

# LIFESTYLE COACH TRAINING MANUAL



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# LIFESTYLE COACH TRAINING



## Welcome to Solera's DPP Lifestyle Coach Training

### Agenda for the 2 Day Training:

- **Day 1:** Curriculum
- **Day 2:** Problem Based Learning, Motivational Interviewing, Group Facilitation Skills, and Practice



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### Training Agenda: Day 1 - Curriculum

- Introductions
- Case 1, Case 2
- Break
- Case 3, Case 4
- Lunch
- Case 5, Case 6
- Break
- Case 7, Game 1



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### Introductions

**Form a circle for introductions and take turns introducing:**

- Your name and where you are from
- What made you decide to come for Lifestyle Coach Training
- Something that you are passionate about/brings you meaning or joy

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## Orientation to Learning Through Cases on Day 1

**We use Problem Based Learning (PBL) to teach ourselves how to facilitate the curriculum. PBL works as follows:**

1. The group reads a case and identifies learning issues from the case.
2. Learning issues are divided up among group members so each individual “signs up” to investigate a specific learning issue.
3. Those who looked up learning issues teach the group what they found.



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## Learning Through Cases, continued

**A typical PBL case has learning issues embedded in the case like hidden jewels.**

### **Example:**

Case 1: John Smith has a BMI of 32.

A learning issue might be identified as, “What is BMI?”

A member of the PBL group would sign up for this learning issue, look it up, and teach the group what he or she found.

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### Learning Through Cases, continued

Normally it is up to the group to find the learning issues in the cases, but for cases in Day 1 of this training, the learning issues are spelled out clearly and in bold. This is done so we can quickly move on to looking up and teaching each other the learning issues - which, in fact, are the key points for facilitating each class.

Also, it is customary for each individual of the group to look up learning issues on their own. For today, we will have groups of 3 (depending on class size) working together to look up and teach learning issues.

The first case corresponds with general overview. The next 5 cases correspond with each of the 16 Sessions of the first 6 months and the final case corresponds with the 10 Sessions of the last 6 months.



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### Learning Through Cases, continued

For today, the cases will all begin with, “A lifestyle coach is planning to teach...” The details for what the lifestyle coach in the case is planning to teach will be in bold. These will be the learning issues for the case. Each team of 3 (depending on class size) will then each sign-up to learn about and teach the learning issues. Use the “Resources” section to learn about the learning issue so you can teach your classmates what you find.

**By teaching your classmates what you find regarding these learning issues, you will be informing yourself and your classmates on how to facilitate that particular part of the curriculum.**



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### Learning Through Cases, continued

We will take about 55 minutes to work through each case as follows:

**First 5 minutes:** Read the Case, assign learning issues.

**Next 10 minutes:** Go to the “Resources” section to research your learning issue and prepare to teach your classmates on the learning issue.

**Final 40 minutes:** Teach the class what you found on your learning issue. If there are 4 learning issues, then 4 teams (3 people on each team - depending on class size) will take 10 minutes each to teach on the learning issue. Any classmate not presenting can be assigned to keep time and award a team with the “best presentation of the case” award. The team with the most “best presentation of the case” awards at the end of the day wins.



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### Learning Through Cases, continued

Example:

**First 5 minutes:** The class reads Case 2 that, in part, reads: “A lifestyle coach is planning to teach Core Class 1 and wonders how to facilitate ground rules...” A team of 3 classmates is assigned to the learning issue, “How to facilitate ground rules.” Other learning issues from the case (not written here) are assigned to other teams of 3 classmates.

**Next 10 minutes:** The 3 classmates assigned to the learning issues from the case (not written here) are assigned to other teams of 3 classmates.

**Final 40 minutes:** All teams present their learning issues. The classmates not assigned to learning issues make sure each team completes the teaching in 10 minutes and then awards the “best presentation of the case award.”

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# Let's Get Started!



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## Case 1: General Overview

A lifestyle coach is thinking over general concepts the day before the start of a Prevent T2 Diabetes Prevention Program and wonders:

1. Why do the program in the first place? What do we know about people developing diabetes in this country? What does the Diabetes Prevention Program study show? What is the National Diabetes Prevention Program?
2. What tools are needed for the program?
3. What happens in each session?
4. What is the role of the lifestyle coach?



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## Case 2: Recording Measurements

A lifestyle coach is thinking about what measurements/activities to record and what to ask participants to record as they go through the Diabetes Prevention Program and wonders:

1. How do the weigh-ins work and where do I record participant weight?
2. How does the Weight Log work? How does the Activity Log work?
3. How does the Action Plan Journal work? What do participants fill out and how do I use it?
4. How does the Food Tracking Activity work? How do I work with the Weekly Food Log?



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## Case 3: Build Skills - Sessions 1-4

A lifestyle coach is thinking about facilitating sessions 1-4 and wonders what key elements to cover for each of the following sessions:

1. Session 1: Introduction to the Program
2. Session 2: Get Active to Prevent Type T2
3. Session 3: Track Your Activity
4. Eat Well to Prevent Type 2

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### Case 4: Build Skills - Sessions 5-8

A lifestyle coach is thinking about facilitating sessions 5-8 and wonders what key elements to cover for each of the following sessions:

1. Session 5: Track Your Food
2. Session 6: Get More Active
3. Session 7: Energy In, Energy Out
4. Session 8: Eat To Support Your Health Goals



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### Case 5: Build Skills - Sessions 9-12

A lifestyle coach is thinking about facilitating sessions 9-12 and wonders what key elements to cover for each of the following sessions:

1. Session 9: Manage Stress
2. Session 10: Eat Well Away From Home
3. Session 11: Managing Triggers
4. Session 12: Stay Active to Prevent Type 2



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### Case 6: Build Skills - Sessions 13-16

A lifestyle coach is thinking about facilitating sessions 13-16 and wonders what key elements to cover for each of the following sessions:

1. Session 13: Take Charge of Your Thoughts
2. Session 14: Get Back on Track
3. Session 15: Get Support
4. Session 16: Stay Motivated to Prevent Type T2



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### Case 7: Remain Engaged - Months 7-12

A lifestyle coach is thinking about facilitating sessions during months 7-12 and wonders what key elements to cover during the sessions:

1. What are the sessions, when/how often do the sessions occur, and what happens during the sessions?



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## Game 1: Tournament!

A tournament bracket is created and all the teams enter the tournament.

Teams play as follows:

- 2 teams play against one another at a time.
- 1 team looks through the Resources section, formulates a question from the material, and asks that question of the other team. The other team answers and then replies with a question, also formulated by going through the Resources section. The first team then answers this question. All others judge who answered best and that team wins and moves forward in the tournament.
- This process is repeated until a team wins the tournament.



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## Day 2

**Problem Based Learning**

**Motivational Interviewing**

**Group Facilitation Skills**



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## Training Agenda: Day 2

1. Recap Day 1: Questions, Comments, Frequently Asked Questions
2. Problem Based Learning
3. Motivational Interviewing
4. Group Facilitation Skills

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## Recap Day 1: Questions? Comments?



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## Recap Day 1: Frequently Asked Questions

1. **Can I change the curriculum?**  
No. The current curriculum is proven by research.
2. **Can I bring in my own examples to teach curriculum?**  
Yes. You are welcome to fit examples to the group's background. Remember, while you can bring in your own examples and activities to support the curriculum, do not do anything that will change the content of each session.
3. **Do we offer make-up sessions?**  
Yes. Make-up sessions are crucial for meeting recognition weigh-in and attendance requirements. Make-up sessions must be 1 hour long. Participant weight and minutes of physical activity must be recorded during the make-up session. Make-up sessions are scheduled for a time outside of regular class and may be one-on-one or group based sessions.



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## Problem Based Learning

### Step 1: Go Over the Case

Students initially explore a case discussing:

1. Elements of the case that are significant, and
2. Elements of the case that are related.

For example, in a case where a patient has hypertension, does not take anti-hypertensive medicine as prescribed, and has a heart attack:

- A "what is significant" point is, "I think it is significant that this patient has high blood pressure."
- A "what is related" point is, "I think the patient having a heart attack is related to the patient not taking anti-hypertensive medication as prescribed."



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## Problem Based Learning

### Step 2: Look Up Information

Once a list of “What is significant” and “What is related” is generated, students go over the list to create a list of things that need to be looked up (called learning issues) in order to better understand concepts presented in the case.

For example, the “what is significant” point of “I think it is significant that this patient has high blood pressure” can be converted to the learning issue of **at what number (systolic and diastolic) is blood pressure considered to be hypertensive vs. prehypertensive vs. normal?**

The “what is related” point of “I think the patient having a heart attack is related to the patient not taking antihypertensive medication as prescribed” can be converted to the learning issue of **what is the proper management of hypertension using medicine and what do you do if the patient is not taking medicine as prescribed?**



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## Problem Based Learning

### Step 2: Look Up Information, continued

Learning issues are divided amongst members of the group so each student will have one or more learning issue(s) to look up. The group then disperses so students can look up their assigned learning issues individually.



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## Problem Based Learning

### Step 3: Share Information With Group Members

After looking up learning issues individually, students return to the group to present what they found. Based on the group discussion that follows, a final list of “Questions for the Expert” is generated that represents a list of questions that were not answered in the initial process. At this point, an expert is brought in to provide further education in the area of investigation.



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## Problem Based Learning

### Conclusion

In conclusion, PBL “deliverables” from the previous steps are:

1. Review case and make a list of “What is Significant” and “What is Related.”
2. Create a list of learning issues and divide them up so each student “signs up” to look up one or more learning issues from the list.
3. After learning issues are presented and discussed, create a list of “Questions for the Expert.”

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## Case Study – Maria Sanchez

Maria Sanchez is a 42 year old woman currently employed as an occupational medicine physician who, after finding out that she had prediabetes, enrolled in a My Weigh 2 Prevent Diabetes program.

*Below is a transcript of the last part of Maria's visit with her doctor:*

**Doctor:** Maria, I am so happy to hear that you are in a diabetes prevention program. Did you know we have a health coach here in the office? After we finish our visit I would like you to check in with the health coach. The coach can check in with you on all progress you are making in the diabetes prevention program. Then the coach will report back to me so I will be in the loop. Is that ok with you?

**Maria:** Yes, that sounds like a great plan. Thanks!

*After the doctor visit, Maria goes to another room and meets with the health coach. Part of the health coach notes are as follows:*

Maria values being a support to her family. Showing her love through cooking for her loved ones brings her great meaning in life.

For increasing her minutes of physical activity, Maria notes her confidence is 3, importance is 2.

For weight loss, Maria notes her confidence is 7, importance is 7.

For choosing foods and ingredients with less fat content, Maria notes her confidence is 5, importance is 5.

For engaging in practices for stress management, Maria notes her confidence is 10, importance is 10.

For eating more fruits/vegetables, Maria notes her confidence is 9, importance is 9.

*Maria returns to the clinic 2 weeks later for a follow-up appointment with her doctor. Below is a transcript of the last part of their visit:*

**Doctor:** Now Maria, I hear from our health coach that you are great with the fruits and vegetables – and that is really good. However, I must say I am very disappointed that physical activity is not more important to you. I told you in our last visit how very important it is for you to get moving. Please go over this with our health coach.

**Maria:** Well doc, I'm just not there yet with the physical activity. And I'm still in the early part of the diabetes prevention program; we have not even started talking about physical activity yet. I love you as a doctor, but remember – I'm not going to do something just because you say so!"

**Doctor:** You're right Maria. I'm sorry... I've been telling patients what to do for so long it just seems like the right thing for me to do. But I'm learning from our coach! Please do see the coach after our visit and we will keep following up.

## ***Lifestyle Coach Instructor Manual***

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*Selected notes from the health coach are as follows:*

Maria continues to be in pre-contemplation for smoking cessation.

Maria wishes to focus the majority of our time on stress management, and that is what we will focus on; however, she did mention that she would like to spend the first part of our session going over physical activity; notes on that to follow:

Physical activity barriers from Maria's perspective (her quotes):

"I don't know anyone who does any physical activity; I wouldn't know where to get started."

"I don't want to go to a gym and have everyone stare at me – probably judging how out of shape I am."

"I never have liked doing any physical activity."

"Adding minutes of physical activity is impossible for me because I don't like to sweat!"

**Coach Note:** I asked Maria to list 3 reasons it would be good to add minutes of physical activity and she listed:

- Help with weight loss and diabetes prevention.
- Would make me healthier and help me live longer – I want to be around for my family for more years to come.
- Would get me out of the house for some fresh air.

**Coach Note:** I asked Maria if she would be willing to read materials on physical activity and she said that she is willing to read more on this subject. Given how she greatly values being there for her family, I pointed out that she herself noted how being more physically active will help her be healthier and live longer so she can be there for her family for years to come. Maria noted again that being healthy and being there for her family for years to come is very important to her.

*Maria returns again to the clinic in one month for a follow-up and sees her doctor. A transcript of the last part of their visit follows:*

**Doctor:** Maria, I see you have already lost 4 pounds. That's terrific. I also heard from the coach that you are open to learning more on physical activity. I brought you more materials to consider here.

**Maria:** Thank you, doctor. And I have something for you. We had our first session on physical activity a couple of weeks ago in my diabetes prevention class and I have been tracking my minutes of physical activity using the Fitness Log. I brought it in for you to see. Check it out!

**Doctor:** Wow, Maria. I'm impressed! Great going!

**Maria:** Thank you, doctor. I'm really enjoying the program.

## Introduction to Motivational Interviewing

### Motivational Interviewing in the context of Health Behavior Change

Motivational Interviewing is one of the more successful counseling methods that aims to help people change their behaviors for better health. It is the work of Dr. William Miller of the University of New Mexico and Dr. Stephen Rollnick of the University of Wales, College of Medicine. These two men have extensive experience counseling people in the United States and Europe in changing addictive behaviors such as alcohol or substance abuse. Building on the work of many colleagues in areas such as people-centered counseling, they developed and tested a theory of how and why people change particularly difficult behaviors, and how counseling styles can help or hinder them. Out of these experiences grew the practices of motivational interviewing, a “way of being with people” which can help them to change.

### Practical Motivational Interviewing Skills: Active Listening

Verbal cues indicate that you are listening to an individual. Four useful tools include open-ended questions, clarifying questions, reflecting statements, and reframing statements. These tools help to clarify what an individual has told you and provide encouragement.

#### 1. Open-ended questions

These questions cannot be answered with a simple “yes” or “no.” Open-ended questions encourage an individual to provide responses that are detailed and informative. An example of a close-ended question is, “Do you use tobacco?” An alternative, open-ended question is, “Tell me about your experiences using tobacco.”

#### 2. Clarifying questions

Clarifying questions prompt an individual to provide more information, so that their point is clearly understood by the listener. If a statement is vague, you may misunderstand the meaning of their response. An example of a clarifying question is, “I heard you say that you want to exercise more for your children. What do you mean?”

#### 3. Reflecting statements

Reflections are statements that restate or summarize, as accurately as possible, what you have heard the individual tell you. These statements provide the individual with an opportunity to correct misunderstandings. For example, an individual trying to reduce their alcohol use tells you about the number of friends and family members who smoke. A reflecting statement is, “It sounds like a lot of people around you drink.”

#### 4. Reframing statements

Reframing restates and individual’s response in a more positive light. These statements encourage positive thinking. For example, an employee says, “I have control of my eating for only two weeks.” A way of reframing this statement is, “You made a change for two weeks. That’s a positive step!” Almost all situations have some positive aspect that can be acknowledged.

## **Motivational Intervention Strategies**

### **Strategy 1: Exploring Ambivalence**

Three questions are useful for exploring feelings of ambivalence. They include importance questions, confidence questions, and magical questions. The importance and confidence questions use rating scales from 1 to 10 to help participants think more critically about their readiness to change their behavior. Magical questions are open-ended and used to focus on possible solutions (De Shazer, 1991).

#### **Importance Question:**

“On a scale of 1 to 10, with 10 being very important and 1 being not important at all, how important do you think it is for you to quit tobacco (or make an alternative lifestyle choice)?”

The importance question examines the individual’s perception of how important it is to make a change. It offers an opening to talk about motivators to change their behavior. The question can be used to reveal differences between the individual’s motivators and current behaviors.

After obtaining the individual’s self-rating, you may ask clarifying questions in order to understand the level of importance of making a change. Sample clarifying questions include:

- You chose 6 for importance. Why 6 instead of 10?
- What is the difference for you between a rating of 6 and a rating of 10 for importance?
- What would need to happen to go from a 6 to a 10 rating of importance?

#### **Confidence Question:**

“If you decide to quit tobacco (or make another lifestyle change) today, on a scale of 1 to 10, how confident are you that you would succeed?”

The confidence question examines the individual’s level of confidence in their ability to make a change successfully. In combination with follow-up clarifying questions, the confidence question can be used to understand perceived barriers for changing and identify actions for increasing confidence and changing the behavior. A sample clarifying question is, “What would need to happen to increase your confidence from a 4 to an 8?”

#### **Magical Question:**

“Suppose you woke up tomorrow morning and you had no desire to use tobacco. What would be different?”

An open-ended magical question helps the employee increase their positive thinking and focus their attention on potential solutions and future goals (De Shazer, 1986). Use the individual’s response to emphasize motivators to take steps toward their goal.

## **Strategy 2: Negotiating Action**

“What are you willing to do about your health right now?”

After applying the exploring ambivalence strategy, you should shift your attention to action steps. You can use the question above as an opening to this part of the conversation. Action steps are changes that the individual is willing to make regarding their health. These steps are developed through process of negotiation between you and the participant. The employee directs the negotiation process. For example, the participant may not be ready to change, but may be willing to take a small step towards the change. This type of action is a significant step and should be encouraged. (Normal, Ribisl, Howard-Pitney, Howard & Unger, 1999 and 2000).\

Before offering suggestions, ask the participant if they are open to receiving your advice. On the other hand, the participant may refuse to negotiate a set of actions. During this strategy, it is important to use active listening skills and offer advice and assistance, if appropriate. After, the participant has identified specific action plans, restate them to gain clarification and offer encouragement.

### **A Sample Restatement Is:**

“So, I understand that you are going to call the community center today or tomorrow and ask for information about their upcoming diabetes education class. You are also planning to talk to your husband about your concerns about your diet at home, and you are going to do this when you get home today. Have I got that right?”

### **Offer Hope of Future Success**

During the negotiation, it is important to display a positive attitude about the individual’s ability to change their behaviors. Be optimistic that change is possible. Many participants have made previous attempts to change and may be discouraged. Reframe all prior quit attempts and periods of being proactive as a success regardless of the duration. Also, highlight their successes in achieving goals in other areas of their lives.

## **Strategy 3: Following-Up On Action Steps**

After developing a set of action steps, obtain permission to conduct a follow-up contact. When you arrange for follow-up in a motivational intervention, the purpose of the contact is to focus on the action steps the participant has identified for themselves. Provide support and review progress toward achieving these goals. It is important to involve the individual in establishing the conditions for the follow-up contact. The participant might request a meeting, phone call, or email at a specific time, or you may have a regular time for interactions that would be convenient for a follow-up.

## **Understanding Mindfulness Meditation in Health Coaching**

### **What is Mindfulness Meditation?**

To appreciate the concept of what Mindfulness Meditation is all about, it is essential to direct attention to the masters of this important tool. Mindfulness meditation can be understood as a state of consciousness.

The following are the three accepted states of consciousness:

- Waking
- Sleeping
- Dreaming

Ellen Langer (1982, 1989) identified two primary modes of waking consciousness:

- Mindfulness
- Mindlessness

Many people spend substantial portions of waking hours in a mindless state.

The essence of mindfulness:

“Life is everything we miss while we are making other plans. Mindfulness is the practice of becoming fully aware of each moment and one’s experience of that moment.”

“There are two important qualities of the mindfulness process. The first is that of living in the present moment, and the latter is related to keeping oneself open to a variety of perspectives,” Jerry Braza, Ph.D.

“Knowing what you are doing while you are doing it is the essence of mindfulness.”

“Simply put, mindfulness is moment to moment awareness. It is cultivated by purposefully paying attention to things we ordinarily never give a moment’s thought to. It is a systematic approach to developing new kinds of control and wisdom in our lives...” Jon Kabat-Zinn, Ph.D.

### **Effects of Mindfulness**

Focusing attention inward, quieting the mind, and being fully aware of self allows us to rise above stress reactions and short circuit perceptual distortion.

## **Mindfulness Applications in Health Coaching**

A great way to introduce mindfulness as a component in coaching is to take your participant through a meditation exercise. No matter which health program is applicable to the individual you are coaching, including mindfulness meditation will benefit them. The following are a couple of exercises to bring your participant into the moment. The first exercise focuses on the breath, which allows individuals to block out all else and own breathing and the moment they are in, not focusing on anything else outside of their own breathing.

### **Learning to Breathe With Your Diaphragm**

For most people, diaphragmatic breathing is easy to learn, although it may take some time for it to feel natural and comfortable. For others, it will take some practice to be able to do it.

The best way to learn is to use your hands as described below:

1. Place your hands on your chest and stomach.
2. Now, look at your hands and try to breathe so that the hand on your stomach moves up and down and the hand on your chest remains relatively still.
3. It may be helpful to imagine that your pants are too big and you need to push your stomach out to hold them up.

