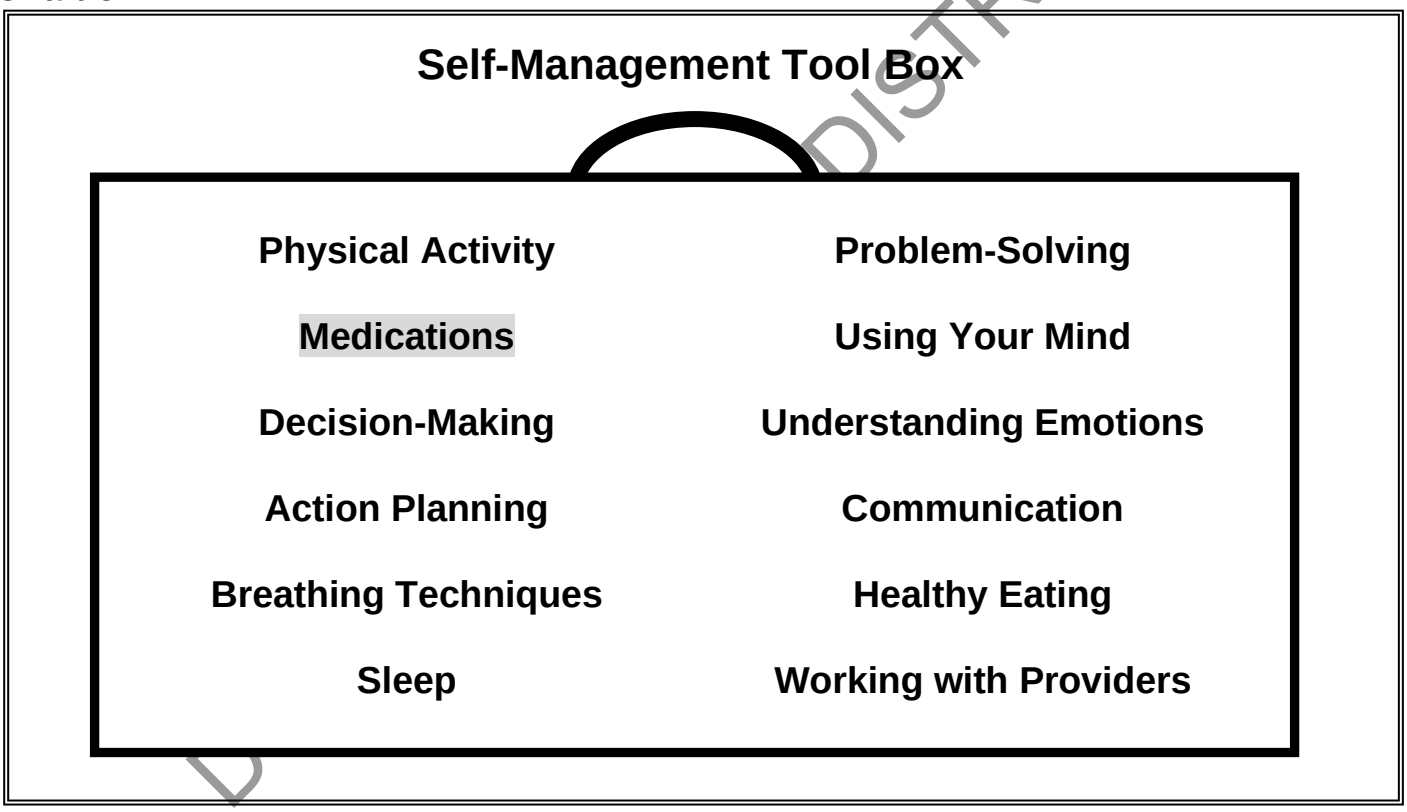
11. **Say in your own words:** If you worry about pain, think about what you have done in the past that was successful in lessening pain. We will talk more about this in Session 5.

12. **Say in your own words:** Extra weight puts extra stress on the painful parts of your body. Losing a little weight, even 5 or 10 pounds, can make a difference.

13. **Say in your own words, pointing to Medications on Chart 3:** Medications can also help. It's important to know what your pain medication does.

    If you're taking it to reduce pain at the source, then the medication should be taken regularly as prescribed. Medications such as anti-inflammatory drugs or antibiotics for infection are most effective if there is always some circulating in the body. It can take days and sometimes weeks to build up and be most effective.

Chart 3



DO NOT DISTRIBUTE

14. **Say in your own words:** Some medications, such as the opioids – which are narcotics such as Vicodin, Oxycontin, codeine, Percocet, morphine, oxycodone, hydrocodone, or Tramadol, and others – are good for acute pain such as after surgery. But these become less effective over time and can even cause more pain.

© Self-Management Resource Center, 2020

15. **Say in your own words:** Opioids should not be used for more than a few days. However, if you or someone you know has been taking them for a long time, you should not just stop. These drugs need to be tapered off, and this is not something you can do yourself. Talk to your health care provider.

16. **Say in your own words:** There is more information about opioids at the end of Chapter 5, pages 129-133 of your *Living a Healthy Life* book.

17. **Say in your own words:** It is important to store medications safely. This means where children, workers in your home, and even friends cannot find or get them. Did you know that a major source of drugs for young people is the home medicine cabinet?

    If you are no longer using a medication, do not save it. Get rid of it by taking it to a local drug disposal site, such as a major pharmacy near you.

18. **Say in your own words:** We're going to take a 20-minute break now. When we come back, we'll discuss endurance exercise and healthy eating.

BREAK **20 minutes**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Activity 4 — 20 minutes
ENDURANCE EXERCISE

Materials
- Chart 3, Self-Management Tool Box
- Chart 7, Symptom Cycle
- Chart 12, Moderate Endurance Exercise
- Chart 13, Monitoring Exercise Intensity
- Chart 14, Be F.I.T.

Chart 3

Self-Management Tool Box

Physical Activity	**Problem-Solving**
Medications	**Using Your Mind**
Decision-Making	**Understanding Emotions**
Action Planning	**Communication**
Breathing Techniques	**Healthy Eating**
Sleep	**Working with Providers**

DO NOT DISTRIBUTE

1. **Say in your own words, pointing to Physical Activity on Chart 3:** Last week we discussed different types of physical activities or exercise and exercise goals that can help break the Symptom Cycle. This week we will talk about endurance activities, which are also called cardiovascular or aerobic exercises.

   a. These involve the use of the large muscle groups in rhythmical and repetitive movements. These exercises help you to remain more active and do more of what you want to do.

   b. Endurance exercise raises your heart rate, makes you breathe faster, and

© Self-Management Resource Center, 2020

makes you work harder than you normally do during most of the day.

c. Depending on the person, just about any activity that uses your whole body can be endurance exercise. For some a 5 minute moderately, brisk walk can be an endurance activity, while for someone more fit, it may take a jog, more vigorous walk or swimming to achieve the endurance response.

2. **Say in your own words, pointing at parts of Symptom Cycle on Chart 7:** Endurance exercise can break the Symptom Cycle in many places. It is a very effective treatment for:

   a. stress and anxiety
   b. working out our difficult emotions
   c. decreasing depression or blue feelings
   d. lessening fatigue
   e. sleeping better at night
   f. helping constipation

   It also helps by:

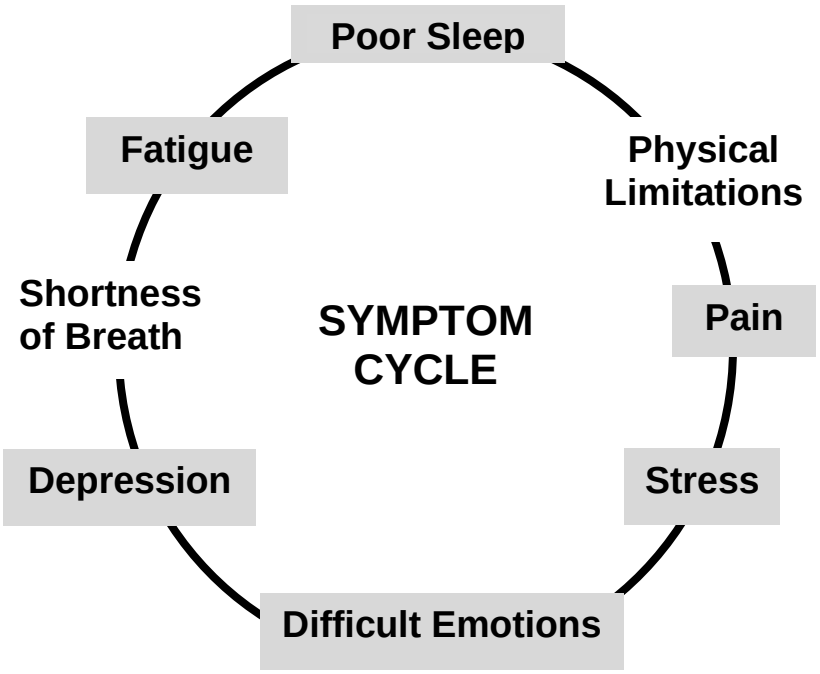
   g. giving more energy and breath for daily activities
   h. helping to manage weight
   i. gets our bodies to release our natural pain-killers, called endorphins, to help with pain

(Chart 7 on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 7



3. **Say in your own words, using Chart 12:** To exercise safely and effectively, we should keep our exercise at a moderate level. "Moderate" is different for different people. The signs that one is exercising at a moderate endurance level are:

(Chart 12 on the next page)

DO NOT COPY OR

© Self-Management Resource Center, 2020

Chart 12

Moderate Endurance Exercise

You will feel

- **Slightly faster heart rate**
- **Faster, deeper breathing**
- **Slightly warmer**

You should be able to:

- **Continue for at least 10 minutes**
  Without great fatigue
- **Talk or recite a poem**
  Comfortably, unless you have problems with your lungs
- **Recover after 30 minutes**
  Completely recover after resting = not doing exercise

DO NOT COPY OR DISTRIBUTE

4. **Say in your own words:** One of the most important things to learn is to do moderate, not intense, exercise. Intensity is how hard your body works during exercise.

   a. The same exercise can be a different intensity for different people, depending on your level of fitness. For example, a 5-minute slow walk may be very intense for someone with severe arthritis or lung disease, but for another person this may be low intensity.

   b. It is important to determine that you are not exercising too hard by monitoring the intensity of your exercise.

5. **Say in your own words, using Chart 13:** Here are some ways to do this:

(Chart 13 on next page)

© Self-Management Resource Center, 2020

Chart 13

Monitoring Exercise Intensity

- **Talk Test**
  You should be able to carry on a conversation, talk out loud to yourself, or recite a poem. If you have lung problems, this may be difficult and you may want to try another method.

- **Self-Rating of Exertion**
  Rate how hard you are working on a scale of 0 to10, with 0 being no work and 10 being the hardest work you could do—so hard you could only do it for 30 seconds. Moderate is 4 or 5 on this scale.

- **Count your pulse**
  Your book has more information on heart rate if you are interested.

6. **Say in your own words, using Chart 14:** In planning a new exercise program or in adding endurance exercise to your fitness program, you can follow the FIT formula:

Chart 14

Be F. I. T.

F = Frequency - 3-5 days a week
3 days per week is a starting minimum

I = Intensity - how hard you work
No more than a moderate level

T = Time - how much you exercise each day
Also known as duration. The goal is to accumulate 30 minutes each day you exercise. These 30 minutes can be done in 2 15-minute periods, or 3 10-minute periods, or 6 5-minute periods. It doesn't have to be done all at once.

© Self-Management Resource Center, 2020

7. **Say in your own words:** When doing an endurance exercise like walking, bicycling, or dancing, it is important to warm up BEFORE you begin exercising more briskly.

   You can do this by doing some flexibility exercises or strolling for 3 to 5 minutes before walking briskly. Consider adding a warm-up to daily activities, such as flexibility exercises for your knees and back before gardening.

8. **Say in your own words:** You can safely increase the time you exercise by alternating brisk exercise with intervals of rest or easy exercise. Pace yourself for success!

9. **Say in your own words:** If your heart rate and breathing increase while exercising, then it is important to cool down by exercising more slowly for 3-5 minutes before stopping. This helps prevent irregular heartbeats and sore muscles.

10. **Say in your own words:** Now we'll practice the second method on the Monitoring Exercise Intensity chart, Self-Rating of Exertion. We're going to exercise for one minute. You can either march in place or pretend to conduct an orchestra. If you'd like, we can even try the Talk Test at the same time!

11. **Instructions to Leaders:**

    a. Tell the group to start, and time them for 1 minute.

    b. The Leaders should model with one marching and one conducting seated.

    c. Be sure that this does not become a competitive exercise.

    d. The Leaders should model slowly. You don't want the participants to have to feel they must keep up with you.

    e. At the end of one minute, ask people to rate their exertion level from 0 (no work) to 10 (very hard work).

    f. Ask a few to volunteer their exertion levels.

    g. Remind folks that 4 or 5 is a good level for endurance exercise. Above this is too much and below this, they could do a bit more.

12. **Say in your own words:** By knowing how to change the frequency, intensity and/or time/duration of our exercise, we can safely begin or gradually add to our exercise programs until we are able to reach the recommended goal of 30

OR DISTRIBUTE

© Self-Management Resource Center, 2020

minutes of exercise a day, most days of the week, if we are not already there.

Remember, the 30 minutes does not have to be done all at once. They can be done as 3 minutes an hour, 10 minutes three times a day or 15 minutes twice a day.

13. **Say in your own words:** For homework, choose one of the methods of monitoring exertion and during the week check your exertion level during different activities and exercises.

    As you become more active and more fit, it will become easier for you to do your daily activities. You might want to write down your exertion levels. You can repeat this test so you can see your progress with time.

14. **Say in your own words:** Exercise isn't the only way to take care of yourself. Healthy eating is also important.

Activity 5 — 20 minutes
HEALTHY EATING

Materials

- Chart 3, Self-Management Tool Box
- Chart 15, The Plate Method
- *Living a Healthy Life* for each participant
- Extra paper and pens / pencils

1. **Say in your own words pointing to Healthy Eating on Chart 3:** In this program we are going to learn a lot about healthy eating. Don't worry, we will not tell you what or how to eat. Instead, we will offer you information and tools so that you can make your own choices.

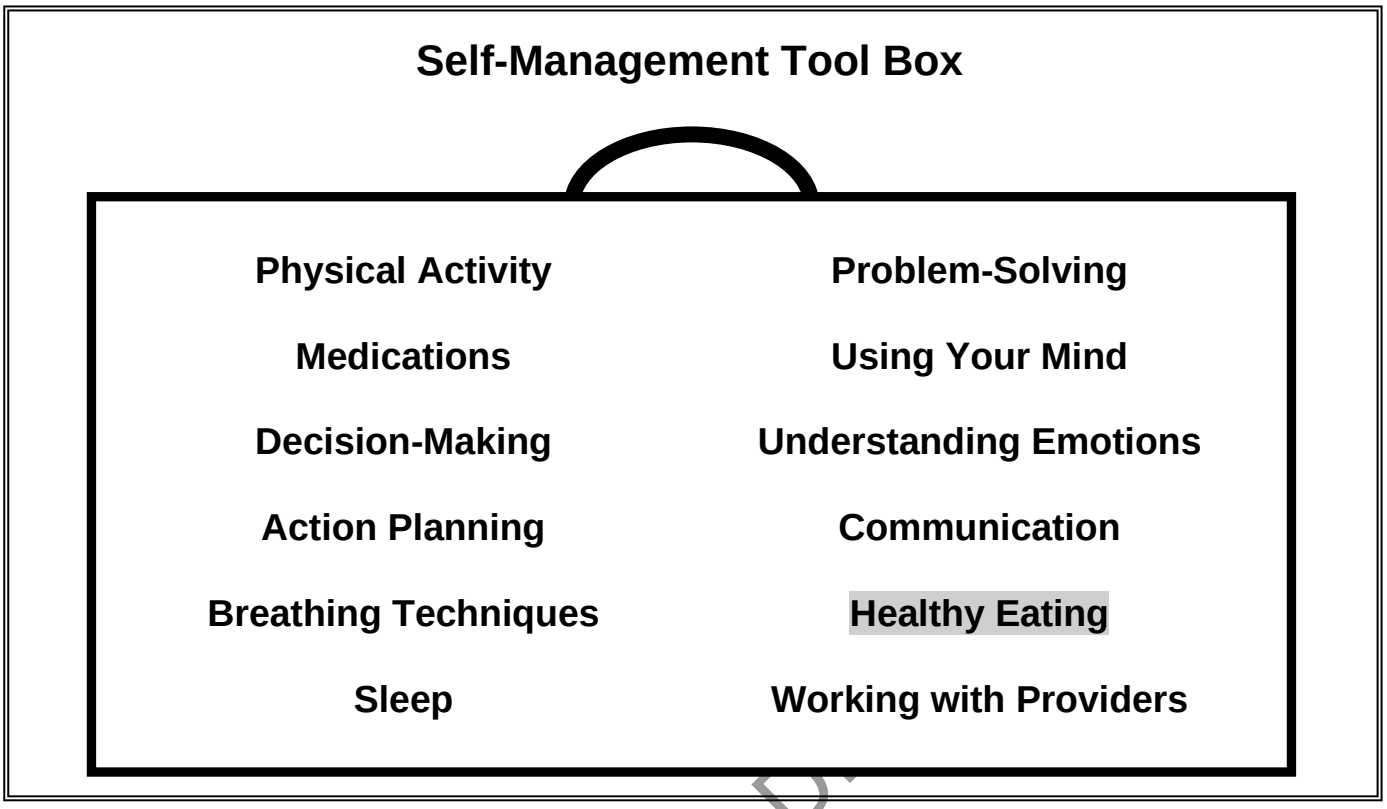
   Knowing how much to eat, and what to eat will help you to be healthier, no matter what conditions you have.

(Chart 3 on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 3



2. **Say in your own words:** We all know that healthy eating is important but when it comes to getting started it can all get confusing. Let's take a quiz together to see what we know.

   Instructions to Leaders: Ask each participant to take out a piece of paper and write the numbers 1 through 11 down the page. If participants don't have any paper, pen or pencil, please pass these out to them for this activity. If there are participants who do not want to write, for whatever reason, encourage them to think about the answer to the questions instead. Also, if participants start to shout their answers out loud, ask them to just write or think about their responses. We will be sharing the correct answers right after each question.

   Say: There are 11 True – False statements we are going to read one by one for which you will write down a T for true or an F for false next to the number. If you are not sure or do not know the answer just put a question mark next to that number. After each statement, we will provide the correct answer. Do not worry about your responses because you are not going to hand this in. This is just for you.

© Self-Management Resource Center, 2020

3. **Instructions to Leaders:** Allow a few seconds for participants to write each response before reviewing the correct response. **Leaders should alternate – one reading the statement and the other the correct response.**

Say: True or False?

a. **It is best to eat a variety of foods.**

Answer: True: By variety we mean vegetables, fruits, grains, and if you want dairy products, fish and meat. Think about eating a rainbow of colors.

b. **Next, there is one best diet for everyone. True or False?**

Answer: False: There are many ways to eat healthfully. This depends on your condition, your culture, how much money you have and many other factors. For example, for many people rice is a basic food while for others it is potatoes. Someone who is trying to lose weight may eat less fats while someone with kidney disease eats less meat. There can be as many healthy eating plans as there are people.

c. **True or False? Most of us should eat more fruits and vegetables and less of the foods that have little or no nutrients, like cookies and soda.**

Answer: True: Eating is like spending money. We can do it wisely or foolishly. Healthy eating helps protect our health, prevents disease and weight gain and is an important part of managing chronic conditions. This does not mean you cannot sometimes buy or eat something just for fun or pleasure. It does mean that this should be done in moderation.

d. **A 16-ounce bottle of regular soda has about the same amount of sugar as a slice of cake with icing. True or False?**

Answer: True: A regular soda has more than 2 ounces of sugar and more carbohydrates than someone with diabetes should generally eat in a whole meal.

e. **True or False? Fats that are liquid at room temperature are usually better for you than those that are solid at room temperature.**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer: True: Fats that are liquid at room temperature and that usually come from plants (called unsaturated fats) do not contain cholesterol. Fats that are solid at room temperature and that usually come from animals contain cholesterol and should be limited.

f. **True or False? The DASH diet is good for heart disease and high blood pressure. It is heavy on vegetables, light on meat and sweets and low in saturated fats.**

Answer: True: You can find out more about the DASH diet in your book. This and the Mediterranean diet, which is also in your book, are probably the healthiest ways of eating. The difference between the two is that the Mediterranean diet has a little more meat. Both diets emphasize fruits, vegetables and unsaturated fats such as olive and vegetable oils.

g. **True or False? A portion and a serving are the same.**

Answer: False: A portion is what you eat. One person may have 2 cups of rice and another a 1/3 cup of rice. For both people, this is a portion.

A serving is a set amount, for example for rice it is 1/3 cup. A serving size is used to figure out the amount of nutrients and calories in foods. The person who ate 2 cups of rice had 6 servings while the person who ate 1/3 cup of rice had 1 serving.

One of the big problems with weight gain is having portions that are too large. You can find out more about serving sizes of different foods on pages 266 - 274 in Chapter 10 of your book. We will also talk about this more next week when we practice label reading.

h. **People with diabetes should avoid all foods with sugar. True or False?**

Answer: False: People with diabetes do not process carbohydrates as well as those who do not have diabetes. Fruits, vegetables, starches, sugars are all mostly carbohydrates. People with diabetes generally should limit their carbohydrates and especially the portion size of foods with carbohydrates.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

You can learn more about the carbohydrates in foods and about diabetes in your book.

i. **True or False? Our bodies can make cholesterol.**

Answer: True: This is not a trick question. Cholesterol comes from foods with saturated fats, but our bodies also make cholesterol. This is why for some people, diet alone will not lower cholesterol to a healthy level. Many people need to take medications to lower cholesterol.

4. **Ask:** How many people got all the answers right so far, raise your hands?

   Say: Terrific, but I can also see that some folks learned something new. Congratulations to you too!

5. **Say:** Let's continue with another true or false statement:

   An easy way to remember how to eat healthfully is to use the plate method. True or false?

   Answer: True, let's look at the plate method more closely (Point to Chart 15)

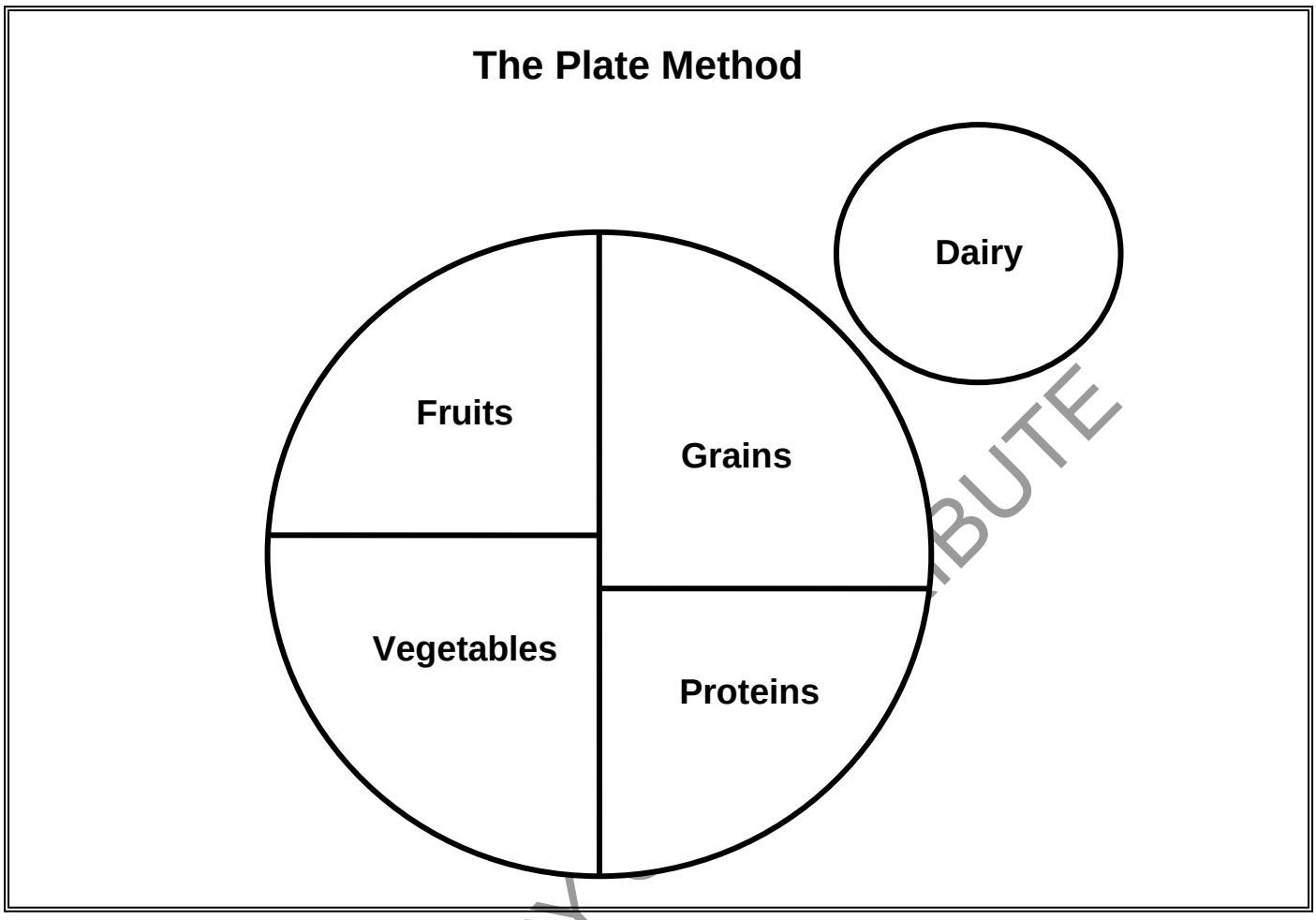
6. **Say in your own words, using Chart 15:** Here is the plate method that the U.S. Department of Agriculture has developed for most people. There is a different plate for people with diabetes, which you can find on page 341 of the *Living a Healthy Life* book.

(Chart 15 on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 15



DO NOT COPY OR DISTRIBUTE

The plate should be about 9 inches across. It is divided in half. Then, each half is divided in two, but notice that the four sections are not of equal size. That is because at each meal, your plate should have:

[**Instructions to Leaders:** Point to plate as you explain the following]

- On the left side of the plate, more vegetables than fruit
- On the grain and proteins side, more grains than proteins
    - Grains should come from whole grains, like whole wheat bread and tortillas, grits, pasta, brown rice, etc.
    - Proteins should come from either lean animal or plant sources
- To this you can add a glass of low-fat milk or some other dairy product like yogurt or substitute like soy milk.

7. **Say:** Now one last true or false statement:

© Self-Management Resource Center, 2020

The best way to lose weight or to eat more healthfully is to know what you are eating and to start by making small gradual changes.

Answer: This is true, and this is also why we asked you to keep a food diary for homework last week.

8. **Say:** Take a minute to think about what you learned from keeping a food diary.

Ask: What is one change you might make?

Instructions to Leaders: If time allows go around the whole group. If not, take 3-5 call outs.

9. **Say in your own words:** For next week we would like you to bring in one or two food labels from your favorite packaged or canned foods. We are going to use these for next week's activity. Also, if you have found one change you would like to make in your eating plan, you might consider making an Action Plan to help you get started.

DO NOT COPY OR DISTRIBUTE

Activity 6 — 20 minutes
MAKING AN ACTION PLAN

Materials

- Chart 5, Parts of an Action Plan
- Action Plan Flow Chart, Appendix II

1. **Say in your own words:** Now it's time to make our Action Plans for this week. This is something we will do each week.

   Remember that Action Plans allow us to achieve what we want or decide to do by breaking down the activity into smaller, more "doable" steps or tasks.

2. **Say in your own words, pointing at Chart 5:** Let's hear everyone's Action Plan, looking at parts #4 and #5 on our chart:

© Self-Management Resource Center, 2020

Chart 5

Parts of an Action Plan

1. **Something YOU want or decide to do**
2. **Achievable**
   Something you can expect to be able to do this week
3. **Action-specific**
   For example, losing weight is not an action or behavior, but replacing snacks with fruit between meals is; losing weight is the RESULT of actions
4. **Answer the questions:**
   What? (specific action)
   How much? (time, distance, amount)
   When? (time of day or which days of the week)
   How often? (number of days in the week) *avoid "every day"*
5. **Confidence level of 7 or more**
   On a scale of 0=not at all sure to 10=totally sure

COPY OR DISTRIBUTE

3. **Say in your own words:** We'll start with our own Action Plans for the week.

IMPORTANT MODELING MOMENT

4. **Instructions to Leaders: One Leader should go through each step on Chart 5 (pointing at each step while standing next to it), using his or her own Action Plan. Start by saying what you are trying to accomplish such as exercise more.**

PREPARE BEFORE SESSION: Leaders should prepare Action Plans in advance with each other, remembering that the Leaders' Action Plans will be **MODELS** for the rest of the participants. This means that your Action Plan should be something you really want to do and will complete.

If possible, at least one Leader's Action Plan should be around behaviors taught in the workshop (e.g., exercise or relaxation techniques). Also, it should appear reasonable to the participants. (For example, even if you walk 5 miles a day, tailor your Action Plan so it is not too intimidating to the group. Make a plan for a half a mile a day instead.)

© Self-Management Resource Center, 2020

Leaders should make Action Plans around different things, for example, one might be about exercise, and the other about relaxation. Be careful to make the Action Plan for 3-4 times a week, rather than 5-7, and report a confidence level of 7-9.

5. **Say in your own words:** Now my partner will share his/her plan.

IMPORTANT MODELING MOMENT

Instructions to Leaders: The second Leader reports his or her Action Plan, answering each of the questions on Chart 5 as the first Leader points to them.

6. **Instructions to Leaders:** Emphasize that Action Plans must be:

   - something you ***want or decide to do***
   - ***achievable***, that is you can expect to achieve it in the next week

7. **Say in your own words:** Please tell us your Action Plan for this week, and how sure you are that you will complete the plan, 0 being not at all sure and 10 being totally sure.

8. **Instructions to Leaders:** Ask for a volunteer to start reporting actions plans and then go around the room from that person (do not ask for a second volunteer).

   Point to each step (what, how much, when, how often, confidence level) on Chart 5 as each participant reports their plan.

9. **Instructions to Leaders:** If confidence level is less than 7, ask the participant what the problem might be and if they encounter the problem, what would they do.

   Ask the participant if they would like suggestions from the group.

   If they say yes, have the group offer 4-5 suggestions and the original participant should not comment.

   After all the comments ask the participant “If you have (name the problem) what will you do?” Participants can change the plan if they wish.

   Ask the participant to state the new or amended Action Plan, starting with “I will”.

© Self-Management Resource Center, 2020

10. If someone is having trouble writing a clear Action Plan (i.e., specific activity, times per day, days per week), go through the same steps as above, **asking other group members for suggestions** *before* you help.
    Do not spend more than 3 minutes with any one person. If someone is having problems, work with them individually *afterwards*.

    If someone does not want to make an Action Plan say that is OK and that you will come back to them later—then go back to the person after everyone has made their plan. If they still do not want to make a plan that is OK.

NOTE TO LEADERS: See Making an Action Plan Flow Chart in Appendix II for details on how to help someone make an Action Plan.

Activity 7 — 5 minutes
CLOSING

1. **Instructions to Leaders:** Remind participants to **begin monitoring their fitness** by using either the self-rating of exertion or talk test and to write down the results if they wish. Tell them we'd like them to share what they learned in Feedback next week.

2. **Instructions to Leaders:** Invite participants to review what was covered today in *Living a Healthy Life.* Let them know that the book is not a workbook, but a reference book, so there is more in the book than is covered in the workshop.

   The reading for each session is listed on the back of their "Workshop Overview" handout.

3. **Say in your own words:** Next week, we will be discussing better breathing, more on healthy eating, communication skills, and helping each other solve problems.

4. **Instructions to Leaders:** Ask participants to **choose a new buddy** (other than their spouse or significant other) to call this week. (Optional)

5. **Instructions to Leaders:** Remind participants to **keep track of their Action Plans** daily and to be ready to tell the group about them next week.

6. **Instructions to Leaders:** Collect name tags.

7. **Instructions to Leaders:** Stay around for 15 minutes or so to answer questions and straighten the room.

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

SESSION FOUR

Purpose

- To introduce the causes of shortness of breath
- To assist participants in practicing better breathing
- To identify serving size and key nutrients on labels
- To introduce techniques for improving communication
- To allow participants to practice problem-solving
- To allow participants an opportunity to help others

Objectives

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

1. Describe at least 4 causes of shortness of breath.
2. Demonstrate diaphragmatic and pursed-lip breathing.
3. Identify the serving size and amounts of key nutrients in a serving by reading a food label.
4. Name at least 4 ways to choose and/or prepare healthier foods.
5. Discuss how to solve communication problems using the problem-solving steps.
6. Make an Action Plan for the coming week.

Materials

- Charts:
  - 1: Guidelines **(post at all sessions)**
  - 3: Self-Management Tool Box **(post at all sessions)**
  - 4: Brainstorming **(post at all sessions)**
  - 5: Parts of an Action Plan **(post at all sessions)**
  - 6: Problem-Solving Steps **(post at all sessions)**
  - 7: Symptom Cycle **(post at all sessions)**
  - 16: Reasons for Shortness of Breath
  - 17: Communication Skills
- Name tags
- Blank flip chart and felt pens, whiteboard and erasable pens or blackboard and chalk
- *Living a Healthy Life with Chronic Conditions*
- Paper, extra pencils
- Kleenex

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Reading for Leaders' Preparation:

- *Living a Healthy Life,* Chapter 2, pages 25-26; Chapter 4, pages 69-71; Chapter 5, pages 98-106; Chapters 10 and 11
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II
- *Leader's Manual*, Feedback Flow Chart, Appendix II

Agenda

Post this agenda at the beginning of the meeting:

Session Four Agenda

Activity 1: Feedback (20 minutes)
Activity 2: Better Breathing (15 minutes)
Activity 3: Reading Food Labels – Part I (20 minutes)
Activity 4: Exercise Practice (5 minutes)
BREAK (20 minutes)
Activity 5: Problem-Solving (25 minutes)
Activity 6: Communication Skills (25 minutes)
Activity 7: Making an Action Plan (15 minutes)
Activity 8: Closing (5 minutes)

DO NOT

© Self-Management Resource Center, 2020

Activity 1 — 20 minutes
FEEDBACK

Materials

- Feedback Flow Chart, Appendix II

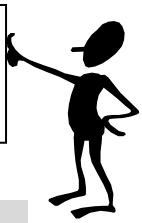
Instructions to Leaders: Encourage participation of all members. Not more than 3-5 minutes should ever be spent on one person. People who discuss their Action Plans earlier will probably need more time than those who come later. Do not spend all of your time with "yes buts" or other "real" problem people (the general rule is that if someone has said "yes but" three times, you should go on to someone else. Deal with these folks during the break. Please review the **Feedback Flow Chart in Appendix II** to help you make appropriate responses to each participant. This activity works best if one Leader leads the activity and the second Leader follows the feedback with the flow chart and helps as needed.

1. **Say:** Welcome back! The first thing we're going to do today is to report back on the Action Plans we made last week. Each of us will share our experiences in completing our Action Plans.

   I'll start, and then my partner will report.

   Instructions to Leaders:

   IMPORTANT MODELING MOMENT

   - Start with yourself as a model but make it very short.
   - If one Leader encountered problems, he/she should model that a modification was made and then the plan was completed.

2. **Say in your own words:** Now we'd like to hear about your Action Plans. We'll start with the first volunteer and will go around the room from that person.

   a. First, tell us what your Action Plan was for the past week.

   b. Then tell us how well the Action Plan was completed. You can use words like:
      - completed
      - partially completed

NOT A COPY OR DIS

© Self-Management Resource Center, 2020

- was not able to complete
- changed it to another plan. Sometimes plans need to be changed and if this occurred and you substituted something else, this is good self-management.

c. If you were not able to complete your plan or if you changed your plan, describe the barriers that prevented you from completing your Action Plan or caused you to change it. If you changed it, tell us how you changed it.

d. If you began monitoring your fitness by using either the self-rating of exertion or talk test, please share with us what you learned.

