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*Chronic Disease Self-Management Workshop*  
**MASTER TRAINER'S MANUAL (Canadian)**







**Steps to Healthier Living™**

# ***The Chronic Disease Self-Management Workshop***

*An Evidence-Based Self-Management Workshop  
Originally developed at Stanford University*

## **MASTER TRAINER'S MANUAL**

**CANADIAN VERSION**



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Self-Management Resource Center





**Steps to Healthier Living™**

# **The Chronic Disease Self-Management Workshop**

*An Evidence-Based Self-Management Workshop  
Originally developed at Stanford University*

## **MASTER TRAINER'S MANUAL**

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# CONTENTS

	Page
Page References ( <i>Leader's vs Master Trainer's Manuals</i> ) .....	i
How to Use This Manual .....	iii
Trainer's Pre-Workshop Checklist .....	v
Training Guidelines .....	viii
Major Objectives of the Training Workshop .....	xi

## Training Activities

## Day: Page

### Day One

<i>Training Activity #1: Introductions/Program and Training Overview</i> .....	1: 3
Activity #2: Workshop Session 1 Activity 1: Introduction .....	1: 11
Activity #3: Workshop Session 1 Activity 2: Fatigue and Getting a Good Night's Sleep .....	1: 19
Activity #4: Workshop Session 1 Activity 3: The Mind-Body Connection/Distraction .....	1: 23
Activity #5: Workshop Session 1 Activity 4: Introduction to Action Plans .....	1: 29
Activity #6: <i>Session One Review and Scenarios</i> .....	1: 34
Activity #7: Workshop Session 2 Activity 3: Dealing with Difficult Emotions .....	1: 48
Activity #8: Workshop Session 2 Activity 4: Introduction to Physical Activity and Exercise .....	1: 54
Activity #9: Workshop Session 2 Activity 5: Preventing Falls and Improving Balance .....	1: 60
Activity #10: <i>Session Two Review and Scenarios</i> .....	1: 66
Activity #11: <i>First Practice Teaching Assignments</i> .....	1: 71

### Day Two

Activity #12: <i>Questions and Discussion</i> .....	2: 3
Activity #13: Workshop Session 2 Activity 1: Feedback .....	2: 3
Activity #14: Workshop Session 2 Activity 2: Introduction to Problem-Solving .....	2: 7
Activity #15: Workshop Session 2 Activity 6: Making an Action Plan .....	2: 10
Activity #16: Workshop Session 3 Activity 2: Making Decisions .....	2: 14
Activity #17: Workshop Session 3 Activity 3: Pain Management .....	2: 18
Activity #18: Workshop Session 3 Activity 4: Endurance Exercise .....	2: 23
Activity #19: Workshop Session 3 Activity 5: Healthy Eating .....	2: 29
<i>Training Activity #20: Session Three Review and Scenarios</i> .....	2: 36
<i>Training Activity #21: First Practice Teaching</i> .....	2: 44
<i>Training Activity #22: Second Practice Teaching Assignments</i> .....	2: 46

### Day Three

Activity #23: <i>Questions and Discussion</i> .....	3: 3
Activity #24: Workshop Session 4 Activity 2: Better Breathing .....	3: 3
Activity #25: Workshop Session 4 Activity 3: Reading Food Labels – Part 1 .....	3: 9

***Training Day Three, continued***

Activity #26: Workshop Session 4 Activity 4: Exercise Practice.....	3: 15
Activity #27: Workshop Session 4 Activity 5: Problem-Solving .....	3: 17
Activity #28: Workshop Session 4 Activity 6: Communication Skills .....	3: 21
Activity #29: <i>Session Four Review and Scenarios</i> .....	3: 30
Activity #30: Workshop Session 5 Activity 2: Reading Food Labels – Part 2.....	3: 37
Activity #31: Workshop Session 5 Activity 3: Medication Usage .....	3: 41
Activity #32: Workshop Session 5 Activity 4: Relaxation Body Scan.....	3: 47
Activity #33: Workshop Session 5 Activity 5: Dealing with Depression.....	3: 52
Activity #34: Workshop Session 5 Activity 6: Communicating with Ourselves .....	3: 56
Activity #35: <i>Session Five Review and Scenarios</i> .....	3: 61
Activity #36: Workshop Session 6 Activity 2: Making Informed Treatment Decisions...	3: 68
Activity #37: Workshop Session 6 Activity 3: Working with your Health Care Team ....	3: 72

**Day Four**

Activity #38: <i>Questions and Discussion</i> .....	4: 2
Activity #39: Workshop Session 6, Activity 1: Feedback .....	4: 3
Activity #40: Workshop Session 6 Activity 4: Guided Imagery Relaxation.....	4: 7
Activity #41: Workshop Session 6 Activity 5: Looking Back and Planning for the Future (Review) .....	4: 11
Activity #42: <i>Session Six Review and Scenarios</i> .....	4: 16
Activity #43: <i>Second Practice Teaching</i> .....	4: 21
Activity #44: <i>Second Practice Review</i> .....	4: 22
Activity #45: <i>What Are You Afraid Might Happen?</i> .....	4: 24
Activity #46: <i>Program Fidelity</i> .....	4: 24
Activity #47: <i>Training Evaluations, Next Steps, Certificates of Completion</i> .....	4: 26

**Appendices**

**Appendix: Page**

I: Charts, Agendas, and Handouts .....	I: 1
Charts .....	I: 2
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.....	I: 6
11: Decision to be Made .....	I: 7
12: Moderate Endurance Exercise .....	I: 8
13: Monitoring Exercise Intensity .....	I: 8

*Appendix 1: Charts, Agendas and Handout, continued*

*Charts, continued*

14: Be F. I. T.....	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
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
Training Chart 1: Expected Skills for Leaders .....	I: 15
Agendas by Session .....	I: 17
Workshop Overview/Homework Handout .....	I: 21
II: Action Plan and Feedback Flow Charts (also in LM).....	II: 1
Making an Action Plan Flow Chart .....	II: 2
Feedback Flow Chart .....	II: 5
III: “Problem” Action Plan/Feedback Examples (also in LM).....	III: 1
Action Plans .....	III: 1
Doesn’t Know What to Do Action Plan .....	III: 1
Doesn’t Want to Make a Plan .....	III: 2
Makes a Plan for Every Day .....	III: 2
Hedges on Plan .....	III: 3
Plan Depends on Another Person .....	III: 3
Plan Seems Like Too Much to Leader .....	III: 4
Plan Isn’t an Action .....	III: 5
Plan has Low Confidence Level .....	III: 5
Plan Confuses “How Much” and “How Often: .....	III: 6
Feedback .....	III: 7
Feedback: Didn’t Do It at All .....	III: 7
Feedback: Didn’t Do It at All – Didn’t Like It.....	III: 7
Feedback: Partially Complete – Unhappy About It.....	III: 8
Feedback: Partially Complete – OK with It .....	III: 8
Feedback: Partially Complete – Too Ambitious .....	III: 9
Feedback: Partially or Not Complete – Got Sick .....	III: 9
Feedback: Adjusted or Changed Plan.....	III: 9
IV: Dealing with the Different Types of People/Situations (also in LM) .....	IV: 1
People.....	IV: 1
The Too-Talkative Person .....	IV: 1
The Silent Person .....	IV: 2

**Appendices, continued****Appendix: Page****Appendix IV: People/Situations, continued**

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
The Abusive Person .....	IV: 7
The Superior Observer.....	IV: 7
The Person Who Doesn’t Make Action Plans .....	IV: 8
The Person in Crisis .....	IV: 8
Situations.....	IV:9
In-Class Practices.....	IV: 9
Creating a Non-Threatening Atmosphere.....	IV: 9
Handling Questions.....	IV: 10
Co-Leader Illness .....	IV: 10
Support of Physicians.....	IV: 11
Relaxations Interruptions .....	IV: 11
Running Out of Time .....	IV: 12
Other Attendees.....	IV: 13
Injury Control.....	IV: 13
V: Scenarios (also in LM) .....	V: 1
Paraphrasing Practice Scenarios .....	V: 1
Action Plan Scenario #1 .....	V: 3
Action Plan Scenario #2.....	V: 3
Action Plan Scenario #3.....	V: 3
Action Plan Scenario #4.....	V: 3
Action Plan Scenario #5.....	V:4
Action Plan Scenario #6.....	V:4
Yakity-Yak.....	V: 5
Interpreting Emotions.....	V: 5
You’re late! .....	V: 6
Waterworks .....	V: 6
Awful Week .....	V: 7
Lost.....	V: 7
Shooting Down Suggestions .....	V: 8
Feeling Blue .....	V: 8
Cultural Humility #1 .....	V: 9
Cultural Humility #2 .....	V: 9
Cultural Humility #3 .....	V: 10

**Appendices, continued****Appendix: Page****Appendix V: Scenarios, continued**

Endless Challenging Questions.....	V: 10
Angry and She Will Tell You Why .....	V: 10
Ventriloquist.....	V: 11
Touchy-Feely Psycho-Babble.....	V: 11
Hypoglycemia .....	V: 12
“Just trying to help...” Brainstorming .....	V: 12
Judgmental Participant.....	V: 13
Trouble Reading.....	V: 13
Diets .....	V: 13
Here, Try These.....	V: 14
Treatment Advice.....	V: 14
Medications are Bad.....	V: 15
Bashing the Health Care System .....	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: 17
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: 19
“Control Freak” Co-Leader.....	V: 19
Ambitious Co-Leader.....	V: 20
Missing Co-Leader.....	V: 20
Leader Personality .....	V: 20
Co-Leader Goofs Up and then Blows Up.....	V: 21
Poor Demonstration .....	V: 21
Left Outside.....	V: 21
Participant Death.....	V: 22
VI: How to Work with Participants with Dementia and Other Memory Issues (also in LM) .....	VI: 1
VII: Teaching Techniques Used in the Workshop (also in LM) .....	VII: 1
Lecturette.....	VII: 1
Brainstorming.....	VII: 2
Call Outs.....	VII: 3
Demonstration/Practice.....	VII: 4
VIII: History of Self-Management Programs .....	VIII: 1
IX: CDSMP Suggested Revision Form .....	IX: 1

X: Sample Leader’s Training Agenda.....X: 1

XI: Practice Teaching Handouts ..... XI: 1

    Practice Teaching #1 Assignment Forms ..... XI: 3

    Practice Teaching #2 Assignment Forms ..... XI: 35

    Practice Teaching #1 Checklist and Feedback Forms ..... XI: 65

    Practice Teaching #2 Checklist and Feedback Forms ..... XI: 81

    Tips for Giving Feedback During Practice Teaching ..... XI: 97

XII: Scenario and Brainstorming Participation Log ..... XII: 1

XIII: Sample Leader Training Evaluation Form.....XIII: 1



# PAGE REFERENCES

This is provided so you can use only the *Master Trainer's Manual* while training. Page numbers for each activity are listed for each manual.

	Leader's Manual <i>Session: pg</i>	Master Trainer's Manual <i>Day: pg</i>
<b>Workshop Activities</b>		
<b>Session One</b>		
Activity 1: Introduction	1: 3	1: 11
Activity 2: Fatigue and Getting a Good Night's Sleep	1: 10	1: 19
Activity 3: The Mind/Body Connection/Distraction	1: 16	1: 23
Activity 4: Introduction to Action Plans	1: 22	1: 29
Activity 5: Closing	1: 27	
<b>Session Two</b>		
Activity 1: Feedback	2: 3	2: 3
Activity 2: Introduction to Problem-Solving	2: 6	2: 7
Activity 3: Dealing with Difficult Emotions	2: 9	1: 48
Activity 4: Introduction to Physical Activity and Exercise	2: 17	1: 54
Activity 5: Preventing Falls and Improving Balance	2: 21	1: 60
Activity 6: Making an Action Plan	2: 27	2: 10
Activity 7: Closing	2: 30	
<b>Session Three</b>		
Activity 1: Feedback	3: 3	
Activity 2: Making Decisions	3: 6	2: 14
Activity 3: Pain Management	3: 10	2: 18
Activity 4: Endurance Exercise	3: 15	2: 23
Activity 5: Healthy Eating	3: 21	2: 29
Activity 6: Making an Action Plan	3: 27	
Activity 7: Closing	3: 30	
<b>Session Four</b>		
Activity 1: Feedback	4: 3	
Activity 2: Better Breathing	4: 6	3: 3
Activity 3: Reading Food Labels – Part 1	4: 11	3: 9
Activity 4: Exercise Practice	4: 16	3: 15
Activity 5: Problem-Solving	4: 18	3: 17
Activity 6: Communication Skills	4: 22	3: 21
Activity 7: Making an Action Plan	4: 30	
Activity 8: Closing	4: 33	

	<b>Leader's Manual</b> <i>Session: pg</i>	<b>Master Trainer's Manual</b> <i>Day: pg</i>
<b>Workshop Activities, continued</b>		
<b>Session Five</b>		
Activity 1: Feedback	5: 3	
Activity 2: Reading Food Labels – Part 2	5: 6	3: 37
Activity 3: Medication Usage	5: 10	3: 41
Activity 4: Relaxation Body Scan	5: 15	3: 47
Activity 5: Dealing with Depression	5: 19	3: 52
Activity 6: Communicating with Ourselves – Self Talk	5: 23	3: 56
Activity 7: Making an Action Plan	5: 27	
Activity 8: Closing	5: 30	
<b>Session Six</b>		
Activity 1: Feedback	6: 3	4: 3
Activity 2: Making Informed Treatment Decisions	6: 6	3: 67
Activity 3: Working with Your Health Care Team	6: 9	3: 71
Activity 4: Guided Imagery Relaxation	6: 13	4: 7
Activity 5: Looking Back and Planning for the Future	6: 17	4: 11
Activity 6: Closing	6: 22	

	<b>Leader's Manual</b>	<b>Master Trainer's Manual</b>
<b>Appendices</b>		
Charts, Handouts, Workshop Agendas, Homework	Appendix I	Appendix I
Action Plan and Feedback Flow Charts	Appendix II	Appendix II
Action Plan and Feedback Examples	Appendix III	Appendix III
Dealing with Different Types of People/Situations	Appendix IV	Appendix IV
Scenarios	Appendix V	Appendix V
How to Work with Participants with Dementia	Appendix VI	Appendix VI
Teaching Techniques Used in the Workshop	Appendix VII	Appendix VII
History of Self-Management Programs	Appendix VIII	Appendix VIII
CDSMP Suggested Revision Form	Appendix IX	Appendix IX
Sample Leader Training Agenda		Appendix X
Practice Teaching Assignment Forms and Handouts		Appendix XI
Scenario and Brainstorming Participation Log		Appendix XII
Leader Training Evaluation Form		Appendix XIII

# HOW TO USE THIS MANUAL

The *Chronic Disease Self-Management Workshop Master Trainer's Manual* covers how to train Leaders of the Chronic Disease Self-Management (CDSM) workshop. It is designed to be used in conjunction with the *Chronic Disease Self-Management Workshop Leader's Manual* and the book, *Living a Healthy Life with Chronic Conditions*.

A general checklist, as well as guidelines for trainers, is provided to assist you in the planning and preparation of the workshop. Also outlined are the details of the actual content and process to be used in the training.

Master Trainers play an important role in ensuring the success of the Leaders. For this reason, the training workshop should be conducted by a pair of Master Trainers, who model the workshop activities correctly.

The training activities are presented sequentially, numbered from 1 to 47. The amounts of time allotted for each activity, as well as the methods to be used during that activity, are listed. The order of the training activities follows closely the order of topics in the workshop. When there is a break in the order of activities, or when an activity has been added for the purpose of preparing the Leaders, and is **not** part of the actual workshop, indicate this to the trainees.

## In this manual, all actual workshop activities will be

- In Arial type (as this is)
- Separated in the right-hand margin by the words **Leader's Manual**
- The activity heading bordered as above

Whenever you see this type style and this right-hand margin, you are looking at sections from the *Leader's Manual*.

LEADER'S MANUAL

The time limits for each training activity are noted at the top of the activity; the time often differs from that allotted in the actual workshop. This is done to provide the Master Trainers with extra time to introduce some of the activities.

The CDSM Program Leader's Training is a 26-hour intensive training program. It cannot be done well in less than this amount of time. While the timing of the sessions may vary, all

content (topics) and processes in the *Leader's Manual* must be covered in the training.

The training activities in the *Master Trainer's Manual* have been grouped to fit a 4-day format, 6 ½ hours of instruction per day. These could be 4 consecutive days or 2 days (e.g. Friday and Saturday) of 2 consecutive weeks (preferable). The 6 ½ -hour day is used to accommodate the needs of those Leaders with chronic conditions. The larger the group, the more difficult it is to complete the days in 6 ½ hours. If the group is 15-18, a 6 ½-hour day is realistic. A different schedule is possible, depending on the needs of your organization and the prospective trainees. No more than 18 Leaders should be trained at any one time and no less than 12.

# TRAINER'S PRE-WORKSHOP CHECKLIST

The checklist provided below may help you to remember the smaller details involved in the planning and preparation of the training workshop.

## Facilities

- ☐ Has a location been selected for the workshop? Have site arrangements been confirmed in writing?
- ☐ Has an inspection check of the site been made?
- ☐ Is the size of the room appropriate for the size of the training group?
- ☐ Will additional rooms be necessary for the practice teaching session?
- ☐ Are there any charges for meeting rooms? Is the cost within the budget?
- ☐ Has a seating plan (circle or horseshoe, not lecture-style) been given to the meeting site coordinator in advance?
- ☐ Are air conditioning, heating, lighting and ventilation acceptable?
- ☐ Is parking available within 200 feet of the entrance?
- ☐ Are restrooms conveniently located?
- ☐ Is the site (including restrooms) fully accessible for those with disabilities?
- ☐ Will fresh water, ice and glasses be on the meeting tables every day?
- ☐ Do you have a name to contact in case of any problems?

## Equipment and Materials

Has all required equipment been delivered and/or supplied?

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Living a Healthy Life with Chronic Conditions</i> book for each trainee | <input type="checkbox"/> 2 easels  |
| <input type="checkbox"/> <i>Leader's</i> Manual for each trainee                                    | <input type="checkbox"/> Extra pens and paper  |
| <input type="checkbox"/> Agenda for each trainee  | <input type="checkbox"/> Reusable name tags  |
| <input type="checkbox"/> Relaxation for Mind and Body CD for each trainee                           | <input type="checkbox"/> Roster of trainees  |
| <input type="checkbox"/> Premade Charts   | <input type="checkbox"/> A hat for each trainer (or some other prop if more appropriate for the group) |
| <input type="checkbox"/> Blackboard or whiteboard   | <input type="checkbox"/> Scenario and Brainstorming Participation Log                                  |
| <input type="checkbox"/> Blackboard or whiteboard erasers   | <input type="checkbox"/> Practice teaching assignment sheets   |
| <input type="checkbox"/> Chalk or dry erase markers   | <input type="checkbox"/> Practice Teaching Activity Checklists and Feedback forms                      |
| <input type="checkbox"/> Blank flip charts  | <input type="checkbox"/> Training evaluations  |
| <input type="checkbox"/> Flip chart markers CD Player   |  |

## Meals and Refreshments

- ☐ Have arrangements been made for refreshments during breaks?
- ☐ Is a scheduled luncheon planned? If not, are there restaurants nearby with wheelchair accessibility?
- ☐ Are there heart healthy, diabetic, and vegetarian menu choices?

## Promotion (These may or may not apply to all organizations)

- ☐ Has enough time been allowed for printing flyers or brochures about the training? Have announcements been sent out on schedule? (This may not apply to all locations)
- ☐ Has a news release or public service announcement been distributed at least two weeks in advance?
- ☐ Has enough time been allowed (2 months or so) to recruit potential Leaders?

## Trainer's Pre-Workshop Checklist, *continued*

### **Participants**

- ☐ Has pre-registration been arranged for all participants?
- ☐ Have all registration fees been received, if applicable?
- ☐ Has a letter of confirmation with directions to the workshop been sent to all registered participants?
- ☐ Has each trainee received a letter describing the training, and the expectations for this role?





# TRAINING GUIDELINES

Both the Chronic Disease Self-Management Workshop and the Leader's Training Workshop are based on the theoretical principles of self-efficacy. Each is taught using a structured protocol that outlines the content to be discussed as well as the methods to be used during each activity. The methods of instruction are designed to facilitate group interaction and participation, encouraging participants to share personal experiences and find solutions to common problems. Because the workshop is process-oriented, the following will help you in structuring the training and managing the time.

- Limit the size of the training group to 18 people. Do not conduct a training with less than 12 people. Optimal size is 15-18. Groups of this size are easier to manage and allow opportunities for practice, discussion and questions, and mirror the size of a CDSM session.
- Provide an agenda for trainees. This informs the group of the time schedule for the day and helps the Master Trainer manage the time.
- Keep to the time limits scheduled for each activity.
- If time is short, **do not skip or shorten** activities such as making an action plan, feedback or problem-solving, rather limit lecturettes and discussions.
- Remember to **model** activities appropriately, especially during introductions, making an action plan and feedback, by always starting with yourself first.
- Although problem-solving is not introduced as an activity until later in the training, Master Trainers should model this process where appropriate throughout the training.
- Do not talk about yourself for more than one minute when using personal examples during activities.
- Schedule time on the agenda for brief question and answer periods during the training, such as after breaks, lunch and/or at the beginning of subsequent training days. Also, allow for a brief review or discussion of activities after each workshop session's activities have been covered.
- When appropriate encourage questions immediately after the activities; if you do not know the answers, tell the trainees you will find out and report back later.

## Training Guidelines, *continued*

- Monitor discussion to prevent individual monopoly and keep discussions directed toward the subject.
- If problems arise, try to discuss these with the group first, using the brainstorming and problem-solving techniques, when appropriate. (Master Trainers should provide solutions or suggestions only after others have offered them.) Remember Master Trainers are **always** modeling.
- If trainees are reluctant to participate in activities, gently encourage but do **not** force their participation. If potential Leaders refuse to participate in an activity, they probably will not be able to facilitate that activity. Non-participation is a clue that this person may not be an ideal Leader.
- Do not add, delete or change the content or process of the Chronic Disease Self-Management Workshop or the Leaders training.
- Do not bring in outside speakers or "experts."

# MAJOR OBJECTIVES OF THE TRAINING

At the end of Chronic Disease Self-Management Workshop Leader's Training, participants will be able to:

1. Conduct the Chronic Disease Self-Management (CDSM) Workshop with one other trained co-Leader.
2. Utilize the *CDSM Workshop Leader's Manual* and accompanying book, *Living a Healthy Life with Chronic Conditions*.
3. Understand the concept of self-efficacy and the strategies to enhance self-efficacy.
4. Use the four efficacy-enhancing strategies with their groups: skills mastery through making an action plan, sharing and feedback, modeling, reinterpretation of symptoms and persuasion.
5. Utilize the following training techniques: lecture with discussion, brainstorming, demonstration, practice, feedback, problem-solving, decision making and making action plans.
6. Handle problems that arise in the group learning situation.
7. Ask for and use assistance as needed.
8. Provide constructive feedback about both the content and process of the workshop to the program coordinator in your facility or area.
9. Utilize other workshop Leaders as resource people and/or for assistance as necessary and appropriate.
10. Understand and maintain the evaluation requirements of the workshop as determined by your agency or organization.



# TRAINING DAY ONE

## Activities #1 - 11

### Purposes

- To introduce trainees to each other and to the Chronic Disease Self-Management Program (CDSMP), *Leader's Manual* and its use.
- To present the history and an overview of the CDSMP.
- To identify how their role and that of the health care professionals differ when dealing with a chronic illness versus an acute disease.
- To identify groups members' problems caused by chronic illness.
- To identify and emphasize the common elements of various chronic health problems.
- To inform the group about the general principles of self-management.
- 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 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.
- To discuss difficult emotions and ways to manage them.
- To introduce the benefits of exercise.
- To assist participants in choosing appropriate exercises for a fitness program.
- To identify the risks for falling and ways to prevent falls.
- To discuss and demonstrate the different facilitating methods used in the workshop.

### Objectives

By the end of the day trainees will be able to:

1. Identify the expectations of the Chronic Disease Self-Management Program and their role as Leaders.
2. Utilize the *CDSMP Leader's Manual*.
3. Identify a set of problems that are common among various chronic conditions.
4. Discuss the principles of self-management.
5. Describe their role in the care of their chronic condition.
6. Identify components of the symptom cycle and the self-management tool box.
7. Describe at least one new way to manage fatigue.
8. Name at least 3 ways to improve the quality of sleep.
9. Practice distraction as a self-management tool.
10. Make an Action Plan.

## ***Objectives, continued***

*By the end of the day trainees will be able to:*

11. Help someone make a self-management behaviour Action Plan.
12. Discuss ways of managing difficult emotions.
13. Discuss the benefits of exercise and identify the types of exercise to include in a complete fitness program.
14. Plan a fitness program by choosing a long-term exercise goal.
15. Name at least 3 ways to help prevent falls.
16. Describe the 4 assumption that underlie the program.
17. Describe the 4 ways in which self-efficacy is increased in the program.
18. Name the 3 major skills involved in self-management.
19. Facilitate activities in Sessions 1, 2 and 3 of the CDSMP as written in the *Leader's Manual*.

## **Methods**

- Lecturette
- Brainstorm
- Call Out
- Discussion
- Demonstration
- Practice

## **Preparatory Reading**

- *Living a Healthy Life, 5<sup>th</sup> edition*: Chapters 1 & 2, Chapter 5 pages 90–92, 106-110 and Chapter 6 pages 148-149
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II (*Appendix II in Master Trainer's Manual*)
- *Leader's Manual*, Feedback Flow Chart, Appendix II (*Appendix II in Master Trainer's Manual*)

## **Materials**

- Charts:
  - Chart 1, Guidelines (**post every day**)
  - Chart 2, Self-Management Tasks
  - Chart 3, Self-Management Tool Box (**post every day**)
  - Chart 4, Brainstorming (**post every day**)
  - Chart 5, Parts of an Action Plan (**post every day**)
  - Chart 6, Problem-Solving Steps (**post every day**)
  - Chart 7, Symptom Cycle (**post every day**)
  - Chart 8, Three Kinds of Physical Activities and Goals

## ***Materials, continued***

- Chart 9, Reduce the Risk of Falling
- Training Chart #1 (**post every day**)
- Blank chart with “Parking Lot” written on the top (**post every day**)
- Name tags for all trainees and staff
- Hat for each trainer (optional or may use some other prop appropriate for the group)
- Easel and blank flip chart/felt pens, blackboard or white board/chalk or dry ink pens/erasers
- Paper and extra pencils
- Refreshments
- A copy of the *Chronic Disease Self-Management Leader’s Manual* for each trainee
- A copy of the book, *Living a Healthy Life with Chronic Conditions*, for each trainee
- *Relaxation for Mind and Body* relaxation CD for each trainee (optional)
- Training Agenda for each trainee
- Workshop Overview and Homework handout
- Roster of training attendees
- Scenario and Brainstorming Participation Log
- First Practice Teaching Assignments and Activity Checklist and Feedback Forms

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## **Training Activity #1**

**50 minutes**

### **Introductions / Program and Training Overview**

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#### **Materials**

- *Living a Healthy Life with Chronic Conditions* books
- *CDSMP Leader’s Manuals*
- Training Agendas



#### **1. Instructions to Trainers:**

- As trainees arrive, *distribute name tags*. Have them write their names as they like to be called (first name or nickname, no last name unless a cultural requirement). These should be large enough so that they can be read across the room. Felt pens are good for this.
- **Welcome** the group and explain that we will all be introducing ourselves, why we came to this training, and sharing one interesting thing about ourselves.

**IMPORTANT  
MODELING  
MOMENT**



- **Introduce yourself.** In your introduction, briefly state what organization you are from, your position there, and share one interesting thing about yourself. Be careful with your introduction, as you will be modeling how the participants will introduce themselves. (Modeling will be important for every activity you do. Trainers/Leaders should always model the activity before asking the participant to do so.) A typical introduction will be: *“My name is Kate Lorig. I am a partner in the Self-Management Resource Center and one interesting thing about me is that I have 1000 folk dolls”*
  - **Next have your co-trainer introduce themselves.**
  - **Group introductions.** Have each participant:
    - a. Introduce themselves
    - b. State what brought them to the training
    - c. Share **one interesting thing about themselves.** They do not need to go into a lot of details.
2. **Say in your own words:** I’d like to talk about the history and main characteristics of the CDSMP:
- a. The CDSMP was originally developed in 1991 at Stanford University as a collaborative research project between Stanford and Northern California Kaiser Permanente Medical Care Program. A study involving several hundred people was part of this development. This study and more than 50 since then have found that people who take this program generally have fewer symptoms such as depression and shortness of breath, have better quality of life, exercise more, and usually utilize health care less.
  - b. Several **assumptions** underlie the Program:
    - People with mental and physical chronic conditions have similar concerns and problems.
    - People with chronic conditions must deal not only with their diseases, but also with the impact these have on their lives and emotions.
    - Peers (non-professionals) with chronic conditions, when given a detailed *Leader's Manual*, can facilitate the CDSMP as effectively, if not more effectively, than health professionals.



- **The process or the way the CDSMP is taught is as important, if not more important, than the subject matter that is taught.**
- c. There are 3 major skills that underlie all self-management: Action-Planning, Problem-Solving and Decision-Making. You will be learning a lot about these in the next few days.
  - d. Our job is not to motivate people but to be motivating. We do this by systematically using strategies proven to enhance peoples' confidence in their ability to manage their chronic conditions.
  - e. Given a structure and support, individuals usually make good decisions about their health. For this reason, we never tell people what to do but rather support them in what they **choose** to do, even if it is not ideal. Our mantra is "go for real not the ideal".
  - f. People learn best by being taught a little bit, having a chance to try things out, getting feedback, and building on what they have learned. This is how the CDSMP is designed.
  - g. This training and the CDSMP are designed to involve participants. As we said we are working to increase peoples' confidence or self-efficacy. We do this because we know that people with higher self-efficacy are much more likely to be good self-managers. The nice thing is that it is easy to increase self-efficacy. This workshop does so in 4 ways.
- **Skills Mastery** - Making an Action Plan and Action Plan feedback activities take up about 25 to 35% of each session and are an important part of the workshop. It is through these activities that people begin to master successfully the tasks they want to accomplish; giving them increased confidence in their abilities to deal with the symptoms and problems caused by their health problem.
  - **Modeling:** People do better when taught by people like themselves. They see self-management is possible, which increases their belief in their own ability to manage. For this reason, we believe it is important to have at least one workshop Leader with a chronic condition. As much as possible Leaders should come from the communities of the people they have in the workshop. It is also important to have male Leaders. The sharing and problem-solving activities, which allow participants to help each other find solutions, are other examples of modeling. You have already seen modeling once today. Can anyone tell me where? (Answer: in the introductions where the trainers/leaders modeled and everyone else did the same thing.)

- **Reinterpreting symptoms:** People act based on what they believe about their illness; therefore, by helping people change or expand their beliefs about the causes of their symptoms, they can begin to try new things to help relieve their symptoms and/or resolve their problems. Throughout this workshop we attempt to modify people's beliefs about their symptoms. For example, if someone believes that that fatigue is caused by their disease, they probably feel helpless. However, if we expand the belief by letting them know that fatigue can be caused by medications, lack of exercise, poor nutrition, and stress, among other things, they will start to see that there might be something they could do. For this reason, every time we talk about a symptom such as pain or shortness of breath, we talk about it having many causes which opens up the possibility to many solutions.
  - **Persuasion:** By asking people to, make Action Plans and report on these plans, participants are gently persuaded to try new activities. This persuasion also helps to support individuals in making desired changes, increasing their confidence in their abilities to manage their condition.
- h. In addition to these specific confidence-building strategies, the CDSMP uses other methods to encourage participation. **These include lecturettes, pairing and sharing, brainstorming, call-outs, quizzes, problem-solving, and decision-making.** We will discuss these techniques later in the training.
3. **Say in your own words, while showing the materials:** Let's go over the materials you will be using.
- a. **The book, *Living a Healthy Life with Chronic Conditions*:** Each participant receives one. This is not a workbook, but a reference for the material covered in the workshop. It does not follow the order of activities as they are presented. The book also contains information on some topics not discussed in the workshop. It also has specific information on several major chronic conditions such as diabetes, heart diseases, lung diseases, depression, and so on. If the individual or program cannot afford the books, then they can be loaned to participants for use during the six-week workshop. They need to have a book to use during the workshop, as well as to take home.
  - b. **The *Chronic Disease Self-Management Workshop Leader's Manual*:** Only Leaders have this manual. It outlines what and how to facilitate. We will be using this during the training.

Look at your *Leader's Manual*. You can see that:

- The workshop consists of six 2 ½-hour sessions.

- Each session has 4 - 8 different activities.
  - There are specified time limits for each activity. For some activities the time limit may seem long; this is done to encourage the participants to share experiences, problem-solve, express opinions and/or ask questions. You should never take more than three or four minutes of extra time for any single activity.
  - The Leader's preparatory reading for each activity, when applicable, is indicated on the first pages of each session. This helps the Leader in preparing to facilitate the activity.
  - **To keep program fidelity and to make it safe for the participants, this program is standardized and MUST be taught as written in the *Leader's Manual*. No changes are permitted without permission from the Self-Management Resource Center, which holds the copyright, and the coordinators of this program in your organization or region.**
- c. Let's talk a little about what we mean by **fidelity and why it is important**. For you as Leaders this means that the workshop must be facilitated in line with these standards.
- That is the timing is 2 ½ hours a week for 6 weeks.
  - There must be 2 trained Leaders.
  - There should be between 12 and 15 participants.

**For you the most important thing is to facilitate the workshop as it is scripted. Do not add anything, do not leave anything out, don't change the activities. In other words, this is not a time for innovation.**

- d. Of course, you will see things you would like to change. The Self-Management Resource Center wants to hear about these so that they can make updates and corrections. If you have an idea, ask the program coordinator or send it directly to SMRC at [smrc@selfmanagementresource.com](mailto:smrc@selfmanagementresource.com).
4. **Say in your own words:** We will now go over the necessary skills for Leaders to maintain fidelity. By the end of training you will be much better at all of these. They take practice but we know that all of you can do them.

*(Training Chart 1 on the next page)*

### Expected Skills for Leaders

1. **Adheres to the curriculum** (*also includes appropriate presentation of charts*)
2. **Comes to sessions prepared**
3. **Facilitates group contributions in the following types of activities:**
  - **Brainstorming**
  - **Action Plan Formulation**
  - **Action Plan Feedback**
  - **Problem-Solving**
  - **Decision-Making**
4. **Handles difficult group dynamics and problem participants**
5. **Speaks comfortably in front of a group**
6. **Does not judge people or actions**
7. **Models activities appropriately**
8. **Sticks to time / agendas**
9. **Listens and incorporates feedback given by Master Trainers**
10. **Works cooperatively with co-Leader**

5. **Instructions to Trainers:** Talk briefly about **the charts**. Explain that each Leader or pair of Leaders make their own charts. Ask trainees to refer to Appendix I at the back of their *Leader's Manual* and review the tips on making charts. Power point **may not** be used instead of charts. This first requires equipment which is often not available. In addition, the focus is on passive absorption of material and not active participation. The real purpose of the charts is to help Leaders stay on track and get in all the material when giving lecturettes.

6. **Instructions to Trainers:** What follows are some frequently asked questions and their responses. **Use this information only if these questions come up.**

a. *Wouldn't it be better to have patients with only one type of disease in the Program?*

Many people, and most people over 60, have 2 or more chronic conditions. These interact in impacting one's life. This workshop was designed for these people.

- b. *Should this workshop replace our diabetes, asthma, or other disease-specific workshops?*

The CDSMP does not present disease-specific information or skills. These still need to be taught in other ways.

- c. *Wouldn't it be better to have health professionals facilitate the Program?*

It does not seem to make much difference who facilitates the workshop, if they do not deviate from the *Leader's Manual*. People with chronic conditions often make the best Leaders because they serve as role models. In fact, in one study where a lay-led workshop was compared to a professional-led workshop, it was found that participants in the professional-led workshop **knew** more, but participants in the lay-led workshop **did** more. Professionals often get trapped into giving information and answering questions.

- d. *What if I want to bring in an outside speaker?*

**NO!** This is not a workshop to learn facts. It is a workshop designed to present skills that will make people self-managers. Outside speakers disrupt this process. Any trained Leader can facilitate the entire workshop. Untrained Leaders cannot facilitate the Program.

- e. *What if I want to bring in extra material?*

Again, **don't**. If you bring in material or other content, this will take time away from what is already a packed program. If you have ideas for changes, send them to us. We revise the Program from time to time. Some of our best ideas have come from Leaders like you. Your program may have a resource table where the organization can leave materials. However, these are not discussed in the workshop and the resource material must be reviewed and approved by your program coordinator before placed on the table.

- f. *What if I have other questions?*

First, ask your program coordinator. If you still have questions, write the Self-Management Resource Center at 711 Colorado Ave, Palo Alto CA 94303 USA, or email: [smrc@selfmanagementresource.com](mailto:smrc@selfmanagementresource.com).



7. **Instructions to Trainers:** Ask for questions.

8. **Instructions to Trainers:** Introduce the concept of the Parking Lot. This is just a sheet of chart paper with parking lot written at the top. If questions come up that you

do not want to answer immediately, they should be placed by the trainees on the parking lot and dealt with during the question time at the start of each day. Explain that the parking lot is used only during training, not during a workshop. Assure the group that there are several times scheduled throughout the training for questions, but right now we need to move on with the agenda. Remember, as a Master Trainer you are always modeling for the trainees, and they for their participants.

9. **Say in your own words:** We will do every activity just as they will be done in the CDSMP. They will be acting in two roles during this training:



- a. While our **hats are on** [demonstrate], you will be yourself, Leader trainees.
- b. While our **hats are off** [demonstrate], you will be acting as regular workshop participants with chronic conditions.



**Note to Trainers:** You may choose to use something other than the hat as a prop to distinguish between these roles. Be sure to introduce and demonstrate how it will be used to the group.

- c. If you have questions about the training activities, you should wait until the hats are on to ask them.
  - d. We will go through an entire session's activities in order before we put the hats back on.
10. **Say in your own words:** For the training, you have the following responsibilities:
- a. To qualify as a Leader, you **must complete ALL training activities**, including the practice teaching.
  - b. You must be approved by your Master Trainers. Just attending does not automatically qualify you for Leader certification. If either of us sees any problem or has concerns, we will be talking to you privately during training.
  - c. Be on time for all sessions - we will start promptly.
  - d. Take care of yourself as needed (such as, stand up and stretch, make yourself comfortable, use the rest room, and so on.). [Tell them where the restrooms are.]
  - e. If, during or after the training, you decide you are not comfortable about being a Leader, talk to the trainers and program coordinator in your area. It's okay, there may be other ways you can help with the program.

- f. If there are sections you don't feel comfortable presenting, talk with us about this. Maybe you can let your co-Leader facilitate that section, or perhaps this workshop is not something you will want to do.

11. **Say in your own words:** We will now move into doing the workshop activities. We are now going to continue with Activity 1 in Session 1. In order to get as much of the feeling of a real workshop as possible, close your *Leader's Manuals* and interact as if this is a real workshop and you are participants.
12. **Instructions to Trainers:** Remind them that everything is written in the *Leader's Manual*. Trainees do not have to take notes, unless they want to, nor do they need to add material.

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## Training Activity #2 45 minutes

### Workshop and Groups Introductions

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**Instructions to Trainers:** Do Activity 1 in Session 1: Introduction to the Workshop, p. 1: 3 in the *Leader's Manual*.