Additionally, you can lie on your back and place a medium-sized book on your stomach (i.e. bigger than a paperback but smaller than a hardback dictionary). As you breathe, try to make the book move up and down.



**Creative Imagery**

This second exercise will help you bring the vision of healthy outcomes to the individual's going through change programs. Please practice this exercise and help your coaches to see themselves successfully journeying through their healthy change program.

- Step 1** Write down or say out loud your image of an upcoming stressful situation or event, phrasing it in the present tense.
- Step 2** Take a deep, relaxing breath. You are more receptive to ideas when you are relaxed. Create a picture in detail. Your mental pictures should be as much like the actual experience as possible. Pay attention to sights, sounds, smells, tastes, touches, and other details in the scene.
- Step 3** Imagine the desired results actually happening. Imagine it in the present tense using phrases like "I am." Do not use terms like "I hope" or "I'll try to."
- Step 4** Create positive emotions like pride, joy, relaxation, or happiness in your scene. Smile as you continue to imagine it.
- Step 5** Devote five minutes to this image at least twice a day. Try it first thing in the morning prior to getting out of bed and again in the evening just before dozing off to sleep. Let all your body tension escape. Imagine yourself being very calm and relaxed.

**Engagement in Maintenance Strategies**

When engagement factors are built upon the individual's motivators and goals, positive outcomes are more likely to occur. To keep the individual engaged in continuing their new, healthy behavior, it becomes necessary to truly keep in mind the individual's goals, not the coach's goals for this person. New goals to maintaining the new behavior are essential to continuing the new healthy behavior patterns.

Important to consider:

- The goal has to be personal for the individual in order for engagement to stay on track.
- The individual must place this goal as important for themselves.
- There must be motivation for continuing this new healthy behavior.
- Consideration of steps toward their continuing maintenance plan must be in place.
- Motivators toward maintaining their change should align with the goal.

Motivators are those factors that keep an individual wanting to participate in the healthy change program. An essential element to consider when looking for motivators to assist the individuals you serve is encouragement and support from not only you, the coach, but also others.



Sources of Support may include:

- Co-workers.
- Friends.
- Family members.
- Community support groups.

Providing incentives and support that truly help this person to keep up with their healthy change habits developing will also keep them in a healthy maintenance stage.

Possible incentives or rewards:

- More energy.
- Family time while engaging in healthy behaviors.
- Increased self-efficacy.
- Emotional balance.
- Healthy lifestyle that feels good.

### **Relapse Prevention Strategies**

Relapse prevention therapy was originally designed as a rehabilitation strategy for drug addiction and alcoholism. It is a cognitive behavioral approach that can be used as a standalone treatment or as a part of a maintenance program. It involves teaching individuals how to maintain healthy changes in behavior and to anticipate and prepare for obstacles that can lead to relapse. Coping skills are included in the relapse prevention strategy to ensure that individuals will be prepared with a plan for action to stay on course even when life throws them a curve. Relapse usually occurs when individuals are in a high-risk situation that was not planned for or anticipated.

Relapse prevention strategies can usually be grouped into three categories:

1. **Coping Skills** that include both behavioral and cognitive techniques.
2. **Cognitive Skills** that help the client reframe setbacks as a part of the learning experience.
3. **Lifestyle Modification** such as meditation, exercise, and spiritual practices to strengthen the overall coping capacity.

The following clinical findings in regard to coping skills are the cornerstone to relapse prevention therapy.

Coping skills training should include:

1. Understand relapse as a process.
2. Identify and cope effectively with high risk situations.
3. Cope with urges and cravings.
4. Implement damage control during relapse in order to minimize negative consequences.
5. Stay engaged in maintenance program even after relapse.
6. Learn to create the balanced lifestyle.

Encouraging evidence provided in recent research shows the effectiveness of relapse prevention therapy is evident in clients who are prepared with this training.

From the September/October, 2000 (vol. 9, no. 5) of the National Psychologist.

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## Coach Action Plan

### What Can the Coach Do to Keep the Participants Adhering to the Program?

One of the many strategies used in health coaching for adherence when working with individuals in any kind of behavior change program is positive reinforcement. Knowing the fundamentals of this strategy can propel the individuals involved in your programs to a level of accountability to themselves which also builds the self-efficacy the participant feels. Reinforcement is a stimulus that follows and is contingent upon the display of a behavior and increases the probability of the behavior being repeated.

- I. Advantages and disadvantages of positive reinforcement
  - A. Advantages
    - i. Increase behavior.<sup>1, 2</sup>
    - ii. Maximizes performance.<sup>1, 2</sup>
      - a. Will capture discretionary effort – level of productivity a person is capable of giving if they want to.<sup>1</sup>
    - iii. Sustains change for a long period of time (if reinforcers continue to occur).
    - iv. No negative emotional reactions.<sup>1, 2</sup>
- II. Positive reinforcement is the best alternative to changing behavior because it produces the greatest increase in behavior, it is rewarding to the person and does not produce negative reactions, and will sustain overtime (assuming that the positive reinforcement continues).
- III. Steps to finding positive reinforcers\* consequences are defined as positive or negative by the person receiving them.<sup>1</sup>
  - A. Try something – smile at someone or say “good job” and see if it increases their behavior.
  - B. Ask them – ask what would be positively reinforcing, but be careful because asking might lead them to expect to get whatever they say will reinforce them (like more money) and it may not be something that is realistic.
  - C. Observe – watch a person and see what they spend time doing; what they appear to like, then use that to positively reinforce them.
- IV. Sources of positive reinforcement.<sup>1</sup>
  - A. Work-related – reinforced by task alone.
  - B. Peer-related.
  - C. Management-related.
- V. Ways to effectively give positive reinforcement.<sup>1</sup>
  - A. Make sure what you give IS actually reinforcing to that person.
  - B. Give the reinforcer only when the behavior is exhibited.
  - C. Give the reinforcer immediately after the behavior.
  - D. Give the reinforcer frequently (when the behavior occurs).
  - E. Don’t use positive reinforcement as an opportunity to criticize by “sandwiching” (e.g. “you did great this time, next time I want to see a 10% increase, I know you have it in you”).

**Relevant Competencies:** Motivating Others, Learning, and Enhancing Performance.

**References**

1. Daniels, A.C. (2000). Bringing Out the Best in People: How to Apply the Astonishing Power of Positive Reinforcement (2<sup>nd</sup> ed.). New York: McGraw-Hill.
2. Sarafino, E.P. (2001). Behavior Modification (2<sup>nd</sup> ed.). Boston: McGraw-Hill.

## **Motivators – Effective and Ineffective**

### **Effective Motivators**

- Listened; respected my point of view.
- Confident in me.
- Modeled work-ethic.
- Didn't give me advice but helped me find options.
- Open-minded.
- Optimistic – believed I could succeed.
- Dependable: kept his/her commitments.
- Willing to help.
- Never gave up on me.
- Non-judgmental.
- Patient; gentle.
- Empowered me – “You can do it!”
- Modeled the desired behavior.
- Had faith in me; told me so.
- Open to options: creative in helping me find the right ones for me.
- Supportive, even when I screwed up.
- Encouraging – even when suggesting change.
- Honest.
- Humble but strong.
- Genuine – not phony.
- Believed in me more than I believed in myself.
- Saw the best in me and brought it out.
- Modeled integrity – talk matched the walk.
- Compassionate.
- Kind.

### **Ineffective Motivators**

- Demeaning.
- Judgmental.
- Authoritarian.
- Used threats.
- Controlling.
- Overbearing.
- Micro-managing.
- No trust.
- Bossy.
- Self-aggrandizing: all about him/her.
- Duplicious.
- No integrity: talk didn't match walk.
- Manipulative.
- Moody; angry.
- Arrogant.
- “My way of the highway.”
- Closed-minded.
- Created hostile environment.
- Coercive; dictatorial.
- Condescending; no respect.
- Know-it-all.
- Suspicious; accusatory.
- Negative, pessimistic, bad energy.
- Only talked, never listened.
- Vindictive.
- Punitive attitude & behavior.
- Didn't model the behavior advocated.
- Tried to motivate by fear.
- Unwilling to understand – no empathy.

[Intentionally Blank]

## **Activity: Motivators and Barriers**

### **Instructions:**

Take a few minutes to think about what we have just reviewed. What else would you consider to be motivators and barriers for someone trying to make a lifestyle change? Please write them down:

- **Motivators:**

- **Barriers:**

### **Health Coaching / Brief Intervention**

Now, think about talking with a participant/patient about a healthy behavior change. Examine the reasons why you would conduct a brief intervention (your motivators) and the reasons why you might not conduct one (your barriers). Write them down:

- **Motivators:**

- **Barriers:**

[Intentionally Blank]



## **Transtheoretical Model**

### **Transtheoretical Model (Stages of Change Model)**

This model, which incorporates components of many theories (thus the term “transtheoretical”), is particularly useful for planning interventions that meet people where they are with a particular behavior. This model has several major constructs: stages of change, processes of change, decisional balance, and self-efficacy. The stages-of-change component has received considerable attention because of its use in determining readiness to change.

### **Overview of the Transtheoretical Model (TTM)**

It is a comprehensive model that integrates ideas from several different theories and approaches to change to explain and predict how and when patients adopt healthy behaviors. The TTM has proven extremely useful for intervening across a broad range of behaviors, including tobacco cessation, stress management, medication adherence, sedentary lifestyles, high-fat diets, and depression prevention.

#### **Research on the TTM has shown that:**

- Adopting healthy behaviors involves progression through five stages of change: Precontemplation, Contemplation, Preparation, Action, and Maintenance.
- Certain principles and processes of change work best at each stage to reduce resistance, facilitate progress, and prevent relapse. These include decisional balance, self-efficacy, and processes of change.
- Whereas the time a person can stay in each change is variable, the tasks required to move to the next stage are not.
- Only a minority of the population (usually less than 20%) is prepared to take action at any given time. Action-oriented programs do not serve patients in the early stages well.
- The TTM tailors interventions to the stage of change rather than assuming patients are ready to take action.
- Interventions based on the TTM result in increased participation because they appeal to the whole population rather than just a minority ready to take action.
- Interventions designed to raise the Pros (benefits) of healthy behavior change and reduce the Cons (costs) of changing are important in the early stages.
- Different processes of change are used to facilitate transitions between stages.
- Patientized, stage – matched interventions can accelerate rates of behavior change.
- Patientized, stage – matched interventions produce greater impacts than action-oriented, one-size fits all interventions.

## Stages of Health Behavior Change

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

Based on Readiness to change framework (Prochaska, et al, 1992).

The Transtheoretical Model (TTM) is an integrated framework design (Prochaska, Johnson, & Lee, 1998, p.59) developed by Prochaska (1979) and with roots in psychotherapy.

### **Stage 1: Precontemplation**

***Not Ready.*** Patients in this stage may deny that they have a problem and thus are resistant to behavior change, can be unaware of the negative consequences of their behavior, believe the consequences are insignificant, or have given up the thought of changing because they are demoralized.

### **Stage 2: Contemplation**

***Getting Ready / Thinking About Changing.*** Patients in this stage are more likely to recognize the benefits of changing. However, they continue to overestimate the costs of changing and therefore are ambivalent and not ready to take action.

### **Stage 3: Preparation**

***Ready.*** Patients in this stage have decided to make a behavior change in the near future and have already begun to take small steps toward that goal.

### **Stage 4: Action**

***Overt Changes.*** Patients in this change are overtly engaged in modifying the behavior(s) or acquiring new, healthy behaviors.

### **Stage 5: Maintenance**

***Keeping Up the Changes.*** Patients in this stage have been able to consistently sustain their action and are actively striving to prevent relapse. The Maintenance stage lasts until there is negligible chance of relapse.

Every patient is unique, and the stages of change are dynamic and influenced by mediators that include Knowledge, Attitudes, Skill, and Behavior.

A key element in client-centered health coaching is goal setting. The process of goal setting helps clients define specifically what behavior they want to change, and to develop a plan for change. Each client contact should be unique and tailored to the specifics of what is happening at that time to the client. To be effective in working on behavior changes with a client:

- Ask the patient to identify a behavior he/she wants to change.
- Ask the patient for possible solutions.
- Praise his/her willingness to make change.
- Deal with just one change at a time. If there is more than one change, ask which is most important.
- Help the patient weigh the pros and cons of each possible solution.
- Break the behavior change down to small, achievable, measurable steps.
- Avoid scare tactics because they are usually not effective for behaviors done repeatedly (such as smoking).
- Ask the client to select a solution and implement a plan.
- Make a contract with the client to encourage him/her to agree to the desired changes.

### **Principles and Processes of Change**

**Decisional Balance:** Represents and individual's relative weighing of the Pros and Cons of making a health behavior change.

**Self-efficacy:** Addresses the confidence to make and sustain changes and the temptation to relapse.

**Process of Change:** Covert and overt activities that individuals perform to make a behavior change.

## The Stage Effect

The stage effect predicts that the amount of successful action taken before and after health coaching sessions is directly related to the stage the patient is in at the start of the intervention. For example, tobacco users in Preparation are 75% more likely to have quit tobacco at the end of tobacco cessation counseling than Contemplators, who in turn are 75% more likely to quit tobacco than Precontemplators. The pattern continues at twelve and eighteen months post-treatment. A realistic goal for health coaches is to help patients progress from one stage to the next over a one to two month period. For patients who move relatively quickly, the coach can aid for two-stage over a one to two month period.

Based on the stage effect, if the health coach can help patients program one stage per month, we can almost double their chances of taking effective action within a six-month period. If the health coach helps patients progress two stages, we can triple the patient's chances of taking effective action.

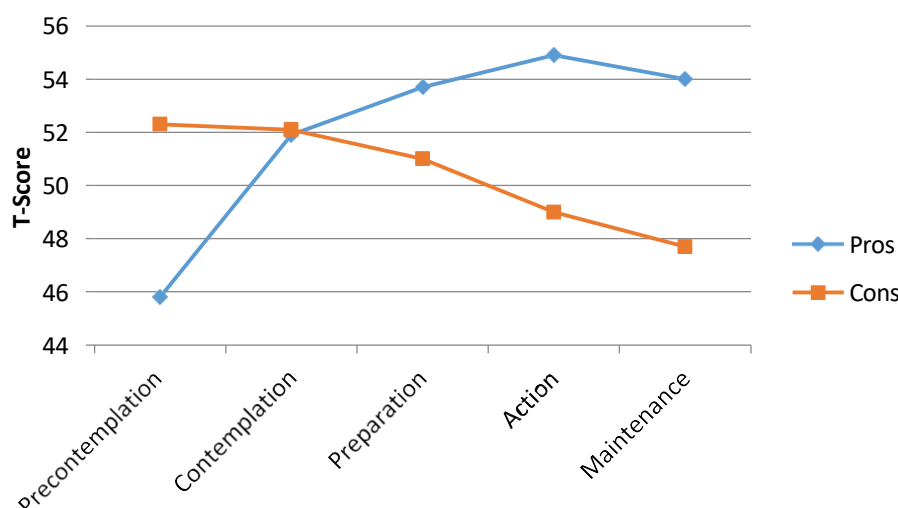
## Pros and Cons: Benefits and Costs

Sound decision-making requires the consideration of the potential benefits (Pros) and costs (Cons) associated with a behavior's consequences. Decisional balance, or the relative weighing of the Pros and Cons, is one of the best predictors of future change. TTM research has found the following relationships between the Pros, Cons, and the stage of change across 43 behaviors and over 100 populations studied.

- The Cons outweigh the Pros in the Precontemplation stage.
- The Pros surpass the Cons in the Contemplation and Preparation stage.
- The Pros outweigh the Cons in the Action stage.

Most patients are not very aware of how they weigh the Pros and Cons of changing.

**Pros and Cons and Stage of Change for 50 Health Behaviors:**



## **Processes of Change: The “How” of Change**

Research has shown that self-changers in different stages rely on different processes of change. Patients in the early stages rely more on cognitive, affective, and evaluative processes of change. Patients in the later stages rely more on behavioral processes including social support, reinforcement, commitments, and environmental management techniques

## **Self-Efficacy: Confidence and Temptation**

Self-efficacy or the degree to which patients believe they can take positive actions when confronted with challenging situations, influences motivation and persistence.

Self-efficacy has two parts:

1. Confidence to make and sustain changes.
2. Resisting temptation to relapse.

If I believe I can change, I am right.  
If I believe I can't change, I am right.

Like decisional balance, levels of self-efficacy differ systematically across the stages of change and predict who is most likely to make and sustain positive lifestyle changes.

- Patients further along in the stages of change generally experience greater confidence.
- Patients further along in the stages of change generally experience less temptation.
- Identifying tempting situations and developing coping strategies are critical for relapse prevention.

## **Facilitating Change: The Stages and Strategies of Change**

### **Stage 1: Precontemplation**

The hallmark of patients in the Precontemplation stage:

- Precontemplators are uninformed, under-informed, and unwilling or too discouraged to take action.
- They underestimate the Pros of changing and overestimate the Cons.
- Although they may wish to change, they aren't intending to in the foreseeable future.
- They can be resistant to recognizing or modifying their behavior and may minimize the problem.
- They may feel demoralized.
- They can be defensive, especially when pressured to take action.
- They've made fewer attempts to change compared to patients in Contemplation or Preparation.
- They use to processes of change less than patients in the other stages.
- They can move directly to Action under coercive conditions, but generally not intentionally, and may quickly relapse.
- They are the least likely to believe that they can change and expect little support for their efforts.

### General Guidelines for Interventions

- Interventions are generally less intense for Precontemplators than for patients in the later stages.
- Lectures and confrontation won't work.
- Don't try to move Precontemplators to Action. Change does not equal action, change means progression to the Contemplation stage.
- Multiple contacts with Precontemplators is important, but keep in mind that they are the most likely to drop out if pressured to take Action.
- The goal is to engage Precontemplators in the change process. Let them know we can work with them wherever they are.

*The Coach in Precontemplation is a nurturing caregiver.*

### Focus on the Pros

*Principle: The Pros of changing must increase for patients to progress from Precontemplation to effective action.*

Deciding to change a bad habit required weighing the Pros and Cons of making the change. Precontemplators often underrate the Pros and overrate the Cons of changing. The challenge is to tip the balance in favor of change.

### How Coaches Can Help

Coaches can help increase the Pros by:

- Asking Precontemplators to name as many benefits of making a specific change as they can.
  - Precontemplators can typically name 3 to 5.
- Letting them know that there are five to ten times that number.
- Challenging them to double or triple their list for your next meeting.

As their list grows, Precontemplators will be more motivated to begin seriously to contemplate change.

### Become More Informed

*Process: Consciousness Raising*

Interventions can increase awareness about the causes, consequences, and cures for a particular problem include observations, mild confrontations, interpretations, feedback, and education. Some techniques, like confrontation, can increase resistance and drop out. Instead, we recommend motivational interviewing techniques like exploring the short- and long-term consequences of continuing self-defeating or unhealthy behaviors. Clearly, consciousness-raising techniques are designed in part to increase the Pros of change.

## **How Coaches Can Help**

Coaches can help Precontemplators by:

- Teaching them about the stages of change.
- Making observations.
- Providing feedback on progress.

During the first meeting with Precontemplators, ask if they are willing to do any one of the following before the next time they talk with you:

- Read about their problem behavior or benefits of a new, healthy behavior.
- Double or triple their list of Pros of changing by adding to their list of benefits.
- Talk with someone about making changes.

Reinforce the notion that they have the capacity to make important changes, but that it can be difficult. Remind them that any forward movement (e.g. becoming more open to considering alternatives, becoming more aware) is progress.

## **Stage 2: Contemplation**

The hallmarks of patients in the Contemplation stage:

- Contemplators are thinking about making changes but are not yet committed to taking action.
- They have almost equal Pros and Cons and are thus ambivalent.
- They are more likely to take responsibility for their behavior and acknowledge the need to change.
- They are less resistant and have begun to think about how they might change.
- They have already begun to use some of the processes of change.
- Their ambivalence can keep them in the stage for years (“Chronic Contemplation”).
- They are not ready for action-oriented programs.

*The Coach in Contemplation is a Socratic teacher.*

## **General Guidelines for Interventions**

- Acknowledge ambivalence.
- To resolve ambivalence, encourage the Contemplator to weigh the Pros of making changes against the Cons.
- Continue to raise consciousness.
- Encourage Contemplators to think about the person they want to be.
- Encourage Contemplators to make a verbal commitment to read about their problem behavior or the benefits of healthy behaviors.
- Interventions for Contemplators can be more intensive than for Precontemplators.
- Don’t encourage Contemplators to take action – but rather to start to prepare.
- Encourage small steps.

### **Make the Pros Outweigh the Cons**

*Principle: In order to progress from Contemplation to effective action, the Cons of changing must decrease.*

- Acknowledge ambivalence by presenting a list of Cons. Ask Contemplators to continue adding to their list of Pros and to shrink Cons by:
  - Comparing them to important Pros.
  - Asking if they're really as important after all.
  - Asking them how they can lessen Cons (e.g. by substituting healthier alternatives like the patch as opposed to Cigarettes).
  - Helping them challenge or counter the Cons.