3. **Instructions to Leaders: Respond to each participant using the following examples.**

In addition to the following these instructions, make sure you review the Feedback Flow Chart in Appendix II.

If someone reports their confidence level ↓	If they were successful ↓	If they met obstacles and adjusted or changed their Action Plan successfully ↓	If there were problems and the person was partially successful ↓	If there were problems and the person was unsuccessful ↓
tell them that we don't need to report confidence levels from last week	congratulate them	congratulate them for being a good self-manager	comment on the good start they have made (but do not congratulate), and then problem-solve (see problem-solving steps below) with the group, if the person wishes to do so	go through the steps of problem-solving:

© Self-Management Resource Center, 2020

Problem-Solving Steps to use with the group if a problem was shared:

STEP 1

Ask the person to state the problem he/she had in completing the plan. Ask him/her to be specific.

STEP 2

Ask the person if he/she has any ideas of how to solve the problem or did he/she try a solution. Stop here if the person has ideas or has already tried a solution.

STEP 3

If the problem is not solved, ask the individual if he/she would like to hear some suggestions from the group on how to solve the problem. If yes, then continue with the next steps. If not, move on to the next participant.

STEP 4

Ask the group by a show of hands if anyone else has ever had this problem.

STEP 5

Ask the group to **give 4 or 5 possible solutions.** These suggestions should be given without comment or discussion.

STEP 6

Tell the person with the problem to just listen to the ideas, and not to respond. The group Leaders can also offer suggestions, but *not until* others in the group have participated.

STEP 7

When you have 5 possible solutions stop the brainstorm, or if you see there are more ideas, tell the group that you'll take one more and then stop the brainstorm. Suggest that they catch the person at break to share their idea.

Leaders may write these on the board or flip chart or suggest that the person with the problem jot them down. If you suspect that your group may have people who cannot read, suggest that they remember the ideas instead of writing them down.

(Continued on the next page)

© Self-Management Resource Center, 2020

STEP 8

Ask original participant if he/she could use any of the ideas suggested and, if so, which one. Recommend that participant make a note of the helpful suggestion or remember it.

If no suggestions seem workable, then tell the person you will talk more with them during the break - and do so.

REMEMBER, DO NOT SPEND A LOT OF TIME ON ANY ONE PERSON. AFTER THREE "YES BUTS," GO ON TO THE NEXT PERSON.

COPY OR DISTRIBUTE

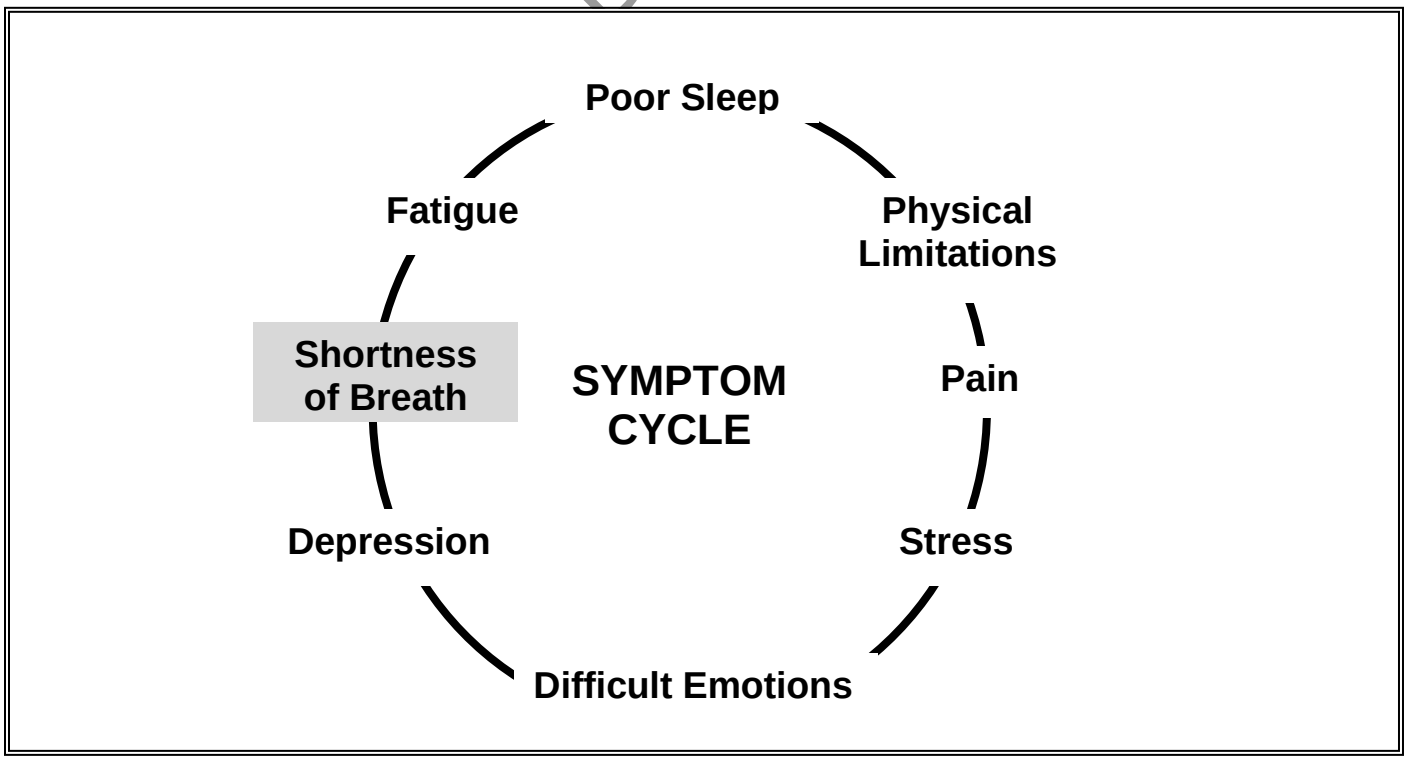
Activity 2 — 15 minutes
BETTER BREATHING

Materials

- Chart 7, Symptom Cycle
- Chart 16, Reasons for Shortness of Breath

1. **Say in your own words, pointing to Shortness of Breath on Chart 7:** Most of us can benefit from better or more efficient breathing, regardless of whether we have a chronic health problem or not.

Chart 7



© Self-Management Resource Center, 2020

2. **Say in your own words:** Shortness of breath is a common symptom that can result from many conditions such as heart disease, lung disease, stress, anxiety, poor fitness, obesity, or even from desirable causes such as physical activity and exercise. Some of the reasons for shortness of breath include:

Chart 16

Reasons for Shortness of Breath

- **Damaged lungs**
  Such as with emphysema or COPD
- **Weakened heart**
  It can't pump the oxygen in the blood as well
- **Increased demands**
  Such as with exercise
- **Narrowed breathing passages**
  Such as with asthma
- **Low number of red blood cells**
  Anemia
- **High altitude**
  Because there's less oxygen
- **Excess body weight**
  Lungs don't have as much room to expand and the heart must work harder
- **Stress and anxiety**
  Which cause rapid, shallow breathing and the heart to beat faster
- **Smoking or secondhand smoke**
  That damage our lungs

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

3. **Say:** Now let's brainstorm:

What are some things you can do to manage or avoid shortness of breath?

4. **Instructions to Leaders:** Read back the items from the brainstorm and ask if any need clarification. Add any of the following if they were not already mentioned:
   a. use appropriate breathing techniques
   b. use inhalers properly
   c. muscle strengthening exercises for the chest
   d. graded exercise program
   e. avoid exercising in cold dry air
   f. reduce stress
   g. practice relaxation techniques
   h. good posture
   i. avoid dust or other irritants
   j. avoid being around smokers or allowing smoking in the house
   k. stop smoking

COPY OR DISTRIBUTE

Chart 3

Self-Management Tool Box

Physical Activity	**Problem-Solving**
Medications	**Using Your Mind**
Decision-Making	**Understanding Emotions**
Action-Planning	**Communication**
Breathing Techniques	**Healthy Eating**
Sleep	**Working with Providers**

© Self-Management Resource Center, 2020

5. **Say in your own words:** Most of us have experienced shortness of breath at some time in our lives, whether it is from a chronic condition like asthma, an acute illness like a bad cold, or from increased physical activity or exercise.

   a. **[Point to Breathing Techniques on Chart 3]** So, even if we do not normally have breathing problems, there are some techniques we can all learn to help us breathe better.

   b. These techniques can also be used to help relieve stress and relax tense muscles. By practicing better breathing techniques we can energize both the mind and body.

6. **Say in your own words:** Two techniques we can use to improve our breathing are **pursed-lip breathing** and **diaphragmatic or belly breathing**. These are often done together.

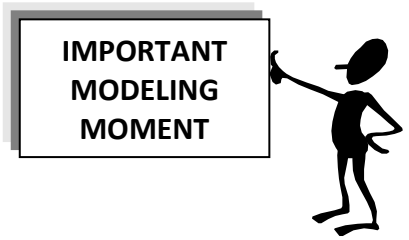
   a. The first and easiest technique for all of us to use is **pursed-lip breathing**, which helps us to empty our lungs of used air by exhaling slowly and completely through the mouth with pursed or puckered lips.

   b. Then, there is **diaphragmatic or belly breathing**. The name comes from the word diaphragm, which is the muscle below the chest that is used for deep breathing. We often call this belly breathing because when it is done correctly the diaphragm moves down and belly expands. Belly breathing is particularly helpful when we are feeling stressed, or when lung disease restricts our lung capacity.

7. **Say in your own words:** First, my partner and I are going to explain and demonstrate briefly how to do these two types of breathing together. Then, you can do them with us.

DO NOT COPY OR DISTRIBUTE

Instruction to Leaders: One leader should demonstrate the pursed-lip and belly breathing, while the other leader describes how to do it.



Say in your own words:

   a. First, relax your shoulders. Then place one hand on your belly just above your belly button and below your breastbone, and the other hand on your upper chest.

© Self-Management Resource Center, 2020

b. Now breathe in through your nose SLOWLY. (If you can't breathe in through your nose, then breathe in through your mouth.) As you breathe in you should feel your belly expanding like a balloon filling with air. At the same time, you should feel only a little movement in the upper chest area.

c. Next, purse your lips gently, as if you are going to whistle, and breathe out slowly through your pursed lips, while at the same time gently contracting your stomach muscles. Let the air flow out slowly, **DO NOT** force it out.

8. **Say this in your own words:** Now we are going to practice.

Instructions to Leaders: During this practice one leader should move around the room to see that the participants can do it. If someone is having trouble, work with them during the break or after the workshop.

a. Find a comfortable position. You can either stand or sit.

b. Relax your shoulders and place one hand on your belly and the other on your chest as we demonstrated.

c. Breathe in slowly through your nose or mouth and out through pursed lips at your own rate. With each breath in imagine the air moving down and filling your belly.

d. As you exhale, breathe out through pursed lips like you are going to whistle or blow out a candle. It should take you twice as long to exhale as it does to inhale.

e. If you feel lightheaded, you are breathing in and out too fast, so slow down a bit especially as you exhale.

9. **Say in your own words:** Often people with breathing problems try to hurry through activities to finish before they run out of breath. Rather than doing that, remember to slow down, breathe more deeply and use moderation when doing your activities.

   For example, if someone wants to walk for exercise, this person could walk for one minute and rest - walk for another minute and rest, and so on. In this way, the person will be more active during the day, rather than exercising more intensely once and wearing themselves out for the rest of the day.

DO NOT COPY OR DISTRIB

© Self-Management Resource Center, 2020

10. **Say in your own words:** If belly breathing is difficult for you, try practicing it at home while lying down. That is an easier position for beginners or for those having problems with this technique.

11. **Say in your own words:** Remember these breathing techniques can be used in preparation for and during several types of relaxation exercises and are helpful to practice during your physical activities and exercise routine.

Activity 3 — 20 minutes
READING FOOD LABELS – PART I

Materials

- Chart 3, Self-Management Tool Box
- 10-15 food labels

1. **Instructions to Leaders:** Before the activity starts, ask the participants to take out their books and turn to page 237 and to take out the food labels they brought from home. If any participants do not have labels, pass out the extra labels to them.

   Also, because this activity is long, leaders should share facilitating the whole activity. One leader will start reviewing the label and the other leader will continue about half way through the activity at about #7.

2. **Say in your own words, pointing to Healthy Eating on Chart 3:** Last week we talked about some of the basics of healthy eating. This week we are going learn about a key tool that can help us make decisions about how much to eat and the quality or nutritional value of the food we eat.

(Chart 3 on the next page)

DO NOT CO TRIBUTE

© Self-Management Resource Center, 2020

Chart 3

Self-Management Tool Box

Physical Activity	**Problem-Solving**
Medications	**Using Your Mind**
Decision-Making	**Understanding Emotions**
Action-Planning	**Communication**
Breathing Techniques	**Healthy Eating**
Sleep	**Working with Providers**

DO NOT COPY OR D

3. **Say in your own words:** In this activity we are going to focus on how to make sense of the information we find on food labels. These labels give us a lot of facts about different nutrients. So, learning what this information means can help us find out what we are eating. Remember, everything we will cover in this activity is also in your book.

   Let's get started. Open your books to page 237 and look at the example of a food label.

4. **Say in your own words:** Remember last week we talked about a serving.

   Ask: Can anyone tell me what a serving is?

   Answer: A serving is the standard measure used to find the nutrients and calories found in that amount of food. This is used on food labels. The serving size can be different than a portion which is what you actually put on your plate to eat. A portion may be larger or smaller than a serving size.

© Self-Management Resource Center, 2020

a. The first facts on this food label we want to look at are **Serving Size** and **Servings Per Container.**

b. **Instructions to Leaders:** Ask the following and be sure the group hears the correct answer. If a wrong answer is given, give the correct answer and go on to the next questions. **For the call outs ask for volunteers but do not choose the same person more than once**.

Ask: What is the serving size of this food?

Answer: 2/3 cup

Say: Let's say that this food was ice cream and you ate two cups. How many servings would you have eaten?

Answer: 3

(**Instructions to Leaders:** Show the math on the board or chart pad paper in any of these ways: 1 cup = 1 ½ servings so 2 cups = 1 ½ + 1 ½; or 2/3 + 2/3 + 2/3 = 6/3 = 2 cups

	1/3		1/3			
+	1/3	+	1/3			
+	1/3	+	1/3			
	1 cup	+	1 cup	=	2 cups	

c. Everything listed on this food label shows how much is in one serving, so if you eat three servings you must multiply everything by three. For example, there are 230 calories per serving of this food so three servings would be 690 calories (230 x 3 = 690).

(**Instructions to Leaders:** Show the math on the board or chart pad paper.)

5. **Say in your own words:** Let's look at **calories** for a minute. A calorie is a measure of energy. It is a little like gas in a car; it provides energy to keep you going.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

a. Unlike a car, the body stores energy; it does this by creating fat. If you want to lose weight you have to eat less calories than your body is using. Our weight is determined by several factors like heredity, health condition and physical activity. For most people, 1500 to 2000 calories a day will keep you at a steady weight. If you would like to lose weight, you might begin by cutting just 100 calories a day. This could mean a loss of ten pounds over a year.

b. Next week, we will ask you to keep a food diary again. This time please pay special attention to how much you are eating (how many servings) and the total number of calories. You may even want to measure some of your portions to see how many servings you are eating.

6. **Say in your own words, pointing to this column on the label in the book:** Next look at **Percent (%) Daily Value**. These are daily recommendations for some of the nutrients on the label. The % Daily Value tells you what percentage of that nutrient you get from one serving of this food. If you are trying to eat less of something, like fats or carbohydrates, you want to look for low percentages.

7. **Say in your own words:** The next item on the food label is **fats**. Ounce for ounce, foods with fat have more calories than those with little or no fat. Ounce for ounce, fats have about twice the calories as other nutrients like proteins or carbohydrates. Let's look at **total fats** on the label.

   a. The total fat number includes both the healthier fats or **unsaturated fats**, which are those that are liquid at room temperature such as olive oil and vegetable oils, and the less healthy fats or **saturated fats** that tend to be solid at room temperature such as animal fats like butter and lard.

   b. Another kind of fat, **omega-3s**, can be helpful in reducing the risk of heart disease and may help with rheumatoid arthritis symptoms. Omega-3s are found in fatty fish such as salmon, mackerel, trout, sardines and tuna. They are also found in some other foods. You can find more about this by reading your book.

   c. The bad or unhealthier fats (also called **saturated fats and trans fats**) increase our blood cholesterol and risk for heart disease. For a clue as to whether there is trans-fat in a food, look for the words "partially hydrogenated oils" in the list

DO NOT COPY OR DISTRIBUTE

of ingredients. If those words are there it means the food has trans-fat. The best advice is to eat as little trans-fats as possible.

d. If you want to eat less or if you tend to eat more than one serving, look for values of 5% or less for fats.

8. **Ask:** Does this food on the label in the book have any bad fat in it?

Answer: Yes, a little. Look [**Instructions to Leaders**: point to saturated fat].

Ask: Now look at the food label you brought from home. Does that food have any bad fat?

9. **Ask:** What is the name of the food, the serving size and percent of saturated fat?

[**Instructions to Leaders**: Take a few answers. It is not necessary to ask everyone.]

10. **Say in your own words:** We hear a lot about cholesterol; this is a part of every cell. However, too much cholesterol can clog our blood vessels causing heart attacks and strokes. Our bodies make cholesterol, but our cholesterol levels increase if we eat saturated and trans fats.

    a. In food, cholesterol comes from the saturated fats in animals, shellfish and processed foods. To learn if a specific food is high or low in cholesterol, look at the "% Daily Value" column. Any value of 20% or more is high. This food will also be higher in saturated fat.

    b. **Say:** Again, look at the labels you brought from home. Does anyone have a cholesterol daily value of 20% or more? If so, tell us what the food is.

    c. **Ask:** Does anyone have a food with no cholesterol? If so, tell us what food this is.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

11. **Say in your own words while looking at page 240 in the book:** Please open your books to page 240. Here are some tips for choosing and preparing foods lower in fat. These include:

    a. Limiting meat, fish and poultry to 3-ounce portions, which is about the size of a deck of cards or the palm of your hand.

    b. Not eating poultry skin because it has lots of saturated fat.

    c. Eating more deep-water fish such as salmon, tuna and mackerel.

    d. Buying leaner cuts of meat such as round, sirloin or flank.

    e. Trimming off excess fat before cooking.

    f. Using low or non-fat dairy products which include milk, cheese, sour cream, cottage cheese, yogurt and ice cream.

    g. Using nonstick pans, sprayed cooking oil or broth in small amounts.

    h. Broiling, barbecuing or grilling meats and avoid frying or deep-frying foods.

    i. Skimming fat from stews and soups during cooking. Refrigerate them overnight so the solid fat lifts off easily.

    j. Using less butter, gravies, creamy sauces, spreads and salad dressings

    k. Using oil or soft tub margarine when cooking and baking; instead of shortening, lard, butter or stick margarine.

12. **Say in your own words:** The next nutrient on the food list is the mineral, **sodium.** Many foods have sodium, but the important one to watch out for is salt.

    a. Most people eat a lot more sodium than they need. This can be a problem because sodium can raise blood pressure which can lead to heart disease, stroke, and kidney failure.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

b. Most adults should limit sodium to 2,300 mg a day, which is about 1 teaspoon of table salt. Your doctor may suggest a lower limit. We get most of our sodium from salting our foods, eating processed foods, and eating out.

13. **Say:** Here is another quiz. **Which of the following foods are high in sodium? Pickles, tomato sauce, tortillas, canned soups, pork rinds, processed cheese, hot dogs?**

Answer: All of these. Remember, sodium is often hidden. You can find out more about sodium and how to cut down on your sodium intake in your book.

14. **Say in your own words:** When looking at food labels it is best if the % Daily Value for sodium is 5% or less. You can see the food on our label in the book is 7% which is a bit over. Twenty percent or more is considered high in sodium.

Say: Looking at your labels from home, raise your hands if any of you have foods that have 10% or more of the daily recommended sodium amount.

Ask: What is the food and what is the percent of sodium?

Instruction to Leaders: Have a few people tell what their food is and how much sodium it has.

15. **Say in your own words:** We have gotten about half way through the food label. We will do more with this next week. In preparation for our discussion please do two things.

a. First, remember to bring your food labels again next week; they do not have to be the same labels.

b. Also, keep a food diary again for one weekday and one weekend day. Pay attention to the amount you eat, that is your portion sizes to see if these portions are more or less than a recommended serving.

c. Also, look at the amounts of calories, fat and sodium you are eating, especially the amount of saturated and trans fats. We will report back next week.

DO NOT COPY OR DISTRIBUTE

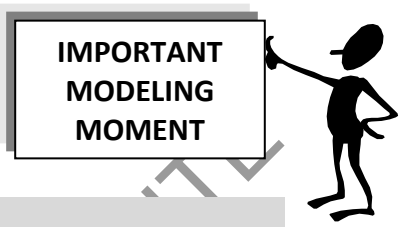
© Self-Management Resource Center, 2020

Activity 4 — 5 minutes
EXERCISE PRACTICE

Materials

- Living a Healthy Life book, Chapter 8, pages 183 and 186

1. **Instructions to Leaders:** Invite participants to do this brief set of exercises. If anyone does not want to participate, do not insist. When there is an option to do the exercise seated or standing one leader should model the exercise seated and the other leader standing.



Have your book open to the page of each exercise to look at while explaining and modeling the exercise to the group.

2. **Say in your own words:** We are now going to do two flexibility exercises that are especially important for posture. They are labelled as VIP – Very Important for Posture – in the book.

Say:

- The first exercise is called Heads Up. It is easiest to do this exercise while seated. The purpose of this exercise is to move your head back, so it is more balanced over your neck and shoulders for better posture.

- Sit up straight, relax your shoulders. Look in front of you and notice where your head is in relation to your neck and shoulders.

- To do this exercise correctly it helps to place your thumb on the tip of your chin and your index finger on the tip of your nose. Keep your fingers steady and pull your head straight back away from your fingers.

- Feel the back of your neck straighten; you'll get a bit of a double chin.

- Hold it there for a count of 5 and then relax.

- Try this a couple of times. Pull your chin back, hold for a count of 5 and then relax.

DO NOT COPY OR DIS

© Self-Management Resource Center, 2020

- At home, do this at your own speed about five times to learn what good head posture feels like. Also, try doing it during the day to remind yourself of good posture.

3. **Say:** The second exercise is called Good Morning. You can do this seated or standing. This gentle stretch is good to do any time you have been sitting for a while. (**Instruction to Leaders:** One do it seated and the other standing).

   - Begin by crossing your arms at the wrists in front of you with your palms facing your body and your hands in loose fists.

   - Relax your shoulders and look straight ahead.

   - In an easy motion, uncross your wrists and roll your palms outwards as you gently raise your hands toward the ceiling.

   - As you move your arms up and out, stretch out your fingers and straighten your wrists and elbows as much as you can. You are moving from a position of arms in and down to arms up and out like you are greeting the day or saying hello to the sun.

   - When this exercise starts to feel comfortable and you can move smoothly, try holding weights in your hands to give some more resistance, making this a strengthening exercise as well.

4. **Say in your own words:** Now let's take a break. When we come back, we will work some more on problem solving.

DO NOT COPY OR DISTRIBUTE

BREAK	**20 minutes**

© Self-Management Resource Center, 2020

Activity 5 — 25 minutes
PROBLEM-SOLVING

Materials
- Chart 3, Self-Management Tool Box
- Chart 6, Problem-Solving Steps

1. **Say in your own words:** Over these last weeks we have shared with each other how having a chronic physical or mental health condition can present problems and challenges in our everyday lives. These may range from not being able to socialize with family and friends or being unable to do certain activities to being embarrassed because we need a cane or oxygen tank.

2. **Say in your own words, pointing to Problem-Solving on Chart 3:** Because being able to solve problems is such an important self-management tool, we are going to practice this skill yet again.

Chart 3

Self-Management Tool Box

Physical Activity	**Problem-Solving**
Medications	**Using Your Mind**
Decision-Making	**Understanding Emotions**
Action-Planning	**Communication**
Breathing Techniques	**Healthy Eating**
Sleep	**Working with Providers**

COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

3. **Say in your own words, referring to Chart 6:** Back in week 2 we reviewed the problem-solving steps and we have been using these regularly to solve problems when they have come up during the workshop.

   Last week for homework, we asked you to think of a problem you are having so we could have the opportunity to share and help each other find a solution for that problem. So now we are going to break into pairs and practice using the first 3 problem-solving steps for the problems we have. In your pairs you will:

   a. First, identify the problem you have experienced lately but haven't solved.
   b. Then brainstorm some ideas for solutions with your partner.
   c. And finally, choose one of the ideas to try as a solution.

Chart 6

Problem-Solving Steps

1. **Identify the problem**
2. **List ideas**
3. **Select one**
4. **Assess the results**
5. **Substitute another idea**
6. **Utilize other resources**
7. **Accept that the problem may not be solvable now**

4. **Say in your own words:** Each of you will have about 4 minutes to work on your problem. At the end of 8 minutes we will get back together, and each person will report on their **partner's** problem and the solution they chose to try.

   Remember, if you don't want something shared with the whole group, either don't tell your partner about it or ask your partner not to discuss this with the group.

5. **Say in your own words:** Please break up into pairs. People with a chronic condition may pair up with each other and significant others or support members may pair up with each other. Most important, though, is that you ***do not*** pair up with the person you came with.

DO NOT DISTRIBUTE

© Self-Management Resource Center, 2020

We will let you know when it is the halfway point and then again, a minute before we come back together as a group.

6. **Instructions to Leaders:** One Leader should keep time, letting people know at 4 minutes that half their time is up. Don't let the entire pair and share go longer than 8 minutes.

   Reconvene the group.

7. **Say in your own words:** We would like each person to report **briefly** on:

   a. ***Your partner's*** problem
   b. 2 or 3 ideas for solutions you came up with
   c. Which solution your partner will try
   d. Please keep your reports brief

8. **Instructions to Leaders:** Ask for a volunteer to start, then his/her partner, next go around the room. Don't ask for volunteers after the first pair.

   At the end of each report, check with the partner to see that the report was correct, but don't allow the person to go into a lengthy "story;" **remind people to be concise in their reports.**

9. **Instructions to Leaders:** After all the pairs have shared, ask participants by a show of hands if anyone heard new ideas for solutions during the reports that they might add to their own list or might find useful in the future. Take only a few responses.

10. **Instructions to Leaders:** Ask participants **how it felt to help another person solve problems.** Point out that everyone, even those of us with problems of our own, can be helpful to others in this and other ways.

11. **Say in your own words:** Problem-solving is really our most important self-management tool because it enables us to use all the other skills and tools in our toolbox in the most effective ways.

    Over the next week, we encourage you to try out the solution you chose for your problem to see if it worked for you or not. If you'd like you can share this with us next week during the feedback activity.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

12. **Say in your own words:** Now, we are going to talk about communication skills, which is another tool that we can use to help solve some problems that often occur in our relationships with family, friends and our health care team.

Activity 6 — 25 minutes
COMMUNICATION SKILLS

Materials

- Chart 3, Self-Management Tool Box
- Chart 17, Communication Skills

1. **Say in your own words, pointing to Communication on Chart 3:** We'd probably all agree that good communication is important; it helps us form and keep all kinds of social relationships.

   a. We need good communication when we are managing a chronic health condition, where we need to find out information about our condition, keep others informed about our health, and help others to understand how they can help and support us.

   b. Without good communication skills, living with a chronic health condition can become even more difficult, and we may have problems in our relationships with our families, friends and health care team.

DO NOT COPY OR DISTRIBUTE

Chart 3

Self-Management Tool Box

Physical Activity	**Problem-Solving**
Medications	**Using Your Mind**
Decision-Making	**Understanding Emotions**
Action-Planning	**Communication**
Breathing Techniques	**Healthy Eating**
Sleep	**Working with Providers**

© Self-Management Resource Center, 2020

2. **Say in your own words:** In this activity we are going to discuss a couple of useful communication skills to help us better handle some of the common problems in many relationships.

   The first of these skills deals with how to let others know our needs and how to ask for help when needed. This is difficult for many people to do. Listen carefully to the following conversation between two friends and decide if there is a problem, and if so, what is it?

FIRST EXAMPLE:

Friend 1: Hello _____. I'm so sorry, but I can't go out to lunch with you today. I'm just too tired.

Friend 2: That's okay. I know that your condition is often unpredictable. Is there anything I can do to help?

Friend 1: No. I just have to live with it. There's nothing I can do about it.

Friend 2: Oh, well then, I guess I'll say bye for now. I'll talk to you soon.

Friend 1: OK. Bye

DO NOT COPY OR DISTRIBUTE

3. **Ask: Is there a problem here?**

Instructions to Leaders: If the participants do not identify that Friend 1 cut off the conversation early by not accepting help, **do not point this out yet**. Rather, have them listen to another version of the same conversation to see if they can notice the difference.

If they do identify that Friend 1 created a problem by cutting off communication, tell them that this is correct. Then have them listen to the second version of the conversation to see how this might change.

(Second script on next page)

© Self-Management Resource Center, 2020

SECOND EXAMPLE:

Friend 1: Hello _____. I'm so sorry, but I can't go out to lunch with you today. I'm just too tired.

Friend 2: That's okay. I know that your condition is often unpredictable. Is there anything I can do to help?

Friend 1: I really appreciate your understanding. Any chance of you picking up some food and coming here for lunch instead? I have to eat, and I'd still like to visit with you for a while.

Friend 2: That's a good idea. I'd love to come over. What type of food would you like?

Friend 1: Chicken and salad would be good. How about you?

Friend 2: Chicken and salad sounds good. See you around noon.

DO NOT COPY DISTRIBUTE

4. **Instructions to Leaders:** Ask participants what the difference was in the second dialogue.

5. **After they briefly discuss this, say in your own words:**

   a. Sometimes a breakdown in communication occurs when we don't say what we want or need, or we are not specific enough in our request. This is especially true when it involves asking for help.

   b. In the first example, the person with the health problem didn't let the friend know what was really wanted. Instead, this person gave in to the tiredness and gave up. By telling the friend nothing could be done, the person with the problem shut down any further communication.

   c. In the second example, the person with the health problem opened up and shared what was wanted, and the end result was better for both friends.

6. **Say in your own words:** Very often family and friends want to offer help, and it is our job to tell them how they can help or what it is that we need. We cannot expect them to "just know."

© Self-Management Resource Center, 2020

a. Also, it is important to try to be direct and specific in our requests, especially when asking for help to avoid any misunderstandings. In this way we are more likely to get positive results.

b. For example, “I know this may be asking a lot, but I need help grocery shopping. Would you help me?” is a general and vague request; whereas, “If I give you a short list would you mind picking up some groceries for me the next time you go to the store? I can come over later and pick them up at your house.” The second request is more specific, and the person is more likely to get a positive response.

7. **Say in your own words:** Sometimes we must deal with offers of help from others that we don’t need or want. Another skill that can help us turn down this help graciously is with a carefully worded “I message.” We are going to discuss this skill next.

8. **Say in your own words:** The use of the **“I message”** instead of a **“You message”** is another communication skill that allows us to express our feelings in a more positive way. This, in turn, can help us resolve some problems that come up in our relationships.

   a. By "I" we mean ourselves, not our “eyes”. [**Instructions to Leaders:** It helps if the Leader points to his/her eyes.]

   b. The "I message” **allows us to express concerns or feelings**, such as anger, frustration, fear, etc., in a constructive way without blowing up, seeming to blame others or causing defensiveness in others.

   c. A "You message,” on the other hand, tends to do these things as well as to block further communication.

9. **Say:** Let us give you an example of both “I” and “You” messages. Listen carefully to the differences in this dialogue and note how each one makes you feel.

Instruction to Leaders: You may use one or both of the following scripts to role-play an **“I message”** and **“You message”** version of a verbal exchange between a person with a chronic health condition and his/her partner.

(Scripts begin on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

SCRIPT #1 – Time Issues

"You Message" Example

Partner 1: Hurry up! You're always late.

Partner 2: You're always complaining, why don't you stop picking on me and just slow down!

Partner 1: I just think if you weren't so lazy, we wouldn't always be going through this every time we go out.

Partner 2: How dare you call me lazy! You try dealing with what I have to with my condition. You are so inconsiderate!

"I Message" Example

Partner 1: It's time to go and I'm afraid our friends are going to leave without us. Are you almost ready?

Partner 2: I'm running late because my new medication is making me really tired.

Partner 1: Oh, I forgot you started a new medication. Is there anything I can do to help?

Partner 2: Yes, thanks for asking. Can you call and tell our friends we're running late?

Partner 1: That's a good idea. Also, maybe we can talk more about this later so I can understand better about what is going on with you. Then we might be able to figure out ways to make things easier for both of us.

Partner 2: Sure, I think talking more would be good because I'm worried too.

(Script #2 on the next page)

© Self-Management Resource Center, 2020

SCRIPT #2 – Physical Intimacy

"You Message" Example:

Partner 1: You never want to make love anymore. Can't you just try to show some interest in us?

Partner 2: All you ever think about is sex. Right now, I have so many other things to worry about that I'm just not interested.

Partner 1: What about my interests? You're being very self-centered.

Partner 2: ME, self-centered! You're the one being self-centered!!

Partner 1: Oh, just forget it. Talking about this is getting us nowhere. It just makes things worse!

"I Message" Example:

Partner 1: I really miss making love with you.

Partner 2: I'm sorry, but right now I feel so overwhelmed with managing my condition. I just don't have the energy or desire that I used to.

Partner 1: I guess I never really thought about that. Still, I miss feeling close and intimate with you. When we make love, it helps me feel closer to you.

Partner 2: I understand that, I really do. I miss it too, but I just don't have the energy to make love.

Partner 1: Maybe we could just spend more alone time together. We don't have to make love; we could just hold each other. This will help me feel close to you.

Partner 2: That would be great. I do miss cuddling with you, but I didn't want you to think I was wanting to start something more. Talking about this is helpful.

10. **Say:** What differences did you notice between the two dialogues?

11. **After they have discussed this, say in your own words:** The use of the "I message" allowed their communication to reach a point where they were able to *express the real problem without blaming* each other.

    a. The "I message" also helped them to find a **solution** to the problem or to agree to discuss the issue more. Neither of them was left with hurt feelings.

© Self-Management Resource Center, 2020

b. The "You message" tended to be more aggressive and hostile, putting the receiver on the defensive. It also blocked further communication and the opportunity to find a solution to the problem.

12. **Instructions to Leaders:** Explain that we are now going to practice how we can replace "You messages" with "I messages."

Ask the group for 2 or 3 examples of "You messages" they use or have heard others use. **Do not make a long list—no more than 3.**

Be prepared to give personal ones, if needed, or use the following examples to get started. List these on the board or flip chart, leaving space after each one to add in the "I messages" beneath them in the next part of the practice.

Examples of "You messages:"

"You just don't understand what I'm saying. You just don't listen to me."

"You just sit around and never offer to help around the house."

"You don't appreciate me and all I do for you."

13. **Instructions to Leaders:** Next, referring to the list, ask participants to give some suggestions for replacing these with "I messages." Write the responses below each statement.

Be prepared to give personal ones, if needed, or use the following examples to get started.

Examples of "I messages:"

"I don't think I am making myself clear. Let me try to explain again."

"I need help with chores. Which of these will you help me with ____?"

"Sometimes I just really need to hear that what I do is appreciated."

14. **Say in your own words:** Sometimes using an "I message" can be difficult, especially at first. If this is the case, try a variation in which you state the situation and then tell how you feel about it. For example:

- When you come home late, I worry.
- When you won't hold me, I feel ugly or unwanted.

© Self-Management Resource Center, 2020

These may seem like “you messages,” but really do differ because they state a fact or situation and then what you feel about it. They are not aggressive or hostile and allow the person to express feelings.

15. **Say in your own words:** Here are some suggestions to help us improve our communication skills:

Chart 17

Communication Skills

1. **Identify**
   What is <u>really</u> bothering you and how you feel about it. This may not be easy and may take some honest thinking to achieve.