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## Session 1, Activity 1 45 minutes

### INTRODUCTION

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#### 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 the Appendix I, NOT from the manual text.**

3. **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.
4. **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.
5. **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.
6. **Say in your own words:** We will all introduce ourselves shortly, but let's go over our guidelines for the workshop first.

*(Chart 1 on the next page)*



## 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.)

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 professional'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 health care professional becomes a teacher and adviser.
  - b. We become partners, responsible for managing our condition on a daily basis and informing the health care professional of our treatment preferences.
6. **Say in your own words:** Our health care professional's 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)*

## Self-Management Tasks

### 1. Take care of health condition

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

*Keeping informed about our status - asking questions, reading, and so on, and when necessary, carrying information from one health care professional 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.*

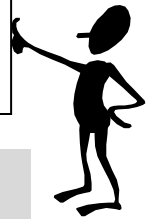
*Knowing that there will be emotional “ups and downs,” and that the “downs” are not pits to crawl out of, but natural ups and downs that we all have in life.*

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.

8. **Say in your own words:** In your introduction, please tell us:
- Your first name or nickname,
  - Your chronic health condition(s), if you wish, and
  - 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.

**IMPORTANT  
MODELING  
MOMENT**



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

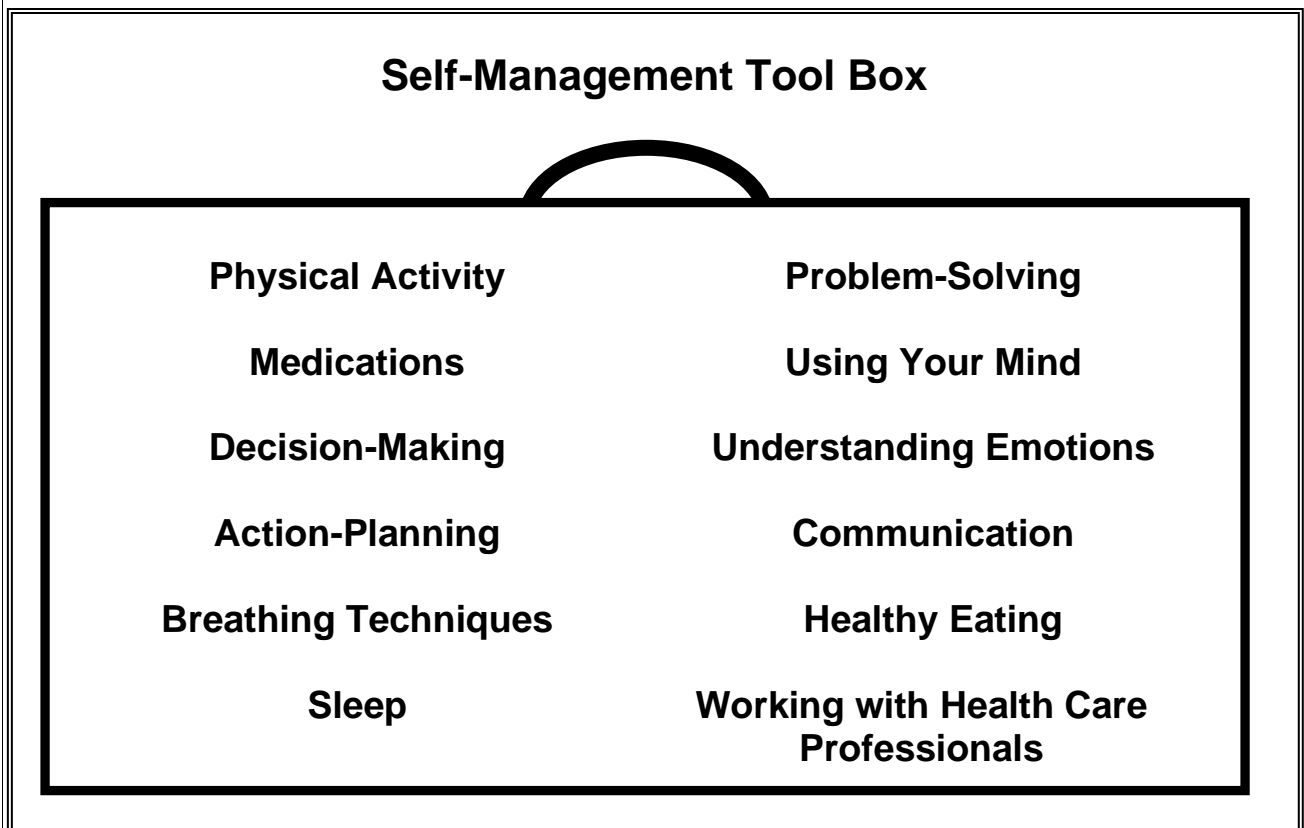
12. **Say in your own words:** As you may have noticed, many of our problems are similar, regardless of which chronic conditions we have.

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,
- 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 professionals 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



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 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.

## Training Activity #3

20 minutes

### Fatigue and Getting a Good Night's Sleep

**Instructions to Trainers:** Do Activity 2 in Session 1: Fatigue and Getting a Good Night's Sleep, p. 1: 10 in the *Leader's Manual*.



## 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

### 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?**



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:

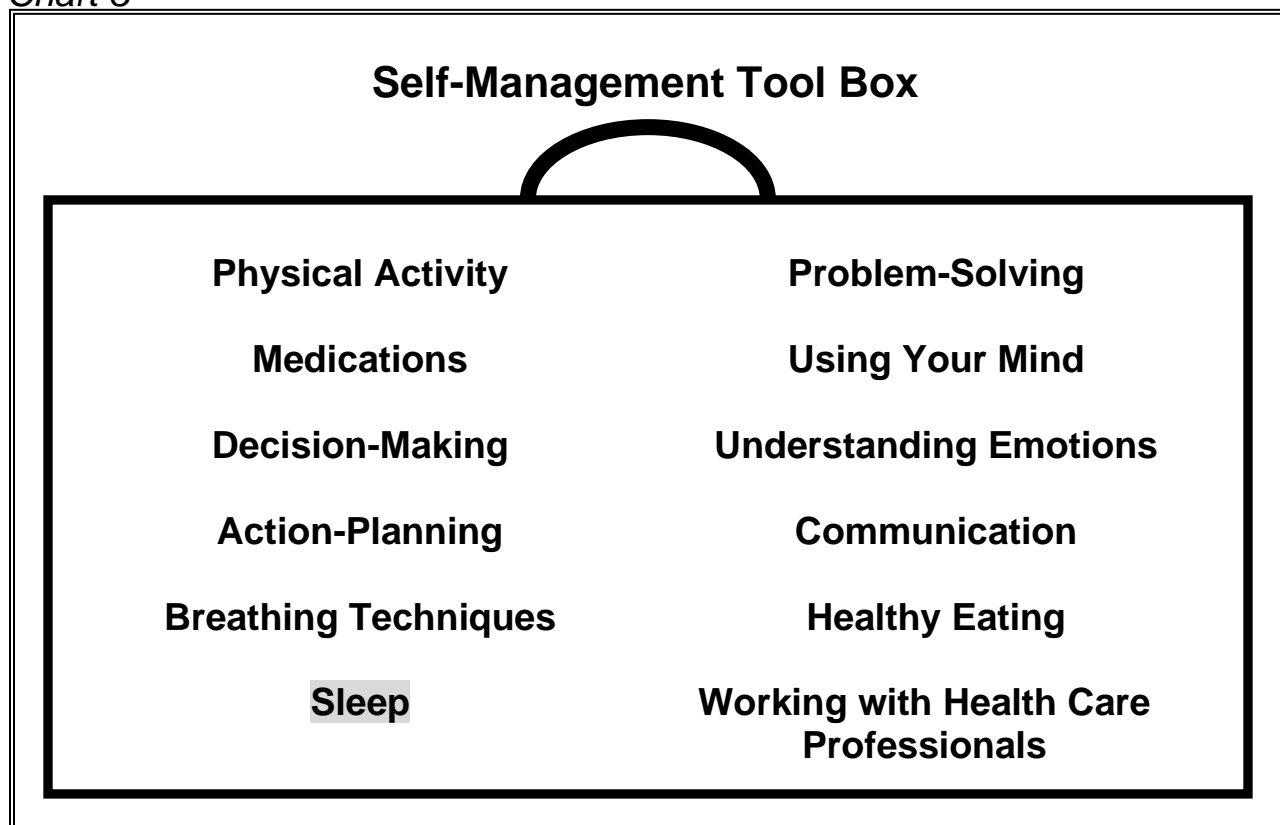
- a. not enough sleep
- b. poor quality sleep
- c. disease itself, such as, pain from inflammation, joint or tissue damage, poor blood supply to the heart, trapped or damaged nerves, and fatigue because the body is less efficient and takes energy to heal itself
- d. inactivity - causes de-conditioning, 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



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
  - 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 health care professional about taking 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 professional.
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****15 minutes****Training Activity #4****20 minutes****The Mind-Body Connection/Distracton**

**Instructions to Trainers:** Do Activity 3 in Session 1: The Mind-Body Connection/Distracton, p. 1: 16 in the *Leader's Manual*

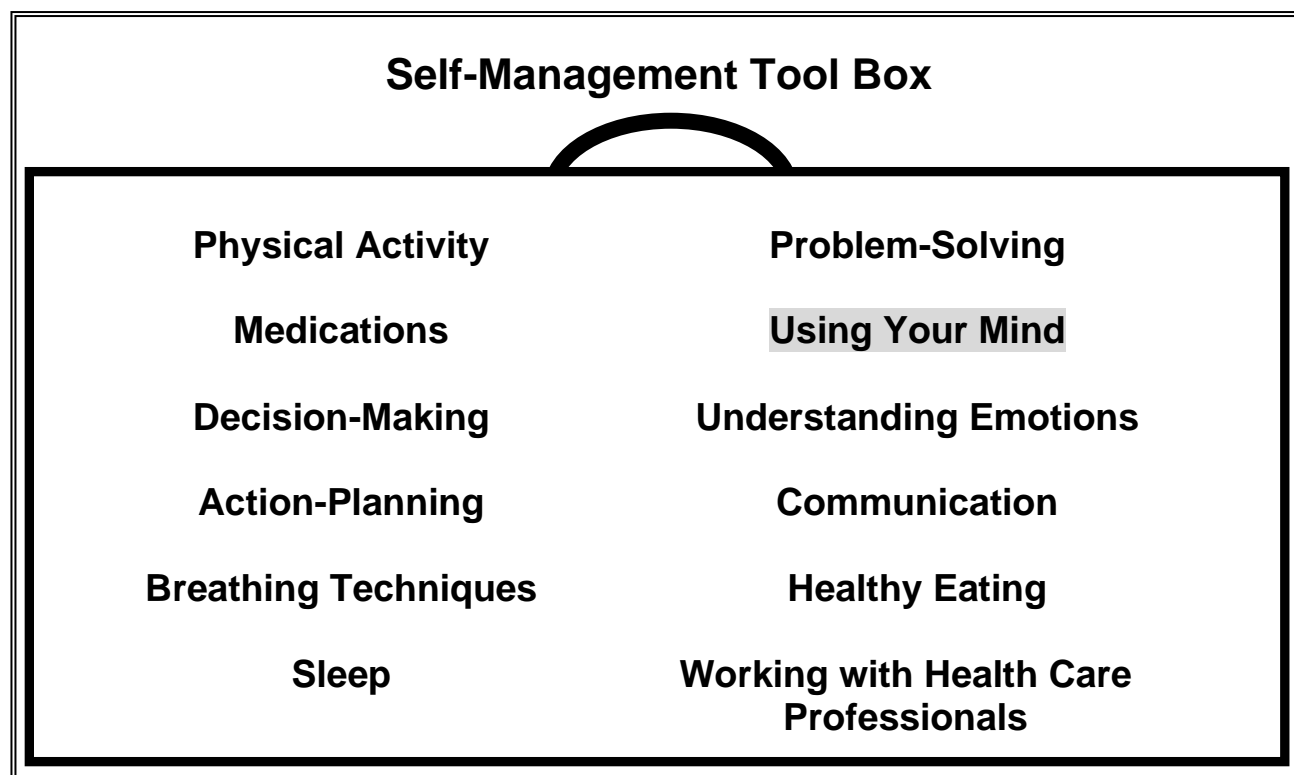
**Session 1, Activity 3****20 minutes****THE MIND-BODY CONNECTION / DISTRACTION****Materials**

- Chart 2, 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.

Chart 3



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.
  - 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.**
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?**



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 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 45 seconds. 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.



## Training Activity #5

### Introduction to Action Plans

35 minutes

1. **Instructions to Trainers:** With **HATS ON**, explain to the trainees that this activity is designed to give them practice in making an Action Plan. We will be doing the activity as it is written in the *Leader's Manual* and making real Action Plans. For the purposes of this training, however, trainees will be making their Action Plans **to be completed by tomorrow morning rather than 1 week**.
2. **Instructions to Trainers:** Do **Activity 5, Session 1: Introduction to Action Plans**, p. 1: 22 in the *Leader's Manual*.



#### Note to Trainers

If the Action Plan is not complete (i.e. it does not have all the necessary parts) or someone has difficulty in making an Action Plan, the **trainers should model** how to deal with these situations. (Refer to the Action Plan Flow Chart or script for making an Action Plan if needed.) Also, if no one has difficulty making an Action Plan, make sure to do some sample role plays with the trainees, modeling how to handle problematic situations (e.g., someone who doesn't want to make an Action Plan, someone who has trouble deciding what to do, etc.).

## Session 1, Activity 4

### INTRODUCTION TO ACTION PLANS

35 minutes

#### Materials

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

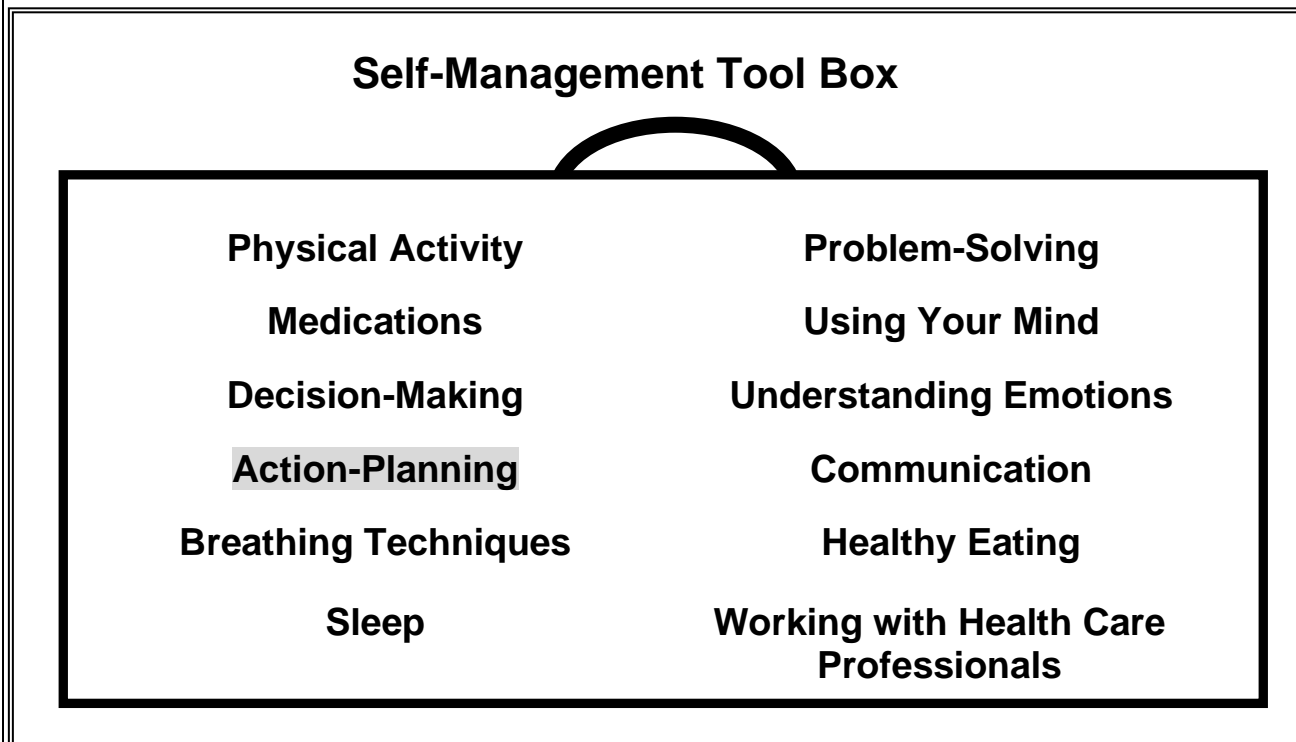


1. **Say in your own words:** Sometimes it can be overwhelming to think about the changes we want to make or the activities we want to accomplish. They seem too big to work on all at once, which makes it hard to get started.
2. **Say in your own words, pointing to Action-Planning on Chart 3 as you mention it:** To help with this, we have one of the most important self-management tools in our tool box - Action Planning.

LEADERS MANUAL

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



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 centre.
  - 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.
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:

## 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 behaviour, 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 1 portion.*

#### **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!*

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.

IMPORTANT  
MODELING  
MOMENT



**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.

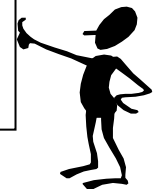
If possible, at least one Leader's Action Plan should be around behaviours taught in the workshop (e.g., exercise or relaxation techniques). Also, it should appear reasonable to the participants. (For example, even if you walk 5 miles a day, tailor your Action Plan so it is not too intimidating to the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

IMPORTANT  
MODELING  
MOMENT



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.

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.



- 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”.

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.)

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.

**LUNCH**

**60 minutes**

## Training Activity #6

### Session One Review and Scenarios

**60 minutes**

#### Materials

- Scenario and Brainstorming Participation Log
- Chart 4, "Brainstorming"



#### 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 6: Closing (10 minutes)

1. **Say in your own words:** After each weekly session has been modeled for you, we will review most activities within that session.

We will concentrate on the activities that involve participation from the group. Activities that do not involve participation may not be specifically discussed unless you have questions.

You may ask questions about any activity during the session reviews.

2. **Say in your own words:** We'll start with Activity 1 in Session 1, Introduction.
  - a. First, we'll talk about what should happen or what could happen while facilitating this activity.
  - b. Second, we'll practice some things that might happen.

### **Activity 1: Introduction** (p. 1: 3)

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1. **Say in your own words:** In this is the first activity, you will be introducing what the workshop is as well as introducing yourselves (Leaders) and the group participants to each other. You will be using lecturettes (short talks) while using the charts. During the interactive group presentations, you will be modeling how and what to share in these introductions. We will go over these techniques now.
  - a. Lecturettes do not have to be read. You can use your own words but must keep it short. Do not add or subtract messages. With experience, you should be able to move away from reading the manual and more to your own words.
  - b. While you are giving your lecturette, you will be using pre-made charts. If you look on page 3 in Session 1 of the *Leader's Manual*, you'll see that the charts that are used in this activity are listed.
    - There are 24 charts used in the workshop. You will need to make your own charts. They are more important for you than the participants. They help you stay on track and cover the key messages of each topic.
    - If you look at Chart 1 on page 5 of Session 1 of the *Leader's Manual*, you can see that there is text in bold, and other text in parentheses and italics.
      - The chart you use for your workshop will only show the **bold** text.
      - The italics is there for you to paraphrase as you are presenting the chart.
      - You should make your charts using Appendix I of your *Leader's Manual*, not the charts within each session. The charts in the Appendix only show what is to be printed on the chart.

- Some Leaders like to stand by the chart and point to it while talking, others prefer that their co-Leader point at the chart. It can be done either way.
  - c. We also ask that you post the agendas for each session. It helps you bring people back on time when things are going too long. These are also printed in Appendix I
  - d. There is a handout for this workshop, which gives a workshop overview and homework and reading, also in Appendix I. This is handed out at the beginning of the session, and **this is the only handout you will give participants.**
2. **Say in your own words:** Let's get back to the lecturettes,
- a. Look at page 3 again.
    - You can see that #1 says "**Instructions to Leaders**" in bold and highlighted in gray.
    - #2 says "**Say in your own words**" in bold and highlighted in gray.
    - Everything that is highlighted in gray in the manual are instructions to Leaders and are NOT read. #1 is all in gray, so those are instructions to you.
    - For #2, the "**Say in your own words**" is in gray, so those are instructions that tell you that what follows should be paraphrased by you, using your own speaking style.
    - There are two more instructions in the manual, which are "**Say**" or "**Ask**". If it just says "**Say**" or "**Ask**", it means you will read what follows to the group.
3. **Say in your own words:** Let's practice some paraphrasing, to "**Say in your own words.**"
4. **Instructions to Trainers: You will be using Scenario and Brainstorming Participation Log throughout this workshop. A template can be found in Appendix XII of the *Master Trainer Manual*. The purpose of this is to keep track of who has participated in "what if" scenarios and brainstorm. You can start out with volunteers but by the second session review you should start calling on people to make sure that everyone participates. Do not let trainees answer more than once until everyone has had a chance. This is one of the things that you will be using to judge if a trainee should become a Leader. Note down any problems as you may need these for counseling out.**
- a. Select a volunteer for the "What If" scenarios that appears below and ask them how they would paraphrase. Make sure to mark off that they have participated on your participation log (everyone should have a chance during the training).



- b. Use the “One possible way to paraphrase” as your guide for evaluating how well the trainee is paraphrasing. You may also read the examples given below to the group if the volunteer does not do it right.
- c. Remember, in paraphrasing the main meaning of the message should not change. No new topic should be added, and nothing important should be left out.

**5. Instructions to Trainers:** Go through the following with the volunteer, asking:



What other words could you use for the following statement from page 5, #7 in the *Leader’ Manual*?

“Our health care professionals aren’t with us every day. Yet we have to **manage** our chronic health condition every day. So, how we live everyday affects our symptoms, our health and our quality of life. No matter what, we do have a choice whether to be a passive manager or an active manager.”

One possible way to paraphrase:

“We only see our health care professional for a short period of time. The rest of the time we have to deal with our health, and that will affect our symptoms and quality of our lives. Whether we do nothing or something, we are still managing our health condition every day.”

**6. Say in your own words:** Now let’s look at the part of the activity where the leaders and participants introduce themselves.

**7. Instructions to Trainers:** Call out the questions below and encourage anyone to shout out the answer.

- a. **Ask:** What do you think might happen if a Leader gives a long, detailed introduction about him/herself?



Answer:

- The whole group would give long, detailed introductions
- You would run overtime for this activity

- b. Point out the “Important Modeling Moment” icon on page 7 of the *Leader’s Manual*. Explain that this icon shows them where it is especially important to model correctly. Things can go wrong and be hard to get back on track if the Leaders model incorrectly.

**IMPORTANT  
MODELING  
MOMENT**



- c. Explain that after the Leaders’ introduction, ask for a volunteer to start, then go around the room—do not ask for another volunteer

**Ask:** Why do you think we don’t ask for another volunteer?

**Answer:**

- You could lose track of who has shared, and someone might be missed
- Someone who is shy may not speak up



- d. Point out that if someone starts to talk about someone else (for example, their spouse), remind them they are to report only for themselves.

**Ask:** Why do you think this is important?

**Answer:**

- Even if they are here to support someone with a chronic condition, they are part of the group, and report only for themselves.
- This is a self-management workshop



- e. Explain that if someone goes on and on, stop them when they take a breath and remind them that they should give their name, their condition and problems they have with the condition (if they have a chronic condition) or the problems someone else’s condition causes them (if they are there to support someone with a chronic conditions).

**Say:** This is a common problem during this activity, so we’ll do a short practice session on how to handle this.

## 8. Instructions to Trainers:

- Select a volunteer for the “What If” scenario that appears below.
- Ask them to listen as if they are a Leader in a workshop and to respond as a Leader when they think it is appropriate.
- Read the scenario as a participant and be prepared to be interrupted by the trainee.

- d. Reserve the correct answer until after the volunteer has answered.
- e. After the scenario, make sure you mark your log that the trainee has participated in a “What If” scenario.

f. **Say:** Hi I’m Betty (John) and I have been ill all my 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 also 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."



**Answer:** The Leader facilitating this activity should cut in after the first or second sentences and redirect by saying something like: “It sounds like you have lots to say but could you just tell us about one or two conditions you have now and one or two problems they cause?”

- g. If the trainees do not get this right the first time give them the answer and have them do it again the correct way.

9. **Ask:** What questions do you have about this activity?



## Activity 2: Fatigue and Getting a Good Night’s Sleep (p. 1: 10)

1. **Instructions to Trainers:** Inform trainees that the next activity in Session 1 is Activity 2, Fatigue and Getting a Good Night’s Sleep.

- a. This is the first brainstorm of many in the entire workshop series. Therefore, it is important to do them correctly.
- b. Inform them that we are going to demonstrate how to do a brainstorm. They are to participate in the brainstorm, but they should also be watching the process that the trainers demonstrate.

- c. **Ask:** What are some of the possible uses of a broom?



**Instructions to Trainers:** Trainers must model this brainstorm according to the brainstorming rules! It is crucial that:

**IMPORTANT  
MODELING  
MOMENT**



- Facilitator shows no verbal or non-verbal reactions to the ideas
- Facilitator repeats each idea loudly, facing the group
- Facilitator does not allow questions or cross-talk
- If less than 15 ideas have been offered, the facilitator waits to a count of 15 in silence before ending the brainstorm. If 13 ideas have been offered, end the brainstorm by announcing that you will take 2 more and then stop
- The scribe only listens to the facilitator and writes exactly what the facilitator repeats
- The scribe does not abbreviate
- Read the list to the group; ask if anyone needs clarification

d. **After the brainstorm, say in your own words:** Let's look at the process more carefully. Please listen to our questions and then shout out your answers.

**Ask:** What was the first thing that the facilitator did?

**Answer:** Asked the question exactly as written in the manual. This is not a time to use your own words.



**Ask:** While the ideas were coming out, what things did the facilitator do?

**Answer:** Repeated back the ideas to the group.



**Ask:** Why do you think it is important to repeat back the ideas?

**Answer:**

- The scribe can hear what to write
- It validates the idea
- It helps control the speed of the ideas, giving the scribe a chance to write. The facilitator is the traffic cop.



**Ask:** What did the scribe do?

**Answer:**

- Wrote exactly what the facilitator said, and only what the facilitator said
- Did not use abbreviations



- Put a checkmark next to an idea when it was mentioned more than once

**Instructions to Trainers:** If violence or other “inappropriate” uses are mentioned, use it to tell the group the information that follows. If no “inappropriate” uses are mentioned, choose any “inappropriate” idea.

**Say in your own words:** When “[inappropriate use]” was mentioned the facilitator

- Treated it like any other idea
- Did not react
- Did not allow participants to comment on the idea, saying something like “We’re just throwing ideas out, not making judgments about them. More ideas?”
- At the end of the brainstorm, the facilitator pointed out that this idea can be risky, so it might not be a good way to go. Was non-judgmental about the person offering the idea and did not give attention.

**Say in your own words:** The most common inappropriate idea that comes up in a workshop brainstorm is using alcohol or drugs to deal with emotions or other symptoms. You would handle it in the same way.

**Say in your own words:** When ideas were not being offered the facilitator waited in silence.

**Say in your own words:** Silence is important for 2 reasons:

- 1) People can’t stand silence, and will speak up if they have any ideas
- 2) If you make it to a count of 15 (count to yourself), and there are no more ideas, that means that the brainstorm is over.

**Say in your own words:** When the ideas keep coming and 13 ideas are already listed:

- The scribe should inform the facilitator that there are 13 ideas
- The facilitator tells them that we will take 2 more ideas and then stop

**Say in your own words:** After the brainstorm was over the trainers:

- Read back all the ideas (either the facilitator or the scribe may do this)
- Asked if anyone needed clarification, and if so, asked the person who gave the idea to clarify
- If there are ideas listed in your manual that need to be covered, the facilitator would then add only those ideas that were not mentioned in the brainstorm. One

way to make this easy is to have the scribe read off the ideas and the other Leader can check off those in the manual and then just add those not checked off.

- e. **Instructions to Trainers:** Go over the Brainstorming Fundamentals found on page 12 in Session 1 of the *Leader's Manual*, **particularly the use of KEY words.**

*(Brainstorming Fundamentals on the next page)*

## 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.

- f. **Say in your own words:** You have Chart 4, Brainstorming, to point to if participants are not following the rules during brainstorming. You do not need to go over the chart after the first time if your group is able to brainstorm correctly.

Chart 4

## Brainstorming

- **Anyone can share**
- **No commenting during brainstorm**
- **No questions until after**
- **Clarification waits until after**

- g. **Say in your own words:** If you look on page 11 of the *Leader's Manual*, you can see an icon for brainstorming. This icon will appear in your manual where ever there is a brainstorm.



- h. **Say in your own words:** From now on out we are going to let you practice brainstorming.

When we come to a brainstorm during this training, the trainers will ask one trainee to lead the brainstorm and another one to act as a scribe. Trainers will point out any step missed. Do not worry if you don't get it perfect the first time. This takes practice.

2. **Say in your own words:** You'll also see another icon for a "call out" on page 14. We use call outs to ask questions of the group, who just call out the answers. It is not a brainstorm, but just a quick way to involve the participants.



3. **Say:** Does anyone have questions about the Fatigue and Sleep activity?



## Break (as an activity)

1. **Say in your own words:** We want to point out some important things about breaks in this workshop.
- a. This time for a break is long; 20 minutes.



- b. It was lengthened several years ago to give participants a chance to share and offer more opportunities for unstructured sharing.
- c. One of the things people have reported as being most important to them in the workshop is that they were able to help others. The break gives them a time to do that.

### **Activity 3: The Mind Body Connection / Distraction** (p. 1: 16)

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1. **Instructions to Trainers:** Inform trainees that we are moving on to Activity 3, The Mind Body Connection with Distraction.
2. **Say in your own words:** The Mind/Body Connection activity also includes two participatory exercises: Imagining the lemon, and later, using a distraction technique. Please be prepared!
  - a. Don't require people to do it if they object
  - b. Read the script slowly
  - c. Take care to not give away the timing used in the distraction exercise until afterwards
3. **Say:** What questions do you have about this activity?



### **Activity 4: Introduction to Action Plans** (p. 1:22)

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1. **Instructions to Trainers:** Inform trainees that the next activity in Session 1 is Activity 4, Introduction to Action Plans.
2. **Say in your own words:** Action-Planning is one of the three key activities (along with problem-solving and decision-making) in the workshop and of the Self-Management model. Making, doing and evaluating Action Plans is at the core of self-management. It impacts how we feel about ourselves, decisions we make and how we relate to others, including our healthcare team. One important thing about Action-Planning is that its purpose is to be sure that participants are successful at doing something they want to do. They can do anything they want to do - it does not have to be related to the workshop but usually is.
3. **Say in your own words:**
  - a. Each Leader must model making a complete and correct Action Plan.

- b. Until it comes naturally it is useful if one Leader does the Action Planning and the other Leader is following along and pointing at Chart 5. This way, if one Leader gets stuck then the co-Leader can come up with the appropriate response.
- c. Plan and practice before the session and be sure that each of you has a different plan—for example, one about exercise and one dealing with communication.
- d. Be sure that the plan you model is something that most of the participants could do. For example, if you work out on a treadmill for 30 minutes a day and want to increase this to 40, this is NOT good modeling. It might be your own personal Action Plan, but it is best to model something that is realistic to the participants such as replacing snack foods with fruit between lunch and dinner three days this week.
- e. **Your plan should always be for 3-5 days, with a confidence level of 7-9.**

**4. Instructions to Trainers:** Ask the trainees to turn to Appendix II in their *Leader's Manual* and find the Making an Action Plan Flow Chart.

- a. Explain that this gives most if not all the possible things that can happen during Action Planning. They just follow the arrows in response to each person's Action Plan.
- b. Point out that studying this flow chart can help them feel more confident when facilitating Action Planning.

**5. Instructions to Trainers:** Inform the trainees that Appendix III give examples of some common Action Plan problems and scripts on how to respond.

**6. Say in your own words:** Lots of things can happen during Action-Planning, so you need to be prepared. Let's review some possible scenarios. I will be the participant, and one of you will be the Leader.

#### **Instructions to Trainers:**

- a. Select a volunteer for each of the "What If" scenario that appears below.
- b. Ask them to listen as if they are a Leader in a workshop and to respond as a Leader when they think it is appropriate.
- c. Read the scenario as a participant and be prepared to be interrupted by the trainee.
- d. Reserve the correct answer until after the volunteers have answered.
- e. After the scenario, make sure you mark your participation log that the trainee has participated in a "What If" scenario.

### 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”



### Scenario # 2

- **Say:** I am already doing everything and don’t want to make an Action Plan.

**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.”



f. **Instructions to Trainers:** Explain that we never force an Action Plan and the shorter the response the better, as refusal to do something is sometimes a way to get attention and “trying to make someone do something” just gives them the attention they want.

- g. **Say:** What questions do you have about this activity?



### Activity 5: Closing (p. 1: 27)

1. **Instructions to Trainers:** Inform trainees that the last activity in Session 1 is Activity 5, Closing. This activity must not be missed. Previews for the next session and specific homework assignments are given in each session’s Closing, so you must go through the activity with the participants.
2. **Say in your own words:** In this workshop we encourage participants to call or email each other during the week. In the first week this is done by the Leaders.
  - a. Please note that the Leaders should call or text during the first week. You are modeling the call that they will make with each other for the following workshop sessions.
  - b. Some groups or some participants do not like to call or be called by others in the workshop. Be sensitive to that. This is not mandatory but highly suggested.
3. **Instructions to Trainers:** Don’t rush out at the end of the session. Sometimes participants want to talk to you and important things sometimes are said and learned at that time.

4. **Ask:** Are there any questions about any of the activities in Session 1?
5. **Say in your own words:** We will move on to the activities in Session 2. We will skip the first two activities in Session 2, which are Feedback and Introduction to Problem-Solving. We will cover those tomorrow after we have reported back on our Action Plans.



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## Training Activity #7

### Dealing with Difficult Emotions

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40 minutes

**Materials:** Scenario and Brainstorming Participation Log



1. **Instructions to Trainers:** Ask for 2 volunteers to do the brainstorm in the next activity; 1 scribe and 1 facilitator. Call them to the board when the brainstorm starts. Mark them off on your log as having done a brainstorm.
2. **Instructions to Trainers:** Do Activity 3, Session 2: Dealing with Difficult Emotions, p. 2: 9 in the *Leader's Manual*.
3. If there is an uneven number of participants, trainers/Leaders can participate or a group of three can be formed.

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## Session 2, Activity 3

### DEALING WITH DIFFICULT EMOTIONS

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40 minutes

#### Materials

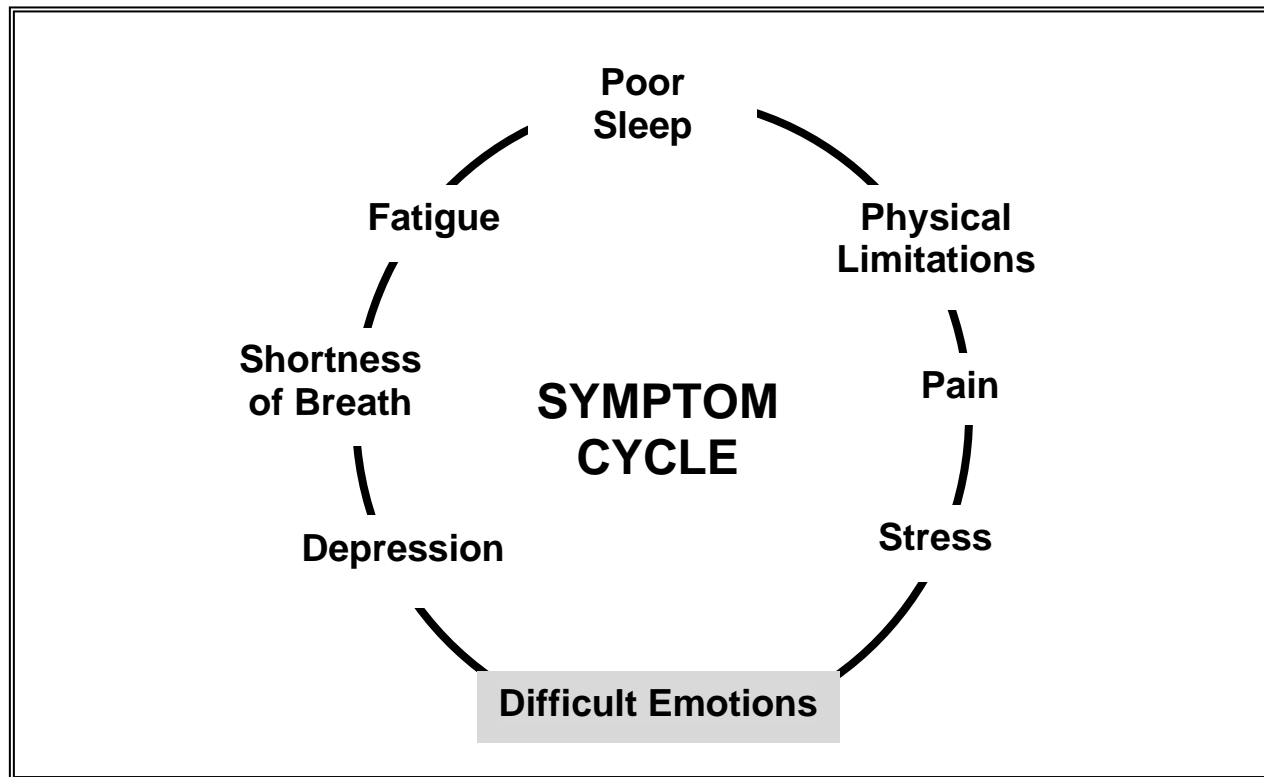
- Chart 7, Symptom Cycle
- Chart 4, Brainstorming



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.

*(Chart 7 on the next page)*

Chart 7



- 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.
- 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.

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.
  - 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.

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.*

IMPORTANT  
MODELING  
MOMENT



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 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 your 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*



**[INSTRUCTIONS TO TRAINERS: Have the 2 trainees chosen to facilitate this brainstorm come up and do so. Correct them if they do it incorrectly.]**

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
- 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.

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.

IMPORTANT  
MODELING  
MOMENT



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.

## Training Activity #8

20 minutes

## Introduction to Physical Activity and Exercise

1. **Instructions to Trainers:** Do Activity 4, Session 2: Introduction to Physical Activity and Exercise, p. 2: 17 in the *Leader's Manual*.