### **How Coaches Can Help**

Coaches can help the Pros outweigh the Cons by:

- Letting Contemplators know that you understand that making changes has its Cons or costs.
- Avoiding debates about whether making changes is worth it.
- Using motivational interviewing strategies like empathy and respect to help Contemplators resolve ambivalence.
- Helping patients grieve losses that can come with change.
- Offering clients something to reach about the behavior they are thinking about changing and having them ask, "What can this team me to help me change?"

### **Consider Your Self-Image**

*Process: Self-Reevaluation*

Self-Reevaluation involved cognitive and affective assessments of one's self-image free from a long-standing problem or behavior. Imagery, healthier role models, value clarification, and self-narratives are techniques that can move people to reevaluate who they were, who they are, and who they want to be. As patients progress from Contemplation to the Preparation stage, they begin to develop more of a future focus as they imagine how their life will be free from self-destructive or self-defeating behaviors. Encourage Contemplators to ask themselves questions about their past and about their future. Also, encourage them to imagine what they may be like, how their life might be different, and how they might feel if they adopted healthy lifestyle changes. Our approach to change is non-confrontational, empathetic, and optimistic. Patients develop a sense of hope that they can make changes and improve their health.



## **How Coaches Can Help**

Coaches can help Self-Reevaluation by:

- Providing case examples, stories, and personal testimonials about people who have changed their behavior.
- Encouraging Contemplators to think about the kind of person they want to be or how their life would be different if they adopted healthy lifestyle changes.
- Supporting changes in self-images.

## **Stage 3: Preparation**

### **Hallmarks of patient in Preparation:**

- The Pros of changing outweigh the Cons.
- Patients are getting ready to take action.
- They are more decisive, committed, and confident.
- They may have already taken small steps.
- They are developing a plan.
- They are “ideal” coaching candidates.

### **General guidelines for Intervention**

- Encourage, excite, and empower.
- Coach, don’t lecture.
- Focus on developing an effective plan.
- Provide praise, support, and recognition.
- Problem solve.
- Describe how others have succeeded.
- Keep interventions short, focused, and action-oriented.
- Be available for phone support.
- Provide encouragement.
- Reinforce the Pros.

## **Make a Commitment**

### *Process: Self-Liberation*

Self-Liberation is both the belief that one can change and making commitments to act on that belief. Techniques that can enhance progress toward action include contracts and public commitments.

Introduce choices and encourage patients to make a small commitment. Ask patients to select one of several small steps, or to choose one of their own that they will do in the short term. To increase self-efficacy, frame the action, or goal as an experiment (e.g. “Let’s try”). It is also helpful to select a small step that the patient can achieve success in two or three days. It is important to have an early success.

Small steps could include walking include walking in place for 10 minutes, adding 1 vegetable per day, talking to a close friend about worries or concerns, or delaying the first cigarette by 10 minutes.

Encourage those in Preparation to progress by strengthening their commitment to change by:

- Setting a start date.
- Telling others about their commitment.
- Making an action plan.

The goal is to help patients in Preparation select and follow through with one activity that can strengthen their commitment for behavior change. Motivational research suggests that if people only have one choice, they are not as motivated as if they have two choices. Three choices are better, but four does not seem to enhance motivation. Whenever possible, we work to provide patients with approximately three of the best choices for applying each process.

***Ask clients to describe the actions that they have been considering, which alternative they believe could be the most effective for them, which they could be most committed to, and which option they can imagine themselves doing.***

For example, in creating an action plan, smokers could decide to quit by:

- Using nicotine replacement therapy.
- Quitting “cold turkey.”
- Gradually reducing the number of cigarettes smoked per day.

### **How Coaches Can Help**

Coaches can enhance Self-Liberation by:

- Ensuring that clients in Preparation choose a step that is realistic, concrete, and measurable.
- Provide encouragement and reinforcement.
- Documenting the step or action and following up to see if it was taken.
- Asking clients to put their plans in writing.
- Role-playing how clients will tell others about their commitment.

### **Get Support**

*Process: Helping Relationships*

Helping relationships combine caring, openness, trust, and acceptance, as well as support for changing. Rapport building, a therapeutic alliance, buddy systems, helplines, and self-help or support groups can be excellent sources of social support.

To help prepare patients for the Action stage, ask those in Preparation to identify others who can support their change efforts:

- A support person who is trying to make the same kind of change.
- Spouse or family members.
- Others who can be there for them.

It is important for clients in Preparation to be as specific as possible about the kind of support and encouragement they need.

### **How Coaches Can Help**

Coaches can encourage Helping Relationships by:

- Being available to provide support.
- Establishing a buddy system.
- Helping those in Preparation to identify other sources of support and they support they need from them.

### **Keep Considering Your Self-Image**

*Process: Self-Reevaluation*

To follow-up on *Consider Your Self-Image* in the Contemplation stage, patients in the Preparation stage are asked to look to the future to imagine how they'll think and feel about themselves after they've started taking action. They are asked to imagine what their coach might write about them, what important people in their life might think, and how they themselves might describe their progress.

### **How Coaches Can Help**

Coaches can continue to support Self-Reevaluation by:

- Giving feedback on how they are experiencing the patient (affirmations).
- Questioning their own personal beliefs about their patient's capacity to change and how these beliefs might impact their work with the patient.
- Supporting small changes.
- Asking patients to visualize and describe what their lives will be like six months after they have successfully changed their behavior.

### **Use Substitutes**

*Process: Counter Conditioning*

Counter Conditioning requires substituting healthier thoughts and behaviors that can counter problem thoughts and behaviors. Help patients substitute positive thoughts for negative ones. Record how and when disputing statements are used. Use reflective listening to highlight discrepancies. Pay attention to negative beliefs about change (e.g. "It's too hard", "Change isn't worth it") and find more positive alternatives (e.g. "I don't want to live this way forever", "It's not easy, but I can do it", "I've already made good progress").

### **How Coaches Can Help**

Coaches can encourage Counter Conditioning by:

- Helping those in Preparation to identify problematic beliefs.
- Helping them to identify substitutes for their beliefs or behaviors.

## **Manage Your Environment**

### *Process: Stimulus Control*

Stimulus Control involves the modification of the environment to promote the new health behavior and to avoid cues that would tempt a patient to engage in the old behavior. As the patient prepares to change their behavior, it is important to identify aspects of the environment that will support or impede progress and to make changes that will facilitate behavior change. Three important ways that patients can apply this process are:

1. Avoiding tempting situations (people, places, and things that tempt them to engage in the old behavior).
2. Changing their surroundings to make it easier to change the behavior.
3. Using reminders, such as Post-It notes, signs, notes in a calendar, phone reminders, etc.

The emphasis here is on planning ahead to increase the likelihood of success when the patient takes Action.

### **How Coaches Can Help**

Coaches can encourage Stimulus Control by:

- Working with patients to identify the people, places, and situations that increase the likelihood of engaging in the old behavior.
- Assisting the patient in identifying situations and people who are likely to promote the new health behavior when they take action.
- Challenging the patient to name three modifications that will need to be made to their environment to make their efforts to change their behavior successful.

## **Stage 4: Action**

### **Hallmarks of patients in action**

- Patients are working to make overt changes by using behavioral process of change.
- Patients may experience strong urges to slip back into old behavior patterns during times of distress.
- Recycling, or regressing back to any early stage, is common, especially among patients who have inappropriate goals or who have not been adequately prepared.

### **General guidelines for intervention**

- Focus on the behavioral processes for change.
- Encourage active efforts to change behavior and to cope with urges to slip.
- Help clients plan ahead to prevent lapses and relapses.
- Provide support for stressful and demanding times.
- Be a facilitator for behavior change.

### **Manage Your Environment**

#### *Process: Stimulus Control*

Stimulus Control involves modifying the environment to increase cues that prompt healthier responses and decrease cues that can tempt the patient to engage or relapse to previous unhealthy behaviors.

Three ways to use this strategy are:

- Avoiding people, places, and situations that can increase the likelihood of engaging in unhealthy behaviors.
- Call for support.
- Reducing stress by seeking support, problem-solving, and relaxing.

*The focus here is on relapse prevention.*

### **How Coaches Can Help**

Coaches can encourage the use of Stimulus Control by:

- Working with patients in Action to identify the people, places, and situations that increase the likelihood of the unhealthy behavior occurring.
- Exploring the role of alcohol and other drugs that can stimulate relapse.
- Helping those in Action to develop a Relapse Prevention Plan.
- Helping those in Action to understand that making and sustaining changes is like running a marathon, not a sprint.

### **Use Rewards**

#### *Process: Reinforcement Management*

Reinforcement Management involves the systematic use of reinforcements and punishments for taking steps in a particular direction. Since we find that successful self-changers rely much more on reinforcement than punishment, we emphasize reinforcements for progressing rather than punishments for regressing (“Carrot” versus “Stick”). Contingency contracts, overt and covert reinforcements, and group recognition are strategies for increasing reinforcement and incentives that increase the probability that healthier responses will be repeated.

To prepare patients for the longer term, it is important to teach them to rely on self-reinforcements or rewards than social or direct reinforcements. We find clinically that many patients expect much external reinforcement and recognition than others actually provide. Family members and friends can take action for granted too quickly. Acquaintances typically generate only a couple of reinforcements early in Action. Self-reinforcements or rewards can be provided more quickly and consistently and are typically more relevant to the patient when temptations to lapse or relapse are resisted.

Recommend three ways that patients can reward themselves by:

1. Noticing the intrinsic rewards of their efforts to change to their new behavior.
2. Rewarding themselves with positive statements.
3. Developing contracts that include goals, target dates, and rewards.

### **How Coaches Can Help**

Coaches can help with Reinforcement Management by:

- Observing and praising small steps and achievements.
- Helping patients to recognize the benefits of their efforts.
- Helping patients to identify appropriate rewards.

### **Continue to Substitute**

*Process: Counter Conditioning*

Help patients substitute positive strategies for old habits and negative thoughts. By definition, those in the Action stage should be prepared to use such behavioral strategies. However, careful planning is required to identify thoughts and habits that need to be substituted and positive alternatives that are acceptable and achievable.

### **How Coaches Can Help**

Coaches can encourage Counter Conditioning by:

- Helping those in Action to identify problematic beliefs and behaviors.
- Problem-solving with patients in Action by focusing on positive alternatives that they believe will work for them.
- Role-playing to practice using alternatives.

### **Get Support**

*Process: Helping Relationships*

Patients need encouragement in Action and rely on the support of friends, family, and others to sustain their recent change. Ask those in Action to think about who can support them and how those patients can help them.

Remind patients that it is a good idea to seek help from people who are doing the health behavior or who are healthy role models. Encourage them to choose people who are available and supportive.

### **How Coaches Can Help**

Coaches can encourage Helping Relationships by:

- Being available to provide support.
- Ensuring that patients have other sources of support.
- Having clients identify specific ways others can support their accomplishments.

If you notice that the patient is becoming dependent on you for helping them make and sustain behavior changes, be careful to fade out your support as you approach the end of the relationship with them. An abrupt discontinuation of coaching can become a condition for relapsing.

### **Stage 5: Maintenance**

#### **Managing Lapses**

*Principle: A majority of patients relapse to earlier stages before reaching permanent Maintenance.*

For most patients the change process is not linear, but rather spiral, with several relapses to earlier stages before they attain permanent behavior change. To help patients progress to long term Maintenance, we encourage them to view temptation and setbacks as opportunities for learning rather than reasons to give up their health behavior change efforts all together. Patients can bounce back quickly when they learn from their setbacks and then move forward.

Patients can cope with setbacks by:

- Viewing the slip as temporary and trying to understand what happened and what can be done differently next time.
- Maintaining their image of the type of person they want to be and their image of themselves as someone who is committed to changing and has had some successes.
- Reassessing their stage of change – have they slipped back to Preparation, Contemplation, or Precontemplation? Fortunately, only about 15% regress all the way to Precontemplation.

#### **How Coaches Can Help**

Coaches can assist with relapse by:

- Encouraging patients to learn from their setback by assessing what they did right, what mistakes they made, and what they need to do differently the next time they take action.
- Helping patients to analyze the slip and develop strategies for coping with or avoiding similar situations in the future.
- Helping patients to assess their current stage of change and how they can contemplate or prepare for more effective action.

#### **Continue to Substitute and Control**

*Process: Counter Conditioning and Stimulus Control*

Dozens of studies of chronic behaviors have shown that the majority of relapses occur during times of emotional distress. We are at our emotional and psychological weakest when depressed, anxious, angry, bored, lonely, stressed, or distressed. The coach cannot prevent emotional distress from occurring; however, you can help patients prevent relapses by preparing them to cope with distress without falling back to destructive and self-defeating behaviors. Three of the best alternatives for coping with distress are seeking support, exercise, and relaxation.

Recommend three strategies for staying on track:

1. Plan ahead.
2. Keep thinking positively.
3. Use alternative strategies to deal with distress (social support, exercise, relaxation).

### **How Coaches Can Help**

Coaches can support Counter Conditioning and Stimulus Control by:

- Helping to prepare patients to cope with distress.
- Continuing to refine a relapse prevention plan.
- Encouraging clients to seek support, exercise, or relax.
- Being a consultant to provide advice regarding relapse prevention.

### **Continue to Reward**

*Process: Reinforce Management*

Patients in Maintenance need to take credit for their accomplishments. Encourage patients to use a milestone such as a birthday or quit-/star-date anniversary to reflect on their success.

### **How Coaches Can Help**

Coaches can support Reinforcement Management by:

- Reminding patients to reward themselves for reaching goals and overcoming challenges.
- Asking patients to name some of the intrinsic rewards of changing their behavior, such as better health and self-confidence.

### **Continue to Get Support**

*Process: Helping Relationships*

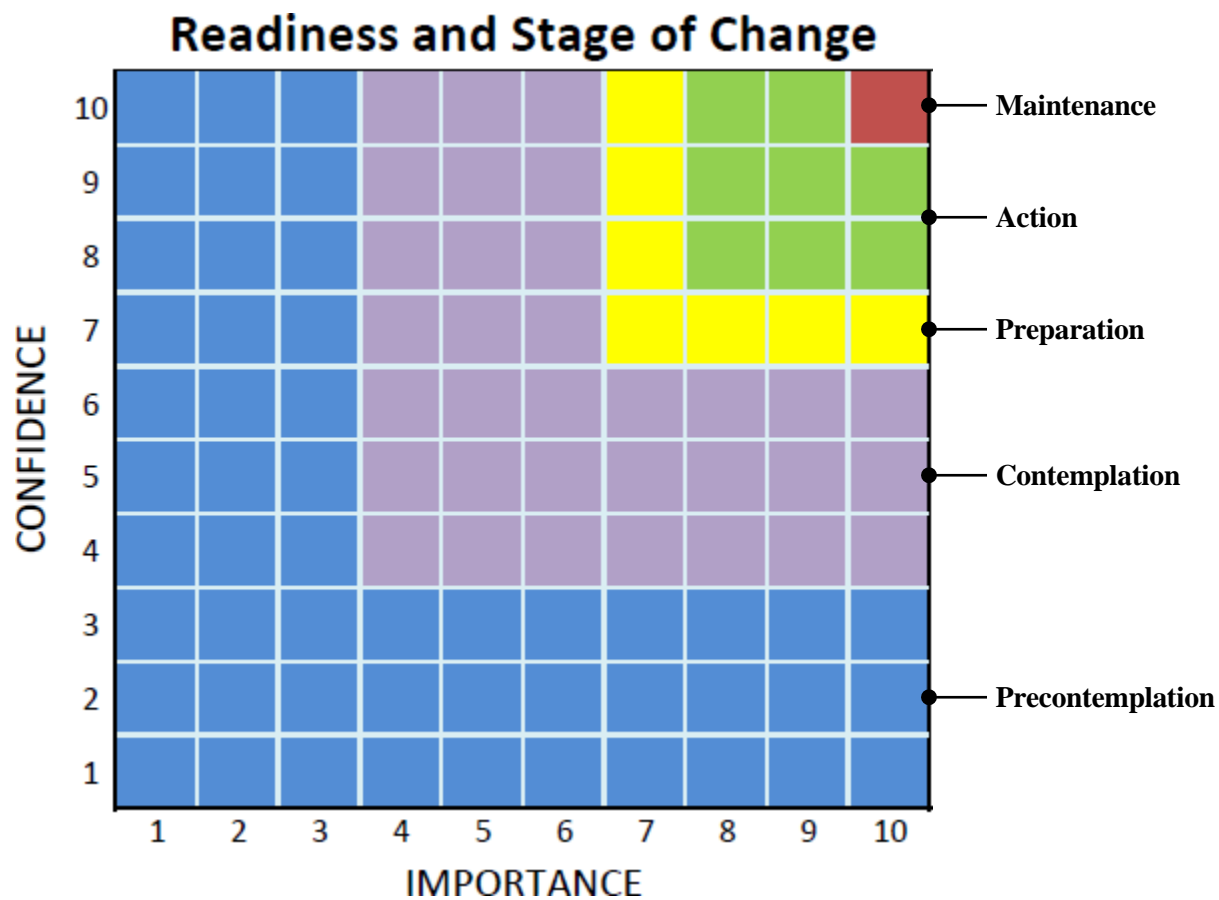
It is still important in Maintenance to have the support of others, particularly in stressful situations or times of relapse. Ask patients to review their support team to ensure that they have the support they need.

### **How Coaches Can Help**

Coaches can support Helping Relationships by:

- Encouraging patients to help someone else.
- Asking patients if they need to identify new or additional supporters.
- Discussing when clients should seek professional help versus support from family and friends.





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## Effective Goal Setting

Behaviors are difficult to change. Setting a goal is the foundation for successful change. Direction and focus are important to keep moving forward. The clearer the goal, the easier it is to accomplish.

Before setting a goal, it is important to have individuals think about what they want to accomplish. Having a goal will help them focus energy toward the goal and become aware of their thoughts and habits.

A simple strategy for goal-setting is to write at least three steps needed to obtain their goal.

Setting a goal is more than a mental exercise. When a goal is set, the individual feels challenged and strives to meet the goal. By setting a realistic goal, they will work harder and won't give up easily. But remember, if an individual relapses, help them to think of it as a temporary situation. Remind them they may resort to former unhealthy habits and behaviors. Being prepared to deal with a setback with a positive attitude is key to accomplishing their goal.

**These tips will help the coach assist in setting realistic goals. Ask each individual to do the following:**

- Help them to focus their attention and be clear, specific, and positive.
- Have them ask themselves: "How will I know I have accomplished my goal?" and "How will I measure my success?" For example: minutes exercised, number of fruits or vegetables tried for the first time, etc.
- Go back to SMART goals.
- A realistic goal is easier to accomplish. Unrealistic goals and goals with very high expectations are hard to accomplish and often cause frustration.
- Don't allow circumstances out of the participant's control to get in the way of accomplishing their goal. For example: If everyone at work eats cookies, chips, or candy during their break, help them create an action plan to pack a healthy snack to eat during that time.
- It is important that participants reward themselves for accomplishing their goal. Help them choose how they will reward themselves when they set their goal. Advise them not to select food as their reward.
- The health coach should frame goals as experiments so that if the participant does not meet their goal, it does not impact their motivation or self-confidence. For example: "How about if you try..."
- Focus on small, behavioral-based goals that the participant suggests.

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## Activity: Client Centered Goal Worksheet

### My Personal Goal Action Work

<b>MY GOAL:</b>	
<b>My Reasons are:</b>	
<b>What steps do I need to take?</b>	
<b>When will I start these steps?</b>	
<b>My Support People will be:</b>	
<b>The ways other people can help are:</b>	
<b>What else will I do?</b>	
<b>How will I know my goal is accomplished?</b>	
<b>The things that might interfere with my plan are:</b>	
<b>What will my reward be?</b>	

### My Plan to Stay on Track

List sources of temptations and what you will do to reduce availability.


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### **Refusal Skills: Tips for responding to others**

- Say “no” first.
- Make direct eye contact.
- Ask the person to stop tempting you (e.g. offering tobacco or unhealthy foods).
- Don’t be afraid to set limits.
- Don’t leave the door open to future offers (e.g. “not today”).
- Keep in mind the difference between assertive, passive, and aggressive responses.

People or Situations That May Prevent Me From Reaching My Goal	What I Will Say To Them
<b>A friend of family member that does not support my healthy behavior</b>	
<b>A co-worker</b>	
<b>At a party or social event</b>	

**When making any decision, whether large or small, do the following:**

- Consider all the options you have.
- Think about all the consequences, both positive and negative.
- Select one of the options. Pick a safe decision that minimizes your risk of relapse.
- Watch for “red flag” thinking; thought like “I have to...,” or “I can handle...” or “It really doesn’t matter if...”

Practice monitoring decisions that you face each day.		
Decision	Safe Alternative	Risky Alternative

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### My All-Purpose Coping Plan

Problems, and even crises, are part of life and cannot be avoided. But having a major problem is a time to be particularly careful about relapse.

#### If I run into a high-risk situation:

1. I will leave or change the situation. Safe places I can go or alternative things I can do:

2. I will put off the decision to relapse to the unhealthy behavior for 15 minutes. I'll remember that my cravings usually go away in \_\_\_\_\_ minutes and I've dealt with cravings successfully in the past.

