



**Peers for Progress**  
*Peer Support Around the World*

A program of the American Academy of Family Physicians Foundation

# **DIABETES PEER SUPPORTER TRAINING CURRICULUM**

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Support Group Leadership  
&  
Program Development

January 2014

# Diabetes Peer Supporter Training Curriculum

This training curriculum was originally developed in support of a statewide community service organization that wanted to expand their diabetes services to include intentional peer support.

This 12-hour rapid training course is intended to be delivered over the course of two days. In order to cover both diabetes self-management support and peer support program development topics, this training document was designed to be both comprehensive and flexible. The developers of this training curriculum anticipated a highly motivated audience that was experienced in community service and leadership. Therefore, it was expected that a lot of information could be covered quickly. In some sections, it is left up to the discretion of the trainer to determine how much time to spend on a specific topic, depending on the strengths and needs of the audience. Nevertheless, the comprehensive information in this document may be provided to trainees for reference purposes.

This training curriculum may be useful for organizations in need of rapid training courses to expand the capacity for diabetes peer support services. Participants of this training will learn the key principles behind organizing and launching peer support groups. However, this course is only the first step in initiating, maintaining, monitoring, and evaluation a peer support program. Ongoing training is essential for peer supporters to address challenges, develop skills, and manage stress.

## Agenda

### Day 1: Diabetes Self-Management Support

6 hours

Time	Topic	Objectives
10:30 – 11:00	Introduction and Review of Diabetes Pre-read	<ul style="list-style-type: none"><li>▪ Understand expectations regarding diabetes knowledge</li></ul>
11:00 – 12:00	Diabetes Self-Management	<ul style="list-style-type: none"><li>▪ Learn about good diabetes self-management behaviors</li></ul>
12:00 – 12:30	Overview of Peer Support	<ul style="list-style-type: none"><li>▪ Learn the overall objectives of peer support</li><li>▪ Know the roles and responsibilities of being a Peer Leader</li></ul>
12:30 – 1:30	Lunch	
1:30 – 2:30	Implementing Diabetes Peer Support	<ul style="list-style-type: none"><li>▪ Understand and practice helping participants set goals</li><li>▪ Become familiar with the steps of problem solving</li><li>▪ Learn about options for the structure of group sessions</li></ul>
2:45 – 3:00	Break	
3:00 – 4:15	Communication and Group Dynamics	<ul style="list-style-type: none"><li>▪ Learn about different types of communication</li><li>▪ Discuss and practice Active Listening</li><li>▪ Understand their role in group development</li><li>▪ Practice strategies to manage difficult behaviors</li></ul>
4:15 – 4:30	Conclusion and Homework Assignment	

## Day 2: Program Development

6 hours

Time	Topic	Objectives
9:00 – 9:45	Challenges, Self-Care	<ul style="list-style-type: none"> <li>▪ Understand the challenges of being a peer supporter</li> <li>▪ Develop a plan for reducing stress and managing burnout</li> </ul>
9:45 – 10:30	Extensions to Individual Support	<ul style="list-style-type: none"> <li>▪ Prepare to deal with informational needs</li> <li>▪ Understand strategies to improve their working relationship with health care provider</li> </ul>
10:30 – 11:30	Linkages to Clinical Care and Community Resources	<ul style="list-style-type: none"> <li>▪ Help identify and locate diabetes services in the community</li> <li>▪ Learn to get support and information from these local organizations and providers</li> </ul>
11:30 – 12:15	Roll Out, Organizational Issues	<ul style="list-style-type: none"> <li>▪ Learn about common implementation challenges</li> <li>▪ Learn recruiting strategies</li> <li>▪ Prepare to deal with organizational resistance</li> <li>▪ Learn to advocate for the role of peer support and how it can help local organizations and providers</li> </ul>
12:15 – 1:15	Roll Out Strategies	<ul style="list-style-type: none"> <li>▪ Determine how peer supporters will communicate with and support each other</li> <li>▪ Use social media and the internet for recruitment and participant engagement</li> </ul>
1:15 – 2:00	Monitoring and QI	<ul style="list-style-type: none"> <li>▪ Learn why monitoring peer support efforts matters</li> <li>▪ Develop a process for continuous quality improvement</li> </ul>
2:00 – 3:00	Next Steps, Follow Up	<ul style="list-style-type: none"> <li>▪ Identify ongoing training needs</li> <li>▪ Plan next steps for meetings and follow up</li> <li>▪ Answer remaining questions</li> </ul>

# Day 1: Diabetes Self-Management Support

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## Review of Diabetes

This section provides an overview of diabetes. It will discuss:

- Diabetes Statistics
- What is Diabetes
- Insulin Resistance
- Causes of Diabetes
- Hyperglycemia/Hypoglycemia
- Long Term Complications
- Medications
- Monitoring

### Some Diabetes Statistics

Diabetes is not just a national problem but an international one as well.

- Diabetes is the first non-communicable disease to be declared an epidemic by the World Health Organization. According to the WHO, there are at least 171 million people worldwide with diabetes and that number is expected to double by 2030.
- According to the 2011 National Diabetes Fact Sheet:
  - 25.8 million children and adults have diabetes in the United States – 8.3% of the population (total US population is 311 million people)
    - Diagnosed: 18.8 million
    - Undiagnosed: 7.0 million
  - There are also 79 million pre-diabetics. These are people with abnormal blood sugars but their average blood sugars are not quite high enough to be considered diabetic
- The cost of diabetes is approaching \$300 billion each year.
- The average cost of medical spending of people with diagnosed diabetes is 2.3 times higher than for non-diabetics.

### Significance of these Statistics:

- Because of the chronic nature of diabetes, it can be both expensive and debilitating to individuals, their families and health systems.
- These huge costs come back to you. As insurance companies pay more, they charge everyone more for health care insurance.
- The more diabetic complications you have, the more expensive it is to you personally.
- Instead of that money going into health care costs, it could be available for you and your community.

## What is Diabetes?

Diabetes is a chronic condition that occurs when the pancreas does not produce enough insulin or when the body cannot use the insulin appropriately.

There are two basic forms of diabetes:

**Type 1:** This is when the pancreas produces little or no insulin at all. People with Type 1 must take insulin shots on a daily basis to survive.

**Type 2:** This is when the body cannot use insulin effectively. People with Type 2 diabetes can sometimes handle their disease by changing their lifestyle, though many have to take oral medications. Sometimes insulin is required.

Most people with diabetes have Type 2 diabetes.

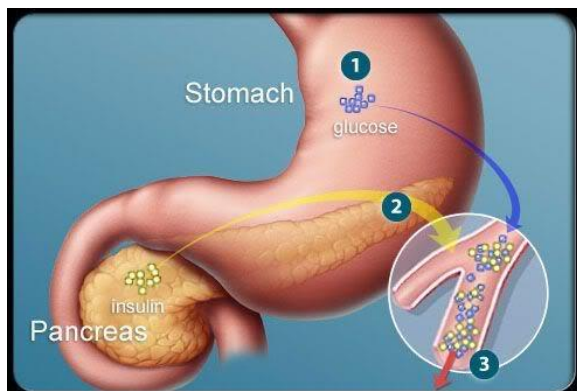
Participants in your peer support groups will probably have pre-diabetes or Type 2 diabetes. Although most people think of diabetes as a sugar problem, it is actually an insulin problem. Either your body doesn't make enough insulin or your body doesn't use insulin effectively.

The food we eat is broken down into sugar that the body uses for energy.

- All carbohydrate foods (not just sweets) are broken down into sugar in your blood.
- Carbohydrates include sugars, grains, breads, potatoes, and rice.
- EACH and EVERY cell in your body needs sugar for energy.
- Insulin helps sugar get into the cells.
- Without insulin, the cells do not get the energy they need to run and the body essentially starves.

Another way to say it: Insulin puts sugar into the cells so it can be used as energy.

## How Insulin Works



After eating, the stomach breaks down the carbohydrates into sugars (glucose). The glucose enters the bloodstream and this stimulates the pancreas to release insulin. Insulin and glucose travel through the bloodstream and go to all the body's cells. Insulin allows glucose to enter the cells to be used as fuel.

<http://www.fropki.com/type-diabetes-learn-the-warning-signs-vt43901.html>

## Insulin Resistance

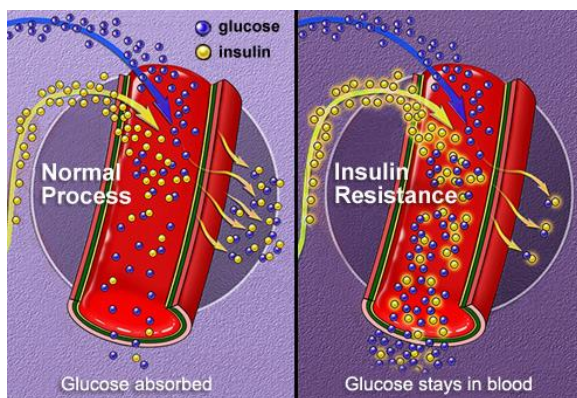
Insulin resistance (IR) is a condition where the pancreas produces insulin but it is not used properly. With IR, muscle, fat and liver cells do not respond properly to insulin.

As a result the pancreas produces even more insulin but eventually fails to keep up with the body's need for insulin. Many people have high level of insulin and glucose in their blood at the same time. IR increases the risk of developing Type 2 diabetes and heart disease.

The causes and mechanism of IR is very complex. Basically, IR can be caused genetically but obesity and a sedentary lifestyle also contribute significantly to IR.