## Session 2, Activity 4

### INTRODUCTION TO PHYSICAL ACTIVITY AND EXERCISE

20 minutes

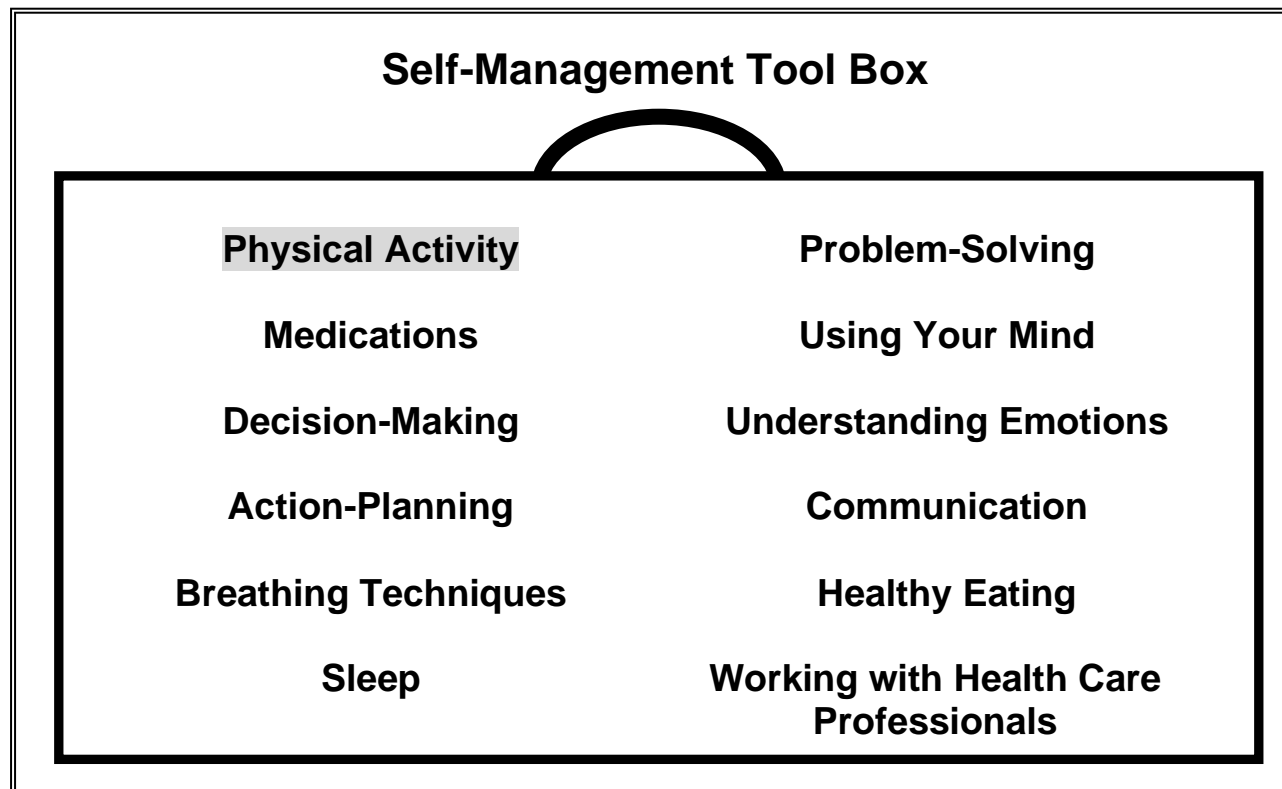
#### Materials

- 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



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)*

## 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 to 10 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 for Very 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.

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 professional 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.

**BREAK**

**15 minutes**

## Training Activity #9

### Preventing Falls and Improving Balance

20 minutes

**Materials:** Scenario and Brainstorming Participation Log



1. **Instructions to Trainers:** Ask for 2 volunteers to do the brainstorm in the next activity; 1 scribe and 1 facilitator. Call them to the board when the brainstorm starts. Mark them off on your participation log as having done a brainstorm.
2. **Instructions to Trainers:** Do **Activity 5, Session 2: Preventing Falls and Improving Balance**, p. 2: 21 in the *Leader's Manual*.

### Session 2, Activity 5

10 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
  - 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)*

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.*

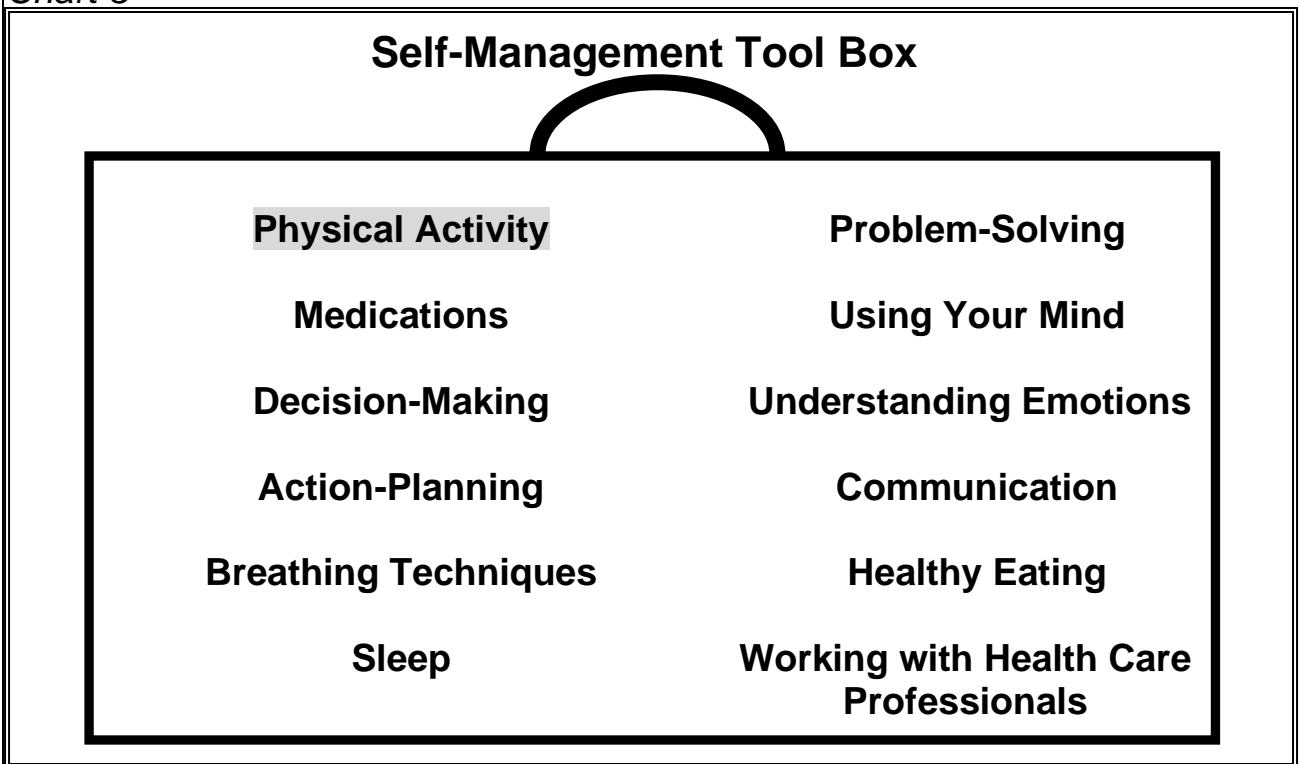
- **Talk to your healthcare professional**

- *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 professional is something to consider if you have any of the following:
  - 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 on the next page)

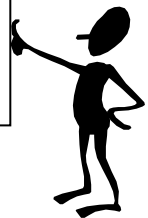
Chart 3



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 Strengtheners 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?

**IMPORTANT  
MODELING  
MOMENT**

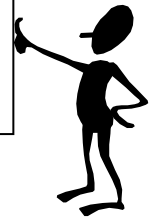


- Start with your right knee and put your hand on your thigh so you can feel your muscles work.
- Now raise your foot off the floor, straightening the knee as much as you can.
- Hold your foot up and the knee straight for a count of 5, and then slowly bend your knee back to the starting position. Do this twice more.
- 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 out 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.

IMPORTANT  
MODELING  
MOMENT



- 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.

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# Training Activity #10

## Session Two Review and Scenarios

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50 minutes

### Materials

- Scenario and Brainstorming Participation Log



### 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)

1. **Say in your own words:** We're going to review Session 2 now.

Remember, you may ask questions about any activity during the session reviews.

2. **Say in your own words:** This session starts with Feedback and Introduction to Problem Solving, but we skipped those today. We will practice and review both the feedback and problem-solving activities tomorrow morning.

### Activity 3: Dealing with Difficult Emotions (p. 2: 9)

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1. **Say in your own words:** The next activity in Session 2 is Dealing with Difficult Emotions.
  - a. This is an activity that often bonds the group together, and therefore it is important to deliver it correctly.
  - b. Time limits and directions are designed to prevent emotional situations in the workshop with which Leaders are not prepared to deal.

- c. Be sure that you read the directions correctly so that partners will know they are reporting *briefly* for each other and that if they do not want the group to hear something, they should not tell their partner.

**Ask:** Why do you think we have partners report for the other person?



**Answers:**

- Saves time, with less likelihood of long stories
  - Emotional outbursts less likely
  - Promotes listening skills
  - Validates the person's emotions to hear another person report them
- d. Remind participants that they should report what they hear their partner says without making their own interpretation. If someone says something like "I think what my partner means is" or "I think my partner \_\_\_\_." Stop them at once as this is an interpretation. Remind them to talk only about what their partner said not what they think it means.
- e. Never add more time for the pairs. This could cause problems of people sharing more than they want.
- f. Ask for a volunteer and then go around the room. Participation is voluntary.
- g. After the report back from the partner, always ask the other partner if what was reported was correct. They can correct but should not add anything.

2. **Say in your own words:** Now let's practice another scenario.

- a. **Instructions to Trainers:** Select a volunteer for the "What If" scenario that appear below and ask them how they would respond in a situation like that. Reserve the correct answer until after the volunteer has answered. Remember to mark off the participant on the log as having done a "What If" scenario.

**Say in your own words:** When reporting back on the causes of their emotions, Jonathan reports for his partner saying: "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?"

**Instructions to Trainers:** Tell trainees that it is always important to stop judgmental statements made by one person in the group about another.

3. **Ask:** What questions do you have about this activity?



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**Activity 4: Introduction to Physical Activity and Exercise** (p. 2: 17)

1. **Say in your own words:** The next activity is Introduction to Physical Activity and Exercise.
2. **Say in your own words:** Be sure participants open their books to Chapter 8 and point out how to find the VIP exercises (very important for posture), the strengthening exercises and the exercises for better balance - BB.
3. **Say in your own words:** Emphasize that people should start with what they can do now and build gradually. Even a little exercise is better than no exercise.

4. **Ask:** Why do we use the term “physical activity” in this workshop?



Answers:

- Many people have a negative view of “exercise”
  - We are helping them reinterpret their view of exercise having to be strenuous and uncomfortable
  - Exercise is **any** movement
5. **Say in your own words:** Note that there is a problem-solving exercise in this activity to help people overcome some of their barriers.
  6. **Ask:** What questions do you have about this activity?





## Activity 5: Preventing Falls and Improving Balance (p. 2: 21)

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1. **Say in your own words:** The next activity in Session 2 is Preventing Falls and Improving Balance.
2. **Say in your own words:** This activity is similar in process to many others we have already discussed.
3. **Say in your own words:** However, we have one tip to share with you about brainstorming in this session, or any others.

When your manual has a list of things to be added after the brainstorm (if they were not mentioned during the brainstorm), it can require a lot of mental concentration to avoid repetition.

One way of doing this easily is to have the scribe read back the brainstorm and the other Leader can look at the list in the manual and check off everything that was said. Then this Leader can add whatever was not in the brainstorm.

4. **Say in your own words:** It is important to demonstrate these exercises correctly. So, we'd like to ask for 2 volunteers to demonstrate. One will demonstrate the Knee Strengthener exercise and the other the Ready Go exercise. As you do these, the group will practice, and we trainers will check that all are doing them properly.

**Instructions to Trainers:** Have each volunteer demonstrate and trainers check that all trainees are doing it correctly.

6. **Ask:** What questions do you have about this activity?



## Activity 6: Making an Action Plan (p. 2: 26)

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1. **Instructions to Trainers:** Inform trainees that we did not model this activity here because we did so when we modeled Session 1.
2. **Instructions to Trainers:** Explain that participants make Action Plans five times at the end of sessions 1-5 but in this training we will only do it twice.

## Activity 7: Closing (p. 2: 29)

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1. **Instructions to Trainers:** Inform trainees that the last activity in Session 1 is Activity 7, Closing.
2. **Say in your own words:** In this workshop we urge participants to call, text or email each other during the week. In the first week this was done by the Leaders. From Session 2 on, we ask that participants choose a buddy to contact.

Some groups or some participants do not like to call or be called by others in the workshop. Be sensitive to that. This is not mandatory but highly suggested.

3. **Instructions to Trainers:** Remind trainees that Session 2 has two homework assignments. One is to think of a decision they want to make in preparation for the Making Decisions activity in Session 3 and the other is to keep a 2-day food diary to prepare for the healthy eating activity.

4. **Ask:** Are there any questions about any of the activities in Session 2?



### General “What If” Scenario

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1. **Instructions to Trainers:** Select a new volunteer for the “What If” scenario that appears below. If you are running out of volunteers, assign someone who hasn’t done a “What If” scenario. Make sure to mark them off on the log has having done a “What If” exercise.

- Ask them how they would respond as a Leader.
- Ask them to be brief.
- Watch the time and don’t allow lengthy discussions.
- Give the correct answers if the volunteers’ responses are not on target.

**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?

#### Answers:

- 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 behaviour 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 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.

**2. Instructions to Trainers:** If you have extra time, do more scenarios (found in Appendix V).

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## Training Activity #11

### First Practice Teaching Assignments

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**15 minutes**

#### Materials

- Practice teaching assignment sheets
- Activities Checklist and Feedback Forms



#### Instructions to Trainers:

**Read and prepare the following BEFORE you give instructions to the group**

This is the first of two practice teaching assignments during this training. Depending on the total number of trainees, there will be groups of different sizes for practice teaching. Therefore, the number of copies of practice teaching assignments will vary accordingly. If there are only 12 trainees, prepare one set of assignments from Appendix II. If your group is greater than 12, prepare two identical sets of practice teaching assignments. Prepare these ahead of time so if the group is divided into two small groups, the right number of assignment sheets are ready to be distributed.

Both trainers should have a plan for how to proceed with the assignments. **Prepare ahead of time and make sure you understand the process and the handouts well. Refer to**

**Appendix II for a detailed guide to grouping for practice teaching.** Here are some suggestions to make this process easier for both T-Trainers and Master Trainer trainees:

- For practice teaching in trainings with more than 12 trainees, you need to divide the group into two small groups. Randomly name the groups “Group 1” and “Group 2”. Each Master Trainer will facilitate practice teaching for one of the two small groups.
- If you have a small group of 12, you don’t need to have two small groups; just one group of 12 divided into 6 pairs. Assign all 6 of the practice teaching activities. Both trainers will remain together during practice teaching.
- With an even number of trainees, for instance 12 (minimum required for a Leader training), you should have 2 groups of 6 (3 pairs of trainees in each group). Assign the first 3 practice teaching activities listed below. Make sure trainees know to which group they have been assigned.
- If you end up having an odd number of participants in the groups, for instance 13 participants, you should have one group of 6 (3 pairs in it) and one group of 7 (3 pairs and one person by him/herself). Ask for a volunteer to serve as the scribe for that person. The volunteer scribe will not be evaluated during that activity. His/her role is to assist the “solo” person.
- Here’s another example: the total number of participants is 14 resulting in two small groups of 7. In this case you may do one of two things:
  - a. Have 8 trainees (4 pairs) in one group and 6 trainees (3 pairs) in the other group. Distribute the first 4 practice teaching assignments to the first group and 3 assignments to the other.
  - Or
  - b. Have 7 trainees in each group (3 pairs and one person assisted by a volunteer scribe).
- Most likely, trainees will pair up naturally with the person they came with and/or with whom they are planning on facilitating. If this is not the case, ask them to pair up with someone in the group that also does not have a partner.
- Distribute the first 4 practice teaching assignments to each group.

Give two identical copies of each assignment to each pair in Group 1 and do the same for the pairs in Group 2. Notice that in Appendix II the assignments are duplicated and that the only difference is that sets are marked Group #1 and Group #2 to correspond with groups 1 and 2.
- The following are the recommended activities to assign for practice teaching ***in order of importance (assign in this order for each group; do not assign the activities at the end of the list unless you have a full group of 18):***

**Session 1, Activity 1, Introduction, p. 1: 3-10**

**Session 1, Activity 3, The Mind-Body Connection / Distraction, p. 1: 16-22**

**Session 1, Activity 4, Introduction to Action Plans, p. 1: 22-27**

**Session 2, Activity 3, Dealing with Difficult Emotions, p. 2: 9-16**

**Session 3, Activity 5, Healthy Eating, p. 3: 21-27**

**Session 3, Activity 3, Pain Management, p. 3: 10-14**

**Session 3, Activity 4, Endurance Exercise, p. 3: 15-21**

**Prepare** ahead of time as suggested at the top of this activity. Both trainers should have a plan for how to proceed with the assignments

**Instructions to Trainers: Now give instructions to the trainees**

1. **Say in your own words:** The purpose of this training activity is to provide you with practice in delivering the program and demonstrating how effectively you can facilitate the different training techniques and content in the workshop.
2. **Instructions to Trainers: Have trainees choose a partner** and designate the groups as “Group 1” and “Group 2” according to your plan.
3. **Instructions to Trainers: Ask one trainee from each pair** to pick up (randomly) their practice teaching assignment sheets, marked with “Group 1” or “Group 2” for the group number. Each person in a pair should receive their own copy of the practice teaching assignment.
4. **Say in your own words:** The assignment sheet has important instructions for you. Make sure you read them carefully. You must prepare to facilitate the assigned activity as scripted in the *Leader's Manual* - just as you would in the community.  
  
Do not add to or change the content or process in any way. Even though you are in pairs, each one of you should prepare to facilitate the **entire** activity. However, during the practice, you will only facilitate about 5 to 7 minutes of the activity.
5. **Say in your own words:** Each of you will also receive a set of Activity Checklists for all the activities assigned for Practice Teaching. They list what is most important when

facilitating the activities. Therefore, the checklists will help you prepare for your own practice teaching and at the same time will help you learn about the other activities assigned to other pairs for practice teaching. You may use them for when the group is invited to make comments about their peers' practice teaching.

In the future, when you facilitate the program as Leaders or when you conduct Leader trainings, you can use the checklists to make sure you are facilitating the most critical activities well. T-Trainers use the checklists to evaluate Master Trainer practice teaching.

6. **Say in your own words:** Each pair of you will need to make charts for your practice teach, if they are needed for the activity. You can get a head start on the charts you will need for the future and make them tonight, or you can just do something quickly on a piece of chart pad paper for this first practice teaching assignment.

7. **Ask:** Are there any questions about the practice teaching assignments?

8. **Ask:** Are there any remaining questions about any of today's activities?



9. **Instructions to Trainers:** Remind participants to:

- a. Do their Action Plans for tomorrow.
- b. Read through the *Leader's Manual* and be prepared to ask questions about any of the activities.
- c. Continue reviewing the book, *Living a Healthy Life with Chronic Conditions*.
- d. Prepare for their practice teach tomorrow.

10. **Instructions to Trainers:** Collect the name tags.

11. **Instructions to Trainers:** Remain behind for about 15 minutes to answer questions and clean up.

**ADJOURN**

# TRAINING DAY TWO

## Activities #12 - 22

### Purposes

- To allow trainees to share their experiences in completing their Action Plan.
- To introduce Problem-Solving techniques.
- To provide a second opportunity to make an Action Plan.
- To introduce and practice decision-making strategies.
- To discuss the causes of pain and discuss strategies to reduce pain.
- To discuss ways to develop and monitor an endurance exercise program.
- To provide an overview of good nutrition and a rationale for eating better.
- To identify some ways to change eating practices.
- To provide an opportunity to practice teach an activity from the *Leader's Manual*.

### Objectives

By the end of the day trainees will be able to:

1. Provide participants with feedback on their Action Plans.
2. Follow the problem-solving steps effectively.
3. Identify the steps of decision making and practice decision making skills.
4. Identify 4 causes of pain and describe at least one new method of dealing with pain.
5. Name 3 ways to monitor endurance exercise.
6. Add to and modify their endurance exercise program.
7. Define healthy eating.
8. Discuss at least 4 ways in which a good eating plan can help in their self-management process.
9. Facilitate activities from Sessions 4, 5 and 6 of the CDSMP as written in the *Leader's Manual*.

### Methods

- Lecturette
- Brainstorm
- Call Out
- Discussion
- Demonstration
- Practice

## Preparatory Reading

- *Living a Healthy Life*, Chapter 1 pages \*18-19, Chapter 5 pages 92-98 and 129-133, Chapter 7 and Chapter 10
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II (*Appendix II in Master Trainer's Manual*)
- *Leader's Manual*, Feedback Flow Chart, Appendix II (*Appendix II in Master Trainer's Manual*)

## Materials

- Charts:
  - Chart 1: Guidelines (**post every day**)
  - Chart 3: Self-Management Tool Box (**post every day**)
  - Chart 4: Brainstorming (**post every day**)
  - Chart 5: Parts of an Action Plan (**post every day**)
  - Chart 6: Problem-Solving Steps (**post every day**)
  - Chart 7: Symptom Cycle (**post at all sessions**)
  - Chart 10, Decision Making Steps
  - Chart 11, Decision to be Made
  - Chart 12, Moderate Endurance Exercise
  - Chart 13, Monitoring Exercise Intensity
  - Chart 14, Be F. I.T
  - Chart 15, The Plate Method
  - Training Chart #1 (**post every day**)
- “Parking Lot” chart
- Name tags
- Easel and blank flipchart/felt pens, blackboard or white board/chalk or dry ink pens/erasers
- Pad of paper and extra pencils
- Refreshments (optional)
- *Chronic Disease Self-Management Leader's Manual*
- *Living a Healthy Life with Chronic Conditions*
- *Relaxation for Mind and Body: Pathways to Healing* CD, CD player (optional)
- Roster of training attendees for them to sign-in
- Scenario and Brainstorming Participation Log
- 2<sup>nd</sup> Practice Teaching Activity Checklists
- 2<sup>nd</sup> Practice Teaching Feedback Forms
- How to Give Feedback Handout (for Trainers only)



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## Training Activity #12

### Questions and Discussion

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45 minutes

1. **Instructions to Trainers:** Ask for and answer any questions that the trainees may have. Also take questions from the parking lot. Remember to defer those questions that can be answered later during the appropriate activities.



2. **Instructions to Trainers:** Cover any scenarios that you did not get to on Day 1. If you still have time, choose more scenarios from Appendix V.

3. **Instructions to Trainers:** Explain that we will be covering the activities in **Session 3** of the CDSMP. Remind the trainees that each session begins with the feedback/problem-solving activity and ends with making an Action Plan. We are going to do this activity now, so you can practice feedback and problem-solving. The feedback we share will be about the Action Plan we made yesterday, and then we will make another Action Plan to report on the last day of training, rather than waiting until the end of the session or day as would be done normally in an actual workshop.

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## Training Activity #13

### Feedback

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20 minutes

1. **Instructions to Trainers:** Explain that this activity allows participants to share their experiences with their peers, helping them to identify possible solutions to problems they may encounter, as well as monitor their progress in meeting their self-management goals.



2. **Instructions to Trainers:** Explain that we skipped this Session 2 activity because we needed to have Action Plans to report on. We are going to do that now. We will review this Session 2 activity this afternoon when we review the activities in Session 3.

3. **Instructions to Trainers:** Do **Activity 1 in Session 2: Feedback**, p. 2: 3 in the *Leader's Manual*.

*(Continued on the next page)*

## Session 2, Activity 1

### FEEDBACK

20 minutes

#### Materials

- Chart 6, Problem-Solving Steps
- Feedback Flow Chart, Appendix II



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.

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
      - 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:

#### 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.

## 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".

## Training Activity #14

### Introduction to Problem-Solving

5 minutes

1. **Instructions to Trainers:** Do Activity 2 in Session 2: Problem-Solving, p. 2: 6 in the *Leader's Manual*.



## Session 2, Activity 2

### PROBLEM-SOLVING

5 minutes

#### Materials

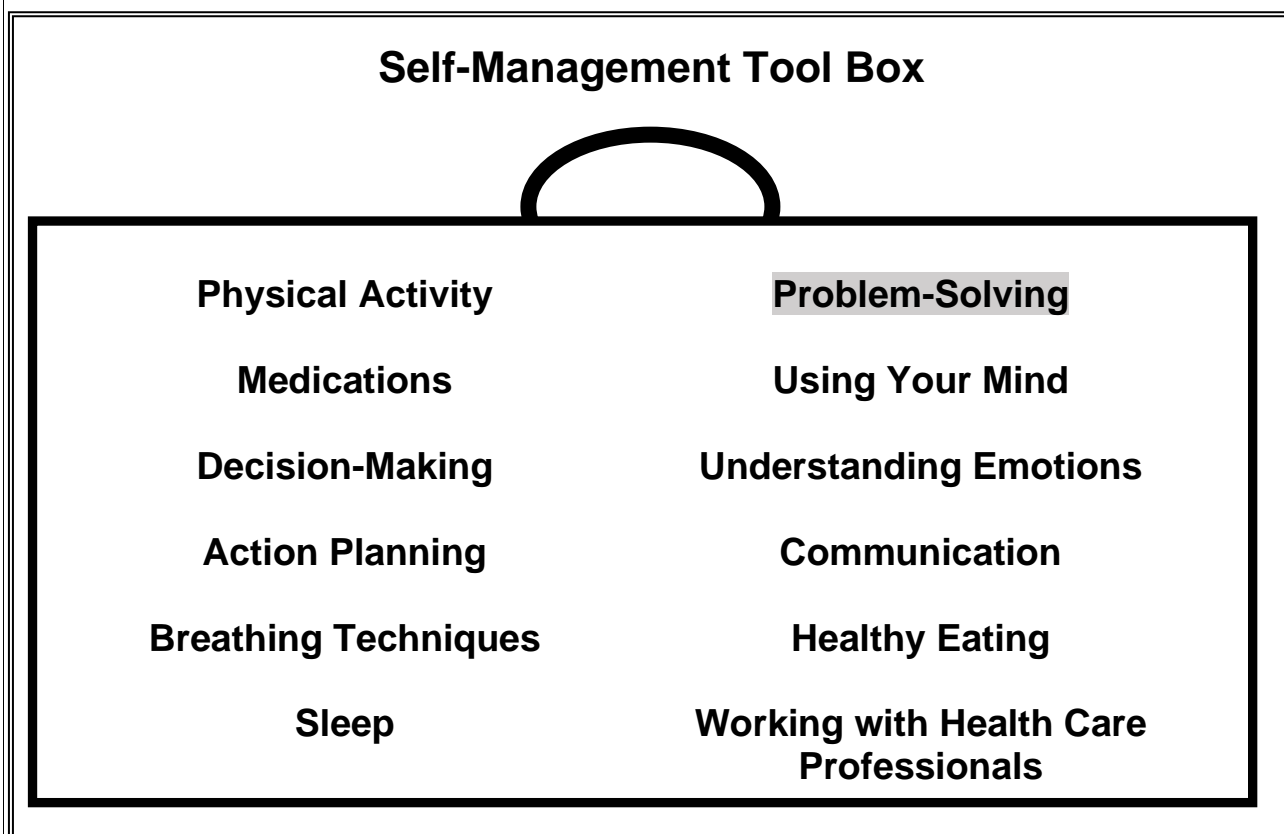
- Chart 3, Self-Management Tool Box
- Chart 6, Problem-Solving Steps
- Feedback Flow Chart, Appendix II

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)*

Chart 3



- 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 do my Action Plan”) as you **point at the steps on Chart 6:**

*(Chart 6 on the next page)*

## 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 professional 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.*

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

*You can revisit it at another time. \*\**

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.

**BREAK****15 minutes**

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## Training Activity #15

### Making an Action Plan

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**20 minutes**

1. **Say in your own words:** We skipped this Session 2 activity yesterday because we had already made an Action Plan when we did “Introduction to Action Plans”.
2. **Say in your own words:** We are going to do the activity now as it is written in the *Leader’s Manual*. During Leader training we make real Action Plans twice to give trainees practice in making an Action Plan. The Action Plan we are making today is for a week, just as in the CDSMP workshop.



**Instructions to Trainers:** If you are unable to do a Leader’s training over the preferred two-week session, the Action Plan will be for 2 days.

3. **Instructions to Trainers:** Remind trainees that this activity allows workshop participants to set their self-management goals.
4. **Say in your own words:** We will include this Session 2 activity in the review of Session 3 this afternoon.
5. **Instructions to Trainers:** Do **Activity 5 in Session 2: Making an Action Plan**, p. 2: 26 in the *Leader’s Manual*.

*(Continued on the next page)*



## Activity 2, Activity 5 MAKING AN ACTION PLAN

20 minutes

### 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:

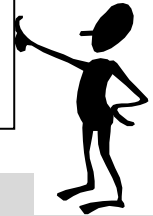
Chart 5

### 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 behaviour, 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 behaviours 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.

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.

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.

## Training Activity #16

### Making Decisions

20 minutes

**Instructions to Trainers:** Do Activity 2 in Session 3: Making Decisions, p. 3: 6 in the *Leader's Manual*.



## Session 3, Activity 2

### MAKING DECISIONS

25 minutes

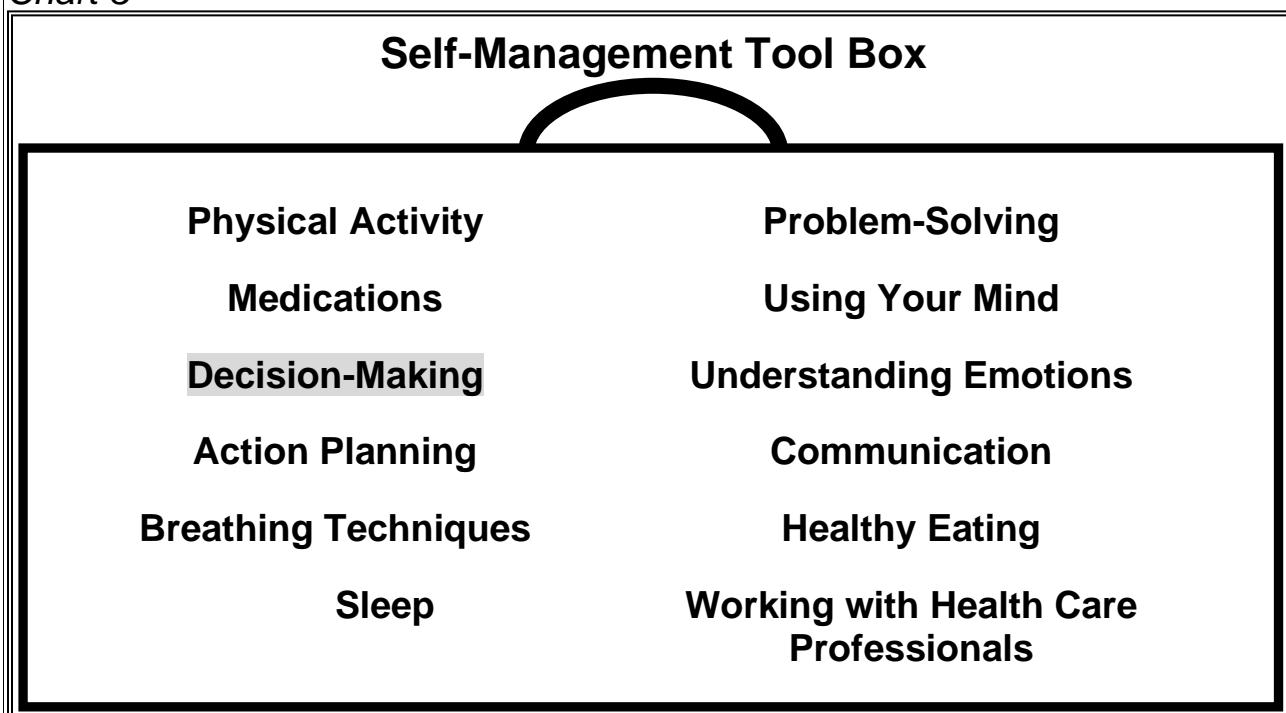
#### Materials

- 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



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

### 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 statement 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)*

Chart 11

<b>Decision to be made: “Should I take this new medication?”</b>			
<b>PROs</b>	<b><u>Score</u> (1 - 5)</b>	<b>CONs</b>	<b><u>Score</u> (1 - 5)</b>
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
<b><u>PROs Total</u></b>	<b><u>14</u></b>	<b><u>CONs Total</u></b>	<b><u>11</u></b>

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?’

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.

- 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."

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.

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## Training Activity #17

### Pain Management

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20 minutes

**Materials:** Scenario and Brainstorming Participation Log



1. **Instructions to Trainers:** Ask for 2 volunteers to do the brainstorm in the next activity; 1 scribe and 1 facilitator. Call them to the board when the brainstorm starts. Mark them off on your log as having done a brainstorm.

2. **Instructions to Trainers:** Do **Activity 3 in Session 3: Pain Management**, p. 3: 10 in the *Leader's Manual*.



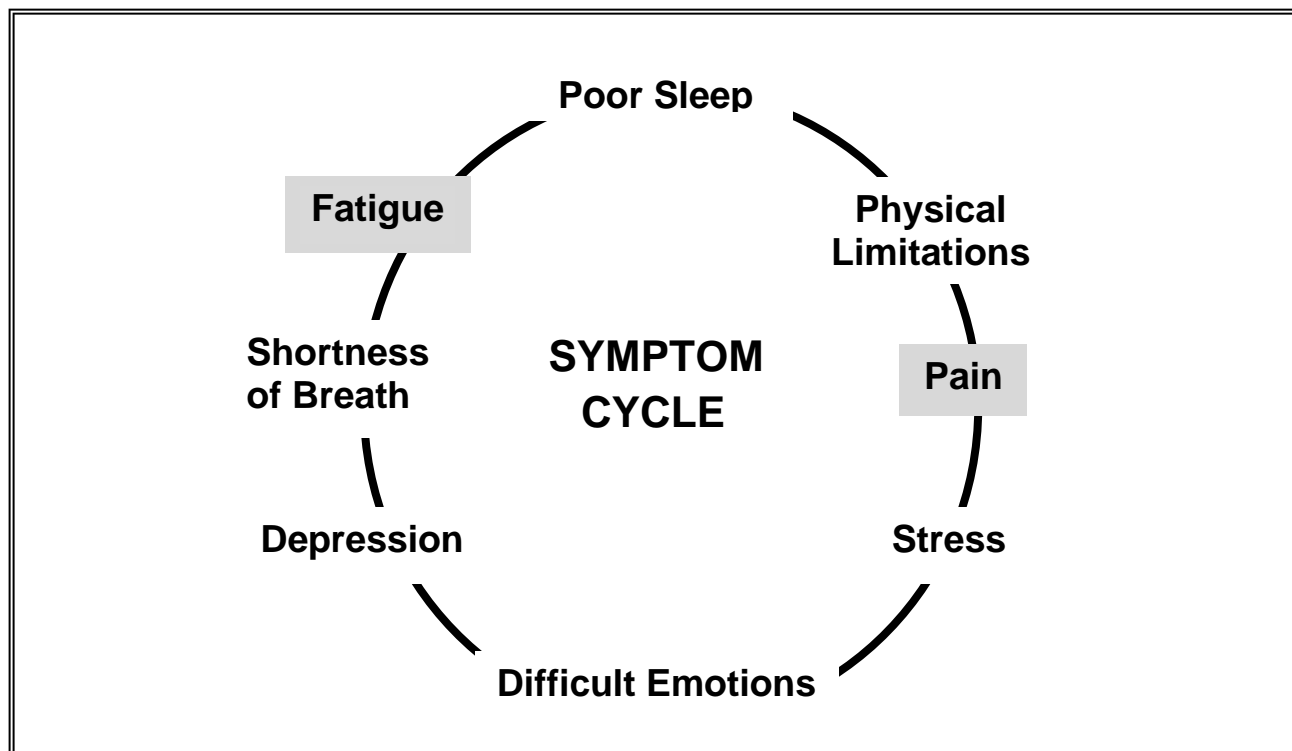
## Materials

- 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



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.

**[INSTRUCTIONS TO TRAINERS: Have the 2 trainees chosen to facilitate this brainstorm come up and do so. Correct them if they do it incorrectly.]**

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 one:

- 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 meals and if needed, losing weight
- i. Using medication properly (check with your health care professional 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.

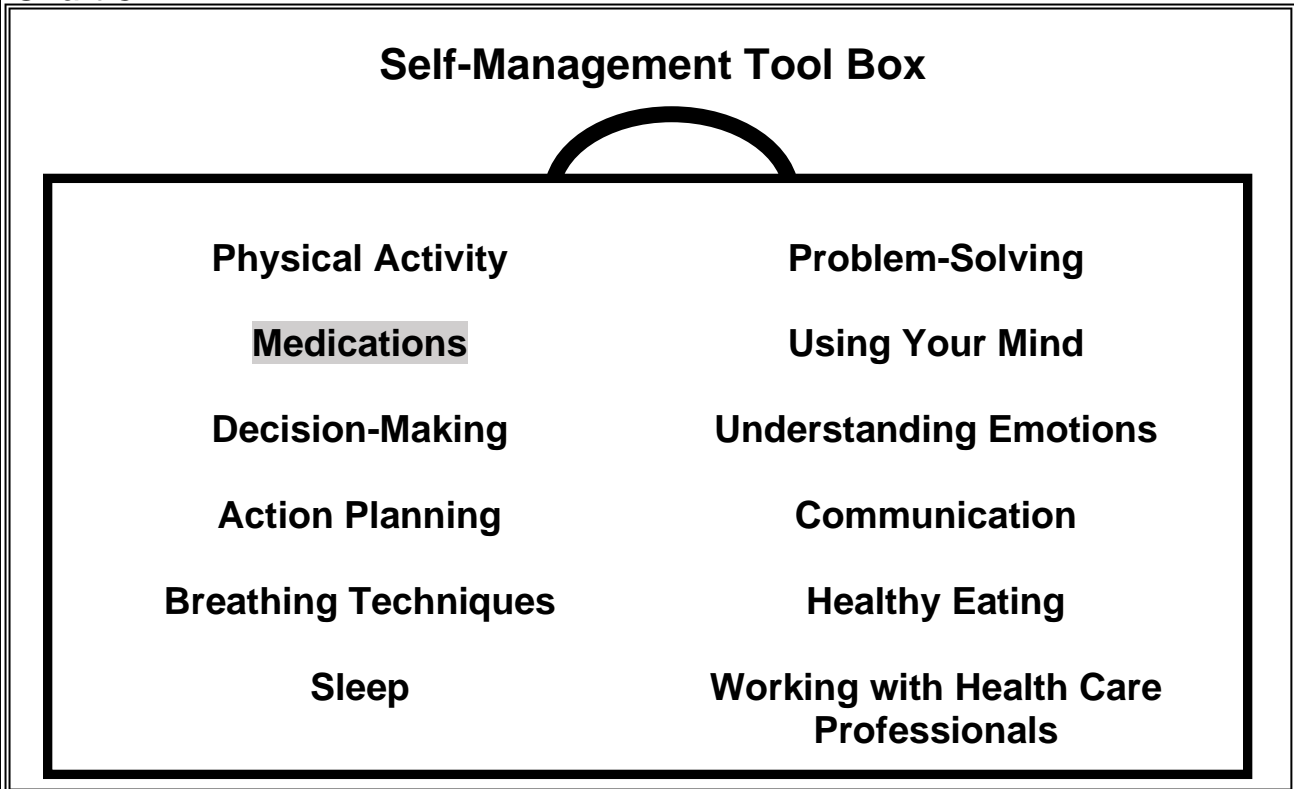
If you can't walk 4 blocks, walk 2 blocks. Do whatever you can without having more pain when you finish, even if it is walking or doing arm exercises for a few minutes.

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.
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 on the next page)*

Chart 3



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.
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 professional.
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.