2. **Express your feelings**
   Constructively, in one of two ways:

   - **Use direct “I messages”**

     For example: “I feel I’m not being heard” is better than “You never listen to me.” When we first start using “I messages”, we need to watch out for hidden “You messages” that have “I feel” stuck in front of it, such as “I feel frustrated when you act like a jerk.” I messages are also good to use to express positive emotions and feelings to others, which help improve our relationships.

   - **Use “When this happens…I feel…”**

     For example: “When I’m not able to talk about my plans for future health care, I feel frightened that my wishes will not be carried out." For some, this way of expressing feelings might be easier than the more direct form.

3. **Listen attentively**
   Sometimes we are so anxious to respond that we don’t really hear what others are saying to us. Try waiting a few seconds after the other person has finished before responding. Good listening is the other part of good communication.

4. **Clarify**
   Repeat what you think you heard using your own words, then ask for clarification. For example, “Something about discussing advanced directives bothers you. Can you tell me what it is?"

© Self-Management Resource Center, 2020

16. **Say:** These skills can be useful when communicating with our partners, friends, coworkers, and health care providers. We will be talking more about working with our health care providers in Session 6 and will have an opportunity to practice how to use the "I messages" with them. Also, there is more information on other aspects of communication, such as ways to reduce conflict, say no, as well as how to ask for, turn down and accept help in Chapter 11 of the *Living a Health Life with Chronic Conditions* book. So, please be sure to read that chapter.

Activity 7 — 15 minutes
MAKING AN ACTION PLAN

Materials

- Chart 5, Parts of an Action Plan
- Action Plan Flow Chart, Appendix II

1. **Say in your own words:** Now it's time to make our Action Plans for this week. This is something we will do each week.

   Remember that Action Plans allow us to achieve what we want or decide to do by breaking down the activity into smaller, more "doable" steps or tasks.

2. **Say in your own words, pointing at Chart 5:** Let's hear everyone's Action Plan, looking at parts #4 and #5 on our Chart:

(Chart 5 on the next page)

DO NOT COPY OR DISTRIBUTE

Chart 5

Parts of an Action Plan

1. **Something YOU want or decide to do**
2. **Achievable**

   Something you can expect to be able to do this week
3. **Action-specific**

   For example, losing weight is not an action or behavior, but replacing snacks with fruit between meals is; losing weight is the RESULT of actions
4. **Answer the questions:**

   What? (specific action)

   How much? (time, distance, amount)

   When? (time of day or which days of the week)

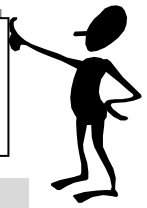
   How often? (number of days in the week) *avoid "every day"*
5. **Confidence level of 7 or more**

   On a scale of 0=not at all sure to 10=totally sure

COPY OR DISTRIBUTE

3. **Say in your own words:** We'll start with our own Action Plans for the week.

4. **Instructions to Leaders: One Leader should go through each step on Chart 5 (pointing at each step while standing next to it), using his or her own Action Plan. Start by saying what you are trying to accomplish such as exercise more.**



PREPARE BEFORE SESSION: Leaders should prepare Action Plans in advance with each other, remembering that the Leaders' Action Plans will be **MODELS** for the rest of the participants. This means that your Action Plan should be something you really want to do and will complete.

If possible, at least one Leader's Action Plan should be around behaviors taught in the workshop (e.g., exercise or relaxation techniques). Also, it should appear reasonable to the participants. (For example, even if you walk 5 miles a day, tailor your Action Plan so it is not too intimidating to the group. Make a plan for a half a mile a day instead.)

© Self-Management Resource Center, 2020

Leaders should make Action Plans around different things, for example, one might be about exercise, and the other about relaxation. Be careful to make the Action Plan for 3-4 times a week, rather than 5-7, and report a confidence level of 7-9.

5. **Say in your own words:** Now my partner will share his/her plan.

IMPORTANT MODELING MOMENT

Instructions to Leaders: The second Leader reports his or her Action Plan, answering each of the questions on Chart 5 as the first Leader points to them.

6. **Instructions to Leaders:** Emphasize that Action Plans must be:

   - something you ***want or decide to do***
   - ***achievable***, that is you can expect to achieve it in the next week

7. **Say in your own words:** Please tell us your Action Plan for this week, and how sure you are that you will complete the plan, 0 being not at all sure and 10 being totally sure.

8. **Instructions to Leaders:** Ask for a volunteer to start reporting actions plans and then go around the room from that person (do not ask for a second volunteer).

   Point to each step (what, how much, when, how often, confidence level) on Chart 5 as each participant reports their plan.

   See Appendix II, Making an Action Plan Flow Chart.

9. **Instructions to Leaders:** If confidence level is less than 7, ask the participant what the problem might be and if they encounter the problem, what would they do.

   Ask the participant if they would like suggestions from the group.

   If they say yes, have the group offer 4-5 suggestions and the original participant should not comment.

   After all the comments ask the participant “if you have (name the problem) what will you do?” Participants can change the plan if they wish.

   Ask the participant to state the new or amended Action Plan, starting with “I will”.

© Self-Management Resource Center, 2020

10. If someone is having trouble writing a clear Action Plan (i.e., specific activity, times per day, days per week), go through the same steps as above, **asking other group members for suggestions** *before* you help.

    Do not spend more than 3 minutes with any one person. If someone is having problems, work with them individually *afterwards*.

    If someone does not want to make an Action Plan, say that is OK and that you will come back to them later—then go back to the person after everyone has made their plan. If they still do not want to make a plan that is OK.

NOTE TO LEADERS: See Making an Action Plan Flow Chart in Appendix II for details on how to help someone make an Action Plan.

Activity 8 CLOSING — 5 minutes

1. **Instructions to Leaders:** Remind participants to keep the food diary again for one weekday and one weekend day. Pay attention to the amount you eat to see if these portions are more or less than a recommended serving. Also, look at the amounts of calories, fat and sodium you are eating, especially the amount of saturated and trans fats. We will report back next week

2. **Instructions to Leaders:** Invite participants to review what was covered today in *Living a Healthy Life.* Remind them that there is more in the book than is covered in the workshop and the reading for each session is listed on the back of their "Workshop Overview" handout.

3. **Say in your own words:** Next week we will do more label reading; we will also discuss medication usage, depression and communication with ourselves.

4. **Instructions to Leaders:** Ask participants to **choose a new buddy** (other than their spouse or significant other) to call this week. (Optional)

5. **Instructions to Leaders:** Remind participants to **keep track of their Action Plans** daily and to be ready to tell the group about them next week.

6. **Instructions to Leaders:** Collect name tags.

7. **Instructions to Leaders:** Stay around for 15 minutes or so to answer questions and straighten the room.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

SESSION FIVE

Purpose

- To identify serving size and key nutrients on labels
- To learn ways of following medication regimens
- To learn how to lessen medication side effects
- To introduce Relaxation Body Scan
- To discuss strategies for dealing with depression
- To introduce communication with ourselves

Objectives

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

1. Identify the serving size and amounts of key nutrients in a serving by reading a food label.
2. Discuss at least two ways of remembering when to take their medications.
3. Define the difference between a drug allergy and side effect.
4. Discuss at least two ways of lessening the side effects of their medications.
5. Utilize *Living a Healthy Life* and other resources to learn about their medications.
6. Practice relaxation body scan.
7. Name 5 symptoms of depression and discuss 3 means of managing minor depression.
8. Identify at least two ways to manage negative thinking.
9. Make an Action Plan for the coming week.

DO NOT COPY OR DISTRIBUTE

Materials

- Charts:
  - 1: Guidelines **(post at all sessions)**
  - 3: Self-Management Tool Box **(post at all sessions)**
  - 4: Brainstorming **(post at all sessions)**
  - 5: Parts of an Action Plan **(post at all sessions)**
  - 6: Problem-Solving Steps **(post at all sessions)**
  - 7: Symptom Cycle **(post at all sessions)**
  - 18: Purposes of Medications
  - 19: Unexpected Medication Effects
  - 20: Medication Responsibilities
  - 21: Ways to Manage Negative Thinking

© Self-Management Resource Center, 2020

***Materials**, continued*

- 10-15 food labels
- Name tags
- Easel
- Blank flip chart and felt pens, whiteboard and erasable pens or blackboard and chalk
- *Living a Healthy Life with Chronic Conditions*
- Paper, extra pencils
- Kleenex

OR DISTRIBUTE

Reading for Leaders' Preparation:

- *Living a Healthy Life,* Chapter 5, pages 110-116; Chapter 6, pages 137-143 and 150-159; Chapters 10 and 13
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II
- *Leader's Manual*, Feedback Flow Chart, Appendix II

Agenda

Post this agenda at the beginning of the meeting:

Session Five Agenda

Activity 1: Feedback (20 minutes)

Activity 2: Reading Food Labels – Part 2 (25 minutes)

Activity 3: Medication Usage (20 minutes)

Activity 4: Relaxation Body Scan (10 minutes)

BREAK (20 minutes)

Activity 5: Dealing with Depression (15 minutes)

Activity 6: Communicating with Ourselves (20 minutes)

Activity 7: Making an Action Plan (15 minutes)

Activity 8: Closing (5 minutes)

© Self-Management Resource Center, 2020

Activity 1 — 20 minutes
FEEDBACK

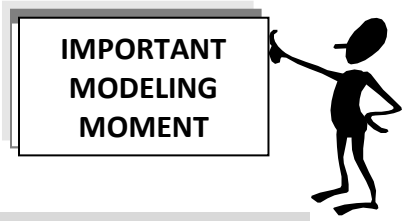
Materials

- Feedback Flow Chart, Appendix II

Instructions to Leaders: Encourage participation of all members. Not more than 3-5 minutes should ever be spent on one person. People who discuss their Action Plans earlier will probably need more time than those who come later. Do not spend all of your time with "yes buts" or other "real" problem people (the general rule is that if someone has said "yes but" three times, you should go on to someone else. Deal with these folks during the break. Please review the **Feedback Flow Chart in Appendix II** to help you make appropriate responses to each participant. This activity works best if one leader leads the activity and the second leader follows the feedback with the flow chart and helps as needed.

1. **Say:** Welcome back! The first thing we're going to do today is to report back on the Action Plans we made last week. Each of us will share our experiences in completing our Action Plans.

   I'll start, and then my partner will report.



   Instructions to Leaders:

   - Start with yourself as a model but make it very short.
   - If one Leader encountered problems, he/she should model that a modification was made and then completed.

2. **Say in your own words:** Now we'd like to hear about your Action Plans. We'll start with the first volunteer and will go around the room from that person.

   a. First, tell us what your Action Plan was for the past week.

   b. Then, tell us how well the Action Plan was completed. You can use words like:
      - completed
      - partially completed
      - was not able to complete it

DO NOT COPY OR DIS

© Self-Management Resource Center, 2020

- changed it to another plan. Sometimes plans need to be changed and if this occurred and you substituted something else, this is good self-management.

c. If you were not able to complete your plan or if you changed your plan, describe the barriers that prevented you from completing your Action Plan or caused you to change it. If you changed it, tell us how you changed it.

3. **Instructions to Leaders: Respond to each participant as follows.**

Make sure you review the Feedback Flow Chart in Appendix II.

If someone reports their confidence level ↓	If they were successful ↓	If they met obstacles and adjusted or changed their Action Plan successfully ↓	If there were problems and the person was partially successful ↓	If there were problems and the person was unsuccessful ↓
tell them that we don't need to report confidence levels from last week	congratulate them	congratulate them for being a good self-manager	comment on the good start they have made (but do not congratulate), and then problem-solve (see problem-solving steps below) with the group, if the person wishes to do so	go through the steps of problem-solving:

© Self-Management Resource Center, 2020

Problem-Solving Steps to use with the group if a problem was shared:

STEP 1

Ask the person to state the problem he/she had in completing the plan. Ask him/her to be specific.

STEP 2

Ask the person if he/she has any ideas of how to solve the problem or did he/she try a solution. Stop here if the person has ideas or has already tried a solution.

STEP 3

If the problem is not solved, ask the individual if he/she would like to hear some suggestions from the group on how to solve the problem. If yes, then continue with the next steps. If not, move on to the next participant.

STEP 4

Ask the group by a show of hands if anyone else has ever had this problem.

STEP 5

Ask the group to **give 4 or 5 possible solutions.** These suggestions should be given without comment or discussion.

STEP 6

Tell the person with the problem to just listen to the ideas, and not to respond. The group Leaders can also offer suggestions, but *not until* others in the group have participated.

STEP 7

When you have 5 possible solutions stop the brainstorm, or if you see there are more ideas, tell the group that you'll take one more and then stop the brainstorm. Suggest that they catch the person at break to share their idea.

Leaders may write these on the board or flip chart or suggest that the person with the problem jot them down. If you suspect that your group may have people who cannot read, suggest that they remember the ideas instead of writing them down.

(Continued on the next page)

© Self-Management Resource Center, 2020

STEP 8

Ask original participant if he/she could use any of the ideas suggested and, if so, which one. Recommend that participant make a note of the helpful suggestion or remember it.

If no suggestions seem workable, then tell the person you will talk more with them during the break - and do so.

REMEMBER, DO NOT SPEND A LOT OF TIME ON ANY ONE PERSON. AFTER THREE "YES BUTS," GO ON TO THE NEXT PERSON.

Activity 2 — 25 minutes
READING FOOD LABELS – PART 2

DO NOT COPY OR DISTRIBUTE

Materials

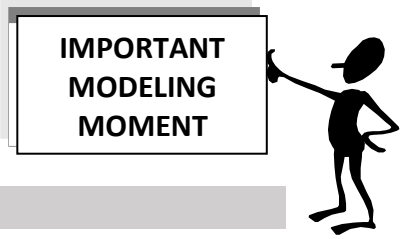
- Chart 3, Self-Management Tool Box
- 10-15 food labels

1. **Instructions to Leaders:** Before the activity starts, ask the participants to take out their books and turn to page 237 and to take out the food labels they brought from home. If any participants do not have labels, pass out the extra labels to them.

   Also, because this activity is long, leaders should share facilitating the whole activity. One leader will start reviewing the label and the other leader will continue about half way through the activity at about #6.

2. **Say in your own words:** Last week we kept track of what we ate, paying attention to our portion sizes as well as the amounts of calories, fat and sodium. We'd like a few of you to share what you discovered. I'll start.

   Instructions to Leaders: You and your co-leader start. Then, have four or five people briefly tell what they learned. You do not need to write this down. Reports should be short and there should not be discussion.

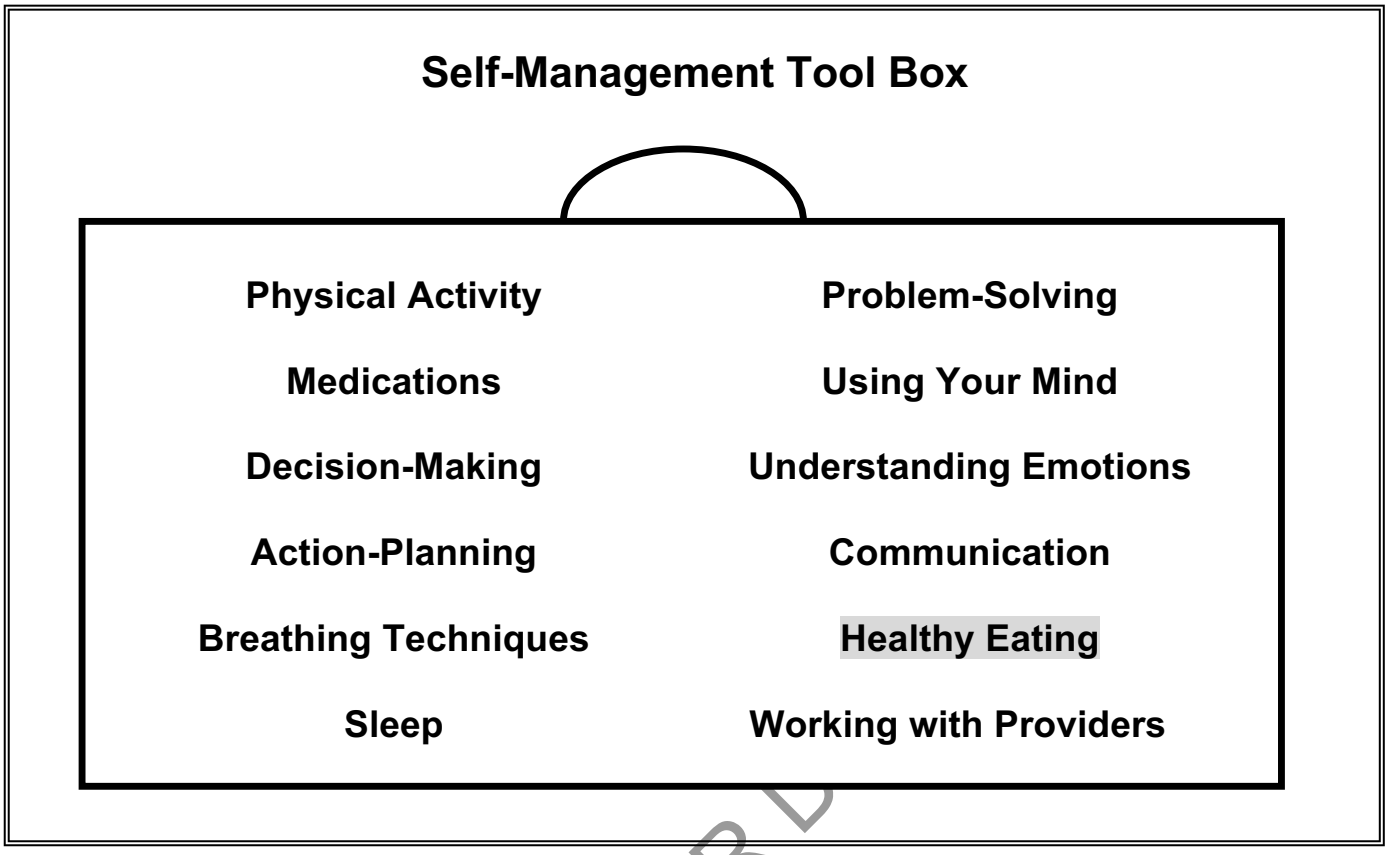


3. **Say in your own words, pointing to Healthy Eating on Chart 3:** Thank you for sharing. This week we are going to continue learning more about healthy eating by reading more of the nutrition information on our food labels.

(Chart 3 on the next page)

© Self-Management Resource Center, 2020

Chart 3



DO NOT COPY OR D

4. **Say in your own words:** Let's look again at the food label on page 237 in the book as well as the labels you brought from home.

   a. Look for **Total Carbohydrates** on the food label in the book.

   b. You will see that this food has 37 grams of carbohydrates per serving. This means that this food is somewhat high in carbohydrates. People with diabetes should generally limit their carbohydrates to about 45 - 60 grams per meal.

5. **Say:** Look on the labels you brought from home. Can a few of you tell us the name of the food, the serving size, and the total number of carbs?

6. **Say in your own words:** Carbohydrates are the body's main source of fuel. The body breaks down or changes most carbohydrates into glucose that provides energy to the brain and other body parts.

© Self-Management Resource Center, 2020

7. **Say in your own words:** If you have diabetes, your body has trouble using some or all the carbohydrates you eat. This causes higher levels of glucose to build up in the blood causing many problems. You can read more about this in your book, Chapter 14.

8. **Say in your own words:** Let's talk a bit more about **Carbohydrates** and another nutrient listed on the food label which is **Dietary Fiber**.

   a. Carbohydrates are found mostly in plants. Dairy products are the only animal food with large amounts of carbohydrates. The types of carbs include high sugary foods, starchy foods and fiber.

      Ask: What are some examples of sugary foods?

      Instruction to Leaders: Have 2 or 3 participants give answers. If they cannot or if they miss any, add the following: fruit, juice, milk, yogurt, table sugar, honey, jellies, syrups, sugar-sweetened drinks and baked goods.

      Ask: What are some examples of starchy foods?

      Instruction to Leaders: Have 2 or 3 participants give answers. If they cannot or if they miss any, add the following: vegetables such as corn, green peas, potatoes, winter squash, dried beans and peas, lentils and grains such as rice, wheat, pasta, tortillas and bread.

   b. Fiber is a carbohydrate that is not absorbed by the body. It is found naturally in foods with skins, seeds or strings (such as string beans, artichokes, and avocado).

      Ask: Who can name some foods high in fiber?

      Instruction to Leaders: If the answer is correct say nothing, but if it is wrong, say that that food has little fiber. The foods high in fiber are whole grains, dried beans, peas, lentils, fruits, vegetables, nuts and seeds. Some foods have added fiber like the pulp added to juice. Animal products and refined foods such as white flour, bread, and many baked and snack foods have little or no fiber unless added by the manufacturer.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

9. **Say in your own words:** Fiber acts as “nature’s broom;” it keeps your digestive system moving and helps prevent constipation. Some fiber can help manage cholesterol and blood sugar. Again, you can read more about this in your book. You can also find tips for adding more fiber in the book.

10. **Say in your own words:** Also, under carbohydrates there is a line that tells you the amount of sugar in one serving of that food. While many foods such as fruit have natural sugar, in many other products such as carbonated drinks and salad dressings, sugar is added.

    a. **Say:** Look at your food label to see if any sugar is added.

    [**Instruction to Leaders**: Have a couple of the participants name the foods they have with added sugars.]

    Ask: Are you surprised to find sugar in this food?

    b. Many times, sugar is added to foods to make them taste better but it is hidden, such as in salad dressing and sauces. Added sugars give us more calories. If you are trying to lose weight or have diabetes, you might want to start looking for the added sugars in the food you eat and limit those foods.

11. **Say in your own words:** You are almost expert label readers; there is only one category to go – **Protein**.

    Meat, fish, dairy products and many vegetables and grains contain protein. Protein is part of every cell in your body and helps your immune system fight infection and builds and repairs damaged tissues. It also prevents you from becoming hungry again too soon. There are two types of proteins.

    - Complete proteins that have all the right parts in the right amounts. These are found in fish and animal foods—meat, poultry, eggs, milk and other dairy products—as well as in soy foods such as soybeans, tofu, and tempeh.

    - Incomplete proteins are low in one or more parts. They are found in plant foods such as grains, dried beans and peas, lentils, nuts, and seeds. These

DO NOT COPY OR DISTRIBUTE

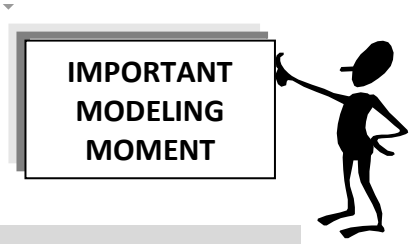
© Self-Management Resource Center, 2020

are the heart of healthy eating. Because our bodies store protein parts, we can get all the protein we need from plants if you prefer. Or, we can also eat a small amount of lean meat, poultry or fish with vegetables and grains. One advantage of eating plant foods is that they have no cholesterol and little or no unhealthy or bad fats. Most people eat more than enough protein.

12. **Say in your own words:** At the bottom of the food label you will see **vitamins and minerals**. We are not going to discuss these, but there is more information about these in your book.

13. **Say in your own words:** You now have all the basic information and tools for healthy eating. Take a minute and think about what you have learned and then we will go around and ask you to tell us one change you will make to eat healthier.

Instructions to Leaders: Give the group a minute or two to think, then start with yourselves as a model and share one change you will make to eat healthier. Then ask for a volunteer and go around the room.



Leaders do not need to write these down. If someone is having trouble thinking of a change, that is OK and go on. Do not dwell on this.

Activity 3 — 20 minutes
MEDICATION USAGE

DO NOT C

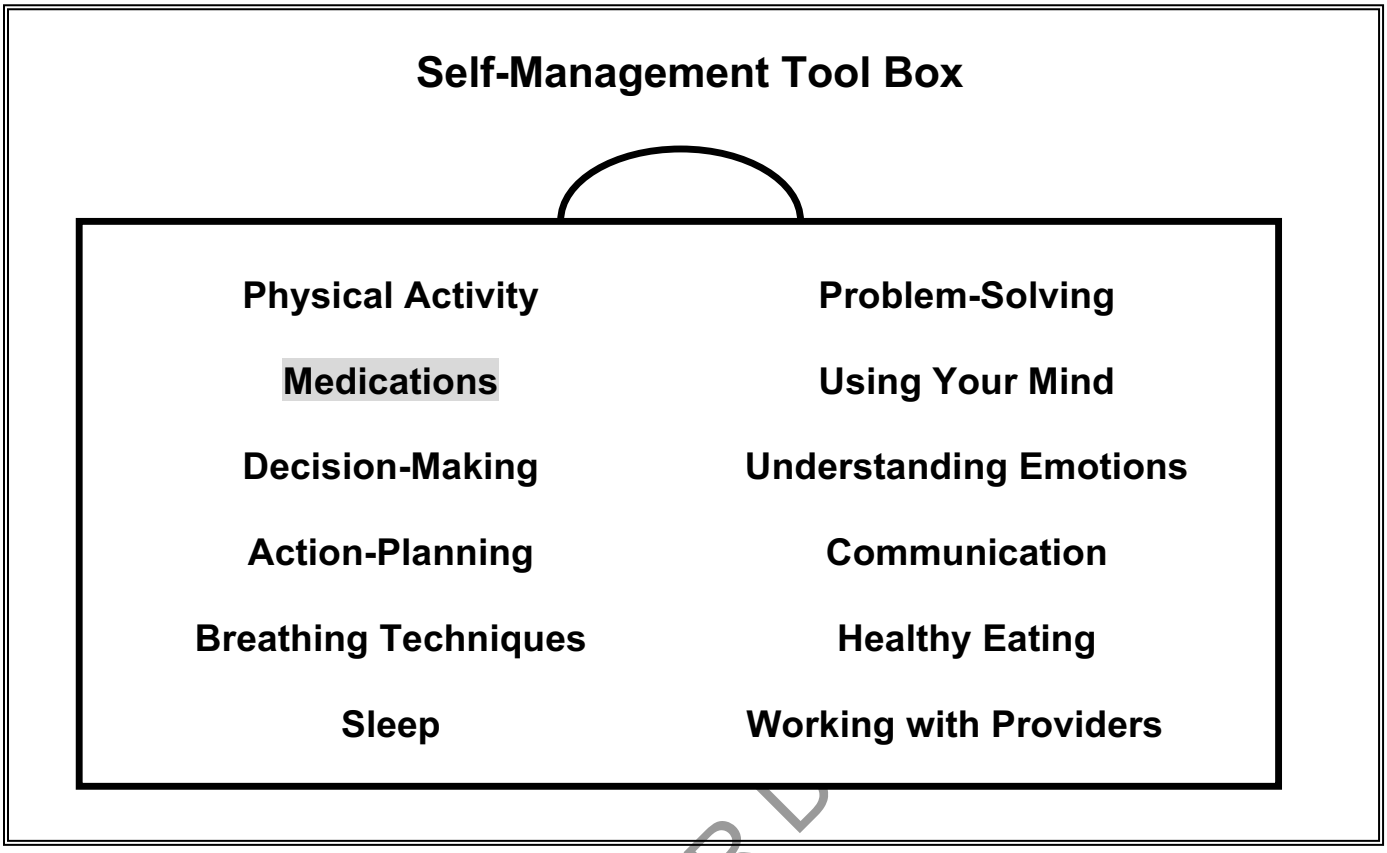
Materials
- Chart 3, Self-Management Tool Box
- Chart 18: Purposes of Medications
- Chart 19: Unexpected Medication Effects
- Chart 20: Medication Responsibilities

1. **Say in your own words, pointing to Medications on Chart 3:** Medication can be a very important part of managing a chronic illness. While medications will not cure the disease, they can help to keep the disease under control and often will make your life more comfortable.

(Chart 3 on the next page)

© Self-Management Resource Center, 2020

Chart 3



DO NOT COPY OR D

2. **Say in your own words, referring to Chart 18:** Medications generally have one or more of the following purposes:

Chart 18

Purposes of Medications

1. **Relieve symptoms**
   Such as inhalers and pain medications

2. **Prevent further problems**
   Such as diuretics, blood thinners to prevent stroke

3. **Improve the disease or slow its progress**
   Such as some heart medications and drugs for osteoporosis

4. **Replace substances body normally produces**
   Such as insulin and thyroid

© Self-Management Resource Center, 2020

3. **Say in your own words:** Unfortunately, while medications can be very helpful, they also have a downside. Some of the problems with medications include effects we don't want or expect**:**

Chart 19

Unexpected Medication Effects

No noticeable effect
There are several reasons why you may not feel any change and suspect the medication is not working. These are:

- **Condition has no noticeable symptoms**
  To feel a change. For example, when treating high blood pressure there are usually no symptoms, so you may not feel anything when the medication is working.

- **Prevents you from getting worse**
  A medication may be holding your symptoms in check; you may not feel like you are getting better, but you are not getting worse, or you are getting worse more slowly.

- **Hasn't started to work yet**
  Some medications take days, weeks and even months before you notice an effect.

- **Just isn't working**
  Ask how long before you should expect an effect and if you aren't DON'T STOP TAKING THE MEDICATION UNTIL AFTER YOU TALK TO YOUR HEALTH CARE PROVIDER.

Negative effects
Allergy and side effects are the most common. Let's talk about each of these.

- **Allergy: dangerous and needs immediate reporting** *Allergic reactions are usually easy to spot. You may develop a skin rash, hives, swelling, wheezing or difficulty breathing. When these occur, STOP TAKING THE MEDICATION IMMEDIATELY AND CALL YOUR HEALTH CARE PROVIDER. If you have trouble breathing, call 911 RIGHT AWAY.*

[Chart 19 continues on the next page]

DO NOT COPY OR DISTRIBUTE

(Chart 19, continued)

- **Side effects: annoying and unwanted but often not dangerous** *These commonly include nausea, constipation, diarrhea, dizziness, sleepiness, and so on.*

  Some side effects, like frequent urination when taking diuretics to lower blood pressure, mean the medication is working.

  Often side effects can be avoided or managed by taking the medication exactly as prescribed, such as with food, a full glass of fluid, at bedtime, etc.

  DON'T STOP TAKING A MEDICATION BECAUSE OF SIDE EFFECTS UNTIL AFTER TALKING TO YOUR HEALTH CARE PROVIDER who can tell you what to expect and when, and may have ways to lessen the side effects or can find a different medication.

4. **Say in your own words, referring to Chart 20:** To reduce the risks of taking medications, especially if you are taking multiple medications, it is important to develop a partnership with your health care provider(s). This involves taking on the following responsibilities:

(Chart 20 on the next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 20

Medication Responsibilities

1. **Inform ALL your health providers of ALL medications and dosage**

   This includes dentists, too.

   Remember you are likely to be the only one who knows everything you are taking, so be sure to also tell your health care providers about over-the-counter drugs, nutritional supplements, herbs, eye drops, medicinal creams and lotions, suppositories, and so on.

2. **Make and carry a medication list**

3. **Know why you are taking each medication and how to take it**

   This means understanding what each medication is for, what it is supposed to do for YOU, and the directions for taking it.

   Also, if there is more than one choice available, ask which one is best for YOU, considering side effects, cost or schedule.

4. **Report effects of each medication or if you are not taking it as prescribed**

   Be honest and tell your provider if you're not taking them exactly as prescribed or if you are not taking them at all – what are the barriers?

   When you leave the health provider's office, they are expecting you to follow through on what the two of you agreed on. If you don't take your medication as prescribed, do not report problems, or if you take them in ways not prescribed, do not take them at all and do not talk with the provider, there is no way you can get good health care.

   Also, if cost is the issue, talk to the provider. Communicating with your provider is important. On page 8 in Chapter 1 if your book there are some examples to show why.

5. **Use medications as prescribed**
   This means don't cut pills in half unless instructed to do so, don't share pills with others, or take medications that were not prescribed for you.

6. **Use your mind**
   As we keep saying, the mind is very powerful. Use helpful thinking and imagery to imagine your medications working well.

DO NOT COPY OR DISTRIBUTE

5. **Say in your own words:** We will be talking more about working with your health care provider next week.

© Self-Management Resource Center, 2020

6. **Say**: You cannot get the benefits of medications if you do not take them. Sometimes this can be hard. Let's brainstorm:

   What are some of the problems that might prevent someone from taking medications as prescribed?

7. **After the brainstorm, ask if any need clarification, and then say:** Now let's do some problem solving with one or two of these problems.

   Instructions to Leaders: Choose one or two problems with the group and problem solve each one of them. **If "forgetting" is mentioned, choose that as one to problem solve.**

8. **Instructions to Leaders:** If "forgetting to take medication" was **not** done above, then do the following. If it was done, skip the next brainstorm and move to #9.

   Say: What are some ways to remember to take medication?

   a. **Instructions to Leaders:** Read back the brainstorm and ask if any need clarification. Add the following if not already mentioned:

      - Linking medication-taking to a daily habit or ritual like tooth-brushing.

   b. If there is time, do another problem solve in the same way.

9. **Say in your own words:** For additional information about specific medications, we encourage you to talk to your health care providers or pharmacists.

10. **Say in your own words:** For homework, we suggest that you complete a **personal medication list** that includes:
    - The names of all your medications
    - The provider who prescribed it
    - The dosage
    - The date started
    - The reason for taking it
    - Any drug allergies

DO NOT COPY DISTRIBUTE

© Self-Management Resource Center, 2020

a. The list should also include all over-the-counter medications, herbs, vitamins, creams, ointment, eye drops, and suppositories. You may be able to see your medication list online through your health plan. If so, check that it is complete and up-to-date.

b. Again, some health plans have a card available for you to fill out and carry with you. Especially be sure to carry the list with you whenever you visit any health care provider, and keep it updated.

Activity 4 — 10 minutes
RELAXATION BODY SCAN

DO NOT DISTRIBUTE

Materials

- Chart 3, Self-Management Tool Box
- Relaxation CD with body scan (optional)

Note to Leaders

Sometimes participants object to this and other cognitive techniques for religious or other personal reasons. If this occurs, the participant should be excused from the activity. They may choose to leave the room, pray, or sit quietly during the activity. This is not an imagery exercise.

Cognitive techniques should be pleasant or boring, but never frightening or physically painful. If participants are uncomfortable or frightened, they should be urged not to use the technique.

If someone falls asleep, one Leader should move toward them and if culturally appropriate, touch them lightly to awaken them.

1. **Say in your own words:** This next exercise can enhance the quality of rest, ease painful muscles and help with shortness of breath. It relaxes not only the mind but also the muscles.