3. I'll distract myself with something I like to do. Good distractors:

4. I'll call my list of support people:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

5. I'll remind myself of my success to this point:

6. I'll challenge my thoughts about using tobacco or food with positive thoughts:



## OARS Technique

### Practical Motivational Interviewing Skills: OARS Techniques

#### 1. **Open-Ended Questions**

These questions cannot be answered with a simple “yes” or “no.” Open-ended questions encourage and individual to provide responses that are detailed and informative. An example of a close-ended question is “Do you use tobacco?” An alternative, open-ended question is, “Tell me about your experiences using tobacco.”

#### 2. **Affirmations**

These are statements of recognition about participant strengths. Affirmations point out the strengths of a participant, particularly in the areas where they observe only failure. An example of an affirmation is, “So you didn’t smoke or eat anything bad for a week. How were you able to stop yourself from doing that for that week?”

#### 3. **Reflective Listening**

This is the act of listening carefully to the participant. Reflective listening helps make sure that the coach understands what the participant is telling them. The coach can reflect what is said or what they observe. It helps the participant to hear what he or she said and clarifies any misunderstandings. It is helpful to remember to use a reflection after the participant answers a question.

#### 4. **Summarizing**

This is just a specialized form of reflective listening where the coach reflects back to the participant what he or she has been telling them. The structure of the summary is an announcement that the coach is about to summarize, a listing of selected elements, an invitation to correct anything missed, and then usually an open-ended question. An example of a summarization is, “Let me stop and summarize what we’ve just talked about. You’re not sure that you want to quit smoking or stop eating fatty foods. You’ve also been having some thoughts about your smoking and food intake and what that means for your health. Did I miss anything? I’m wondering what you make of all of this.”

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## **Activity: Reflective Listening – Pet Peeve**

### **Instructions:**

A simple reflection is when people repeat in their own words, and in a neutral form, what another person said. Practice using reflective statements by grouping off into pairs.

### **Round 1**

#### **Partner 1**

In a few sentences, share a personal pet peeve with your partner.

#### **Partner 2**

After listening to your partner's pet peeve, offer a reflective statement.

#### **Partner 1**

Provide feedback on the accuracy of the reflection.

### **Reverse roles for Round 2**

### **Round 2**

#### **Partner 1**

In a few sentences, share a personal pet peeve with your partner.

#### **Partner 2**

After listening to your partner's pet peeve, offer a reflective statement.

#### **Partner 1**

Provide feedback on the accuracy of the reflection.

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## Open-Ended Questions to Elicit Change Talk

### Motivational Interviewing Techniques: Approaches to Elicit Change Talk

#### 1. Disadvantages of the status quo

- “What worries you about your current situation?”
- “What makes you think that you need to do something about your blood pressure?”
- “What difficulties have you had as a result of your drug use?”
- “What is there about your drinking that you or other people might see as reasons for concern? In what ways does this concern you?”
- “How has this stopped you from doing what you want to do in life?”
- “What do you think will happen if you don’t change anything?”

#### 2. Advantages of change

- “How would you like things to be different?”
- “What would be the good things about losing weight?”
- “What would you like your life to be like in 5 years?”
- “If you could make this change immediately, by magic, how might things be better for you?”
- “The fact that you’re here indicates that at least part of you thinks it’s time to do something. What are the main reasons for making a change?”

#### 3. Optimism about change

- “What makes you think that if you did decide to make a change, you could do it?”
- “What encourages you that you can change if you want to?”
- “What do you think would work for you, if you decided to change?”
- “When else in your life have you made a significant change like this? How did you do it?”
- “How confident are you that you can make this change?”
- “Who could offer you helpful support in making this change?”

#### 4. Intentions to change

- “What are you thinking about your weight at this point?”
- “I can see that you are feeling stuck at the moment. What’s going to have to change?”
- “What do you think you might do?”
- “How important is this to you? How much do you want to do this?”
- “Would you be willing to try?”
- “Of the options I’ve mentioned, which one sounds like it fits you the best?”
- “Never mind the ‘how’ for right now – what do you want to have happen?”
- “So what do you intend to do?”

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### **Insight into daily routines**

If there is little opportunity to elaborate on change talk, ask the person to walk you through a typical day in his/her life. This offers opportunities for asking in more detail about behavior patterns and mood changes, for example, and areas of concern often emerge naturally. Food diaries and exercise logs are also excellent tools.

### **Querying Extremes**

When there seems to be little desire for change, another way to elicit change talk is to ask the person to describe the extremes of their concerns, or to imagine consequences that may ensue.

#### **Examples:**

“What concerns you the most about your high blood pressure in the long run?”

“Suppose you continue on as you have been, without changing. What do you imagine are the worst things that might happen to you?”

In the other extreme, it can be useful to imaging the best consequences that could follow pursuing a change.

#### **Example:**

“What might be the best results you could imagine if you make this change?”

### **Looking Back**

Sometimes it is useful to have the client remember times before the current problem or current behavior emerged and to compare those times with the present situation.

#### **Examples:**

“What is the difference between the You of 10 years ago and the You of today?”

“Do you remember a time when things were going well for you? What has changed?”

### **Looking Forward**

Helping people envision a changed future is another approach to elicit change talk. Here you ask the client to tell you how it might be after a change.

#### **Examples:**

“Suppose you don’t make any changes, but continue just as you have been. What do you think your life will be like 10 years from now?”

“Given your experience so far, what do you think might happen 5 years from now if you don’t make a change?”

### **Elaborating Change Talk**

“In what ways...”

“Give me an example. When was the last time this happened?”

“What else have you noticed or wondered about?”

“What other concerns do you have about \_\_\_\_\_?”

“What other things have people told you?”

“Why else do you think you could succeed?”

“How else could you do it?”

### **Affirming Change Talk**

“That sounds like a good idea.”

“I can see how that would concern you.”

“I think that could work.”

“You’re very considerate of how your actions affect other people.”

“That’s a good point.”

“It’s important to you to be a good parent.”

“I think you’re right about that.”

### **Signs of Readiness for Change**

1. Decreased resistance.
2. Decreased discussion about the problem.
3. Resolve.
4. Change Talk.
5. Questions about change.
6. Envisioning.
7. Experimenting.

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**Techniques for Responding to Resistance**

**Simple reflections** stay close in content but keep the conversation moving. Remember to consider carefully on which elements you choose to focus.

**Double-sided reflections** include both sides of ambivalence.

**Amplified reflections** add some intensity to the resistant part of the statement.

**Agreement-with a twist** involves either a reflection or a statement of agreement, followed by a reframe.

**Reframing** places a client's statement in a new light, a new perspective. This approach often involves a resistant or sustain talk element.

**Siding with the negative or coming alongside** responses acknowledge that this may not be the right time or place or circumstance for change.

**Emphasizing personal choice and control** responses make the obvious choices. Such a response reminds clients that they can choose to change their behavior. In the end, it is entirely up to them to decide if a change is needed and how that change will happen.

**Shifting focus** responses acknowledge that the current area feels unproductive and shift to an area that may be more helpful or productive for the client. This shift may be accomplished by a reflection, summary, question, or combination of these.



## **Activity: Hypothesis Testing**

### **Instructions:**

Read the following statements. Each coach will make a guess about what the statement could mean (think broadly).

**I am an organized person.**

You mean that:

**I let things bother me more than I should.**

You meant that:

**I am loyal.**

You mean that:

**I don't like to plan / think ahead.**

You mean that:

**My culture is important to me.**

You meant that:

**I really enjoy food.**

You mean that:

[Intentionally Blank]

## Activity: Directive Reflection

### Instructions:

Read each scenario and draft three different responses to each. Responses should emphasize a different aspect of the statement and lead the participant in a different direction.

#### Scenario 1

When I am in the hospital, my blood pressure goes down. I don't think I can control it very well outside the hospital. I know what is healthy based on the foods I grew up with. I don't like to plan or think ahead about meals or physical activity, so I don't like to set goals.

1.	
2.	
3.	

#### Scenario 2

I always take my medications because I have had some problems when I stop taking them. I don't like to plan, but I do walk regularly. I struggle with following the DASH eating plan and reading labels to recognize what is healthy.

1.	
2.	
3.	

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### Scenario 3

I like to eat fried food in large portions. I also like to eat cake and candy. I know I need to lose weight and my health is getting worse. I just can't seem to make any changes.

1.	
2.	
3.	

### Deepening Reflections

Using these same scenarios, draft a statement using each of the response types below:

- **Paraphrase:** moves well beyond the participant's words and presents information in a new light.
- **Amplified:** purposefully overstates what the participant what the participant has said, often increasing the intensity by pressing on the absolute or resistant element.
- **Double-sided:** reflects both parts of the participant's ambivalence ("On the one hand... and on the other hand...").
- **Affective:** addresses the emotion either expressed or implied.

### Scenario 1

When I am in the hospital, my blood pressure goes down. I don't think I can control it very well outside the hospital. I know what is healthy based on the foods I grew up with. I don't like to plan or think ahead about meals or physical activity, so I don't like to set goals.

<b>Paraphrase:</b>	
<b>Amplified:</b>	
<b>Double-sided:</b>	
<b>Affective:</b>	

## Scenario 2

I always take my medications because I have had some problems when I stop taking them. I don't like to plan, but I do walk regularly. I struggle with following the DASH eating plan and reading labels to recognize what is healthy.

<b>Paraphrase:</b>	
<b>Amplified:</b>	
<b>Double-sided:</b>	
<b>Affective:</b>	

## Scenario 3

I like to eat fried food in large portions. I also like to eat cake and candy. I know I need to lose weight and my health is getting worse. I just can't seem to make any changes.

<b>Paraphrase:</b>	
<b>Amplified:</b>	
<b>Double-sided:</b>	
<b>Affective:</b>	

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## Overcoming Resistance

### **The Key Principles of Motivational Interviewing**

#### **Principle 1: Express Empathy**

- Acceptance facilitates change.
- Skillful reflective listening is fundamental.

#### **Principle 2: Develop Discrepancy**

- The participant, rather than the health coach, should present arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important personal goals or values.

#### **Principle 3: Avoid Argumentation**

- Confrontation increases participant resistance to change.
- Labeling is unnecessary.

#### **Principle 4: Roll with Resistance**

- Avoid arguing for change.
- Resistance is not directly opposed.
- New perspectives are invited but not imposed.
- The participant is a primary resource in finding answers and solutions.
- Resistance is a signal for the Health Coach to respond differently.

#### **Principle 5: Support Self-Efficacy**

- A person's belief in the possibility of change is an important motivator.
- The participant, not the health educator, is responsible for choosing and carrying out the change.
- The health coach's own belief in the person's ability to change becomes a self-fulfilling prophecy.

### **Motivational Interviewing Principles**

#### **Express Empathy**

Empathy involves seeing the world through the participant's eyes, thinking about things as the participant thinks about them, feeling things as the participant feels them, and sharing in the participant's experiences. Expression of empathy is critical to the motivational interviewing approach. When participants feel that they are understood, they are more able to open up to their own experiences and share those experiences with others. Having participants share their experiences with you in depth allows you to assess when and where they need support and what potential pitfalls may need focused on in the change planning process.

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Importantly, when participants perceive empathy on a Health Coach's part, they become more open to gentle challenges by the Health Coach about lifestyle issues and beliefs about substance use. Participants become more comfortable fully examining their ambivalence about change and less likely to defend ideas like their denial of problems, reducing use vs. abstaining, etc. In short, the Health Coach's accurate understanding of the participant's experience facilitates change.

### **Support Self-Efficacy**

As noted above, a participant's belief that change is possible is an important motivator to succeeding in making a change. As participants are held responsible for choosing and carrying out actions to change in the motivational interviewing approach, Health Coaches focus their efforts on helping the participants stay motivated, and supporting the participants' sense of self-efficacy is a great way to do that. One source of hope for participants using the motivational interviewing approach is that there is no "right way" to change, and if a given plan for change does not work, participants are only limited by their own creativity as to the number of other plans that might be tried.

The participant can be helped to develop a belief that he or she can make a change. For example, the Health Coach might inquire about other healthy changes the participant has made in their life, highlighting skills the participant already has. Sharing brief examples of other, similar participants' successes at changing the same habit or problem can, sometimes, be helpful. In a group setting, the power of having other people who have changed a variety of behaviors during their lifetime gives the Health Coach enormous assistance in showing that people can change.

### **Roll with Resistance**

In motivational interviewing, the Health Coach does not fight participant resistance but "rolls with it." Statements demonstrating resistance are not challenged. Instead, the Health Coach uses the participant's "momentum" to further explore the participant's views. Using this approach, resistance tends to be decreased rather than increased, as participants are not reinforced for becoming argumentative and playing "devil's advocate" to the Health Coach's suggestions.

Motivational interviewing encourages participants to develop their own solutions to the problems that they themselves have defined. Thus, there is no real hierarchy in the participant – Health Coach relationship for the participant to fight against. In exploring participant concerns, Health Coaches may invite participants to examine new perspectives, but Health Coaches do not impose new ways of thinking on participants.



### **Develop Discrepancy**

“Motivation for change occurs when people perceive a discrepancy between where they are and where they want to be” (Miller, Zweben, DiClemente, & Rychtarik, 1992, p8). Motivational interviewing Health Coaches work to develop this situation through helping participants examine the discrepancies between their current behavior and future goals. When participants perceive that their current behaviors are not leading toward some important future goal, they become more motivated to make important life changes. Of course, motivational interviewing Health Coaches do not develop discrepancy at the expense of the other motivational interviewing principles, but gently and gradually help participants to see how some of their current ways of being may lead them away from, rather than toward, their eventual goals.

Reference: Miller, W.R., Zweben, A., DiClemente, C.C., & Rychtarik, R.G. (1992). Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

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## Strategies to Reduce Resistant Behavior

### Four Process Categories of Participant-Resistant Behavior

#### 1. Arguing

The participant contests the accuracy, expertise, or integrity of the health educator.

- a. Challenging
- b. Discontenting
- c. Hostility

#### 2. Interrupting

The participant breaks in and interrupts the health educator in a defensive manner.

- a. Taking over
- b. Cutting off

#### 3. Negating

The participant expresses an unwillingness to recognize problems, cooperate, accept responsibility, or take advices.

- a. Blaming
- b. Disagreeing
- c. Excusing
- d. Claiming impunity
- e. Minimizing
- f. Pessimism
- g. Reluctance
- h. Unwillingness to change

#### 4. Ignoring

The participant shows evidence of ignoring or not following the health educator.

- a. Inattention
- b. No answer
- c. No response
- d. Side tracking

## **Roadblocks**

### **Ordering, Directing, or Commanding:**

A direction is given with the force of authority behind it. Authority can be actual or implied.

### **Warning or Threatening:**

Similar to directing, but carries an implication of consequences, if not followed. This implication can be a threat or a prediction of a bad occurrence.

### **Giving Advice, Making Suggestions, Providing Solutions:**

The health educator uses expertise and experience to recommend a course of action.

### **Persuading With Logic, Arguing, Lecturing:**

The health coach believes that the participant has not adequately reasoned through the problem and needs help doing so.

### **Moralizing, Preaching, Telling Participants Their Duty:**

This implicit message is that the person needs instruction in proper morals.

### **Judging, Criticizing, Disagreeing, Blaming:**

The common element among these four is an implication that there is something wrong with the person or with what has been said. Simple disagreement is included in this group.

### **Agreeing, Approving, Praising:**

The message gives sanction or approval to what is being said. This stops the communication process and may imply an uneven relationship between speaker and listener.

### **Shaming, Ridiculing, Name-Calling:**

The disapproval may be overt or covert. Typically, it is directed at correcting a problematic behavior or attitude.

### **Interpreting, Analyzing:**

This is a very common and tempting activity: to seek out the real problem or hidden meaning and give an interpretation.

### **Reassuring, Sympathizing, Consoling:**

The intent here is to make the person feel better. Like approval, this is a roadblock that interferes with the spontaneous flow of communication.

### **Questioning, Probing:**

Questions can be mistaken for good listening. The intent is to probe further, not find out more. A hidden communication is the implication that if enough questions are asked, the questioner will find the solution. Questions can also interfere with the spontaneous flow of communication, directing it in the interests of the questioner but not necessarily in the interest of the participant.

### **Withdrawing, Distracting, Humoring, Changing the Subject:**

These divert communications and may also imply that what the person is saying is not important or should not be pursued.

## **Brief Intervention Techniques**

### **Context of Brief Intervention**

Context is the who, when, and where of conducting brief interventions. These aspects of context will influence your choice of intervention strategies presented later in this training.

#### **Who?**

The nature of your relationship with the person will affect your efforts to intervene. Your level of commitment and intervention strategy may depend on your contact with them and your typical style of communication with that person. The way you communicate in personal relationships differs significantly from your communication in professional relationships.

#### **When will you intervene?**

An intervention typically occurs when there is available time and lack of competing priorities. For instance, an individual might express an interest in changing a behavior, but needs to leave to pick up their child from daycare. This is not an optimal time to intervene. You might initiate an intervention only if you feel prepared to answer their questions, respond to their ambivalence, and have access to helpful information and referrals. Consider the following questions:

- How much time do we have to discuss their health behavior (i.e. tobacco use)?
- Are there other priorities that may affect the employee's willingness to talk?
- Am I ready and willing to conduct an intervention?
- Are they willing to talk about their health behavior and receive help right now?

#### **Where will you intervene?**

The location of an intervention affects your efforts to help an individual. An ideal setting for an intervention has few distractions (i.e. noise, a lot of people in the room) and a high level of privacy. Consider the following questions:

- Is this setting free from major distractions?
- Do we have adequate privacy to openly discuss their concerns?
- Am I able to provide resources and referrals (verbal or written)?

The who, when, and where of an intervention may be affected by the social and cultural backgrounds of you and the other person. Some people are open to discussing personal concerns with strangers, whereas others avoid it. There are also different opinions and attitudes about unhealthy behaviors across cultures and socioeconomic groups. Each person is unique. Refrain from making assumptions based on their background. Recognize the unique characteristics and experiences of each employee when you conduct the intervention.

### **Stages of Change**

Behavior change is a process that takes place over time and involves a series of stages. One of the most influential models is the “Stages of Change” model (Prochaska & DiClemente, 1983). The five stages of change can be applied to any unhealthy behavior. For this training, we describe the stages of change in functional terms. We refer to the process as the “stages of readiness.”

#### **The Five Stages of Change:**

**1. Not Ready to Change**

Individuals at this stage have no intention of changing their behavior in the next six months.

**2. Thinking About Changing**

These individuals are seriously considering changing their behavior in the next six months or are planning to do something, but haven’t done anything in the past year.

**3. Getting Ready to Change**

These individuals are planning to change their behavior in the next 30 days and may have already tried making some changes over the past year.

**4. Taking Action to Change**

These individuals have made a change for at least one day. They have become a healthy person. Individuals at this stage are at high risk of resuming their unhealthy behaviors (relapse).

**5. Maintenance**

These individuals have continued commitment in sustaining their new healthy behavior. This phase is usually from six months to five years post change.

## **Motivators, Barriers, and Ambivalence**

### **Why is changing behavior so difficult?**

People usually have reasons why they want to change, and why they cannot change. Reasons for wanting to change are known as “motivators.” Obstacles to change are known as “barriers.” To assist someone in changing, you must recognize and accept both their motivators and their barriers.

When you are aware of these reasons, the intervention will be more respectful and, therefore, will have a greater chance of succeeding.

### **Motivators to Change:**

- Personal health concerns (high blood pressure, overweight).
- Social pressures (negative attitudes or peers and co-workers).
- Physical well-being (feel better, have more energy).

### **Barriers to Change:**

- Time restraints (not enough time, not any time).
- Personal fatigue (always tired, have no energy).
- Social (I don’t have the support of my family or friends).

### **Ambivalence**

As mentioned earlier, people usually experience reasons why they want to change and why they cannot change. The combination of motivators and barriers results in feelings of ambivalence towards changing their behavior. Often, they don’t think of both of these factors at the same time. Helping a person recognize their ambivalence about changing and emphasizing their motivators is one of the primary goals of a brief intervention.

Consider the following guidance to effectively facilitate change:

- Don’t assume you know what the current health behavior means to someone.
- Listen and reinforce their motivators.
- Listen and accept the obstacles they face.
- Understand their social and cultural barriers to changing, if relevant.
- Don’t insist they accept your motivators.
- Avoid lecturing about health risks and other negative consequences.
- Offer information, when appropriate, in a respectful manner.

## **Communication Skills**

The quality of brief interventions relies on the use of effective communication skills. By using the following communication skills, you will increase the likelihood of having your message heard and understood by the individual. It will also let them know their experiences and views have been heard and respected by you.

You will learn about three types of communication skills: 1) body language, 2) tone of voice, 3) active listening. You will observe, practice, and apply specific communication skills to each type of intervention presented in the next section.

### **Body Language**

A great deal of information is communicated by eye contact, facial expressions, and posture. Be aware of the non-verbal messages you might be conveying (intentionally or unintentionally) with your body language. Match your body language with that of the other person. This will help increase their comfort level during the intervention. For instance, if a person avoids making direct eye contact, do not stare directly at them. Various factors influence body language including social norms and culture.