## Training Activity #18

### Endurance Exercise

20 minutes

**Instructions to Trainers:** Do Activity 4 in Session 3: Endurance Exercise, p. 3: 15 in the *Leader's Manual*.



## Session 3, Activity 4

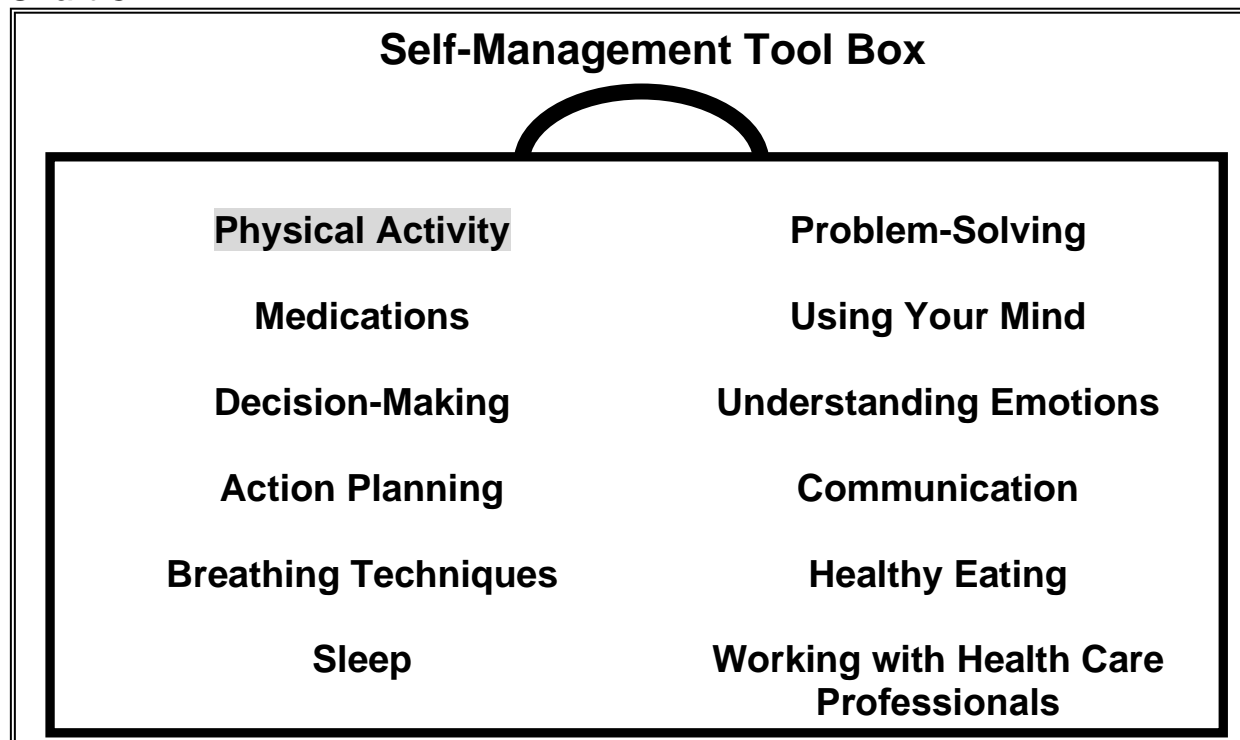
### ENDURANCE EXERCISE

20 minutes

#### 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



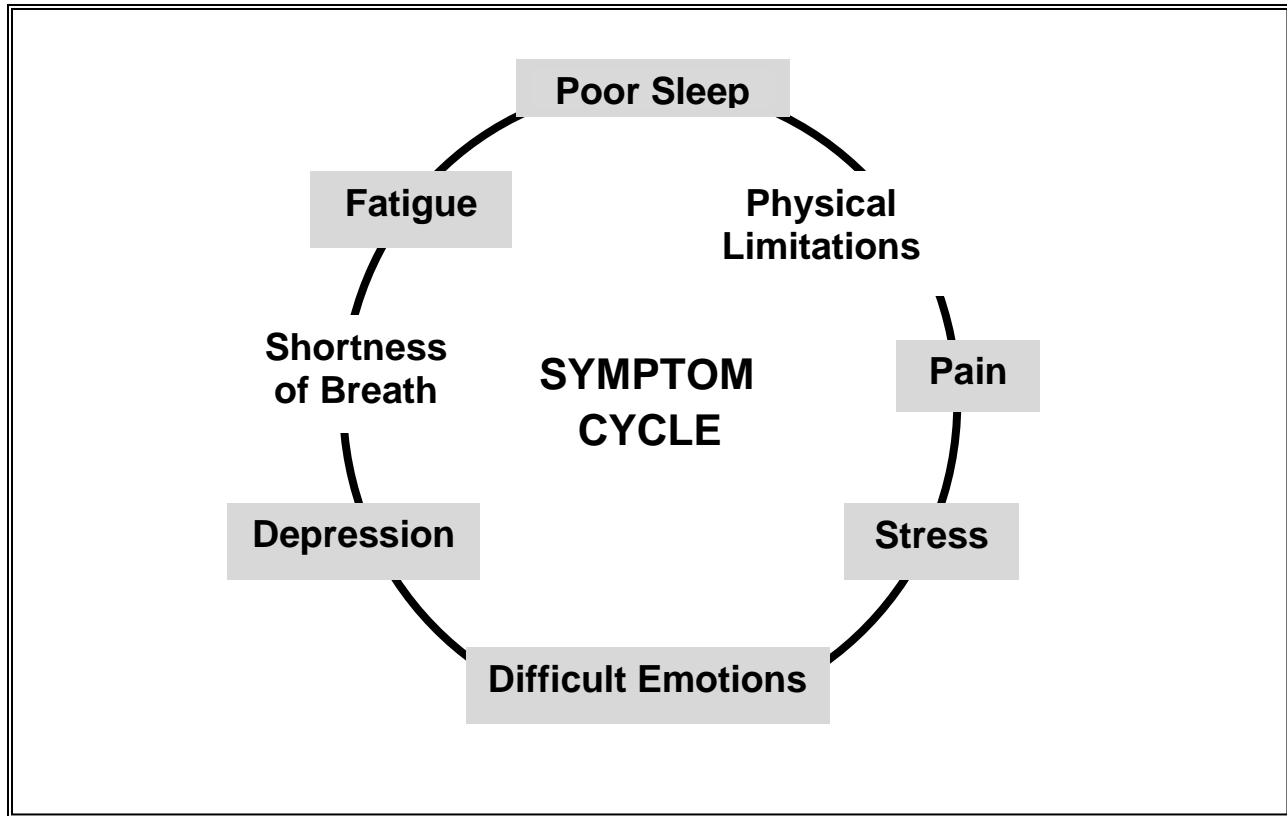
1. **Say in your own words, pointing to Physical Activity on Chart 3:** Last week we discussed different types of physical activities or exercise and exercise goals that can help break the Symptom Cycle. This week we will talk about endurance activities, which are also called cardiovascular or aerobic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

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)*

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*

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)



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 to 10, 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.*

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 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 in as little 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.

## LUNCH

1 hour

### Training Activity #19 Healthy Eating

20 minutes

**Instructions to Trainers:** Do Activity 5 in Session 3: Healthy Eating, p. 3: 21 in the *Leader's Manual*.



*(Continued on the next page)*

## Session 3, Activity 5

### HEALTHY EATING

20 minutes

#### Materials

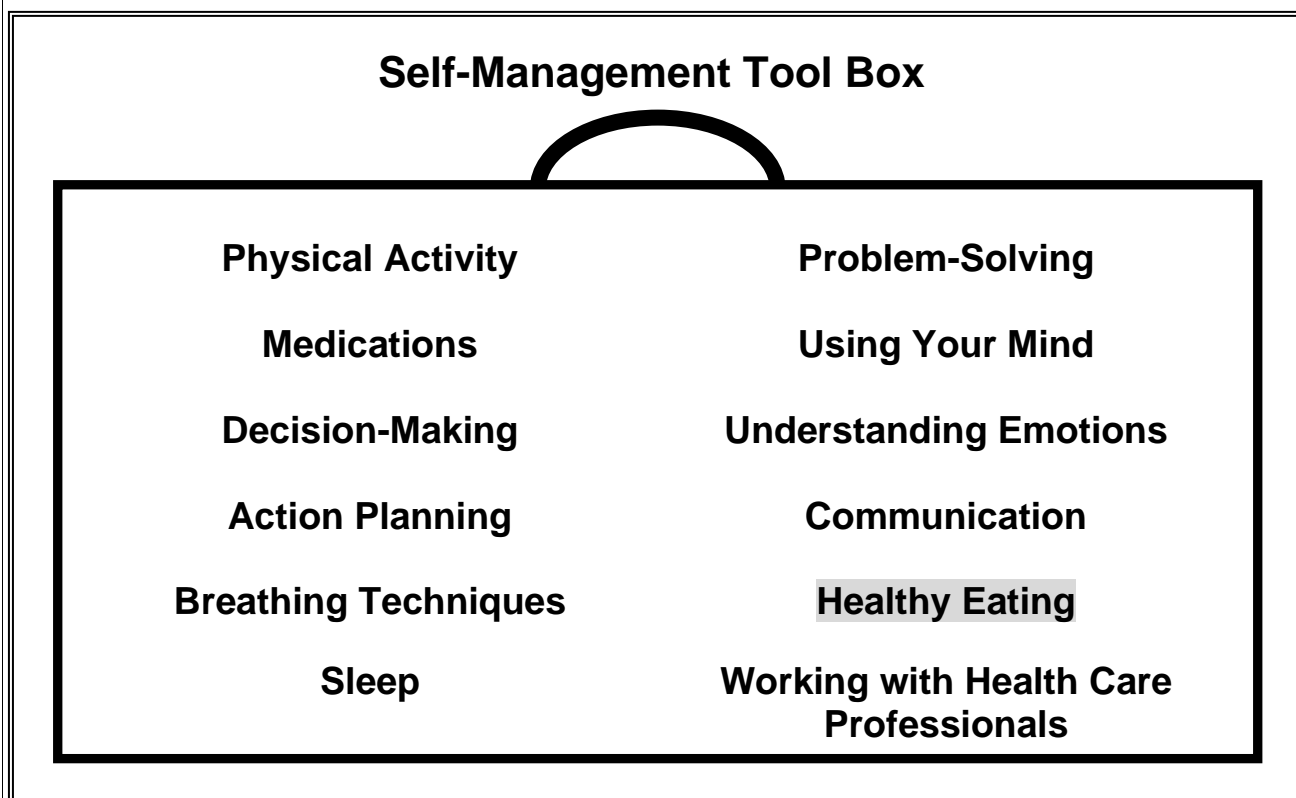
- Chart 3, Self-Management Tool Box
- Chart 15, The Plate Method
- *Living a Healthy Life* for each participant
- *Extra paper and pens / pencils*



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 your conditions you have.

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.

**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.

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 colours.

- 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. **One 591ml. (20 ounce) bottle of regular pop has about the same amount of sugar as a slice of cake with icing. True or False?**

**Answer:** True: A 591 ml. bottle of regular pop has 70 gm. (14 teaspoons or more than ¼ cup) 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.**

**Answer:** 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 (*Dietary Approaches to Stop Hypertension*) 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 1/2 cup of rice. For both people, this is a portion.

A serving is a set amount, for example for rice it is 1/2 cup (see page 238). A serving size is used to figure out the amount of nutrients and calories in foods on food labels. The person who ate 2 cups of rice had 4 servings while the person who ate 1/2 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. 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!

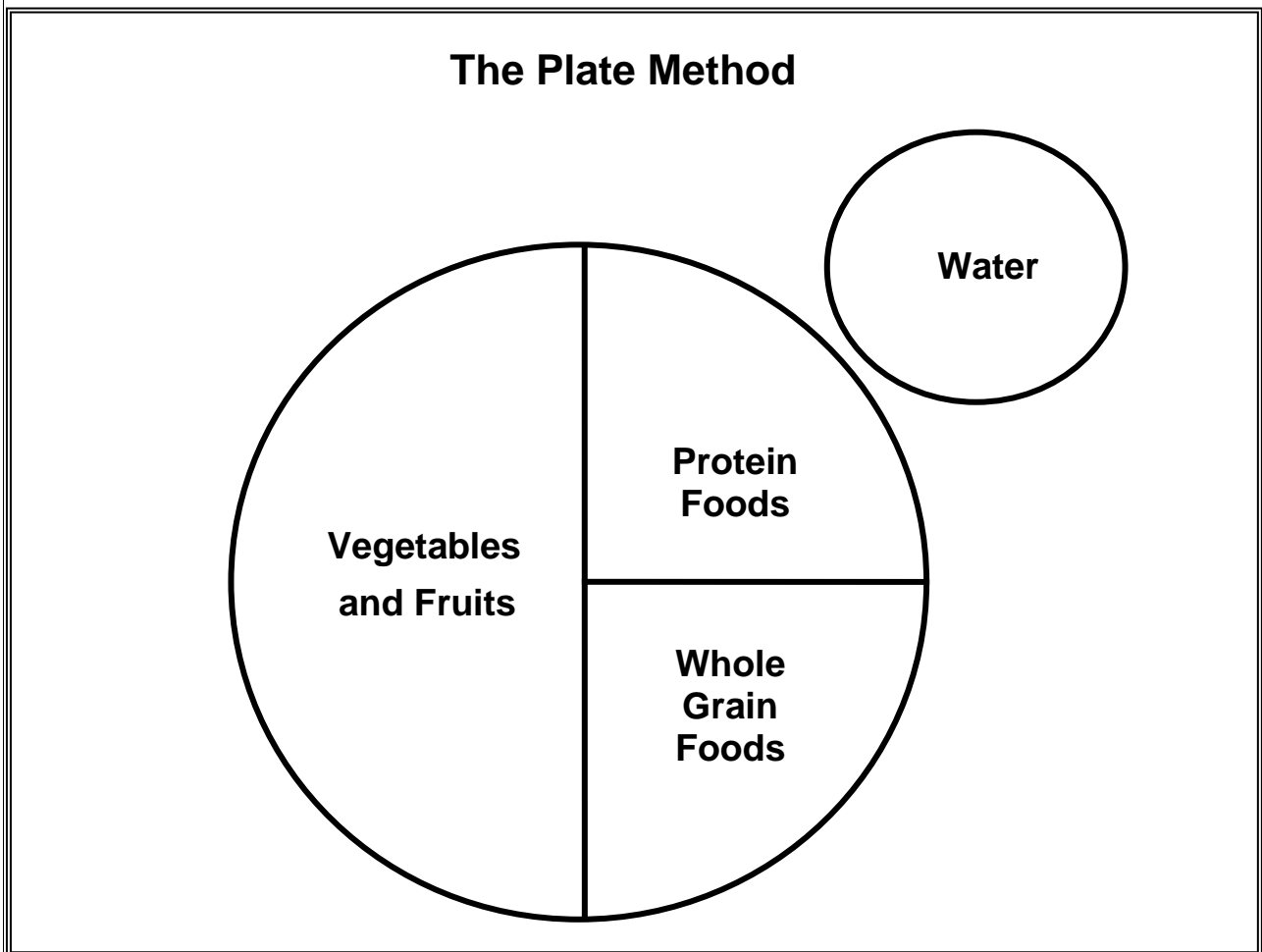
5. **Say:** Let's continue with another true or false statement:

**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 Canada Food Guide has developed for most people. Diabetes Canada says that people with diabetes should choose more vegetables than fruits because most vegetables have less sugar. The Living a Healthy Life book includes the Government of Canada's Eat Well Plate on page 248. Compared to the Eat Well Plate, the Canada Food Guide plate has taken out "Milk and Alternatives" and "Oils and Fats" and has renamed the "Meats and Alternatives" to "Protein Foods." You can find the Canada Food Guide plate at <https://food-guide.canada.ca/en>.

Chart 15



The plate should be about 9" across. It is divided in half. Then, one half is divided in two. That is because at each meal, your plate should be:



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

- On the left side of the plate, vegetables and fruits
  - ⊖ Choose vegetables with bright colours like dark green and orange more often
  - ⊖ Eat whole fruit rather than fruit juice
- On the grain and proteins side, one quarter of the plate is whole grains and one quarter of the plate is 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
- Try to make water your beverage of choice.

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

**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.

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## Training Activity #20

### Session Three Review and Scenarios

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50 minutes

#### Materials

- Scenario and Brainstorming Participation Log



#### 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)

1. **Say in your own words:** We are now ready for Session 3 review.

Remember you may ask questions about any activity during the session reviews.

---

#### Session 2 Activity 1: Feedback (p. 2: 3) and Activity 2: Problem-Solving (p. 2: 6)

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1. **Say in your own words:** Notice that we did this activity this morning when we reported on our Action Plans, but this activity is from Session 2; not from Session 3. Let's review it now in more detail.
2. **Say in your own words:** Along with Action Planning and Decision-Making, Problem-Solving is a core self-management skill.
  - a. Feedback on the participants' Action Plans is the first activity for Sessions 2 through 6
  - b. Problem-solving happens during feedback and at any other time a problem comes up for a participant in the workshop. It is used when the group might reasonably be able to help and if there is time to get ideas for solutions to the problem.

- c. Always start problem-solving by asking the participant if they would like help in finding a solution. If the answer is yes, then go through the steps with the group to give suggestions.
3. **Say in your own words:** You will need Chart 6, Problem-Solving Steps. and the Feedback Flow Chart in Appendix II to help you facilitate this activity.
4. **Say in your own words:** During this activity, the Leaders model their feedback first, and then ask for a volunteer to report on their Action Plan.
- a. **Ask:** Why do we ask for a volunteer to start?
- Answer:** The volunteer is most likely to be someone who was successful and thus provides a good model for the rest of the group.
5. **Say in your own words:** We ask them to:
- a. Tell us what the plan was (do NOT ask for their confidence level)
- b. Tell us if it was completed, partially completed, not completed or if it was changed.
- c. If they did not complete the plan or partially completed it, what problems got in the way.
6. **Say in your own words:** Please turn to #3 on page 4 in Session 2 in your *Leader's Manual*.
- a. You see that it gives you detailed instructions on how to respond to each type of feedback. These are the most common responses.
- b. That is followed by step-by-step instructions on problem-solving with the group.
- c. As you can see on page 5, we also have an icon for problem-solving to show where it should or may happen.
7. **Say in your own words:** Now we'll briefly look at the more detailed Feedback Flow chart in Appendix II, page 5.
- a. This flow chart is organized in the same way that the Action Plan Flow Chart. Following the arrows will help you with feedback.



b. It is something you should study before the session, and your co-Leader can follow while you are facilitating Feedback and if necessary, help you stay on track.

8. **Say in your own words:** Problem solving is not just for the person who reported the problem, but also for anyone else in the workshop that may have the same problem.

Let's practice with a "What If" scenario.

## 9. Instructions to Trainers:

- Select one new volunteer for each of the "What If" scenarios that appears below.
- Reserve the correct answer until after the volunteer has answered.
- After the scenario, make sure you put a check mark in the log to record that the trainee has participated in a "What If" scenario. Write comments if you like, especially if the trainee's response is not appropriate or trainee does not seem to understand.

d. Scenario #1

**Say in your own words:** Someone reports that he/she did not complete their Action Plan. What would you say?

Answers:

- Ask what prevented them from completing 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.



e. Scenario # 2

**Say in your own words:** Someone says they failed because they exercised only 3 days instead of 4.

Answer:

- First, praise them for getting started and ask if there was a problem and if they want help.
- If they agree, proceed with problem solving.



10. **Ask:** What questions do you have about this activity?



## Session 2 Activity 5: Making an Action Plan (p. 2: 26)

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1. **Say in your own words:** Notice that we did this activity this morning, but this activity is also from Session 2; not from Session 3. Yesterday, we did an extensive review on how to facilitate making Action Plans so; we are going to continue reviewing the rest of Session 3 activities.

## Activity 3: Making Decisions (p. 3: 6)

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1. **Instructions to Trainers:** Remember that when there is a question, you ask for the group to answer it. Be sure that everyone has a chance and that you do not always call on the same person.

2. **Say in your own words:**

- a. This is a powerful activity.
- b. Do not be surprised if folks work on big decisions.

3. **Ask:** Why do you think we added the gut test? Anyone can call out the answer.



**Answer:** Sometimes the math does not tell the whole story. What it really does is let people get in touch with the issues. Usually the math and the gut test reach the same decision but since the gut test is informed by the math, it always wins.



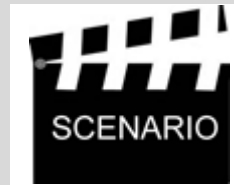
4. **Ask:** Why do we not give people extra time to pair and share?

**Answer:** To do so changes fidelity. It crowds other activities. It might be dangerous. Sometimes, when more time is given, participants tell their partner more than they wanted or the partners feel that they have to help in some way.

5. **Say in your own words:** Just as in the Difficult Emotions activity, do not give extra time for the pair and share.
6. **Say in your own words:** Note that not everyone reports back; just one or two people. Watch your time.
7. **Say in your own words:** Let's practice something that might happen during this activity.

## 8. Instructions to Trainers:

- a. Select a new volunteer for the “What If” scenario that appears below. Ask them to listen as if they are a Leader in a workshop and to respond as a Leader when they think it is appropriate.
- c. Read the scenario.
- d. Reserve the correct answer until after the volunteer has answered.
- e. If they do not get the answer right, give it to them and then have them practice again.
- f. After the scenario, make sure you mark your log that the trainee has participated in a “What If” scenario.



**Say:** During this exercise, while reporting on his / her decision, a participant starts to cry. What would you do?

**Answer:** Acknowledge that making decisions is sometimes hard, sometimes sad, and sometimes 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.

9. **Say:** What questions do you have about this activity?



## Activity 3: Pain Management (p. 3: 10)

1. **Say in your own words:** This activity is straightforward. What we are trying to do is help people see that for the most part, the causes and self-management tools to manage pain are similar to those identified in the fatigue activity from Session 1.
2. **Say in your own words:** In this activity we also emphasize that managing pain is easier to do when it is a little pain rather than waiting to the pain gets worse, and how tools like action plans, exercise, weight loss, using your mind and medications can help reduce the pain. In addition, we briefly discuss the appropriate use of opioids and medication storage.
3. **Say in your own words:** You may get asked about marijuana during this activity. So, you would respond by saying that at this time, there are no good studies that show that

marijuana helps chronic pain. If they want more information about marijuana, they should talk to their health care professional.



4. **Say:** What questions do you have about this activity?

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#### Activity 4: Endurance Exercise (p. 3: 15)

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1. **Say in your own words:** Activity 4 is about endurance exercise. I'm going to ask some questions. Please just call out your answers.

2. **Instructions to Trainers:** Ask the following questions and let the group call out answers.

- a. **Ask:** Why does one Leader stand and march and the other sit and conduct during the self-rating activity?

**Answer:** This allows for modeling of both sitting and standing and makes the activity inclusive and safe for all.



- b. **Ask:** Why should the Leaders use a medium to slow pace in the self-rating activity?

**Answer:** If Leaders go fast the participants will try to follow and may exhaust themselves or worse. Again, modeling is important.



- c. **Ask:** If someone is having a hard time getting their heart rate into a moderate range (4-5) what can they do?

**Answer:** Speed up a little or add weights or move both their legs and arms. Please note that with some medications this may not be possible, and they should ask their health care professional about what moderate activity for them is or use the talk test instead.



3. **Ask:** What questions do you have about this activity?



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#### Activity 5: Healthy Eating (p. 3: 21)

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1. **Say in your own words:** There are some key points to remember about Activity 5, Healthy Eating:

- a. Be sure to practice this whole exercise with your Co-Leader at least once before delivering it to your workshop. It might be helpful to highlight the answers in your manuals so you can find them.
  - b. Also, Leaders may want to share the facilitation of this activity. For example, one Leader read the question and the Co-Leader state the correct response. Or one Leader can take half of the quiz questions and the Co-Leader the other half.
    - Make sure to pause after reading the question before providing the answer.
    - They should not shout out the answers and there should not be any discussion.
  - c. When asking the group to think about what they learned from keeping the food diary and to name one change they might make, Leaders should model first by briefly sharing their responses. Then ask for 3-5 responses from the group if time is short. You may allow everyone to share if there is time.
  - d. If anyone questions the plate tell the trainees that this comes from the U.S. Department of Agriculture and is the current standard for the United States. There is a reference for this in the book.
  - e. Remind the participants to bring food labels from home for the next week.
4. **Say:** What questions do you have about this activity?



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### Activity 6: Making an Action Plan (p. 3: 27)

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1. **Say in your own words:** The Healthy Eating activity is followed by Making an Action Plan.
2. **Say in your own words:** We will not do this activity again, as we did it earlier as part of Session 2.
3. **Instructions to Trainers:** Remind them that participants make Action Plans five times at the end of sessions 1-5 but during training we only do it twice.

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### Activity 7: Closing (p. 3: 30)

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1. **Say in your own words:** For the Session 3 Closing activity, there are some extra assignments:
  - a. Participants may want to begin monitoring the intensity of their physical activity.



- b. Bring in food labels for next week.
- c. Be sure to bring their book next week.



2. **Ask:** Are there any questions about any of the activities in Session 3?

## General “What If” Scenario

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### 1. Instructions to Trainers:

- a. Do this paraphrasing practice if there is time; otherwise, try to fit them in to the questions and answer sessions.
- b. Choose a new volunteer who has not participated before, and make sure to mark that they have done a What If scenario on the log.



**Ask:** What other words could you use for the following statement from pages 12-13, Session 3 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. **Instructions to Trainers:** If there is time, choose more scenarios from Appendix V.

3. **Ask:** Are there any other questions about the activities we covered?



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## Training Activity #21

### First Practice Teaching

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2 hours  
(15-minute break midway)

#### Materials:

- One Practice Teaching Checklist and Feedback Form for each pair of trainees for the corresponding activity they are facilitating.



1. **Instructions to Trainers:** Tell trainees that the purpose of this activity is to make sure that they feel confident to co-lead the self-management workshop as written in the *Leader's Manual*. This will be done in the following way:

- a. Each trainee or pair of trainees will facilitate their pre-selected activity.
- b. Other trainees in the group will act as students during each presentation, and after the presentation will provide constructive verbal feedback.
- c. Trainer will provide constructive verbal feedback and complete a practice teaching feedback form on each trainee. Trainees will be free to see this form if they wish.

2. **Instructions to Trainers:** Explain that, at the end of each presentation, the trainees conducting the activity will be asked to comment on their own performance with specifics about what they did well and what they may have missed. Next, the other trainees will be invited to provide constructive feedback on the process and other relevant aspects of the presentation. And lastly, the trainer will do the same.

**Note:** During the practice teaching, trainers be sure to observe how well each person:

- Adheres to the workshop content and process
- Models effectively, when appropriate
- Uses problem-solving, when appropriate
- Handles problem situations or people appropriately

It is understood that this may be the first time that trainees have had to do such a presentation, and that it is all right to feel nervous. If there is anyone who feels too nervous or does not want to do the practice teaching, then they do not have to do it. Note, however, that to qualify as Leaders, all trainees must complete at both practice teaching sections of the workshop. If a person does not complete the practice teaching, he/she cannot be a

Leader for the CDSMP. (The trainers may arrange a make up session for those individuals who had to miss practice teaching due to some emergency, but do not tell the trainees this beforehand.)

3. **Instructions to Trainers:** Divide the trainees into their two groups according to the number on their teaching assignment sheet, with one trainer for each group, into separate rooms.
4. **Instructions to Trainers:** Appoint a timekeeper for each group or keep track of time yourself.
5. **Instructions to Trainers:** Ask for a volunteer pair to start. Have the trainees conduct their activity (5-10 minutes each). The Master Trainers can stop each practice teach when they wish. If a trainee is not following the *Leader's Manual*, stop the person right away. Talk about the problems, model the activity briefly if necessary, and then continue. The practice teaching that occurs earlier is often longer than those that occurs later in the group.
6. **Instructions to Trainers:** At the end of the activity, **reconvene the whole group and ask: What did you learn from this activity?** Take a few answers. Not everybody needs to respond.
7. **Instructions to Trainers:** Congratulate everyone on their practice teaching, emphasizing that this activity is more difficult than facilitating the actual workshop, as they will facilitate the entire activity instead of parts of it and have more time to prepare by reading and practicing with a Co-Leader.

**BREAK (midway in Practice Teaching)**

**15 minutes**

### INSTRUCTIONS TO TRAINERS

**Should either Master Trainer have any doubts about the ability of a trainee to be an effective Leader, the trainer should document the reasons in writing on the Activity Checklist and Feedback Form and talk with the trainee and their program director or coordinator about these concerns.**

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## Training Activity #22

### Second Practice Teaching Assignments

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15 minutes

#### Materials

- Practice teaching assignment sheets
- Activities Checklist and Feedback Forms from Appendix II, *Master Trainer's Manual*.
- These should be prepared ahead of time (i.e. after the total number of trainees is known) so the appropriate group sizes and number of assignments to be used can be made.



#### Instructions to Trainers:

**Read and prepare the following BEFORE you give instructions to the group**

This is the second of two practice teaching assignments during this training. Remember that depending on the total number of trainees in a group, the small groups for practice teaching vary and the number of copies of practice teaching assignments vary accordingly. **Although you already went through the process for the first practice, prepare ahead of time for the second practice and make sure you understand the process and the handouts well.**

Here are some suggestions to make this process easier for both Master Trainers and trainees:

- Your group is already paired up and divided into two small groups from the first practice teaching. However, it is possible that you lose a trainee or two. This is rare but it can happen either because they, you or together decided this training was not for them. Sometimes emergencies happen and a trainee must leave. When that happens, you need to re-configure the pairs and hand out fewer forms.

The following are the recommended activities to assign for practice teaching *in order of importance (assign in this order for each group; do not assign the activities at the end of the list unless you have large groups)*:

**Session 2, Activity 1, Feedback, p. 2: 3-6**

**Session 4, Activity 3, Reading Food Labels – Part 1, p. 4: 11-16**

**Session 4, Activity 6, Communication Skills, p. 4: 22-30**

**Session 5, Activity 5, Dealing with Depression, p. 5: 19-22**

**Session 5, Activity 6, Communication with Ourselves (Self-Talk), p. 23-26**

**Session 5, Activity 3, Medication Usage, p. 5: 10-15**

**Session 6, Activity 3, Working with Your Health Care Team, p. 9-13**

**Instructions to Trainers: Now give instructions to the trainees**

- 1. Instructions to Trainers:** Tell the group that Practice Teaching Assignment sheets contain important instructions. Make sure you cover them verbally for the group and ask trainees to read them again when they prepare for their practice teaching.
- 2. Instructions to Trainers:** Explain that the purpose of Practice Teaching # 2 is to provide the trainees with another opportunity to practice teach and demonstrate how effectively they can facilitate the different training techniques and content in the CDSMP. They will do this final practice teaching on the 4<sup>th</sup> day of training. If you are following the recommended two-week training schedule, they will have a week to prepare.
- 3. Instructions to Trainers:** Ask trainees to stay with their partners from the first practice teaching. Ask one person from each pair to come to you and pick up their second practice teaching assignment packets which include one Practice Teaching Assignment sheet and a set of Activity Checklists for all the activities assigned for practice teaching. Do that for Group 1 and for Group 2.
- 4. Instructions to Trainers:** Again, tell the group that the checklists will help them prepare for their own practice teaching and they may also use them for when the group is invited to make comments about their peers' practice teaching. **Trainers, please note that trainees in Leader Trainings will not have a formal role in observing and evaluating their peers during practice teaching. That is your role as Master Trainer.**
- 5. Instructions to Trainers:** Remind trainees that they will need to make charts for their practice teaching, if they are needed for the activity.
- 6. Instructions to Trainers:** Remind trainees they must prepare to facilitate their assigned activity as scripted in the *Leader's Manual* - just as they would if really facilitating. They are not to add to or change the content or process in any way. They should be prepared to facilitate the entire activity although each pair will only facilitate 10-15 minutes of the activity. If Leaders are paired for an activity, each one should be prepared

to facilitate the whole activity, even though he/she will only facilitate a portion (5 to 7 minutes) of that activity.

7. **Ask:** Are there any remaining questions about any of the activities covered so far?



8. **Instructions to Trainers:** Remind trainees to:

- a. Keep track of their Action Plans for the last day of training.
- b. Read through the *Leader's Manual* and be prepared to ask questions about any of the activities during the next session.
- c. Continue reviewing the book, *Living a Healthy Life with Chronic Conditions*.

9. **Instructions to Trainers:** Inform trainees that we will continue with Sessions 4, 5 and part of 6 next time.

10. **Instructions to Trainers:** Tell them if there is a change in training site or confirm they should return to the same room for training days 3 and 4.

11. **Instructions to Trainers:** Collect name tags.

12. **Instructions to Trainers:** Remain behind for about 15 minutes to answer questions and clean up.

**ADJOURN**

# TRAINING DAY THREE

## Activities #23 - 37

### Purpose

- To introduce the causes of shortness of breath.
- To assist participants in practicing better breathing.
- To practice better breathing.
- To identify serving size, portion size and other key nutrients on labels.
- To provide a brief practice of flexibility exercises for posture.
- To provide an opportunity to practice problem-solving.
- To introduce techniques for improving communication.
- To discuss purposes of medications and identify ways to lessen medication side effects and follow medication regimens.
- To discuss strategies for dealing with depression.
- To introduce self-talk and way to manage negative and worst case thinking.
- To give guidelines for evaluating new treatments.
- To identify strategies for communicating and working more effectively with health care professionals.

### Objectives

By the end of the day trainees 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 food.
5. Discuss how to solve communication problems using the problem-solving steps.
6. Discuss at least 2 ways of remembering when to take their medications.
7. Define the difference between a drug allergy and side effect of medications.
8. Identify at least 2 ways of lessening the side effects of medications.
9. Utilize *Living a Healthy Life* and other resources to learn more about their medications.
10. Name 5 symptoms of depression and discuss 3 means of managing minor depression.
11. Identify at least 2 ways to manage negative and worst case thinking.
12. Name at least 2 questions to evaluate a new treatment.
13. Name at least 2 strategies for working more effectively with their health care professionals.
14. Name and describe the teaching techniques used in the program.
15. Facilitate activities in Sessions 4, 5 and 6 of the CDSMP as written in the *Leader's Manual*.

## Methods

- Lecturette
- Brainstorm
- Call Out
- Discussion
- Demonstration
- Practice

## Preparatory Reading

- *Living a Healthy Life*, Chapter 2, pages 25-26; Chapter 4, pages 69-71; Chapter 5, pages 98-106 and 110-116; Chapter 6, pages 137-159; Chapters 10, 11 and 13
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II (*Appendix II in Master Trainer's Manual*)

## Materials

- Charts:
  - Chart 1: Guidelines (**post every day**)
  - Chart 3: Self-Management Tool Box (**post every day**)
  - Chart 4: Brainstorming (**post every day**)
  - Chart 5: Parts of an Action Plan (**post every day**)
  - Chart 6: Problem-Solving Steps (**post every day**)
  - Chart 7: Symptom Cycle (**post at all sessions**)
  - Chart 16, Reasons for Shortness of Breath
  - Chart 17, Communication Skills
  - Chart 18, Purposes of Medications
  - Chart 19, Unexpected Medication Effects
  - Chart 20, Medication Responsibilities
  - Chart 21, Ways to Manage Negative Thinking
  - Chart 22, Evaluating Treatments
  - Chart 23, Internet URL Addresses
  - Chart 24, Take P.A.R.T.
  - Training Chart #1 (**post every day**)
- “Parking Lot” chart
- Name tags
- Easel and blank flipchart/felt pens, blackboard or white board/chalk or dry ink pens/erasers
- Refreshments (optional)
- *Chronic Disease Self-Management Leader's Manual*
- *Living a Healthy Life with Chronic Conditions*



## *Materials, continued*

- *Relaxation for Mind and Body* CD, CD player
- Roster of training attendees
- Scenario and Brainstorming Participation Log
- Food labels, one for each trainee

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## Training Activity #23

### Questions and Discussion

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60 minutes

1. **Instructions to Trainers:** Ask for and answer any questions that the trainees may have. Also take questions from parking lot. Remember to defer those questions that can be answered at a later time during the appropriate activities.



2. **Instructions to Trainers:** Cover any scenarios that you did not get to previously.
3. **Instructions to Trainers:** Explain that we will be covering the activities in part of Session 4, Session 5 and part of Session 6. Remind the trainees that each session begins with the feedback activity, but we will be doing this on the last day of training after we've had time to complete our Action Plans. Continue with Activity 2 in Session 4.
4. **Instructions to Trainers:** If you have extra time, do more scenarios from Appendix V, *Master Trainer's Manual*.

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## Training Activity #24

### Better Breathing

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15 minutes

**Materials:** Scenario and Brainstorming Participation Log



1. **Instructions to Trainers:** Ask for 2 volunteers to do the brainstorm in the next activity; 1 scribe and 1 facilitator. Call them to the board when the brainstorm starts. Mark them off on your log as having done a brainstorm.
2. **Instructions to Trainers:** Do **Activity 2 in Session 4: Better Breathing**, p. 4: 6 in the *Leader's Manual*.