Losing weight and getting more exercise can improve the body's sensitivity to insulin (decrease insulin resistance).

### Graphic of Insulin Resistance



The function of insulin is to take glucose into the cells of the body. If you have insulin resistance, the body does not let the insulin do its job and the glucose levels become elevated. The pancreas then starts to produce excess insulin, but the cells still cannot use or respond properly to insulin. At this point there are high levels of both glucose and insulin in the blood. Eventually the pancreas will not be able to keep up this high level of insulin production and the level of insulin will decrease.

<http://diabetes.webmd.com/slideshow-type-2-diabetes-overview>

### Metaphor for Diabetes

Think of a car. In order for a car to drive it needs "fuel" or "gas." To put gas in the car, you need a pump. Once you have the pump ready, you can open the gas cap and pump gas into the car. Once your car has gas, it has the energy it needs to move. Think of each cell in your body like a car, the sugar that your food is broken into as the "gas," and the insulin as the pump. When you have diabetes, you do not have enough pumps to get the gas into the car (insulin deficiency). Or, you may have enough pumps, but the gas cap is rusted shut and you can't put the pump into the car (insulin resistance). Without insulin, sugar builds up in the blood stream, causing high blood sugar levels.



## What Causes Diabetes?

The causes of diabetes are still being researched.

People with a greater risk of developing Type 2 diabetes:

- Overweight or obese
- Inactive
- Older than 45
- Family history of diabetes
- Certain racial and ethnic groups like African Americans, Hispanics/Latinos, Asian Americans, Pacific Islanders, American Indians and Alaska Natives
- African Americans and Hispanics have a higher incidence (or rate) of diabetes
- Women who had gestational diabetes

**Note:** We can't do anything about our age, our family history, or our race but we **CAN** control our weight and activity levels!

## Hyperglycemia

Hyperglycemia is the technical term for high blood sugar. This is a major cause of the complications of diabetes, especially to the blood vessels and nerves.

### What are the causes of hyperglycemia?

- If you're Type 1, you may not have taken enough insulin
- If you're Type 2, you may have enough insulin but your body doesn't use it effectively (insulin resistance)
- You ate more than planned
- You exercised less than planned
- Stress (e.g. illness, conflict, worries, etc.)

### What are the symptoms of hyperglycemia?

- Going to the bathroom frequently (frequent urination)
- Thirsty
- Tired
- Blurred vision
- Burning or tingling in your feet
- High blood glucose (determined by testing your blood)
- High levels of sugar in urine (determined by testing your urine)

## **How do you treat hyperglycemia?**

- If Type 1 or Type 2 but taking insulin, take insulin according to your doctor's orders
- Exercise (unless you're Blood Glucose is > 240 and you have ketones in your urine, do not exercise because you BG level may go even higher. You must test your blood sugar and urine to have this information)
- Cutting down on the amount or type of food you eat might also help
- If diet and exercise do not work, your doctor may have to change your medications or adjust the timing of it

## **How do you prevent hyperglycemia?**

- Good diabetes management through regular, healthy diet and exercise
- Monitor your blood sugar often so you can treat it early

Diabetic coma (ketoacidosis): Untreated hyperglycemia without enough insulin can lead to situation where your cells do not have energy to function. The body begins to break down fats to use for energy. The byproducts of this process are waste products called ketones. When the body cannot get rid of enough ketones through urine, the level of ketones builds to a dangerous level called ketoacidosis. This is a life-threatening situation and needs immediate treatment. Symptoms include shortness of breath, breath that smells fruity, dry mouth, nausea and vomiting.

## **Hypoglycemia**

Hypoglycemia is the technical term for low blood sugar. It is sometimes called an insulin reaction.

### **What are the causes of hypoglycemia?**

- If you're take insulin, taking too much insulin
- Not eating enough
- Exercise

### **What are the symptoms of hypoglycemia?**

- Shakiness
- Dizziness
- Sweating
- Hunger
- Headache
- Vision changes
- Pale skin color
- Clumsy or jerky movements
- Difficulty paying attention, confusion

## How do you treat hypoglycemia?

- If you feel a reaction coming on but cannot check your blood sugar, treat anyway
- Eat about 15 grams of carbohydrates or sugar: 4 glucose tablets, ½ cup of fruit juice or regular soda, 4 hard candies, 2 Tbsp. raisins, 4 tsp sugar, or 1 Tbsp honey
- Wait 15-20 minutes and if still low, repeat treatment
- If a patient is unresponsive, give a glucagon shot and/or call 911 (Glucagon requires a prescription from the doctor. Family members should know how to give this injection in case of emergency)

**Note:** Some diabetics develop hypoglycemia unawareness. This means that they cannot feel a low coming on. It is important they talk to their doctor about extra precautions they should take.

**Note:** It is highly recommended that all diabetic patients wear a Medical ID bracelet.

## Blood Sugar Levels

Keeping blood sugar levels as close to normal as possible can prevent or slow the development of the complications associated with diabetes.

For diabetics, this means that their fasting blood sugars should be between 70 and 130 mg/dl before meals and less than 180 mg/dl two hours after starting a meal (though doctors may set different goals for their patients).

Note that for non-diabetics, their fasting blood sugars should be between 70 and 99 mg/dl and less than 145 mg/dl two hours after eating.

The Hemoglobin A1C test measures the average blood glucose control over the last 2-3 months. In general, for diabetics, the goal is to be less than 7% (though doctors may set different goals for their patients).

HbA1C tests are used to diagnose diabetes. These levels are:

- For non-diabetics, HbA1C tests are less than 5.7%.
- For pre-diabetics, HbA1C tests are between 5.7 – 6.4%
- For diabetics, HbA1C tests are greater than 6.5%

In other words, if your A1C is greater than 6.5%, you will be considered diabetic.

## Long Term Complications of Diabetes

### What are the some of the complications of diabetes?

- Eyes
- Feet
- Hypertension
- Kidney disease
- Heart disease
- Stroke
- Poor circulation to legs and feet (Peripheral Arterial Disease)
- Stress
- Depression
- Skin complications
- Oral health problems
- Hearing loss
- Nerve damage (neuropathy)
- Diabetic coma (ketoacidosis)

### To help prevent these complications, you will be encouraging participants to:

- Get annual eye exams
- Check their feet daily
- Encourage good blood glucose control to decrease the risk of complications (by healthy eating, exercise, monitoring blood sugars and taking medications properly)
- Encourage good control of hypertension to decrease the risk of complications (by healthy eating, exercise, monitoring of blood pressure and taking medications properly)
- Encourage good control of cholesterol to decrease the risk of complications
- Healthy eating, weight loss if necessary
- Exercise/physical activity

### Eye Complications

Diabetics are more likely to develop glaucoma and cataracts as well as diabetic retinopathy.

Glaucoma occurs when pressure builds in the eye that causes damage to the retina and optic nerve. It is usually treated by medication or surgery.

Cataracts occur when the normally clear lens of the eye clouds over. When vision is impaired, the lens can be replaced with a surgically transplanted lens.

Diabetic retinopathy involves damage to the capillaries in the back of the eye that carry blood to the retina. The capillaries develop pouches that cause the capillaries to be blocked. Without treatment, retinopathy can cause damage to the eye that can lead to blindness. Extensive damage can occur before vision is affected. Treatment is available and effective if retinopathy is caught early.

**Note:** It is very important for diabetics to get annual eye exams by an eye doctor.

## **Foot Complications**

Diabetics can develop many different foot problems that happen because of poor blood flow and nerve damage (neuropathy) that results in loss of feeling the feet. Poor blood flow and loss of feeling can happen in other parts of the body as well, but the feet are often where these problems are first seen.

**Note:** It is important for diabetics to check their feet daily.

Neuropathy results in a loss of feeling to the feet, which means that a diabetic can have an injury without even knowing it. This can lead to infection. Neuropathy can also lead to changes in the shape of feet and toes. Special therapeutic shoes can prevent further damage.

Diabetics can also develop skin changes and calluses.

Foot ulcers can also develop. They occur most on the ball of the foot or on the bottom of the big toe. It is important to see a doctor if you have a foot ulcer because serious infections can result which can lead to loss of a limb or amputation. Most amputations are preventable with regular foot care and proper footwear.

Poor circulation can make feet less able to fight infection and to heal and lead to decreased feeling.

### **Good foot care:**

1. Check feet daily.
2. Wash feet daily and dry well, especially between the toes. Do not soak feet. Do not use water that is too hot (test temperature with elbow).
3. Moisturize feet daily. Do not moisturize between toes because this can lead to infection.
4. Always wear socks and shoes, even inside. Use sturdy, comfortable, good fitting shoes.
5. Protect feet from heat and cold.
6. Keep blood flowing:
  - Exercise feet and ankles, wiggle toes
  - Exercise (don't walk with open sores on feet)
  - Do not cross legs for long periods
  - Do not wear tight or restrictive socks or shoes
7. Stop smoking!
8. Keep blood pressure and cholesterol under good control.

## **Hypertension (High blood pressure)**

Approximately 2 out of 3 diabetics have hypertension. Hypertension raises the risk for heart attack, stroke, eye problems and kidney disease.

Blood pressure is the force of blood flow inside your blood vessels. There are two numbers associated with blood pressure. The first number is the pressure (called systolic) as your heart beats. The second number is the pressure (called diastolic) when the vessels relax between heartbeats.

The generally recommended blood pressure for diabetics is less than 130/80 mmHG. The doctor may change this goal depending on the patient's situation.