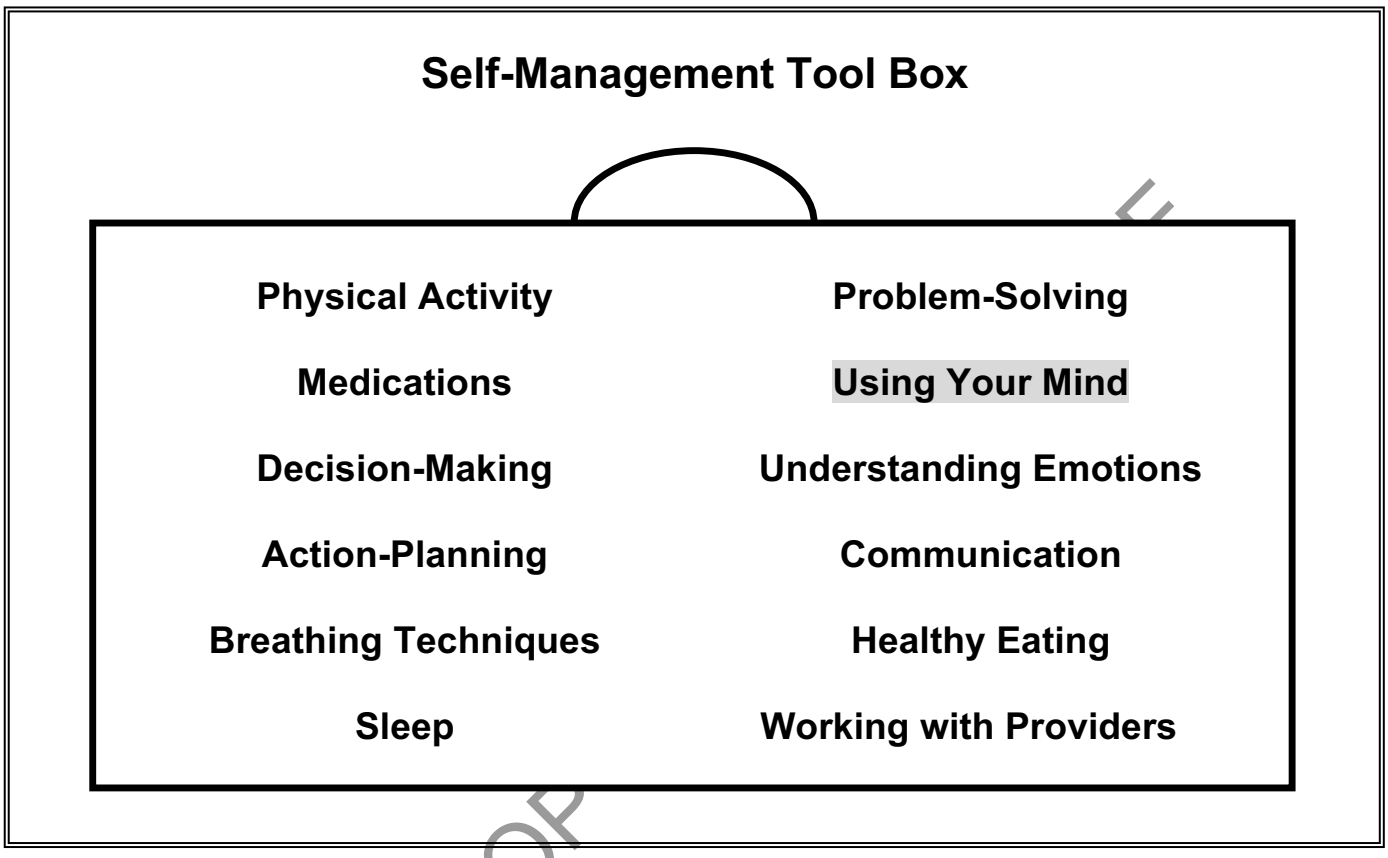
   The first step in doing this is to focus on your breathing, then to scan your body for tension in order to release it with your breath.

© Self-Management Resource Center, 2020

2. **Say in your own words:** We are going to practice the **relaxation body scan**; this is one of the techniques that uses the mind from our **Tool Box.**

Instructions to Leaders: Point to Using Your Mind on Chart 3.

Chart 3



3. **Instruction to Leaders:** Lead the group through the Relaxation Body Scan, using the CD or reading the script. If reading the script, remember to pause for a few seconds when you see the series of dots (. . .) and between paragraphs.

(Script on next page)

DO NOT COPY

© Self-Management Resource Center, 2020

Relaxation Body Scan

As you get into a comfortable position, allowing yourself to begin to sink comfortably into the surface below you… allow your eyes to close gradually... From there, turn your attention to your breath... Breathing in, allowing the breath gradually to go all the way down to your belly… and then breathing out...And again, breathing in...and out... noticing the natural rhythm of your breathing...

Now allowing your attention to focus on your feet. Starting with your toes, notice whatever sensations are there--warmth, coolness, whatever's there...simply feel it. Imagine that as you breathe in, the breath goes all the way down into your toes, bringing with it new refreshing air...And now noticing the sensations elsewhere in your feet. not judging or thinking about what you're feeling, but simply becoming aware of the experience of your feet as you allow yourself to be fully supported by the surface below you...

Next focus on your lower legs and knees. These muscles and joints do a lot of work for us, but often we don't give them the attention they deserve. So now breathe down into the knees, calves, and ankles, noticing whatever sensations appear...See if you can simply stay with the sensations...breathing in new fresh air, and as you exhale, releasing tension and stress and allowing the muscles to relax and soften...

Now move your attention to the muscles, bones, and joints of the thighs, buttocks, and hips... breathing down into the upper legs, noticing whatever sensations you experience. It may be warmth, coolness, a heaviness or lightness. You may become aware of the contact with the surface beneath you, or perhaps the pulsing of your blood. Whatever's there... what matters is that you are taking time to learn to relax...deeper and deeper, as you breathe...in...and out.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Move your attention now to your back and chest. Feeling the breath fill the abdomen and chest... Noticing whatever sensations are there... not judging or thinking, but simply observing what is right here right now… allowing the fresh air to nourish the muscles, bones, and joints as you breathe in, and then exhaling any tension and stress.

Now focus on the neck, shoulders, arms, and hands. Inhaling down through the neck and shoulders, all the way down to the fingertips. Not trying too hard to relax, but simply becoming aware of your experience of these parts of your body in the present moment...

Turning now to your face and head, notice the sensations beginning at the back of your head, up along your scalp, and down into your forehead...Then become aware of the sensations in and around your eyes and down into your cheeks and jaw... Continue to allow your muscles to release and soften as you breathe in nourishing fresh air, and allow tension and stress to leave as you breathe out...

As you drink in fresh air, allow it to spread throughout your body, from the soles of your feet all the way up through the top of your head... And then exhale any remaining stress and tension... and now take a few moments to enjoy the stillness as you breathe in... and out... Awake, relaxed, and still...

As the body scan comes to a close, you are now coming back into the room, bringing with you whatever sensations of relaxation…comfort...peace, whatever's there... knowing that you can repeat this exercise at any appropriate time and place of your choosing... And when you're ready open your eyes.

DO NOT COPY OR DISTRIBUTE

4. **Say in your own words:** As with any new skill, we need to give this a good try (at least 3 to 4 times in the next 2 weeks, for example) before deciding whether we like it or not.

5. **Instruction to Leaders:** Inform the participants that the script is also printed in *Living a Healthy Life.* In addition to the script in the book, the relaxation CD also has a longer version of this exercise, should they prefer to use a CD.

6. **Instruction to Leaders:** Suggest that they might consider trying the body scan as part of a rest period or when cooling down after exercise. It can also be helpful in relieving pain, helping sleep or combating fatigue, which we talked about earlier.

BREAK 20 minutes

Activity 5 15 minutes
DEALING WITH DEPRESSION

Materials
- Chart 7, Symptom Cycle

1. **Say in your own words, pointing to Depression on Chart 7:** When we look at the Symptom Cycle, we see that depression can affect our chronic condition.

   a. Unhappy and sad feelings or depression for many people is yet another **symptom**, like pain or fatigue, that we must manage.

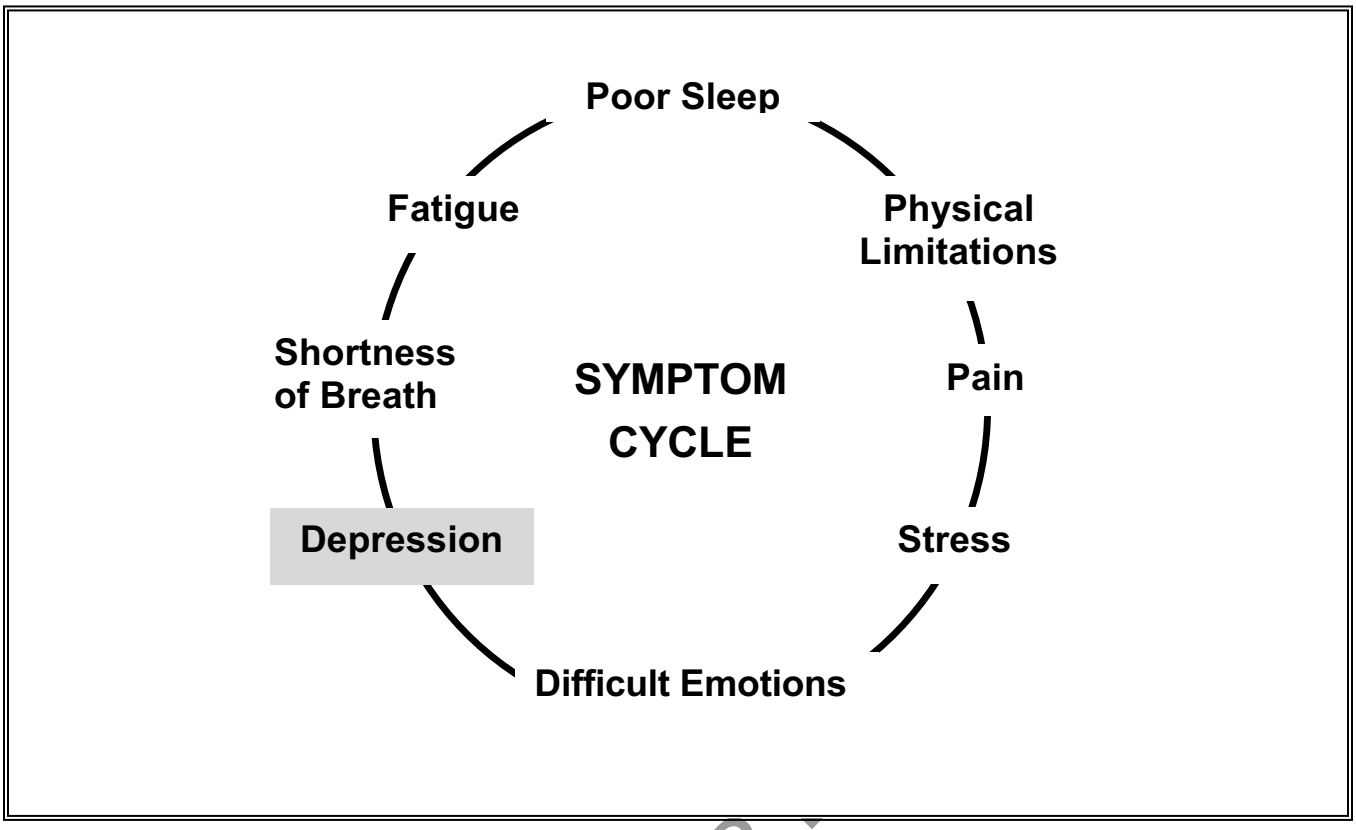
   b. These feelings are part of the normal ups and downs of life, but they can worsen our other symptoms too.

(Chart 7 on next page)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 7



DO NOT COPY OR

2. **Say in your own words:** For some people, though, depression can also be another chronic condition. But here and for this activity, we are not talking about depression that stays for weeks or months.

   a. Rather, we are discussing the unhappy feelings that usually come and go. These we can help with self-management.

   b. Long-term or clinical forms of depression may involve use of our self-management tools, but they also require professional help, which often includes psychotherapy (counseling) and medication.

3. **Say in your own words:** Before we can do something about these feelings, though, we must be able to recognize when we are depressed. For some people this is not easy so let's talk about how to tell if we're feeling depressed.

4. **Say:** Let's do a brainstorm. The question we are going to brainstorm is:

   How do we know if we are depressed?

© Self-Management Resource Center, 2020

Instructions to Leaders: Brainstorm the question, writing the responses on the board or flip chart.

Instructions to Leaders: Read back the list, ask if any need clarification, and if any of the following are not mentioned, be sure to mention them. **You do not need to repeat items that appeared as part of the brainstorm.**

a. fatigue or feeling tired or a loss of energy (the biggest symptom of depression)
b. loss of interest in friends or activities
c. isolation or withdrawal from others
d. difficulty or changes in sleep patterns
e. increased or decreased appetite; unintentional weight loss or gain
f. loss of interest in personal care or appearance
g. aches and pains (head, back or stomach aches)
h. general feelings of sadness, unhappiness, hopelessness; crying
i. loss of interest in sex or intimacy
j. suicidal thoughts
k. frequent accidents
l. low self-image, loss of self-esteem, feeling worthless
m. irritability or frequent arguments or loss of temper (some people express their depression as anger)
n. feeling confused, lack of concentration
o. increased anxiety and tension
p. sometimes drinking more than 1 or 2 drinks a day

5. **Say:** Now let's look at some ways to deal with feelings of depression by doing another brainstorm:

   What are some things we can do to make ourselves feel better when we're depressed, sad, or grouchy?

   Instructions to Leaders: Read back the list, ask for clarification, and **emphasize** the following methods as being important:

   a. work on relationships with family and friends; contact others – call or go out to lunch with a friend
   b. plan ahead for a special event

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

c. get out of the house every day
d. do things you enjoy or do something nice for yourself
e. exercise regularly (like going for walks)
f. do something to help someone else (volunteer)
g. practice more helpful ways of thinking about yourself
h. establish a regular sleep pattern
i. cut down or eliminate the use of alcohol

If someone mentions use of **alcohol or drugs,** say that these may seem to help depression, but really, the use of these substances may be a sign of depression and in the long run can make depression worse. Alcohol and many drugs are themselves depressants.

6. **Say in your own words:** It's important to stress that not all depression can be handled through self-management. Sometimes depression may need professional help in the form of therapy and/or medication.

   a. Therefore, if you feel unhappy for more than a few weeks, or think about harming yourself, it is VERY important to talk to your health care provider about this so together you can discuss the different options to help treat and manage this type of depression.

   b. **Clinical depression is a biological illness and can be treated.**

   c. Also, if you are taking medication for depression and are thinking about stopping, talk to your provider first. Many of these medications should not be stopped suddenly and need to be tapered.

7. **Say in your own words:** One very effective technique for dealing with depression and breaking the Symptom Cycle is to develop more helpful ways of communicating with ourselves. We will talk about this next.

DO NOT COPY OR DISTRIB

© Self-Management Resource Center, 2020

Activity 6 — 20 minutes
COMMUNICATING WITH OURSELVES

Materials

- Chart 3, Self-Management Tool Box
- Chart 7, Symptom Cycle
- Chart 21, Ways to Manage Negative Thinking

1. **Say in your own words:** All of us say things to ourselves. That is, we have thoughts about ourselves and how we interact with the world. These thoughts can be associated with emotions, such as feeling happy, sad, frightened or angry. Sometimes, we may even say these thoughts out loud.

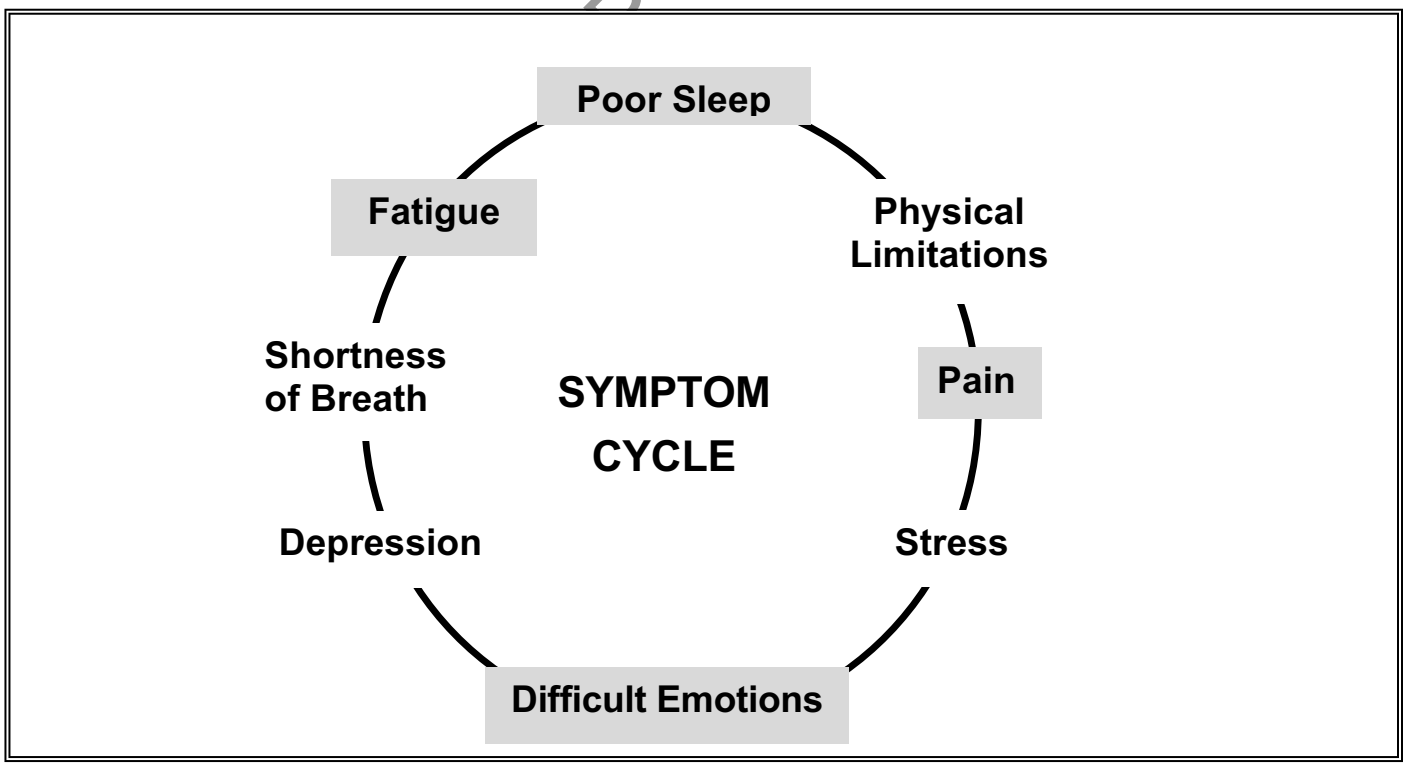
2. **Say in your own words:** We know that our mind can have a powerful effect on the way we feel.

   a. When our self-talk is positive, we feel happy or joyful. An example is when we tell ourselves to focus on enjoying a beautiful garden or encouraging words from a friend.

   b. **Instructions to Leaders:** Point to items on Chart 7 as you mention them.

PY OR DISTRIBUTE

Chart 7



© Self-Management Resource Center, 2020

When our self-talk is negative, we feel unpleasant emotions [point to Negative Emotions] such as fear, anger, anxiety or sadness.

For example, if we tell ourselves we are going to have a difficult time getting through the day, or focus on disappointments from the past, these thoughts can trigger [point to Pain, Fatigue, Poor Sleep] more pain, fatigue, difficulty sleeping, and perhaps irritability with family and friends.

3. **Say in your own words:** A special kind of negative thinking is worst case thinking. Having these types of thoughts does not mean that you are doing it wrong. But worst case thinking often leads to no action.

   a. For example, it we get a new diagnosis, we think about all the terrible things that could happen. If our cholesterol is a bit high, we immediately think we are going to have a heart attack or stroke and die. If we have a small car accident, we are sure we will be cited or arrested, lose the car and that the family will be very mad.

   b. People who worry about what will happen often cannot sleep, have trouble eating, and snap at family and friends. Thinking the worst is very common.

   Ask: By show of hands, how many of you have ever done this?

4. **Say in your own words, pointing to the different tools on Chart 3 as you name them:** It is not easy to change negative thinking but there are lots of things you can do to help. Changing negative thinking to more active, helpful thinking is another self-management tool that uses the mind.

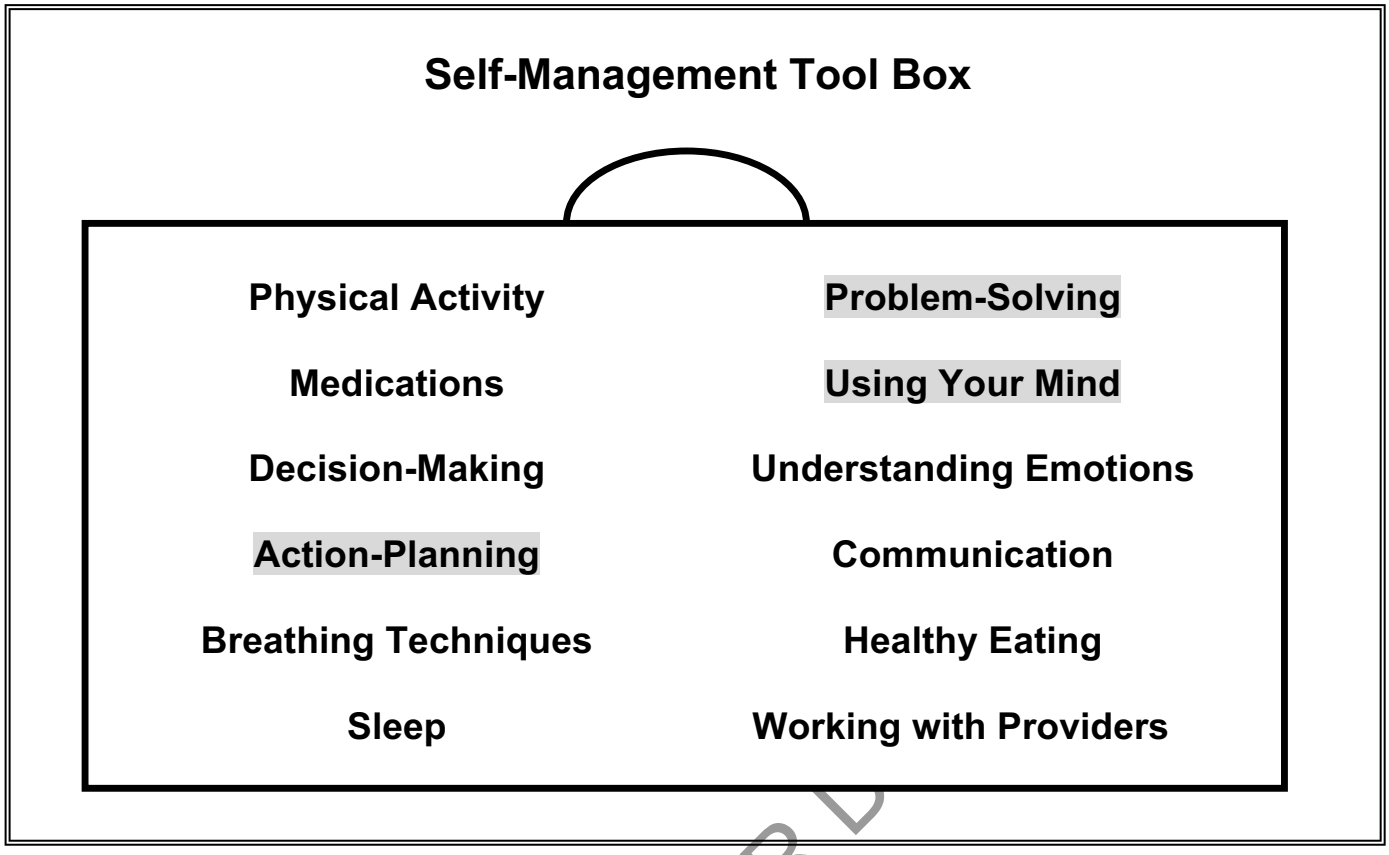
   Several of the tools in our tool box can help with shifting from negative, passive thinking to more helpful, active thinking. These tools include action planning, problem solving and using the mind to distract ourselves.

DO NOT COPY OR DISTRIBUTE

(Chart 3 on the next page)

© Self-Management Resource Center, 2020

Chart 3



DO NOT COPY OR D

5. **Say:** There are also some other tools that help.

   [**Instructions to Leaders:** Review the points listed on Chart 21.**]**

(Chart 21 on next page)

© Self-Management Resource Center, 2020

Chart 21

Ways to Manage Negative Thinking

Identify negative thoughts and emotions.
What are you saying to yourself? You might want to write these down.

- **Are your thoughts accurate?**
  Are they based on fact, something that has happened or are they based on fears and expectations? If you are not sure ask someone you respect and who will be honest with you.

- **Challenge your thoughts.**
  Ask yourself if there could be another way of looking at the situation or event? Are your concerns realistic? If you are not sure ask your health care provider or others for help.

- **What you have done in the past in similar situations?**
  and how did that turn out? Often, we worry and fret for days and weeks only to find out that what we were worrying about never happens. ***Ask:*** *Has this ever happened to you? Raise your hands.*

  Ask: *What are some of the negative thoughts you have had?*

  Instructions to Leaders: Allow 4 or 5 responses from the group*.*
  Have some of your own examples, such as:
  "I'll never be able to _____again"
  I'm not going to the doctor because I'm afraid of what I might learn"
  "I just know I can't"

  Say*: Some other things that you can do to deal with worst case thinking include:*

(Chart 21 continued on the next page)

© Self-Management Resource Center, 2020

(Chart 21, continued)

Stop worst case thinking

- **Take a break from worrying**
  Do something positive like go for a walk, call a friend, enjoy a cup of tea, etc.

- **Focus on your effort**
  In many situations we can't control the outcome. For example, if you interview for a job, whether you get hired or not is not up to you. However, you can control the amount of effort you put in to prepare. If you give a good effort you can feel good about what you did.

- **Make small action plans**
  Think about what you can do today, no matter how much or how little.

- **Use a thought stopper**
  Think of something like a big red stop sign, a polar bear or flower. Any image that is calming and will interrupt the negative thoughts.

- **Get help**
  If thoughts are getting in the way of doing what you want and need to do, get help. A few sessions with a mental health counselor may be all you need to get back on the right track.

DO NOT C

6. **Ask:** Would a few people share what they might try in the next week to help deal with worst case negative thinking?

7. **Say in your own words:** During the next week, pay special attention to how you communicate with yourself and if you find it to be too negative, try one or two of the suggestions we just described.

© Self-Management Resource Center, 2020

Activity 7 — 15 minutes
MAKING AN ACTION PLAN

Materials:
- Chart 5, Parts of an Action Plan
- Action Plan Flow Chart, Appendix II

1. **Say in your own words:** Now it's time to make our Action Plans for this week. This is something we will do each week.

   Remember that Action Plans allow us to achieve what we want or decide to do by breaking down the activity into smaller, more "doable" steps or tasks.

2. **Say in your own words, pointing at Chart 5:** Let's hear everyone's Action Plan, looking at parts #4 and #5 on our Chart:

Chart 5

Parts of an Action Plan

1. **Something YOU want or decide to do**
2. **Achievable**
   Something you can expect to be able to do this week
3. **Action-specific**
   For example, losing weight is not an action or behavior, but replacing snacks with fruit between meals is; losing weight is the RESULT of actions.
4. **Answer the questions:**
   What? (specific action)
   How much? (time, distance, amount)
   When? (time of day or which days of the week)
   How often? (number of days in the week) *avoid "every day"*
5. **Confidence level of 7 or more**
   On a scale of 0=not at all sure to 10=totally sure

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

3. **Say in your own words:** We'll start with our own Action Plans for the week.

4. **Instructions to Leaders: One Leader should go through each step on Chart 5 (pointing at each step while standing next to it), using his or her own Action Plan. Start by saying what you are trying to accomplish such as exercise more.**

   PREPARE BEFORE SESSION: Leaders should prepare Action Plans in advance with each other, remembering that the Leaders' Action Plans will be **MODELS** for the rest of the participants. This means that your Action Plan should be something you really want to do and will complete.

   If possible, at least one Leader's Action Plan should be around behaviors taught in the workshop (e.g., exercise or relaxation techniques). Also, it should appear reasonable to the participants. (For example, even if you walk 5 miles a day, tailor your Action Plan so it is not too intimidating to the group. Make a plan for a half a mile a day instead.)

   Leaders should make Action Plans around different things, for example, one might be about exercise, and the other about relaxation. Be careful to make the Action Plan for 3-4 times a week, rather than 5-7, and report a confidence level of 7-9.

5. **Say in your own words:** Now my partner will share his/her plan.

   Instructions to Leaders: The second Leader reports his or her Action Plan, answering each of the questions on Chart 5 as the first Leader points to them.

6. **Instructions to Leaders:** Emphasize that Action Plans must be:

   - something you ***want or decide to do***
   - ***achievable***, that is you can expect to achieve it in the next week

7. **Say in your own words:** Please tell us your Action Plan for this week, and how sure you are that you will complete the plan, 0 being not at all sure and 10 being totally sure.

© Self-Management Resource Center, 2020

8. **Instructions to Leaders:** Ask for a volunteer to start reporting actions plans and then go around the room from that person (do not ask for a second volunteer).

   Point to each step (what, how much, when, how often, confidence level) on Chart 5 as each participant reports their plan.

   See Appendix II, Making an Action Plan Flow Chart.

9. **Instructions to Leaders:** If confidence level is less than 7, ask the participant what the problem might be and, if they encounter the problem, what would they do.

   Ask the participant if they would like suggestions from the group.

   If they say yes, have the group offer 4-5 suggestions and the original participant should not comment.

   After all the comments, ask the participant "if you have (name the problem) what will you do?" Participants can change the plan if they wish.

   Ask the participant to state the new or amended Action Plan, starting with "I will".

10. **Instructions to Leaders:** If someone is having trouble writing a clear Action Plan (i.e., specific activity, times per day, days per week), go through the same steps as above, **asking other group members for suggestions** *before* you help.

    Do not spend more than 3 minutes with any one person. If someone is having problems, work with them individually *afterwards*.

    If someone does not want to make an Action Plan, say that is OK and that you will come back to them later—then go back to the person after everyone has made their plan. If they still do not want to make a plan, that is OK.

NOTE TO LEADERS: See Making an Action Plan Flow Chart in Appendix II for details on how to help someone make an Action Plan.

© Self-Management Resource Center, 2020

Activity 8 — 5 minutes
CLOSING

1. **Say in your own words:** Next week will be the last session, and we will be discussing how to make informed treatment decisions and work with your health care professional. We will also practice another type of relaxation and share what we have accomplished.

   In preparation for the sharing:

   - We would like to invite you to call, email or write a letter to your provider about what you have accomplished during this workshop. If you are not pleased with your progress over the past 6 weeks, we would like you to write a letter or email the developers of this workshop explaining your reasons. The address is:

     Self-Management Resource Center
     PO Box 219
     Aptos CA 95001 USA
     smrc@SelfManagementResource.com

   - You don't have to mail or show these letters to anyone, if you don't want to, but please bring them with you next week for your own use in the sharing activity. If you do mail the letter to your provider, it would really help to get the word out about the program. Also, if you do share with us your letters about what you have accomplished through this workshop, we would like your permission to share these with the Self-Management Resource Center as well as with your representatives in Congress so these policymakers will support funding for these programs.

2. **Say in your own words:** We invite you to look over today's reading material in *Living a Healthy Life.* Page numbers covered today are listed on the Workshop Overview handout you received the first session.

3. **Instructions to Leaders:** Have participants **choose a new buddy to call** (other than a significant other) during the week. (Optional)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

4. **Instructions to Leaders:** Remind participants to pay attention to the type of thoughts they have about themselves and try to stop or replace the negative ones with helpful thinking.

5. **Instructions to Leaders:** Ask group if they want to exchange addresses and telephone numbers. If so, ask for a volunteer to coordinate getting the list compiled and photocopied. If someone does not want to be on the list, assure them that they don't have to. Do NOT offer to do this for them! (This is a self-management workshop!)

6. **Instructions to Leaders:** Collect name tags.

7. **Instructions to Leaders:** Stay around for a few minutes to answer questions and clean up.

DO NOT COPY OR DISTRIB TE

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

SESSION SIX

Purpose

- To give guidelines for evaluating new treatments
- To give participants skills in working more effectively with their health care providers
- To introduce guided imagery as another relaxation technique
- To assess progress and acknowledge accomplishments
- To integrate the skills learned in this workshop into plans for the future

Objectives

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

1. Name at least two questions to evaluate a new treatment.
2. Name at least 2 strategies for working effectively with their health care providers.
3. Practice the guided imagery relaxation technique.
4. State their role in the care of their chronic condition.
5. State their self-management accomplishments.
6. Set a personal goal for the future.
7. Make a plan for dealing with their health problem(s) in the future.

Materials

- Charts:
  - 1: Guidelines **(post at all sessions)**
  - 3: Self-Management Tool Box **(post at all sessions)**
  - 4: Brainstorming **(post at all sessions)**
  - 5: Parts of an Action Plan **(post at all sessions)**
  - 6: Problem-Solving Steps **(post at all sessions)**
  - 7: Symptom Cycle **(post at all sessions)**
  - 22: Evaluating Treatments
  - 23: Internet URL Addresses
  - 24: Take P. A. R. T.
- Name tags
- Easel
- Blank flip chart and felt pens, whiteboard and erasable pens or blackboard and chalk
- *Living a Healthy Life with Chronic Conditions*
- Paper, extra pencils

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Reading for Leaders' Preparation:

- *Living a Healthy Life,* Chapter 6, pages 143-148; Chapter 11, pages 289-297; Chapter 13
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II
- *Leader's Manual*, Feedback Flow Chart, Appendix II

Agenda

Post this agenda at the beginning of meeting:

Session Six Agenda

Activity 1: Feedback (20 minutes)
Activity 2: Making Informed Treatment Decisions (10 minutes)
Activity 3: Working with Your Health Care Team (25 minutes)
Activity 4: Guided Imagery Relaxation (10 minutes)
BREAK (20 minutes)
Activity 5: Looking Back and Planning for the Future (45 minutes)
Activity 6: Closing (20 minutes)

DO NOT COPY

© Self-Management Resource Center, 2020

Activity 1 — 20 minutes
FEEDBACK

Materials

- Feedback Flow Chart, Appendix II

Instructions to Leaders: Encourage participation of all members. Not more than 3 to 5 minutes should ever be spent on one person. People who discuss their Action Plans earlier will probably need more time than those who come later. Do not spend all of your time with "yes buts" or other "real" problem people (the general rule is that if someone has said "yes but" three times, you should go on to someone else). Deal with these folks during the break. Please review the **Feedback Flow Chart in Appendix II** to help you make appropriate responses to each participant. This activity works best if one Leader leads the activity and the second Leader follows the feedback with the flow chart and helps as needed.

1. **Say:** Welcome back! The first thing we're going to do today is to report back on the Action Plans we made last week. Each of us will share our experiences in completing our Action Plans.

   I'll start, and then my partner will report.

   IMPORTANT MODELING MOMENT

   Instructions to Leaders:

   - Start with yourself as a model but make it very short.
   - If one Leader encountered problems, he/she should model that a modification was made and then completed.

2. **Say in your own words:** Now we'd like to hear about your Action Plans. We'll start with the first volunteer and will go around the room from that person.

   a. First, tell us what your Action Plan was for the past week.

   b. Then, tell us how well the Action Plan was completed. You can use words like:
      - completed
      - partially completed
      - was not able to complete it

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- changed it to another plan. Sometimes plans need to be changed and if this occurred and you substituted something else, this is good self-management.

c. If you were not able to complete your plan or if you changed your plan, describe the barriers that prevented you from completing your Action Plan or caused you to change it. If you changed it, tell us how you changed it.

3. **Instructions to Leaders: Respond to each participant as follows.**

Make sure you review the Feedback Flow Chart in Appendix II.

If someone reports their confidence level ↓	If they were successful ↓	If they met obstacles and adjusted or changed their Action Plan successfully ↓	If there were problems and the person was partially successful ↓	If there were problems and the person was unsuccessful ↓
tell them that we don't need to report confidence levels from last week	congratulate them	congratulate them for being a good self-manager	comment on the good start they have made (but do not congratulate), and then problem-solve (see problem-solving steps below) with the group, if the person wishes to do so	go through the steps of problem-solving:

© Self-Management Resource Center, 2020

Problem-Solving Steps with the group:

STEP 1

Ask the person to state the problem he/she had in completing the plan. Ask him/her to be specific.

STEP 2

Ask the person if he/she has any ideas of how to solve the problem or did he or she try a solution. Stop here if the person has ideas or has already tried a solution.

STEP 3

If the problem is not solved, ask the individual if he or she would like to hear some suggestions from the group on how to solve the problem. If yes, then continue with the next steps. If not, move on to the next participant.

STEP 4

Ask the group by a show of hands if anyone else has ever had this problem.

STEP 5

Ask the group to **give 4 or 5 possible solutions.** These suggestions should be given without comment or discussion.

STEP 6

Tell the person with the problem that he or she just listen and get ideas. The group Leaders can also offer suggestions, but *not until* others in the group have participated.

STEP 7

When you have 5 possible solutions stop the brainstorm, or if you see there are more ideas, tell the group that you'll take one more and then stop the brainstorm. Suggest that they catch the person at break.

Leaders may write these on the board or flip chart or suggest that the person with the problem jot it down. If you suspect that your group may have people who cannot read, suggest that they remember the ideas instead of writing them down.

STEP 8

Ask original participant if he/she could use any of the strategies suggested and, if so, which one. Recommend that participant make a note of the helpful suggestion or remember it.