## Session 4, Activity 2 BETTER BREATHING

15 minutes

### Materials

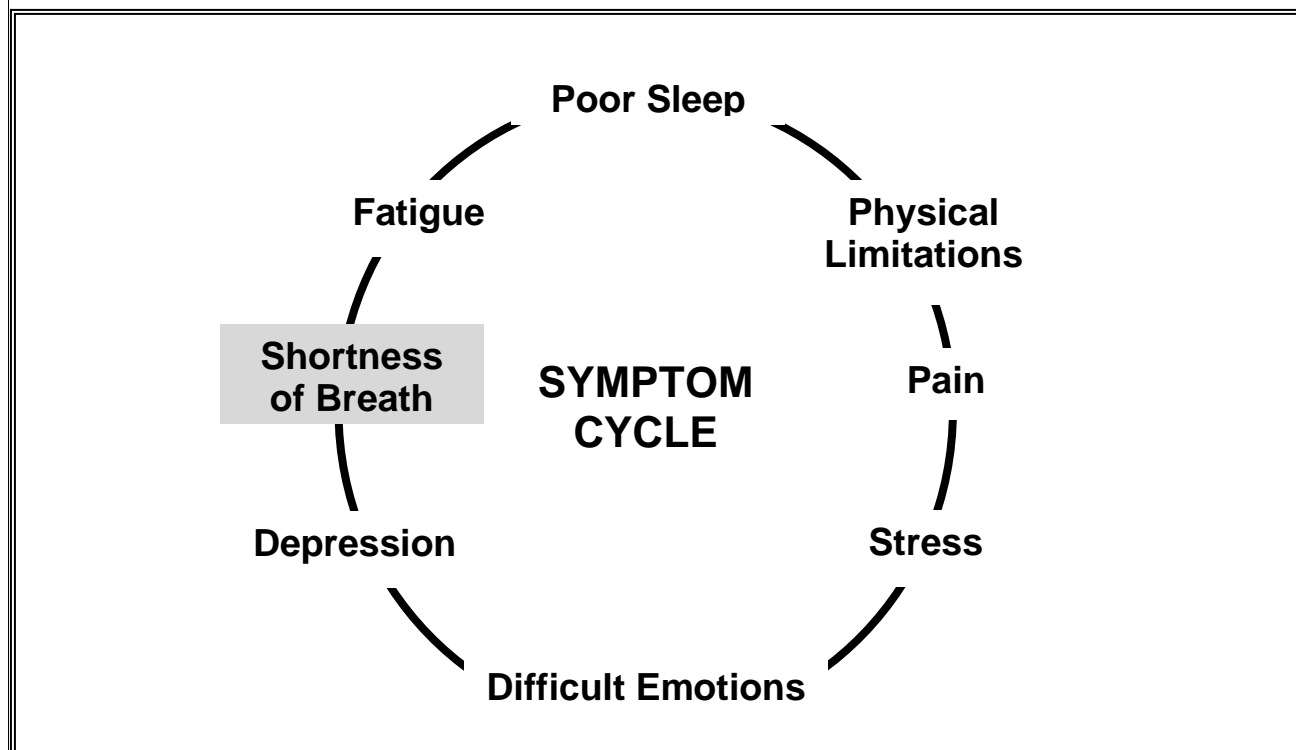
- Chart 3, Self-Management Tool Box
- Chart 7, Symptom Cycle
- Chart 16, Reasons for Shortness of Breath



### 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



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 on the next page)*

## 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*

**[INSTRUCTIONS TO TRAINERS: Have the 2 trainees chosen to facilitate this brainstorm come up and do so. Correct them if they do it incorrectly.]**

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

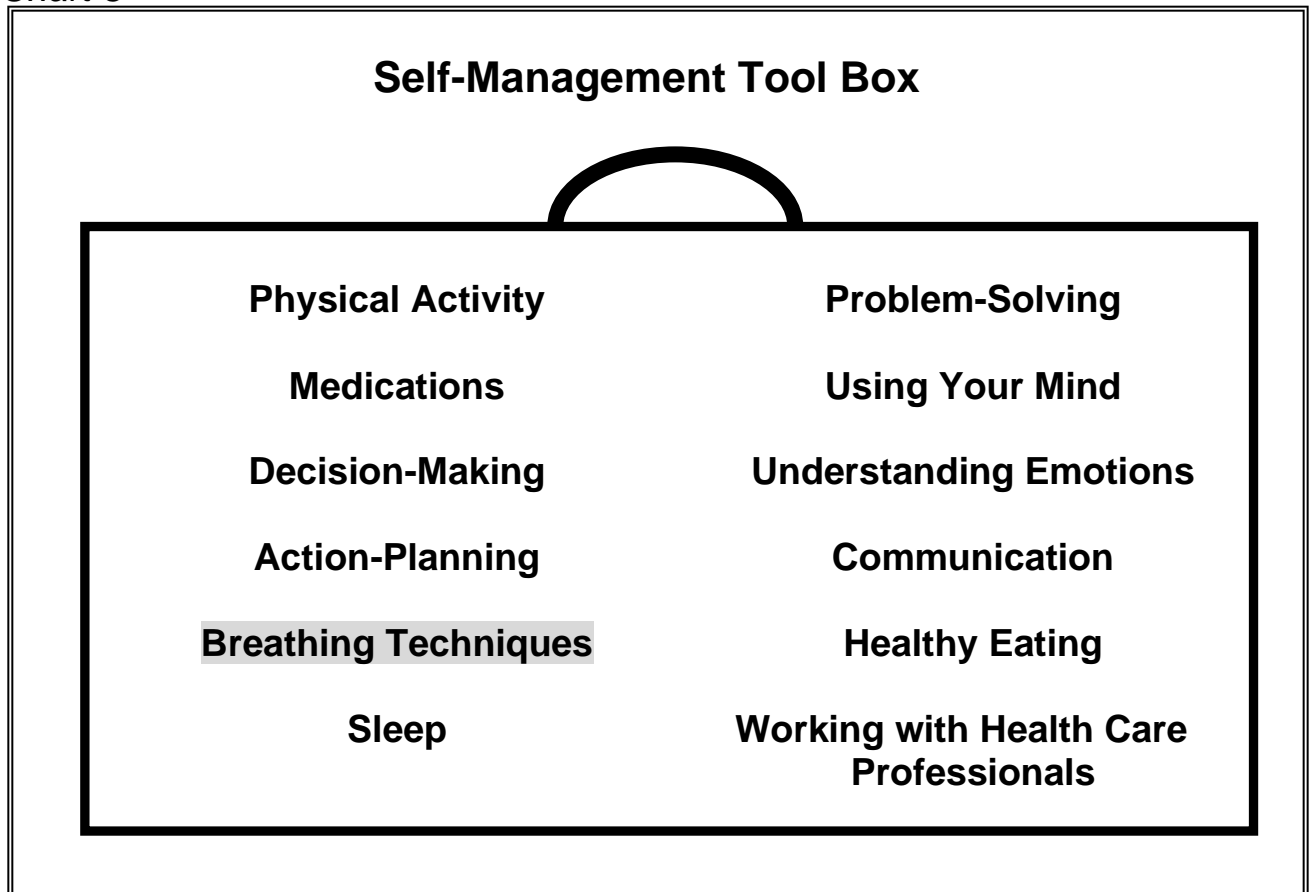
**What are some things you can do to manage or avoid shortness of breath?**



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

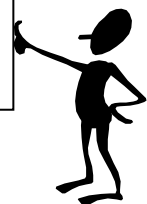
Chart 3



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 belly moves. 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.

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

**IMPORTANT  
MODELING  
MOMENT**



**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.

- 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.

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.

## Training Activity #25

### Reading Food Labels – Part 1

20 minutes

**Instructions to Trainers:** Do Activity 3 in Session 4: Reading Food Labels – Part 1, p. 4: 11 in the *Leader's Manual*.



## Session 4, Activity 3

### READING FOOD LABELS – PART I

20 minutes

#### Materials

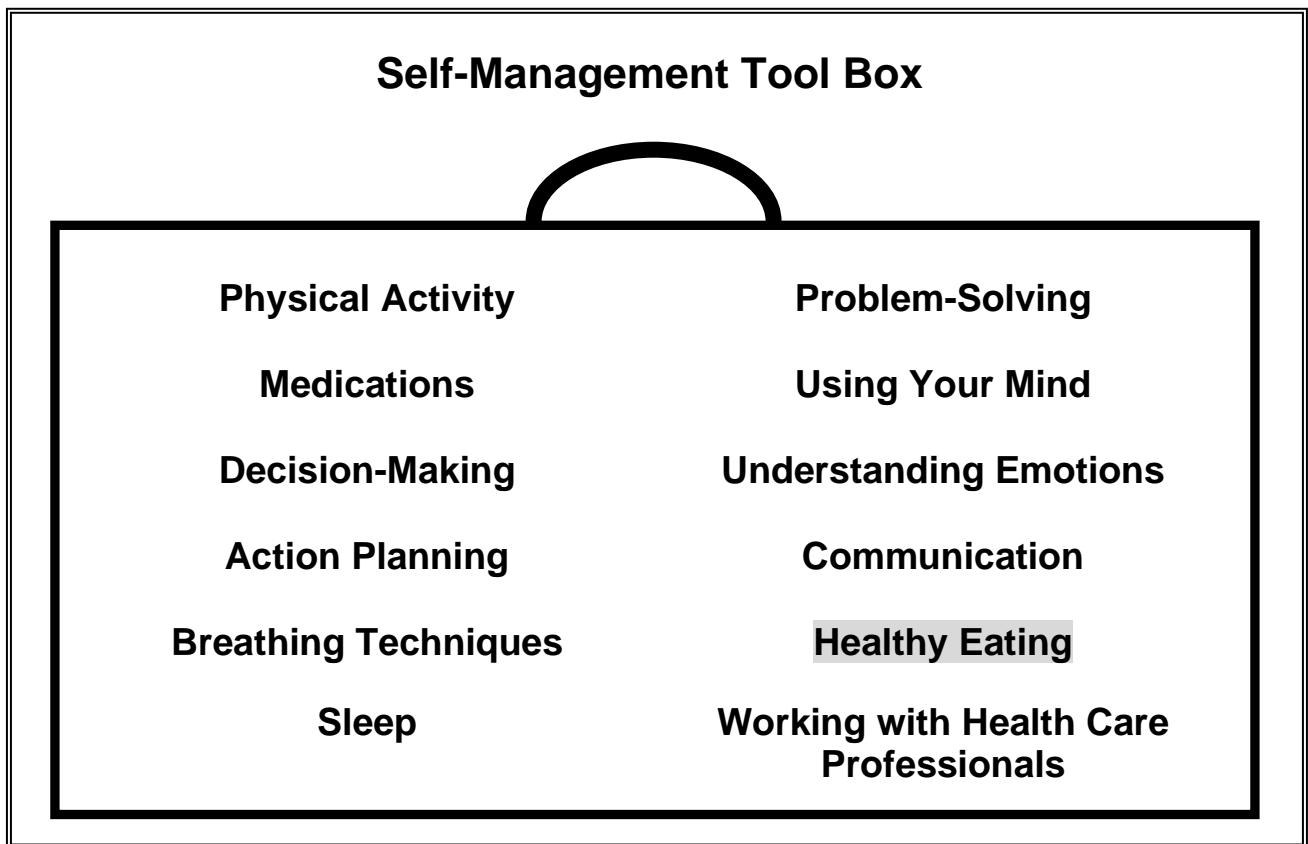
- Chart 3, Self-Management Tool Box
- 10-15 food labels



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 one 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)

Chart 3



2. **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 238 and look at the example of a food label.

3. **Say in your own words:** Remember last week we said that 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.

- a. The first facts on this food label we want to look at are **Serving Size**.



- 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:** 1 cup (250 ml)

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

**Answer:** 2

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

- 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 110 calories per serving of this food so three servings would be 330 calories ( $110 \times 3 = 330$ ).
4. **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.
- Unlike a car, the body stores energy; it does this by creating fat. For most people 1500 to 2000 calories a day will keep you at a steady weight. If you would like to lose weight cutting just 100 calories a day for most people could mean a loss of ten pounds over a year.
  - Next week, we will ask you to keep a food diary again. This time you will pay special attention to how much you are eating (how many servings) and the total number of calories.



5. **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 sodium, you want to look for low percentages. You can use the amount of food and the % Daily Value (%DV) to compare and choose healthier food products.
6. **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 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 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.
7. **Ask:** Does this food on the label in the book have any bad fat in it?  
**Answer:** No.  
**[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?



8. **Ask:** Can any of you share the bad fat on your label?

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

9. **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. We get cholesterol from foods and bodies make cholesterol.
- a. In food, all cholesterol comes from the fats in animals and shellfish. To learn if a specific food is high or low in cholesterol, look at the “% Daily Value” column. In Canada, listing the %Daily Value for cholesterol is optional. Any value of 15% or more is a lot.
- b. **Say:** Again, look at the labels you brought from home. Does anyone have a cholesterol daily value of 15% 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.
10. **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 90 gm. (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.
11. **Say in your own words:** The next nutrient on the food list is the mineral, **sodium**.
- 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.
  - b. Most adults should limit sodium to 2,300 mg a day, or about 1 teaspoon of table salt. Your doctor may suggest a lower limit. We get most of our sodium from salting foods or from hidden sodium in processed foods.
12. **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.
13. **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 label is 7% which is slightly high in sodium.



**Say:** Looking at your labels from home, raise your hands if any of you have foods that have 15% 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.

14. **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.
- First, remember to bring your food labels again next week; they do not have to be the same labels.
  - 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.
  - 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.

## Training Activity #26

### Exercise Practice

5 minutes

**Instructions to Trainers:** Do Activity 4 in Session 4: Exercise Practice, p. 4: 16 in the *Leader's Manual*.



## Session 4, Activity 4

### EXERCISE PRACTICE

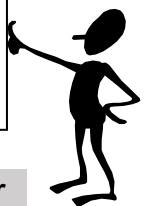
5 minutes

#### Materials

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

- 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.

**IMPORTANT  
MODELING  
MOMENT**



**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.
  - Now slide your chin backward. It helps if you 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.
  - 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.

**BREAK****15 minutes**

## Training Activity #27

### Problem-Solving

**25 minutes**

**Instructions to Trainers:** Do Activity 5 in Session 4: Problem-Solving, p. 4: 18 in the *Leader's Manual*.



## Session 4, Activity 5

### PROBLEM-SOLVING

**25 minutes****Materials**

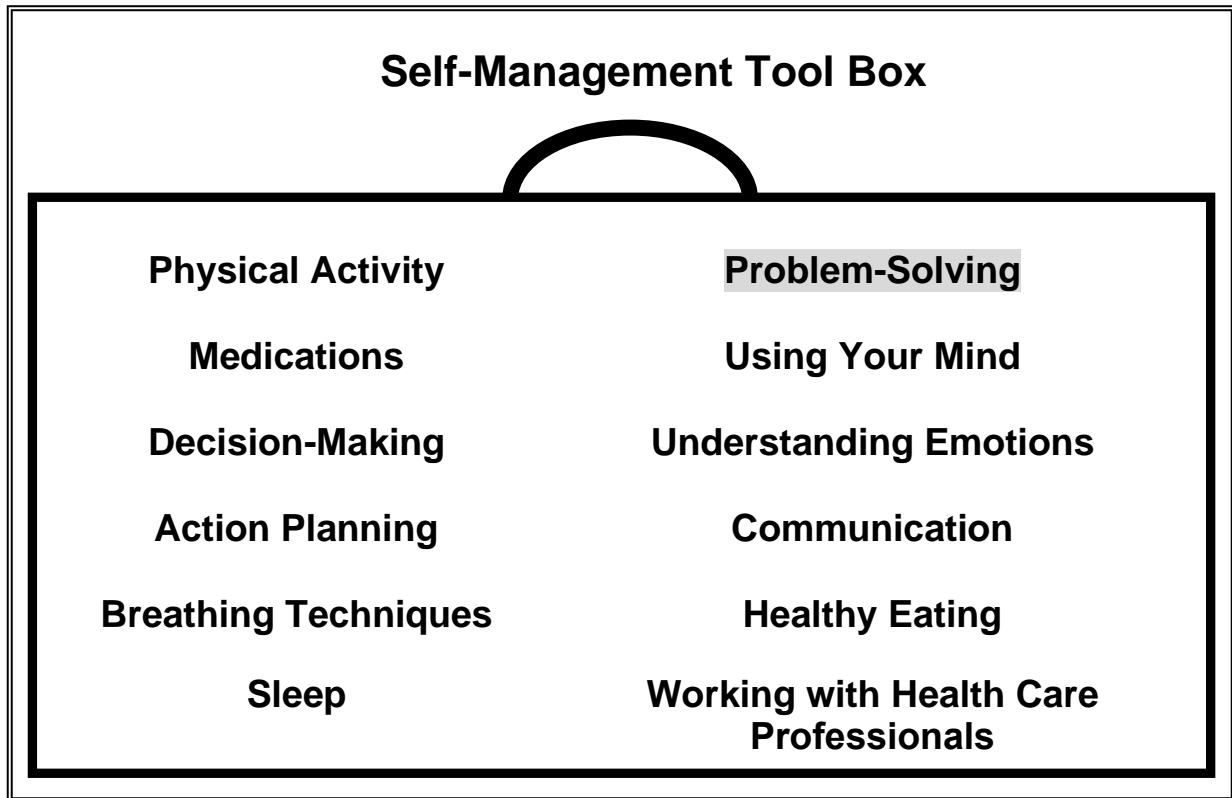
- Chart 3, Self-Management Tool Box
- Chart 6, Problem-Solving Steps

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



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.

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 sharing 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 short
  
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.
  
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.

## Training Activity #28

### Communication Skills

25 minutes

**Instructions to Trainers:** Do Activity 6 in Session 4: Communications, p. 4: 22 in the *Leader's Manual*.



## Session 4, Activity 6

### COMMUNICATION SKILLS

25 minutes

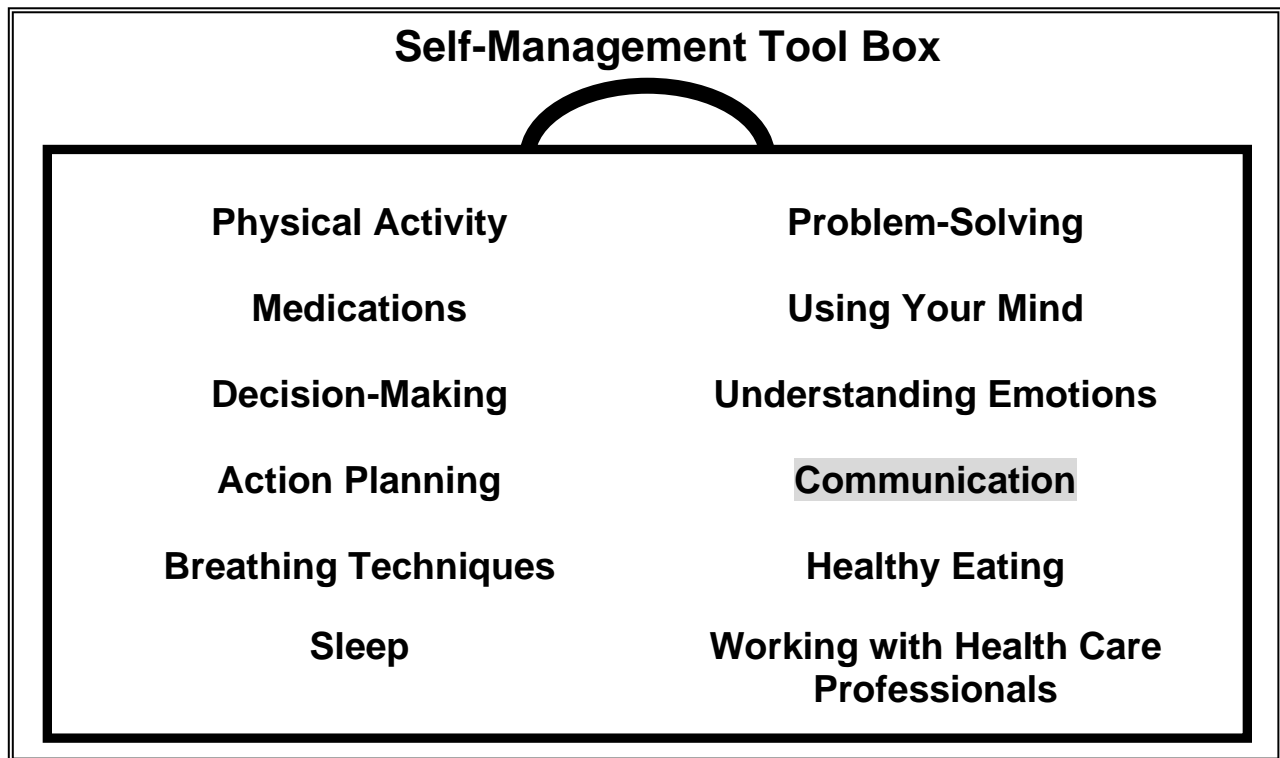
#### Materials

- 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.

(Chart 3 on the next page)

Chart 3



2. **Say in your own words:** **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

### 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 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.*

### 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."
  - 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.

### SCRIPT #1 – Time Issues *(Script #2 on the next page)*

#### "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 – Physical Intimacy****"You Message" Example:**

**Partner 1:** You're 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 it 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 the point where they were able to *express the real problem without blaming* each other.
- 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.
  - The "You messages" tended to be more aggressive and hostile, putting the receiver on the defensive. It also blocked further communications 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.

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 on the next page)*

## Communication Skills

### 1. Identify

*What is really 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?”*

16. **Say:** These skills can be useful when communicating with our partners, friends, coworkers, and health care professionals. We will be talking more about working with our health care professionals 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.

**LUNCH****60 minutes**

## Training Activity #29

### Session Four Review and Scenarios

**50 minutes****Materials**

- Scenario and Brainstorming Participation Log

**Session Four Agenda**

- 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)

1. **Say in your own words:** We are now ready for Session 4 review.

Remember you may ask questions about any activity during the session reviews.

2. **Say in your own words:** Before reviewing the session, we will talk a little more about how this program helps participants to gain confidence or self-efficacy.

There were four ways of doing this. Shout out your answers after I ask the question.

- a. **Ask:** What activities have you seen that increase skills mastery?

Answer:

- Action Planning
- Practice using FIT test
- Better Breathing
- Communication Skills
- Reading Labels
- Decision Making



- b. **Ask:** Where do you see modeling?

Answer:

- Difficult Emotions and Decision-Making pair and share
- Action Planning
- Feedback
- Problem-Solving



- c. **Ask:** Where do you see reinterpretation?

Answers:

- Pain/Fatigue
- Better Breathing
- Exercise (“a little is OK”)
- Problem-Solving.



- d. **Ask:** Where do you see persuasion?

Answers:

- Action Planning



- Feedback
  - Not giving attention to those who do not want to do anything
- e. **Say in your own words:** In review, there are four ways of increasing participants' confidence: skills mastery, modeling, reinterpretation, and persuasion.

These are used in multiple ways throughout the program. As we have said, how the CDSMP is taught is as important, if not more important than what is taught.

3. **Instructions to Trainers:** Before beginning on the individual activities, remind the trainees that session 4 is very tight on time and they must be very careful in their time management.

**Say:** Let's brainstorm: **What are some ways to stay on time?**

**Instruction to Trainers:** Do not use trainees to do this brainstorm. After the brainstorm, read back the list, ask for clarification, and add anything on this list that is not mentioned:



- Start on time
- If people start going on and on, stop them nicely and say you will talk to them during break or after the workshop. This is especially true early in the workshop so that a group norm is set
- Come prepared so that instructions, etc., do not take more time than they should
- Practice before the session
- Do not ask if there are questions**
- Use the agenda to point out that you are overtime and need to move on
- If necessary, cut brainstorms short by saying you will only take one or two more suggestions
- If your co-Leader is wandering off, break in and get things back on track
- Have a secret signal with your co-Leader to indicate that you need to move on.

### **Activity 1: Feedback** (p. 4: 3)

1. **Say in your own words:** Now will move on to the activities in Session 4. The first activity is Feedback, which is the same as in other sessions.

But let's practice a scenario that can come up during feedback.

2. **Instructions to Trainers:** Choose a volunteer who has not participated before, and make sure to mark that they have done a “What If” scenario on the log.

3. **Say in your own words:** Here is your scenario: 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.



4. **Ask:** What would you say and why?

Answer:

- a. 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.
- b. 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.
- c. 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 people, one of whom may be silently coping with a dying husband and financial problems.

## Activity 2: Better Breathing (p. 4: 6)

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1. **Instructions to Trainers:** Point out that it is very important to demonstrate the breathing techniques properly.

2. **Instructions to Trainers:** Have a volunteer demonstrate pursed-lipped breathing and trainers check that all trainees are doing it correctly.

4. **Instructions to Trainers:** Do the same with diaphragmatic breathing.

5. **Instructions to Trainers:** Do the same with both at the same time.

## Activity 3: Reading Food Labels – Part 1 (p. 4: 11)

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1. **Say in your own words:** There are some key points to remember about Activity 3, Reading Food Labels – Part 1:

- a. Practice, practice, practice!
  - b. There is detail in the lecturette combined with a series of call outs to break up the monotony and allow group participation. Therefore, it is best to prepare well and practice before hand. Again, as in the healthy eating activity in Session 3, you will want to split this with your co-Leader.
  - c. Make sure to bookmark the food label page in *Living a Healthy Life* so you can find it easily.
  - d. The co-leader not facilitating should get up and do the math calculations on the board or chart pad as the other leader presents this part.
  - e. During the review and label reading parts of the activity, be sure that the answers are given by different participants.
  - f. Participants were asked to bring food labels from home. Leaders should have 10-15 labels in reserve in case someone forgets.
  - g. Do not forget to remind participants to bring their labels again for next week's session and to keep another food diary paying attention to their portion sizes, calories, fat and sodium intake.
2. **Say in your own words:** Let's discuss a possible situation during this activity.

**Ask:** What would you do if you think a person has difficulty reading?



**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. You might say something like, "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.

#### **Activity 4: Exercise Practice** (p. 4: 16)

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1. **Say in your own words:** Again, as we did in Sessions 2 and 3, we wanted to provide participants with another opportunity to practice some more exercise. So, to make sure you feel comfortable leading this brief activity, we'd like to ask for 2 volunteers to demonstrate these 2 stretching exercises. One will demonstrate the Heads-Up exercise for the neck and the other the Good Morning exercise for the shoulders. As you do these, the group will practice, and we trainers will check that all are doing them properly.



**Instructions to Trainers:** Have each volunteer demonstrate and trainers check that all trainees are doing it correctly.

### Activity 5: Problem-Solving (p. 4: 18)

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1. **Say in your own words:** We introduced Problem-Solving in Session 2 and have used it during the workshop. This activity gives participants an opportunity to practice using the first 3 steps of the process again. They also get to help another person.
2. **Say in your own words:** So now let's try a scenario. My co-Trainer and I are going to roleplay. (Ask for volunteer or call on someone who has not participated yet. Make sure you mark them off on your log.)
  - a. **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.
  - b. **"Leader" says:** 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?
  - c. **"Participant" says:** 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?

**Answer:**

- "Sounds like this can't be solved right now. We can talk about it more during break or after the workshop."
- You would say this because you have just heard three 'yes buts' and our rule of thumb is three 'yes buts' and you are out.



### Activity 6: Communication Skills (p. 4: 20)

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1. **Say in your own words:** There are some important things to remember about Activity 6, Communication Skills:

- a. Practice this activity with your co-Leader before the workshop. We modeled both scripts of the “I” and “You” messages (Time Issues and Physical Intimacy) for you. However, you and your co-leader may choose whether to role-play both scripts in the workshop or not.



- b. **Ask:** Why do you think that we place emphasis on people expressing what they need?

Answer:

- Often people are unwilling to ask for help or simply believe that others should know what to do.
- Sometimes not getting help is the result of someone being unable or unwilling to express what they really want or need.

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### Activity 7: Making an Action Plan (p. 4: 30)

**Say in your own words:** Making an Action Plan is the same as in previous weeks, but you can suggest that they may want to make an Action Plan around healthy eating or communication.

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### Activity 8: Closing (p. 4: 33)

1. **Say in your own words:** Here are the key points for Session 4 Closing:

- a. Remind participants to bring their food labels back next week and to keep another food diary.
- b. Remind people they will need their book again next week
- c. Leaders should collect a supply of food labels during the week so that everyone will have one the next week



2. **Ask:** Are there questions about any of the activities in Session 4?

3. **Instructions to Trainers:** If you have extra time, do more scenarios from the Appendix V.

4. **Instructions to Trainers:** Explain to the trainees that we will now cover the activities in Session 5 of the CDSMP, again skipping the first feedback activity and beginning with Activity 2, Reading Food Labels – Part 2.

# Training Activity #30

## Reading Food Labels – Part 2

25 minutes

**Instructions to Trainers:** Do Activity 2 in Session 5: Reading Food Label – Part 2, p. 5: 6 in the *Leader's Manual*.



### Session 5, Activity 2

#### READING FOOD LABELS – PART 2

25 minutes

##### Materials

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

1. **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.

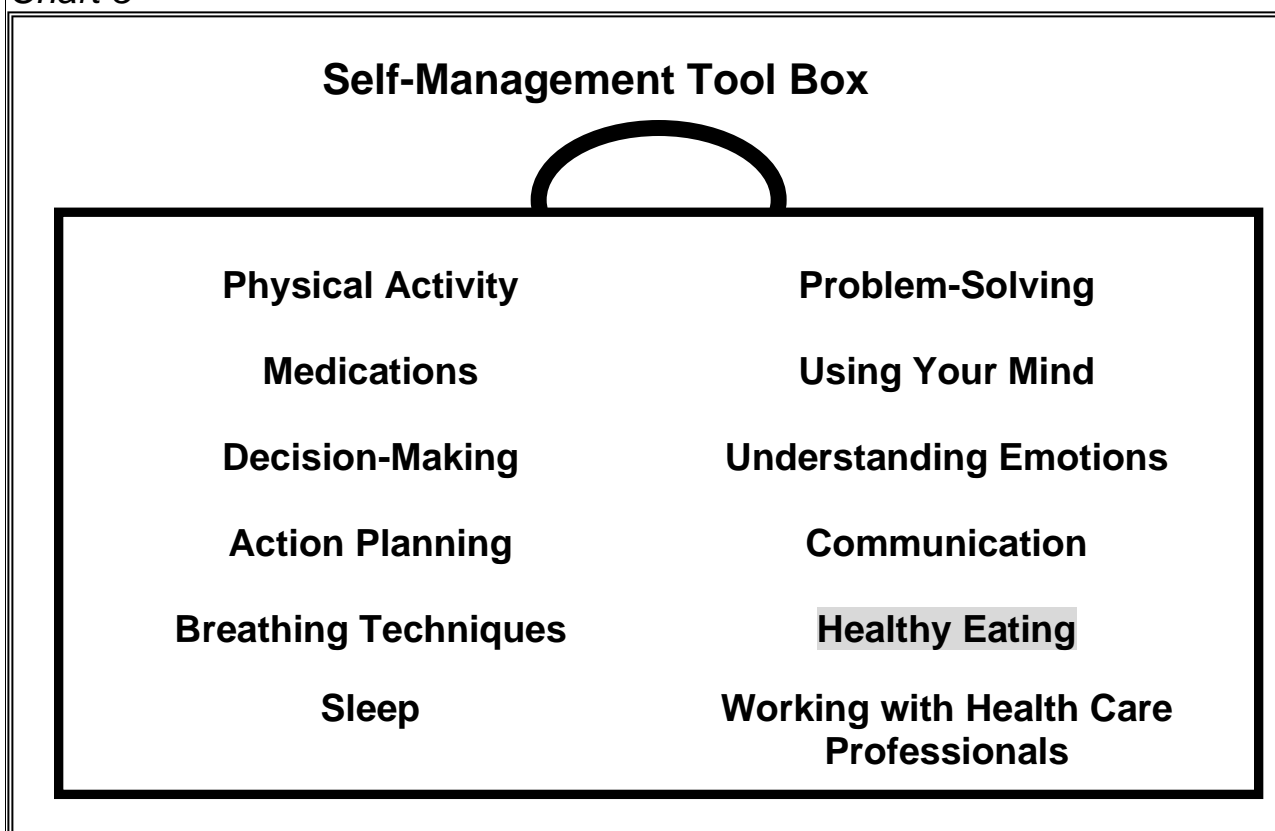



2. **Say in your own words, pointing to Healthy Eating on Chart 3:** Thank you for sharing. This week we are going to continue learning more about healthy eating by reading more of the nutrition information on our food labels.

*(Chart 3 on the next page)*

LEADERS MANUAL

Chart 3



3. **Say in your own words:** Let's look again at the food label on page 238 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 26 grams of carbohydrates per serving. People with diabetes should generally limit their carbohydrates to about 45 - 60 grams per meal.
4. **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? 
5. **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.
6. **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.

7. **Say in your own words:** Let's talk a bit more about **Carbohydrates** and another nutrient listed on the food label which is **Dietary Fibre**.

- 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 Fibre.

**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. Fibre 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 fibre?



**Instruction to Leaders:** If the answer is correct say nothing, but if it is wrong, say that that food has little fibre. The foods high in fibre are whole grains, dried beans, peas, lentils, fruits, vegetables, nuts and seeds. Some foods have added fibre 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 fibre unless added by the manufacturer.

8. **Say in your own words:** Fibre acts as “nature’s broom”; it keeps your digestive system moving and helps prevent constipation. Some fibre 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 fibre in the book.

9. **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.



**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.

10. **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 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.

11. **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.
12. **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.

**IMPORTANT  
MODELING  
MOMENT**



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.

## Training Activity #31 Medication Usage

20 minutes

**Materials:** Scenario and Brainstorming Participation Log



1. **Instructions to Trainers:** Ask for 2 volunteers to do the brainstorm in the next activity; 1 scribe and 1 facilitator. Call them to the board when the brainstorm starts. Mark them off on your log as having done a brainstorm.
2. **Instructions to Trainers:** Do **Activity 3 in Session 5: Medication Usage**, p. 5: 10 in the *Leader's Manual*.

## Session 5, Activity 3 MEDICATION USAGE

20 minutes

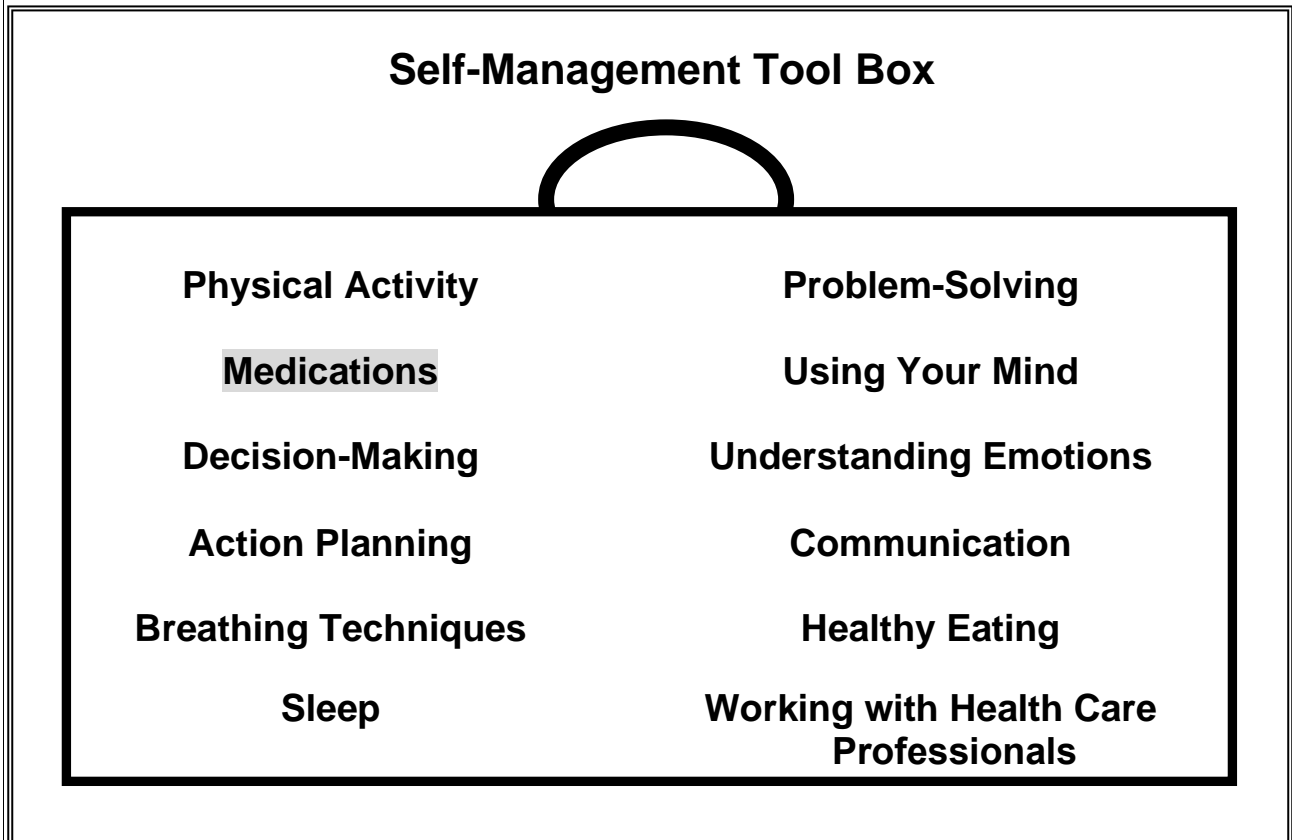
### Materials

- 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



2. **Say in your own words, referring to Chart 18:** Medications generally have one or more of the following purposes:

*(Chart 18 on the next page)*



### 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*

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 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*

*(Chart 19 continued pon the next page)*

(Chart 9, continued)

- **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 PROFESSIONAL.*

**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 PROFESSIONAL. If you have trouble breathing, call 911 RIGHT AWAY.*

- **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 PROFESSIONAL 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 professional(s). This involves taking on the following responsibilities:

## Medication Responsibilities

### 1. Inform ALL your health professionals 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 professionals 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, and schedule.*

### 4. Report effects of each medication or if you are not taking it as prescribed

*Be honest and tell your professional 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 care professionals' 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, they will not have the information necessary to take care of your health problem.*

*Also, if cost is the issue, talk to the health care professional.*

*Communicating with your health care professional is important. On page 8 in Chapter 1 of your book there are some examples to show why.*

*[Chart 20 continues on the next page]*

(Chart 20, continued)

### 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.*

5. **Say in your own words:** We will be talking more about working with your health care professional next week.

**INSTRUCTIONS TO TRAINERS:** Have the 2 trainees chosen to facilitate this brainstorm come up and do so. Correct them if they do it incorrectly.]

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 professionals 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 health care professional who prescribed it
  - The dosage
  - The date started
  - The reason for taking it
  - Any drug allergies
  - 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 professional, and keep it updated.

## Training Activity #32

### Relaxation Body Scan

10 minutes

1. **Instructions to Trainers:** It may be a good idea to put a note on the door to let other people in the facility knows that you need quiet for this activity (e.g., "Quiet please, relaxation exercise in progress"). Also, request participants to turn down cell phones, beepers, watch alarms, etc., if possible.



2. **Instructions to Trainers:** Do **Activity 4 in Session 5: Relaxation Body Scan**, p. 5: 15 in the *Leader's Manual*.

## Session 5, Activity 4 RELAXATION BODY SCAN

10 minutes

### 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.

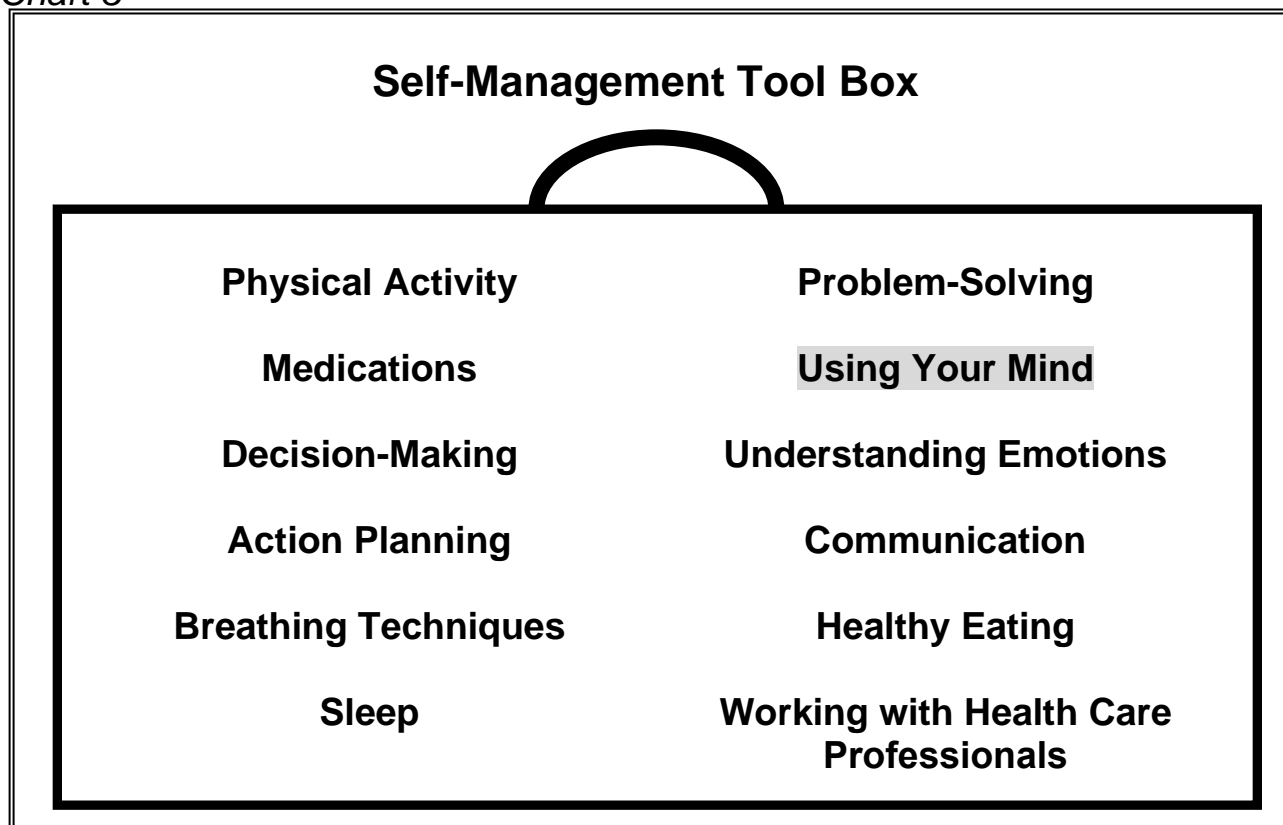
The first step in doing this is to focus on your breathing, then to scan your body for tension in order to release it with your breath.