Hypertension is a silent problem. There are no symptoms. Blood pressure must be checked by your health care professional at every office visit or at least 2-4 times per year.

Check with your doctor about treatment. It can include:

- Healthy eating
- Lose weight
- Be physically active
- Be careful with alcohol
- Quit smoking
- Medication

## **Kidney Disease (Nephropathy)**

The function of kidneys is to filter waste products from the blood. High blood sugar can overwork the kidneys and cause them to eventually fail. When this happens, useful protein is lost in the urine and eventually waste products build up in the blood.

When small amounts of protein are found in the urine, it is called microalbuminuria. At this early stage of kidney disease, several treatments can keep the disease from getting worse or slow its progression.

When larger amounts of protein are found in the urine, it is called macroalbuminuria. When kidney disease is found at this stage, end-stage renal disease usually results leading to dialysis (the blood is filtered by a machine) and/or a kidney transplant.

There are usually no symptoms of the development of kidney disease until the kidney function is almost all gone. The first symptom of advanced kidney disease is usually fluid buildup. Other symptoms can be poor appetite, poor sleep, upset stomach, weakness and difficulty concentrating. It is important to see your doctor regularly so he/she can check urine (for protein), blood (for waste products), blood pressure and blood glucose control.

By keeping blood sugars in the target range, diabetic kidney disease can be prevented or the risk significantly reduced. It is also important to prevent hypertension.

## **Other Complications of Diabetes**

There are many other complications associated with diabetes. We are not going to talk about these in detail here. As a Peer Leader, you may have participants with these complications.

- Heart disease
- Stroke
- Poor circulation to legs and feet (Peripheral Arterial Disease)
- Stress
- Depression
- Skin complication
- Oral health problems
- Hearing loss
- Nerve damage (neuropathy)
- Diabetic coma (ketoacidosis)

## **Medications**

As Peer Leaders, you will not be teaching participants about their medications but you will encourage them to:

- Take their medications regularly
- Ask their medical team to explain what their medications are for if they do not know
- Explain the importance of medication in the control of blood glucose in general terms
- Know what to do in case they miss a dose
- Know what to do in case they are ill
- Know what to do in case of high blood sugars
- Know about storage/travel/safety
- Support their emotional response if starting insulin therapy is required

Type 2 diabetics can sometimes keep their blood sugars within the target range through healthy eating and exercise without having to take medication.

## **Oral Medications**

Many Type 2 diabetics take oral medications. People with Type 2 diabetes tend to have two problems: they don't make enough insulin and/or their bodies don't use the insulin effectively. There are now 6 classes of oral medications in the United States. They each work in different ways to help diabetics:

- Stimulate the pancreas to release more insulin
- Decrease the amount of glucose produced by the liver
- Make muscle tissue more sensitive to insulin
- Block or slow the breakdown of starches and sugars
- Prevent the breakdown of a naturally occurring compound in the body. This compound, GLP-1 helps to reduce blood glucose levels.

Since these medications work in different ways, frequently a combination of oral medications is used.

Oral medications work best to manage diabetes when combined with meal planning and exercise.

Sometimes oral medications stop working often for unknown reasons. If this happens, using other medications or a combination might help. Sometimes insulin must be added to the treatment plan to keep blood sugars within the target range.

Also during times of stress such as an illness, blood sugar levels rise and insulin might need to be used.

Diabetics who are planning to become pregnant must use insulin because oral medications are not safe to use for pregnant women.

## **Insulin**

Insulin is a hormone that is normally made in the beta cells of the pancreas. Type 1 diabetics do not make their own insulin and must take injections of insulin. Some people with Type 2 diabetes also need insulin to control their blood sugar levels. Insulin cannot be taken as a pill because it would be broken down during digestion.

There are different kinds of insulin that have different characteristics.

1. How fast they begin to work or their onset
2. When they reach their maximum strength or peak
3. How long they act or their duration

Insulin used to be produced from the pancreases of pigs and cows but now almost all insulin is synthetic human insulin that is made in laboratories.

Insulin is usually injected with a syringe but insulin pens and pumps are also used.

The doctor plans the type, strength, amount and the number of shots a participant needs to best control his/her blood sugar.

Many things can affect blood glucose levels:

- What, how much and when you eat
- When and how much you exercise
- Where you inject your insulin
- When you take your insulin
- Illness
- Stress

It is very important for a diabetic to monitor blood glucose levels regularly from 1 to 6 times per day depending on their treatment plan and level of control desired.



Site rotation: Insulin is absorbed at different speeds from different parts of the body. It is absorbed most rapidly from the abdomen, more slowly from the upper arms and most slowly from the buttocks and thighs. It is important to give injections in the same general area but not in the exact same spot to avoid skin irritation or damage. Consistently rotate sites. For example, always give a mealtime dose of insulin in the same area like before-breakfast in the abdomen and before-dinner in the thigh.

The doctor will let the participant know how far ahead of a meal to take your insulin.

## Monitoring

As Peer Leaders, you will not teach the participants how to monitor their blood sugars but will help them know why it is important to test, help them remember to record their results and support them in their emotional response to their results. The doctor will tell the participant how often to monitor his/her blood sugar.

Monitoring blood sugar levels is important for all diabetics. Using a meter is the most accurate way to check.

Keeping a log of results is important so that the participant and the medical team will know how well the diabetes treatment plan is working.

The American Diabetes Association recommends blood glucose checks if a person has diabetes and is:

- Taking insulin or oral diabetic medication
- On intensive insulin therapy
- Pregnant
- Having difficulty controlling blood sugars
- Having severe hypoglycemia
- Having ketones from hyperglycemia
- Having severe hypoglycemia without warning signs (hypoglycemic unawareness)

The doctor will tell the participant what the target ranges are and what the plan is for high blood sugars.

Monitoring blood sugars allow participants and their medical teams decide how food, activity, medication and stress affect glucose levels. Then the diabetes management plan can be adjusted to achieve better control. This is an ongoing process.

**Note:** It is important to remember that blood glucose results can lead participants to become very emotional. Results that are outside the target range should be used to change the diabetes management plan and not to judge the participant.

# Overview of Diabetes Self-Management

## I. Pre-diabetes

- A. Definition: Pre-diabetics have abnormally high blood glucose levels but the levels are not quite high enough for them to be considered diabetics. There are approximately 80 million pre-diabetics in the US. Blood tests determine if you are pre-diabetic or diabetic:
1. Fasting Blood Glucose

Normal Fasting BG	= 70 – 99 mg/dl
Pre-diabetic Fasting BG	= 100 – 125 mg/dl
Diabetic Fasting BG	= 126 + mg/dl
  2. Hemoglobin A1C – blood test measuring the average blood glucose control over the last 2-3 months

Normal A1C	= less than 5.7%
Pre-diabetic A1C	= between 5.7 – 6.4%
Diabetic A1C	= greater than 6.5%
- B. Pre-diabetics are in danger of developing Type 2 diabetes within the next 10 years but by making lifestyle changes, participants can help prevent or delay the onset of diabetes
1. The Diabetes Prevention Program study was a large study involving researchers in many countries. They looked at the effect of lifestyle changes on pre-diabetics.
  2. Results: A weight loss of 7% and moderate exercise for 150 minutes/week can reduce the risk of developing Type 2 diabetes by 58%. People over age 60 reduced their risk by 71%.
    - True for men and women
    - True for all ethnic groups
  3. Losing 7% of body weight and exercise has additional health benefits
    - Reduces the risk factors for cardiovascular disease
    - Improves high blood pressure
    - Reduces cholesterol levels
- C. **Implications for Peer Leaders:** These results show that you have a great opportunity to help motivate people to improve their lives. They can actually reduce their risks of developing diabetes by losing a modest amount of weight and by increasing their activity.

## II. Association of Diabetes Educators: 7 Self-Care Behaviors

The AADE believes that behavior change can most effectively be achieved by using the AADE7 Self-Care Behaviors:

### 1. Healthy Eating:

- Healthy food choice
- Portion size
- Control weight
- When to eat to best manage diabetes
- How does food effect blood sugar levels
- Meal planning
- Reading labels
- Measuring food
- Sources of carbohydrates and fat
- Counting calories, carbohydrates &/or fat
- Barriers
  - Environmental triggers
  - Emotional factors
  - Financial considerations
  - Cultural issues
  - Patient experiences and beliefs
  - Community Support

### 2. Being Active:

- Importance of regular activity
- Decreases the risk of developing diabetes
- Improves blood sugar control
- Helps in weight loss
- Improves Body Mass Index (BMI)
- Helps control cholesterol
- Decreases blood pressure
- Reduces stress
- Barriers
  - Physical limits
  - Environmental issues
  - Time constraints
  - Emotional issues

### 3. Monitoring:

- Daily self-monitoring of blood glucose
- Record blood glucose results
- Know what affects blood sugar levels
  - Food
  - Physical activity
  - Medications
  - Stress
- Other things to check regularly
  - Blood pressure
  - Urine ketones
  - Weight

### 4. Medication:

- It is important that diabetics take their medication regularly and also understand how their medications work in their body. As Peer Leaders, we will **NOT** be helping participants to learn about their specific medications.
- We can help them
  - Develop an effective strategy to remember to take their medications
  - Make sure that they have a treatment plan from their doctors what to do
    - ◆ if they miss a dose
    - ◆ if they are sick
    - ◆ if their blood sugar is too high
    - ◆ if their blood sugar is too low
    - ◆ to store medications
    - ◆ when they travel
    - ◆ regarding safety