© Self-Management Resource Center, 2020

If no suggestions seem workable, then say you will talk with the person more during the break - and do so.

REMEMBER, DO NOT SPEND A LOT OF TIME ON ANY ONE PERSON. AFTER THREE "YES BUTS," GO ON TO THE NEXT PERSON.

Activity 2 10 minutes
MAKING INFORMED TREATMENT DECISIONS

Materials

- Chart 22, Evaluating Treatments
- Chart 23, Internet URL Addresses

1. **Say in your own words:** We hear about new treatments, new medications, nutritional supplements, and alternative treatments all the time.

   Since we know that chronic health problems seldom have a "cure," it is easy to hope that these things will help us. We all want a "magic bullet."

   Therefore, it is important that we be able to evaluate what we hear so that we can make an informed decision about whether to try them or not.

   This is important for **any** treatment, something a medical doctor recommends as well as complementary and alternative treatments.

2. **Say in your own words:** If you are considering trying something new, there are some important questions that you should ask yourself in the process of making your decision. These questions help inform you. You can also use the decision-making exercise we learned in Session 3.

DO NOT COPY OR DISTRIBUTE

(Chart 22 on next page)

© Self-Management Resource Center, 2020

Chart 22

Evaluating Treatments

1. **Where did I learn about this?**

   Your health care provider, scientific journal, supermarket tabloid, ad on TV, your neighbor, or flyer?

2. **Were the people who got better like me?**

   Age, gender, lifestyle, same health problem, etc.

3. **Could anything else have caused these positive changes?**

   Seasonal change, other medication, emotional changes, change is stress level, etc.

4. **Does treatment suggest stopping other medications or treatments?**

   Does it require I stop taking another medication because of dangerous interactions?

5. **Does treatment suggest not eating certain foods?**

   Does it eliminate any important nutrients or stress only a few nutrients that could be harmful to me?

6. **Can I think of any possible dangers/harm?**

   "Natural" isn't necessarily better, just because it comes from a plant or animal. For example, hemlock is natural, but a deadly poison.

   These products are not regulated in most countries, and the dosages are not well controlled.

   In some cases, prescribed medications come from natural plants, such as the heart medication digitalis, which comes from the foxglove plant; it is "natural" but regulated so the dosage is exact and safe.

   What information does your health care provider or pharmacist have about this treatment?

7. **Can I afford it?**

   Financially, physically, emotionally

8. **Am I willing to go to the trouble/expense?**

   Do I have the necessary support in place? You might want to use the decision-making method we learned earlier in the workshop.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

3. **Say in your own words:** If you use the Internet as a source of information about medications or other treatments, it is important to be cautious. Not everything found on the Internet is correct, or even safe.

   Therefore, to help you find the more reliable sources look at the author or sponsor of the site and the **URL address**. Here are some examples:

Chart 23

Internet URL Addresses

http://www.ncoa.org – National Council on Aging
.org means that it is a non-profit organization

http://www.nih.gov – National Institutes of Health
.gov means that it is a government site

http:// stanford.edu – Stanford University
.edu means that it is an education institution, such as a college or university

http://www.webmd.com - WebMD
.com or .biz or .co means it is a commercial or for-profit site

DO NOT COPY OR DISTRIBUTE

4. **Say in your own words:** Websites from non-profits, government, and educational institutions are usually trustworthy.

   a. **.com or .co or .biz** sites are usually trying to sell or promote products or services, or they have advertisers on the site. You may want to consider these sites more cautiously.

   b. However, as in the case of WebMD, there are many reputable and valuable **.**com sites that are trustworthy and helpful, just as there can sometimes be incorrect information on some **.**edu, **.**org or **.**gov sites.

   c. You will find a list of helpful resources at www.bullpub.com/resources. This is also at the end of each chapter in your book. **(Leaders write this website on the board or flip chart.)**

5. **Say in your own words:** If you ask yourself these questions and decide to try a new treatment, remember it is very important to inform your health care providers

© Self-Management Resource Center, 2020

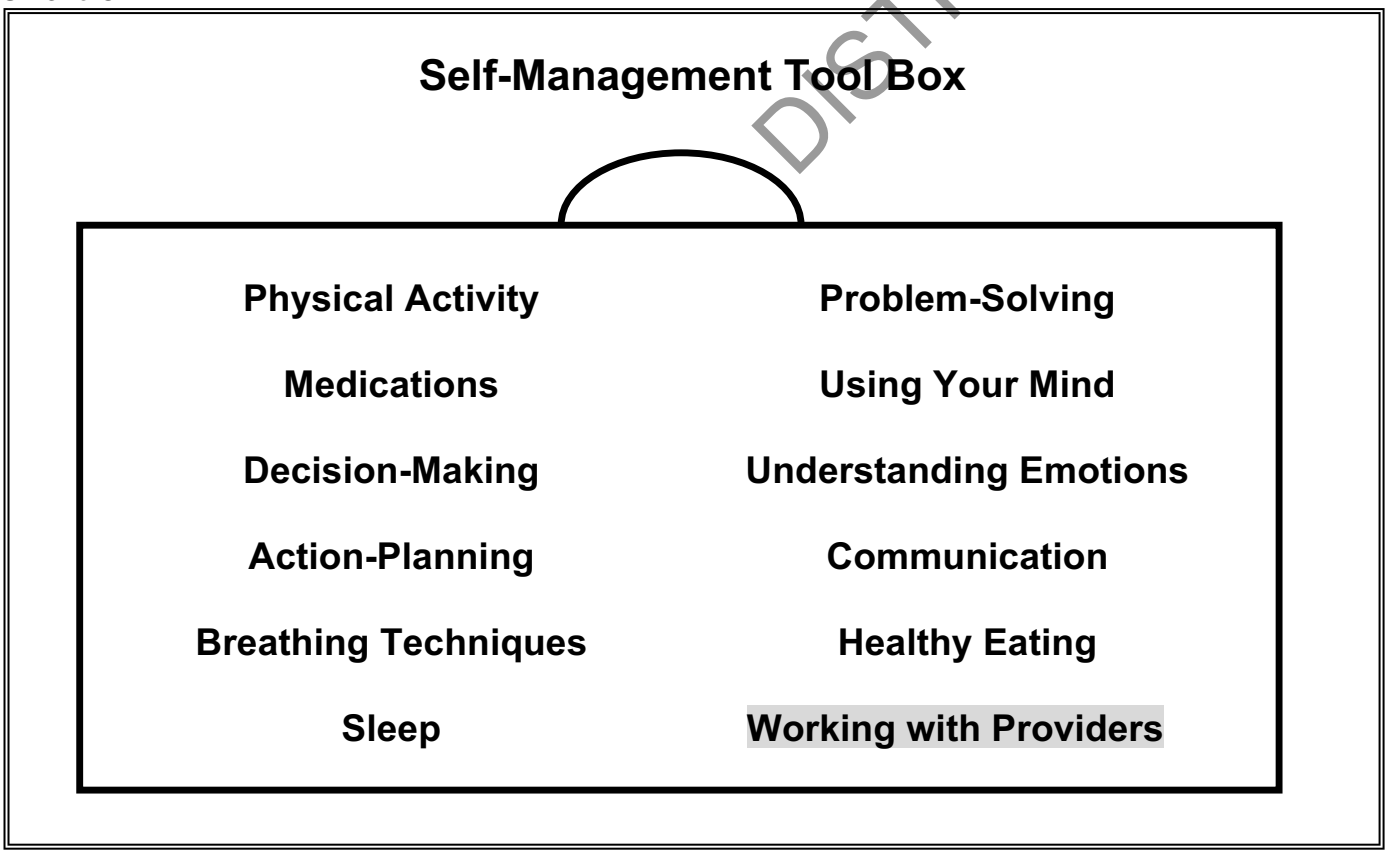
about it, and keep them informed on your progress during the time you are taking the treatment.

6. **Say in your own words:** Now we are going to continue by talking a bit more about working with the health care team.

Activity 3 — 25 minutes
WORKING WITH YOUR HEALTH CARE TEAM

Materials
- Chart 3, Self-Management Tool Box
- Chart 24, Take P. A. R. T.

Chart 3



DISTRIBUTE

1. **Say in your own words, pointing to Working with Providers on Chart 3:** Getting good health care and working actively as a member of your health care team can sometimes be difficult. Many may have strong feelings about their providers or health care organization. We do not want to name any specific providers or organizations here, but we do want you to think about some of the

© Self-Management Resource Center, 2020

problems or frustrations you have when working with both the health care organization and your providers. Let's brainstorm:

What problems do you have with your health care organization or health care providers?

Instructions to Leaders: Read over the list, ask if any ideas need clarification. Be sure to add any of the following if they were not mentioned:

a. long wait in waiting room
b. takes too long to get an appointment
c. too little time with health care provider
d. automated phones; can't talk to a person when needed
e. never see the same health care provider
f. difficult to get prescriptions refilled
g. cost
h. uses technical words; don't understand
i. doesn't explain my medications, tests, etc.
j. too quick to prescribe
k. never listens
l. always in a hurry
m. ignores my ideas
n. don't feel comfortable with provider
o. can't get test results

DO NOT COPY OR DISTRIBUTE

2. **Instructions to Leaders: Problem-solve** 1 or 2 of the problems from the list. Be sure to choose at least one problem with the health care organization (for example, a – g from the list above) and one problem with providers (for example, h – o from the list above).

Ask the group to come up with 4-5 possible solutions for each problem chosen. Write these on the board or flip chart. These suggestions should be given without comment or discussion. Leaders can also offer suggestions, but not until others in the group have participated.

© Self-Management Resource Center, 2020

Then, ask the participant who reported this problem if they can use any of the suggestions, and if so, which one. Recommend that they make a note of the helpful suggestion(s). (Remember the "Three yes buts . . . and you're out" rule.)

3. **Ask: Do any of the solutions we just came up with seem like they might work for any other problems we listed and if so which problems?**

(**Instructions to Leaders:** Take only a few responses from the group)

4. **Say in your own words:** One way to improve the way we work with our health care providers is to use the communication skills we discussed in Session 4. For example, use of an "I message" or "when this happens… I feel…" is a good place to start. Remember, when we use an "I message" we are reporting on how the situation makes us feel. For example, "I get frustrated because I don't understand. Sometimes the explanation or directions are too confusing." Or, "I don't understand what is being said."

   Instructions to Leaders: If there is time, practice using "I messages" or "when this happens… I feel…" with 1 or 2 of the problems from the brainstorm list. Choose a problem that can be solved by using communication skills.

5. **Say in your own words:** Remember that health care providers have problems, too. They work under many constraints, such as time limits for each appointment and lack of information (that's why it is so important to keep them informed about our condition). They get just as frustrated as we do.

6. **Say in your own words:** To use the brief time we have with the provider most effectively, it is important to bring up the concerns we might have at the beginning of the appointment rather than waiting until the end to ask questions when the provider is on the way out the door.

7. **Say in your own words, using Chart 24:** Working more effectively with the members of our health care team, means we have to **Take P.A.R.T.**:

(Chart 24 on the next page)

DO NOT COPY / DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 24

Take P.A.R.T.

P = Prepare

- **Keep track**

  Of your symptoms; monitor what's going on between visits to your provider. For example, are symptoms better, worse or the same; are changes slow or rapid; has anything changed in your life to affect you. Be sure to write this down, along with what you do to manage the symptoms, and whether it helped or not. This will help you spot trends or patterns in your condition.

- **Report**

  On your symptoms, changes and patterns in between visits. Also report on any medications or other treatments you are using, and their effects.

- **List**

  Your MAIN concerns or questions – make one copy for the provider and one for you to keep. Ask these questions at the beginning of the visit. If you have more than 2 or 3 questions, give the whole list to your provider, but do not expect answers to more than 2 or 3 during this visit. Your provider should see the whole list, however, because something that may not seem important to you may be important medically.

A = Ask

Questions about your diagnosis, tests, medications and follow up.

R = Repeat

Back to the provider key points discussed during the visit, like diagnosis, what to expect, next steps, treatment actions, etc. This gives both of you an opportunity to correct any miscommunications. It is also a good idea to take notes, so you can remember exactly what was discussed and what you agreed to do. Some providers/organizations provide these notes for you. Notes can be printed out for you or viewed in your portal.

T = Take action

If there are barriers to your following the provider's recommendations, let them know. Again, ask them to give you written instructions, if appropriate. If you are not given written instructions, write yourself an Action Plan for what you will do to follow-up the visit.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

8. **Say in your own words:** Many health care providers feel frustrated that they can't cure our health problems. So, it is helpful to remember that they are people too and need to know they are appreciated. A kind word and a simple “thank you” now and then can help both sides of the communication process.

   There are some more helpful tips on working with your providers and the health care system at the end of Chapter 11, pages 289-297, so please take some time to read them.

Activity 4 — 10 minutes
GUIDED IMAGERY RELAXATION

DO NOT DISTRIBUTE

Materials

- Chart 3, Self-Management Tool Box
- Chart 7, Symptom Cycle

Note to Leaders

Sometimes participants object to this and other cognitive techniques for religious or other personal reasons. If this occurs, the participant should be excused from the activity. They may choose to leave the room, pray, or sit quietly during the activity. Cognitive techniques should be pleasant or boring, but never frightening or physically painful. If participants are uncomfortable or frightened, they should be urged not to use the technique.

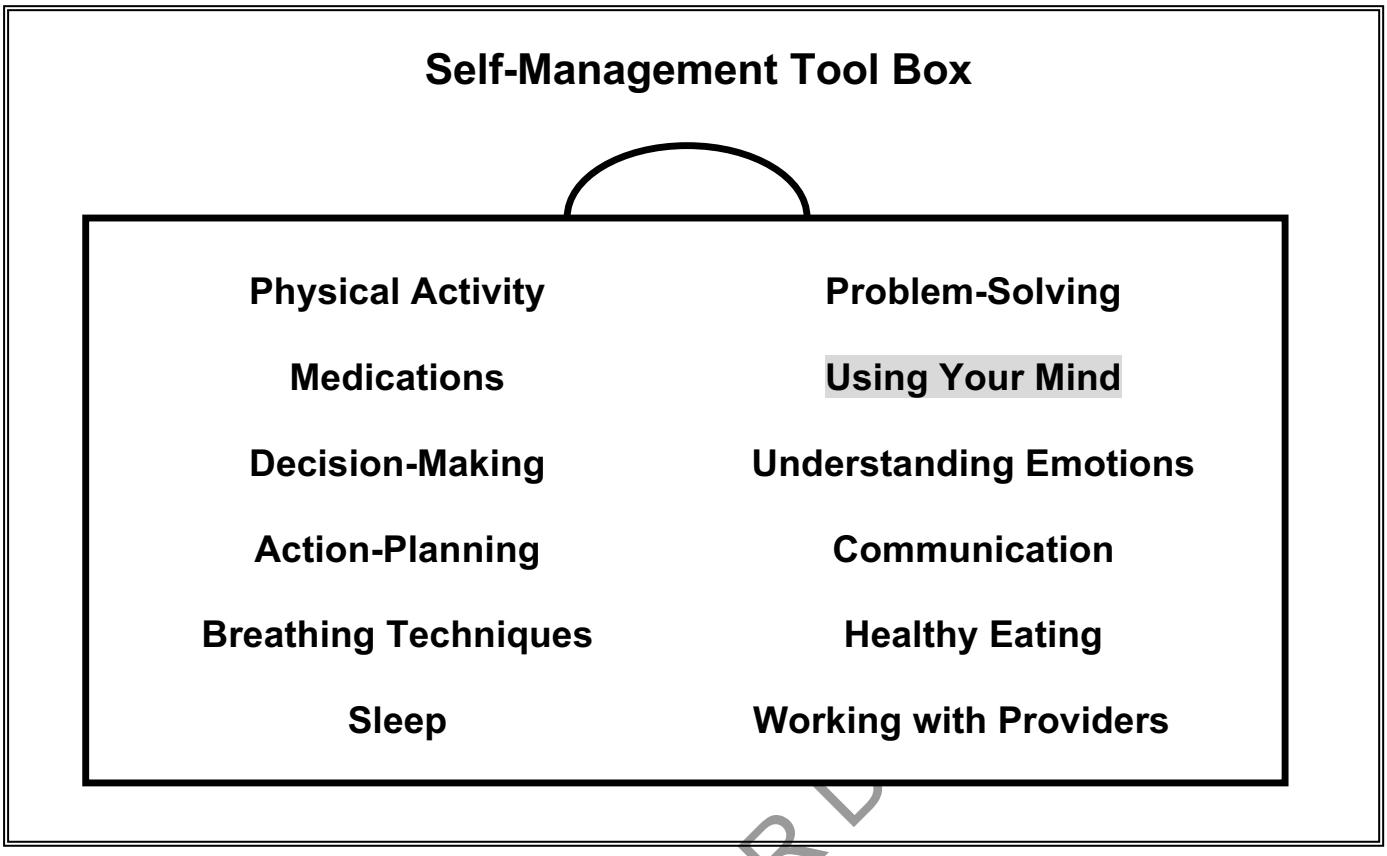
If someone falls asleep, one Leader should move toward them and if culturally appropriate, touch them lightly to awaken them.

1. **Say in your own words:** Last week we practiced the body scan relaxation. Now we are going to try another relaxation technique that uses the mind called guided imagery **(point to Using Your Mind on Chart 3)**. Guided imagery is like a guided daydream, where we transport ourselves to another time and place. Like distraction, which we practiced in week one, it helps take our mind off our symptoms or troubling thoughts. It has the added benefit of helping us achieve deep relaxation by picturing ourselves in a peaceful, relaxing environment.

(Chart 3 on the next page)

© Self-Management Resource Center, 2020

Chart 3



2. **Say:** Let's get started.

Instructions to Leaders: Lead the group through the Guided Imagery Relaxation using this script. Do not use any other script. Read the script slowly and pause for several seconds when you see the dots (...) and between paragraphs:

Guided Imagery – A Walk in the Country

You're giving yourself some time now to quiet your mind and body. Allow yourself to settle comfortably where ever you are right now. If you wish, you can close your eyes. Breathe in deeply through your nose, expanding your abdomen and filling your lungs. And pursing your lips, exhale through your mouth slowly and completely allowing your body to sink heavily into the surface beneath you. And once again breathe in through your nose and all the way down to your abdomen, and then breathe out slowly through pursed lips . . . Letting go of tension . . . letting go of

DO NOT COPY OR D

© Self-Management Resource Center, 2020

anything that's on your mind right now. . . and just allowing yourself to be present in this moment. . .

Imagine yourself walking along a peaceful old country road . . . The sun is gently warming your back . . . the birds are singing . . . the air is calm and fragrant . . .

With no need to hurry, you notice your walking is relaxed and easy. As you walk along in this way, taking in your surroundings, you come across an old gate. It looks inviting and you decide to take the path through the gate. The gate creaks as you open it and go through.

You find yourself in an old, overgrown garden . . . flowers are growing where they have seeded themselves, vines climbing over a fallen tree, soft green wild grasses, shade trees.

You notice yourself breathing deeply . . . smelling the flowers . . . listen to the birds and insects . . . feeling a gentle breeze cool against your skin. All of your senses are alive and responding with pleasure to this peaceful time and place . . .

When you're ready to move on, you leisurely follow a path out behind the garden eventually coming to a more wooded area. As you enter this area, your eyes find the trees and plant life restful. The sunlight is filtered through the leaves. The air feels mild and a little cooler . . . You savor the fragrance of trees and earth . . . and gradually become aware of the nearby stream. Pausing, you allow yourself to take in the sights and sounds, breathing in the cool and fragrant air several times . . . And with each breath, you notice how refreshed you are feeling . . .

Continuing along the path for a while, you come to the stream. It's clear and clean as it flows and tumbles over the rocks and some fallen logs. You follow the path easily along the creek for a way, and after a while, you come out into a sunlit clearing, where you discover a small waterfall emptying into a quiet pool of water.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

You find a comfortable place to sit for a while, a perfect niche where you can feel completely relaxed.

You feel good as you allow yourself to just enjoy the warmth and solitude of this peaceful place . . .

After a while, you become aware that it's time to return. You arise and walk back down the path in a relaxed and comfortable way, through the cool fragrant trees, out into the sun-drenched overgrown garden . . . One last smell of the flowers and out the creaky gate.

You will leave this country retreat for now and return down the road. You notice you feel calm and rested. You feel grateful and remind yourself that you can visit this special place whenever you wish to take some time to refresh yourself and renew your energy.

And now, preparing to bring this period of relaxation to a close, you may want to take a moment to picture yourself carrying this experience of calm and refreshment with you into the ordinary activities of your life, . . . and when you're ready, take a nice deep breath and open your eyes.

COPY OR DISTRIBUTE

3. **Instructions to Leaders:** Ask for a show of hands if anyone's discomfort or tension decreased, or if their hands seemed warmer. Point out that the relaxation response, along with calming the mind and nervous system, also increases circulation – to our hands and feet and to our muscles.

   Explain that with practice these effects will increase. Encourage them to practice relaxation at home. Inform them that this script and a script called a 'Walk on the Beach" are printed in their books, *Living a Healthy Life with Chronic Conditions*. In addition to the script in the book, the relaxation CD also has a longer version of this exercise, should they prefer to use a CD.

BREAK 20 minutes

© Self-Management Resource Center, 2020

Activity 5 — 45 minutes
LOOKING BACK AND PLANNING FOR THE FUTURE

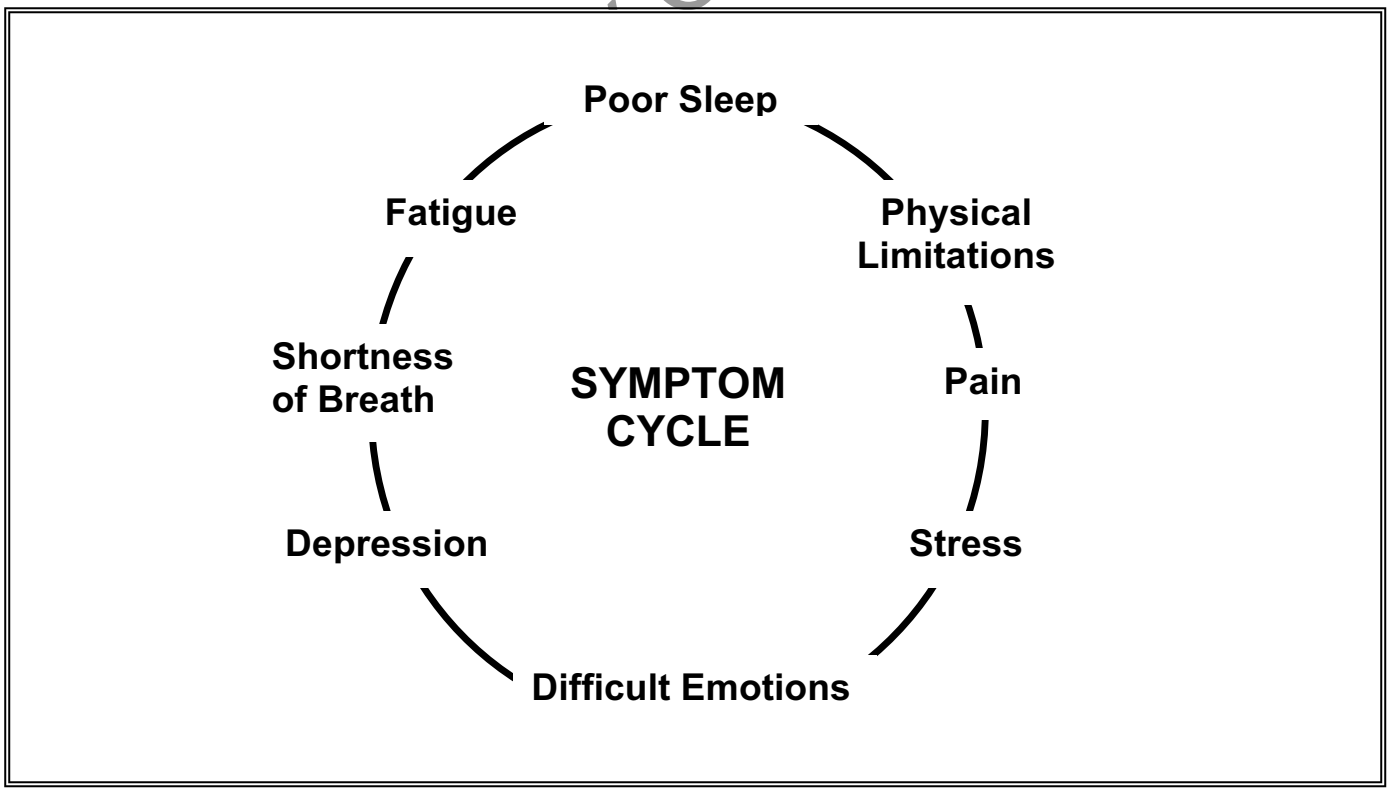
Materials

- Chart 3, Self-Management Tool Box
- Chart 7, Symptom Cycle

NOTE TO LEADERS: This activity is very powerful. Leaders and participants are often emotional (have tissues available).

1. **Say in your own words, using Chart 7:** As we have said throughout this workshop, having a chronic physical or mental health condition creates a vicious cycle of symptoms. Each symptom can make the others worse; this, in turn, causes problems that make our lives more difficult to navigate. Our paths become a bit rougher with more ups and downs, and twists and turns. We shared some of these problems both at the beginning and during the workshop.

Chart 7



© Self-Management Resource Center, 2020

2. **Say in your own words:** We've also stopped to examine ways to manage these problems and break the Symptom Cycle at different points.

3. **Say:** Let's do a brainstorm. The question we are going to brainstorm is:

What are the self-management tools we've learned in this workshop?

Instructions to Leaders: Brainstorm the question, writing the responses on the board or flip chart.

Read through the list and ask if any need clarification.

4. **Ask: Which specific tools have helped you the most?**

Instructions to Leaders: Take only a few responses from the group.

5. **Instructions to Leaders: Pointing to the different tools on Chart 3 and the symptoms on Chart 7**, discuss briefly how these different tools can be used to break the Symptom Cycle at the different points.

   a. For example, Physical Activity can break the cycle at almost any point, the techniques that use our minds can help manage the pain, fatigue, stress and emotions.

   b. Problem-Solving, Decision-Making and Action Planning are the key tools in everyone's Tool Box. These three tools help us find and make the best use of these other tools.

DO NO

(Chart 3 on the next page)

© Self-Management Resource Center, 2020

Chart 3

Self-Management Tool Box

Physical Activity	**Problem-Solving**
Medications	**Using Your Mind**
Decision-Making	**Understanding Emotions**
Action-Planning	**Communication**
Breathing Techniques	**Healthy Eating**
Sleep	**Working with Providers**

DO NOT COPY OR D

6. **Say in your own words:** Remember we do not have to use **all** the tools here. Rather, we may find one, two, or three things that work well for us.

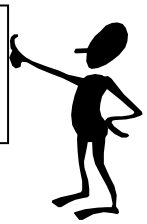
   a. Something may work better at one time than it does at another, so we have a variety of tools we can choose from, depending on the circumstances at that time. Some tools may sit in the Tool Box for years, but you have them ready when you need them.

   b. Once the cycle is broken, it is broken – but it often repairs itself, so we may have to break it again and again.

7. **Say in your own words:** Now, let's take a few minutes to think about what steps we'll take next.

   Say: What are your goals for the next three to six months and what are some of the steps will you take to reach these goals?

IMPORTANT MODELING MOMENT



Instructions to Leaders: Leaders should start this process by stating their goals, how they plan to get there, and their

© Self-Management Resource Center, 2020

confidence level. For example, “My goal is to be able to walk an hour when I am on vacation. To do this, I will increase the time I walk each week, and my confidence is 8.”

8. **Instructions to Leaders:** Ask for a volunteer to start, and then go around the room. Have participants state:

   - their next goal
   - the specific steps they plan to take toward reaching their goal
   - and how sure they are that they can accomplish the goal on a scale of 0-10.

9. **Instructions to Leaders:** If someone is not confident, have the person identify any anticipated problems, barriers or setbacks they may encounter. Choose one to three problems from those who are *not* confident (depending on time) and have the group help identify solutions.

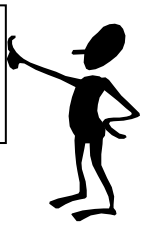
10. **Say in your own words:** Now, we’d like to go around the room and share with each other what we have **accomplished** during this workshop.

    a. We can use the letters we wrote for our health care providers, if you’d like. It would be great if you sent these, but only if you wish.

    b. If anyone notices anything else that a person has accomplished, please speak up after they have shared.

11. **Instructions to Leaders:** Start with yourselves, then ask for a volunteer to start and then go around the room.

IMPORTANT MODELING MOMENT



12. **Say in your own words:** We want to point out that everyone in this workshop has made one very important accomplishment: **you have helped each other.** If we can help someone else along a rough path, we aren't as aware of the difficulties on our own path. People who help other people are happier and healthier. We can all find ways to be useful to others in our lives.

13. **Instructions to Leaders:** Ask the group to *applaud* themselves and each other as acknowledgement of their progress.

14. **Say in your own words:** Now, we are going to do a short exercise to help reinforce our positive feelings about the progress we have made during the last

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

six weeks. We are going to visualize ourselves successfully fulfilling the plans we just made for the future.

15. **Instructions to Leaders:** Read the following script and remember to pause when you see the dots (. . .):

Close your eyes . . . breathe deeply three times . . . in through your nose and all the way down to your abdomen, and then out slowly through pursed lips . . . Think about your progress and your many accomplishments during the last six weeks. . . Each week you reported success in completing your Action Plans and used your problem-solving skills to make the changes you needed to reach your weekly goals. . . You took time to explore new ways to use your mind with activities like distraction . . . relaxation . . . and guided imagery to deal with the rough spots on your path . . . You learned more about healthy eating. . . sleep . . . and physical activity . . . to add to your healthy habits. . . And you learned how to communicate better with yourself, family and friends and to work with your health care team . . . You shared your knowledge and experience, and supported and helped each other along the way . . . These are your many accomplishments . . . Now, watch yourself as you successfully complete the steps you need to take to fulfill your future plans . . . *(pause 30 to 40 seconds)* . . . Think about how good you feel being able to do this . . . Now take three more deep breaths and, when you are ready, open your eyes.

DO NOT COPY OR DISTRIBUTE

Activity 6 — 20 minutes
CLOSING

1. **Instructions to Leaders:** Invite participants to read the remainder of the book, *Living a Healthy Life with Chronic Conditions.* It contains more information about other topics we did not cover in this workshop and is good reference and resource for the future to help reinforce what we've learned here.

2. **Instructions to Leaders:** Ask participant who arranged it to pass out phone lists (if requested in Session 5).

© Self-Management Resource Center, 2020

3. **Instructions to Leaders:** Encourage participants to continue calling each other for support.

4. **Instructions to Leaders:** Remind participants to continue making Action Plans as part of their self-management program.

5. **Instructions to Leaders:** Stay around for a few minutes to answer questions and clean up. (Optional: You may end with a small party if you wish, but not until the session is over, and if the site allows this.)

6. **Instructions to Leaders:** Turn in attendance sheet to sponsoring organization.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

APPENDIX I: CHARTS, AGENDAS AND HANDOUT

Charts for the workshop are shown with the required content only.

We recommend that Leaders make their own charts. This helps the Leader know the workshop content better. They do not need to be "professional" looking.

Charts should be easily readable from across the room. For that reason, we recommend the use of the standard-sized chart pads, about 27" X 32".

Do NOT use overheads or PowerPoint. These require reduced lighting and make noise. They also take the focus away from the group and separates the presenter from the group. Besides, you never know when the bulb will burn out!

Tips about charts:

- There are "static" chart pads made of lightweight plastic that are ideal. The sheets cling to walls without tape. Permanent markers do not bleed through, and they can also be used with erasable whiteboard markers for brainstorms, etc. They can be rolled up easily and carried. They are a little more expensive than paper. They last longer than paper, too, but care must be taken not to tear them.

- If you use paper chart pads, there are some that have a light blue grid printed on them. The grid enables you to print on a straight line, as well as to figure out spacing.

- Do not use light color marking pens. Colors like yellow, orange, or light blue are not readable unless you are very close to them. Black, brown, dark blue, red, dark purple, dark green pens will show up the best.

- The material in your Leader's Manual shown in italics with the chart can be added to the chart with light pencil or on Post-Its. They can only be seen by the leader that way and will keep the chart simple from the participant's view.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 1

Guidelines

1. **Come to every session**
2. **Be respectful of others and their ideas**
3. **Maintain confidentiality**
4. **Give any new activities at least a two-week trial**
5. **Make and complete a weekly action plan**
6. **Turn off or silence electronic devices**

DO NOT COPY OR DISTRIBUTE

Chart 2

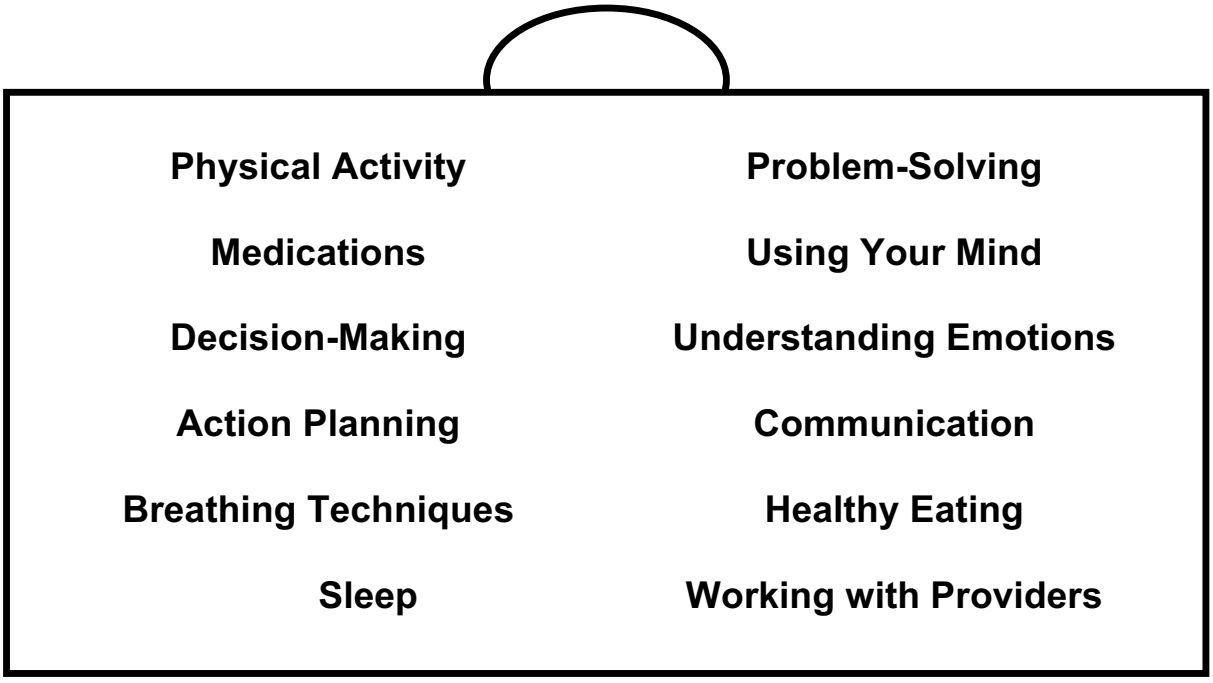
Self-Management Tasks

1. **Take care of health condition**
2. **Carry out normal activities**
3. **Manage emotional changes**

© Self-Management Resource Center, 2020

Chart 3

Self-Management Tool Box



COPY

Chart 4

Brainstorming

- **Anyone can share**
- **No commenting during brainstorm**
- **No questions until after**
- **Clarification waits until after**

© Self-Management Resource Center, 2020

Chart 5

Parts of an Action Plan

1. **Something YOU want or decide to do**
2. **Achievable**
3. **Action-specific**
4. **Answer the questions:**
   - **What? (specific action)**
   - **How much? (time, distance, amount)**
   - **When? (time of day or which days of the week)**
   - **How often? (number of days in the week)**
5. **Confidence level of 7 or more**

Y OR DISTRIBUTE

Chart 6

Problem-Solving Steps

1. **Identify the problem**
2. **List ideas**
3. **Select one**
4. **Assess the results**
5. **Substitute another idea**
6. **Utilize other resources**
7. **Accept that the problem may not be solvable now**

© Self-Management Resource Center, 2020

Chart 7

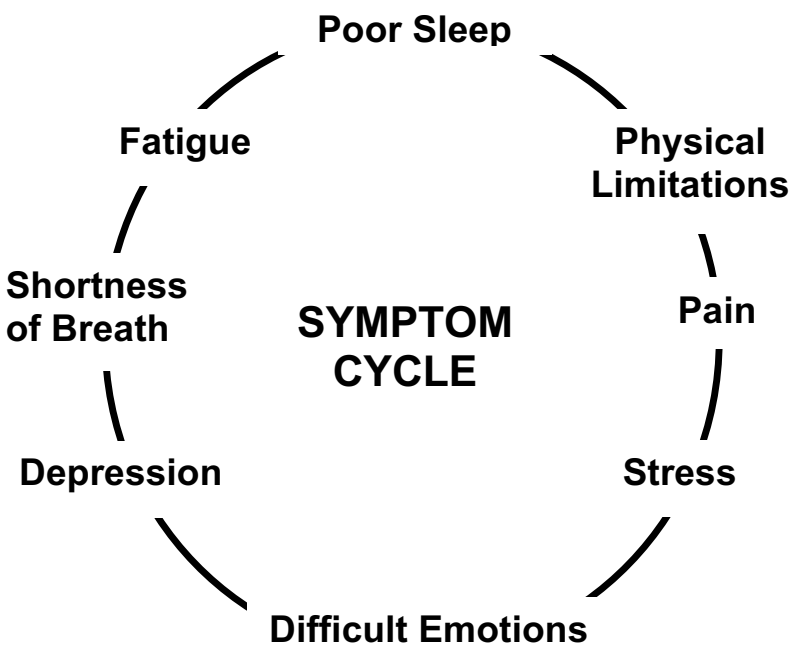


Chart 8

Three Kinds of Physical Activities and Goals

1. **Flexibility**

   Goal: 10 minutes without stopping

2. **Strengthening**

   Goal: 8-10 strengthening exercises, 2-3 days a week

3. **Endurance or Aerobic**

   Goal: Moderate aerobic activities 30-40 minutes, 3 - 5 days a week

© Self-Management Resource Center, 2020

Chart 9

Reduce the Risk of Falling

- **Exercise**
- **Have your vision and hearing checked**
- **Take care of your feet**
- **Make your home safer**
- **Talk to your healthcare professional**

Chart 10

Decision-Making Steps

1. **Identify the decision**
2. **Write down the 'PROs' and 'CONs' for each option**
3. **Give a score to each statement from 1 being not important to 5 being very important**
4. **Add each column and compare the results to find the higher score**
5. **Ask yourself how this option meets the "gut test"**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 11

Decision to be made: 'Should I take this new medication?'