The following suggestions are general and should be adapted for each individual:

- **Eye Contact**  
Direct your focus on the individual. Keep your gaze neutral and comfortable.
- **Facial Expression**  
Display interest and attentiveness by matching your facial expression to the sentiments being shared (e.g. smiling if they say something amusing).
- **Posture**  
Position your body towards the individual. Keep your posture relaxed and slightly lean toward them. Relax your hands and uncross your arms.

### **Tone of Voice**

Your tone of voice communicates emotions. For example, the tone of voice a parent uses to call their child's name might indicate anger, fear, or joy. Tone of voice includes loudness and rate of speech, as well as emphasis on words. In conducting an intervention, your tone of voice should be used to convey understanding and support.



## **Active Listening**

*(From Practical Motivational Interviewing Skills: Active Listening)*

Verbal cues indicate that you are listening to an individual. Four useful tools include open-ended questions, clarifying questions, reflecting statements, and reframing statements. These tools help to clarify what an individual has told you and provide encouragement.

### **1. Open-ended questions**

These questions cannot be answered with a simple “yes” or “no.” Open-ended questions encourage an individual to provide responses that are detailed and informative. An example of a close-ended question is, “Do you use tobacco?” An alternative, open-ended question is, “Tell me about your experiences using tobacco.”

### **2. Clarifying questions**

Clarifying questions prompt an individual to provide more information, so that their point is clearly understood by the listener. If a statement is vague, you may misunderstand the meaning of their response. An example of a clarifying question is, “I heard you say that you want to exercise more for your children. What do you mean?”

### **3. Reflecting statements**

Reflections are statements that restate or summarize, as accurately as possible, what you have heard the individual tell you. These statements provide the individual with an opportunity to correct misunderstandings. For example, an individual trying to reduce their alcohol use tells you about the number of friends and family members who smoke. A reflecting statement is, “It sounds like a lot of people around you drink.”

### **4. Reframing statements**

Reframing restates and individual’s response in a more positive light. These statements encourage positive thinking. For example, an employee says, “I have control of my eating for only two weeks.” A way of reframing this statement is, “You made a change for two weeks. That’s a positive step!” Almost all situations have some positive aspect that can be acknowledged.

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## **The 5 A's Model**

### **Step 1: Ask or Aware**

During the Ask or Aware step, you identify a health-related area of improvement in the work setting. This step also involves inquiring if the participant is practicing the healthy behavior. Awareness involves knowing that the participant is practicing the unhealthy behavior by observations made or previous experience with the participant.

#### **Goals for the Ask/Aware step:**

- Routinely ask about health habits when working with participants you encounter or coach.
- Observe unhealthy behaviors in the work or other environment.
- Recognize opportunities to offer brief interventions.

### **Step 2: Assess**

The Assess step determines the participant's readiness to change. This step should be repeated throughout the brief intervention. When assuming willingness to change, use open-ended and clarifying questions. Examine the participant's motivators and barriers that influence future behavior change. When you accept the participant's level of readiness and use non-judgment approach, you have a greater chance of obtaining success.

#### **Goals for the Assess step:**

- Examine readiness to change.
- Identify motivators and barriers to change.
- Clarify actions that are being considered by the participant.
- Continue assessing throughout the intervention.

### **Step 3: Advise**

The Advise step consists of encouraging participants to seek assistance to change. When advising, emphasize the participant's motivators as reasons for changing. Avoid lecturing or telling the participant why they should change their behavior.

#### **Goals for the Advise step:**

- Motivate participant to seek assistance to change.
- Reinforce actions towards change that are being considered by the participant.

### **Step 4: Assist**

During the Assist step, you provide the participant with materials and resources that help them through the change process. Offering self-help materials, educational pamphlets, and instructional websites are examples of how you provide assistance. The type of assistance is influenced by context of the

intervention and the participant's needs. For example, a participant is thinking about changing, you might offer them printed information to review. For a participant who has recently started working on a behavior change, you might want to give them information about additional community resources.

### **Goals for the Assist step:**

- Provide educational materials.
- Provide other self-help materials, resources, and referrals in the community.
- Promote motivation to change health behavior using the 5 R's

### **Step 5: Arrange For Follow-Up**

Arranging follow-up consists of developing an agreement that you will check in with the participant at a future time and provide ongoing support to help them reach their goal.

There are different types of follow-up contacts: 1) a formal contact at a specific, established time; 2) a routine contact, such as at a regularly scheduled participant appointment; 3) and informal contacts, such as lunch with a co-worker. A reminder system might help you remember to conduct follow-up contacts. Examples of reminder systems include sending yourself an email, putting a note on the calendar, or making a note in the participant's file.

### **Goals for the Arrange step:**

- Obtain permission to conduct a follow-up with the participant.
- Have them create a plan for follow-up contacts, including when and where and what will be done during these interactions.
- Create a reminder system for yourself.

### **Step 6: Anticipate**

Anticipate is known as the silent 'A.' It consists of using your intuition to anticipate and determine the type, amount, and frequency of additional support the participant may need.

### **Goals for the Anticipate step:**

- Determine the type of support the participant will need.
- Identify the frequency for follow-up contacts.
- Make arrangements to follow through with the appropriate support.

## The 5 R's

### 1. **Relevance: Make the advice fit the participant**

When providing a brief intervention to a participant, assisting each person as a unique participant means providing assistance that ties into that particular participant's lifestyle and personality.

### 2. **Rewards: Benefits**

If a participant is to be successful in any kind of behavior change there has to be an element of a reward built in. Health behavior changes definitely prevent disease, but what about the rewards to, perhaps, Energy, Time, Finances, and even Mood?

Make sure that all benefits to making the health behavior change are emphasized to the participant.

### 3. **Risks: Make the risks real/current to the participant**

Participants involved in thinking and considering change to their lifestyle may or may not have applied risks to their health status. By emphasizing the health risks of not making changes, participants are able to discern themselves in a future of a healthy vs. an unhealthy state.

### 4. **Roadblocks: Encourage overcoming obstacles**

Throughout the stages of change there will always be obstacles to continuing a healthy behavior. Being ill, moving, changes to family through divorce, births, and deaths are all a part of each person's life. Being ready with a plan and keeping an open mind to the dynamics of living a healthy life can keep a participant on the path to walking toward wellness despite the roadblocks encountered along the way.

### 5. **Repetition: Keep the message of health continued and repeated at each encounter**

This final 'R' is likely associated with caring about your mission as a health professional. In order to motivate the participants that you serve, keeping the message of health fresh and different at each encounter also provides a seed to thought each time a participant's health or health behavior is mentioned. Being able to give the participants you encounter a continued message of caring about their health creates the strength of a relationship that is so paramount in providing health behavior change opportunities.

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### **Affirm the Person**

- Show respect for the person, their values, achievements, struggles, and feelings.
  - “You’ve done a great job of thinking through this and making some good decisions.”
  - “It sounds like you are very good at that.”
  - “So you have suffered a lot and have learned a lot from it.”
  - “It’s great that you have made that a priority in your life.”

### **Use Reflective Listening**

- Simple reflections
  - “You are unsure what to do to increase your physical activity.”
- Amplified reflections
  - “You think it’s impossible to eat more fruits and vegetables.”
- Double-sided reflections
  - “So on the one hand, you think you should get more physical activity and, on the other hand, you think that you cannot do that.”

### **Roll With Resistance**

- Show empathy
  - “I can understand why that would bother you.”
- Shift focus
  - “Well, maybe what that really means is that...”
- Come alongside
  - “So maybe you cannot do anything about this...”
- Agree with a twist
  - “So you want to continue eating fried, high salt foods and live with the consequences later.”
- Emphasize personal control
  - “I cannot decide that for you – that’s something you will need to decide for yourself.”

### **Summarize What the Person Has Said**

- **Express Empathy**
  - “Wow! That must have been very difficult for you.”
  - “It sounds like you have some very difficult decisions ahead of you.”

**DO NOTs (Very Important Traps to Avoid!)**

- Do not lecture the person.
- Do not make character judgments or criticize the person.
- Do not do most of the talking.
- Do not reach premature focus – deciding on the person’s chief concern in a topic area before they have had a chance to talk about several.
- Do not get into a question and answer mode.
- Do not be phony or contrived.
- Do not blame the person.
  - “It sounds like you brought that on yourself.”
  - “So you now have a big problem because of what you did (when the person did not say that).”
- Do not be the expert.
  - “As someone who has seen this problem a lot, let me tell you what I would suggest.”
- Do not label the person.
- Do not argue or debate the person or confront them.
- Do not give up on the person.



## PHASE I: OPENING STRATEGIES (Beginning the Dialogue)

### Use An Open-Ended Question

- Use an open-ended question to see what's on the person's mind.
  - "What has been on your mind lately? What things have concerned you lately?"
- Use an open-ended question to see how they feel about a particular issue.
  - "So, we have been talking about high blood pressure for a while now in this training. How do you feel about all this?"

### Set Agenda

- Talk about what you would like to do and get permission in terms of meeting to talk, helping the person to explore their thoughts and decisions about the topic.
  - "I would like to talk to you a little each month about your lifestyle habits that impact your blood pressure and to help you think through those decisions. Is that OK?"
- Discuss confidentiality.
- Tell the person this will be different from other conversations.
  - "I won't be lecturing you or telling you what to do – just helping you to explore your options."
- Ask for permission to do that.
  - "Would it be alright with you if we were to talk a bit each month on this?"

### Explore the Person's Values

- Ask the person what the things are that are most important to them right now [REMEMBER THESE] and why. What else?

### Assess Importance / Confidence

- Ask how important the person thinks it is for them to make the change to the behavior.
  - "Let's say we have a scale from 0 to 10 where 0 is not important at all and 10 is extremely important. How important is it to you right now to make this lifestyle change / improve your blood pressure?"
- Ask how confident the person feels that they could make the change / do the behavior.
  - "Let's say we have scale from 0 to 10 where 0 is not confident at all and 10 is extremely confident. How confident are you that you can make this change?"

### Ask About the Behavior and Their Attachment To It

- Ask about their current behavior.
  - "Tell me a bit about what you are typically eating / how you are doing with your medications / what you are doing to get physical activity?"
- Ask about what they like about their current behavior.
  - "What do you like about how you are currently eating?"

## PHASE II: DEVELOP DISCREPANCY AND MOVE TOWARDS CLARITY / RESOLVE

### **Ask Questions to Elicit Change Talk (*Used Throughout the Process*)**

- Ask about advantages of change.
  - “What do you think would be the advantages to you and your family if you decided to lose weight?”
- Ask about the disadvantage of staying the same.
  - “What do you think would be the disadvantages to you if you kept eating the way you do now.”
- Ask about intention to change.
  - “So what would you be willing to try in terms of making dietary changes?”
  - “Never mind how to make it happen right now, what do you want to happen in terms of making healthier food choices?”
- Ask about optimism for change.
  - “What do you think your family would think about you making healthier choices?”
  - “As you look back, what sort of successes have you had in lifestyle changes that would help you succeed?”
- Ask about a worst case scenario.
  - “What would be the worst thing that could happen to you if you continued making the same lifestyle choices that you do now? How would that affect your life and family?”
- Look forward.
  - “Think ahead five years, how will it be for you if you were to lose weight and exercise regularly?”
  - “What would happen to make you want to make healthy lifestyle choices now?”
- Look back.
  - “Think back over the last year, how was it different for you then?”
- When a person mentions a concern or a negative, ask them to elaborate about it.
  - “When did it happen last? Tell me more about that.”
  - “Can you give me an example of that?”

### **Ask the Person About the Link Between Their Values and Their Behavior**

- Ask the person to talk about how the behavior is linked to the things that they value.
  - “Tell me how your decision to make healthy lifestyle choices would affect your relationship with your family?”
- When the person spontaneously mentions one of the things they value, mention that it’s valuable to them.
  - “I know that your family is very important to you.”

### PHASE III: LOOKING FOR READINESS TO CHANGE AND TRANSITION STAGE

#### **Summarize**

- Summarize the person's reasons for not changing (but don't over-emphasize).
  - "You have said that you are not sure whether you can get more physical activity, but you really want to get off your medications. You said that you think that even if you exercise it may not make a difference, but that you are willing to try if you knew it would help."
- Summarize the person's arguments for change.
  - "So you have said that the reasons why you would want to change your eating habits are to lose some weight and lower your blood sugar, reduce your medications, and have more energy..."

#### **Look for Readiness to Change Using a Key Question**

- Use an open-ended question to see what they make of all they have said.
  - "So what do you make of all of this?"
- Use an open-ended question to see what the person wants to do next.
  - "So what do you think you want to do to try to get more physical activity?"
- Encourage and look for strength of decision.
  - "You said that you want to try to eat more fruits and vegetables, even though your family does not usually eat them. It takes a lot of strength to eat foods that you don't usually eat in your culture. How sure are you that you can do that?"
- If the strength of resolve is still pretty low, do not encourage the person to be overly ambitious in the change plan, or return to strengthen their resolve through interviewing.

## PHASE IV: ESTABLISH A CHANGE PLAN AND HELP THE PERSON CARRY IT OUT

### Use open-ended questions...

- ...to see what options for change the person has considered.
  - “What are the different options you have considered to help you eat more fruits and vegetables? What do you think would work for you?”
- ...to see what other options they can think of now.
  - “What other things do you think you could do to be more physically active?”
- ...to see how the person feels about each option.
  - “How do you feel about not eating traditional foods that your family usually eats?”
- ...to see how the person would go about doing each step.
  - “So what would you need to do if you decided not to eat traditional foods with your family? What would you say to them?”

### Only when the person is “stuck” about what to do... (use infrequently)

- ...offer to give information. If they agree, give it.
  - “I have heard what a number of people have done in similar situations. Would you like me to give you some ideas on that?”
- ...offer multiple solutions, not just one.
  - “There are a few different things that you could do if you want to change your eating habits. Would you like some suggestions? You could talk to your family and friends about your reasons for not wanting to eat certain foods and ask for their support. You could also talk to your friends about your decision to eat more fruits and vegetables, or...”

### Moving Forward (only use when the person is sure they are ready to change)

- Ask the person if they would like to set some goals for change. If so, ask them what goals they want to set.
- Summarize the goals they mention and ask them if the goals are the ones they want.
- Ask the person if they would like to make a commitment to the plan. If so, ask the person for how long they want to commit to the plan.
- Help the person to identify “triggers” and “problem places / situations” and decide what they will do about them.
- Ask the person if they want to sign a contract or make a public commitment to their plan. Do so if they want.
- Meet with the person regularly and talk to them about how they are doing with the plan. Discuss “substitute behaviors.”
- Set new goals when they are ready.

### Elicit Change Talk About the Steps in the Change Plan

- “What part of your plan do you like the most?”

## PHASE V: MAINTAINING THE CHANGE

### **Helping When the Person Has a Failure**

- Remind the person that it takes repeated efforts to make most changes and that they are normal.
- Encourage the person to try again.
- Help them assess and troubleshoot what went wrong and to look for ways to do it next time. Look for “triggers.”
- Assess if they need to develop more resolve for change, or try another option.
- If they need more resolve for change, go back to earlier steps in the process.
- If they need to try another option, brainstorm options and encourage them to pick another option that might be easier for them.

### **When the Person Meets Their Goal**

- Acknowledge the work they have done, encourage the person, celebrate with them, and help the person decide on ways to celebrate.
- Encourage the person to tell others (e.g. family, friends, group) about the goal that they have met.
- Encourage the person to think about ways to maintain the change.
- Warn the person about not letting their guard down. It will continue to take work.
- Encourage the person to meet with others who have made lifestyle changes (e.g. an accountability group).
- Mention options for how they can use what they have learned (e.g. helping other people eat better).

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## Group Facilitation Skills



### Group Facilitation Skills

- Remember, the role of the facilitator is not to answer all questions and provide all solutions.
- The lifestyle coach needs to bring out the life experiences and ideas of group members.
- Use what you just learned about Problem Based Learning and Motivational Interviewing to promote group discussions.



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## Group Facilitation Skills

A lifestyle coach is a group facilitator who engages in active listening, asks questions, paraphrases answers, synthesizes ideas, and summarizes as well as manages digressions and gives and receives feedback.



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## Group Facilitation Practices



- Active engagement
- Positive gestures
- Remaining quiet
- Taking turns
- Open-ended questions
- Redirect
- Pair off for discussion



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### Active Engagement

Listen and respond so the participant feels understood.

Example:

“I hear your and I see where you are coming from when you say that you don’t have enough time in the day for physical activity.”



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### Positive Gestures

Use nonverbal practices such as relaxed body language, good eye contact, and facial expressions that reflect what the participant is saying to show that you care and that what is said is said in a safe and supportive environment.



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## Remaining Quiet



Say nothing for a silent count of 10 to leave room for participants to speak up.



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## Taking Turns

Create a sharing circle where participants go around the circle taking turns to share on a question or subject.

Example:

“We just heard the comment that there is no extra time in the day for physical activity. Finding time is a challenge for all of us - and if some of us have successfully found time, we can all learn from them. Let’s go around the room and take turns answering the question, ‘How do you find time for physical activity.’ Remember, this is a no judging zone. So, if you have not had success finding time, say that and we will keep going around until everyone has said something on the subject.”



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### Open-Ended Questions

Avoid questions that can end in one-word answers like “yes” or “no” and, instead, ask questions that bring out longer descriptions.

Example:

“I hear you say that you don’t have time for physical activity, and I want to learn more about your day. Take me through the story of your typical day starting when you wake up onward.”



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### Redirect

Take a statement made by a participant and direct it back to the participant who made the comment, to another participant, or to the group.

Example:

“I have you saying that you don’t have time for physical activity. What would have to change in your life for there to be time for physical activity?”



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### Pair Off for Discussion

Ask participants to form small groups or pairs to discuss a topic.

Example:

“Let’s reorganize our greater group here into small groups of three people each. Once you are in your small group, discuss the questions, ‘How do I find time for physical activity?’ for the next 10 minutes.”



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### Group Facilitation Challenges

Be aware of challenging participants such as a person who is offensive or a person who talks over other participants.



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### Dealing with Challenging Participants

Solutions for a challenging participant who is offensive:

1. Point out the offense and direct attention to the ground rules. Note that this offense breaks the ground rules.
2. If necessary, speak with the offensive participant after class about the offense.
3. If necessary, contact the site coordinator for support.



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### Dealing with Challenging Participants, continued

Solutions for a challenging participant who talks over other participants:

1. Use the “take turns” approach to make sure everyone has a voice in class.
2. Call on specific participants so the person talking over them knows that it is their turn to talk.
3. Speak with the person talking over others after class.

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### Solutions for Class Conflicts

Dealing with class conflicts:

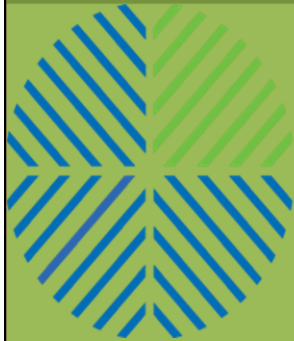
1. Bring attention to hurt feelings.
2. Remind participants that we are here to support each other and share opinions and ideas. Our group dynamic goal is for everyone's voice to be heard and for the group to understand where each participant is coming from. We are not here to debate.
3. If necessary, take a break to diffuse the tension of the conflict.



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## Lifestyle Coach Presentations



# SOLERA

### Tips for Lifestyle Coach Presentations

1. Take about 10 minutes for your presentation.
2. Deliver the content for your program session that was covered in Day 1. Role play that you are facilitating this session and deliver one 10-minute snapshot of this session.
3. Demonstrate the group facilitation skills you learned.

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# Resources

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## Case 1: Overview of the NDPP

Why do the program in the first place? What do we know about people developing diabetes in this country? What does the Diabetes Prevention Program study show and what is the National Diabetes Prevention Program?

- Around 37.3 million Americans have diabetes (11.3% of U.S. adult population). Diabetes doubles or triples the risk of heart attack and stroke and is the leading cause of new blindness, end stage renal disease, and amputation. Diabetes accounts for 17% of all deaths for adults 25 years and older.
- Worldwide Diabetes Trend
  - Today 2022
    - 415 million people have diabetes.
  - Year 2040
    - It is predicted that half a billion people will have diabetes.
- U.S. Diabetes Trend
  - CDC projects that 1 in 3 adults in the U.S. could have diabetes by 2050 if the current trends continue.
- Diabetes and associated complications cost the U.S. economy about 327 billion dollars annually.
- Around 96 million Americans have prediabetes (38% of U.S. adults). The progression to diabetes is 5-15% per year.
  - Prediabetes by blood test
    - Impaired fasting glucose (IFG) called “fasting blood sugar” in the range of 100 – 125 mg/dL.
    - HbA1c in the range of 5.7 – 6.4%.
    - Impaired glucose tolerance (IGT)
      - 2-hour glucose is greater than 140 – 199 mg/dL in response to a glucose challenge.
- Obesity is a major risk factor for developing type-2 diabetes.
  - In the U.S., around 68% of adults are considered overweight or obese.
    - Around 85% of people with type-2 diabetes are overweight or obese.
      - Losing weight lowers the risk of developing type-2 diabetes.
- Prevention of type-2 diabetes would result in a significant reduction in social and economic costs.