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 on the next page)*

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.

### 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 gradually 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.

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.

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 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

15 minutes

## Training Activity #33 Dealing with Depression

15 minutes

**Materials:** Scenario and Brainstorming Participation Log



1. **Instructions to Trainers:** Ask for 4 volunteers to do the two brainstorms in the next activity; 2 scribes and 2 facilitators. Call them to the board when the brainstorm starts. Mark them off on your log as having done a brainstorm.
2. **Instructions to Trainers:** Do **Activity 5 in Session 5: Dealing with Depression**, p. 5: 19 in the *Leader's Manual*.

### Session 5, Activity 5 DEALING WITH DEPRESSION

15 minutes

#### Materials

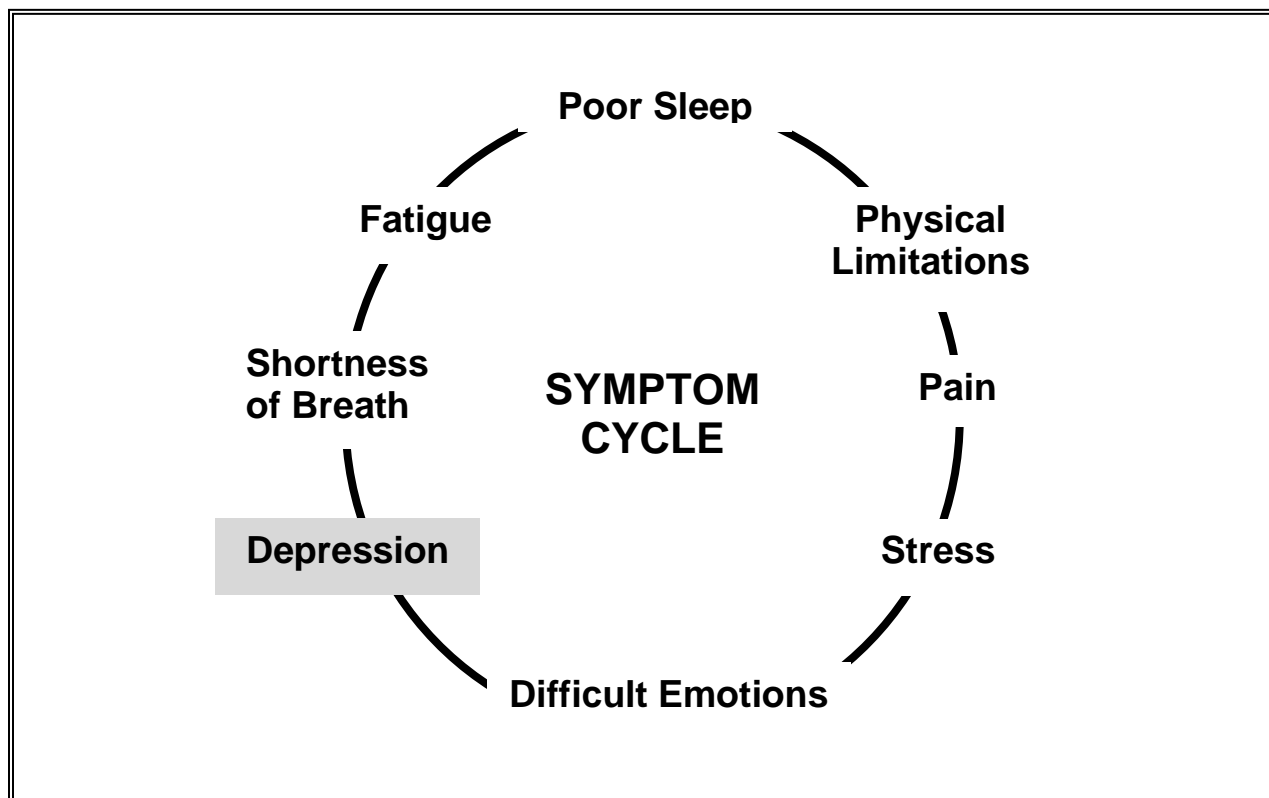
- Chart 7, Symptom Cycle



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 the next page)*

Chart 7



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.

**[INSTRUCTIONS TO TRAINERS: Have the 2 trainees chosen to facilitate this brainstorm come up and do so. Correct them if they do it incorrectly.]**

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



**How do we know if we are depressed?**

**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

**[INSTRUCTIONS TO TRAINERS: Have the 2 trainees chosen to facilitate this brainstorm come up and do so. Correct them if they do it incorrectly.]**

5. **Say:** Now let's look at 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, blue, 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
- 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 professional 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 health care professional 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.

## Training Activity #34

### Communicating with Ourselves

20 minutes

**Instructions to Trainers:** Do Activity 6 in Session 5: Communicating with Ourselves – Self Talk, p. 5: 23 in the *Leader's Manual*.



## Session 5, Activity 6

### COMMUNICATING WITH OURSELVES

20 minutes

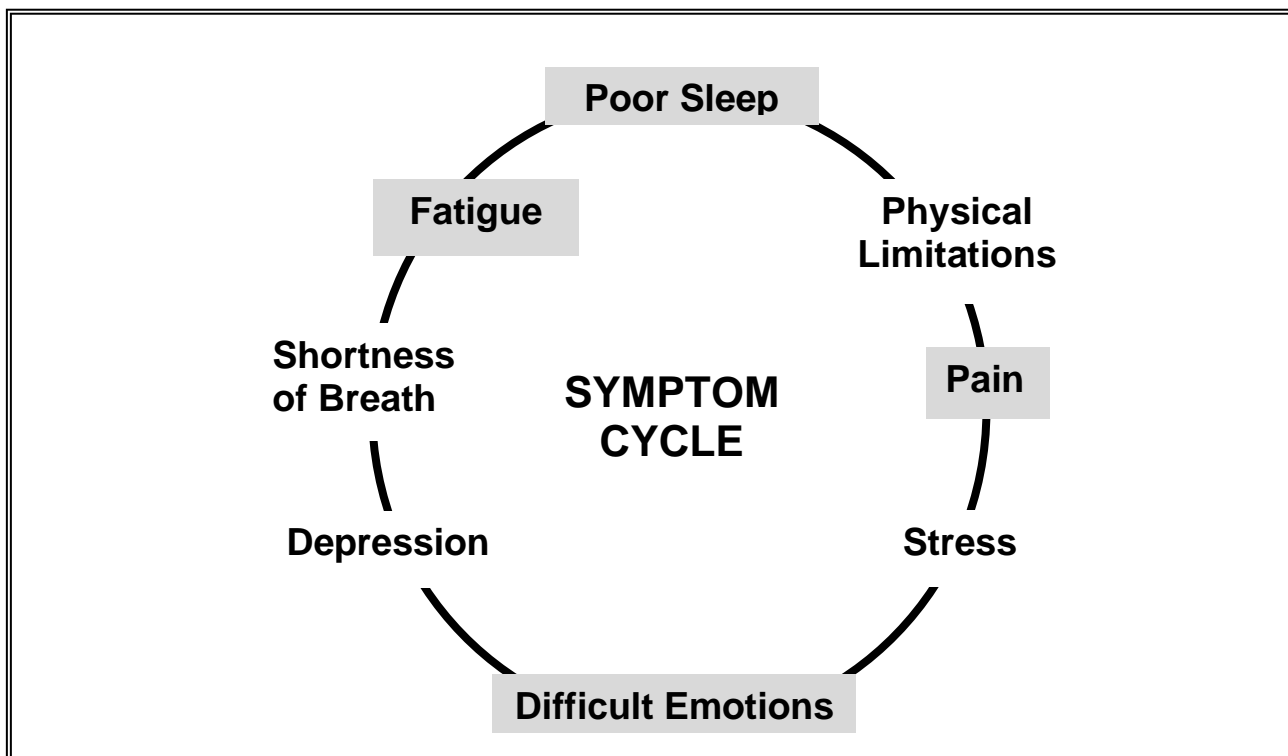
#### Materials

- Chart 3, Self-Management Tool Box
- 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.

(Chart 7 on the next page)

Chart 7



When our self-talk is negative, we feel unpleasant emotions [point to Difficult 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, if 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.

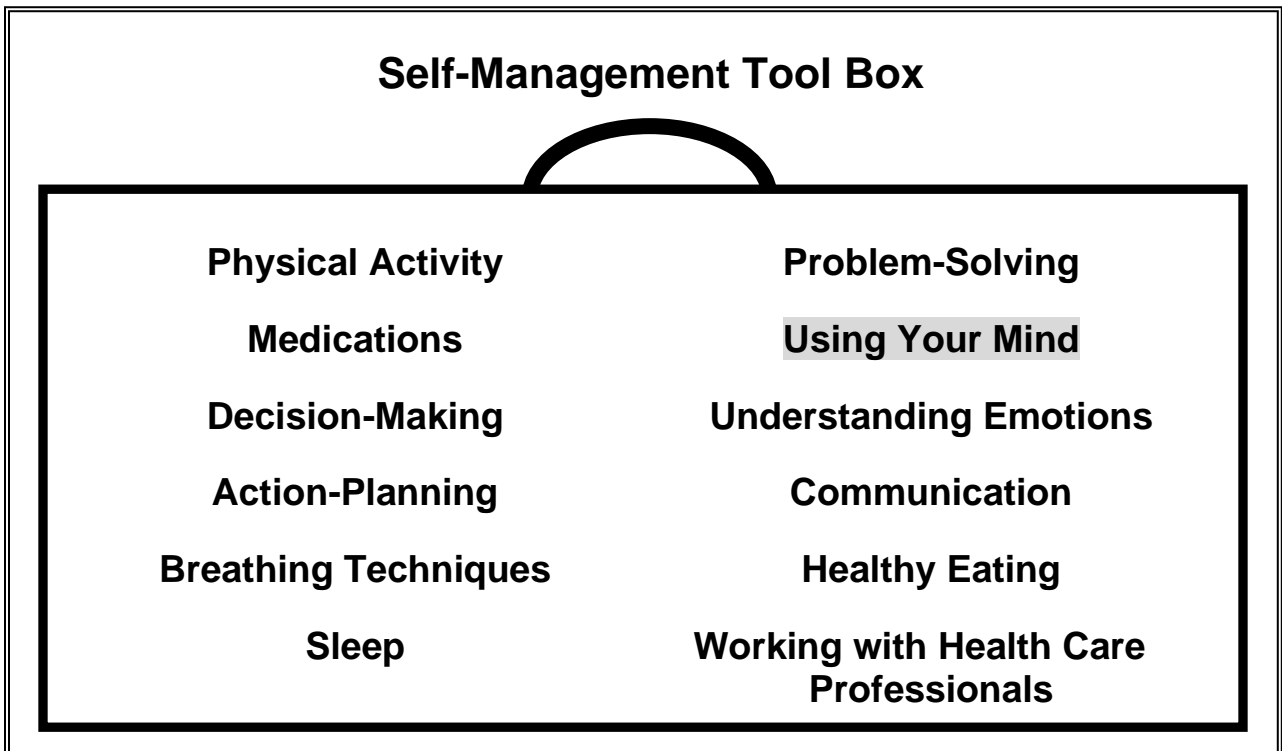
**Instruction to Leaders:** Ask by show of hands, how many of you have ever done this?



4. **Say in your own words, pointing to Using your Mind on Chart 3:** 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.

Chart 3



5. **Say:** There are also some other tools that help.

**[Instructions to Leaders:** Review the points listed on Chart 21 *on the next page.*]



## 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 professional 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)*

(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.*

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.

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# Training Activity #35

## Session Five Review and Scenarios

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40 minutes

### Materials

- Scenario and Brainstorming Participation Log



1. **Say in your own words:** We are now ready for Session 5 review.

Remember you may ask questions about any activity during the session reviews.

### 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)

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### Activity 1: Feedback (p. 5: 3)

1. **Say in your own words:** The first activity in Session 5 is Feedback, which is the same as in other sessions. We will do Feedback again for this training tomorrow.

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### Activity 2: Reading Food Labels – Part 2 (p. 5: 6)

1. **Say in your own words:** There are some key points to remember about Activity 2, Reading Food Labels – Part 2:

- a. Practice, practice, practice!
- b. Like the first label reading in Session 4, this is a lecturette combined with a series of call outs to break up the monotony and allow group participation. Therefore, it is best to prepare well and practice before hand. Again, you will want to split this with your co-Leader.
- c. Make sure to bookmark the food label page in *Living a Healthy Life* so you can find it easily.
- d. During the review and label reading exercises, be sure that the answers are given by different participants.
- e. Participants were asked to bring food labels from home. Leaders should have 10-15 labels in reserve in case someone forgets.

2. **Say in your own words:** So now let's try a scenario.

**Instructions to Trainers:** Choose a volunteer who has not participated before, and make sure to mark that they have done a "What If" scenario on the log.



- a. **Say in your own words:** Your co-Leader is leading and you realize that 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.

3. **Ask:** What questions do you have about this activity?



### Activity 3: Medication Usage (p. 5: 10)

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1. **Say in your own words:** There are some important things to remember about the next activity, Medications Usage:

a. This is a long lecturette, so prepare and practice before the workshop. You may want to split this lecturette with your co-Leader

b. **Ask:** What would you do if a participant wanted to share information about a specific medication or treatment?



**Answer:** This is not allowed. Tell the participant that we do not discuss specific medications or treatments in the group, and they can ask their health care professional or talk outside of the workshop.

c. **Ask:** What do you do if a participant is selling a favorite medication or product before, during, or after the workshop?



**Answer:**

- This is never allowed. Tell the participant that they cannot do this. If it continues you must see that the participant does not return to the workshop.
- Notify your program coordinator



2. **Ask:** What questions do you have about this activity?

#### **Activity 4: Relaxation Body Scan (p. 5: 15)**

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1. **Say in your own words:** The next activity is the relaxation body scan.

- a. There is both a short and longer script for the body scan on your CD. The longer version is good to use when practicing at home.
- b. In the workshop, you may either read this script or play the short version of it on the CD. Also, if you have the CD you may contact Bull Publishing to get an MP3 version to download if you'd like.

2. **Instructions to Trainers:** Cover the following key points by pointing things out or questions and answers where noted below.

a. **Say in your own words:** There is no movement in this exercise. Rather, the participants think about parts of their body and try to relax them.

b. **Ask:** What can you do to avoid interruptions during this exercise?

**Answer:** Post a sign on the door stating that a relaxation exercise is in progress and to please not disturb the workshop.



- c. **Ask:** What would you do if for religious or other reasons someone does not want to participate?

**Answers:**

- Tell them that they do not have to participate if they don't want to. They can sit quietly, pray, or leave the room until the exercise is finished.
- Remind them that this does not take them somewhere else. Rather it asks them to concentrate on their own bodies.

3. **Say:** What questions do you have about this activity?



### **Activity 5: Dealing with Depression** (p. 5: 19)

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1. **Say in your own words:** The fifth activity in Session 5 is Dealing with Depression. There are some important points to remember about this activity:
2. **Say in your own words:** If someone mentions alcohol or marijuana to deal with depression, it is important to NOT react
  - a. Do not allow discussion during brainstorming
  - b. At the end of the brainstorm the Leader should:
    - Remind participants that alcohol is a depressant and may make matters worse. It also interferes with sleep patterns.
    - Marijuana often accompanies depression but there is no clear evidence that marijuana either causes or aggravates depression.
3. **Say in your own words:** Make sure you do not miss the following message: “*Clinical depression is a biological illness and can be treated*”.
4. **Scenario:**

**Instructions to Trainers:** Choose a volunteer who has not participated before, and make sure to mark that they have done a “What If” scenario on the log.



**Ask:** After the depression activity, a participant says that she has many of the symptoms mentioned and wants to know if you think she is depressed. What would you say and why?

**Answer:** “I am not an expert in this area. I would suggest that you talk this over with your health care professional.”



4. **Ask:** What questions do you have about this activity?



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### Activity 6: Communicating with Ourselves (p. 5: 23)

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1. **Say in your own words:** This activity immediately follows depression management because if we can identify how we talk to ourselves, especially the negative or worst-case type of thinking, we can find ways to manage these thoughts; this can be a very powerful tool for someone dealing with depression.
2. **Say in your own words:** Negative thinking not only can lead to worse symptoms, but it can affect our relationships with others and lead to no action. Therefore, to deal with this we must first identify the negative thoughts, check if they are accurate and then work to change them to more helpful thinking.
3. **Say in your own words:** At first this may be difficult to do, so if we are not able to change negative thinking to more helpful thinking, we can use the other tools listed in Chart 21 to help stop the negative thoughts.

4. **Ask:** What questions do you have about this activity?



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### Activity 7: Making and Action Plan (p. 5: 27)

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1. **Say in your own words:** Making an Action Plan is the same as in previous weeks, so we won't go over it right now.

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### Activity 8: Closing (p. 5: 30)

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1. **Say in your own words:** Here are the key points for Session 5 Closing:
  - a. There are several homework assignments for this week. Be sure to remind people:
    - Action Plan
    - Write letter email to Self-Management Resource Center and to their doctor (do not need to send, however)
    - Encourage the Leaders to emphasize this letter and ask participants to send these letters to SMRC and their health care professionals. They may even send them to their members of congress as many of these programs are funded with federal funds, and it is important congress gets feedback from their constituents. Also, ask

if SMRC or your organization has permission to share their letters with legislators when appropriate. This is one of the very best ways to gain acceptance for the program, as well as to increase program referrals and program funding.

- Remind them to try something to deal with their negative thinking.
2. **Say in your own words:** If participants want to exchange contact information, ask for a volunteer to arrange this. Leaders should NOT do this themselves. If someone does not want to be included, they should not be included.
  3. **Say in your own words:** Some groups may want to have a little party after the last session. Again, ask for a volunteer to organize it. Leaders should not do this.
  4. **Ask:** What questions to you have about any of the activities in Session 5?



## **General “What If” Scenario**

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1. **Say in your own words:** We’d like to take some time to talk about cultural humility.
  - a. There is no way that we can know everything about every culture.
  - b. In addition, there are as many differences within a culture as there are between cultures.
  - c. The important thing is to be culturally humble and curious.
  - d. Be careful not to stereotype that all African American are like this, or all Jews are like that.
  - e. No matter what characteristic you think an entire group shares, it is not true.
2. **Scenarios:**

**Instructions to Trainers:** Choose a volunteer for each of the following scenarios who has not participated before, and make sure to mark that they have done a “What If” scenario on the log.



a. **Scenario #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 even say to the participants that this has felt uncomfortable and ask them what you can do next week to make things better

b. **Scenario #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.

e. **Scenario #3:**



**Say in your own words:** You are not sure of a participant's gender. How do you address the person?

**Answer:**

- Ask the person how they want to be addressed. They may prefer he/she or they/them.
- Use the person's name
- Avoid using gender specific words like him and her
- Use "they" or "them" rather than he/she

f. **Say in your own words:** Here are some final thoughts about cultural humility.

- Remember, you probably do not know enough to be always culturally or ethnically correct.
- However, you can be humble and open to learn about and validate cultural differences.
- When you don't know, ask. Even if you think you know, ask.
- **If you make a mistake, own it and apologize. Do not make excuses.**

3. **Instructions to Trainers:** If you have extra time, do more scenarios from Appendix V.

4. **Instructions to Trainers:** Explain to the trainees that we will now start with some of the activities in Session 6 of the CDSMP, again skipping the first feedback activity and beginning with Activity 2, Making Informed Treatment Decisions.

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## Training Activity #36

10 minutes

## Making Informed Treatment Decisions

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**Instructions to Trainers:** Do Activity 2 in Session 6: Making Informed Treatment Decisions, p. 6: 6 in the *Leader's Manual*.



## 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 drugs, 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 can help inform you. You can also use the decision-making exercise we learned in Session 3.

*(Chart 22 on next page)*

## Evaluating Treatments

### 1. Where did I learn about this?

*Your health care professional, scientific journal, supermarket tabloid, ad on TV, your neighbour, 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 in 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 professional 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.*

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

#### **CANADIAN SITES:**

**<http://www.phac-aspc.gc.ca> – Public Health Agency of Canada**  
*gc.ca means that it is a federal government website*

**<http://www.unlockfood.ca> – UnlockFood**  
*.ca is the country code for Canada. This is the public website of the dietitians of Canada*

#### **U.S. SITES:**

**<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*

4. **Say in your own words:** Websites from non-profits, government, and educational institutions are usually trustworthy.

**.ca** is the country code Top Level Domain for individuals, businesses and groups located in Canada that meet certain eligibility requirements.

**.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.

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, .ca or .gov** sites.

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 professionals 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.

## Training Activity #37 Working with Your Health Care Team

**25 minutes**

**Materials:** Scenario and Brainstorming Participation Log



1. **Instructions to Trainers:** Ask for two volunteers to do the brainstorm in the next activity; 1 scribe and 1 facilitator. Call them to the board when the brainstorm starts. Mark them off on your log as having done a brainstorm
2. **Instructions to Trainers:** Do **Activity 3 in Session 6: Working with Your Health Care Team**, p. 6: 9 in the *Leader's Manual*.

## Session 6, Activity 3 WORKING WITH YOUR HEALTH CARE TEAM

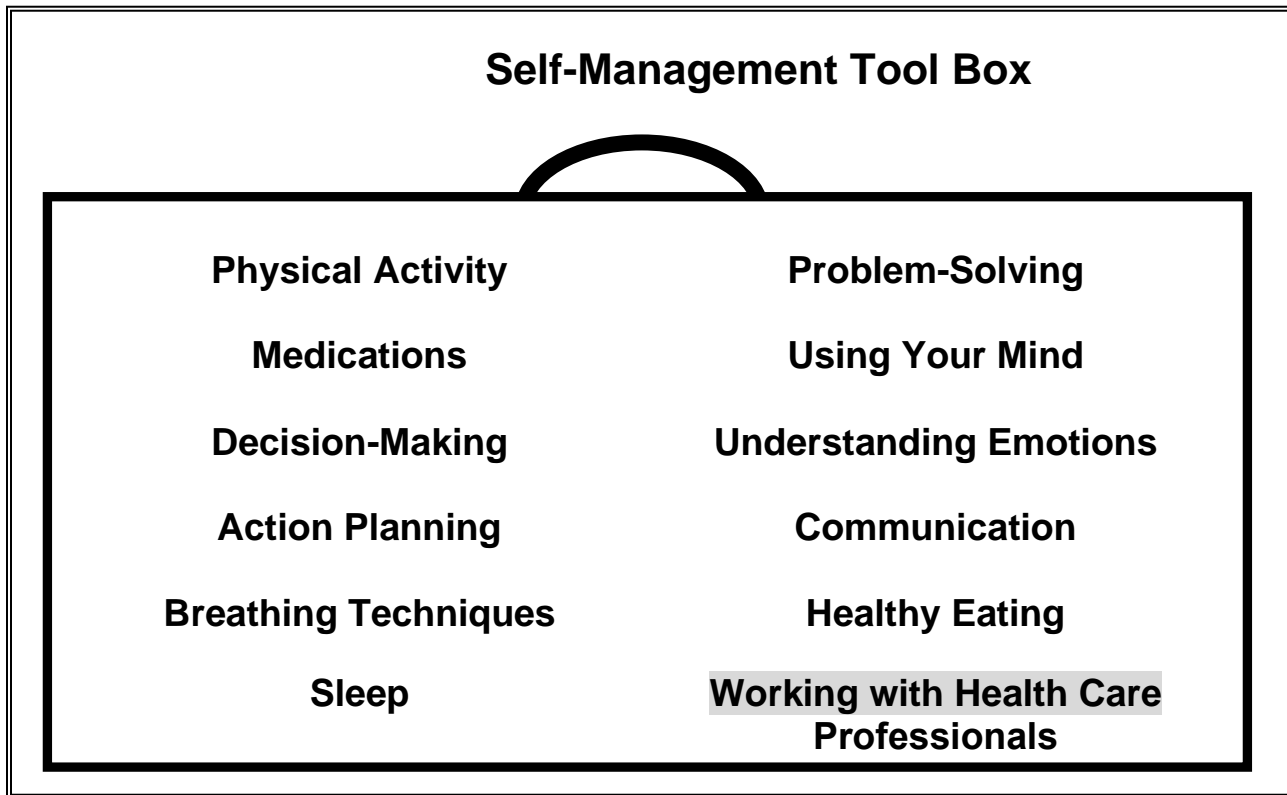
**25 minutes**

### Materials

- Chart 3, Self-Management Tool Box
- Chart 24, Take P.A.R.T.



Chart 3



1. **Say in your own words, pointing to Working with Health Care Professionals 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 health care professionals or health care system. We do not want to name any specific health care professionals or organizations here, but we do want you to think about some of the problems or frustrations you have when working with both the health care system and your professionals. Let's brainstorm:

**INSTRUCTIONS TO TRAINERS:** Have the 2 trainees chosen to facilitate this brainstorm come up and do so. Correct them if they do it incorrectly.]

**What problems do you have with your health care system or health care professionals?**



**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 professional
- d. automated phones; can't talk to a person when needed
- e. never see the same health care professional
- 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 health care professional
- o. can't get test results

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 health care professionals (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.

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 professionals 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 be solved by using communication skills.

5. **Say in your own words:** Remember that health care professionals 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 health care professional 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 health care professional 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 PART:**

*(Chart 24 on the next page)*

**Take P A R T.**  
**Say in your own words:** Many health care professionals feel frustrated that

### **P = Prepare**

- **Keep track**

*Of your symptoms; monitor what's going on between visits to your health care professional. 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 or not it helped. 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 health care professional and one for you to keep. Ask these at the beginning of the visit. If you have more than 2 or 3 questions, give the whole list to your health care professional, but do not expect answers to more than 2 or 3 during this visit. Your health care professional 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 health care professional 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 health care professionals provide these notes for you. Notes can be printed out for you.*

### **I = Iake action**

*If there are barriers to your following your health care professional'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.*

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 health care professionals and the health care system at the end of Chapter 11, pages 289-297, so please take some time to read them.

**Instructions to Trainers:** Inform trainees that we will continue with Session 6 tomorrow. Ask for any last-minute questions and adjourn.

**ADJOURN**



# TRAINING DAY FOUR

## Activities #38 - 47

### Purpose

- To allow trainees to share their experiences in completing their Action Plans.
- To introduce guided imagery.
- To review the program activity that assesses progress, acknowledges accomplishments and integrates skills.
- To provide trainees with the opportunity to discuss program content and methods.
- To provide a second opportunity to practice teach an activity from the *Leader's Manual*.

### Objectives

By the end of the day trainees will be able to:

1. Provide feedback to participants and facilitate problem solving on their Action Plans.
2. Practice the guided imagery relaxation technique.
3. Recognize the program activity that assess progress, acknowledges accomplishments and integrates skills.
4. Demonstrate competence in facilitating another activity from the CDSMP.
5. Name and describe facilitation techniques used in the program.

### Methods

- Lecturette
- Brainstorm
- Call Out
- Discussion
- Demonstration
- Practice

### Preparatory Reading

- *Living a Healthy Life*, Chapter 6, pages 143-148
- *Leader's Manual*, Making an Action Plan Flow Chart, Appendix II (*Appendix II in Master Trainer's Manual*)
- *Leader's Manual*, Feedback Flow Chart, Appendix II I (*Appendix II in Master Trainer's Manual*)

### Materials

- Charts:
  - Chart 1: "Guidelines" (post every day)

## Materials, continued

### Charts, continued:

- Chart 3: “Self-Management Tool Box” (post every day)
- Chart 4: “Brainstorming” (post every day)
- Chart 5: “Parts of an Action Plan” (post every day)
- Chart 6: “Problem-Solving Steps” (post every day)
- Chart 7: “Symptom Cycle” (post at all sessions)
- Training Chart #1 (post every day)
- “Parking Lot” chart
- Name tags
- Easel and blank flipchart/felt pens, blackboard or white board/chalk or dry ink pens/erasers
- Pad of paper and extra pencils
- Refreshments (optional)
- *Chronic Disease Self-Management Leader’s Manual*
- *Living a Healthy Life with Chronic Conditions*
- Roster of training attendees
- Practice Teaching Checklists and Feedback Forms for each trainee
- How to Give Feedback Handout (for Trainers only)
- Scenario and Brainstorming Participation Log
- Training Evaluation Form for each trainee
- Certificates of completion (optional)

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## Training Activity #38

### Questions and Discussion

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60 minutes



1. **Instructions to Trainers:** Ask if there are any questions about the practice teaching in the afternoon.
2. **Instructions to Trainers:** Ask for and answer any questions that the trainees may have, including those on the parking lot.
3. **Instructions to Trainers:** Cover any “What if” scenarios that you did not get to previously or choose some from Appendix V (watch your time).
4. **Instructions to Trainers:** Remember to defer those questions that can be answered later during the appropriate activities.

## Training Activity #39

### Feedback

25 minutes

1. **Say in your own words:** Today we will continue to practice facilitating the remaining activities in Session 6 of the CDSMP. We will start off with the Feedback activity that occurs at the beginning of Sessions 2 through 6. Remember, this activity allows participants to:
  - a. Share their experiences in completing their Action Plans with their peers
  - b. Help each other identify possible solutions to any problems that may have kept them from successfully completing their Action Plans
  - c. Monitor their progress in meeting their self-management goals.
2. **Instructions to Trainers:** Remind trainees that we are going to do the feedback activity about the real Action Plans we made on the second day of training to finish by today.
3. **Instructions to Trainers:** Do **Activity 1 in Session 6: Feedback**, p. 6: 3 in the *Leader's Manual*.



## Session 6, Activity 1

### FEEDBACK

20 minutes

#### Materials

- Feedback Flow Chart, Appendix II



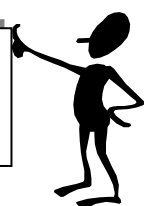
1. **Say:** Welcome back! The first thing we're going to do today is to report back on the Action Plans we made last week. Each of us will share our experiences in completing our Action Plans.

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

#### Instructions to Leaders:

- Start with yourself as a model but make it very short.

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MODELING  
MOMENT



LEADERS MANUAL

- 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
  - 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.**

*(Continued on the next page)*



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:

## 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 brainstorm in 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.

## 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.**

**BREAK**

**15 minutes**

## Training Activity #40

### Guided Imagery Relaxation

10 minutes

Do Activity 4 in Session 6: Guided Imagery Relaxation, p. 6: 13 in the *Leader's Manual*.



## Session 6, Activity 4

### GUIDED IMAGERY RELAXATION

10 minutes

#### Materials

- Chart 3, Self-Management Tool Kit
- 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.

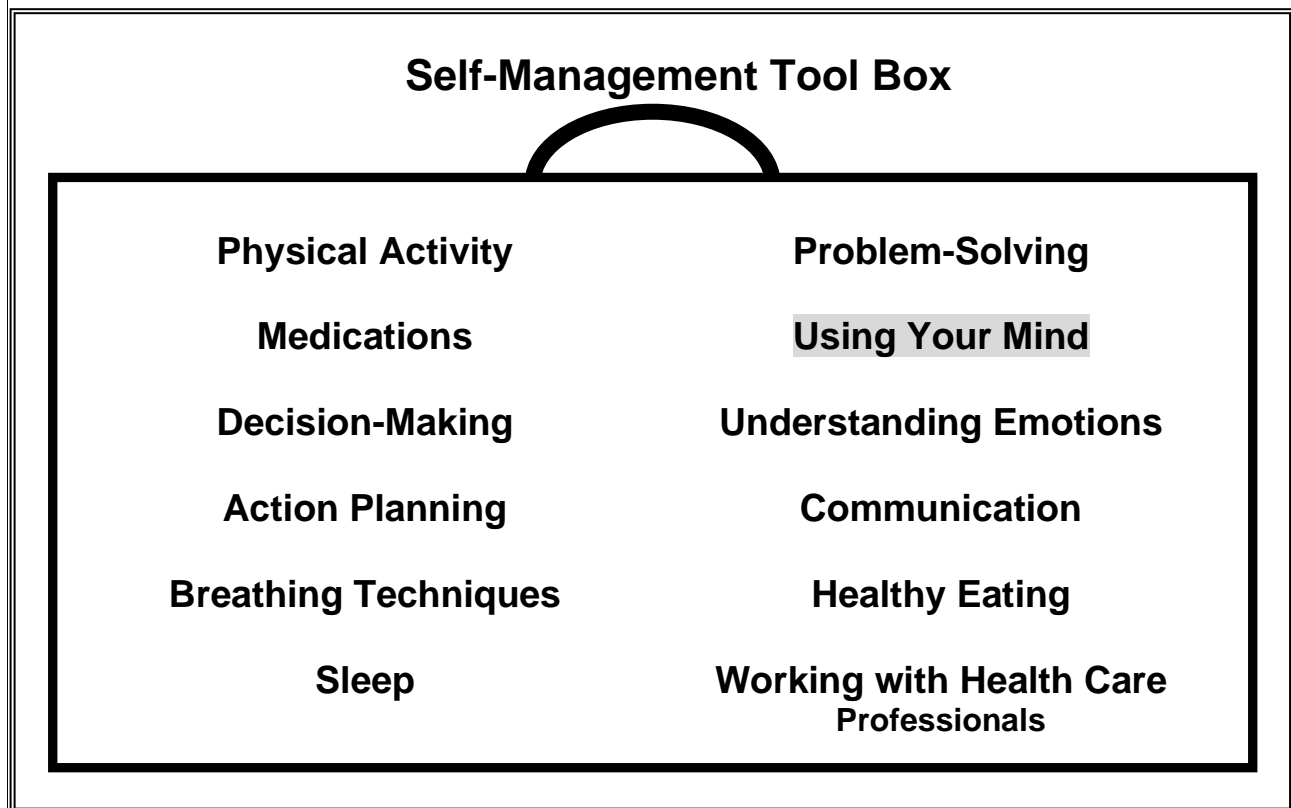
If someone falls asleep, one Leader should move toward them and if culturally appropriate, touch them lightly to awaken them.

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)

LEADERS MANUAL

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 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.

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.

**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.

## Training Activity #41

10 minutes

### Looking Back and Planning for the Future (review only)

1. **Say in your own words:** We are not going to model the next activity, but we will review it.



2. **Instructions to Trainers:** With **HATS ON** briefly **REVIEW** (do NOT model the activity) **Activity 5 in Session 6: Looking Back and Planning for the Future**, p. 6: 17 in the *Leader's Manual*.

## Session 6, Activity 5

45 minutes

### LOOKING BACK AND PLANNING FOR THE FUTURE

#### Materials

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

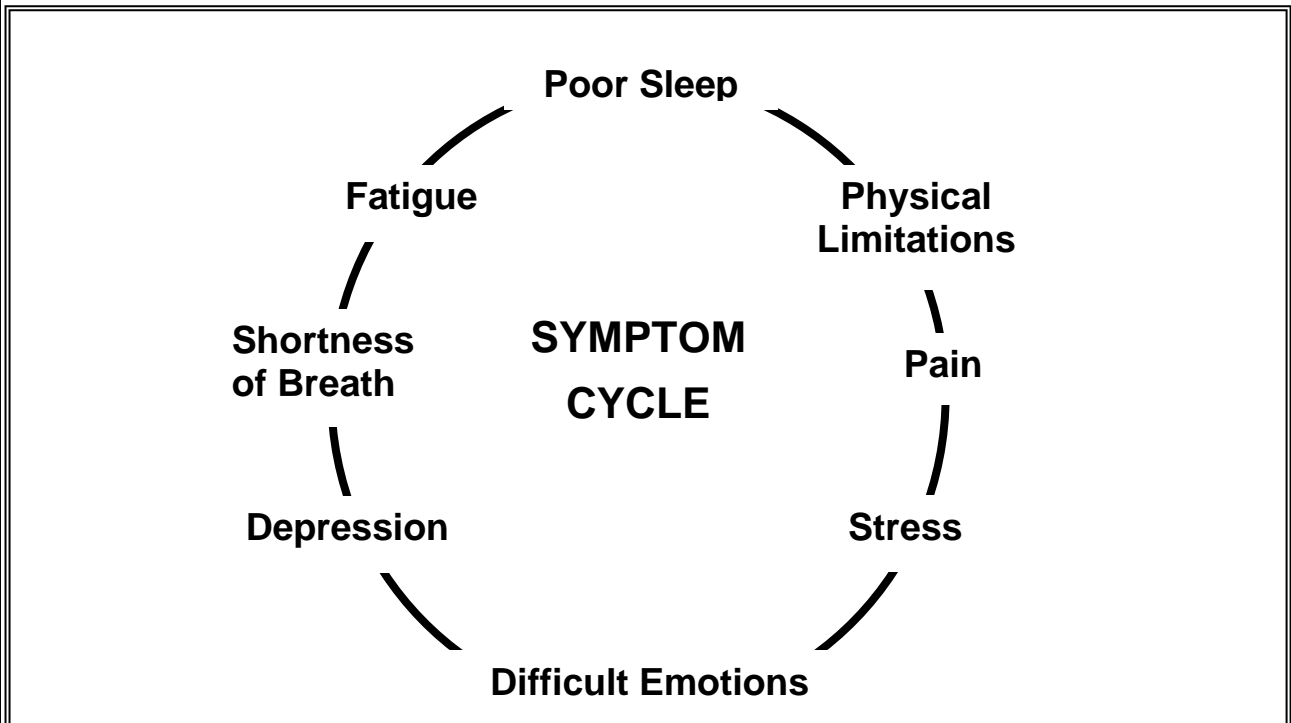


**NOTE TO LEADERS:** This activity is very powerful. Leaders and participants are often emotional (have tissues available).

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 on the next page)

Chart 7



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.