### 5. Problem Solving:

- Diabetes is a chronic and progressive disease and full stability is never truly reached
- Diabetics must be good at problem solving since *they* are the ones that must immediately deal with situations like high or low blood sugars or a sick day
- Patients are with their health care professionals for possibly 6 hours a year which leaves them with 8,754 hours in which *they* must handle their disease
- Peer Leaders can help participants to address
  - Physical challenges
  - Emotional issues
  - Developing coping strategies
- Peer Leaders can also model and teach the problem solving process in each of the sessions when helping participants set short term goals

## 6. Reducing Risks:

- Maintain good blood glucose control
  - Healthy eating
  - Exercising/being active
  - Monitor blood sugars
  - Take medication properly
- Healthy eating and weight loss if necessary
- Exercise/physical activity
- Help participants to reduce their risks of developing complications from their diabetes by encouraging them to:
  - Annual eye exams
  - Check feet daily
  - Stop smoking
  - Dental exams
- Encourage other preventive behaviors
  - Regular doctors' visits
  - Stop smoking
  - Monitor blood pressure
  - Annual flu shots
  - Good cholesterol control

## 7. Healthy Coping:

- If participants are under stress from whatever source, their health can be directly affected.
  - Hard to stay motivated to keep diabetes in control
  - Self-management suffers
  - Coping is difficult
- Ways to help
  - Help participant to identify their motivation to change
  - Encourage participant to talk about barriers to change and fears
  - Help with problem solving
  - Help participant set achievable goals
  - Give positive feedback

### III. Visiting the Doctor

As a Peer Leader, you can help your participants prepare for visits to their doctors.

For many people, it is nerve wracking to go to a doctor's appointment:

#### What You Can Do

As a Peer Leader you can do the following.

- You can *listen* to your participants as they describe their worries about visiting their doctor.
- You can *encourage* them to keep their appointment or to reschedule it if they cannot keep the scheduled one.
- You can *reassure* them to speak about their symptoms and their concerns with their doctor.
- You can help them *prepare* for their visit with some of the tips below.

#### What Patients Can Do

- **Know their numbers and their symptoms**
  - Keep a record of blood sugars
  - Keep a record of the food they eat
  - Make a list of the symptoms they are worried about. Talk about the ones that worry them the most first.
- **Make a list of questions they would like to ask the doctor before the visit.**  
It is easy to forget them during your visit.
- **Decide what to take to a visit with their doctor**
- **Encourage them to be honest with their doctor**
- **Make sure that they understand what their doctor is telling them**
- **Things they should know before leaving the doctor's office**

# Overview of Peer Support

## What is peer support?

Peer support links people living with a chronic condition such as diabetes. People with a common illness are able to share knowledge and experiences – including some that many health workers do not have.

Peer support is frequent, ongoing, accessible and flexible. Peer support can take many forms – phone calls, text messaging, group meetings, home visits, going for walks together, and even grocery shopping. It complements and enhances other health care services by creating the emotional, social and practical assistance necessary for managing the disease and staying healthy.

Peer support has four core functions:

- **Assistance in daily management** – Peer supporters use their own experiences with diet, physical activity and medicine adherence in helping people figure out how to manage diabetes in their daily lives. They can also help in identifying key resources, such as where to buy healthy foods or pleasant and convenient locations for exercise.
- **Social and emotional support** – Through empathetic listening and encouragement, peer supporters are an integral part of helping patients to cope with social or emotional barriers and to stay motivated to reach their goals.
- **Linkages to clinical care and community resources**– Peer supporters can help bridge the gap between the patients and health professionals and encourage individuals to seek out clinical and community resources when it is appropriate.
- **Ongoing support, extended over time** – Peer supporters successfully keep patients engaged by providing proactive, flexible, and continual long-term follow-up.

*Your groups should fulfill these four core functions.*

**Key is to build supportive relationships through group activities and eventually extend it to be flexible and ongoing.**

## What is a Peer Leader?

A good peer leader is someone who...

- you can talk to
- is a good listener
- is able to provide encouragement and support
- doesn't make false promises
- is able to work with their group to solve and learn about issues
- is able to ask health professionals questions on behalf of the group
- is trustworthy
- knows how to build rapport
- is compassionate
- has a desire to help
- doesn't give advice
- doesn't judge

## Peer Leader Basics

**Basic Definition** - A peer leader is someone with type 2 diabetes who uses simple listening and problem-solving skills, in combination with learned knowledge and lived experience to assist people who are your peers.

**Basic Principle** - People are capable of solving their own problems if given a chance.

**Basic Philosophy** - Most of the time, people are best served by a relationship that supports their own empowerment and decision-making.

**Your Goal** - To help your peers find their own solutions to their own problems not to solve their problems for them.

**Your Tools** - Your tools are active listening skills, problem solving skills, and your own experience of living with type 2 diabetes.

### Peer Leader Ethics

- Respect individual differences, including choices people make that may not be my own.
- Act as a role model, making healthy choices and being true to myself.
- Honor diversity in all its forms.
- Maintain confidentiality.
- Learn as much as possible about the issues that affect my peers.
- Only offer information that I am qualified to offer and with the greatest accuracy.
- Follow through on my word and promises.
- Accept that not everyone is ready to change.
- Accept the supervision and support from others.
- Do not allow my peer leader role to put my emotional or physical well-being at risk.



# Introducing and Implementing a Diabetes Awareness Peer Support Program

In this section we are going to talk about various ways peer support sessions can be run.

## I. Objectives of the Diabetes Peer Support Program

### A. What is the primary objective of these groups?

- Help participants improve their own health objectives
- Diabetes education
- Improve diabetes awareness among group members
- Increase diabetes awareness in the community
- A combination of these

### B. Will this be up to each group to decide or will there be consensus among all groups?

### C. Logistics

- How often will you meet
- Where
- What time
- Paperwork
  - Contact information
  - Calendar
  - Notebook/handouts
  - Charts, graphs etc. for monitoring results (blood sugar, weight, blood pressure, minutes of exercise/week, etc.)
  - Attendance record

## II. Setting Objectives for the Group

### A. The Group Decides Its Own Objectives

- To ascertain the group members' objectives for the meetings, the peer leader might provide a list of topics and ask the group members to reflect on which topics are of interest to them.
- As well, ask group members to write anything else they would like to get out of the support group on post-it notes.
- Ask group members to use a different post-it note for each objective.
- When finished, group members could read out their hopes for the support group.

- It is important to clarify the purpose of the group especially if some members' objectives are unrealistic. For example, if a group member wants to learn how to better adjust their insulin doses, it may be that they can learn from others' experiences but they would be better served by consulting with a diabetes educator.
- Post-it notes can then be placed on a board. Tell the group that periodically, during the forthcoming year, these objectives will be revisited to see how well the group is doing with its objectives and if any group processes need to be changed to ensure objectives are achieved.

## **B. Goal Setting for Diabetes Self-Management**

What is it that your participants would like to achieve in the near or distant future in relation to their diabetes management? Whatever it is, breaking long-term goals into short-term steps or short-term goals is the best way of getting there.

Goals can help to keep a person focused and motivated, and increase the likelihood of achieving what they want.

However, there are factors that can increase or decrease the likelihood that a person's goals will be achieved. It is important for peer leaders to understand these.

Short-Term Goals should be **SMART GOALS**

**S = Specific**  
**M = Measurable**  
**A = An Action**  
**R = Realistic**  
**T = Time limited**

# Action Plan - Handout

Long-term goal: \_\_\_\_\_

Short-term goals need to be:

- S Specific
- M Measureable
- A An Action (something you can do)
- R Realistic
- T Time limited

Write your short-term goal here:

\_\_\_\_\_

### Barriers

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

Barriers	What can I do?

### Confidence

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

*Not at all*

1 2 3 4 5 6 7 8 9 10

*Very Confident*

### Importance

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

*Not at all important*

1 2 3 4 5 6 7 8 9 10

*Very Important*

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

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## C. Problem Solving

### Barriers to Defining and Solving Problems

- Failing to fully understand the problem before seeking solutions
- Seeing what you expect to see, not what is actually there
- Not isolating the problem from insignificant surroundings
- Not seeing the whole context
- Fear of thinking the 'unthinkable' or taking a risk
- Judging rather than generating ideas
- Too much haste- wanting to find a quick solution
- Tradition
- Making the problem too big

**Problem Solving Exercise:** Discuss how to help a group member who does not achieve her diabetes self-management goal?

Being able to solve problems and overcome obstacles is an integral part of achieving goals. Often this is hard to do without support and underscores the benefit of belonging to a group. Drawing on the experiences of other group members can help you to find solutions to various obstacles that get in the way of achieving your goals.

### Problem Solving Process

The following problem solving process can be used to elicit feedback on support group members' self-management goals.

1. The peer leader can begin by asking members how they went with their self-management goal during the past month.
  - Ask each member in turn.
  - Highlight if someone met obstacles and adjusted their action plan successfully.
  - Clarify feelings and meanings regarding their achievements
2. If someone has been unable to achieve their goal, the peer leader asks what the problem was and what if anything the group member could have done differently.
3. The Peer Leader then asks the group to demonstrate by a show of hand if anyone else in the group has ever had a similar problem.
4. The group is asked to brainstorm possible solutions. These suggestions should be given without comment or discussion. The Peer Leader can offer a suggestion, but not until others in the group have participated. See notes below:

## **Brainstorming Fundamentals for Peer Leaders**

- Do not allow discussion or questions until after the brainstorm is over.
  - Do not comment or allow anyone else to comment on the ideas (positively or negatively).
  - Clarification should not be obtained until after the brainstorm.
  - If there is silence W...A...I...T...!
  - Do not call on people.
5. The peer leader then asks the group member concerned if they could use any of the strategies suggested and, if so, which one.