- The Diabetes Prevention Program (DPP) was a randomized clinical trial to prevent type-2 diabetes in persons at high risk.
  - DPP was a major National Institutes of Health (NIH) multicenter clinical research study.
    - The DPP goal was to find out whether losing a modest amount of weight through improving diet and increasing physical activity or by taking the diabetes drug, Metformin, could prevent or delay type-2 diabetes in people at risk for developing diabetes.
  - The DPP study included 3,234 participants from 27 clinical centers around the U.S.
  - All study participants were overweight and were at high risk for developing diabetes.
  - Around half of the participants were from minority groups that have an increased risk of developing type-2 diabetes.
    - Around 1,000 people at high risk for developing diabetes were randomly assigned to a lifestyle program.
    - Around 1,000 people at high risk for developing diabetes were randomly assigned to take Metformin (a diabetes medication).
    - Around 1,000 people at high risk for developing diabetes were randomly assigned to a placebo control group.
      - DPP findings were published in the February 7, 2002 issue of *The New England Journal of Medicine*.
        - Lifestyle program decreased risk of developing type-2 diabetes by 58%.
        - For people 60 years old and older, the lifestyle program decreased risk of developing type-2 diabetes by 71%.
        - Taking Metformin decreased the risk of developing type-2 diabetes by 31% – not as much as the lifestyle program.
          - Only 5% of the lifestyle program group developed type-2 diabetes during each year of the study, compared to 11% of those in the placebo control group.
  - The DPP lifestyle program included:
    - One-on-one program delivery.
    - Physical activity goal: At least 150 minutes per week.
    - Dietary fat goal: Less than 25% of calories from fat.
    - Calorie intake goal: 1,200 – 2,000 kcal/day.
    - Weight loss goal: Greater than or equal to 7% decrease in initial weight.

- Results of the DPP study show:
  - Participants in the lifestyle program had a 58% reduction in risk of developing diabetes.
  - Weight loss is the dominant predictor of diabetes risk reduction for the participants in the lifestyle group.
  - For every 2.2 pounds of weight loss, diabetes risk was reduced 13%.
  - Participants reporting the lowest % of calories from fat had a greater decrease in risk of diabetes for every kilogram of weight loss.
    - Results show that people who are at high risk for developing diabetes can lower their risk of type-2 diabetes by losing a modest amount of weight through decreased fat and calorie intake and being physically active.
- The success of DPP and DPP translation studies prompted the Division of Diabetes Translation and Research (DDT) of the Center for Disease Control and Prevention (CDC) to launch the National Diabetes Prevention Program (NDPP) in 2010.
- NDPP seeks to translate the DPP study in a way that is sustainable and scalable in order to provide diabetes prevention for the entire country.
- NDPP is made up of 4 components:
  - Training
    - NDPP training seeks to train the workforce that can implement the program cost effectively.
      - The Master Trainer and Lifestyle Coach trainings of the NDPP allows the program to be scaled to a national level.
        - Coaches are trained on NDPP lifestyle change program curriculum and on group facilitation skills.
        - Research shows that both health professionals and lay community workers can effectively deliver the lifestyle program.
  - CDC Diabetes Prevention Recognition Program (DPRP)
    - DPRP seeks to implement a recognition program that will assure quality and fidelity to scientific evidence that may facilitate reimbursement by private and public payers, as well as allow CDC to develop a program registry.
      - DPRP established standards for diabetes prevention programs, maintains a national registry of recognized sites, and monitors recognized sites.
      - DPRP site recognition process provides a system to identify participating organizations and sets a standard for quality and consistency.
  - Intervention Sites
    - NDPP Intervention sites deliver the program.
      - The infrastructure for a scalable and sustainable lifestyle program develops at locations where the lifestyle program is delivered and may be built through employer and insurer engagement and program reimbursement.
      - Intervention sites report data, performance, and outcomes for program quality assurance.

- Health Marketing
  - NDPP Health Marketing increases referrals to the lifestyle program.
    - Health Marketing will increase awareness and understanding of prediabetes.
      - A CDC study demonstrates that only 7% of people with prediabetes are aware that they have prediabetes.
        - Increasing awareness of prediabetes will lead to increased referrals and participation in the lifestyle program.
          - The message that type-2 diabetes can be prevented will be conveyed.
          - Increased awareness will increase healthcare professionals' support of the lifestyle program.
- CDC recognition process is 5 steps
  - The organization agrees to national model evidence-based curriculum with lifestyle intervention based directly on the DPP research trial, program duration of 1 year, core phase of a minimum of 16, one-hour, group-based, in-person sessions carried out in 16-26 weeks, and a post core phase of a minimum of 6, on-hour, group-based, in-person sessions held monthly over the remainder of the 1 year program, and data reports provided every 6 months as described in DPRP Standards; and applies for recognition.
  - Two weeks later, applicant is granted “pending recognition” by CDC.
  - Begin lifestyle program.
  - Organization submits evaluation data every 6 months; data must be sent electronically using a CSV format that is compatible with the majority of statistical, spreadsheet, and database applications.
  - CDC DPRP evaluates program 24 months after first class and recognition status is assessed and status of “granted full” or “remain pending” or “pending recognition” is granted; recognition status is evaluated 24 months thereafter.
    - If after 24 months the organization has not achieved full recognition, it may continue pending recognition status for an additional 12 months during which time DPRP will provide assistance to help the organization achieve full recognition. If, however, full recognition is not granted at the end of the additional 12 months, the organization loses recognition and must wait 1 year before reapplying for recognition.
- Application for recognition may be submitted to:
  - [Here](#)
- The lifestyle program must be based directly on the DPP research trial lifestyle program curriculum found at:
  - <https://www.cdc.gov/diabetes/prevention/index.html>
- NDPP recommended curriculum, including the Prevent T2, is found at:
  - <https://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html>
  - If the applicant chooses a different curriculum, it is required to send the curriculum to DPRP for evaluation.

- A lifestyle coach may deliver the curriculum content remotely (using audio and video telehealth technology), as long as participants meet in person for group sessions.
- Body weights should be measured and evaluation metrics recorded by an appropriately trained on-site facilitator.
- The lifestyle program may offer a make-up session for participants who miss a core or post core session; the format and duration of make-up sessions, whether they are in-person or phone-based, or other, may be devised by the lifestyle program.
- Four categories of participant data will be reported to CDC:
  - Participant's risk for developing diabetes determination (entered as yes/no field – not specific values for FPG, 2-hour OGTT, A1c, GDM, and/or CDC Prediabetes Screening Test).
  - Demographics including age, sex, ethnicity, and race.
  - Physical characteristics including height and weight.
  - Session data including weight, minutes of physical activity, session type (core, post core, or makeup session).
- Program entry requirements:
  - Must be 18 years of age or older.
  - Must have a BMI of 25 or greater or, for Asian Americans, a BMI of 23 or greater.
  - 50% of participants are eligible if they screen positive for prediabetes based on the CDC Prediabetes Screening Test.
    - <http://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>
  - 50% of participants must have prediabetes diagnosed by blood test (FPG, OGTT, A1c) or a history of gestational diabetes (self-report or history of gestational diabetes is acceptable).
  - Must **not** have diagnosed type-2 diabetes.
- Strategies to make NDPP scalable and sustainable:
  - Start-up funding to expand NDPP provided by Public Health Prevention Funds.
  - To scale and sustain NDPP independent of government grant funds:
    - Employers can offer the lifestyle program as a covered benefit to employees.
    - Public and private insurance companies can reimburse organizations delivering the lifestyle change program.
- The CDC website provides program information, education on prediabetes, and a prediabetes widget that may be downloaded and added to program websites that people can use to find out if they are at risk for developing diabetes, resources for getting involved with the program, and a registry of recognized sites.
- <https://dprp.cdc.gov/Registry>

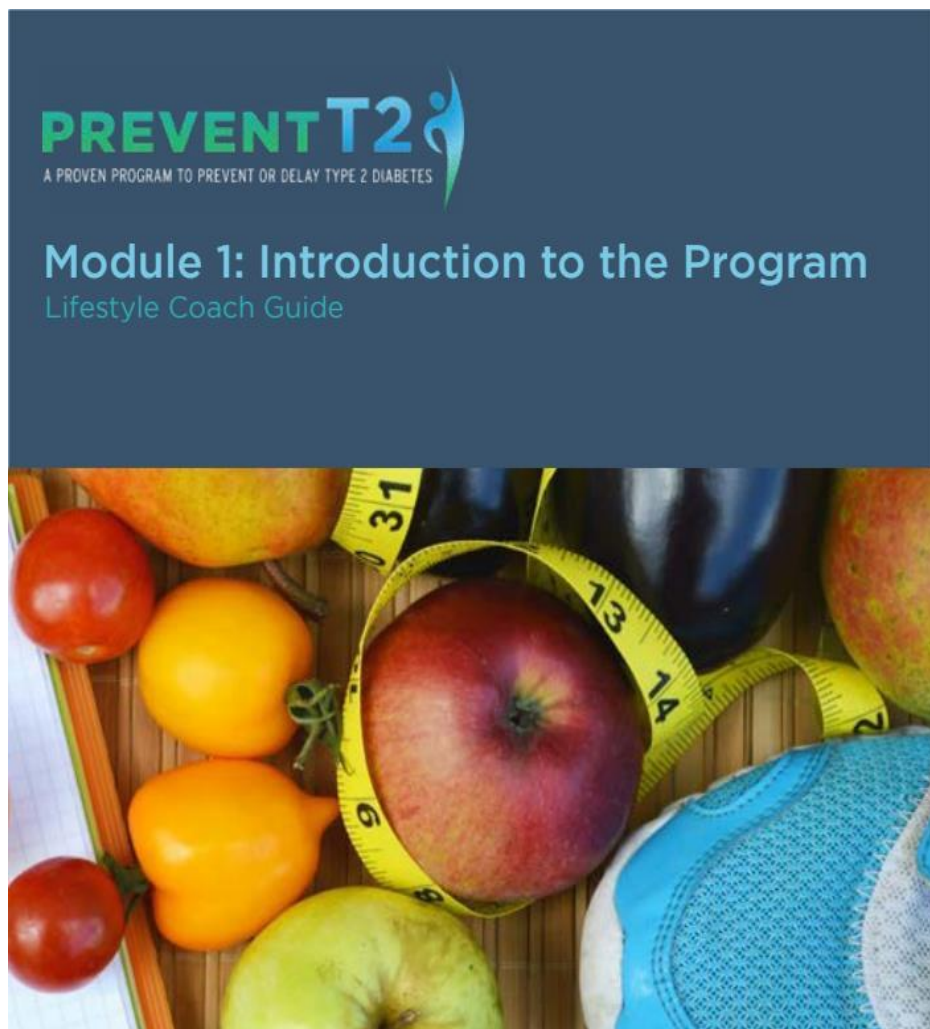
- In conclusion:
  - The most important thing people can do to decrease their risk of developing type-2 diabetes is:
    - If overweight, lose weight.
  - The two major participant goals of the lifestyle program are:
    - Weight loss of 5 – 7% of initial body weight.
    - Physical activity of 150 minutes per week.
  - The number one predictor of weight loss in the National Diabetes Prevention Program is:
    - Self-monitoring
- The Prevent Type 2 program is a one-year program led by a Lifestyle Coach. It is comprised of two phases:
  - First Six Months (16 sessions)
  - Last Six Months (6-10 sessions)
- **The program goals are:**
  - Reduce weight by 5 – 7% of starting weight.
  - Achieve 150 minutes per week of physical activity.
- The Prevent Type 2 program is not a weight loss program – it is a diabetes prevention program , also refer as a Lifestyle Change Program.



## What Tools Are Part of the Prevent T2 Curriculum?

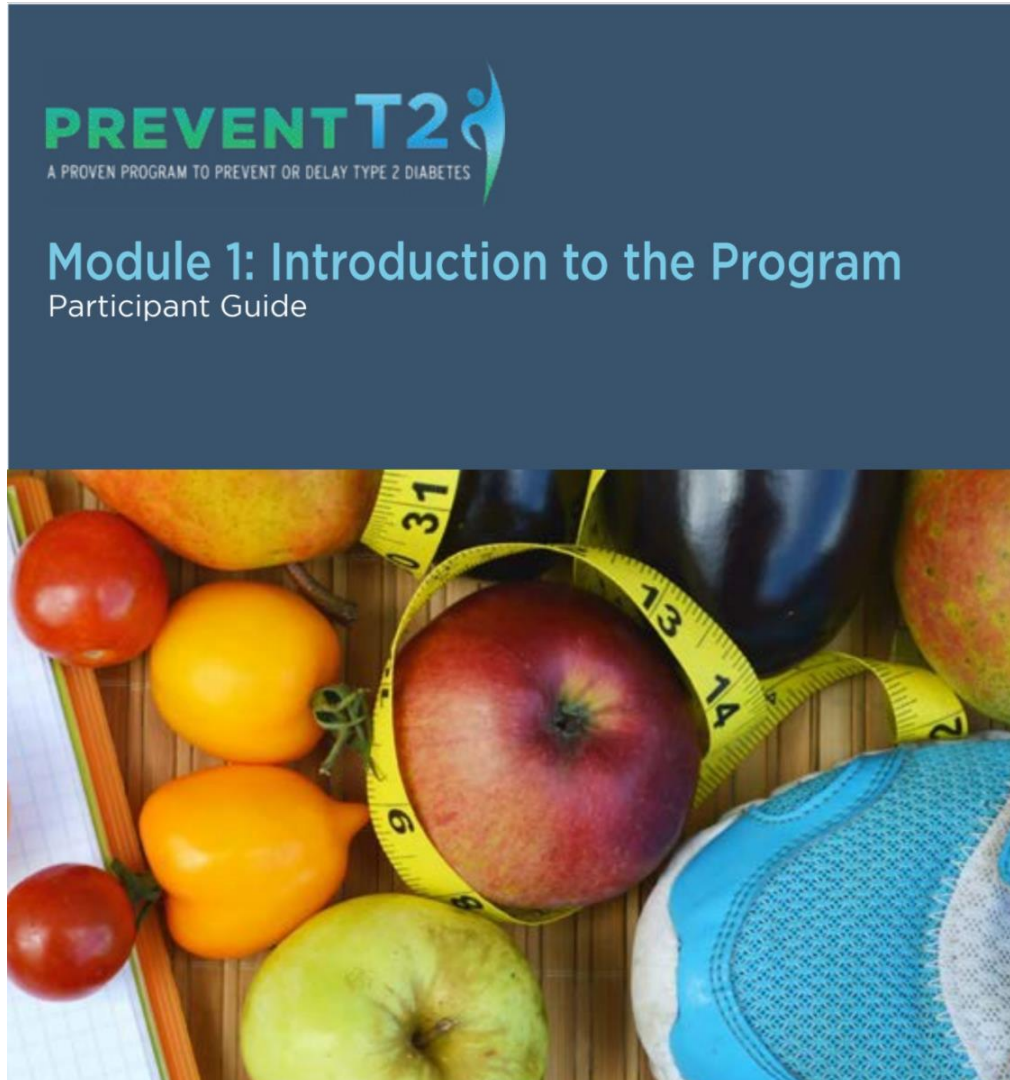
### 1. Lifestyle Coach Training Guide

- The Lifestyle Coach Training Guide contains:
  - Session Focus
  - Participant Learning Objectives
  - Materials Checklist
  - Things to Do
  - Module Outline
  - Lifestyle Coach Script
- Each Session is structured as follows:
  - Welcome and Review
  - Objectives
  - Session Topic
  - Plan for Success
  - Summary and Closing



## 2. Participant Guide – First Six Months

The Participant Guide contains informational and skill building handouts that are provided at each in-person session or all combined in one guide.



### 3. Weight Log

At each session, weigh participants in private and tell them how much they weigh. Participants must record this number in their Weight Log.

[https://www.cdc.gov/diabetes/prevention/pdf/t2/Handouts\\_-Weight\\_Log.pdf](https://www.cdc.gov/diabetes/prevention/pdf/t2/Handouts_-Weight_Log.pdf)



#### Weight Log

Your Lifestyle Coach will tell you how much you weigh at each session of Prevent T2. Use this log to record these numbers. It will help you track your progress over time.

Name _____			
Today's date	How much I weigh today (pounds)	Today's date	How much I weigh today (pounds)

#### 4. Activity Log

Participants must use their Activity Log each day to track their minutes of activity (starting after the Track Your Activity module). The activity must be of at least a moderate pace. Participants must show their Activity Log at the start of each session.



#### Activity Log

Use this log to track your minutes of physical activity each day. Remember your goal is 150 minutes of activity at a moderate pace.

If you'd like, you can also track more details about your activity, such as what activity you did, how far you went, how fast you went, how heavy your weights were, how many steps you took, and how many calories you burned.

Share this log with your Lifestyle Coach at the start of each session.

Date	Minutes	Activity	Pace
Monday			<input type="checkbox"/> Easy <input checked="" type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> Hard
Tuesday			<input type="checkbox"/> Easy <input checked="" type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> Hard
Wednesday			<input type="checkbox"/> Easy <input checked="" type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> Hard
Thursday			<input type="checkbox"/> Easy <input checked="" type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> Hard
Friday			<input type="checkbox"/> Easy <input checked="" type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> Hard
Saturday			<input type="checkbox"/> Easy <input checked="" type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> Hard
Sunday			<input type="checkbox"/> Easy <input checked="" type="checkbox"/> <b>Moderate</b> <input type="checkbox"/> Hard
Total Minutes		Weekly Reflection: Write about your wins and challenges for this week.	

**Use the lifestyle coaches log to record participants' data for each session. This is the data that will be submitted to the CDC at the end of the program.**



## Lifestyle Coach Log

Coach's name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Before PreventT2 starts, write each participant's name in the left column. Then make enough copies for each session. Use this log to record participants' data.

This information is **confidential** and should be kept out of sight from anyone other than the Lifestyle Coach or someone designated by the CDC-recognized organization requiring access.

[illegible]


Lifestyle Coach Log

## 6. Food Log (optional)

PreventT2 now provides two food tracking logs—Food Tracking Activity Log and Weekly Food Log. The new option offers flexibility to track a week’s dinners, for example, and reduces the chance of a participant becoming overwhelmed, especially when starting out.

**Participants are encouraged to use their Food Log to track their eating (starting after the Track Your Food module).**


**Participants are encouraged to use their Weekly Food Log (Optional).**




**PREVENTT2**  
A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

**Weekly Food Log (Optional)**
Week of: \_\_\_\_\_

Try to use this log each day to track when, what, and how much you eat and drink. Track your water intake by circling a water bottle every time you finish one. You may also track how many calories you take in. Write down a daily reflection of your wins for the day and how you feel. You don't need to share this log with your Lifestyle Coach. It's just for you.

Meal/Snack	Time	Item	Amount (piece, volume, weight)	Calories
Breakfast				
Lunch				
Dinner				
Snacks				
Drinks 				
Daily Reflection				

Weekly Food Log (Optional)



**PREVENTT2**  
A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

**Food Tracking Activity (Optional)**

Instead of tracking all your food each day, start by tracking a shorter period of time or something specific, like snacks or fruits and vegetables for the week. Use the questions below to help you decide what to track and how often. It also helps to have a goal for tracking.

You don't need to share this log with your Lifestyle Coach. It's just for you.

**What is your tracking goal?**

What food or meals do I want to track? (snacks, drinks, desserts, fruits, vegetables, etc.)

- 
- 
- 

How often do I want to track this food or meal? (one day, weekly, the next four Saturdays, etc.)

How will this food tracking help me? How will it help me change or see my good habits?

Day	Time	Item	Amount (piece, volume, weight)	Calories (optional)

Food Tracking Activity Log



## 7. Action Plan Journal

Participants are encouraged to make a new action plan during each session and to try it at home.



## 8. Other Materials

- **Program Meeting Schedule.** Fill this out. Give it to participants before the program starts, or at the first session.
- **Quick Guide.** This provides tips for weight loss. Give it to participants at your discretion.
- **Ready, Set, Quit!** This provides tips for how to quit smoking. Give it to participants at your discretion.
- **To Learn More.** This provides a list of resources for preventing type 2 diabetes. Give it to participants at your discretion.
- **Certificate of Completion.** Fill this out. Give it to participants at the last session if you wish.

## 9. Scale

- Used for weigh-ins at each session.

The participants are responsible for their own:

### 1. Shoes

- For physical activity.

### 2. Tools for Weighing and Measuring Food

- Participants are asked to determine portion size and fat and calorie content of food and drink and so are asked to equip themselves with measuring cups, a ruler, and measuring spoons.

### 3. Scale

- For home use.



## What Happens in Each Session?

**The program goals of the Prevent T2 are:**

- Reduce weight by 5% of their starting weight **or**
- Lose at least 4% of starting weight and log an average of 150 minutes of activity each week
- Or** Lower their A1C level (also known as HbA1C) by 0.2%

The participants are supported in reaching these goals by:

- Self-monitoring, group process, and goal setting to identify and address barriers to physical activity and healthy eating.
- Engaging in weigh-ins and weight charting during every in-person session.
- Completing and submitting Fitness Logs during every in-person session.