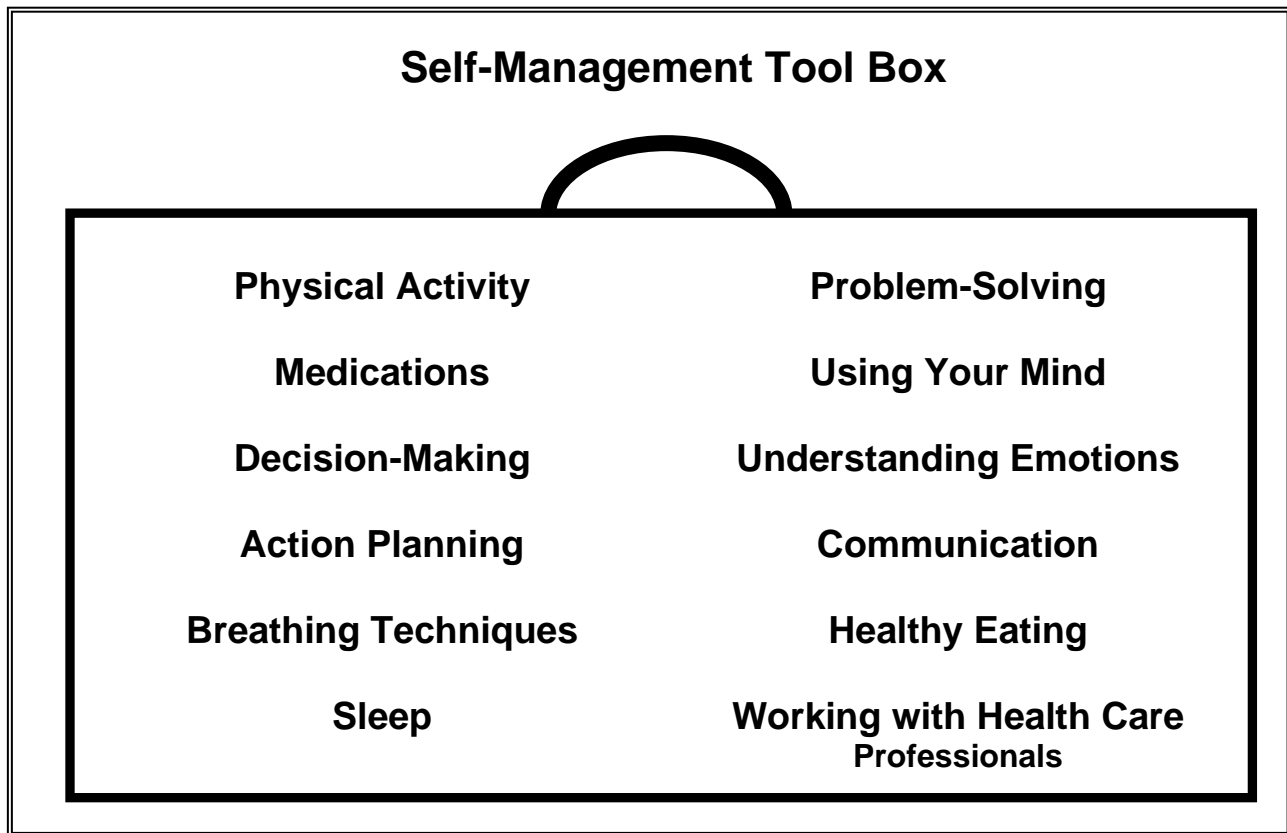


5. **Instructions to Leaders: Pointing to the different tools on Chart 3 and the symptoms on Chart 7**, discuss briefly how these different tools can be used to break the Symptom Cycle.

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.

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.

Chart 3



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.
- 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?

**Instructions to Leaders:** Leaders should start this process by stating their goals, how they plan to get there, and their 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.”

IMPORTANT  
MODELING  
MOMENT



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.

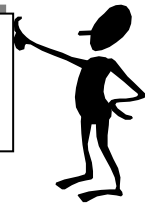
9. **Instructions to Leaders:** If someone is not confident, have the person identify any anticipated problems, barriers or setbacks they may encounter. Choose one to three problems from those who are *not* confident (depending on time) and have the group help identify solutions.



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 professionals, 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 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.

## Training Activity #42

### Session Six Review and Scenarios

**45 minutes**

**Materials:** Scenario and Brainstorming Participation Log



#### Session Six Agenda

- Activity 1: Feedback (20 minutes)
- Activity 2: Making Informed Treatment Decision (10 minutes)
- Activity 3: Working with Your Health Care Team (25 minutes)
- Activity 4: Guided Imagery Relaxation (10 minutes)
- BREAK (20 minutes)
- Activity 4: Looking Back and Planning for the Future (45 minutes)
- Activity 5: Closing (20 minutes)

1. **Say in your own words:** Let's review Session 6.

Remember you may ask questions about any activity during the session reviews.

#### Activity 1: Feedback (p. 6: 3)

1. **Say in your own words:** The first activity in Session 6 is Feedback, which is the same as in other sessions.

## Activity 2: Making Informed Treatment Decisions (p. 6: 6)

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1. **Say in your own words:** Like the Medication Usage activity in Session 5, Making Informed Treatment Decisions is another activity where some participants may want to share, promote or try to sell a product. If this happens what do you do?



**Answer:** This is not allowed!

- Stop this discussion right away and remind participants that what works for one person may not work or be safe for someone else.
  - If someone is considering trying something new, consult your health care professional for more information to help with this decision.
  - If someone is selling products, you also need to notify your program coordinator.
2. **Say in your own words:** Make sure you check the URLs on Chart 23 to see if they still work on the internet. If they have changed, change the chart and let SMRC know.
  3. **Ask:** What questions do you have about this activity?



## Activity 3: Working with your Health Care Team (p. 6: 9)

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1. **Say in your own words:** The activity in Session 6 is Working with your Health Care Team. Many people have strong feelings about this, and the Leaders need to maintain control to keep this activity from going overtime or getting into inappropriate discussions.
2. **Say in your own words:** There is only one brainstorm with 1 or 2 problem-solves in this activity. If possible, choose one problem to solve from those ideas that are health care organization problems and one from those ideas that are more interpersonal or communication-type problems with a health care professional.
3. **Say in your own words:** You will notice that if there is time, we want participants to practice using good communication skills, specifically the “I messages” or “when this happens...I feel...” with those problems that deal with communication problems.
4. **Say in your own words:** Let’s get back to needing to stay in control of this activity.

**Ask:** What would you do if one of the participants starts telling the group about Dr. Brown, a doctor she really likes?



**Answer:** “In this workshop we do not talk about specific health care professionals. This is something you are welcome to discuss during break or after the workshop. “

4. **Ask:** What questions do you have about this activity?



#### **Activity 4: Guided Imagery Relaxation** (p. 6: 13)

---

1. **Say in your own words:** The next activity is the guided imagery relaxation.
  - a. Unlike the relaxation body scan, you must read this script because there is no shorter version on the CD, only a longer version.
  - b. Be sure to practice reading this before the workshop, pausing where you see the dots to allow enough time for people to form the images in the script.
2. **Say in your own words:** There is no movement in this exercise, only images that allow the participant to be transported to another time or place to help them take their minds off any troubling symptoms or thoughts. If anyone objects to this exercise or finds the images in this script unpleasant or disturbing, they do not have to participate. They may sit quietly, pray or leave the room during the activity. Also, if they do not like this particular script, suggest that they look at the other script in the book, *A Walk on the Beach*, or find some other guided imagery exercise on the internet or create their own.
3. **Say in your own words:** Just as with the body scan relaxation you will want to take actions to avoid interruptions during the exercise by posting a sign on the door.
4. **Ask:** What questions do you have about this activity?



#### **Activity 5: Looking Back and Planning for the Future** (p. 6: 17)

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1. **Say in your own words:** The Looking Back and Planning for the Future activity is where people share their accomplishments and make plans for the future. It is very powerful. Leaders and participants are often emotional (have tissues available).
  - a. Be sure to let people know that they may say something positive about another participant, as well.

- b. Make sure that each participant hears something positive. If someone else doesn't mention something for any participant, the Leaders should do so.



2. **Ask:** What questions do you have about this activity?

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### Activity 5: Closing (p. 6: 22)

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1. **Say in your own words:** Do not skip the Closing activity. There are things you want to remind participants to continue doing.
2. **Instructions to Trainers:** Many times, participants want to keep in contact. You can encourage that they figure out some way to do this, meet for lunch, call each other, or form a Yahoo or Google group.

As good self-managers they can do this. It is not something the Leaders should do for them.

3. **Ask:** Are there questions about any of the activities in Session 6?



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### General “What If” Scenarios

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1. **Say in your own words:** We'd like to take some time to practice some “What If” scenarios.
2. **Instructions to Trainers:** Choose one volunteer for each scenario who has not participated before, and make sure to mark that they have done a What If scenario on the log.

- a. **Scenario #1:**

**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 behavioural therapy the best way to treat depression?” What would you say at that moment and why?

**Answers:** 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.
- Say, "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."
- Say: "That is a good question to ask your health care professional(s) 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.

b. **Scenario #2:**

**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.

3. **Instructions to Trainers:** If you have time and have not gotten to all the scenarios from previous sessions, do so now or choose some from the appendix.

**LUNCH**

**60 minutes**



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# Training Activity #43

## Second Practice Teaching

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2 hours

**Note to Trainers:** Trainers will need one Activity Checklist and Feedback Form for each trainee.



1. **Instructions to Trainers:** Tell trainees that the purpose of this activity is to make sure that they feel confident to co-lead the self-management workshop as written in the *Leader's Manual*. This will be done in the following way:
  - a. Each trainee or pair of trainees will facilitate their pre-selected activity.
  - b. Other trainees in the group will act as participants during each presentation, and after the presentation will provide constructive verbal feedback.
  - c. Trainer will provide constructive verbal feedback and complete an Activity Checklist and Feedback Form on each trainee. Trainees will be free to see this form if they wish. If need be, these can be part of the documentation for counseling out.
2. **Instructions to Trainers:** Explain that, at the end of each presentation, the trainee conducting the activity will be asked to comment on his/her own facilitating. Next, the other trainees will be invited to provide constructive feedback on the process and other relevant aspects of the presentation. And lastly, the trainer will do the same.
3. **Instructions to Trainers:** During the practice teaching, trainers be sure to observe how well each person:
  - Adheres to the workshop content and process
  - Modeled effectively, when appropriate
  - Used problem-solving, when appropriate
  - Handles problem situations or people appropriately

Note that to be certified as Leaders, all trainees must complete satisfactorily at least one practice teaching. If a person does not complete the practice teaching due to absence or any other (even if justified) inability he/she cannot be certified. (The trainers at their discretion

may arrange a make-up session for those individuals who had to miss practice teaching due to some emergency, but do not tell the trainees this beforehand.)

4. **Instructions to Trainers:** Divide the trainees into two groups according to how they divided for the previous practice teaching. One trainer will go with one of the groups. It is recommended for trainers to alternate groups.
5. **Instructions to Trainers:** Appoint a timekeeper for each group or keep track of time yourself.
6. **Instructions to Trainers:** Have the trainees conduct their activity (5-7 minutes each) with the trainees, other trainees and trainer providing constructive verbal feedback in that order. In each of the small groups, ask for a volunteer pair to start. The Master Trainers can stop each practice teach when they wish. If a trainee is not following the *Leader's Manual*, stop the person right away. Talk about the problems, model the activity briefly if necessary, and then continue. The practice teaching that occurs earlier is often longer than that which occurs later in the group.
7. **Instructions to Trainers:** Use the Practice Teaching Feedback forms to check that each trainee facilitated appropriately and to write comments about what was done well and what areas need practice for improvement.

**BREAK**

**15 minutes**

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## Training Activity #44

### Second Practice Teaching Review

---

**15 minutes**

1. **Instructions to Trainers:** At the end of the activity, **reconvene the whole group and ask: What did you learn from this activity?** Allow trainees to freely answer the question. It is not necessary for each person to share or to follow a certain order like when we start with one person and go around the room until everybody has had a chance to share. This activity IS NOT a brainstorm. Nevertheless, for the sake of time, do not encourage or allow lengthy discussions.
2. **Instructions to Trainers:** Congratulate everyone on the effort they all put into their practice teaching, emphasizing that this activity is more difficult than facilitating the actual workshop, as they will have more time to prepare, will be reading and practicing with a co-



Leader and will not be in the presence of peers. The latter is particularly intimidating to some people.

### Note to Master-Trainers about Leader Certifications

**After the second practice teaching, Master Trainers need to discuss and make decisions about each trainee. Should either Master Trainer have any doubts about the ability of a trainee to be an effective Leader, the trainers should document the reasons in writing on the Activity Checklist and Practice Teaching Feedback form and talk briefly and privately with the trainee and the self-management program director or coordinator about these concerns. Always offer recommendations about what and how the trainee can improve if they decide to take the training again. If not, perhaps they can help work with the program in some other way.**

**It is difficult not to recommend someone for certification, but if you think the person failed to demonstrate key skills in key areas of the program and additional practice will not necessarily be the solution, DO NOT RECOMMEND that person to be certified.**

Although recommendation for or against certification depends largely on observed performance during practice teaching, Master Trainers should observe carefully, discuss with co-trainer and document instances throughout the training when trainees exhibit behaviours not consistent to expectations. Example of problem behaviour or attitudes may include the following:

- lateness
- short but unauthorized absences
- cellphone usage and texting
- recurrent comments that demonstrate inaccurate understanding of the process or philosophy of the program
- expressed disagreements with the program content and/or trainers
- recurrent suggestions to change content and process
- lack of verbal participation
- subdued or open hostility towards trainers or other trainees

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## Training Activity #45

30 minutes

### What Are You Afraid Might Happen?

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1. **Instructions to Trainers:** As a way to help prepare the trainees for what to expect when they facilitate, ask the trainees to think about and write down no more than two things that they are afraid might happen when they facilitate. Allow them about 2 - 3 minutes to do this individually.



2. **Instructions to Trainers:** After they have written these down, ask for volunteers to share one of their fears. Trainers should then deal with these concerns by modeling, when appropriate, some of the training methods and processes used during the training (e.g. brainstorming, problem-solving, discussion, etc.) Watch your time and try to deal with as many trainee concerns as possible given the time.



3. **Instructions to Trainers:** Some concerns may be about aspects of program implementation. Trainers may answer general questions about recruitment and publicity of workshops; refer trainees to their local coordinator for specific logistics who may be present during the closing activity (see activity # 47)

4. **Instructions to Trainers:** When solutions or ideas are provided during a brainstorm, be sure to write these down on a flip chart or board for trainees to see.

5. **Instructions to Trainers:** Ensure that all concerns are addressed.

---

## Training Activity #46

15 minutes

### Program Fidelity

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#### Materials:

- Scenario and Brainstorming Participation Log
- Training Chart #1



#### 1. Say in your own words:

- a. On the first day, we discussed that this program is standardized and that you as Leaders play an important role in upholding the quality of the program.
- b. You are about to join thousands of other Leaders offering this program.

- c. If we do not maintain fidelity you can see that we might have a real problem because not everyone will be offering the same program. This is important because the program as designed has been shown to help people (that is, it is evidence based). The creators of the program and local coordinators have no idea if you are helping or hurting people if you change the program.
2. **Say in your own words:** On the first day we talked about the skills we expect from you as Leaders. Let's go over them for a last time.

*Training Chart # 1*

**Expected Skills for Leaders**

1. **Adheres to the curriculum** (*also includes appropriate presentation of charts*)
2. **Comes to sessions prepared**
3. **Facilitates group contributions in the following types of activities:**
  - **Brainstorming**
  - **Action Plan Formulation**
  - **Action Plan Feedback**
  - **Problem Solving**
  - **Decision Making**
4. **Handles difficult group dynamics and problem participants**
5. **Speaks comfortably in front of a group**
6. **Does not judge people or actions**
7. **Models activities appropriately**
8. **Sticks to time / agendas**
9. **Listens and incorporates feedback given by Master Trainers**
10. **Works cooperatively with co-Leader**

3. **Instructions to Trainers:** Allow for some questions and brief discussion of the items presented in the chart. Watch your time.

4. **Instructions to Trainers:** Remind trainees that if they want to know more there is a Program Fidelity Manual which can be downloaded from the home page of the Self-Management Resource Center website: <http://www.selfmanagementresource.com> under the Resources menu tab.

## Training Activity #47

30 minutes

### Training Evaluations, Next Steps, Certificates of Completion

#### Materials

- Leader Training Evaluation Forms
- Certificates of Completion
- Documents or forms supplied by the Program Coordinator, if any



**Note: Local program coordinator should be present during this activity!**

1. **Instructions to Trainers:** The local program coordinator should be present to co-lead this activity or to answer questions regarding logistics (i.e. what happens after this training). If this person cannot be present, tell the trainees who the coordinator is and how to contact him/her.
2. **Instructions to Trainers:** Each program will differ in implementing and coordinating the program. There are, however, some general points that you may want to cover, such as:
  - Specifics about your organization
  - Responsibilities, expectations and commitment of the coordinating organization and Leaders
  - Workshop site selection
  - Publicity/recruitment
  - Registration or application process, fees
  - How Leaders and participants will be assigned
  - Obtaining workshop materials
  - What paperwork is involved, etc.
3. **Instructions to Trainers:** After the relevant details about the logistics have been discussed, remind the trainees that CDSMP is standardized and may only be taught by trained and certified Leaders. Suggestions for program changes should be written down and given to the program coordinator for future consideration when the workshop is revised.
4. **Ask:** What questions do you have on anything we have talked about during this training?



5. **Instructions to Trainers:** Distribute and collect the Leaders Training Evaluation Forms.

6. **Instructions to Trainers:** Distribute completion certificates, if supplied.

7. **Instructions to Trainers:** Thank the trainees for coming and congratulate them on completing the workshop. Remind them that they will not be authorized Leaders until they have facilitated their first workshop which must be done within 12 months of the date they were trained. Remain behind to answers questions, collect evaluation forms and clean up.

**ADJOURN**





# APPENDIX I: CHARTS, AGENDAS AND HANDOUT

Charts for the workshop are shown with the required content only.

For training purposes, it is a good idea to make an extra copy of Charts 1, 3, 4, 5, 6, and 7. These charts, Training Charts 1 and 2, and the Parking Lot should always be posted.

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. However, printed charts are now permitted.

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 brainstorming, 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.

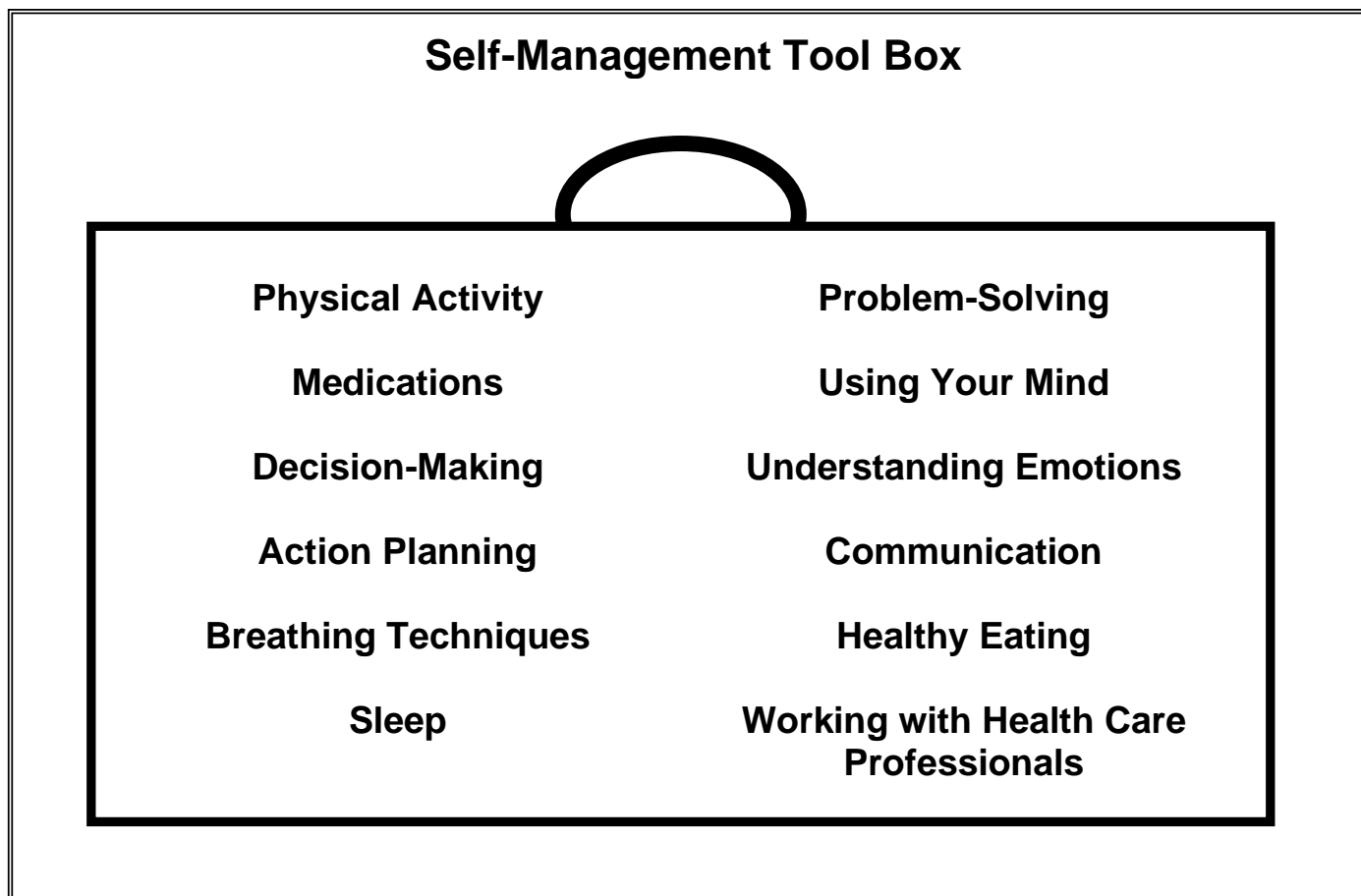
*Chart 1***Guidelines**

- 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**

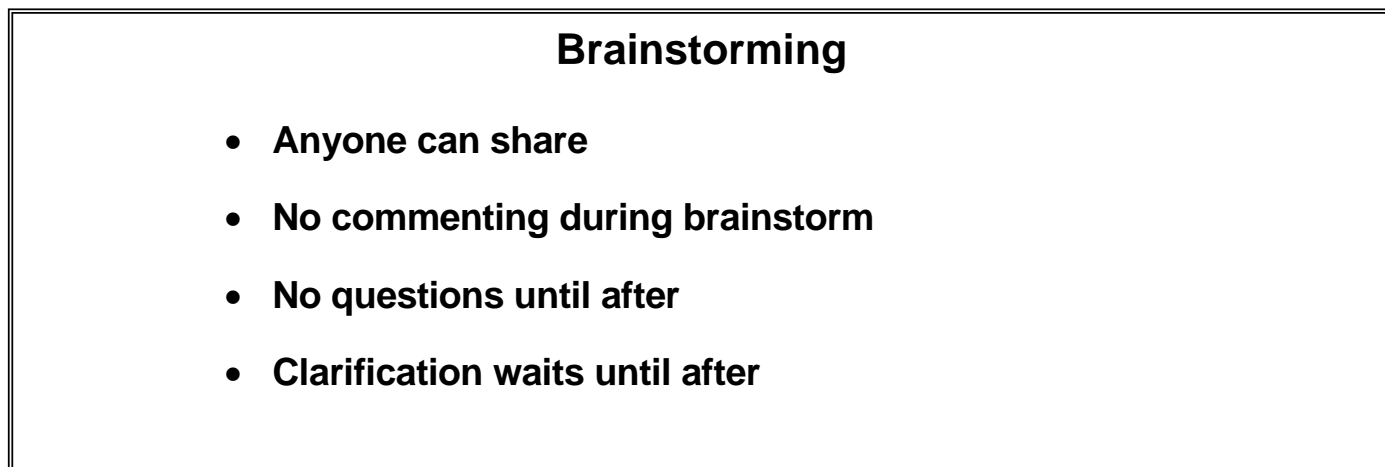
*Chart 2***Self-Management Tasks**

- 1. Take care of health condition**
- 2. Carry out normal activities**
- 3. Manage emotional changes**

*Chart 3*



*Chart 4*



*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**

*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**

Chart 7

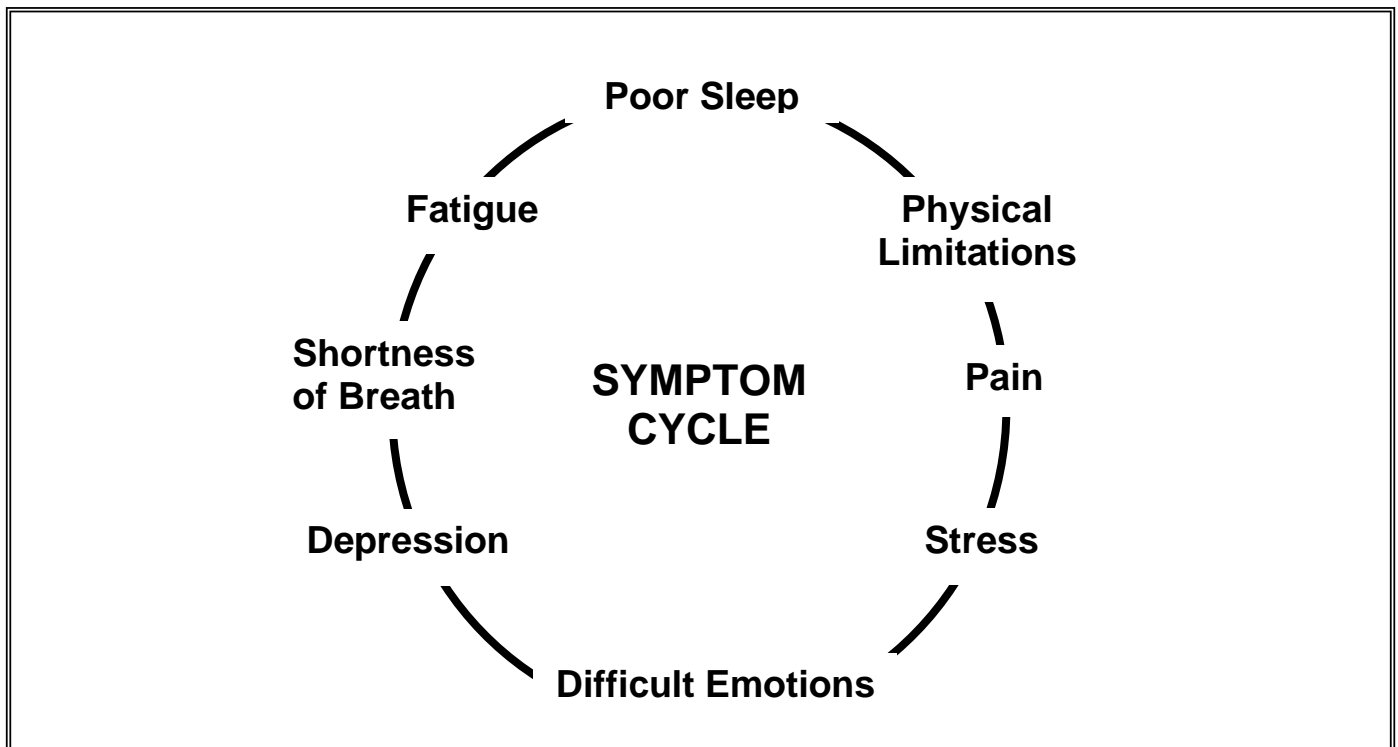


Chart 8

### **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**

*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'**

**Decision to be made: “Should I start this new medication?”**

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

**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’?**

*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**



Chart 14

## Be **F. I. T.**

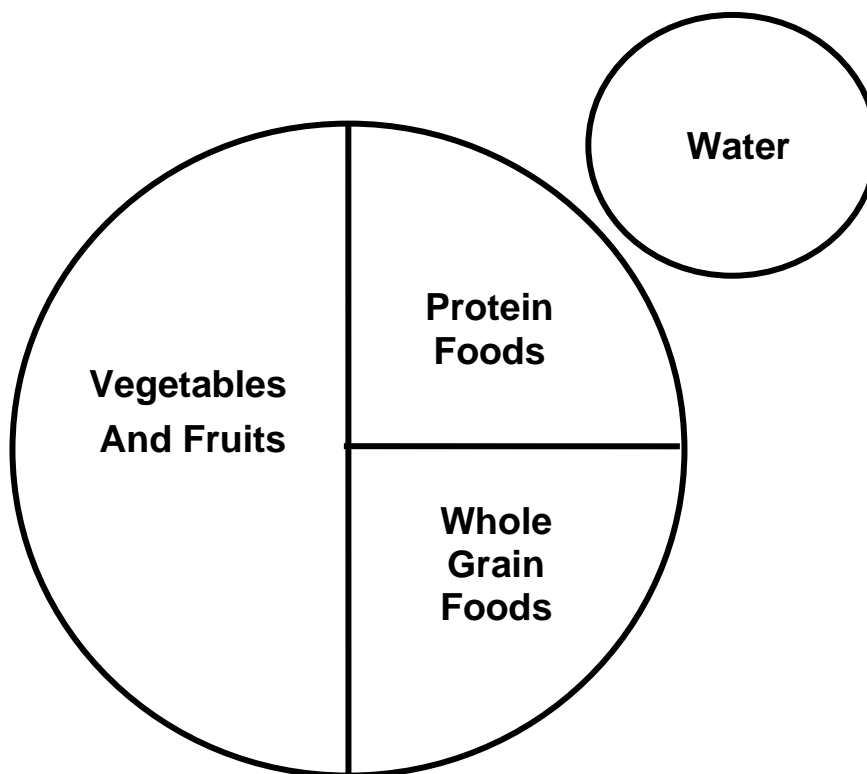
**F** = Frequency - 3-5 days a week

**I** = Intensity - how hard you work

**T** = Time - how much you exercise each day

Chart 15

## The Plate Method



*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**
- **Anxiety**
- **Smoking or secondhand smoke**

*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**

*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 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**

*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**

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 trouble/expense?

Chart 23

## Internet URL Addresses

### **CANADIAN SITES:**

<http://www.phac-aspc.gc.ca> – Public Health Agency of Canada

<http://www.unlockfood.ca> – UnlockFood

### **U.S. SITES:**

<http://www.ncoa.org> – National Council on Aging

<http://www.nih.gov> – National Institutes of Health

<http://stanford.edu> – Stanford University

<http://www.webmd.com> – WebMD

## **Take P.A.R.T.**

**P = Prepare**

- Keep track
- Report
- List

**A = Ask**

**R = Repeat**

**I = Take action**

## **Expected Skills for Leaders**

- 1. Adheres to the curriculum**
- 2. Comes to sessions prepared**
- 3. Facilitates group contributions in the following types of activities:**
  - Brainstorming**
  - Action Plan Formulation**
  - Action Plan Feedback**
  - Problem Solving**
  - Decision Making**
- 4. Handles difficult group dynamics and problem participants**
- 5. Speaks comfortably in front of a group**
- 6. Does not judge people or actions**
- 7. Models activities appropriately**
- 8. Sticks to time / agendas**
- 9. Listens and incorporates feedback given by Master Trainers**
- 10. Works cooperatively with co-Leader**





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: 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)

### 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 6: Making an Action Plan (15 minutes)
- Activity 7: Closing (5 minutes)

## 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: Communicating 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 Relaxation (10 minutes)  
BREAK (20 minutes)
- Activity 5: Looking Back and Planning for the Future (45 minutes)
- Activity 6: Closing (20 minutes)



## Workshop Overview and Homework Handout

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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.



<b>Workshop Overview</b>						
	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Week 6</b>
<b>Overview of self-management and chronic health conditions</b>	•					
<b>Fatigue and getting a good night's sleep</b>	•					
<b>Using your mind to manage symptoms</b>	•					
<b>Making an action plan</b>	•	•	•	•	•	
<b>Feedback</b>		•	•	•	•	•
<b>Problem-solving</b>		•		•		
<b>Dealing with difficult emotions</b>		•				
<b>Physical activity and exercise</b>		•	•	•		
<b>Preventing falls</b>		•				
<b>Making decisions</b>			•			
<b>Pain management</b>			•			
<b>Healthy eating</b>			•	•	•	
<b>Better breathing</b>				•		
<b>Communication skills</b>				•	•	
<b>Medication usage</b>					•	
<b>Dealing with depression</b>					•	
<b>Making Informed treatment decisions</b>						•
<b>Working with your health care team</b>						•
<b>Future plans</b>						•





## 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 • 711 Colorado Ave • Palo Alto CA 94303 USA • or email: [SMRC@SelfManagementResource.com](mailto: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.

### Session 6:

- Reading covered this session: pages 143-148, 289-297, Chapter 13



## 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

## Making an Action Plan Flow Chart

One Leader stands at Chart 5, pointing to “What”

What is your Action Plan for this week?

**Doesn't want to do one**

OK, but if you change your mind, we'll check back with you when everyone has shared theirs, or you can catch me or *[name of other Leader]* after class.

Move on

**Shares plan**

Leader points to “How much” and waits for participant to answer question - then does the same for

“When”  
“How often”  
“Confidence level”

Plan is clear and confidence level is 7+

Thank you! We look forward to hearing about how it went next week.

Move on

Doesn't know what he/she would like to do  
OR  
Parts are missing or unclear  
OR  
Low confidence level

Go to next page to continue flow chart

## 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?

Participant has adjusted plan

Great! Could you please restate your 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

Doesn't know what to do, parts missing or unclear

Go to next page to continue flow chart

## 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
<p>Would you like to listen to other plans and have us come back to you?</p> <p><b>[OR]</b></p> <p>Would you like to think about it some more? If you need help, you can catch us after class.</p> <p>↓</p> <p>Move on</p>	<ul style="list-style-type: none"> <li>Is it an action, or the result of an action? For example, losing weight is not an action.</li> <li>Is it something that can be measured?</li> </ul>	<ul style="list-style-type: none"> <li>This is amount of time, distance, volume, number of repetitions, etc.</li> </ul>	<ul style="list-style-type: none"> <li>This is which days of the week, times of the day</li> <li>Commonly mixed up with "how often"</li> </ul>	<ul style="list-style-type: none"> <li>How many days this week?</li> <li>This is a number, not days of the week</li> </ul>
<p>Once clarified, ask them to repeat the plan, starting with "I will".</p>				

**Remember – 3 “yes buts” and they’re out!**

## Feedback Flow Chart

What was your Action Plan and how did it go?

**Successful  
or adjusted plan when  
met obstacles and was  
successful**

↓  
Congratulations!

[and if adjusted plan and  
was successful:]

You made adjustments  
and were successful.  
That's good self-  
management!

↓  
Move on

**Partially Successful \*\***

↓  
That's a good start.  
What were the barriers to  
completing your entire plan?

↓  
Have you thought of any solutions that will help in the future?

↓  
Yes

↓  
Sounds like you've thought this  
through. Would you like some  
more ideas from the group?

↓  
No

↓  
OK

↓  
Move on

↓  
Yes

(Continued on the next page)

↓  
Would you like some ideas  
from the group?

↓  
No

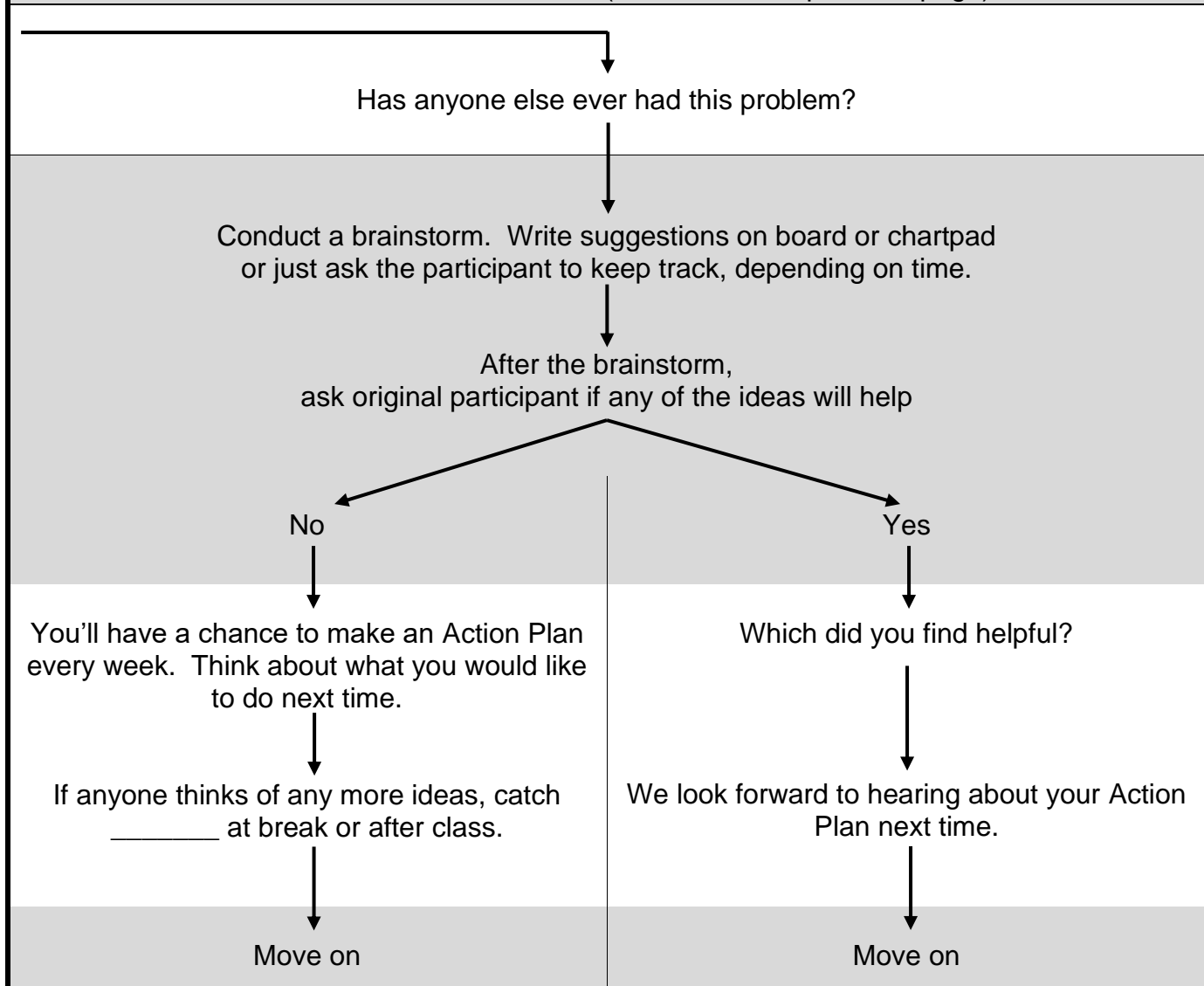
↓  
OK

↓  
Move on

**Not at all Successful \*\***

↓  
What were the barriers to  
completing your plan?

## Feedback Flow Chart (continued from previous page)



**\*\* 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!**



## APPENDIX III: “PROBLEM” ACTION PLAN AND FEEDBACK EXAMPLES

Please see the Action Plan and Feedback flow charts in Appendix II (*Leader’s Manual*, Appendix VI in *Master Trainer’s Manual*) for guidance. This appendix gives you some concrete examples of not-perfect Action Plans and Action Plan Feedback.

### 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)

### Action Plans

#### Doesn’t Know What to Do

*Leader:* What is your Action Plan this week?

*Participant:* I dunno. 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:* Would you like to have some time to think about it, or listen to other Action Plans first? 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.

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.*

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.

### **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 3 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.*

*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 3 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 on my Wii exercise program instead.

*Leader:* Great! We look forward to hearing about it next week.

## 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

*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. Perhaps reading up on getting back into an exercise program in your book might help, or talking with your health care provider since you haven't done this level of exercise since you got sick. 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:* I 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 than 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.*

## 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.*

## 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.*

## **Feedback**

### **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. Have you thought of any ideas that would help you keep your food diary in the future?

*Participant:* Not really.

*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 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)*

*OR, another way:*

*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.