PROs	Score (1 - 5)	CONs	Score (1 - 5)
My doctor thinks I should do it	5	There may be side effects	3
It could help prevent complications	4	It's yet another pill I have to remember to take	1
I might feel better	5	It costs too much. I may not be able to afford it	3
		It may not work	4
PROs Total	14	CONs Total	11

The PROs total is greater than the CONs

Decision result is: To start the new medication

Ask the question: 'Does this meet the gut test?'

DO NOT COPY OR DISTRIBUTE

Chart 12

Moderate Endurance Exercise

You will feel

- **Slightly faster heart rate**
- **Faster, deeper breathing**
- **Slightly warmer**

You should be able to:

- **Continue for at least 10 minutes**
- **Talk or recite a poem**
- **Recover after 30 minutes**

Chart 13

Monitoring Exercise Intensity

- **Talk Test**
- **Self-Rating of Exertion**
- **Count your pulse**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 14

Be F. I T

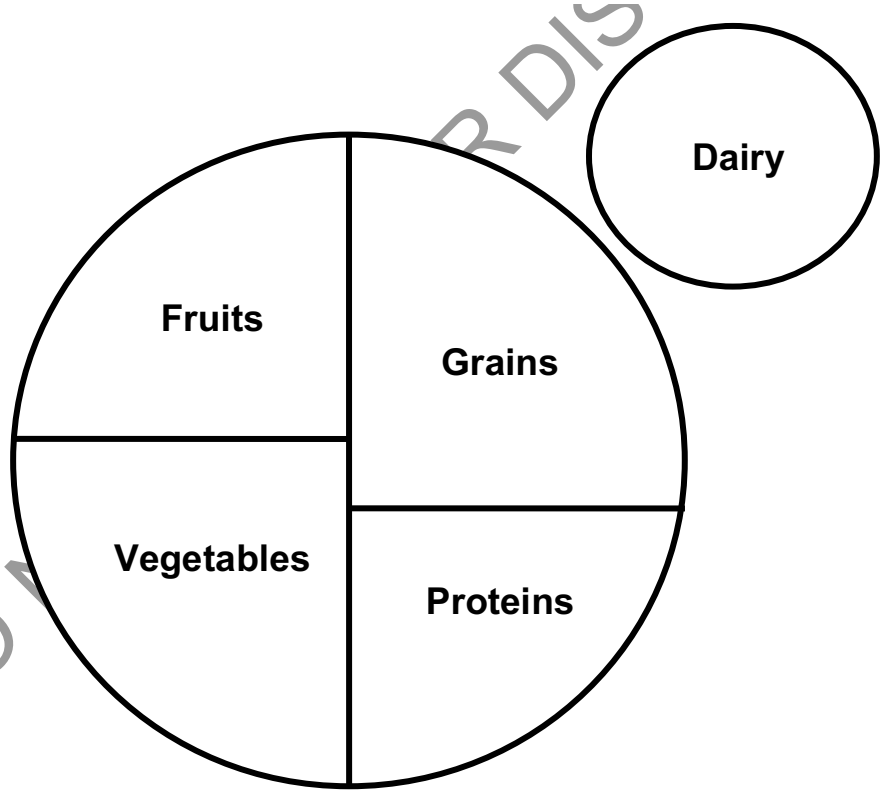
F = Frequency - 3-5 days a week

I = Intensity - how hard you work

T = Time - how much you exercise each day

Chart 15

The Plate Method



DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 16

Reasons for Shortness of Breath

- **Damaged lungs**
- **Weakened heart**
- **Increased demands**
- **Narrowed breathing passages**
- **Low number of red blood cells**
- **High altitude**
- **Excess body weight**
- **Stress and anxiety**
- **Smoking or secondhand smoke**

Y OR DISTRIBUTE

Chart 17

Communication Skills

1. **Identify**
2. **Express your feelings**
   - **Use direct 'I' messages**
   - **Use 'When this happens…I feel…'**
3. **Listen attentively**
4. **Clarify**

© Self-Management Resource Center, 2020

Chart 18

Purposes of Medications

1. **Relieve symptoms**
2. **Prevent further problems**
3. **Improve the disease or slow its progress**
4. **Replace substances body normally produces**

Chart 19

Unexpected Medication Effects

No noticeable effect

- **Condition has no noticeable symptoms**
- **Prevents you from getting worse**
- **Hasn't started to work yet**
- **Just isn't working**

Negative effects

- **Allergy: dangerous and need immediate reporting**
- **Side effects: annoying and unwanted but often not dangerous**

DO NOT COPY OR DISTRIBU

Chart 20

Medication Responsibilities

1. **Inform ALL your health providers of ALL medications and dosage**
2. **Make and carry a medication list**
3. **Know why you are taking each medication and how to take it**
4. **Report effects of each medication or if you are not taking it as prescribed**
5. **Use medications as prescribed**
6. **Use your mind**

Chart 21

Ways to Manage Negative Thinking

Identify negative thought and emotions.

- **Are your thoughts accurate?**
- **Challenge your thoughts.**
- **What have you done in the past in similar situations?**

Stop worst case thinking

- **Take a break from worrying**
- **Focus on your effort**
- **Make small action plans**
  - **Use a thought stopper**
  - **Get help**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Chart 22

Evaluating Treatments

1. **Where did I learn about this?**
2. **Were the people who got better like me?**
3. **Could anything else have caused these positive changes?**
4. **Does treatment suggest stopping other medications or treatments?**
5. **Does treatment suggest not eating certain foods?**
6. **Can I think of any possible dangers/harm?**
7. **Can I afford it?**
8. **Am I willing to go to the trouble/expense?**

V OR DISTRIBUTE

Chart 23

Internet URL Address

http://www.ncoa.org – National Council on Aging

http://www.nih.gov – National Institutes of Health

http://www.stanford.edu – Stanford University

http://www.webmd.com - WebMD

© Self-Management Resource Center, 2020

Chart 24

Take P. A. R. T.

P = Prepare

- **Keep track**
- **Report**
- **List**

A = Ask

R = Repeat

T = Take action

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Agendas should be posted each session, either as a pre-made chart or on a part of the board that is not erased until the end of the session. Agendas help with time management.

Session 1

Activity 1:	Introduction (45 minutes)
Activity 2:	Fatigue and Getting a Good Night's Sleep (20 minutes)
	BREAK (20 minutes)
Activity 3:	The Mind-Body Connection/Distraction (20 minutes)
Activity 4:	Introduction to Action Plans (35 minutes)
Activity 6:	Closing (10 minutes)

Session 2

Activity 1:	Feedback/Problem-Solving (20 minutes)
Activity 2:	Introduction to Problem-Solving (5 minutes)
Activity 3:	Dealing with Difficult Emotions (40 minutes)
	BREAK (20 minutes)
Activity 4:	Introduction to Physical Activity and Exercise (20 minutes)
Activity 5:	Preventing Falls and Improving Balance (20 minutes)
Activity 6:	Making an Action Plan (20 minutes)
Activity 7:	Closing (5 minutes)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Session 3

Activity 1:	Feedback (20 minutes)
Activity 2:	Making Decisions (25 minutes)
Activity 3:	Pain Management (20 minutes)
	BREAK (20 minutes)
Activity 4:	Endurance Exercise (20 minutes)
Activity 5:	Healthy Eating (20 minutes)
Activity 6:	Making an Action Plan (20 minutes)
Activity 7:	Closing (5 minutes)

Session 4

Activity 1:	Feedback (20 minutes)
Activity 2:	Better Breathing (15 minutes)
Activity 3:	Reading Food Labels – Part 1 (20 minutes)
Activity 4:	Exercise Practice (5 minutes)
	BREAK (20 minutes)
Activity 5:	Problem-Solving (25 minutes)
Activity 6:	Communication Skills (25 minutes)
Activity 7:	Making an Action Plan (15 minutes)
Activity 8:	Closing (5 minutes)

DO NOT DISTRIBUTE

© Self-Management Resource Center, 2020

Session 5

Activity 1:	Feedback (20 minutes)
Activity 2:	Reading Food Labels – Part 2 (25 minutes)
Activity 3:	Medication Usage (20 minutes)
Activity 4:	Relaxation Body Scan (10 minutes)
	BREAK (20 minutes)
Activity 5:	Dealing with Depression (15 minutes)
Activity 6:	Communication with Ourselves – Self Talk (20 minutes)
Activity 7:	Making an Action Plan (15 minutes)
Activity 8:	Closing (5 minutes)

Session 6

Activity 1:	Feedback (20 minutes)
Activity 2:	Making Informed Treatment Decisions (10 minutes)
Activity 3:	Working with Your Health Care Team (25 minutes)
Activity 4:	Guided Imagery (10 minutes)
	BREAK (20 minutes)
Activity 5:	Looking Back and Planning for the Future (45 minutes)
Activity 6:	Closing (20 minutes)

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Workshop Overview and Homework Handout

The Workshop Overview handout should be photocopied for your workshop participants. This is the **ONLY** handout for the participants.

The homework assignments on the page following the overview may be copied on the back of the Workshop Overview.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Workshop Overview

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Overview of self-management and chronic health conditions	●					
Fatigue and Getting a good night's sleep	●					
Using your mind to manage symptoms	●				●	●
Making an action plan	●	●	●	●	●	
Feedback		●	●	●	●	●
Problem-Solving		●		●		
Dealing with difficult emotions		●				
Physical activity and exercise		●	●	●		
Preventing falls		●				
Making decisions			●			
Pain management			●			
Healthy eating			●	●	●	
Better breathing				●		
Communication skills				●	●	
Medication usage					●	
Dealing with depression					●	
Making Informed treatment decisions						●
Working with your health care team						●
Future plans						●

DO NOT COPY OR DISTRIBUTE

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Homework by Session

Session 1:

- Reading covered this session: Chapters 1 & 2, pages 90-92, 106-110 and 148-149
- Practice using distraction.

Session 2:

- Reading covered this session: pages 25-26, 87-90, 110-123, Chapters 7, 8 and 9
- Think about how you would like to start an exercise program or increase the program that you are now doing.
- You may want to keep a journal of your feelings.
- In Session 3, we will be talking about making decisions. Please think of something in your life for which you need to make a decision and have it ready for next week's activity.

Session 3:

- Reading covered this session: pages 27-28, 92-98, 129-133, Chapters 7 and 10
- Choose one of the methods of monitoring exertion and check your exertion level during different activities and exercises.
- **In Session 4, we will look at what we eat for at least 2 days during this week.**
  - We suggest using one day during the week and one day on the weekend because our eating habits are often different on the weekends.
  - We will share what we learned. This information will be useful when we talk about healthy eating next week.

Session 4:

- Reading covered this session: pages 25-26, 69-71, 98-106, Chapters 10 and 11
- Keep the food diary again for one weekday and one weekend day. Look at your portions and the number of calories, and grams of fat and sodium you are eating, especially saturated and trans fats.

Session 5:

- Reading covered this session: pages 110-116, 137-143, 150-159, Chapters 10 and 13
- Make a personal medication list, with names of all your medications, the provider who prescribed it, dosage, date started, reason for taking it, and any drug allergies.
- We invite you to call, email or write a letter to your provider about what you have accomplished during this workshop. If you are not pleased with your progress over the past 6 weeks, please write a letter or email the developers of this workshop explaining your reasons. The address is: Self-Management Resource Center • PO Box 219 • Aptos CA 95001 USA • or email: SMRC@SelfManagementResource.com. You don't have to mail or show these letters, but please bring them with you next week to use during the sharing activity. If you mail the letter to your provider, though, it would help to spread the word. Also, we would like your permission to share your letters with SMRC and your Congress representatives to gain support for funding these programs. Please tell us if you are giving us permission to share your letter.

Session 6:

- Reading covered this session: pages 143-148, 289-297, Chapter 13

NOTE: If you are interested in other self-management programs like this, please check out the Evidence-Bases Leadership Council's (EBLC) website for programs in your area: **http://www.eblcprograms.org/evidence-based/map-of-programs**

DO NOT COPY OR DISTRIBUTE

DO NOT COPY OR DISTRIBUTE

APPENDIX II: ACTION PLAN AND FEEDBACK FLOW CHARTS

The following flow charts are designed to help the Leader make decisions on how to help a participant make an Action Plan or problem-solve barriers either during the Action Plan or Feedback activities.

It can help in two ways:

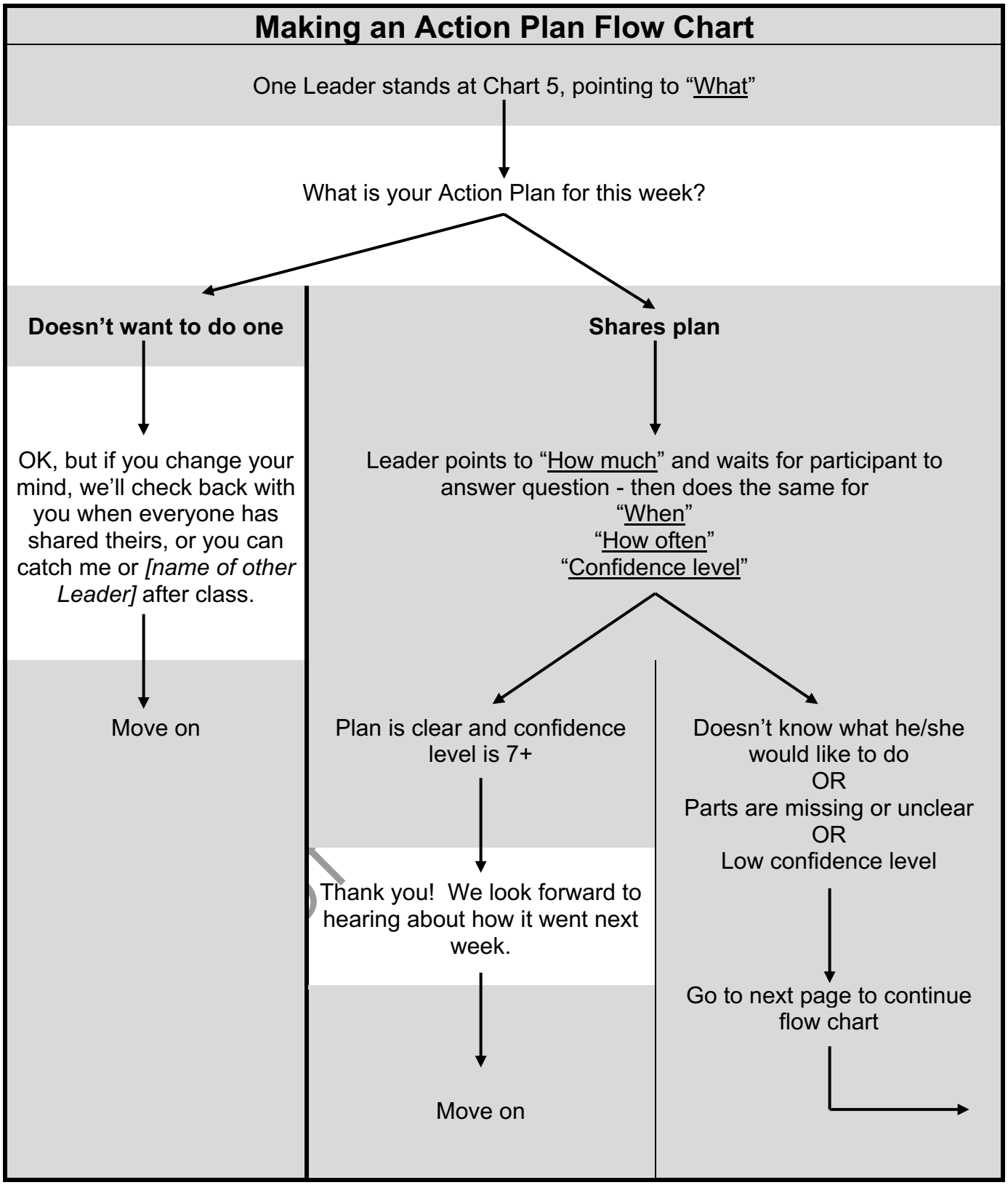
1. The Leader can use the charts to prepare for the Action Plan and Feedback activities

2. The Co-Leader can follow the chart while the Leader facilitating is working with a participant, reminding him/her if something is missed

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Making an Action Plan Flow Chart



© Self-Management Resource Center, 2020

Making an Action Plan Flow Chart (continued from previous page)

Plan is clear, but confidence level less than 7

One Leader points to "Confidence" on Chart 5

Your confidence level is under 7, which tells us that you are unsure that you can complete your plan. What is it that makes you unsure?

What do you think you could do to your plan that would make you more sure?

[prompt if nothing is offered:]

Could less time or fewer days help you feel more sure?

Doesn't know what to do, parts missing or unclear

Go to next page to continue flow chart

Participant has adjusted plan

Great! Could you please restate you plan, starting with "I will"?

Move on

Participant doesn't have ideas

Would you like some ideas from the group?

NO

We need to go to the next person. *[Name of other Leader]* and I will be available at break or after class, if you'd like more help.

Move on

YES

Brainstorm ideas from the group, asking person to keep track of ideas

Ask if any of the ideas were helpful, ask to restate plan, starting with "I will".

Move on

NO COPY

© Self-Management Resource Center, 2020

Making an Action Plan Flow Chart (continued from previous page)

Plan is unclear, missing parts, or participant doesn't know what he she wants to do

The more specific the plan, the greater chance of success!

Leader points to each section of the plan on Chart 5 while discussing these

Doesn't know what to do	"What" is not clear	"How much" is not clear or missing	"When" is not clear or missing	"How often" is not clear or missing
Would you like to listen to other plans and have us come back to you? [OR] Would you like to think about it some more? If you need help, you can catch us after class.	• Is it an action, or the result of an action? For example, losing weight is not an action. • Is it something that can be measured?	• This is amount of time, distance, volume, number of repetitions, etc.	• This is which days of the week, times of the day • Commonly mixed up with "how often"	• How many days this week? • This is a number, not days of the week

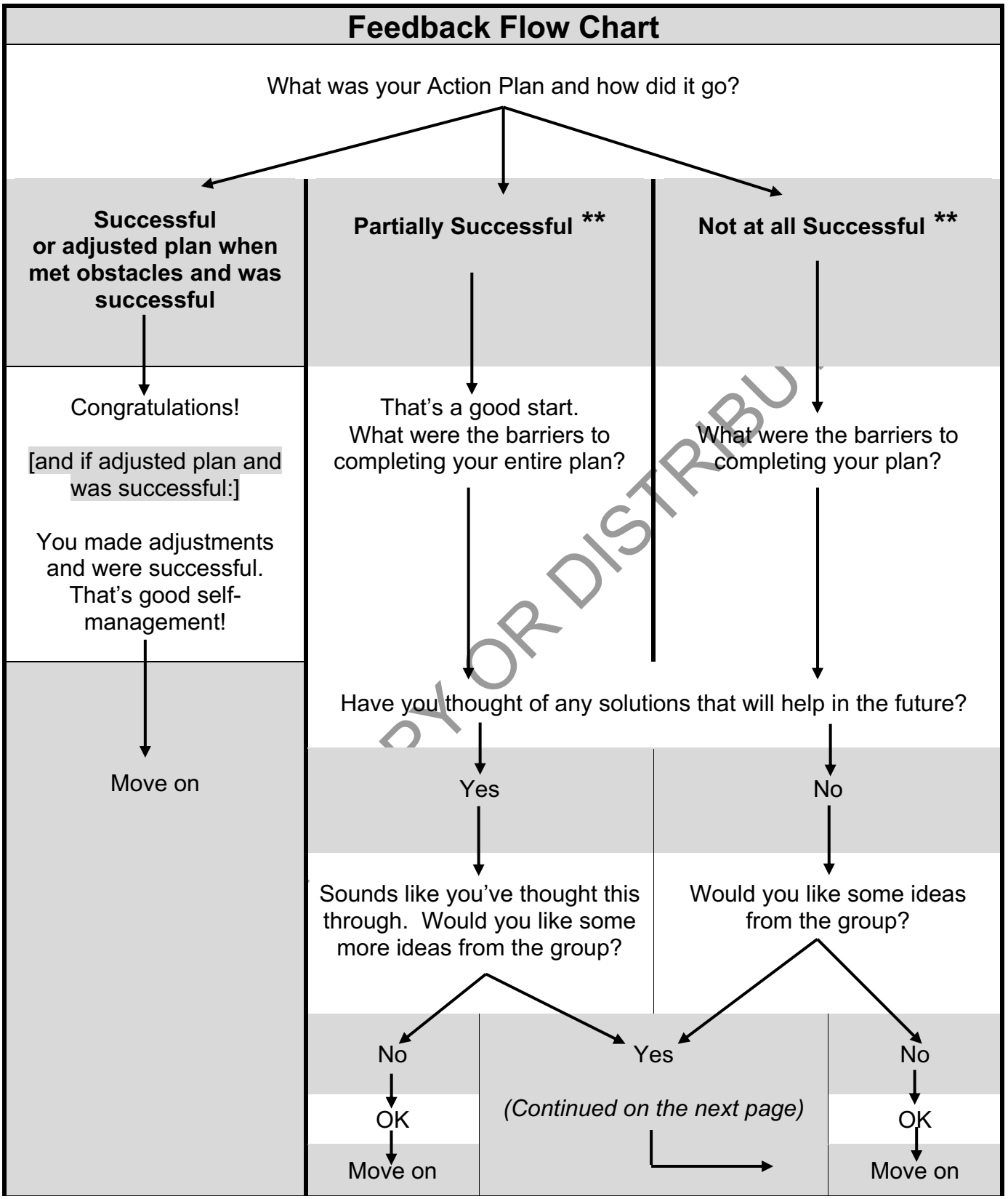
Move on

Once clarified, ask them to repeat the plan, starting with "I will".

Remember – 3 "yes buts" and they're out!

© Self-Management Resource Center, 2020

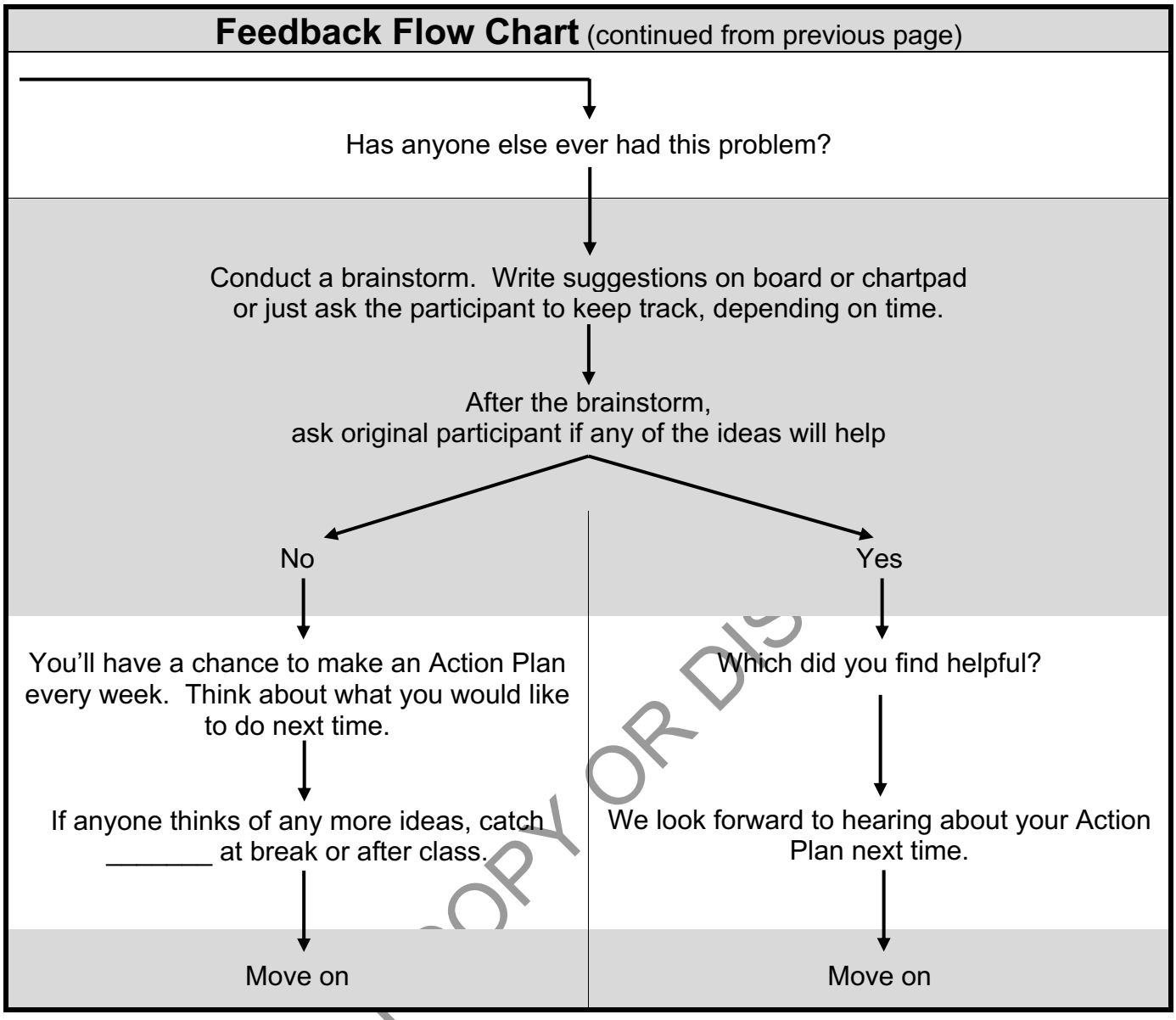
Feedback Flow Chart



COPY OR DISTRIBU

© Self-Management Resource Center, 2020

Feedback Flow Chart (continued from previous page)



NOT COPY OR DIS

**** If someone is partially successful or not successful because of being sick or other reasons out of their control**

Sometimes life gets in the way. You need to take care of yourself.

Don't forget, though, that you can adjust or completely change your Action Plan at any time.

Remember – 3 "yes buts" and they're out!

© Self-Management Resource Center, 2020

APPENDIX III: "PROBLEM" ACTION PLAN AND FEEDBACK EXAMPLES

Please see the Action Plan and Feedback flow charts in Appendix II for guidance. This appendix gives you some examples of Action Plans and Action Plan Feedback that are problematic.

Remember:

"What" = Specific action (e.g., walking, replacing junk food snacks with fruit)

"How much" = Time, distance, amount, etc., (e.g., 30 minutes, 5 blocks, 5 repetitions, 1 glass, 1 serving)

"When" = Time of days or days of the week (e.g., after dinner, Monday and Wednesday)

"How often = Number of times in the week (avoiding "every day")

"Confidence level" = from "0" being not at all sure to "10" being totally sure (of completing the entire plan)

DO NOT COPY OR DISTRIBUTE

Action Plans

Doesn't Know What to Do

Leader: What is your Action Plan this week?

Participant: I don't know. What do you think I should do?

Leader (pointing to chart): This is **your** Action Plan, and it can be about anything. Is there something you would **like** to do?

Participant: Well, I can't really think of anything right now.

Leader: Maybe you will get some ideas as you listen to others. We'll come back to you.

Co-Leader should make sure that the facilitating Leader remembers to come back to that person after everyone else has shared, then:

Leader: Did you think of something you would like to do this week?

Participant: Not yet.

Leader: That's OK, if you think of something during the week, you can make an Action Plan with yourself then. We can also help you a little more after class today, if you'd like.

© Self-Management Resource Center, 2020

And again, at the end of the session:

Leader: Have you decided on something you would like to do this week?

Participant: No

Leader: That is OK, you will have another chance next week.

Doesn't Want to Make a Plan

Leader: What is your Action Plan this week?

Participant: I don't want to do an Action Plan.

Leader: That's OK. If you change your mind after you hear some others, please let us know.

Leader moves on to the next participant. The person should be invited again to make a plan next week.

Makes Plan for Every Day

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):

What: I will work in my garden
How much: a half-hour
When: before dinner
How often: every day
Confidence: 9

Leader: Good plan, and you really seem confident. Please think about whether or not you want to make the plan for every day, though. If something comes up one of those days and you don't get to your plan that day, it may be disappointing to you. On the other hand, if you make your plan for 4 days and do it for 6, you've exceeded your plan! Success is the important thing here. Would you like to adjust your plan to fewer than every day?

Participant: That's a good idea. I'll change it to 4 days.

Leader: Great! Could you please tell us your new Action Plan?

Leader points to each item on the chart as participant restates plan.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Or, alternately:

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):
What: I will work in my garden
How much: a half-hour
When: before dinner
How often: every day
Confidence: 9

Leader: Good plan, and you really seem confident. Please think about whether or not you want to make the plan for every day, though. If something comes up one of those days and you don't get to your plan that day, it may be disappointing to you. On the other hand, if you make your plan for 4 days and do it for 6, you've exceeded your plan! Success is the important thing here. Would you like to adjust your plan to fewer than every day?

Participant: No. I want to do this every day.

Leader: Terrific. Let us know next week how it goes.

Hedges on Plan

This can happen frequently and is often subtle. Leaders need to listen carefully for cues like "if it rains", "If I feel well", "If I don't have to work overtime", etc.

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):
What: I will walk
How much: 4 blocks
When: after dinner, Tuesday, Thursday, Saturday, Sunday
How often: 4 days, unless it rains
Confidence: 7

Leader: Good plan, with a good confidence level. I noticed that you added "unless it rains". Good self-managers have back up plans ready so they can be successful if something comes up. How could you change or add to your plan to cover yourself if it rains? We want you to be successful!

Participant: OK, if it rains, I'll do 20 minutes using my video exercise program instead.

Leader: Great! We look forward to hearing about it next week.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Plan Depends on Another Person

This can come up often, where the participant wants to exercise with his/her spouse or friend, do a social event with someone else, visit with someone, etc.

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):
What: I will go to a movie with my friend
How much: 1 movie
When: when we are both free
How often: once
Confidence: 8

Leader: Spending time with people we care about is a good Action Plan, and your confidence level is high. Making Action Plans that depend on other people can be risky, though. It's usually better to make a plan that depends only on you. You can't always know if someone else will want to or be able to do what you plan. If you do not know for sure that your friend wants to go, could you make a backup plan, just in case?

Participant: Well, that's a good point. I'm not sure.

Leader: It sounds like this is something you really want to do. Would you like to make a backup plan?

Participant: That's a good idea. I need to think of one, though.

Leader: We'll continue around the room while you're thinking. We'll come back to you.

Co-Leader should make sure that the facilitating Leader remembers to come back to that person after everyone else has shared.

Plan Seems Like Too Much to Leader

Generally, Leaders should rely on the confidence level to determine whether or not to probe the participant about their plan. However, if the plan seems like too much for the person to you, other participants are probably thinking the same thing, so addressing it may be appropriate.

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):
What: I will bicycle
How much: 50 miles
When: Saturday and Sunday mornings

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

How often: 2 days
Confidence: 10

Leader: You have a good confidence level, which is great! How many miles to you bicycle now?

Participant: I haven't done it for a while.

Leader: When was the last time you bicycled 50 miles?

Participant: I used to do it before I got sick, so it's been at least a year.

Leader: It's your plan and your decision, but we'd urge you to think about this plan. Since you haven't done this level of exercise since you got sick maybe you want to start out by doing less. Your confidence level is high, though! Do you want to keep this plan, or would you like to do a different plan?

Participant: I want to keep it for now.

Leader: OK but remember you can adjust it or even change it to something entirely different during the week, if you'd like.

Plan Isn't an Action

This is another common error that participants make. The two most common are "losing weight" and "getting to sleep". "Losing weight" is the result of an action, such as "replacing cookie with an apple", "drinking a glass of water before eating", or "avoiding 2 snacks". "Getting to sleep" is the result of an action, such as "going to bed an hour earlier" or "listening to a relaxation exercise at bedtime".

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):
What: Go to sleep earlier
How much: 1 hour
When: Monday through Friday, 10:00 pm
How often: 5 days
Confidence: 8

Leader (pointing to "action specific" on chart): Getting more sleep is a good idea for many of us, and you have a good confidence level. But sleep is actually the result of actions, rather that an action itself. What is it that you are going to do to help you get an hour more of sleep?

Participant: I will go to bed earlier.

Leader: OK, that makes sense. Could you tell us your Action Plan again?

Leader points to each item on the chart as participant restates plan.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Low Confidence Level

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):
What: I will clean my desk
How much: 30 minutes
When: before dinner, Saturday and Sunday
How often: 2 days
Confidence: 5

Leader (pointing to "confidence" on chart): Your plan is very specific, but you don't seem to be sure about being able to complete it. We have found that a confidence level of 7 or better usually means that the plan will be completed, and you have a 5. What do you think is preventing you from feeling confident about completing your plan?

Participant: I don't have a routine on weekends, so I forget.

Leader: What might help you remember?

Participant: I just forget.

Leader: Would you like some ideas from the group?

Participant: Yes, that would be nice.

Leaders start problem-solving process. After 5 suggestions:

Leader: Good ideas, everyone! Is there an idea on this list that will help you with your plan?

Participant: Yes. Setting the alarm on my phone might work.

Leader (pointing to the chart): Great! Could you please tell us your Action Plan again?

Leader points to each item on the chart as participant restates plan.

If the confidence is still below 7, do not go through problem-solving again. Just say, *"Great, let us know how it goes next week."*

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Confuses "How Much" and "How Often"

Leader: What is your Action Plan this week?