A typical session from start to finish:

1. Use the Lifestyle Coach Guide to prepare for class.
2. After greeting participants, provide nametags.
3. \* For the first class, hand out Participant Notebooks.
4. Participants weigh-in and weight is recorded.
5. The participants are provided their weight to record in their Weight Log.
6. Distribute blank Activity Logs, Weekly Food Logs or Food Tracking Activity (Optional) and Action Plan Journals, as needed.
7. Have participants sit down and review Session Focus on page 2.
8. Each class is 60 minutes:
  - 10 minutes as a welcome and to review weekly progress.
  - 40 minutes for the week's curriculum content.
  - 10 minutes to complete the action plan and bring the class to a close.
9. As soon as possible, take notes on this session. Write down what went well and what you'd like to improve. Also, write down any tasks you need to do before the next session.

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### Practice Exercise

To answer this question, first facilitate a discussion. Ask: “What characteristics are important in a lifestyle coach?” After a few minutes of discussion, if not covered, mention the following characteristics that are important in a lifestyle coach:

1. Unconditional Support
  - Support of a participant regardless of their actions
    - Examples of unconditional support statements:
      - “Thank you for sharing.”
      - “I appreciate hearing your thoughts here.”
2. Empathy
  - Understanding the feelings of participants
    - Examples of empathy statements:
      - “I understand how you feel.”
      - “I see where you are coming from.”
      - “I can imagine why you’re feeling frustrated.”

## What Is the Role of the Lifestyle Coach?

The role of the Lifestyle Coach is to:

1. Facilitate the sessions of the Prevent Type 2 curriculum at recognized National Diabetes Prevention Program sites.
  - Use the curriculum to help participants develop the skills they need to choose a healthy lifestyle.
2. Resist the urge to teach; make sure you facilitate the classes, **not** teach the classes.
  - Bring in the strengths of group participants so the group owns their learning; promote group discussion whenever you can.
3. Serve as an accountability coach.
  - Set clear expectations from the start, including ground rules, attendance, weekly weigh-ins, and weekly submission of food and activity logs, problem solving and self-monitoring.
4. Support and offer encouragement for any change, even tiny changes, while maintaining high expectations.
  - Express confidence that participants will reach their goals, provide continuous support, and highlight any positive signs.
5. When needed, provide information and reinforce learning.
  - When appropriate, highlight previous lessons and always summarize the previous week’s lessons and discussions.

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## Case 2 – Recording Measurements

### How do the weigh-ins work and where do I record participants weight?

- Weigh-ins occur at the beginning of every session.
  - Balance beam scale is preferred, but digital scale is acceptable; make sure to use the same scale each time.
    - Perform weigh-ins in a private spot so only the lifestyle coach and participant have visibility to the weight measurement.
      - Make sure the participant wears the same type of clothing for each weekly measurement; if shoes are worn each time, make sure they are always on – or if shoes are not worn, make sure they are always off during weigh-ins.
- To help with the flow of the class, it may be a good idea to ask participants to arrive a few minutes before the start of class to complete the weigh-ins.
- Weights are recorded in the **Lifestyle Coach Log** - [https://www.cdc.gov/diabetes/prevention/pdf/t2/Handouts-Lifestyle\\_Coach\\_Log.pdf](https://www.cdc.gov/diabetes/prevention/pdf/t2/Handouts-Lifestyle_Coach_Log.pdf)
  - This log tracks attendance, weight, and minutes of physical activity. This data is submitted to the CDC upon completion of the Prevent T2 program.

### How does the Weight Log work?

Participants are given a **Weight Log** - [https://www.cdc.gov/diabetes/prevention/pdf/t2/Handouts-Weight\\_Log.pdf](https://www.cdc.gov/diabetes/prevention/pdf/t2/Handouts-Weight_Log.pdf)

The Lifestyle Coach tells the participant their weight each week to update the Weight Log. Keeping the Weight Log up-to-date helps participants track their progress, and tracking is a predictor for success.

How can the Lifestyle Coach make the weigh-in as comfortable as possible?

### How does the Activity Log work?

Each week, participants are given a **Activity Log**

<https://nccdphp.my.salesforce.com/sfc/p/#t00000000TZNF/a/3d0000005GOr/k.nT2sTcJ5mSJDwZ2HF58quSo9LOnQPAPgPsmkEAdVc>

Participants are asked to log their minutes of activity that was done at a moderate or vigorous level. They can also track more detail about their activity, such as what activity they did, how far they went, how fast they went, how heavy their weights were, how many steps they took, and how many calories they burned. The lifestyle coach collects the Activity Log each week and records the total minutes of activity in the Lifestyle Coach Log.

## How does the Action Plan Journal work?

Each week, participants are given an **Action Plan Journal** –

[https://nccdphp.my.salesforce.com/sfc/p/#t00000000TZNF/a/3d00000005G11/LQG\\_CyBblhjd4iz2O50YNyS1BKJxagJK8APQgDsVAIBs](https://nccdphp.my.salesforce.com/sfc/p/#t00000000TZNF/a/3d00000005G11/LQG_CyBblhjd4iz2O50YNyS1BKJxagJK8APQgDsVAIBs)

Each week, participants are given time to set up to three intentions for the week using the Action Plan Journal. For each action, participants are asked to complete the following:

- What I will do?
- Where I will do it?
- When I will do it?
- How long I will do it?
- Challenges I might face?
- Ways to cope with these challenges

The Action Plan Journal makes the following recommendations when designing action steps:

1. **Be realistic.** Plan actions that are realistic for you.
2. **Make it doable.** Plan small changes. Over time, these changes will add up.
3. **Be specific.** Plan your actions in detail. Decide:
  - What you will do
  - Where you will do it
  - When you will do it
  - How long you will do it
4. **Be flexible.** Review your action plan often. Look for ways to cope with challenges. If your action plan isn't working for you, revise it.
5. **Focus on behaviors.** For instance, you can control how many pounds you lose by focusing on your actions, such as what you eat and how active you are.
6. **Make it enjoyable.** Change doesn't have to be painful. Find activities and healthy foods that you enjoy.

Asking participants to turn in their action plans each week will help them be more accountable.

## **How does the Food Log work and Food Tracking Activity Log?**

Each week, participants are given a Food Log –

<https://nccdphp.my.salesforce.com/sfc/p/#t0000000TZNF/a/3d0000005Fxs/Lva6G7obyU3en0ndBawrWiWb.K6e7Z.v947m6JbgH5I>

Each week, participants are given a Weekly Food Tracking Activity Log—

<https://nccdphp.my.salesforce.com/sfc/p/#t0000000TZNF/a/3d0000005G0h/oPmWS4htU5wzgdfDulhay6ykKy.uTJ5ww9Rx7EyWb7Y>

Keeping a Food Log or Weekly Food Tracking Activity Log are not a requirement of the Prevent Type 2 program, although it is recommended because tracking food intake is correlated to healthier eating. Ask participants to track when, what, and how much they eat and drink. Also, ask them to total up the calories they are consuming. They do not need to turn the Food Log in to the Lifestyle Coach.

### **Practice Exercise**

Completing a 3-day food record can be valuable and a powerful tool for raising awareness. Ask participants that are interested and willing to write down everything they eat (breakfast, lunch, snacks, dinner) and any beverages they consume. Then using a calorie counter, add up their total calories. This is something they could turn in to the Lifestyle Coach for feedback.

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## Case 2: Overview of Prevent T2

**Program focus:** Prevent Type 2 is a yearlong program designed for people with prediabetes. It is also designed for people who are at high risk for type 2 diabetes and want to lower their risk.

**Program goals:** Prevent Type 2 helps participants achieve moderate weight loss by eating well and being active. By the end of the First Six Months, the goal is for participants to:

- Lose at least 5 to 7 percent of their starting weight.
- Get at least 150 minutes of physical activity each week, at a moderate pace or more

By the end of the Last Six Months, the goal is for participants to:

- Keep off the weight they have lost.
- Keep working toward their goal weight, if they haven't reached it.
- Lose more weight if they wish.
- Keep getting at least 150 minutes of activity each week

To achieve CDC recognition, your program must last for a full year and complete at least 22 modules.

The Prevent Type 2 curriculum recommends that you meet with your participants:

- Once a week for four months (sessions 1 to 16).
- Every other week for two months (sessions 17 to 20).
- Once a month for six months (sessions 21 to 26)

You can follow a different schedule, if you prefer. **But you must complete at least 16 sessions in the First Six Months and another 6 sessions in the Last Six Months.**

### **Your Role as a Lifestyle Coach**

Your role is to help participants set goals, track their eating and activity, assess their progress, and solve problems. Along the way, you need to collect data and write it in your Lifestyle Coach Log.

**Set the tone.** Foster a supportive and respectful group culture. Encourage participants to share their thoughts and feelings. But don't pressure them to do so. Make sure all participants get a chance to speak.

**Engage participants.** Avoid lecturing. Instead, use teaching strategies that engage participants. Do the hands-on activities listed in the Lifestyle Coach Training Guide. When it's time to review a handout, ask for volunteers to read it to the group. Or ask them questions about it. Participants differ in their tastes, beliefs, and interests. Tailor the program to your particular group as much as you can.

**Keep an eye on the time.** Make sure to cover key content within the one-hour time frame. Keep a watch or clock handy. If a discussion is going on too long, table it for another time, such as after the session. To help you stay on track, the Lifestyle Coach Training Guides suggest how many minutes to spend on each section. They also label some activities "optional."

**Support participants.** Some participants may face personal barriers to lifestyle change. For instance, a participant may have trouble reading and writing. They may be able to track their eating and activity in other ways, such as recording their voice or taking a photo. Suggest they ask a friend or family member to help them fill in forms. Or do it yourself. Another participant may have trouble reaching their fitness goal because of painful arthritis. Help them find ways they can be active, such as swimming, yoga, or Tai Chi. Other participants may face environmental barriers to lifestyle change. For instance, they may have limited access to healthy food, transportation, childcare, a safe place to walk, technology, time, and healthcare. Help participants work through these barriers.

### **Participants' Role**

At home, participants are **required** to:

- Track their minutes of activity each day (starting after the Track Your Activity module)
- Write their minutes of activity in their Activity

LogDuring sessions, participants are required to:

- Bring their Participant Notebook
- Show you their Activity Log (starting after the Track Your Activity module)
- Weigh in
- Write their weight in their Weight Log

At home, participants are **encouraged** to:

- Track their food each day (starting after the Track Your Food module).
- Track more details about their activity each day (starting after the Get More Active module).
- Do the things you ask them to try at home

During sessions, participants are encouraged to:

- Arrive on time.
- Turn off their cell phones.
- Participate.

**Modules:** Prevent Type 2 has 26 modules. To achieve CDC recognition, your program **must complete at least 22** of these modules.

## First Six Months of Program

- **Introduction to the Program:** This module sets the stage for the entire Prevent T2 course. *Presented at the first session.*
- **Get Active to Prevent Type 2** – This module provides the core principles of getting active. *Recommended at the second session.*
- **Track Your Activity** – This module provides the core principles of tracking activity. *Recommended at the third session.*
- **Eat Well to Prevent Type 2** – This module provides the core principles of healthy eating. *Recommended at the fourth session.*
- **Track Your Food** – This module provides the core principles of tracking food. *Recommended at the fifth session.*
- **Get More Active** – This module provides the core principles of increasing activity level. *Recommended at the sixth session.*
- **Energy In, Energy Out** – This module provides the core principles of caloric balance. *Recommended at the seventh session.*
- **Eating To Support Your Health Goals** – This module describes how to take a positive approach to eating healthfully.
- **Manage Stress** – This module teaches participants ways to reduce and manage stress.
- **Eat Well Away from Home** – This module teaches participants how to identify ways to form new habit that support healthy eating while away from home.
- **Managing Triggers** – This module teaches participants how to identify their own triggers that lead to overeating or less healthy choices.
- **Stay Active to Prevent Type 2**—This Module helps participants identify some benefits of staying active and identify some challenges of staying active and ways to overcome them.
- **Take Charge of Your Thoughts** – This module teaches participants how to replace negative thoughts with helpful thoughts; And how to replace a negative thought with a helpful thought.
- **Get Back on Track** – This module teaches participants get back on track with their eating and activity goals
- **Get Support** – This module teaches participants how to get social support for positive changes.
- **Stay Motivated to Prevent T2** – This module helps participants reflect on their progress and keeping positive changes over the next six months. *Recommended at the six-month mark.*

## Last Six Months of Program

It is recommended that you meet:

- Every other week for two months (sessions 17 to 20).
- Once a month for six months (sessions 21 to 26)

You must present **at least six** of these 10 modules below during the Last Six Months in any order except that *Prevent Type 2—for Life!* session must be conducted last.

- **17. When Weight Loss Stalls**
- **18. Take a Movement Break**
- **19. Keep Your Heart Healthy**
- **20. Shop and Cook to Prevent Type 2**
- **21. Find Time for Physical Activity**
- **22. Get Enough Sleep**
- **23. Stay Active Away from Home**
- **24. More About Type 2**
- **25. More About Carbs**
- **26. Prevent Type 2 for Life!**

## Case 3 – First Six Months: Sessions 1 – 4

### Session 1: Introduction to the Program

- Key Elements to Cover
  1. This introductory module helps participants change their lifestyles by supporting them in moving from the thinking phase to the action phase. It sets the stage for the entire Prevent Type 2 course.
- By the end of the session, participants will:
  1. Identify the goals and structure of Prevent T2
  2. Identify the basics of type 2 diabetes
  3. Explain how to make an action plan
  4. Set goals and plan basic actions
- As Participants Arrive
  1. Greet participants
  2. Give participants a Participant Notebook
  3. Give participants a blank Weight Log, Activity Log, Food Log, Food Tracking Activity Log and Action Plan Journal.
  4. Give them a nametag
  5. Weigh participants
    - Record data on Lifestyle Coach Log
    - Ask participants to record in their Weight Log
- Session To-Do List
  1. **Welcome and Introductions.**
    - Ask participants to find a partner, and then ask: a) What is your name? b) What two items would you like to have if you were stranded on a deserted island?
      - Go around the room and have participants introduce their partner
      - Ask participants to share why they joined the program.
  2. **Objectives.** To discuss the program's goals and structure as well as the basics of type 2 diabetes.
  3. **Program Overview.** Briefly discuss prediabetes, the goals of the program, weight loss, and moderate activities. Spend a few minutes reviewing the Participant Notebook together. Consider the practice exercise below.
  4. **Basics of Type 2 Diabetes.** Use the Type 2 Diabetes info on page 4 to begin a discussion.
  5. **Your Six-Month Goals.** Look at Your Six Month Goals on page 5 and Weight Loss by the Numbers on pages 7-8 to lead the discussion. Explain what it means to lose 5 to 7 percent of starting weight. Discuss.
  6. **Plan for Success.** Turn to the Action Plan Journal and discuss the six tips for creating a goal and three action steps for reaching that goal.

**7. Summary and Closing.** Ask participants to put their Action Plan into effect.**Practice Exercise**

Lead a discussion that invites participants to name ground rules for the class that will make it as helpful and supportive as possible.

After a few minutes, if not covered, mention the following possible ground rules:

1. What is said in the class stays in the class (confidentiality).
2. We act with respect toward one-another.
3. This is a “no judgment zone” – we can speak freely here knowing that we will not judge each other for what is said.
4. We turn our cell phones off prior to the start of class.
5. One person speaks at a time.
6. We all come to class each time, on time.
7. We all participate while in class.

## Session 2: Get Active to Prevent Type 2

- Key Elements to Cover
  - Physical activity can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Identify some benefits of getting active
  2. Identify some ways to get active
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Activity Logs, Food Logs, Food Tracking Activity Log and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 19
- Session To-Do List
  1. **Welcome and Review.** What went well? What did you learn?
  2. **Objectives.** To discuss the benefits of activity and ways to get active
  3. **Benefits of Getting Active.** Discuss calories. Discuss how activity lower blood sugar levels. Page. 2
  4. **Ways to Get Active.** the goal is moderate activity. Discuss ideas - see practice exercise below. Discuss and practice the Talk Test while marching in place
  5. **Plan for Success.** Give participants a few minutes to complete.
  6. **Be Active, Be Safe.** A list of statements for participants to review before getting active.
  7. **Overcoming Challenges.** A list of common challenges and ways to overcome them.
  8. **Summary and Closing.** Before our next session, have participants read “Teo’s Story” on page 3 and “Ways to Get Active” on page 4,
  9. The Get Active Module contains a quiz – have participants select “Lets get moving” to take the readiness to change quiz on page 5.

### Practice Exercise

What is your favorite way to be active? What do you like about it? What is one activity that you are thinking about starting? Share with the group.

### Session 3: Track Your Activity

- Key Element to Cover
  1. Tracking, or self-monitoring, can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Identify the purpose of tracking their activity.
  2. Describe how to track their activity.
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Activity Logs, Food Logs, Food Tracking Activity Logs and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 1
- Session To-Do List
  1. **Welcome and Review.** What went well? What did you learn?
  2. **Objectives.** Identify the purpose of tracking their activity. Why is it important? What difference does tracking make?
  3. **Purpose of Tracking.** Discuss reasons for tracking.
  4. **How to Track Your Activity.** Describe how to track their activity. Discuss methods for timing and tracking - see practice exercise below. Group practice of marching and tracking activity. Read Chris’s Story.
  5. **Plan for Success.** Give participants a few minutes to complete.
  6. **Summary and Closing.** Review Activity Log. For next session, ask participants to read How to Track Your Activity on page 3. Briefly review How to Cope with Challenges on page 4-6. Discuss potential challenges with tracking activity and ways to overcome them.
  7. **Every minute Matters:** Have participants take the quiz to help participants with challenges along the way.

#### Practice Exercise

Ask participants to share from past experiences what tools helped them track their activity. Create a list of ideas and what participants like about different methods.



## Session 4: Eat Well to Prevent Type T2

- Key Element to Cover
  1. Eating well can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Eating how to eat well to prevent or delay type 2 diabetes.
  2. Explain how to build a healthy meal.
  3. Identify the items in each food group.
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Activity Logs, Food Logs, Food Tracking Activity Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 1
- Session To-Do List
  1. **Welcome and Review.** What went well? What did you learn?
  2. **Objectives.** Eating well can help you prevent or delay type 2 diabetes. Today we will discuss how to eat well and how to build a healthy meal.
  3. **How to Eat Well.** Discuss calories. Discuss fat. Discuss sugar. Discuss fiber.
  4. **How to Build a Healthy Meal.** Look at a healthy meal on page 2. Discuss the role of non-starchy veggies, grains, starchy foods, and protein foods. Discuss items of the side of the plate (dairy, fruit, drink).
  5. **Other Healthy Plates, Eating Well, Eating Well Strategies.** Look at Make Your Plate on page 4. Look at Foods to Choose and Food to Limit on pages 5-7. Watch video Healthy Can Be Tasty. Discuss. Consider the practice exercise below.
  6. **How To Build on Strengths** – review the strengths sample on page 13 and practice building strengths on page 14.
  7. **Plan for Success.** Give participants a few minutes to complete the Eat Well, Live well send link to participants before or after class- see page 15.
  8. **Summary and Closing.** Ask participants to look at Make Your Plate and finish it at home using Foods to Choose on pages 9-10. Review How to Cope with Challenges on pages 9 and 10. Discuss possible challenges to eating well.

### Props for session #4

1. Tray of bite-size non-starchy veggies, with dip that is low in sugar and fat.
2. Tray of baked, low-salt corn chips and salsa.
3. Tray of bite-size fruit, with dip that is low in sugar and fat.
4. Projector with Internet access to watch video “Healthy Can Be Tasty” video:  
<https://www.youtube.com/watch?v=k7-JJZ2jpWE>

## *Lifestyle Coach Instructor Manual*

### **Practice Exercise**

Ask participants to think about a time that they were eating healthier in the past. Ask: “What was one key strategy that helped you eat healthier?” For example, a participant might say, “I had a couple of fruit-based desserts that I starting eating instead of ice cream.” Encourage everyone to participate and share ideas.

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## Case 4 – First Six Months: Sessions 5 – 8

### Session 5: Track Your Food

- Key Elements to Cover
  1. Tracking of food, or self-monitoring, can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Identify the purpose of tracking their food.
  2. Explain how to track their food.
  3. Different ways to track
  4. Explain how to use Nutrition Facts labels
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Activity Logs, Food Logs, Food Tracking Activity Logs and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 1
- Session To-Do List
  1. **Welcome and Review.** What went well? What did you learn?
  2. **Objectives.** Tracking of food can help prevent or delay type 2 diabetes.
  3. **Benefits of Tracking.** Review Sally’s Story on page 2. Ask a participant to read the first paragraph of the story to the group. Discuss.
  4. **How to Track Your Food.** Discuss Food Log. Pass out measuring tools. Demonstrate measurements. Discuss other ways to record eating – see practice exercise below.
  5. **Make Sense of Food Labels.** Ask participants to look at Make Sense of Food Labels on pages 16-17. Review food label and have participants work together in small groups reading a Nutrition Facts label you brought.
  6. **Plan for Success.** Give participants a few minutes to make their action plan.
  7. **Summary and Closing.** Ask participants to review Food Log and How to Track Your Food starting on page 12-15. Discuss challenges with tracking foods and potential solutions.