## **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 5<sup>th</sup> 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 5<sup>th</sup> 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. Having a back up plan can also be helpful.

## **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. Would you like to problem-solve with the group?

*Participant:* No, 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.

## APPENDIX IV: DEALING WITH DIFFERENT TYPES OF PEOPLE AND SITUATIONS

The following descriptions of different types of people and potentially difficult situations are presented here to stimulate your thinking about how **you** might handle these effectively during a workshop you are facilitating. Being prepared ahead of time may even help you prevent 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. Together, you will get the support you need and can decide how best to handle the problem.

### People

#### *The Too-Talkative Person*

This is a person who talks all the time and tends to monopolize the workshop.

The following suggestions may help:

- Remind the person that we want to provide an opportunity for everyone to participate equally.
- Refocus summarizing the relevant point, then move on.
- Spend time listening to the person outside the group.
- Assign a buddy. Give the person someone else to talk to.
- 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 good 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 has had a chance to speak once first.

## ***The Silent Person***

This is a person who does not speak in sharing activities or does not become involved in activities.

The following suggestions may help:

- 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.

The following suggestions may help:

- Acknowledge participants' concerns or situation.
- Open 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. Therefore, offer to talk to the person after the session and move on with the activity.
- 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.

## ***The Non-Participant***

This is the person who does not do his/her homework (i.e., reading, Action Plans, exercise, relaxation, etc.)

The following suggestions may help:

- Recognize that the people taking the workshop are more variable than 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, especially if he/she is attending each session.
- 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, in particular, should be something the participant wants to do. Do not assign or prescribe Action Plans for any participant.
- Congratulate those participants who do the assignments.
- Encourage those who do the assignments to share what benefits they have obtained.
- Realize that not everything will appeal to everyone in the same way or at the same time.
- 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 modeling well themselves.

## ***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.

The following suggestions may help:

- Keep your own temper firmly in check. Do not let the group get excited.
- If in doubt, clarify your intent.
- Call on someone else to contribute.
- 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.

- Ask for the source of information, or for the person to share a reference with the group.
- Tell the person that you'll discuss it further after the session if he/she is interested.
- 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, LLC, at 711 Colorado Ave, Palo Alto, CA 94303, HealthierLiving@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 are usually adversely affected by this person, and can become the target for hostility.

The following suggestions may help:

- 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.
- If the angry person attacks another participant, stop the behavior immediately by saying something like, "There is no place for that kind of behavior in this group. We want to respect each other and provide mutual support in this class."
- When no solution seems acceptable ask, "At this time, what would you like us to 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.

The following suggestions may help:

- 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?"
- Touch/move physically close and offer to discuss further later.
- 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.

## ***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.

The following suggestions may help:

- 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, that 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.
- 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 as long as any other member of the group has not spoken and desires to speak.

## ***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.

The following suggestions may help:

- 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.

The following suggestions may help:

- 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 on with the class.
- 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 on with the rest of the group.
- Generally, if no one tries to stop the crying, within a short period of time, it will play itself out. Tension will be released and 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.

The following suggestions may help:

- Remember your own limits and know in advance a crisis intervention resource to which you can immediately refer the person.
- 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. He/she will need to follow up with the person.

### ***The Abusive Person***

This is someone who verbally attacks or judges another group member.

The following suggestions may help:

- 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.

### ***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.

The following suggestions may help:

- 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.

The following suggestions may help:

- If the person is adamant they 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 when others in the group are ready to participate.

### ***The Person in Crisis***

The person in "crisis" is the one with the problems, who wants help and/or just needs to talk about these problems.

The following suggestions may help:

- 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.

## Situations

### *In-Class Practices*

How can you get everyone to participate in relaxation and other activities during the session?

The following suggestions may help:

- 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. Perhaps with time after hearing how much other group members like it, the person will relax more.

### *Creating a Non-Threatening Atmosphere*

How can you facilitate a warm, relaxed and friendly atmosphere that encourages sharing?

The following suggestions may help:

- 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 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.

## ***Handling Questions***

How do you handle questions when you don't know the answer?

The following suggestions may help:

- 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.
- No one is expected to know everything, and knowing everything would be impossible.

## ***Co-Leader Illness***

What to do if you or your co-Leader is too ill to come to the workshop?

Tips:

- 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 an eight-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 you feel able and well enough prepared to facilitate the session by yourself, 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:

Tips:

- Listen and find out what the health care provider is angry about. It may or may not be something you did in the workshop.
- 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.
- Inform the program coordinator about the call.

## ***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?

Tips:

- 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.
- 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.

The following suggestions may help:

- 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 already 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.

### ***Other Attendees***

Spouses, significant others, family members, etc., are encouraged to accompany the person who has a chronic disease to the workshop. 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.

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?

Tips:

- As a preventative measure, 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 would be to get the level of help needed to the person as fast as possible and to provide comfort to the injured while you were waiting for help to arrive.
- How you would 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 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)





## 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 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 an Action Plan.

**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?

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."

**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 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 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?

**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 professional.”

- Remember NEVER give a medical or mental health opinion. ALWAYS refer them to their health care professional.

### 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

### 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.

### **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 health care professional 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.

### **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?

#### **Answer:**

- These are signs of hypoglycemia (low blood sugar) and can easily happen when a participant is engaged in 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. 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 professional 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?

### 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 professional 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.”

### **Scenario: Bashing the Health Care System**

**Say in your own words:** During the Working With your Health Care Team someone says they have been waiting months for their knee surgery and they are frustrated with the “health care system” What do you do?

#### **Answer:**

- Remind the participant that we don’t want health care professionals named in the workshop.
- Do not allow the group to get into a discussion on how poor the health care system is, etc.
- Tell them that they should talk with a health care professional about this. The health care professional may have some ideas, e.g., getting on a cancellation list.
- See if the person wants to do a brainstorm to come up with additional ideas.

### 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 don't like vegetables." What would you do?

Answer:

- Suggest that she talk to her health care professional about food choices.
- Suggest that she might ask her doctor for a referral to a Registered Dietitian. Some provinces have a provincial information service where a person can telephone and speak with or email a Registered Dietitian at no cost. They are experts in helping people find the right combination of foods.

### 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 professional and tell them your concerns."
- "Check with your private insurance plan to find out if it's a covered benefit."
- "Check with a health care professional to see if there is a provincial information service where a person can telephone and speak with or email a Registered Dietitian at no cost or if there is an out-patient service e.g. diabetes education program, community hospital, public health unit or community health centre"

- 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 Team and Health Care System activity, someone says during the problems with their health care professional 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?

**Answer:**

- Immediately say that we don’t allow names and discussion about specific health care professionals during the workshop. If 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 professional.”

### **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.

**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 Guide 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 may 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 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?

**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.
- 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.
- 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.



# 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](http://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](http://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 Leader present during breaks or before/after the workshop to provide extra detailed explanations of instructions, clarify questions or conduct follow-up phone calls between sessions.

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](https://www.alz.org/national/documents/brochure_basicsofalz_low.pdf) or visit this site:  
[https://www.alz.org/alzheimer\\_s\\_dementia](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.

## **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 weights:

- Provides a liaison between the person with dementia and the group Leader
- 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.



# 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.

## 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. 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.
- 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 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.

## **Demonstration/Practice**

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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.

# 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 21<sup>st</sup> 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.**

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.



➔ **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 follow-up." *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.

## 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 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 pragmatic 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 disease 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).

## 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

## 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.

## 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 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

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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.





# APPENDIX IX: CDSMP SUGGESTED REVISION FORM

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization name and address: \_\_\_\_\_

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**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.

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**Please describe the reason for suggesting this change:**

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**Please complete one sheet for each suggested change and send to:**

Self-Management Resource Center

711 Colorado Ave

Palo Alto, CA 94303, USA

Or email your suggestion to [smrc@selfmanagementresource.com](mailto:smrc@selfmanagementresource.com)



# APPENDIX X: SAMPLE LEADER'S TRAINING AGENDA

*Italics = Workshop Activities*

## Training Day One

- 9:00 am: Introductions / Program and Training Overview (50 minutes)
- 9:50 am: *Session 1 Activity 1: Workshop and Group Introductions (45 minutes)*
- 10:35 am: *Session 1 Activity 2: Fatigue and Getting a Good Night's Sleep (20 minutes)*
- 10:55 am: **BREAK** (15 minutes)
- 11:10 am: *Session 1 Activity 3: The Mind-Body Connection/Distraction (20 minutes)*
- 11:30 am: *Session 1 Activity 4: Introduction to Action Plans (35 minutes)*
- 12:05 pm: **LUNCH** (60 minutes)
- 1:05 pm: Session 1 Review and Scenarios (60 minutes)
- 2:05 pm: *Session 2 Activity 2: Dealing with Difficult Emotions (40 minutes)*
- 2:45 pm: *Session 2 Activity 3: Introduction to Physical Activity and Exercise (20 minutes)*
- 3:05 pm: **BREAK** (15 minutes)
- 3:20 pm: *Session 2 Activity 4: Preventing Falls and Improving Balance (20 minutes)*
- 3:40 pm: Session 2 Review and Scenarios (50 minutes)
- 4:30 pm: Practice Teaching Assignments / Questions (15 minutes)
- 4:15 pm: Adjourn

## Training Day Two

- 9:00 am: Questions and Discussion (45 minutes)
- 9:45 am: *Session 2 Activity 1: Feedback (20 minutes)*
- 10:05 am: *Session 2 Activity 2: Problem-Solving (5 minutes)*
- 10:10 am: **BREAK** (15 minutes)
- 10:25 am: *Session 2 Activity 5: Making an Action Plan (20 minutes)*
- 10:45 am: *Session 3 Activity 2: Making Decisions (25 minutes)*
- 11:10 am: *Session 3 Activity 3: Pain Management (20 minutes)*
- 11:30 am: *Session 3 Activity 4: Endurance Exercise (20 minutes)*
- 11:50 pm: **LUNCH** (60 minutes)
- 12:50 pm: *Session 3 Activity 5: Healthy Eating (20 minutes)*
- 1:10 pm: Session 3 Review and Scenarios (50 minutes)
- 2:00 pm: First Practice Teaching (60 minutes)
- 3:00 pm: **BREAK** (15 minutes)
- 3:15 pm: Practice Teaching, continued (60 minutes)
- 4:15 pm: Second Practice Teaching Assignments (15 minutes)
- 4:30 pm: Adjourn

## Training Day Three

9:00 am:	Questions and Discussion (60 minutes)
10:00 am:	<i>Session 4 Activity 2: Better Breathing (15 minutes)</i>
10:15 am:	<i>Session 4 Activity 3: Reading Food Labels – Part 1 (20 minutes)</i>
10:35 am:	<i>Session 4 Activity 4: Exercise Practice (5 minutes)</i>
10:40 am:	<b>BREAK</b> (15 minutes)
10:55 am:	<i>Session 4 Activity 5: Problem-Solving (25 minutes)</i>
11:20 am:	<i>Session 4 Activity 6: Communication Skills (25 minutes)</i>
11:45 am:	<b>LUNCH</b> (60 minutes)
12:45 pm:	<b>Session 4 Review and Scenarios (50 minutes)</b>
1:35 pm:	<i>Session 5 Activity 2: Reading Food Labels – Part 2 (25 minutes)</i>
2:00 pm:	<i>Session 5 Activity 3: Medications Usage (20 minutes)</i>
2:20 pm:	<i>Session 5 Activity 4: Relaxation Body Scan (10 minutes)</i>
2:30 pm:	<b>BREAK</b> (15 minutes)
2:45 pm:	<i>Session 5 Activity 5: Dealing with Depression (15 minutes)</i>
3:00 pm:	<i>Session 5 Activity 6: Communication with Ourselves – Self Talk (20 minutes)</i>
3:20 pm:	<b>Session 5 Review and Scenarios (40 minutes)</b>
4:00 pm:	<i>Session 6 Activity 2: Making Informed Treatment Decisions (10 minutes)</i>
4:10 pm:	<i>Session 6 Activity 3: Working with Your Health Care Team (25 minutes)</i>
4:35 pm:	Adjourn

## Training Day Four

9:00 am:	Questions and Discussion (60 minutes)
10:00 am:	<i>Session 6 Activity 1: Feedback (25 minutes)</i>
10:25 am:	<b>BREAK</b> (15 minutes)
10:40 am:	<i>Session 6 Activity 4: Guided Imagery Relaxation (10 minutes)</i>
10:50 am:	<i>Session 6 Activity 5: Looking Back and Planning for the Future (Review) (10 minutes)</i>
11:00 am:	<b>Session 6 Review and Scenarios (45 minutes)</b>
11:45 am:	<b>LUNCH</b> (60 minutes)
12:45 pm:	Second Practice Teaching (2 hours)
2:45 pm:	<b>BREAK</b> (15 minutes)
3:00 pm:	Second Practice Teaching Review (15 minutes)
3:15 pm:	What Are You Afraid Might Happen? (30 minutes)
3:45 pm:	Program Fidelity (15 minutes)
4:00 pm:	Training Evaluation, Next Steps, Certificates of Completion (30 minutes)
4:30 pm:	Adjourn

# APPENDIX XI: PRACTICE TEACHING FORMS

**Practice teaching assignments and checklist/feedback forms are provided in the following pages.**

**Read Training Activities 11 and 22 before passing out these forms.**



## **FIRST PRACTICE TEACHING ASSIGNMENTS**

**Two sets are provided. Use Group 2 assignments only if your training is over 12 trainees.**





# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 1, Activity 1, pages 1: 3-10***

## **Introduction**

### **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 1, Activity 3, pages 1: 16-22***  
**The Mind-Body Connection / Distraction**

## **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 1, Activity 4, pages 1: 22-27***

**Introduction to Action Plans**

## **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 2, Activity 3, pages 2: 9-16***  
**Dealing with Difficult Emotions**

## **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately





# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 3, Activity 5, pages 3: 21-26***  
**Healthy Eating**

## **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 3, Activity 3, pages 3: 11-15***

**Pain Management**

## **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

## ***Leader's Manual, Session 3, Activity 4, pages 3: 15-21*** **Endurance Exercise**

### **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 1, Activity 1, pages 1: 3-10***

## **Introduction**

## **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately





# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 1, Activity 3, pages 1: 16-22***

**The Mind-Body Connection / Distraction**

## **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
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  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 1, Activity 4, pages 1: 22-27***

**Introduction to Action Plans**

## **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 2, Activity 3, pages 2: 9-16***  
**Dealing with Difficult Emotions**

## **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 3, Activity 5, pages 3: 21-26***

**Healthy Eating**

## **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately





# **FIRST PRACTICE TEACHING ASSIGNMENT**

# **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 3, Activity 3, pages 3: 10-14***  
**Pain Management**

## **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **FIRST PRACTICE TEACHING ASSIGNMENT**

## **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

### ***Leader's Manual, Session 3, Activity 4, pages 3: 15-21*** **Endurance Exercise**

#### **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader

Handle group dynamics appropriately



## **FIRST PRACTICE TEACHING ASSIGNMENT**

## **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

### ***Leader's Manual, Session 3, Activity 4, pages 3: 15-21*** **Endurance Exercise**

### **INSTRUCTIONS**

6. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
7. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
8. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
9. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
10. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader

Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENTS**

**Use Group 2 assignments only if your training is over 12 trainees.**





## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 2, Activity 1, pages 2: 3-6***  
**Feedback**

### **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 4, Activity 3, pages 4: 11-16***  
**Reading Food Labels – Part 1**

**INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 4, Activity 6, pages 4: 22-30***  
**Communication Skills**

### **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

### ***Leader's Manual, Session 5, Activity 5, pages 5: 19-22*** **Dealing with Depression**

#### **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately





## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 5, Activity 6, pages 5: 23-26***  
**Communication with Ourselves (Self-Talk)**

### **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 5, Activity 3, pages 5: 10-15***  
**Medication Usage**

### **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 1**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

### ***Leader's Manual, Session 6, Activity 3, pages 6: 9-13*** **Working with Your Health Care Team**

#### **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual INSTRUCTIONS for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 2, Activity 1, pages 2: 3-6***  
**Feedback**

### **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately





Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 4, Activity 3, pages 4: 11-16***  
**Reading Food Labels – Part 1**

**INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 4, Activity 6, pages 4: 22-30***  
**Communication Skills**

### **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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  - Follow the manual for content
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  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 5, Activity 5, pages 5: 19-22***  
**Dealing with Depression**

### **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
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  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 5, Activity 6, pages 5: 23-26***  
**Communication with Ourselves (Self-Talk)**

## **INSTRUCTIONS**

1. Facilitate the activity EXACTLY as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the ENTIRE activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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5. Your Trainers are going to evaluate your performance based on the following criteria:
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  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately





## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 5, Activity 3, p. 5: 10-15***  
**Medication Usage**

### **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
4. If the manual calls for charts, you will need to make them. They don't have to be fancy! Use the examples as they appear in Appendix I.
5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **SECOND PRACTICE TEACHING ASSIGNMENT**

## **GROUP 2**

Please make sure you have read and understand all the **INSTRUCTIONS** in this page

Please prepare to facilitate the following activity:

***Leader's Manual, Session 6, Activity 3, pages 6: 9-13***

**Working with Your Health Care Team**

### **INSTRUCTIONS**

1. Facilitate the activity **EXACTLY** as instructed in the *Leaders' Manual*.
2. You may read or paraphrase from the manual. When reading, make sure you maintain good eye contact with participants. When you paraphrase, do so without changing the topic or the order in which the activity is organized.
3. Be prepared to facilitate the **ENTIRE** activity, as Trainers may ask you to skip around. **DO NOT SPLIT THE ACTIVITY WITH YOUR PARTNER AND PREPARE TO FACILITATE ONLY HALF OF THE ACTIVITY!**
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5. Your Trainers are going to evaluate your performance based on the following criteria:
  - Follow the manual for content
  - Follow manual **INSTRUCTIONS** for process
  - Model appropriately
  - Proper use of the problem-solving technique
  - Promote participation
  - Use positive reinforcement; avoid judgment of actions or people
  - Work collaboratively with co-Leader
  - Handle group dynamics appropriately



## **FIRST PRACTICE TEACHING CHECKLIST AND FEEDBACK FORMS**

**All trainees get a full copy of these forms.**



# FIRST PRACTICE TEACH

Group 1      Group 2

## Session 1, Activity 1: Introductions

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<i><b>Introductions</b></i>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader delivered the script and covered all the points on Chart 1: <i>Guidelines</i> and Chart 2: <i>Self-Management Tasks</i> .						
Leader facilitating the activity introduced her/himself using only first name, stating health condition (or that of someone close to her/him) and problems experienced as a result of that condition.						
Leader not facilitating the activity wrote what the first Leader's problems on the board or chart pad and then introduced him/herself and wrote his/her problems.						
Leader scribing put a check mark next to a word/problem every time is was repeated by another person.						
Leaders redirected those who started telling a story instead of saying their name, chronic condition and one or two problems that they have.						
Leader pointed out that some of their concerns are similar and how most of these will be addressed with the Chart 3: <i>Self-Management Tool Box</i> .						
Leader was specific (when possible) by linking some of the specific problems listed with specific tools in the Tool Box (Chart 3) as per manual instructions.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**





# FIRST PRACTICE TEACH

Group 1      Group 2

## Session 1, Activity 3, The Mind-Body Connection / Distraction

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<b><i>The Mind-Body Connection/ Distraction</i></b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader pointed to “Using your Mind” in <i>Chart 3: Self-Management Tool-Box</i> .						
Leader facilitated the lemon activity according to the script in the manual and at an appropriate pace.						
Leader accurately delivered the information when paraphrasing sections of this activity (i.e., provided the information to participants clearly, without adding or deleting material that changed the content).						
Leader cautioned participants about <i>NOT</i> using cognitive techniques to manage chest pain or sudden numbness/weakness.						
Leader facilitating the activity reviewed the brainstorming guidelines while co-leader pointed to Chart 4.						
Leader facilitating the activity repeated back aloud the responses of each participant using key words.						
Leader facilitating the activity asked the group if any of the ideas needed clarification.						
Leader only added his/her ideas after the brainstorm was completed (or to get the brainstorm started if the group was having a difficult time).						
Scribe wrote only the key words repeated by facilitator and let the facilitator know when to slow down and when 15 ideas were reached (if needed).						
Leader facilitated the short-term distraction activity according to the instructions in the manual. (If anything was missed, comment below).						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



# FIRST PRACTICE TEACH

Group 1      Group 2

## Session 1, Activity 5, Introduction to Action Plans

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<b><i>Introduction to Action Plans</i></b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader facilitating the activity pointed to “action planning” in Chart 2: <i>Self-Management Tool Box</i> .						
Leader delivered the script and related Chart 5: <i>Parts of an Action Plan</i> to concepts presented during the activity.						
Leader came prepared to model key elements correctly (WHAT, WHEN, HOW MUCH, HOW OFTEN, and CONFIDENCE LEVEL).						
Leaders each have different plans.						
Leader stepped in and helped participants when key elements were missing.						
If plans are set for every day, Leader let participants reminded the group that plans are often more successful if they are set for 3-5 days.						
When confidence level is below 7, Leader assisted the person to adjust the plan for a level of 7 or higher.						
Leader followed the problem-solving guidelines when needed, to assist participants in making an action plan.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



# FIRST PRACTICE TEACH

Group 1      Group 2

## Session 2, Activity 3, Dealing with Difficult Emotions

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<i>Dealing with Difficult Emotions</i>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader utilized Chart 7: <i>Symptom Cycle</i> to illustrate <i>difficult emotions</i> as a symptom on the symptom cycle.						
Leader provided the information to participants clearly, without adding or deleting material that changed the content.						
Leader accurately delivered instructions for the pairing activity according to the leaders' manual.						
Leader made clear that each participant would be reporting to the group for their partner and that information they did NOT want shared should not be shared with the partner <i>or</i> that the partner should be told NOT to share it.						
Leader, as instructed, just referred to the brainstorming guidelines; did not go over them (unless the group required it).						
Leader (scribe) wrote ideas in the participant's own words or if rephrased, the leader asked the participant who generated the idea to approve the change.						
Leader followed the brainstorming fundamentals outlined in the manual. If not, please comment below.						
The leader facilitating repeated back aloud the responses of each participant using key words.						
Leader facilitating managed the group well by keeping it focused on the topic, repeating the question, keeping comments to a minimum and using silence, eye contact, and body language to control the flow of ideas.						
Leader added items not mentioned, from the list on the manual at the end of the brainstorm when applicable.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Presentation style demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



# FIRST PRACTICE TEACH

Group 1      Group 2

## Session 3, Activity 5, Healthy Eating

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<b>Healthy Eating</b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader pointed to Chart 3: <i>Self-Management Tool Box</i> while introducing the topic.						
Leader accurately delivered the instructions for the quiz; allowed time for participants to write; paraphrased answers (i.e., provided the information clearly, without adding or deleting material that changed the content).						
Leader reviewed Chart 15: <i>The Plate Method</i> and explained it clearly.						
Leader facilitating allowed time for participants to think of a change they wanted to make and had 3-5 share the change they wanted to make.						
Leader did not comment on any changes made by participants.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**





# FIRST PRACTICE TEACH

Group 1      Group 2

## Session 3, Activity 3, Pain Management

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<b>Pain Management</b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader pointed to <i>pain</i> , <i>fatigue</i> and then <i>depression</i> and <i>difficult emotions</i> on Chart 7: <i>Symptom Cycle Box</i> while introducing the topic and the role the brain plays in interpreting pain and other symptoms.						
Leader and scribe conducted the brainstorm activity following the brainstorming fundamentals outlined in the manual. If not, please comment below.						
The leader facilitating repeated back the responses of each participant using key words.						
The leader facilitating managed the group well by keeping it focused on the topic, repeating the question, keeping comments to a minimum, using silence, eye contact and body language to control the flow of ideas.						
The scribe wrote only the key words repeated by facilitator and let the facilitator know when to slow down and when 15 ideas were reached (if needed).						
Leader added items not mentioned, from the list on the manual at the end of the brainstorm when applicable.						
Leader referred to fatigue from Session 2 and how the tools mentioned help with both pain and fatigue.						
Leader pointed to <i>medication</i> on the symptom cycle and followed the manual to present clearly its role in managing pain, the cautions with use of opioids; importance of safe storage of medication; and referred participants to book for more information.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



# FIRST PRACTICE TEACH

Group 1      Group 2

## Session 3, Activity 4, Endurance Exercise

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<i>Endurance Exercise</i>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader pointed to Chart 3: <i>Self-Management Tool Box</i> while introducing the topic.						
Leader provided the information about endurance activities clearly, without adding or deleting material that changed the content.						
Leader pointed to Chart 7: <i>Symptom Cycle</i> and explained clearly how exercise can break the cycle, as well as describing the benefits of endurance exercise.						
Leader utilized Chart 12: <i>Moderate Endurance Exercise</i> , Chart 13: <i>Monitoring Exercise Intensity</i> and Chart 14: <i>Be F.I.T.</i> as scripted in the manual.						
Leader facilitating allowed time for people to think of a change they wanted to make and had 3-5 share one change they want to make.						
Leader provided clear instructions for the monitoring exercise intensity practice.						
Leaders modeled correctly the marching/conducting exercise practice. One leader marched at an appropriate pace and the other leader sat while conducting the orchestra.						
Leader asked and allowed only a few participants to share their exertion levels.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

COMMENTS:



## **SECOND PRACTICE TEACHING** **CHECKLIST AND FEEDBACK FORMS**

**All trainees get a full copy of these forms.**



## SECOND PRACTICE TEACH

*Group 1      Group 2*

### Session 2, Activity 1, Feedback

*Leaders Facilitating the Activity:* \_\_\_\_\_

*Trainer:* \_\_\_\_\_

<b>Feedback</b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leaders reported on the success of her/his action plan by stating the action plan and then reporting their success.						
Leader asked for a volunteer to report on their action plan.						
Leader praised participants for achieving their action plans or for modifying and being good self-managers.						
Leader asked participants to state the problem(s) that prevented them from achieving their action plan.						
Leader asked participants what they tried to do (if anything) to overcome the problem(s).						
Leader asked the participant if they would like help from the group.						
Leader asked the group if anyone had ever experienced a similar problem.						
If the participant did want help from the group, Leader clearly stated the problem and proceeded with problem solve/brainstorm.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**





## SECOND PRACTICE TEACH

Group 1      Group 2

### Session 4, Activity 3, Reading Food Labels – Part 1

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<b>Reading Food Labels – Part 1</b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader introduced topic by pointing to healthy eating on Chart 3: <i>Self-Management Tool Box</i> .						
Leader instructed participants to open their books and refer to the food label there, and Co-Leader checked that everyone found the page.						
Leader accurately delivered the information when paraphrasing sections of this activity (i.e., provided the information to participants clearly, without adding or deleting material that changed the content).						
During the Q & A exercise, Leader corrected incorrect responses.						
After referring to the food label in the book, Leader asked participants to look at their food labels and ask for only a few responses.						
Co-Leader only provided labels to those who did not bring any.						
Leader was familiar with the food label in the book.						
Leader made sure different participants gave answers during the food label Q&A part of the exercise.						
Leader reminded participants to bring their labels again for next week and to complete another food diary, paying attention to portion sizes.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



## SECOND PRACTICE TEACH

*Group 1      Group 2*

### Session 4, Activity 6, Communication Skills

*Leaders Facilitating the Activity:* \_\_\_\_\_

*Trainer:* \_\_\_\_\_

<i>Communication Skills</i>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader accurately delivered the information when paraphrasing sections of this activity (i.e., provided the information to participants clearly, without adding or deleting material that changed the content)						
Leaders role-played Script #1 <i>Time Issues</i> or #2 <i>Physical Intimacy</i> , according to the leader manual.						
Leader managed effectively the discussions about communication (allowed participants to express their observations, did not “correct” anybody on what they observed, directed attention to what was important by asking questions).						
Leader utilized Chart 17: <i>Communication Skills</i> according to the leader manual.						
Leader reminded participants to read Chapter 11 of the book for more information on other aspects of communication.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



## SECOND PRACTICE TEACH

Group 1      Group 2

### Session 5, Activity 5, Dealing with Depression

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<i>Dealing with Depression</i>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader utilized Chart 7: <i>Symptom Cycle</i> to introduce depression and how it is another symptom to manage.						
Leader stated clearly the difference between depressed feelings and long-term clinical depression, and the appropriate use of self-management tools for each.						
Leaders followed the brainstorming fundamentals outlined in the manual. If not, please comment below.						
Leader facilitating managed the group well by keeping it focused on the topic, repeating the question, keeping comments to a minimum and using silence, eye contact, and body language to control the flow of ideas.						
The leader facilitating repeated back aloud the responses of each participant using key words.						
Leader (scribe) wrote ideas in the participant's own words or if rephrased, the leader asked the participant who generated the idea to approve the change.						
Leader added items not mentioned, from the list on the manual at the end of the brainstorm when applicable.						
Leader stated when to seek help for depression and emphasized again that clinical depression is a chronic and treatable condition.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



## SECOND PRACTICE TEACH

Group 1      Group 2

### Session 5, Activity 6, Communication with Ourselves (Self-Talk)

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<i>Communication with Ourselves (Self-Talk)</i>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader accurately delivered the information when paraphrasing sections of this activity (i.e., provided the information to participants clearly, without adding or deleting material that changed the content)						
Leader pointed to <i>using the mind</i> on Chart 3: <i>Self-Management Tool Box</i> and emphasized it as an important tool to help change negative thinking to more active, helpful thinking.						
Leader also pointed to the other tools on Chart 3 as effective in helping to manage negative thinking.						
Leader utilized and clearly explained the points on Chart 21: <i>Ways to Manage Negative Thinking</i> .						
Leader asked and accepted only a few responses from participants about what they might try to help deal with worst case negative type thinking.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**





## SECOND PRACTICE TEACH

Group 1      Group 2

### Session 5, Activity 3, Medication Usage

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<b>Medication Usage</b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader utilized Chart 18: <i>Purposes of Medications</i> according to the current leaders' manual.						
Leader utilized Chart 19: <i>Medication Effects</i> according to the current leaders' manual.						
Leader utilized Chart 20: <i>Medication Responsibilities</i> according to the current leaders' manual.						
Leader accurately delivered the information when paraphrasing sections of this activity (i.e., provided the information to participants clearly, without adding or deleting material that changed the content).						
Leader facilitating added only the items not mentioned by participants during the brainstorm activity.						
The Leader scribe waited for co-leader to name the responses to be written on the board during the brainstorms.						
Leader facilitating the brainstorm clearly named the responses for her/his co-Leader to write down.						
Leader only added his/her ideas after the brainstorm was completed (or to get the brainstorm started if the group was having a difficult time).						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



## SECOND PRACTICE TEACH

Group 1      Group 2

### Session 6, Activity 3, Working with Your Health Care Team

Leaders Facilitating the Activity: \_\_\_\_\_

Trainer: \_\_\_\_\_

<b>Working with Your Health Care Team</b>	Leader 1:			Leader 2:		
	Yes	No	N/A	Yes	No	N/A
Leader introduced topic by pointing to working with providers on Chart 3: <i>Self-Management Tool Box</i> .						
Leaders followed the brainstorming fundamentals outlined in the manual. If not, please comment below.						
Leader facilitating managed the group well by keeping it focused on the topic, repeating the question, keeping comments to a minimum and using silence, eye contact, and body language to control the flow of ideas.						
The leader facilitating repeated back aloud the responses of each participant using key words.						
Leader (scribe) wrote ideas in the participant's own words or if rephrased, the leader asked the participant who generated the idea to approve the change.						
Leader added items not mentioned, from the list on the manual at the end of the brainstorm when applicable.						
Leader followed instructions to problem-solve at least one problem with the organization and one with providers as instructed in the manual.						
Leader stated importance of good communication skills and facilitated the practice of "I messages" with at least one problem from the list generated.						
Leader utilized Chart 24: <i>Take P.A.R.T.</i> according to the current leaders' manual.						
Leader demonstrated good eye contact.						
Leader demonstrated good voice projection.						
Leader demonstrated good body language.						
Leader worked well with co-leader.						

**COMMENTS:**



**TIPS FOR GIVING FEEDBACK  
DURING PRACTICE TEACHING**

**(“The Sandwich Handout”)**

**APPEARS ON NEXT PAGE**

**DO NOT DUPLICATE FOR LEADERS  
IT IS INTENDED ONLY FOR MASTER TRAINERS  
AND T -TRAINERS**

***(Print 2-sided)***

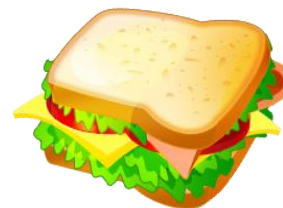


## TIPS FOR GIVING FEEDBACK DURING PRACTICE TEACHING

**TRAINERS:** The purpose of this tool is to assist you prepare for and give feedback to Master Trainers and Leaders during Practice Teaching. Feedback should be a **positive and constructive process** that not only supports the individuals facilitating the activity, but the whole group while also ensures that high program standards are maintained.

### Giving Feedback: Principles of the Motivating Sandwich

- Offer positive feedback first
- Focus feedback on exploration of alternatives
- Reserve final answers or solutions to instances when the integrity of the program is in jeopardy
- Be kind, but do not avoid corrective feedback! — To learn from our mistakes, we must first know what they are. It is important that the other participants do not get confused about the correct process/content.
- Be specific and objective so that the participant is clear about what it is they must do differently. Focus feedback on behavior rather than the person.
- Concentrate on what you actually observed or heard.
- Be brief. Focus feedback on the amount of information that the participant can use, rather than on the amount you might like to give.
- Remember the principle of the “Motivating Sandwich” — begin and end with the positive, with the corrective feedback in between.



### PRACTICE TEACHING PREP

- Prior to Practice Teaching review all Practice Teaching Checklists (included in your Practice Teaching Packet) and make sure you have a sense of what we expect trainees to demonstrate.
  - Make sure you have the activities checklists available for Practice Teaching
  - Use your watch, a silent timer or a timekeeper to keep track of the time. The following guidelines apply most of the time. Be flexible but mindful of the time:
    - 5-7 minutes per person = 10-14 minutes
    - Trainees self-evaluation = 2 minutes
    - Group feedback = 4 minutes
    - Pair assigned to give feedback = 3 minutes
    - Trainer(s) feedback = 2 minutes
- 20-25 minutes
- Start with the first pair (usually trainees volunteer and figure out on their own the order in which they are going to present their activity) (during master trainings, follow the order in column #1 of the Practice Teaching Feedback Assignment form)
  - For each pair (occasionally a trio) follow the steps listed on the next page
  - At any time, if someone deviates significantly (more than just paraphrasing) from the process or content indicated in the manual stop the person and ask her/him to conduct the activity as instructed. If the person deviates again, stop her/him and give specific instructions on how to conduct the activity or demonstrate it yourself.
  - As needed, you may need to play participant roles that are relevant to the contents of the activity.
  - Make sure roles are played for learning purposes to a reasonable degree and not just for fun.





# STEPS TO PROVIDING FEEDBACK

## 1<sup>st</sup> Step: Set a positive tone:

- Thank the participant for their delivery
- Make some general very brief comment about their delivery that sets a positive tone. Even if their performance has not gone particularly well, you should be careful not to be too unduly critical. Thank them for their effort.

## 2<sup>nd</sup> Step: Allow Self-Criticism

- Say to the presenting pair: “Let’s start with you” or “Let’s first hear from each of you how you think your presentation went?” The purpose of this question is to open up the feedback process allowing those “on the spot” the opportunity to take the initiative minimizing external evaluation. Also, as a trainer you want to determine the level of self-awareness the person has over their performance. Part of the rationale of practice teaching is to learn from the experience. If they are aware of what they did wrong that is a great start.
- Ask “Is there anything in particular that you would do differently?” This question gives participants the opportunity to seek guidance on any difficulty that has arisen or to demonstrate an awareness of where they went wrong
- Say “Would you identify one or two things that you believe you did particularly well?” This question gives participants the opportunity to comment on their strengths.

## 3<sup>rd</sup> Step: Allow Peer Feedback

- Give the rest of the group an opportunity to contribute by asking if there are any comments or observations that they wish to make.
- Ask the group to refer to specific actions and to be brief and constructive. For example: “While problem solving you skipped
- Please ensure that any criticism offered is positive and constructive or that any praise is realistic and deserved.

## 4<sup>th</sup> Step: Offer Trainer Feedback

- In a non-threatening-non confronting way, fill in any gaps or observations that the participants or their peers have left unsaid.
- Always try to get the participants to identify any area for improvement by asking question that focus on the specific critical area. For example:
  - “What happened when Mary did not write down Jean’s idea during the brainstorming”
  - “What did you say to the participant who did not want to make an action plan? “
  - “What did you do when your partner skipped the chart?”
- Then ask them to suggest ways of improving by asking” How might you do this differently?”
- Sometimes you may need to explain why a particular course of action or response is recommended. Remember that the process in this program is intended to increase self-efficacy in participants.

**FINALLY**, you must be satisfied that the participant has reached a reasonable standard and is someone with whom you would be happy to lead a course. However, if that is not the case, **you should not certify that person!**



# APPENDIX XII: SCENARIO AND BRAINSTORMING PARTICIPATION LOG

Trainee's Name	Brainstorming	Scenario	Trainer's Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			



# APPENDIX XIII: SAMPLE LEADER TRAINING EVALUATION

Please help us improve our program by filling out this evaluation form AFTER you have completed the training and hand it in to your trainers. You need not identify yourself.

## Thinking back over this workshop...

1. What portions were the most valuable?
2. What portions would you give more time to?
3. What portions would you shorten or delete?
4. If you had to change something, what would you change?

## How confident are you that you can...

- |   |            |   |   |   |   |   |   |   |   |   |         |           |
|---|------------|---|---|---|---|---|---|---|---|---|---------|-----------|
| 5. answer questions that might be asked by program participants?..... | not at all |   |   |   |   |   |   |   |   |   | totally |           |
|   | confident  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10      | confident |
- 
- |  |            |   |   |   |   |   |   |   |   |   |         |           |
|--|------------|---|---|---|---|---|---|---|---|---|---------|-----------|
| 6. assist people with making an action plan? ..... | not at all |   |   |   |   |   |   |   |   |   | totally |           |
|  | confident  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10      | confident |
- 
- |   |            |   |   |   |   |   |   |   |   |   |         |           |
|---|------------|---|---|---|---|---|---|---|---|---|---------|-----------|
| 7. assist participants, using the problem-solving process?..... | not at all |   |   |   |   |   |   |   |   |   | totally |           |
|   | confident  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10      | confident |

*Please continue with questions on the reverse side!*



## How confident are you that you can handle...

	not at all										totally	
8. participants who cry?.....	confident	1	2	3	4	5	6	7	8	9	10	confident
<hr/>												
	not at all										totally	
9. participants who are silent? .....	confident	1	2	3	4	5	6	7	8	9	10	confident
<hr/>												
	not at all										totally	
10. participants who challenge you?.....	confident	1	2	3	4	5	6	7	8	9	10	confident
<hr/>												
	not at all										totally	
11. participants who talk too much? .....	confident	1	2	3	4	5	6	7	8	9	10	confident
<hr/>												
	not at all										totally	
12. participants who refuse to participate?.....	confident	1	2	3	4	5	6	7	8	9	10	confident
<hr/>												
	not at all										totally	
13. participants who have many personal problems they want to share?.....	confident	1	2	3	4	5	6	7	8	9	10	confident

**Please share any other comments that you think would be helpful in improving this training:**

***Thank you!***