Participant (while Leader is pointing to each point on the chart):
What: I will walk to the farmer's market
How much: Once
When: Saturday morning
How often: Once
Confidence: 7

Leader (pointing to "How much" on chart): That sounds like a pleasant way to increase physical activity. "Once" is the correct response for "how often", but when we ask, "how much", though, we want to know something like distance or time. Can you tell us either how far you will walk or how many minutes it will take?

Participant: Oh, I see. It's 7 blocks from my house to the market, so it would be 14 blocks to and from.

Leader: Good. Can you please tell us your Action Plan again?

Leader points to each item on the chart as participant restates plan.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Didn't Do It At All

Leader: What was your Action Plan last week and how did it go?

Participant: I was supposed to keep a food diary 3 days, but I didn't do it.

Leader: What was it that prevented you from doing your plan?

Participant: I didn't really have time. I ate out a lot last week because of my work schedule.

Leader: Have you thought of any ideas about what you would do if this were to happen again?

Participant: No. I haven't really thought about it.

Leader: Would you like some help from the group?

Participant: Sure.

Leader: We'll get 4-5 ideas from the group. Does anyone have some suggestions on what to do if you don't have time to do a food diary?

(Leader gets up to 5 ideas from the group, then asks original participant if any of them are helpful)

Didn't Do It At All – Didn't Like it

Leader: What was your Action Plan last week and how did it go?

Participant: I was supposed to keep a food diary 3 days, but I didn't do it.

Leader: What was it that prevented you from doing your plan?

Participant: I didn't really have time. I ate out a lot last week because of my work schedule. I know it's something I need to do, but I don't like doing it.

Leader (pointing to "Something you want to do" on the chart): It sounds like keeping a food diary isn't something you really want to do. It's important to do something we **want** to do while we're learning how to do Action Plans.

Participant: Yes, but my diabetes educator says I need to do this.

Leader: Your Action Plan is something you choose to do, so if you want to keep this Action Plan in the future, that's your decision. You will have another chance this week, so think about something you really want to do. An Action Plan is for you and not for anyone else. If you really want to keep a food diary would you like some suggestions from the group?

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Participant: Sure.

Leader: We'll get 4-5 ideas from the group. Does anyone have some suggestions on what to do if you don't have time to do a food diary and don't really like doing it?

(Leader gets up to 5 ideas from the group, then asks original participant if any of them are helpful)

Partially Complete – Unhappy About It

Leader: What was your Action Plan last week and how did it go?

Participant: My Action Plan was to ride my exercycle for 30 minutes, 5 days. I only did it 4 days, so I failed.

Leader: So, you got 4 days of physical activity - that's a great start! What was is that prevented you from doing it on the 5th day?

Participant: My sister and her kids came to visit, and there was just too much going on.

Leader: It's not unusual for things to come up that we weren't expecting. Would you like help from the group about this?

Participant: No, that's OK. I think visiting with my sister was important.

Leader: Yes, visiting family can be very good for us! I think you should happy with your progress. You got off to a great start with your physical activity goal. Remember, you can always adapt your Action Plan when things come up. Having a back up plan can also be helpful.

Partially Complete – OK With It

Leader: What was your Action Plan last week and how did it go?

Participant: My Action Plan was to ride my exercycle for 30 minutes, 5 days. I did it 4 days, so I got most of it done. My sister and her kids came to visit, and I was too busy with them to do the fifth day.

Leader: So you got 4 days of physical activity - that's a great start! Would you like to problem-solve about the 5th day with the group, or are you OK with how it turned out?

Participant: No, thanks. I'm happy that I got 4 days done, and happy with my decision to spend that time with my family.

Leader: Yes, visiting family can be very good for us! You got off to a great start with your physical activity goal. Remember, you can always adapt your Action Plan when things come up.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Partially Complete – Too Ambitious

Leader: What was your Action Plan last week and how did it go?

Participant: My Action Plan was to ride my exercycle for 30 minutes, 7 days. I did it 5 days.

Leader: Five days is a good start towards being more physically active. What stopped you from doing your exercise 2 more days?

Participant: It was just too much. I should not have said I'd do it every day.

Leader: Yes, we recommend that people not make their plans for every day. Things come up, and it can be difficult to work without any wiggle room.

Participant: I've learned my lesson! I won't plan something for every day in the future.

Partially or Not Complete – Got Sick

Leader: What was your Action Plan last week and how did it go?

Participant: I said I would walk 4 days, but I was sick all last week and couldn't do it.

Leader: I'm glad you're feeling better and could join us today. It's important that we use common sense and take care of ourselves when we are sick. That's good self-management. Remember, though, you can change your Action Plan at any time. Having a backup plan to do something to take care of yourself when you are sick could be a good Action Plan!

Adjusted or Changed Plan

Leader: What was your Action Plan last week and how did it go?

Participant: My plan was to walk 4 day, but I was sick all week. I changed my plan to testing my blood sugar 4 times each day for 5 days, and I was able to do that.

Leader: Congratulations on completing your new plan! That was great self-management! Good self-managers change or adjust their Action Plans when something prevents them from doing their original plan.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

APPENDIX IV: DEALING WITH DIFFERENT TYPES OF PEOPLE AND SITUATIONS

The following describe different types of difficult people or situations. Being prepared may help you prevent or handle such problems. Each situation is different; therefore, use your best judgment to determine what suggestions might be effective in real situations.

If a difficult situation persists, discuss it with your co-Leader, the program coordinator and/or Master Trainers to decide how best to handle the problem.

DO NOT COPY OR DISTRIBUTE

People

The Too-Talkative Person

This is a person who talks all the time and tends to monopolize the workshop. (This often happens when one person answers all the call outs.)

Suggestions:

- Remind the person that we want to provide an opportunity for everyone to participate.
- Refocus summarizing the relevant point, then move on.
- Spend time listening to the person outside the group.
- Use body language. Don't look toward the person when you ask a question. You may even consider having your back toward the person.
- Talk with the person privately and praise him/her for contributions and ask for help in getting others more involved.
- Thank the person for the comment and tell him/her that you want everyone to have a turn at answering the question.
- Say that you won't call on someone twice until everyone who wants to has had a chance to speak once first.

© Self-Management Resource Center, 2020

The Silent Person

This is a person who does not speak in sharing activities or does not become involved in activities.

Suggestions:

- Watch carefully for any signs (e.g., body language) that the person wants to participate, especially during group activities like brainstorming and problem-solving. Call on this person first, but only if he/she volunteers by raising a hand, nodding, etc.
- Be sure the person participates in the Action Planning and Feedback activities.
- Talk to them at the break and find out how they feel about the workshop.
- Respect the wishes of the person who really doesn't want to talk; this doesn't mean that they are not getting something from the class.

The "Yes, but . . . " Person

This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her. Also, sometimes “yes buts” are used as a way to “test” the leaders or to exert control in the group.

Suggestions:

- Acknowledge participants' concerns or situation.
- Open it up to the group.
- After three "Yes, but's" from the person, state the need to move on and offer to talk to the person later.
- It may be that the person's problem is too complicated to deal with in the group, or the real problem has not been identified. Talk to the person later; this may help.
- If the person is interrupting the discussion or problem-solving with "Yes, but's," remind the person that right now we are only trying to generate ideas. Ask him/her to please listen and later we can discuss the ideas if there is time. If there is no time, again offer to talk to the person during the break or after the session.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

The Non-Participant

This is the person who does not do his/her homework (i.e., reading, Action Plans, exercise, relaxation, etc.)

Suggestions:

- Recognize that the people taking the workshop are more variable then their chronic conditions. Some may not be ready to do more than just listen. Others may already be doing a lot, or are overwhelmed, especially if newly diagnosed. Some may be frightened to get "too involved." Still others may be trying their homework, but do not want to talk about it in the group. Whatever the reason, do not assume the person is not benefiting from the workshop in some way. If they are showing up to the workshop, they are participating.
- Do not spend extra time trying to get this person to participate.
- Continue to state that homework is designed to help participants adjust to the disease process and to make life more manageable. The Action Plans should be something the participant wants to do. NEVER assign or prescribe Action Plans.
- Congratulate those participants who do the assignments.
- Encourage those who do the assignments to share any benefits or things learned.
- Do not evaluate yourself as a Leader based on one person who chooses not to complete assignments or to participate in activities. If no one is doing the assignments or participating, however, it may be that the Leaders are not doing good modeling, have been judgmental, or have other leader “problems.” Talk with your program coordinator or Master Trainer for advice.

The Argumentative Person

This is the person who disagrees, is constantly negative and undermines the group. He/she may be normally good natured but upset about something.

Suggestions:

- Keep your own temper firmly in check. Do not let the group get excited.
- If in doubt, say that you are not sure but will get the right answer and report back next week.
- Call on someone else to contribute.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- If you are wrong, admit you are wrong and move on.
- Have a private conversation with the person, ask his/her opinion about how the workshop is going and whether or not he/she has any suggestions or comments.
- Tell the person that you'll discuss it further after the session.
- State that this workshop has been evaluated and reviewed by national and local committees of different medical professionals, and that you are to follow the approved manual.
- Offer to contact your sponsoring organization (hospital or other) to discuss the issue.
- Suggest that this person write their suggestions or comments to the Self-Management Resource Center at PO Box 219, Aptos CA 95001 USA, smrc@selfmanagementresource.com, or the national or local coordinator of your program at _____.

The Angry or Hostile Person

You will know one when you see one. The anger most likely has nothing to do with the Leader, group or anyone in the group. However, the Leader and groups members can become the target for hostility.

Suggestions:

- Do not get angry yourself. Fighting fire with fire will only escalate the situation.
- Get on the same physical level as the person, preferably sitting down.
- Use a low, quiet voice.
- Validate the participant's perceptions, interpretations, and/or emotions where you can.
- Encourage some ventilation to make sure you understand the person's position. Try to listen attentively and paraphrase the person's comments in these instances. Do not “but in” when they are talking, wait until they have had their say.
- If the angry person attacks another participant, stop the behavior immediately by saying something like, "We want to respect each other and provide mutual support in this class. So please do not make judgmental or hurtful statements to others."
- When no solution seems acceptable ask, "At this time, what would you like us to

DO NOT COPY OR DISTRIBUTE

do?" or "What would make you happy?" If this does not disarm the person, suggest that this class may not be appropriate for him/her.

The Questioner

This is the person who asks a lot of questions, some of which may be irrelevant and designed to stump the Leader.

Suggestions:

- Don't bluff if you don't know the answer. Say, "I don't know, but I'll find out."
- Redirect to the group: "That's an interesting question. Who in the group would like to respond?"
- When you have repeated questions, say, "You have lots of good questions that we don't have time to address during this session. Why don't you look up the answer and report back to us next week." (This could even be an Action Plan for the coming week.)
- Suggest that the answer can be found in the book.
- Deflect back to topic.
- In the future weeks of the workshop, try to sit next to that person. Breaking eye contact with that person will sometimes reduce their questioning.

The Know-It-All

This is the person who constantly interrupts to add an answer, comment, or opinion. Sometimes this person actually knows a lot about the topic and has useful things to contribute. Others, however, like to share their pet theories, irrelevant personal experiences and alternative treatments, eating up class time.

Suggestions:

- Restate the problem.
- Limit contributions by not calling on the person.
- Establish the guidelines at the start of the session and remind participants, when appropriate. For example, “Information about alternative treatments will not be discussed in this workshop. Rather, we will be discussing some guidelines for evaluating such treatments later in Session 4.”
- Thank the person for positive comments.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- If the problem persists, invoke the rule of debate: Each member has a right to speak twice on an issue but cannot make the second comment if any other member of the group has not spoken and desires to speak.

- If the person tells a long story, when they take a breath, say: “I know you have a lot to contribute. So those people who are interested can talk to your more at break or after the session.”

The Chatterbox

This is a person who carries on side conversations, argues points with the person next to him/her or just talks all the time about personal topics. This type of person can be annoying and distracting.

Suggestions:

- Stop all proceedings silently waiting for group to come to order.
- Stand beside the person while you go on with workshop activities.
- Arrange the seating so a Leader is sitting on either side of the person.
- Restate the activity to bring the person back to the task at hand or say, "Let me repeat the question."
- Ask the person to please be quiet.

The Crying Person

Occasionally, a group discussion may stimulate someone in the group to express their feelings of depression, loss, sorrow or frustration by crying. People cry for many reasons. They may feel that someone finally understands what it's been like, which makes them feel safe to express emotions they have been suppressing for a while. Crying is usually a release that promotes emotional healing. To allow a person to cry is helpful; it may also help to bring the group closer together providing mutual support to one another. Your role is to convey that is okay to cry, so the person does not feel embarrassed in front of the group.

Suggestions:

- Always have a box of tissues handy and pass it to the person.
- Acknowledge that it is all right to cry — having a chronic condition is difficult, then continue with the class.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- If the person is crying a lot, one Leader may want to accompany the person out of the class to see if anything needs to be done. The other Leader should continue with the rest of the group.
- Generally, within a short period of time, the crying will play itself out. Tension will be released; the person will feel better and the participants will feel closer to the person.
- At the break or after the session, ask if the person is okay now and if he/she needs help with anything. Reinforce to the person that crying is a perfectly normal, healthy behavior, and that he/she is not the first to cry in this class. In fact, it has happened quite often and probably will in the future.

The Suicidal Person

Rarely, you may encounter someone who is very depressed and is threatening to take his/her own life or expresses severe hopelessness or despair.

Suggestions:

- Remember your own limits and know in advance a crisis intervention resource to which you can immediately refer the person. This should have been covered in your training. If not, ask your program coordinator.
- Talk to the person privately. One Leader can accompany the person out of the room and urge him/her to get help. This Leader may also provide the person with the names, phone numbers and/or addresses of some specific resources in the community that can help.
- Contact your program coordinator immediately, even in the evening or on a weekend. He/she will need to follow up with the person.

The Abusive Person

This is someone who verbally attacks or judges another group member.

Suggestions:

- Remind the group that all are here to support one another.
- Establish a group rule and remind everyone that each person is entitled to an opinion. One may disagree with an idea someone has but under no circumstances will personal attack be appropriate. If the abuse continues ask the person to leave.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

The Superior Observer

This is a person with a superior attitude who says he/she is present out of curiosity, and that he/she already knows everything about the chronic disease and coping well.

Suggestions:

- If the person indeed does know a lot and is coping well, you may consider approaching him/her about taking the Leader training after finishing the workshop.
- If the person knows a lot but is not doing well, you may point out the difference between knowledge and behavior. This workshop is designed to encourage the incorporation of self-management practices in one's life.
- A person may also act superior if he/she feels uncomfortable and not a part of the group. If so, include him/her in some way.
- If the person wants to be ignored, then ignore them. They will get bored and leave or start to participate.

The Person Who Doesn't Make Action Plans

This is a person who continues to make vague commitments in making an Action Plan or won't make a commitment.

Suggestions:

- If the person is adamant that he/she does not want to make a plan, don't try to engage him/her, just move on to the next person. Ask again next week.
- Ask him/her about what problems or difficulties he/she is having related to chronic disease. Ask them to identify the first step they would take to make a change. Break down the goal to a very specific step.
- Tell the person you will come back to him/her after everyone else has shared a goal. After hearing the others, he/she may be able to state one.
- If the person refuses to make a commitment, talk with him/her during a break or before or after the meeting and ask him/her about it. If you can identify why the person won't, you can probably help him/her through the resistance or difficulty. As facilitators of this workshop, however, we cannot make anyone do anything if he/she does not want to do it.
- Move on to the next person. Don't give this person too much extra attention. Sometimes a refusal is a way to get attention.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

The Person in Crisis

The person in "crisis" is the one with many problems, who wants help and/or just needs to talk about these problems.

Suggestions:

- Listen attentively, be empathetic, use open-ended questions, use reflective listening.
- If after five minutes it is obvious that the person will need more time to "unload," talk to person during the break or afterwards, as you will have to go on with the workshop activities.
- Don't take up session time and energy with the very "needy" person because it takes time away from the other participants who can be helped.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

In-class Practices

How can you get everyone to participate in relaxation and other activities during the session?

Suggestions:

- Make sure that everyone understands instructions.
- Review BENEFITS of activities.
- Set up the expectation that we will do these together.
- State that we want everyone to participate according to what they are able to do.
- Observers can make others uncomfortable.
- If someone doesn't participate on several occasions or activities, ask him/her about it during the break and if there is any way you can help.
- Most people will participate if you set the expectation. Say, "We will now do _____. **Do not say, "If you like you can_____."** Occasionally you might encounter someone who will not. If you find that more than an occasional person doesn't participate, you may consider how you are asking the group to participate, and whether or not you as Leaders are modeling appropriately.
- If someone is uncomfortable with relaxation techniques, he/she may resist closing eyes and/or uncrossing his/her arms or legs. Don't push the person to conform. There are many ways to relax – closed eyes are not necessary.

Creating a Non-Threatening Atmosphere

The following may help you create a warm, relaxed and friendly atmosphere that encourages sharing.

Suggestions:

- Be prepared and greet people when they arrive. If you wish, offer beverages or provide snacks.
- Arrange the chairs in a circle so everyone can see each other.
- Smile or use humor.
- Address people by name and use name tags so everyone can learn each

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

other's names.

- Do a relaxation technique yourself before the session starts so that you as a Leader are relaxed. Be prepared to facilitate.
- Structure sharing by telling the group that each person will have a chance to respond. Give people time to answer before moving on, even if there are 30 seconds of silence.
- As people arrive to the workshop, talk with them and not with your co-leader.
- Avoid talking about politics, religion or other controversial topics within the workshop setting.

Handling Questions

How do you handle questions when you don't know the answer?

Suggestions:

- If you do not know the answer, it is appropriate to say, "I don't know."
- You can ask your co-Leader and the group if they know the answer, but only if it is reasonable to expect that they will know the answer. Do not do this for medical questions.
- Suggest that the group refer to the book, *Living a Healthy Life,* or other resource material (if available), for the answer.
- Suggest that the person look up the answer and tell the group next week.
- Say you will find out and report next week.

Co-Leader Illness

What to do if you or your co-Leader cannot get to the workshop?

Suggestions:

- First talk to your program coordinator and form a plan.
- Recruit a substitute (must be a trained Leader).
- If you are facilitating with only one other person and cannot get a substitute, you may want to postpone the session if there is time to reach the participants and put a notice on the door of the room announcing the cancellation.
- You may have a contingency plan for the beginning and schedule the room for a

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

seven-week period, "just in case." This may be especially useful if there are only two Leaders or if you will be facilitating during possibly severe winter weather, storms, tornadoes, etc.

- If this is an emergency with no time to find a substitute and you feel able and well enough prepared, you may facilitate the session by yourself. Also, do explain to the participants why the other Leader is not present.

Support of Physicians

What to do if an angry health care provider calls about his/her patient's activities in the workshop.

Suggestions:

- Your first actions should be to inform the program coordinator about the call.
- Listen and find out why the health care provider is angry. It may or may not be something you did in the workshop.
- If the provider is correct and something happened which should not have happened, say that you are very sorry and explain what will be done to keep this mistake from happening again.
- Depending on the reason, you may invite the physician to look at the workshop materials to see what is included or invite him/her to observe or attend (in a non-medical role) the workshop.
- You may tell him/her that the workshop was approved by the _____ committee of your organization.
- You may tell him/her about the evaluation results or send him/her a copy of them.

DO NOT COPY OR DISTRIBUTE

Relaxation Interruptions

What to do if the phone rings or someone knocks at the door while you're in the middle of a relaxation exercise.

Suggestions:

- The best way to deal with this is prevention. Place a note on the door stating that a relaxation exercise is in progress, and please do not disturb.

© Self-Management Resource Center, 2020

- Unplug the phone or ask the switchboard to hold calls. Also, ask participants to turn off pagers, beeping watches and cellular phones.
- One of the Leaders can handle the interruption, unless he/she is deeply relaxed and does not respond.
- Can incorporate this into the script, for example, say "Continue to relax and breathe slowly and deeply while I answer the phone/door, and I will be right back to you."

Running Out of Time

It's important to always end your meetings at the scheduled time out of respect to your members. However, if you are continually having to end meetings without finishing your business, then examine how well you are managing your time.

Suggestions:

- Show by example that you are aware of the time. Wear a watch; start and end on time.
- Review the agenda or post it. Inform the group about time allotments and ask for their cooperation.
- Prepare all materials, flipcharts and equipment ahead of time, rather than during the meeting.
- Work with a co-Leader and have your co-Leader signal with a "T" sign when it's time to move on.
- If you have 8 or more participants, you will need the full 2.5 hours. DO NOT cut activities or shorten them to save time.
- If you are behind, tighten up only the presentation. Set time limits on participants' questions or opinions, cover key points of lectures and tell the group to refer to the book for more information.

DO NOT COPY OR DISTRIBUTE

Other Attendees

Spouses, significant others, family members, etc., are encouraged to accompany the person who has a chronic disease. They are registered members of the class. These people should participate in the workshop as active members, i.e., they don't just sit and watch. They are included in the count of participants attending the workshop for fidelity purposes

© Self-Management Resource Center, 2020

Make it clear that it is important that they attend each session. Group size is limited, so if a spouse, significant other, family member, etc., signs up to attend and then doesn't attend regularly, they have taken the place of another person who could have benefited from the workshop.

Injury Control

What would you do if a group member sustains an injury during your workshop?

Suggestions:

- Be sure to have a cellphone, know where a telephone is, and know the number to call (e.g. 911, extension for emergency room if in a hospital, etc.)
- The first priority will be to get the appropriate help to the person as fast as possible and to provide comfort to the injured while you were waiting for help to arrive.
- How you react depends on the severity of the injury. If the injury is major, you most likely would not continue with the session. If the injury is minor, the co-Leader can continue with the session, once help was obtained.
- Once the co-Leader sees that the injured person is being taken care of, he/she can refocus on the needs of the rest of the group.
- If an accident occurs, be sure to inform the program coordinator after the immediate needs are handled.
- It is helpful to write a summary of what happened as soon as possible and provide it to the program coordinator.
- Remember, it is better to be proactive. Ensure that chairs, etc., are arranged for easy access and that access ways are clear (i.e., keep floors clear of cords, loose rugs and clutter)

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

APPENDIX V: SCENARIOS

The following are some suggestions for handling different situations that could happen while you are leading a workshop.

Paraphrasing Practice Scenarios

1. **Ask:** How would you use your own words for this statement from Session 3, Activity 3, pages 12-13 in the *Leader's Manual*?

   "Difficult emotions, stress, and worry about pain can all make the pain worse. In most cases, you do not feel pain until the signals reach the brain. Therefore, activities that use your mind such as relaxation, distraction, and guided imagery are very helpful. Quieting the mind quiets the pain signals. If you worry about pain, think about what you have done in the past that were successful in lessening pain."

   Answer: This is one possible way to paraphrase:

   "Our emotions, stress and worry can make pain worse. Since we don't really feel pain until signals reach the brain, we can quiet the mind which also quiets the pain signals. This is why activities that use the mind, such as relaxation, distraction and guided imagery are helpful. Also, thinking about what you have successfully done in the past to manage pain can help lessen it."

2. **Ask:** How would you use your own words for this statement from Session 2, page 9 (Symptom Cycle) in the *Leader's Manual*?

   "Many people assume that the symptoms they are experiencing are due only to the disease. While the health condition can certainly cause, pain, shortness of breath, fatigue, etc., it is not the only cause. Each of these symptoms can by themselves contribute to the other symptoms, and all can make each worse."

   Answer: This is one possible way to paraphrase:

   "Often people think that whatever symptoms they have are due to their chronic condition. That may be true, but symptoms like fatigue, pain, and shortness of

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

breath can also be caused by or made worse by other things. One symptom can also make the other symptoms worse."

3. **Ask:** How would you use your own words for this statement from Session 6, pages 19-20 in the *Leader's Manual*?

   "Remember we do not have to use **all** the tools here. Rather, we may find one, two, or three things that work well for us in breaking the cycle. Something may work better at one time than it does at another, so we have a variety of tools we can choose from, depending on the circumstances at that time. Some tools may sit in the Tool Box for years, but you have them ready when you need them. Once the cycle is broken, it is broken – but it often repairs itself, so breaking it may be a frequent occurrence."

   Answer: This is one possible way to paraphrase:

   "Just as we don't use all the tools at once in a tool box, we don't have to use all the tools we have learned here to break the Symptom Cycle. One tool may work at one time, but another may work better the next time. We have lots of tools to choose from, sitting there, ready for us to pull out at any time when needed. Don't forget that the Symptom Cycle has a way of repairing itself, so we need these tools to break it often."

Other Scenarios

Action Plan Scenario #1

Say: This week I will exercise three days.

Answer: "Great start, but let's be more specific! Pointing to the chart, ask: What exercise are you going to do, how long will you do it, and on which days? Even having a specific time can be helpful."

Action Plan Scenario #2

Say: I am already doing everything and don't want to make and Action Plan.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer; "That is your choice. If you think about something you want to do during the week you can just make a plan and share it with us next week."

Action Plan Scenario #3

Say in your own words: Someone reports that they did not do their Action Plan. What would you say?

Answer:

- Ask what problems kept them from doing their plan.
- If they report a problem, proceed with problem-solving steps if the person agrees to it.
- If they say they just forgot, either problem-solve how to remember or tell them they will have another opportunity this week and move on to the next participant.
- Remember do not spend lots of time with participants who do nothing.

Action Plan Scenario #4

Say in your own words: Someone says they failed because they exercised only 3 days instead of 4.

Answer:

- First, praise them for a good start and ask if there was a problem and if they want help.
- If they agree, ask them to state the problem and, if appropriate, proceed with problem-solving.

Action Plan Scenario #5:

Say in your own words: It is Session Four, and Harry reports that he has partially completed his Action Plan. This has happened every session. You have worked with him when making a plan to make it achievable, and problem-solved when he was not completing successfully every week. What would you do?

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer:

- If this is a pattern from the beginning, there's not much the Leaders can do when Session 4 comes around.
- Do as you would with any other partially complete plan: problem-solve, if he wants to do so.
- Do not get caught up with someone who doesn't "get" the Action Plan concepts in later sessions. It will eat up time that can be spent on participants who do "get" Action Planning.

Action Plan Scenario #6:

Say in your own words: Jerry, who is overweight and has diabetes, makes an Action Plan is to eat ½ pint of butterscotch ice cream after dinner 4 nights and has a confidence level of 9. What would you do?

Answer:

- It is a possibility that he is testing you to see how you will react. Resist the temptation to comment. Treat it as any other Action Plan that has all the correct points and a good confidence level.
- Don't be judgmental. It's possible that he normally eats a pint of ice cream 6 nights a week!

Scenario: **Yakity-Yak**

Say in your own words: What should the leader do if during Group Introductions in Session One, Betty introduces herself like this?

"Hi, I'm Betty (John) and I have been ill my whole life. As a child I had polio and that kept me out of school for two years. Then I managed to have all kinds of allergies and sometimes cannot breathe. I have also had a lot of surgery and am bionic with new shoulders, knees, hips and three fingers. Recently I have had heart problems, but I am on a special diet where I only eat carbohydrates and my cholesterol is going down. I really want to teach all of you about this diet and about all the exercises I am doing. I have so many problems I do not know where to start. To begin with my medicine cost 500 dollars a month so I do not have enough to eat. Besides I have to sleep sitting up and am always exhausted. It is hard for me to get the grocery story to get the food I need."

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer: The Leader facilitating this activity should cut in after the first or second sentence and redirect by saying something like: “It sounds like you have lots to say but could you just tell us about what type of chronic pain you have now and one or two problems it causes?

Scenario: **Interpreting Emotions**

Say in your own words: When reporting back on the causes of their difficult emotions, Jonathan, reports for his partner and says: "I think Jack is still grieving over the loss of his son." What would you say and why?

Answer:

- Jonathan made a judgmental statement and we want to stop judgments as soon as they happen
- Say: "Jonathan, that sounds like your interpretation of what Jack said. Would you please just tell us what Jack said and not add your interpretation?"
- It is always important to stop judgmental statements made by one person in the group about another.
- Do NOT ask Jack if this is correct.

Scenario: **You’re late!**

Say in your own words: At the second session John arrives a half hour late. Your Co-Leader is facilitating and welcomes John and then reminds him that we start on time. What would you do and when?

Answer:

- The Leader should not comment on lateness in front of other participants. Maybe John was in an accident and is already upset.
- The Leader who made the comment should apologize to John during the break. If John is feeling hurt by the remark this will go a long way toward solving the problem.
- As a rule of thumb, trainee behavior should usually be discussed in private.
- If the Leader who made the comment does not take the initiative and apologize to John, the Leader that observed this situation should point out

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

to his / her Co-Leader that this remark was probably out of place. It is best to do damage control early. We all say things without really thinking and if made aware will probably not make the same mistake twice.

- What would be better is to ignore John's lateness.
- The Leaders could talk to John during the break to find out the problem and if appropriate remind him that the workshops start on time.

Scenario: **Waterworks**

Say: During the decisions-making activity, while reporting on his / her decision, a participant starts to cry. What would you do?

Answer: Acknowledge that making decisions is sometime hard, sometimes sad, and sometime brings relief. Say that:

- It is perfectly OK to have real emotions.
- Hand the person a tissue.
- Then go on.
- If necessary, one of the Leaders can leave the room with the person.

Scenario: **Awful week**

Say in your own words: During Feedback, Tanya says that she did not do her Action Plan because it was an awful week. Her grandson broke his leg, her cat died, her husband came home drunk and broke up the house. In addition, she has run out of food stamps and has nothing in the house to eat. What would you say and why?

Answer:

- Tanya is a person in crisis. This is probably real but may also be a way of trying to focus the group on her. Problem solving would just bring about more problems and suck the group into an ever-deepening black hole.
- Say: "Tanya, it sounds like you have lots of problems I understand why you could not do your Action Plan. Let's talk during break." Then continue with the others in the group.
- You can talk with Tanya during break and see if anything can be done. However, by focusing the workshop on Tanya you are harming the other 11

DO NOT COPY OR DISTRIBUTE

people, one of whom may be silently coping with a dying husband and financial problems.

Scenario: **Lost**

Say in your own words: Your Co-Leader is leading, and you realize that s/he is stumbling, not following the manual and is generally lost. What would you do?

Answer:

- If this goes on for more than 30 seconds or a minute, break in nicely and ask you Co-Leader if he would like some help. Then do the activity yourself.
- This can happen if one is not really prepared. That's why both Leaders have to be prepared all the time to do the whole workshop. Be prepared.
- If this happens repeatedly, discuss with your program coordinator.

Scenario: **Shooting Down Suggestions**

Instructions to Trainers: The following roles are played by the trainers. Be sure the trainees know which one of you is playing the Leader and who is playing the participant.

Say in your own words: So now let's try a scenario. My Co-Leader and I are going to roleplay.

Leader: Mary, you said that you were having a problem communicating your needs to your children. The group has come up with a list of suggestions. Are there any of these you would like to try?

Participant: Well, let me see. I can't just use "I" messages, they would never understand, sending an email seems much too impersonal and I am not sure they would read it. I could name the things I need but none of them has time to help.

Ask: What would you say next?

DO NOT COPY OR DISTRIBUTE

Answer:

- "Sounds like this can't be solved right now. We can talk about it more during break or after the workshop."
- Remember the three 'yes buts' and you are out rule of thumb.

Scenario: **Feeling Blue**

Participant after the depression activity:

Participant: "I have many of the symptoms mentioned. Do you think I am depressed?

Leader: "I am not an expert in this area. I would suggest that you talk this over with your health care provider."

- Remember NEVER give a medical or mental health opinion. ALWAYS refer them to their health care provider.

Scenario: **Cultural Humility #1**

Say in your own words: You have been asked to facilitate a workshop where most of the participants will not be of your racial or cultural group. The same is true of your Co-Leader. At the first session, only half the participants have arrived, but you start on time. The others trickle in over the next hour. You also notice that there are long silences during the brainstorm and not much participation. By the end of the session several participants are sitting with their arms crossed. What could you have done to make this first session easier?

Answer: Things the Leaders could have done:

- Talked to several people in the community before the workshop to find out about community norms
- Have some trusted person in the community introduce you and your Co-Leader
- You might say to the participants that this has felt uncomfortable and ask them what you can do next week to make things better

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Scenario: **Cultural Humility #2**

Say in your own words: You are giving a workshop at a Jewish community center, although most of the participants are not Jewish. The workshop starts at 1:00 PM, so a participant asks if she can bring her lunch. You say this would be fine but that she cannot bring any meat or seafood. She says that she is free to eat anything she wants, and you have no right to tell her what to eat. What could you have done and what should you do now?

Answer: Things the Leaders could have done:

- If the site you are using has special restrictions, in this case allowing only Kosher food, this should be mentioned when giving the guidelines in Session 1.
- Since not everyone will understand what Kosher means, you can ask someone at the center to come and explain.
- If the situation happened as described above, then one of the Leaders should apologize for not being clearer and then explain that as this is a Jewish center that only allows Kosher food. Because most meat products are not Kosher, they have decided that the easy way to deal with this is to allow only fruit, vegetables, dairy products, and fish - no meat or shellfish.
- If the participant still wants to bring meat, then she can eat it outside during the break.

Scenario: **Cultural Humility #3**

Say in your own words: You are not sure of a participant's gender. How do you address the person?

Answer:

- Use the person's name instead of pronouns.
- Avoid using gender specific words like him and her, or use "they" or "them".
- Ask the person what pronouns they prefer.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Scenario: **Endless Challenging Questions**

Say in your own words: In the first two sessions Bob questions everything. He challenges you with "What evidence do we have for these exercises? Wouldn't tai chi be better? Isn't cognitive behavioral therapy the best way to treat depression?" What would you say at that moment and why?

Answer: Several things may be going on.

- Bob may be feeling insecure and in need of being the expert and being in control.
- He may really want to know the answers.
- Keep it short and never bluff.
- Above all do not get caught up in a never-ending string of questions which are not of general interest to the group.
- "I don't have answers to your question (s). During break I can help you with some ideas of where you can find the answer.
- "That is a good question to ask your provider or you may search the answer on your own at the library or on the internet"
- Privately you may say that the information given in this program was obtained from experts like doctors, nutritionists, psychologists, etc.

Scenario: **Angry and She Will Tell You Why**

Say in your own words: Diane came in to the first session angry and things did not get any better that day. She complained about parking and that the room was too hot. She moved her chair out of the circle so she was behind other people. During the introduction she said that she was there because her doctor made her come. Her Action Plan was that during the week she would decide if she would come back. What would you do?

Answers:

- Acknowledge that parking is difficult and tell her that there is little you can do as you are getting the space for free.
- Do not comment on her introduction and treat her Action Plan like any other Action Plan.
- Talk to her privately during break or after the workshop letting her know how much you welcome her and hope she will return.

DO NOT COPY OR DISTRIBUTE

Scenario: **Ventriloquist**

Say in your own words: During Group Introductions in Session One, there is a couple sitting together. When you reach the man, the woman speaks for him, including reporting his problems caused by his chronic condition. He sits quietly. What would you do?

Answer:

- As soon as she starts, stop her.
- Nicely, say: "Thank you _____ but we really would like to hear each person introduce himself or herself."
- Looking at the man would invite him to introduce himself.
- Do not let this dynamic get started! Stop it in the first session.

Scenario: **Touchy-Feely Psycho-Babble**

Say in your own words: During the Communication with Ourselves (Self-Talk) activity, Joe is sitting with his arms crossed and glaring at you. Finally, he says, "This is psycho-babble – touchy-feely stuff. It's a crock. You are not being honest with yourself but lying to yourself". What would you do?

Answer:

- Do not get into it with Joe.
- Remind him that: "Not all self-management tools are for everybody, that's why this workshop gives you many tools to choose from. This may not work for you, but it may for someone else."

Scenario: **Hypoglycemia**

Say in your own words: You notice that Jean, who has diabetes, is sweating and seems shaky and out-of-sorts. What would you do?