The group member is encouraged to make a note of the helpful suggestion on their Action Plan sheet. If no suggestion seems workable, you may have to admit that the problem is not solvable at this time. (This process should only take 3-5 minutes)

## **Problem Solving Steps**

1. Identify the problem
2. List ideas to solve the problem
3. Select one method to try
4. Substitute another idea (if the first did not work)

## Sample First Session

### 1. Introduce Yourself

### 2. Give an overview of the Diabetes Awareness Peer Support Program

**Example:** The purpose of this group is to help ourselves and each other to live healthier lives. We won't do this with a rigidly planned program but with a flexible program that can evolve as we do.

First, each of us will identify our overall goals. Then we will support each other to take the small steps necessary to meet our individual goals.

Each session we will set a short-term goal(s) and then talk about what we learned in the following session. We can help each other based on our personal backgrounds and experiences to find the action plans that work for us.

We will also talk about a specific subject like healthy eating options or ways to increase activity. These might help us understand how to make positive changes in our lives.

### 3. Have everyone introduce themselves

- a. Possibly do an ice breaker (e. g. divide into pairs, introduce to each other then have each introduce other to group)
  - Make sure that it doesn't take too much time
  - Ice breakers should be "appropriate"
- b. Personal introductions can include
  - Name
  - Family information
  - Profession
  - Connection to diabetes
  - Why are you here?
  - What do you want/hope to get out of this group?

### 4. Set the ground rules

- a. This is an important step
  - It sets the tone for the meetings
  - Should be done in writing
  - They can be a future reference point as a group management tool
- b. Have the group brainstorm these rules. They will be more committed to rules that they make for themselves. If there are some important rules that they do not suggest, as the Peer Leader, you can make recommendations.
- c. Examples:
  - Confidential
  - Non-judgmental
  - Openness
  - Honesty
  - Everyone participates/takes part

- No side conversations
- Let everyone have a chance to participate. Be careful how much time you spend talking
- Be willing to listen to others
- Do not interrupt
- One person speaks at a time
- Avoid criticizing others
- Be on time (and we'll end on time)
- Stay positive/stress the good things

**5. Everyone sets a first diabetes management goal**

- a. Have everyone fill out an Action Plan
- b. The short-term goal should be something that they can accomplish for the next meeting
- c. These goals do not have to be shared with the group
- d. Alternatively, everyone could make individual commitment to accomplish common goals:
  - Be aware of what we eat
    - Write down everything I eat
    - Count calories every day
    - Quit eating French fries
  - Increase activity
    - Walk 10 minutes every day
    - Park my car on the far side of the parking lot
    - Climb the stairs at work

## Sample Second Session: Discuss Goals and Problem Solving

### 1. Goal discussion

Review everyone's goals, set during last session. The facilitator receives feedback from 2-3 participants and then invites group members to review each other's goals. Once everyone's goals have been discussed, highlight some of the key questions that are useful in a group setting.

- "What did you learn from setting this goal?"
- "Did anything surprise you?"
- "Would you do anything differently next time?"

### 2. Review SMART goals

### 3. Discuss Problem Solving with the group

#### Summary of the Problem Solving Steps

1. Identify the problem (This is the most difficult and important step)
2. List ideas to solve the problem
3. Select one method to try
4. Substitute another idea (if the first did not work)

### 4. Set new or renew prior diabetes self-management goal for next meeting

#### Setting a Diabetes-Related Goal: Behavior Change Tips

1. **One step at a time.** Changes are easier to make and more likely to last if you make them one at a time. Before too long, a series of steps will become a major change in your lifestyle.
2. **Easy does it.** Focus on changes that you believe will work. Changes that are likely to work are ones that you feel enthusiastic about and believe strongly that you can carry out.
3. **Take small steps.** For example, if you now drink whole milk and want to switch to fat-free milk, do it in small changes. Start by switching from whole milk to 2% milk, then change from 2% to 1% and then to fat-free milk. Making changes like these in small steps is a way to help you adapt to a change.
4. **Don't go it alone.** Ask for support when you need it. It is hard to make long-lasting changes without the support of other people.
  1. What are some ideas you have about strategies that might work?
  2. What have you tried in the past?
  3. Why do you think that did/didn't work?
  4. What are some steps you could take to bring you closer to where you want to be?
  5. What do you need to do to get started?
  6. Is there one thing that you can do to improve things for yourself?
  7. Who or what can support me to sustain this change?



## Ongoing Sessions: Opening and Closing Group Meetings

An important skill for peer leaders is to provide a structure for opening and closing group sessions.

### Opening a Group Meeting

In opening a session it is important to link the coming session with the last session and to check with each member on how they want to use the time for this particular session. Some of the following procedures are useful for opening a group meeting:

- Conduct a quick go-around to hear issues group members want to pursue. In this way an agenda can be developed based on some common concerns.
- Provide an opportunity for members to report back on their diabetes self-management 'experiments'. For those who were not successful you may want to do a quick problem solving exercise.
- Provide an opportunity for members to express any unresolved fears/concerns about the previous month's meeting.
- As a peer leader you may have had some afterthoughts about the previous meeting. You may want to begin some sessions by expressing these thoughts and giving the group your feedback about how they are progressing.
- The following comments may provide an opener for leading into the next session:
  - "Before we begin today's meeting, I'd like to ask each of you to take a few minutes to silently review your past month and think about anything you want to tell us."
  - "Did anyone have any afterthoughts about last month's meeting?"
  - "As a way of beginning today, let's have a brief go-around. Each of you say what you'd most like to be able to say by the end of this session."
  - "Could each of you briefly complete the sentence: 'Today I'd like to get actively involved by ...'"
  - "What were you thinking and feeling before coming to the group?"

**Note:** To help the quieter members of the group, you may also want to consider introducing a new topic by asking group members to get into groups of two or three and to tell a story related to this new topic. After 15-20 minutes request that the group members come back together and ask, "Who has a good story to tell?" This can then generate discussion for the meeting.

**Central portion of the meeting:** In planning your meeting, leave the appropriate amount of time for discussion of last meetings goals, new content and setting new goals (if necessary). Peer Leaders can solicit topics from group members or follow a set agenda.

## Some Suggestions for Ongoing Meetings: (Also refer to section on the AADE 7 Self-Care Behaviors)

### HEALTHY EATING

- Discussion of importance of healthy eating
- Discussion of the healthy eating guidelines
- Recipe sharing

### EXERCISE

- Discussion of the importance of exercise
- Strategies to incorporate exercise into daily life
- Physical activity guidelines
- Discussion of local resources e.g. walking groups

### BLOOD GLUCOSE LEVELS

- Blood glucose testing regime
- Preventing hypo/hyperglycemia
- Problem solving

### FOOT CARE

- Why foot care matters
- Discussion on how to check feet
- Information on local podiatry services

### EYE CARE

- Importance of regular eye checks
- Information on local ophthalmological services

### STRESS & COPING

- Impact of stress and moods on diabetes
- Strategies to manage stress and moods
- Resources for stress management

### RELATIONSHIPS

- Impact of diabetes on personal relationships
- Managing diabetes-related communication with significant others

## Closing a Group Meeting

To close a group it is a good idea to allocate at least 10-minutes to summarize and integrate the content of the group discussion and give participants the opportunity to:

- Reflect on what they did or didn't like about the meeting
- Declare what diabetes-related actions they are going to do outside of the group in the next month

### Some Suggestions for Closing a Meeting:

- “What was it like for you to be in this group today?”
- “What affected you the most and what did you learn?”
- “What goal does each of you want to work on over the next month?”
- “I’d like a quick go-around to have everyone say a few words on how this group is progressing so far and make any suggestions for change.”
- “Are you getting what you want from this group?”
- “If you are not satisfied with what is happening in this group, what do you see that you can do to change things?”
- “Before we close today, I’d like to share with you some of my observations of this session.”

By developing skills in opening and closing the meetings, you help create a bridge from one meeting to another, forging a sense of continuity. You also provide an opportunity for members to make the group a meaningful part of their lives assisting them to transfer insights and new behaviors learned in the group to their daily lives.

# Communication and Managing Group Dynamics

## Different Types of Communication

There are three forms of communication - verbal, non-verbal, and para-verbal:

1. **Verbal:** Communication through spoken language
2. **Non-Verbal - Communication without using spoken language:**
  - More powerful messages are often conveyed this way
  - 70-90% of our communication is nonverbal. Examples of nonverbal communication include:
    - Body language (e.g. folded arms)
    - Eye contact
    - Muscle tension (e.g. taut neck or clenched fists)
    - Mannerisms (e.g. biting nails, fiddling with hair)
    - Proximity (How close were you when talking to another. If too close, we become uncomfortable. This distance varies by culture)
3. **Para-verbal:** Communicating, not by what you say, but how you say it. Examples include:
  - Voice qualities/tone (flat or monotone)
  - Rate of speech (how fast or slow someone talks)
  - Cadence/rhythm of voice
  - Volume
  - Inflections

Remember:

- ✓ Communication needs to be specific
- ✓ Don't assume people know what you're talking about
- ✓ Body language helps check for understanding
- ✓ Question help both parties – it's helpful to ask and allow questions
- ✓ It's important to break the big picture into "smaller" pieces so people can have successes

## Active Listening

Active listening is a way of listening that focuses entirely on what the other person is saying and confirms understanding of both the content of the message and the emotions and feelings underlying the message. Active listening makes it more likely that your understanding of what the other person is saying is accurate.