#### Props for Session #5:

- Dry and liquid measuring cups
- Measuring spoons
- Kitchen scale and bowl
- Peanut butter
- Box of cereal
- Bottle of juice
- Ping-pong ball
- Dice
- Deck of cards
- Golf ball

- Tennis ball
- Baseball
- Computer mouse
- CD
- Nutrition Facts labels

**Practice Exercise**

Lead a discussion that invites participants to share their strategies for tracking food intake. What has worked for you in the past? What suggestions do you have for someone who is new to tracking their food intake?

## Session 6: Get More Active

- Key Elements to Cover
  1. Getting more active can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  2. Identify the purpose of getting more active.
  3. Identify some ways to get more active.
  4. Explain how to track more details about their fitness
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 2
- Session To-Do List
  1. **Welcome and Review.** What went well? What did you learn?
  2. **Objectives.** Purpose of activity, ways to get active, and gathering more details about activity.
  3. **Purpose of Getting More Active.** Discuss program goals. Discuss Talk Test.
  4. **Ways to Get More Active.** Ask participants to review Olga’s Story on page 3. Ask a volunteer to read the first paragraph of the story. Discuss the details. Discuss reps, sets, and how to build muscle. Practice with resistance bands. Practice tracking more details, include sets and reps. Discuss ways to track activity – see practice exercise below.
  5. **Track More Details About Your Fitness.** Help participants record the number of sets and reps they did with the group activity.
  6. **Plan for Success.** Give participants a few minutes to make their action plan.
  7. **Summary and Closing.** Ask participants to record more details about their activity in the coming week. Encourage participants to review Ways to Get More Active on page 4 and Build Your Muscles on pages 5 and 6.

Props for Session #6:

- Flip chart or white board
- Tape
- Markers
- Examples of ways to track activity

### Practice Exercise

Lead a discussion that invites participants to share ideas for adding more activity. Ask participants to think of a time that they successfully added a new activity and overall, it was a positive experience. Share the details.

## Session 7: Energy In, Energy Out

1. Key Elements to Cover
  1. Losing weight can help prevent or delay type 2 diabetes.
2. By the end of the session, participants will:
  1. Recognize the link between calories and weight.
  2. Explain how to track the calories they take in.
  3. Explain how to track the calories they burn.
  4. Explain how to burn more calories than they take in.
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 4
- Session To-Do List
  1. **Welcome and Review.** What went well? What did you learn?
  2. **Objectives.** To discuss ways to burn more calories than we consume.
  3. **Calories and Weight.** Discuss calories, energy, and weight balance. Optional activities. Discuss Paul’s Story Part 1-4. Refer participants to Ways to Eat Fewer Calories on pages 4-6, and “Small Changes to Your Drink Make a Big Difference” (pages 9 to 10). Or look at them together and discuss how people use drink for an energy boost or as an opportunity to socialize.
  4. **How to Track the Calories You Take In.** Reference the Food Log. Discuss relative to Paul’s Story on pages 8 to 10.
  5. **How to Track the Calories You Burn.** Discuss what is necessary for estimating calorie expenditure (body weight, activity, duration, pace). Refer participants to Ways to Burn Calories on page 13. Reference the Fitness Log.
  6. **How to Burn More Calories Than You Take In.** Refer back to Paul’s Story and discuss – see practice exercise below.
  7. **Plan for Success.** Give participants a few minutes to make their action plan.
  8. **Summary and Closing.** Encourage participants to record all food and activity in the Weekly Food Log, or Food Tracking Activity and Activity Log for at least one day.

**Practice Exercise**

Ask participants to share one idea of an activity to easily add to each day (to burn more calories). Next, ask participants to share one simple idea for reducing calories, such as a healthier food substitution, that they currently practice.



## Session 8: Eating To Support Your Health Goals

- Key Elements to Cover
  1. Healthy shopping and cooking can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Describe how to take a positive approach to eating healthy
  2. Explain how to enjoy a variety of foods in healthy ways to support participants goals
  3. Explain how develop a positive and balanced approach to eating your favorite foods
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 5
- Session To-Do List
  1. **Welcome and Review.** What went well? What didn’t go well? What did you learn?
  2. **Objectives.** Eating to support your health goals
  3. **Take a Positive Approach to Eating.** Ask a participant to read Part 1 of Anthony’s Story on page 2 of the participants guide page. 6 of Lifestyle Coach Guide. Discuss who can relate with Anthony’s story.
  4. **Enjoy Foods in Healthy Ways.** Ask participants to read Anthony’s story a continuation Part 2 of the Participants Guide, page. 5.  
Watch Make It Fast, Make It Good video- link below. Possible approaches towards healthy eating.  
Discuss Recipe Makeover on page. 8 in the Participant Guide and participants approach to their own ideas for a recipe makeover. Ask for volunteers.
  5. **Plan for Success.** Give participants a few minutes to make their action plan.
  6. **Summary and Closing.** Encourage participants to practice positive approaches to eating, eating foods in portions that support their eating goals and selecting variety of food next time they grocery shop.

### Props for Session #8:

- Projector with Internet access to watch videos.
- Brainstorm ideas on how to do recipe makeover
- “Cooking with Herbs, Spices, and Other Seasonings” video:  
<https://www.youtube.com/watch?v=clnr1F4jkzs>
- “Make It Fast, Make It Good” video: [https://www.youtube.com/watch?v=rB5TUlo2p\\_A](https://www.youtube.com/watch?v=rB5TUlo2p_A)
-

**Practice Exercise**

Ask participants to share one recipe makeover tip or strategy that they have used successfully. Also, ask participants to share one cooking modification that they use that helps them eat healthier. Discuss.



## Case 5 – First Six Months: Sessions 9 – 12

### Session 9: Manage Stress

1. Key Elements to Cover
  1. Managing stress can help prevent or delay type 2 diabetes.
2. By the end of the session, participants will:
  1. Identify causes of stress.
  2. Understand the link between stress and type 2 diabetes.
  3. Discuss ways to reduce stress.
  4. Discuss healthy ways to cope with stress
3. As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 1 of the Participant Guide
4. Session To-Do List
  1. **Welcome and Review.** What went well? What didn’t go so well? What did you learn?
  2. **Objectives.** Managing stress can help you prevent or delay type 2 diabetes. Today we’ll discuss ways to reduce stress and cope with it.
  3. **Causes of Stress.** Review Barbara’s and Carlos’s Story on page 2. Take a moment to discuss things that make you feel stressed on a regular basis.
  4. **Stress and Type 2 Diabetes.** Discuss the correlation. Have a volunteer read the two lists on page 3 of the Participant Guide. Discuss. Have another volunteer read the first paragraph on stress-related lists on page 4.
  5. **Ways to Reduce Stress.** Discuss Barbara’s and Carlos’s part 1-2 situation in more detail including their causes of Stress. Read ‘Ways to Reduce Stress list’ on page. 5 in the Participant Guide
  6. **Healthy Ways To Manage Stress.** Have participants review Healthy Ways to Manage Stress on pages 6. Lead a simple relaxation exercise, see page. 11.
  7. **Plan for Success.** Give participants a few minutes to make their action plan.
  8. **Summary and Closing.** Ask participants to review healthy ways to manage stress.

#### Practice Exercise

Ask participants to recall a time that they were managing their stress and to share helpful strategies with each other.

## Session 10: Eat Well Away From Home

- Key Elements to Cover
  1. How to Eat Well Away From Home
- By the end of the session, participants will:
  1. Identify factors that affect eating away from home
  2. Identify ways to form habits that support healthy eating away from home
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 1
- Session To-Do List
  1. **Welcome and Review.** What went well? What didn’t do so well? What did you learn?
  2. **Objectives.** How to Eat Well Away From Home
  3. **Factors That Affect Our Choices When Eating Out: A Review.** Review Part 1 of Jose’s story page. 2 of Participants Guide. Take a moment to discuss how participants can identify with Jose’s story and take a moment to have participants to vote
  4. **New Routines for Eating Well Away From Home.** Ask a participant to read Dining Out –Small Steps, Big Changes” on page. 3 of the Participant Guide. Discuss some of the ways in which to prepare when eating out at restaurants.
  5. **Dining In/Out.** Discuss – ways to order from menu, eating at social events. Review Part 2 of Jose’s story.
  6. **Plan for Success.** Give participants a few minutes to make their action plan.
  7. **Summary and Closing.** Ask participants to consider new routines when eating away from home.

Props for Session #10:

- Consider collecting food menus and become familiar with options

### Practice Exercise

Ask participants to share ideas for a) ways to eat healthfully when eating out,

## Session 11: Managing Triggers

- Key Elements to Cover
  1. Coping with triggers can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Identify what a trigger is and how they can create and re-create patterns connected to grocery shopping, eating, and sitting still
  2. Identify common triggers for grocery shopping, eating, and sitting still and ways to change unhealthy patterns associated with these triggers
  3. Describe how emotions and cues lead to food choices and eating patterns
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 4
- Session To-Do List
  1. **Welcome and Review.** What went well? What didn’t go so well? What did you learn?
  2. **Objectives.** Coping with triggers can help you prevent or delay type 2 diabetes. Triggers are things in your life that you react to in a certain way—without even thinking about it.
  3. **About Trigger?** Define triggers. Ask a participant to read Part 1 of Marta’s Story starting on page 2-4 of the Participant Guide and Marta’s pattern she created.
  4. **Common Triggers.** Brainstorm list of triggers associated with grocery shopping, eating, and sitting still and ways to change unhealthy patterns. See page. 5 of Participant Guide.
  5. **My Triggers.** Brainstorm list of triggers that contribute to the urge to eat. Look at “My Triggers” on page. 9 of the Participant Guide
  6. **Emotions and Cues Lead to Choices.** Discuss and give participants time to complete the emotions and cues on page 11 and 12 or take home to do.
  7. **Plan for Success.** Give participants a few minutes to make their action plan.
  8. **Summary and Closing.** Ask participants to complete Emotions and Cues Lead to Choices pages 11 and 12 and write down ideas in the column

Props for Session #11:

### Practice Exercise

Ask participants to share a “trigger” at home or at work, and the details of one time that they successfully navigated the situation without using food. How did they do it?

## Session 12: Stay Active To Prevent Type 2

- Key Elements to Cover
  1. This module will help participants understand how to overcome some challenges of staying active

By the end of the session, participants will:

1. Identify some benefits of staying active
2. Identify some challenges of staying active and ways to overcome them
3. Reflect of how far they've come since they started this program

### Session To-Do List

2. Greet participants
  - Weigh participants
  - Record data in Lifestyle Coach Log
  - Ask participants to record it in their Weight Log
  - Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  - Have participants review “Session Focus” on page 1
3. **Welcome and Review** – What went well? What didn't go so we?
4. **Objectives** – To discuss the benefits of staying active to prevent type 2 diabetes.
5. **About Staying Active to Prevent T2**—Discuss Teo's Story Part 1 on page. 2 in the Participant Guide
6. **How To Overcome Challenges.** Ask participants to look Teo's Story part 2 on page. 3 in the Participant Guide, and read the “Overcoming Challenges” on page. 4
7. **Look How Far You've Come!** Ask participants to look at the “Look How far You've Come! From the Participant Guide on page 8. Do in-class activity with participant and gather back as a class to discuss
8. **Plan for Success.** Give participants a few minutes to make their action plan.
9. **Summary and Closing.** Ask participants to complete the “Overcoming Challenging” on page. 4 and the “How to Stay Active” on page. 9.

### Practice Exercise

Ask participants to think about the what they will practice at home in the next week and will do a check-in to share successes.

## Case 6 – Sessions 13 – 16

### Session 13: Take Charge of Your Thoughts

- Key Elements to Cover
  1. Taking charge of your thoughts can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Recognize the difference between negative thoughts and helpful thoughts.
  2. Practice replacing negative thoughts with helpful thoughts.
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 4
- Session To-Do List
  1. **Welcome and Review.** What went well? What didn’t go so well? What did you learn?
  2. **Objectives.** Taking charge of your thoughts can help you prevent or delay type 2 diabetes. Today, we will discuss how to manage your thoughts.
  3. **Negative Thoughts vs Helpful Thoughts.** Review Fabienne’s Story part 1 on page 2. Ask a volunteer to read the first three paragraphs.
  4. **Replace Negative Thoughts with Helpful Thoughts.** Ask participants to look at 3 Steps to Replace Negative Thoughts on page 5. Discuss different types of thoughts: All or Nothing Thoughts, Making Excuses, Filtering Thoughts, Self-Labeling Thoughts, Comparing Thoughts and Gloom and Doom Thoughts. Consider the practice exercise below.
  5. **Plan for Success.** Give participants a few minutes to make their action plan.
  6. **Summary and Closing.** Ask participants to review and practice 3 Steps to Replace Negative Thoughts with Helpful Thoughts on page 7.

#### Practice Exercise

Ask participants to think about a friend who is struggling with harmful thoughts. What are examples of helpful thoughts that he or she could replace the negative thoughts with that would shine a light on the positives in that situation? For example: “I have a friend who is frustrated when she thinks about her husband and that he can eat whatever he wants without gaining weight. She could replace that thought with ‘He is not me. I am focusing on being the healthiest that I can be.’”

Discuss how we could apply these same thoughts to ourselves.



## Session 14: Get Back on Track

- Key Elements to Cover
  1. Learning to get back on track with eating and activity goals after a slip-up is important for building habits that stick. This module teaches participants what to do when they get off track.
- By the end of the session, participants will:
  1. Stay positive
  2. Follow the five steps of program solving
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 5
- Session To-Do List
  1. **Welcome and Review.** What went well? What didn’t go so well? What did you learn?
  2. **Objectives.** Discuss how to get back on track with eating and activity goals
  3. **Everyone Gets Off Track.** Ask participants to look at Kofi’s Story Part 1, page 2-3
    3. Have a volunteer read the first two paragraphs. Allow participants to share personal challenges and feelings.
  4. **How to Eat Well at Restaurants.** Discuss eating well and practice reviewing menus in small groups. Discuss.
  5. **Stay Positive and Solve Problems.** Have a discussion around lapses. Why is it important to stay positive? Have participants read part 2 of Kofi’s Story on page 3. Look at “Five Steps of Problem Solving” page 4 and have participant describe their own problem of pages 4-6 and read Kofi’s Part 3 on page 6.
  6. **Plan for Success.** Give participants a few minutes to make their action plan.
  7. **Summary and Closing.** Have participants choose a problem on to work on from page 7 and use the 5 steps to problem solve and review during the next session

Props for Session #15:

- Challenge participants to identify one area where they can use the 5 steps to problem solve

### Practice Exercise

Ask participants to describe a problem and use 5 steps to problem solve.



## Session 15: Get Support

- Key Elements to Cover
  1. Getting support from other people can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Discuss how to get support from family, friends, and coworkers.
  2. Discuss how to get support from groups, classes, and clubs.
  3. Discuss how to get support from professionals.
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Fitness Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review “Session Focus” on page 4
- Session To-Do List
  1. **Welcome and Review.** What went well? What didn’t go so well? What did you learn?
  2. **Objectives.** Getting support for your healthy lifestyle can help you prevent or delay type 2 diabetes. Today, we will talk about how to get support.
  3. **Get Support from Family, Friends, and Coworkers.** Review Jim’s Story on page 2. Ask a volunteer to read the first two paragraphs. Discuss – see practice exercise below. Consider group activity to role play asking for support – see How to Get Support: Family, Friends and Coworkers on page 4.
  4. **Get Support from Groups, Classes, and Clubs.** Discuss ideas and resources in the area.
  5. **Get Support from Professionals.** Discuss How to Get Support: Professionals on page 7.
  6. **Plan for Success.** Give participants a few minutes to make their action plan.
  7. **Summary and Closing.** Ask participants to practice getting support by using the exercises on pages 4-6 at home

Props for Session #15:

1. List of local groups, organizations, clubs where to get support. Contact the American Diabetes Association 800- DIABETES (800-342-2383)

## ***Lifestyle Coach Instructor Manual***

### **Practice Exercise**

**Bull's-Eye Exercise:** To differentiate between supporters, non-supporters, and saboteurs in your life, draw two circles on a sheet of paper, one inside the other, to create three separate spaces in which to write the names of people in your life.

In the inner ring, list the people that you know you can count on to support you in any situation. In the middle ring, list the people who you don't think you can count on for support but who you don't believe will offer resistant or sabotage you. And in the outermost space, list the people who are likely to stand in the way of your success by resisting your efforts or by putting obstacles and temptations in your way. Divide the people in this ring into two categories: close friends and family, and casual friends and extended family.

Think about ways to increase or maintain your interaction with your inner circle and limit the time you spend with people who are not close friends or family. You will need to develop strategies for managing close friends and family in the outermost circle. (Adapted from *Coach Yourself Thin*, Rodale Press, 2011)



## Session 16: Stay Motivated to Prevent Type 2

- Key Elements to Cover
  1. Staying motivated can help prevent or delay type 2 diabetes.
- By the end of the session, participants will:
  1. Reflect on how far they've come since they started this program.
  2. Identify the group's next steps.
  3. Set their goals for the next six months.
- As Participants Arrive
  1. Greet participants
  2. Weigh participants
  3. Record data in Lifestyle Coach Log
  4. Ask participants to record it in their Weight Log
  5. Distribute blank Activity Logs, Food Logs, and Action Plan Journals, as needed.
  6. Have participants review "Session Focus" on page 5
- Session To-Do List
  1. **Welcome and Review.** What went well? What did you learn?
  2. **Objectives.** Staying motivated can help prevent or delay type 2 diabetes.
  3. **Look How Far You've Come!** Lead a discussion to review and share with each other the changes in eating, fitness, and other self-care behaviors. **Celebrate the victories!** Share how much weight the group has lost during the first sixteen sessions. Take a group photo. Look at other ways to celebrate on page 6 of the Participant Guide.
  4. **Our Next Steps.** Ask a volunteer to read Marie's Story on page 2. Discuss the next six months and what to expect. Consider the practice exercises below.
  5. **Your Goals for the Next Six Months.** Have participants look at Your Goals for the Next Six Months on page 3 and update their weight goal. Have participants complete the personalized pledge, if you don't have time in class please send links to participant via email
  6. **Plan for Success.** Give participants a few minutes to make their action plan
  7. **Summary and Closing.** Ask participants to review and complete Celebrate Your Success on page 5, including writing down ideas in the column Other Ways to Celebrate. Also, ask participants to complete How to Cope with Challenges on page 6 and 7, including writing down ideas in the column Other Ways to Cope.

### Practice Exercise

Ask participants to write down a description of where they want to be at the end of the next six months. What are they capable of doing physically that they cannot do now? What has changed about their body? Describe how they see themselves, including how they feel in this future vision.

## Case 7 – Last Six Months of Prevent T2

### What happens during the Last Six Months of Prevent T2, when do sessions occur, and what happens during sessions?

The Last Six Months is the phase of the program that helps keep participants on track after they complete the First Six Months of Program. The First Six Months and the Last Six Months are required elements for program recognition.

Note that, on average, around half of participants will have reached their goal weight by the end of the First Six Months. As the Last Six Months no longer meets weekly, there can be a decrease in participant motivation and focus. Attendance may decrease in the Last Six Months. The lifestyle coach needs to engage participants to optimize program participation.

As in the First Six Months, weigh-ins, use, and group process continue in the modules of the Last Six Months. The lifestyle coach emphasizes problem solving, self-monitoring, portion control, and being aware of negative thoughts.

#### During the last six months, it is recommended that you meet:

- Every other week for two months (sessions 17 to 20)
- Once a month for six months (sessions 21 to 26)

**Order of Sessions:** The order of sessions during the Last Six Months is determined by the Lifestyle Coach based on the lifestyle coach's understanding of the interests of program participants. You must present at least six of these 10 modules during the last six months. **Prevent T2—for Life!** must come last. Otherwise, there is no required order from the following topics:

- **When Weight Loss Stalls.** This module teaches participants how to start losing weight again when their weight loss slows down or stops. Including non-scale successes rather than calorie counting.
- **Take a Movement Break.** Throughout the module, the terms, “fitness has been replaced with “movement” to reduce participant anxiety with additional physical activity.
- **Keep Your Heart Healthy.** This module helps participants understand how to keep their hearts healthy.
- **Shop and Cook to Prevent T2 -** This module addresses these challenges by providing meaningful examples and suggestions for adding healthy foods prepared at home.
- **Find Time for Physical Activity.** Throughout the module, the terms, “fitness’ has been replaced by physical activity to be more inclusive and remove the connotation of going to the gym. Inclusion of additional tips under the Session Focus, such as if someone has disability.

## *Lifestyle Coach Instructor Manual*

- **Get Enough Sleep** This module talks about Why Sleep Matters, added to reduce the coach's burden and allow participants to have information to takeaway and refer to as needed, including a link to a CDC's Sleep for a Good Cause webpage.
- **Stay Active Away From Home.** This module explains how participants can stay on track with their activity goal when they travel for work or pleasure.
- **More Carbs.** This revised module introduces the basics of Type 2 Diabetes section in more plain language, and new routine-building and habit formation approaches.
- **Prevent T2—for Life!** This module helps participants reflect on their progress and keep making positive changes over the long term. There are direct links resources for participants to use when talking to family, friends and others. ***Presented at the last session.***

### **Practice Exercise: Staying Engaged during the Last Six Months of Prevent T2**

With participants, brainstorm ideas for staying connected and motivated during the Last Six Months. Ask participants to share something that has been helpful to them in the past for staying accountable and supported.



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