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer:

- These are signs of hypoglycemia (low blood sugar) and can easily happen when a participant is engaged it what is going on and forgets to eat.
- The Leader not presenting should deal with this.
- Ask her if she needs something to eat or drink.
- Ask her to check her blood glucose, if she can.
- Ask her if she has something to eat with her (candy, sugar packet, fruit, etc.)
- If not, find a sugar soft drink, candy, sugar packet from the coffee area, etc., for her (ask others in the class or go out and get something)
- Don't ignore this. Left alone, it will get worse.
- If this continues, be sure that Jean gets safely to medical care but does not drive herself.

Scenario: **"Just trying to help…" Brainstorming**

Say in your own words: During a brainstorm, someone asks questions or makes comments about some of the ideas. What would you do?

Answer:

- Remind them that they need to wait until after the brainstorm for clarification.
- Point to the Brainstorming chart to reinforce the rules.

Scenario: **Judgmental Participant**

Say in your own words: During the Problem-Solving activity in Session Four, Joanne reports for her partner and says, "Jerry's problem is really a minor one. He says he has trouble asking for help from his family. Doesn't everyone?" (laughing). What would you do?

Answer:

- This is both judgmental and belittling.
- Tell Joanne: "Joanne, what may seem a minor problem to one person may feel like a big problem to someone else. Jerry feels this is a problem.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

What solutions did he come up with?" "Everyone please report only on what your partner told you – no judgments."

- When you ask Jerry if Joanne's report is accurate and he says "no", ask Jerry to correct anything that was wrong and what solutions he has and choose to try.

Scenario: **Trouble Reading**

Say in your own words: You think a person has difficulty reading during the Healthy Eating activity (or any other)?

Answer:

- First, do not assume this is a problem.
- If a person is struggling, a Leader can point out things on the label without embarrassing the person.
- "That print is very small. Would you like me to read it to you?"
- We have found that even people with very low literacy can do this activity with a little help.

Scenario: **Diets**

Say in your own words: During the first health eating activity, a participant asks, "Is that high-protein Atkins diet good for losing weight?" What would you do?

Answer:

- Say something like: "We aren't nutrition experts. In this workshop we talk about general guidelines for healthy eating and provide a couple of examples of diets that follow those guidelines. But each person should decide their own eating plan. So, to help decide, you might ask your health care provider or ask for a referral to a Registered Dietitian."

Scenario: **Here, Try These…**

Say in your own words: You see participants sharing and exchanging medication in class or at the break. What would you do?

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer:

- Stop it immediately. Tell them it is not allowed. It could endanger the whole program.
- Explain that sharing medications is very dangerous. It can cause serious problems.

Scenario: **Treatment Advice**

Say in your own words: During the Medications activity, someone says, "I take a really good homeopathic medication for my diabetes. I'll bring it next week so everyone can try it." What would you do?

Answer:

- Say something like: "Everyone's chronic condition is different, even those who have the same chronic condition. Therefore, we don't allow sharing of treatments of medications in the workshop. Please don't share them with other participants."
- Suggest that they look in *Living a Healthy Life with Chronic Conditions* for medication information and how to make treatment decisions.
- Remind everyone that if they start an over-the-counter medication or treatment, it is important to let their health care provider know. Just because it is over-the-counter does not mean it is safe. Some over-the-counter medications interfere with other medications.

Scenario: **Medications are Bad**

Say in your own words: During the Medications activity, a participant starts telling other participants that the medications they are on will not work and will cause them health issues. What would you do?

Answer:

- "Everyone's chronic pain is different. We don't make judgements about what medications are good or bad. That's something between a person and their doctor."

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Scenario: **Doctor-Bashing**

Say in your own words: During the Working With your Health Care Professional and Health Care System activity, someone says during the problems with their health care system brainstorm, "I have the BetterCare HMO, and they denied me a knee replacement because they said I was too young! Can you imagine? All they care about is money and they'll do anything to cut their expenses." What would you do?

Answer:

- Remind the participant that we don't want specific health plans or health care professionals named in the workshop.
- Tell them that they should talk to their provider about this. Perhaps he/she can file an appeal.
- Say something like: "If you feel you are being denied something unfairly, you can talk to the patient advocate within the organization. They have different names, depending on the organization, but all HMOs have them."
- In most states you can file a complaint with the state organization that regulates HMOs.
- Do not allow the group to get into a discussion on how poor the organization is, etc.

Scenario: **Can't Use "The Plate"**

Say in your own words: While discussing Chart 15, The Plate Method, in the Healthy Eating activity, Sally says, "I can't use this plate. I'm lactose intolerant." What would you do?

Answer:

- Suggest that she talk to her health care provider about what to use instead of dairy products.
- Suggest that she might ask her doctor for a referral to a Registered Dietitian. They are experts in helping people find the right combination of foods.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Scenario: **Trust My Gut?**

Say in your own words: While facilitating the Making Decisions activity, someone shouts: "What do you mean my gut is more important than the facts?! Facts are facts!" What would you do?

Answer: Facts don't always tell the whole story. This is just a way for someone to check their decision. It helps sort things out for them.

Scenario: **That Costs Too Much**

Say in your own words: During the Healthy Eating activity, someone says:

"You said we should go to a Registered Dietician, but they cost money. What if we can't afford it?"

What would you do?

Answer:

- "Talk to your health care provider and tell them your concerns."
- "Check with your health insurance provider to find out if it's a covered benefit."
- If the organization hosting the workshop has a social worker or community services person, tell the person that you can meet during break to help them find some resources.
- In many counties, the agricultural extension has a registered dietician and services that are usually free.
- Open it up to the group for problem-solving, if you have time.

Scenario: **Asking for Doctor Recommendations**

Say in your own words: During the Working With your Health Care Professional and Health Care System activity, someone says during the problems with their health care provider brainstorm, "I used to have Dr. Brown, but he treated me like a child, so I just switched to Dr. Green. Does anyone else go to Dr. Green?" What would you do?

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer:

- Immediately say that we don't allow names and discussion about specific providers during the workshop. It they want to share recommendations, they can talk to each other at break or after class.

Scenario: **Expecting Expertise**

Say in your own words: During the Making Treatment Decisions activity, someone says, "I have heard that fish oil is good for arthritis. What do you know about it?" What would you do?

Answer: "This is a good question to ask your health care provider."

Scenario: **Bad Head Trip**

Say in your own words: As you are about to start the Guided Imagery script, someone says: "I hate imagery because it reminds me of a very difficult time in my childhood."

Answer: "This script is about a walk in the country. It's also printed in your book. If that one causes you problems, it's OK to leave the room while we do it.

Scenario: **Can't Get Medications**

Say in your own words: During the pain or medication activity, a participant says:

"It doesn't matter what I say, my doctor doesn't believe that I have pain. He thinks I just want drugs. I really hurt and can't go without these drugs."

What would you do?

Answer:

- This is an issue where opening the discussion up to a group problem-solve could present problems Leaders aren't equipped to handle.
- The prescribing of opioids can be a major problem for patients as is opioid use. Suggest that the participant read pages 129-133 in the book and talk to their doctor about alternatives. This person may also want to consult a pain clinic.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Scenario: **Shady Salesman**

Say in your own words: Your Co-Leader is facilitating, and you overhear one of the participants trying to sell something to another participant. What would you do?

Answer:

- Go over to the salesperson participant and quietly tell him/her that selling products of any kind is not permitted in the workshop (even Girl Scout cookies).
- Even if this happens during the break, the salesperson should be advised that it is not allowed.
- If the person persists, notify your program coordinator; it is likely that the coordinator will contact the person and notify them that they many not return to class because he/she was told it was not allowed and did it anyway. This is especially problematic if it is a health product.

Scenario: **Preaching Exercise**

Say in your own words: During the Introduction to Physical Activity and Exercise activity's brainstorm, Bertha blurts out: "I think this exercise stuff is over-done, and it's being preached everywhere. My Dad and Mom never did any exercise at all and lived to be in their 90s." What would you do?

Answer:

- Remind her that we don't ask questions or make comments during a brainstorm, pointing to the Brainstorming chart. Tell her that she can ask for clarification after all the ideas are out.
- Continue the brainstorm.
- If she repeats her comment when you ask if anyone needs clarification, you can say: "Sounds like your parents were very lucky. There is a great deal of science about the importance of exercise but like any other part of self-management it is your decision as to what you do."

Scenario: **"You shouldn't feel that way!"**

Say in your own words: During the difficult emotions' activity, Susan's partner reports that Susan says that she feels useless because she can't do what she

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

used to. Your Co-Leader blurts out, "You shouldn't feel that way." What would you do?

Answer:

- Susan's feelings are hers. Nobody likes to be told how to feel.
- Telling someone that their feelings are "bad" is judgmental.
- Ignore your Co-Leader and ask Susan if her partner's report was correct.
- Thank Susan for sharing something that's hard to share.
- Go on to the next person.
- Talk privately with your Co-Leader about how her expression of concern was not appropriate.
- Using the word "should" is a red flag in this workshop.
- If she argues with you, talk with your program coordinator.

Scenario: **"Control Freak" Co-Leader**

Say in your own words: Your Co-Leader is treating you like her "assistant" during the workshop, rather than a partner. What would you do?

Answer:

- Talk to him/her in private as soon as possible.
- Explain that this is not good modeling for the group and is not consistent with the Self-Management model.
- Work out specifics about he/she should not do
- Come up with a plan on exactly which one of you will do what.
- If it continues, contact your program coordinator for assistance.

Scenario: **Ambitious Co-Leader**

Say in your own words: Your Co-Leader makes an Action Plan for 7 days. What would you do?

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Answer:

- You and your Co-Leader should decide on Action Plan details before each workshop. This will give you an opportunity to correct this modeling error before it becomes a problem in class.
- If this happens during the workshop, lead his/her through the Action Plan steps as you would with any participant, reminding them that we suggest making Action Plans for 3-5 days.
- Remind him/her that sometimes we are so enthusiastic about our plan and we can forget to allow some room for things that may get in the way.
- Talk to him/her after class about the importance of good modeling and remind him/her that we can always do more than what we state in our plan.

Scenario: **Missing Co-Leader**

Say in your own words: It's 5 minutes after the start time for the session, and your Co-Leader hasn't arrived. He has the charts and the roster. What would you do?

Answer:

- Start the session.
- You can read the charts from the manual.
- Get everyone to sign in on a piece of paper and update the roster later.
- If this is a continuing problem, talk with your program coordinator.

Scenario: **Leader Personality Clash**

OK you don't like your Co-Leader, and the feeling seems to be mutual. You can't seem to agree on anything. What would you do?

Answer:

- If you can stand each other and are able to complete the 6-week workshop without involving the participants in the relationship, tough it out.
- Ask your program coordination to arrange a meeting to clarify the process and protocols that need to happen even if the Leaders don't like each other.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- Be specific about what you don't like. Give examples.
- Tell you program coordinator that you do not want to be paired with this person again.

Scenario: **Co-Leader Goofs Up and then Blows Up**

Say in your own words: Your Co-Leader misses a section of the activity, and you step in when there is an opportunity to cover it. After the participants leave, your Co-Leader goes ballistic, saying that you should be quiet during any activity she is doing. What would you do?

Answer:

- Explain that it is important that the program be delivered as designed and that all content be delivered.
- Tell her that you hope that she would step in if she missed something.
- If you don't think this has resolved the program, arrange a meeting with the program coordinator.

Scenario: **Poor Demonstration**

Say in your own words: During the Better Breathing activity, your Co-Leader demonstrates diaphragmatic breathing incorrectly. What would you do?

Answer: Tell the group: "Sometimes this is difficult to explain. Let me add to what you just saw." Then demonstrate correctly.

Scenario: **Left Outside**

Say in your own words: You have a workshop on Saturday, but the door is locked when you arrive. What would you do?

Answer:

- If you have an after-hours workshop, make sure that your program coordinator has supplied you with directions on who to contact if the room isn't open.
- Visit the site ahead of time during open hours and talk to a site coordinator about what to do in the situation.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- Try to find a security officer who might be able to let you in.
- If no one is available to help, try to find somewhere close by that will allow you to meet.
- If all else fails, cancel the session.
- Contact your program coordinator so this will not happen again.

Scenario: **Participant Death**

Say in your own words: Harriet's buddy in the workshop calls you between sessions to report that she just learned that Harriet has died. What would you do?

Answer:

- Inform your program coordinator.
- Get a non-religious sympathy card and have those who wish sign it during the next session. Mail the card to the family.
- If there is a memorial service, share the details about the service with the participants.

DO NOT COPY OR DISTRIBUTE

APPENDIX VI: HOW TO WORK WITH PARTICIPANTS WITH DEMENTIA AND OTHER MEMORY ISSUES

Provided by the Alzheimer's Association

A survey of Chronic Disease Self-Management Program (CDSMP) trainers about the relevance of CDSMP for persons with Alzheimer's and other forms of dementia (ADRD) found that these persons and sometimes their care partners or other family members participate in CDSMP workshops.
www.umb.edu/gerontologyinstitute/publications/longterm_care/#alzheimers

With 95% of Medicare beneficiaries with Alzheimer's disease or related dementia having at least one other chronic disease (www.alz.org/facts), it is not surprising to see many participants with a cognitive impairment attending CDSMP workshops. As a result, CDSMP Leaders will find participants living with Alzheimer's disease in their workshops who may be challenged by some of the CDSMP workshop activities.

After review of the survey results, Kate Lorig, DrPH, the researcher who developed CDSMP, suggested that the Alzheimer's Association compile a tip sheet based on the survey responses that will provide Leaders with useful ways to accommodate persons with a cognitive impairment. The following are presented to help you make the workshop more effective, maximize program benefits and create an atmosphere that is welcoming for all.

1. Do more of what is already integral to the program (repetition); consider presenting information at a slower pace and speaking more slowly.

2. Allow the person with dementia additional time to respond to questions or report back in group activities.

3. Use optional strategies within the program (such as the buddy system), or pair participants in activities.

4. Consider having another trainer present during breaks or before/after workshop to provide extra detailed explanations of instructions, clarify questions or conduct follow-up phone calls between sessions.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

5. Ask the person with dementia what accommodations they may need to be successful; if the care partner is in attendance, they may be able to identify the person's strengths and weaknesses.

6. Try to reduce distractions or ask the person to sit in front or near the Leaders; provide more reinforcement (praise, encouragement), set more modest/attainable expectations and ensure action plans are clear, concise and contain achievable goals.

7. When possible, write down step-by-step directions and allow for more note taking and writing as this can be a way for the person with dementia to remember material from the workshop and serve as a memory tool for reminders.

8. Brainstorming may be a difficult process for persons with dementia; plan to repeat the process steps for brainstorming, problem solving, and steps for action planning every time you do any of these activities.

9. Remember to speak directly to the person with dementia even if the care partner attends the workshop with them.

10. Know the 10 Warning Signs of Alzheimer's disease; download this brochure: https://www.alz.org/media/Documents/alzheimers-dementia-memory-loss-alzheimers-10-warning-signs-b.pdf

11. Learn the facts about Alzheimer's disease; download this brochure: https://www.alz.org/national/documents/brochure_basicsofalz_low.pdf or visit this site: https://www.alz.org/alzheimer_s_dementia

12. Contact the Alzheimer's Association's 24/7 Helpline for additional information and resources at 800-272-3900.

DO NOT COPY OR DISTRIBUTE

Participants with Care Partners

The survey of CDSMP trainers found that Care Partners attending workshops with a person with dementia (usually a spouse) could be an added resource that increases the benefits of CDSMP and provides some hands-on assistance in the following ways:

- Provides a liaison between the person with dementia and the group Leader

© Self-Management Resource Center, 2020

- Assists with the Action Plan process (developing the plan and ensuring follow-through during the week)

- Helps the person with dementia by explaining and reinforcing instructions and information

- Helps the group understand the person's contributions in group activities by clarifying, interpreting, etc.

- Takes notes to facilitate follow through and carry-over between sessions

- Assists in recalling instructions and information presented in the workshops

NOTE: Remember that Care Partners have problems of their own. Be sure they participate for themselves as well as for the person with dementia.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

APPENDIX VII: TEACHING TECHNIQUES USED IN THE WORKSHOP

Lecturette

A short oral presentation in which the Leader(s)/ Facilitator(s) present facts, principles or explanations about a topic. It is used most often in this workshop to provide information or explain briefly the basic concepts covered in the workshop.

Utilizing the basics

- Explain the purpose of the lecturette to the group.
- Motivate the group by relating the lecturette to the questions or problems that have been raised in the group.
- Cover only those points of the topic that are presented on the charts, and only use the additional information provided in the *Leader's Manual*. This helps the Leader manage the time more effectively as well as to maintain the interest of the participants.
- DO NOT READ material word by word to the participants from the *Leader's Manual*. Never read the book.
- Focus your attention on individuals in the group.

Advantages of using the lecturette:

- Allows the Leader to cover a lot of material in a short period of time.
- Leaders can be fully prepared ahead of time.
- Provides information that may be difficult for participants to find quickly on their own.
- Material can be presented in an orderly manner, so that it is easily understood by the participants.

Points to note:

- Participants may lose interest if the lecturette is not well prepared or well delivered. Reading directly from the manual is NOT good delivery.
- Participants may become passive just listening and not contributing to the group process.
- Participants may not remember and/or understand the content.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Brainstorming

Brainstorming is a technique to generate ideas. The group is given a question or problem and asked to give as many ideas as possible through a flow of suggestions with no comment, judgment or evaluation. Free association is encouraged, and ideas are written as they are called out. Quantity is more important than the quality of the ideas. After all the suggestions are given, clarification and/or explanation can be done.

Procedure

- The facilitator reads the question as written in the manual.
- The scribe writes the brainstorm question, using KEY (important) words.
- Participants start giving their ideas.
- The facilitator repeats each idea loudly, using the participant's own KEY words while looking at group, **not at the scribe**.
- **If the idea is too long, ask the participant to shorten it. If they cannot, ask for permission from them if you shorten or rephrase it.**
- The scribe listens only to the co-Leader and writes what the facilitator says.
- The scribe does not use abbreviations or symbols.
- The scribe is responsible for telling the facilitator if they can't keep up with the ideas.
- The facilitator controls the "traffic"- slowing the brainstorm if the scribe needs to catch up.
- Neither the facilitator nor the scribe comment or allow anyone else to comment on the ideas (positively or negatively, verbally or by facial expression).
- The facilitator does not allow questions until after the brainstorm is over.
- If there are less than 15 ideas, the facilitator uses silence **...W…A…I…T…!** (it's not over until you have counted to 15 to yourself with no new ideas). If there are no more, the brainstorm is over.
- The facilitator does NOT call on people.
- The scribe tells the facilitator when there are 15 ideas listed.
- If there are 15 ideas, the facilitator tells the group you will take 2 more and end the brainstorm.
- After the brainstorm, the scribe or facilitator reads back the list to the group.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

- The facilitator asks if any ideas need clarification. If clarification is needed, have the person who gave the idea clarify
- If there are ideas listed in the manual to add, the facilitator adds only those ideas that are not already listed. These do not need to be written.
- If any ideas are "inappropriate", such as alcohol or violence, the facilitator points this out politely and clarifies or corrects without pointing anyone out.

Call Outs

Call outs are used to involve the group by having them call out the answer to questions posed by the Leader (facilitator), taking less time than in a brainstorm. Responses are not written down.

Procedure

- Leader tells the group that anyone may call out an answer
- One Leader (facilitator) asks the question, e.g., *"How many servings are listed on this food label?"*
- The facilitator looks at the group until the correct answer is called out.
- The facilitator repeats the correct answer to the group, e.g., *"Yes, it says 2 servings on this package label"*
- The facilitator quickly moves on.
- If the same person answers two call outs, ask the person to hold back to give others a chance to respond.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Demonstration/Practice

Participants observe the Leaders performing a task. After the demonstration, the participants practice the task. Demonstration and practice are used to make the explanation of a skill or technique more concrete for the participants.

Utilizing the basics

- Explain the purpose of the skill or technique and tell the participants what details of the demonstration they should notice.
- Keep the directions simple.
- Briefly demonstrate the skill.
- Have participants practice the skill.
- The leaders check that each participant can perform the skill correctly. All participants should do the skill. (However, if someone objects for whatever reason, do not insist.)
- Review briefly the key points of the demonstration/practice.
- If someone is having difficulty during the practice, work with them during break or after the session.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

APPENDIX VIII: HISTORY OF SELF-MANAGEMENT PROGRAMS

1978+ The Arthritis Self-Management Years

In 1978. Kate Lorig came to Stanford to create an arthritis education program. This program was mandated by a grant from The U.S. National Institutes of Health to the newly funded Stanford Multipurpose Arthritis Center, part of Stanford University School of Medicine.

By early 1979, the Arthritis Self-Management Program had been written and the first 14 leaders trained. Over the next year, nearly 300 people attended programs, and by 1980 Kate had completed her doctoral dissertation for University of California Berkeley, *Arthritis Self-Management: A joint Venture*.

➔ **This study showed that a small-group, peer-led arthritis program could change health status and health behaviors.**

Publication: Lorig, Kate, et al. "Outcomes of self-help education for patients with arthritis." *Arthritis & Rheumatism* 28.6 (1985): 680-685.

Based on this evidence, the U.S. National Arthritis Foundation disseminated the program nationally and continued to do so into the 21st century.

For the next nearly 30 years, the Stanford Arthritis Center, now names the Stanford Patient Education Research Center, conducted a number of studies of community-based arthritis education programs and established some of the evidence that underlies all of our works today.

The following are some of the key findings from this period and their references.

➔ The **Arthritis Self-Management Program reduced costs.**

Publication: Lorig Kate R, Mazonson Peter D, and Holman Halsted R. "Evidence suggesting that health education for self-management in patients with chronic arthritis has sustained health benefits while reducing health care costs." *Arthritis & Rheumatism* 36.4 (1993): 439-446.

➔ **Self-Efficacy is one of the factors explaining beneficial outcomes.**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

Publications:

Lorig Kate, et al. "The beneficial outcomes of the arthritis self-management workshop are not adequately explained by behavior change." *Arthritis & Rheumatism* 32.1 (1989): 91-95.

O'Leary Ann, et al. "A cognitive-behavioral treatment for rheumatoid arthritis." *Health Psychology* 7.6 (1988): 527.

Lorig Kate, et al. "Development and evaluation of a scale to measure perceived self-efficacy in people with arthritis." *Arthritis & Rheumatism* 32.1 (1989): 37-44.

➔ **Reinforcement may not add anything**

Publication: Lorig Kate, and Holman Halsted R. "Long-term outcomes of an arthritis self-management study: Effects of reinforcement efforts." *Social science & medicine* 29.2 (1989): 221-224

➔ **Shorter versions of the Arthritis Self-Management Program are not as effective**

Publication: Lorig Kate, et al. "Arthritis self-management program variations: Three studies." *Arthritis & Rheumatism* 11.6 (1998): 448-454.

➔ **Lack of strong evidence that professionals are better than peers as program leaders.**

Publications:

Cohen Judith L, et al. "Evaluation of arthritis self-management workshops led by laypersons and by professionals." *Arthritis & Rheumatism* 29.3 (1986): 388-393.

Lorig Kate, et al. "Arthritis self-management program variations: Three studies." *Arthritis & Rheumatism* 11.6 (1998): 448-454.

➔ **Spanish Speakers benefit from the Spanish Arthritis Self-Management Program**

Publications:

Lorig Kate, González Virginia M, and Ritter Philip. "Community-based Spanish language arthritis education program: a randomized trial." *Medical care* 37.9 (1999): 957-963.

González, Virginia M, et al. "Translation and validation of arthritis outcome measures into Spanish." *Arthritis & Rheumatism* 38.10 (1995): 1429-1446.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

➔ **People with arthritis have similar benefits if they participate in disease specific (Arthritis Self-Management Program, or generic (Chronic Disease Self-Management) workshops.**

Publication: Lorig Kate, Ritter Philip L, and Plant Kathryn. "A disease-specific self-help program compared with a generalized chronic disease self-help program for arthritis patients." *Arthritis Care & Research* 53.6 (2005): 950-957.

➔ **A mailed version of the Arthritis Self-management program was successful in English, Spanish and for African Americans who had called and asked for the mail delivered tool kit.**

Publication: Goeppinger Jean, et al. "Mail-delivered arthritis self-management tool kit: A randomized trial and longitudinal followup." *Arthritis Care & Research* 61.7 (2009): 867-875.

➔ **The Arthritis Self-Management Program leads to sustained (2-year) benefit.**

Publication: Osborne Richard H, et al. "Does self-management lead to sustainable health benefits in people with arthritis? A 2-year transition study of 452 Australians." *The Journal of Rheumatology* 34.5 (2007): 1112-1117.

➔ **Arthritis Self-Management can be effective for those 80 and older.**

Publication: Lorig Kate, Laurin Janette, and Holman Halsted R. "Arthritis self-management: a study of the effectiveness of patient education for the elderly." *The Gerontologist* 24.5 (1984): 455-457

➔ **The Arthritis Self-Management Program can be effective when delivered via the Internet.**

Publication: Lorig Kate R, et al. "The internet-based arthritis self-management program: A one-year randomized trial for patients with arthritis or fibromyalgia." *Arthritis Care & Research* 59.7 (2008): 1009-1017.

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

1990+ The Chronic Disease Self-Management Years

In the early 1990s we developed and studied the Chronic Disease Self-Management Program. Early studies were funded by California state tobacco money and the Agency for Health Care Policy and Research. This study was conducted in conjunction with Kaiser Permanente. We found that treatment participants when compared to randomized controls increased healthful behaviors, improved health status and had less health care utilization.

➔ Publication: Lorig K, Sobel DS, Stewart AL, Brown BW, Bandura A, Ritter P, González VM, Laurent DD, Holman HR**. "**Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: a randomized trial"**.** *Medical Care* 1999; 37(1):5-14

➔ Publication: Lorig K, Ritter P, Stewart A, Sobel D, Brown BW, Bandura A, González VM, Laurent DD, Holman H: "2-year evidence that chronic disease self-management education has sustained health and utilization benefits**"**. *Medical Care* 2001;39(11):1217-1223.

The original CDSMP study was followed up by a longitudinal study that included several Kaiser Permanente regions. This study had findings similar to the original study.

➔ Publication: Lorig KR, Sobel D, Ritter PL, Hobbs M, Laurent D. "*Effect of a self-management program on patients with chronic disease*. *Effective Clinical Practice* 2001;4:256-262.

➔ Publication: Sobel DS, Lorig KR, Hobbs M. **"***Chronic condition self-management program: from development to dissemination"*. Permanente Journal 2002;6(2):11-8.

As part of the U.S. Recovery Act, a second large translation study included 22 sites in the United States. Again, the findings were similar to the original study.

➔ Publication: Ahn S, Basu R, Smith ML, Jiang L, Lorig K, Whitelaw N, Ory MG. **"**The impact of chronic disease self-management programs: healthcare savings through a community-based intervention". *BMC Public Health:* 13(1):114,2013 Dec.

➔ Publication: Ory MG, Ahn S, Jiang L, Smith ML, Ritter PL, Whitelaw N, Lorig KL. **"**Successes of a national study of the chronic disease self-management

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

program: Meeting the triple aim of health care reform". *Medical Care*: 51(11):992-8, 2013 Nov

➔ Publication: Ory MG, Ahn SN, Jiang L, Lorig K, Ritter P, Laurent DL, Whitelaw N, Smith ML: *National Study of Chronic Disease Self-Management: Six Month Outcome Findings*. *Journal of Aging Health*: 2013,25:1258

There were several other key studies showing the effectiveness of the CDSMP outcomes and cost savings in England.

➔ Publication: Kennedy A, Reeves D, Bower P, Lee V, Middleton E, Richardson G, Gardner C, Gately C, Rogers A. "The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: A pragmatice randomised controlled trial". *Journal of Epidemiology and Community Health* 2007;61(3),254-61

➔ Publication: Richardson G, Kennedy A, Reeves D, Bower P, Lee V, Middleton E, Gardner C, Gately C and Rogers A. "Cost Effectiveness of the Expert Patients Programme (EPP) for Patients with Chronic Conditions". *Journal of Epidemiology and Community Health* 2008;62:361-367.

Effectiveness as an on-line program (Better Choices Better Health)

➔ Publication: Lorig KR, Ritter PL, Dost A, Plant K, Laurent DD, McNeil I. "The expert patient programme online, a 1-year study of an Internet-based self-management programme for people with long-term conditions". *Chronic Illness* 2008;4(4):247-256.

➔ Publication: Lorig K, Ritter PL, Laurent DD, Plant K. "Internet-based chronic disease self-management: A randomized trial". *Medical Care* 2006;44(11):964-971.

➔ Publication: Lorig k, Ritter PL, Plant K, Laurent DD, Kelly P, Rowe S. "The South Australia Health chronic cisease self-management internet trial". *Health Education and Behavior* 2013 Feb;40(1):67-77.

Effectiveness for people with severe mental health problems

➔ Publication: Lorig K, Ritter PL, Pifer C, Werner P. **"**Effectiveness of the chronic disease self-management program for persons with a serious mental illness: A translation study". *Community Mental Health Journal* 06/2013 (ePub).

DO NOT COPY OR DISTRIBUTE

Effectiveness of the CDSMP for people with Diabetes

➔ Publication: Lorig K, Ritter P, Jacquez A. “Outcomes of border health Spanish/English chronic disease self-management programs”. *Diabetes Educator* 2005;31(3):401-409.

➔ Publication: Lorig, Kate, et al. "Effectiveness of a Generic Chronic Disease Self-Management Program for People With Type 2 Diabetes A Translation Study." *Diabetes Educator* 39.5 (2013): 655-663.

Effectiveness of the CDSMP as a program delivered through the mail

➔ Publication: Lorig K, Ritter PL, Moreland C, Laurent DD. “Can a box of mailed materials achieve the triple aims of health care? The Mailed Chronic Disease Self-Management Tool Kit study”. *Health Promotion Practice*: ePub 2015 Feb 17.

Effectiveness of the CDSMP for people with Depression

➔ Publication: Ritter PL, Ory MG, Laurent DD, Lorig K. “Effects of chronic disease self-management programs for participants with higher depression scores: secondary analyses of an on-line and a small-group program”. *Translational Behavioral Medicine*: 4(4):398-406

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

1994+ The HIV Self-Management Years

In response to the HIV/AIDs crisis, the CDSMP was adapted for use in people who were HIV positive. This was done in conjunction with Allen Gifford MD, who at the time was a Robert Wood Johnson Clinical Scholar at Stanford. There have been several trials of both the original program as well as a program revised in the mid 2000s. Since that time, mainly because of new drugs, the face of HIV has changed to look more like other chronic conditions. Thus, the workshop was revised again and released in early 2016.

➔ Publication: Gifford AL, Laurent DD, González VM, Chesney MA, Lorig KR. "Pilot randomized trial of education to improve self-management skills of men with symptomatic HIV/AIDS". *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology* 1998: 18(2):136-144

➔ Publication: Gifford AL, Groessl EJ. "Chronic Disease Self-Management and Adherence to HIV Medications". *Journal of Acquired Immune Deficiency Syndromes* 2002: 31:S163–S166.

➔ Publication: Webel AR. "Testing a peer-based symptom management intervention for women living with HIV/AIDS". *AIDS Care* 2010 Sep:(9):1029-40.

1995+ The Chronic Pain Self-Management Years

In the mid-1990s, Dr. Sandra LeFort in St. John's Newfoundland adapted the ASMP for use by people with chronic pain. The workshop has been used for many years in Canada and more recently in Denmark. In 2015, the workshop was completely revised and a book was written to accompany the workshop. It was released for public use in mid 2015. It is hoped that a Spanish translation of this workshop will be available in 2016.

➔ Publication: LeFort S, Gray-Donald K, Rowat KM, Jeans ME. "Randomized controlled trial of a community-based psychoeducation program for the self-management of chronic pain". *Pain* 1998;74,297-306

➔ Publication: Mehlsen M, Heegaard L,Frostholm L. "A prospective evaluation of the Chronic Pain Self-Management Programme in a Danish population of chronic pain patients". *Patient Education and Counseling* 2015:(5)677-680.

DO NOT COPY OR DISTRIBUTE

2004+ The Diabetes Self-Management Years

Of the most common chronic conditions, diabetes, is the most behaviorally complex. For this reason we decided to explore the possibilities of using a community-based self-management program to assist with the growing problem of type II diabetes. Funding for these studies came from the National Institute of Nursing Research, the Archstone Foundation and the National Institute for Diabetes and Kidney Disease. We were assisted by many members of both the American Diabetes Association and the American Association of Diabetes Educators. There are 3 diabetes programs, Spanish (the first program developed), English, an adapted translation of the Spanish program, and Better Choices Better Health, the online diabetes program. All of these programs have been shown to lower A1C, and improve health behaviors and health status.

➔ Publication: Lorig K, Ritter PL, Villa F, Piette JD. "Spanish diabetes self-management with and without automated telephone reinforcement". *Diabetes Care* 2008:31(3):408-14

➔ Publication: Lorig K, Ritter PL, Villa FJ, Armas J. "Community-based peer-led diabetes self-management: A randomized trial". *The Diabetes Educator* 2009 July-August;35(4):641-51.

➔ Publication: Lorig K, Ritter PL, Laurent DD, Plant K, Green M, Jernigan VBB, Case S. "Online diabetes self-management program: A randomized study**".** *Diabetes Care* 2010;33(6):1275-1281

2010+ The Building Better Caregivers Years

In approximately 2010, the U.S. Veterans Administration approached us about developing and evaluating an online program for the caregivers of veterans who suffered from traumatic brain injury, post-traumatic stress disorder, or other cognitive problems. The result was the online Building Better Caregivers, which underwent a small study and is currently used by the V.A. caregiving program, as well as other organizations in the United States.

In 2013 we received a grant from the Archstone Foundation to adapt the online BBC to small face-to-face group format. This trial will come to an end in 2016, after which we hope to release the small group program for general community use.

➔ Publication: Lorig K, Thompson-Gallagher D, Traylor L, Ritter PL, Laurent DL, Plant K, Thompson LW, Hahn TJ. "Building Better Caregivers: A pilot online

DO NOT COPY OR DISTRIBUTE

support workshop for family caregivers of cognitively impaired adults". *Journal of Applied Gerontology* June 2012;31(3):423-437

2012+ The Cancer Thriving and Surviving Years

In the early 1990's the Macmillan Trust (a cancer charity in the United Kingdom), adapted the CDSMP for use with cancer survivors. In addition, Dr. Lorig is a cancer survivor and her personal experience led to an interest in this topic. These two factors came together when Stanford was asked by the University of Hawaii to develop an online program for cancer survivors and to assist with its evaluation. This collaboration resulted in Cancer Thriving and Surviving.

In 2012, a second collaboration was formed between Cancer Centers in Colorado, Virginia and Texas, as well as the Stanford Patient Education Research Center. This collaboration developed and studied a small group, face-to-face version of online Cancer Thriving and Surviving. This was released for public use in 2015.

Publication: Bantum EO, Albright CL, White KK, Berenberg JL, Layi G, Ritter PL, Laurent D, Plant K, Lorig K. "Surviving and thriving with cancer using a web-based health behavior change intervention: Randomized controlled trial". *Journal of Medical Internet Research* 2014 Feb;16(2):e54

Publication: Risendal BC, Dwyer A, Seidel RW, Lorig K, Coombs L, Ory MG. "Meeting the challenge of cancer survivorship in public health: results from the evaluation of the chronic disease self-management program for cancer survivors". *Psycho-Oncology*. 2015 Apr 10 (ePub). doi: 10.1002/pon.3783.

DO NOT COPY OR DISTRIBUTE

DO NOT COPY OR DISTRIBUTE

APPENDIX IX: CDSMP SUGGESTED REVISION FORM

Your Name: _____ **Date:** _____

Organization name and address: _____

_____

_____

_____

Please describe below your suggestions for a deletion, addition or change in the Chronic Disease Self-Management Program content and/or methodology. If your proposed change would replace an existing workshop activity, specify the session and activity number. Use the back of this sheet and/or additional paper as needed.

_____

_____

_____

_____

_____

Please describe the reason for suggesting this change:

_____

_____

_____

_____

Please complete one sheet for each suggested change and send to:
Self-Management Resource Center
PO Box 219
Aptos CA 95001 USA
Or email your suggestion to **smrc@selfmanagementresource.com**

DO NOT COPY OR DISTRIBUTE

© Self-Management Resource Center, 2020

DO NOT COPY OR DISTRIBUTE