### Active listening strategies (OARS)

There are four active listening strategies that have the acronym OARS, that can help us to understand others better. These are:

- Open-ended questions
- Affirming
- Reflecting feelings
- Summarizing

#### 1. Open-ended questions

Open-ended questions are questions that can't be answered by "yes" or "no." They are useful because we get much more information from people and people "own" the information they're communicating. Generally open-ended questions begin with the following:

- When?
- Where?
- How?
- Who?
- Why?
- Tell me more . . . also counts. Even though it's not really a question, it still gets more information.

In comparison, the following terms usually give yes or no responses and very little information:

- Could you?
- Would you?
- Should I?
- Can you?
- Do you?

## Scenario: Josie

Josie comes to the support group and says she has just been told by her doctor that her blood sugar levels are too high and as she is already prescribed the maximum dose of tablets, the doctor has no choice but to recommend insulin. Josie says she is really scared of giving herself insulin injections and wishes she had made more effort exercising and losing weight. She has heard lots of stories that once you start taking insulin you get really fat. She has also heard that taking insulin indicates your diabetes is much more serious and you are more likely to get complications.

In regards to the above scenario, what are two open-ended questions you could ask Josie to get more information?

**Write down** two open-ended questions that you could ask Josie to get more information from her.

## 2. Affirming

Affirming is a positive confirmation. When you affirm something that someone has done or said, you are providing them with support and encouragement. This is unbelievably simple, yet most of us forget to do it! Below are some examples of affirming statements:

- “That’s good.”
- “I’m glad you asked that.”
- “You’ve come to the right place.”
- “That’s a great question.”
- “You’re on the right track.”
- “You really seem to have given this a lot of thought.”

**Write** two affirmations that you could imagine saying to Josie.

## 3. Reflecting feelings:

Reflecting feelings is an important strategy in active listening because it validates the speaker’s experience so that they feel heard and understood. One way of doing this that is really simple and really effective is to just name the feeling, by saying something like, “you seem . . . (upset/frustrated/sad)” etc.

**Write** your own statement that reflects Josie’s feelings.

## 4. Summarizing/paraphrasing

This is where the listener repeats the content and meaning of what the sender says using the same (summarizing) or different words (paraphrasing).

**Paraphrase** Josie’s situation.

## Roadblocks to Communication

While there are strategies that can enhance our communication, some factors can hinder communication. Below is a list of some of these roadblocks:

- **Directing, ordering:** To tell someone to do something in a manner that gives the other person little or no choice.
- **Warning, threatening:** To tell the other person that if the behavior continues, certain consequences will happen.
- **Preaching:** To tell someone things they ought to do.
- **Persuading, arguing:** To try to influence another person with facts, information, and logic.
- **Advising, recommending:** To provide answers to a problem.
- **Evaluating, criticizing:** To make a negative interpretation of someone's behavior.
- **Praising:** To make a positive evaluation of someone's behavior.
- **Supporting, sympathizing:** To try to talk the other person out of his or her feelings, or to deny someone's feelings.
- **Diagnosing:** To analyze the other person's behavior and communicate that you have their behavior figured out.
- **Diverting, bypassing:** To change the subject or not talk about the problem presented by the other person.
- **Kidding, teasing:** To try to avoid talking about the problem by laughing or by distracting the other person.
- **One-upmanship:** To try to "top" the person's problems by telling a worse one.
- **Killer Phrases:** For example, "Don't worry, things could be worse." "Cheer up." "What do you have to feel sorry about?"

## Managing Group Dynamics

### Stages in the development of a group

The formation of a solid, cohesive group can take time and often follows recognizable stages.

Below in Table 1 these stages are outlined alongside the role of the Peer Leader at each stage. It is important to recognize that these stages do not necessarily flow from one to the other as at different times the group may revert to an earlier stage.

Stage	Characteristic Feature	Group Actions	Role of Peer Leader
Forming	Uncertainty	'Polite' stage; participants may be anxious, excited or frustrated that group is not working yet; this stage may only last one session.	Active role = use basic communication skills to encourage discussion.
Storming	Infighting	Ways of working start to be explored and may lead to discontent and discomfort at how this is happening; group members attempt to establish themselves in relation to others.	Most active role – storming is OK as long as it is not allowed to 'get out of control' help group members deal with conflict; value all contributions; if necessary, make the process overt to the group.
Norming	Cooperation and sense of relief	The group is starting to work well together, roles become clear, trust is evident.	Peer Leader can take a less active role but maintain good communication skills.
Performing	Acceptance and problem solving	The group is performing well and is self-directed; possesses a sense of 'we'.	Less active role – Peer Leader is more like one of the group.

When starting your group, build motivation by reminding them why they are there: to make lifestyle changes that will improve their lives, possibly prevent or delay diabetes, decrease the risk of developing the long-term complications of diabetes.



## Managing Group Dynamics - Handout

Group conflict is generally fueled by the members' differing values and beliefs rather than disagreements about shared information. The following questions are designed to help you understand and think about some of the issues that might arise in a group. Please answer these questions in the space provided.

1. What reasons can you think of for a lack of participation by group members? Have you been a non-participating member in any group? As Peer Leader how would you deal with a member who rarely speaks, even if encouraged to do so?

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2. Have you been in a group with people who monopolize? What was the effect on you? How would you handle a member who always gives unsolicited advice and annoys other group members to the point that they actually confront him about this? How would you intervene? What would you say to that member? What would you say to the other group members?

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3. What might you say (as a peer leader) to a person who continually told lengthy and irrelevant anecdotes about his or her past? How would you manage this situation?

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4. How might you as a peer leader deal with conflicts in the group? Sarcastic comments? Disagreements? Arguing? How do you do this in a caring way and not increase their defensiveness?

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5. What is the distinction between giving advice and giving feedback? Do you think giving advice is ever warranted? If yes, when?

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6. What is the difference between smoothing things over (e.g. don't worry, you'll be OK") and giving genuine support?

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### **Encouraging Participation:**

- Carousel technique: Call on each person in turn
- Cross questioning: Pose a question then ask another question or follow up across the room
- Reflective responses: Feed the response back to them
- Use smaller subgroups
- Unconditional positive regard: No matter what is said, portray the idea that “I value your opinion!”

### **Imagine how to use the above techniques on the following:**

- Chronic talker
- Authority – Knows it all
- Leader – Takes over the class
- Abuser – Criticizes
- The Quiet one

### **Follow-up with Hurt Feelings**

If someone has their feelings hurt during class, follow up with them after class or by phone. This will increase the empathy that you share with the participant.

## General principles in guiding groups

### Avoid Traps

- Discourage individual conversations in a group setting
- Avoid question and answer sessions
- Avoid allowing the group to become too unfocused

### Golden Rules

- The peer leader's role is to bring everyone together to focus on a topic, share their experiences of living with diabetes and gain support from one another
- Link individual stories to the topic and experience of others
- Keep the focus of the group on enhancing motivation to change, increasing hope, and reducing the sense of burden that change imposes.

### Strategies to Use in a Group Meeting

- Past successes: Focus on things that participants have achieved
- Looking forward: Help group members envision a better future, rather than dwelling on past failures. This can positively affect the relationship between the participants and their struggles to change
- Exploring strengths: Encourage group members to identify their own strengths to support their current change effort. Peer leaders may ask group members to share their impressions of one another's strengths
- Planning change: Using discussion and action plans transform vague motivation into concrete plans. Follow up on the implementation of these plans at future meetings.

### Negotiating Self-defeating Health Beliefs

Group members may have unhelpful or self-defeating beliefs in relation to health and/or diabetes.

### Principles of managing unhelpful beliefs

- Resist the desire to dismiss the member's belief out of hand, no matter how outlandish it seems.
- Maintain an attitude of open curiosity.
- Encourage the group member to explain their belief to enhance understanding.
- Rather than the peer leader negotiating these beliefs, invite group members to comment, e.g. "Do other members share this belief?"
- In the group investigate whether members think this belief helps or hinders a person's diabetes self-management goals.
- Invite the group member who expressed the belief to think of any evidence to dispute the belief. Invite group members to do the same.
- Discuss if there is a way of reframing this belief that is more helpful.

# Day 2: Program Development

## Challenges & Self-Care

Length	Objectives	Training Methods
45 minutes	<ul style="list-style-type: none"> <li>▪ Challenges, Self-Care Understand the challenges of being a peer supporter</li> <li>▪ Develop a plan for reducing stress and managing burnout</li> </ul>	<ul style="list-style-type: none"> <li>▪ Discussion</li> <li>▪ Question and Response</li> </ul>

### Concerns about Peer Supporters

- Unreasonable feelings of responsibility for participant’s progress
- Frustration over participant not performing as well as expected
- Over-involvement with participant’s problems
- Giving incorrect information to participants
- Lack of counseling and care-providing experience

Understand and communicate with others that you are not competing with or replacing the role of any professional diabetes healthcare personnel. Your role is nonclinical and your presence in a person’s healthcare is completely value-added. You’re providing a dimension of support that complements and enhances professional diabetes care.

Before you launch your support group, everyone is going to be anxious about their diabetes knowledge and their preparedness. Some people may feel especially underprepared because they don’t have diabetes themselves. Don’t give your participants any expectation that you have all the answers, only that you’re in this together and you’ll help them find the right answers. Explain to them that peer support does not go in one-direction like traditional healthcare, where one person is providing a service and another is receiving benefits. Let them know that you expect to get as much out of the program as they do. A well-functioning group needs people that like to give support and people that need support.

However, never underestimate the value of your peer identity. Your peer identity can come from many sources: having firsthand experiential knowledge, being from the same community, simply not being a healthcare professional, etc.

Majority of time spent on building and maintaining relationships, sometimes these relationships can cause you stress.

## Understanding that Not Everyone is Ready to Change

**Note:** Show stages of change diagram.

The stages are pre-contemplation where the patient isn't even aware that there is something they should be thinking about or changing, contemplation, the stage of ambivalence, determination/preparation - the will to act, planning to act, action - experience the change, maintenance - preventing relapse, relapse and return through the cycle. This model is very intuitive but it may be worthwhile to match your approach to a patient's stage of change.

## Setting Boundaries

A support group has boundaries, a context within which it operates and defends itself against intrusion. A support group is where people can learn from each other and share their experiences of living with diabetes. A support group is not a psychological therapy group. Therefore if a group member appears to need psychological help then this goal is outside the boundaries of the support group and you may want to seek advice from Rich as to how to handle this situation. Individuals within a support group also have their own boundaries, their own internal code of ethics.

In some cases, you may find yourself assuming a peer supporter role for a friend or acquaintance. This new role will add a new dimension to your existing relationship and you'll have to use your best judgment to determine what's appropriate with respect to disclosing information and engaging in activities together. Will information that they share with you change the way you think of them? What if they begin asking you for favors that make you feel uncomfortable?

One rule of thumb is to not discuss diabetes-related issues in public unless the diabetic brings it up first. Another rule is to stick to the main mode of your relationship. If you're a friend first and peer supporter second, you have to respect that boundary. Alternatively, if you're a peer supporter first, it may be better to develop a friendship after your peer relationship comes to a close.

### ***Scenario 1***

You are a peer supporter and realize you have left your wallet at home. You need to borrow money to buy bread and milk on your way home.

Q. Is it OK to ask a group member to lend you some money until next month's meeting?

### ***Scenario 2***

A group member wants to go to the theater just with you, the peer supporter.

Q. Is it OK to accept this invitation?

As a peer supporter do you need to be more inclusive and invite other group members to join you?

### ***Scenario 3***

One of your group members is a house painter. You are the peer supporter and your house requires painting.

Q. Is it ethical to ask the group member to provide a quote to paint your house?

Ask the group if there are any other boundary issues they would like to clarify and discuss.

## **Self-Care**

Providing a support role to others can be draining and a source of stress. Being willing to lead a support group is takes time and energy. When you add the fact that you are also living with a chronic illness and there are things you have to do to manage your own diabetes there is the potential for burnout. Therefore it is important for you to have your own support systems.

Ask the peer supporters if they have ever felt burnt out or stressed. Invite them to tell their stories; how did they feel, what were the signs, what did they do to feel better, etc. Write their responses on butchers' paper.

Refer peer supporters to their manual and review the list of signs that could indicate burnout related to facilitating a support group.

### ***Signs indicating burnout***

- Feeling emotionally, physically, and mentally tired
- Feeling unable to hear group members' stories
- Unable to experience a sense of connection with group members
- Feeling negative about the time involved in facilitating the support group
- Questioning whether your peer supporter role is valued
- Experiencing a sense of failure or low self-esteem
- Feeling frustrated
- Feeling helpless and hopeless

### ***Reducing Stress & Managing Burnout***

Ask the peer supporters to identify strategies they use to manage stress. Write these on butchers' paper. Categorize the items as healthy or unhealthy or what will help / what will make the stress worse. If there are no unhealthy ways of managing stress, create a separate list and ask the peer supporters to identify some of the coping behaviors that help in the short term but in the long term cause more problems because they are unhealthy (e.g. smoking, drinking too much, overeating, pills, lashing out at others, withdrawing from friends and family).

Explain: There are healthy ways of coping with stress and they all require change. Changing the situation or changing your reaction.

### ***Avoid unnecessary stress***

- Learn how to say no. Recognize your limits and refuse to accept added responsibilities that would result in you having to manage more than you can handle.
- Avoid people who cause you stress. If someone consistently causes you stress in your life and you can't influence the relationship, limit the time you spend with that person, or if it is possible, end the relationship entirely.
- Take control of your environment. Assess if you can make changes in your external environment that will reduce your stress e.g. outsourcing some of the domestic chores, not watching the evening news if it makes you anxious.

### ***Alter the situation***

- Express your feelings instead of bottling them up. Communicate your concerns in an open and friendly way. Often if you don't voice your feelings resentment builds and eventually explodes. Release the pressure valve before this happens
- Be willing to compromise. Finding the middle ground may be easier than trying to convert a person to your way of thinking.
- Be more assertive. Be clear about what you want and don't be afraid to express how you feel. Use "I" statements e.g. "I feel annoyed when you leave your clothes on the floor".
- Manage your time better. Planning ahead and making sure you don't overextend yourself can alter the amount of stress you experience.

### ***Adapt to the stressor***

You can adapt to stressful situations and regain your sense of control by changing your expectations and attitude.

- Reframe problems. Try to view stressful situations from a more positive perspective e.g. "My diabetes give me a really good reason to improve my eating and exercise habits."
- Take a broader view. Look at your current situation. Ask yourself how important will it be in the long run. Will whatever is bothering you now matter in a month? A year? Is it really worth getting upset over? If the answer is no, perhaps you could focus your energies elsewhere.
- Adjust your standards. Trying to be perfect can be a significant burden for people and a major source of stress and burnout. Stop setting yourself up for failure by demanding perfection. Set reasonable standards for yourself and others, and learn to be okay with good enough.
- Gratitude. When stress is getting you down, take a moment to reflect on all the good things you appreciate in your life, including your own positive qualities and gifts, and the people you love and who love you.

### ***Accept the things you can't change***

- Some sources of stress such as the death of a loved one, an economic downturn, a serious illness are unavoidable. In such cases the most appropriate thing to do may be to practice acceptance.

**Note:** If time allows and there is interest: go through one or two challenging case scenarios.

### ***Challenging Scenario 1***

You have a long-term client who did not show up for a couple of meetings. When you went to her house at 1pm in the afternoon, she was just getting out of bed. She tells you that she lost her job and that she broke up with her boyfriend about a month ago. She starts crying and confides that she is having a lot of trouble “getting through the day”. She tells you she is completely exhausted, is sleeping and crying a lot, and drinking almost every day. She thought about calling you earlier to let you know what was happening, but “couldn’t get it together” and then “felt like it was too late”. She also tells you that she was not remembering her medication.

### ***Challenging Scenario 2***

You have a client who went back to work after several years out of the workforce due to diabetes-related illnesses. Your client was very excited to get the position. In your regular meeting with her, she reports that she has been having increasing difficulties with her job. One of the most important benefits of the job from her perspective is that she has medical and dental benefits for herself and her children. Recently, her manager raised her voice at the staff because she was not satisfied with how fast they were working. Your client reports that she had to go to the hospital because she started having trouble breathing, became dizzy and her chest hurt. The doctor told her she had a panic attack. She has not disclosed her status at work and now has started having difficulty sleeping and concentrating because she thinks work might ask her questions about what happened and “find a reason” to fire her.

#### Discussion Questions

1. What are some pressing concerns for your client?
2. List at least three open-ended questions you might ask the client to gather information about her situation.
3. What thoughts, concerns, or feelings might come up for your clients?
4. What thoughts, concerns, or feeling might come up for you as a peer?
5. What support and/or information could you offer her?

What action steps might your client, you or both of you consider taking? List 3-5.



## Extensions to Individual Support

Length	Objectives	Training Methods
45 minutes	<ul style="list-style-type: none"><li>▪ Prepare to deal with informational needs</li><li>▪ Understand strategies to improve their working relationship with health care provider</li></ul>	<ul style="list-style-type: none"><li>▪ Discussion</li></ul>

### Dealing with Informational Needs

Group members may identify that they need up-to-date information on a particular topic. You may therefore want to contact a health professional to come and visit during your group meeting.

These visitors could be:

- Local diabetes health care professionals e.g. diabetes educator, dietitian, podiatrist, etc. You may want to contact your local community health center to assess if they are available.
- A practice nurse from a general practice to help your group understand the general practice management plan and the members' Medicare entitlements
- Ask participants how the use of guest speakers in a support group might differ from the experts role

Rather than have your visitor give a presentation, it may be more useful for group members to ask questions that they prepare prior to the meeting. Alternatively group members might want to tell their story and have the visitor comment on why "X" happened in the story rather than giving a presentation about "X".

Show example of group sessions and introduce that document.

### The Multidisciplinary Diabetes Health Care Team

How many of you are currently under the care of multidisciplinary, coordinated diabetes health care team? This is a trend in the US healthcare system that holds a lot of promise for chronic disease management. This is the key principle behind the PCMH and the chronic health home.

Traditional Approach versus the Multidisciplinary Approach

- In the traditional approach we see the team as being the doctors, nurses, social workers who give direction to the peer supporter and so there is not much shared information to provide a holistic approach to service delivery.
- In the multidisciplinary approach we see that the client is at the center with all disciplines including the peer sharing information and providing a team approach.
- The peer is vital to the connections between the client and the multiple service providers.

A health care team at a hospital or clinic may meet on a weekly basis. The common goal is to assess the diabetic's needs and develop a plan with the diabetic and the team. All disciplines are supposed to share information they know to support a holistic assessment and explore options to resolve problems.

One activity that you can do during a meeting is to help participants identify the health professionals that they may want to see as part of their team care arrangements by completing the hub and spoke diagram (the person with diabetes writes their name in the center and the names of their health team members next to the spoke circles).

Discuss participants' diagrams, ensuring participants have identified the following professionals:

- General practitioner
- Diabetes educator
- Dietician
- Physical therapist
- Podiatrist
- Ophthalmologist
- Social worker
- Case manager
- Nurse
- Psychiatrist

What is the impact on the patient of a team that is not working well together?

- Not receiving important information
- Receiving conflicting information
- Client may trust certain team members more than others
- Client may leave the team
- Mistakes in client care

In typical diabetes peer support programs, the peer supporter is connected with the clinical health care team so they have the opportunity to develop relationships with those providers and don't have to deal with a number of teams. As an outsider to a diabetic's health care team, you may have to work hard to earn their trust. It will be up to the diabetic to designate a role for you within this health care team, allowing you to share information with healthcare professionals.

## Linkages to Clinical Care and Community Resources

Length	Objectives	Training Methods
1 hour	<ul style="list-style-type: none"> <li>▪ Help identify and locate diabetes services in the community</li> <li>▪ Learn to get support and information from these local organizations and providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Worksheet</li> <li>▪ Discussion</li> <li>▪ Brainstorm</li> </ul>

### Locating Diabetes-Related Services

*What are the resources in your community? Worksheet*

Is there a diabetes coalition or initiative at the city or county level?

### Linking to Health Care Resources

Linking to health care is an important role of peer supporters in aiding an individual's management of chronic disease. Regular visits with a health care provider can help monitor an individual's condition and find and treat problems based on an assessment of their health. Furthermore, routine health care can help outline steps for reaching self-management goals. By linking an individual to regular health care, a peer supporter can help a person with chronic illness work with an expert provider to improve their health.

As people that have a good grasp on their diabetes self-management, you may be surprised to learn that a patient with diabetes doesn't go in for routine checkups and doesn't see anyone besides a primary care provider. Can you explain the unique benefits of routine care and utilizing a variety of health care services? Can you explain how this will impact their healthcare costs?

Can we brainstorm about how to reduce some of the barriers that people have to visit the doctor?

#### *Linking to Health Care Resources*

- The Living with Diabetes [guide to doctor visits](#) is a resource for people with diabetes sponsored by the Robert Wood Johnson Foundation's Diabetes Initiative.
- [Importance of Doctor Visits](#) is a handout for people with diabetes in both English and Spanish from the Migrant Clinicians Network.
- The Partnership for Clear Health Communication created [Askme3](#): the three most important questions a patient should ask their health provider at every visit.

## Roll Out, Organizational Issues

Length	Objectives	Training Methods
45 minutes	<ul style="list-style-type: none"> <li>▪ Learn about common implementation challenges</li> <li>▪ Learn recruiting strategies</li> <li>▪ Prepare to deal with organizational resistance</li> <li>▪ Learn to advocate for the role of peer support and how it can help local organizations and providers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Discussion</li> <li>▪ Brainstorm</li> </ul>

It is unrealistic to expect to get everything right before starting a peer support program. Many issues are not controllable, and what peer supporters encounter in the field is very likely to differ from what was addressed in the training. Therefore, ongoing training and feedback are critical. Soliciting feedback from peer supporters as well as those receiving peer support can help detect delivery issues and intervene to address these issues. Additionally, arranging regular meetings and conducting refresher training courses can enhance peer supporters' ability and confidence to continue providing effective peer support.

### Key questions to consider about peer support delivery

- How will peer supporters be paired with participants?
- How many participants with each peer supporter manage?
- How will peer supporters contact each participant?
- How often will peer supporters contact each participant?
- Will peer supporters follow a protocol or set curriculum with participants?
- How much time are peer supporters expected to commit to this program?

### Common implementation challenges

- Negative initial perceptions from patients and/or healthcare providers
- Be prepared for slow recruitment
- Don't be discouraged if patients and/or healthcare providers reject your offer of support
- Cultural, language, age, and socioeconomic differences
- Lack of opportunities for mutual learning between peer supporters
- Lack of backup for peer supporters

### Recruitment Strategies

Many people with diabetes do not seek out peer support services due to a variety of factors:

- They want to appear self-sufficient
- They feel like they have everything under control
- They don't want other people to judge them
- They don't want to be held accountable
- They feel that they have everything they need from medical professionals
- They don't see the value of peer support

Finally, are you going to reach out to people with pre-diabetes or identified as high risk? In that way, you can do some primary prevention in addition to the secondary prevention you're doing with your support groups. These people may eventually join your support groups if they get a diagnosis.

### Advocating for Peer Support to Overcome Organizational Resistance

Talking Points for Peer Support	
<b>Health Literacy</b>	Peer supporters are trained in communication and patient education. They can improve patients' understanding of their disease conditions and their options within the healthcare system.
<b>Patient Navigation</b>	A primary role of peer supporters is linking patients with healthcare and community resources. Peer coaches can provide insightful recommendations and trusted guidance for patients that are unfamiliar with the services that are available to them.
<b>Patient Satisfaction</b>	Peer support programs routinely receive high patient satisfaction ratings. By improving health literacy and coordination of care, peer support also improves patient satisfaction with the professional healthcare services they receive.
<b>Quality of Care</b>	Peer support is inherently patient-centered. Peer supporters often develop a personal relationship with patient that allows them to gain an in-depth understanding of individual, community, and environmental factors affecting the health of the patient. This information may be used to create more effective care plans that are tailored to individual patient needs.  Peer supporters can facilitate the exchange of health information. Acting as a liaison between the patient and healthcare providers, peer supporters help providers deliver individualized, culturally competent care.
<b>Coordination of Care</b>	Peer supporters can play a valuable and unique role in the health team. The health team outlines "what to do" in a patient care plan, the peer supporter helps the patient figure out "how to do it."
<b>Cost Reduction</b>	Chronic health conditions are costly and unevenly distributed across the population. A small part of the population accounts for a large portion of expenditures. This group tends to be older, Medicare beneficiaries with multiple chronic conditions.  Peer support reduces the cost of healthcare by promoting utilization of outpatient and primary care services as opposed to inpatient and emergency care.

## Roll Out Strategies

Length	Objectives	Training Methods
1 hour	<ul style="list-style-type: none"> <li>▪ Determine how peer supporters will communicate with and support each other</li> <li>▪ Use social media, the internet, and mobile technology for recruitment and participant engagement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lunch Discussion</li> <li>▪ Brainstorm</li> </ul>

### Using social media, the internet, and mobile technology

Medical professions are increasing their use of integrated social media/internet/mobile technologies to engage and manage their patients. State of the art healthcare organizations have web portals where patients can contact the members of their healthcare team, review diagnostic reports, check for scheduled appointments, check prescriptions, and even connect with an online community of other patients with similar conditions.

**Conduct a quick survey** of how many people in the audience use:  
Facebook, Twitter, Online forums, Blogs

It may be helpful to be aware of online diabetes support forums and blogs if your participant is requests those types of resources.

How many of you have a smart phone?  
How often to do you check email or send texts from your phone?  
Have you ever searched for health information on your phone?  
Do you have any health apps?

When you engage with diabetics, you'll be exchanging contact information. What will your policy be regarding calling your mobile phone or sending you text messages? You'll want to make yourself available, but make sure to set boundaries. Be considerate also of what would be helpful for the diabetic and what mode of communication they prefer to use.

Should you text your participant to remind them about medical appointments? Call them after a medical appointment to go over their visit? Should you forward interesting articles/tips about diabetes self-management, nutrition, and exercise? What about making encouraging comments on their Facebook page (because they respond better to public displays)?

How will peer supporters keep in touch with each other?  
Can they organize a buddy system?  
Frequency of conference calls for troubleshooting?

## Monitoring and Quality Improvement

Length	Objectives	Training Methods
45 minutes	<ul style="list-style-type: none"> <li>▪ Learn why monitoring peer support efforts matters</li> <li>▪ Develop a process for continuous quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lecture</li> <li>▪ Discussion</li> </ul>

It seems from our discussion yesterday that many of you are already on board with the idea of monitoring the program and you seem willing to take on the task of documentation.

Differences between Program Evaluation and Quality Assurance and Improvement	
Program Evaluation	Quality Assurance/Improvement
Conducted independently of routine program activities	Conducted as part of routine program activities
Performed by program staff, dedicated evaluation staff, or consultants	Performed by program staff or internal evaluation staff
Designed to answer specific questions about program implementation, acceptability, effectiveness, and/or relevance	Designed to ensure that program meets or exceeds quality standards and benchmarks in order to continuously improve service delivery
Addresses values and priorities of stakeholders	Addresses professional standards and benchmarks

Program evaluation may be seen as an extension of program quality assurance, quality management, or quality improvement activities. Monitoring for quality improvement, sometimes known as process evaluation, is oriented internally. And this will help you reach high standards and ensure that you're delivering the program as you intended. The program evaluation is oriented externally, and this is the data that you need to convince other for your dissemination efforts. Once you win them over with the numbers, you can share your lessons from your routine QI activities to help expedite their implementation.

### What is Continuous Quality Improvement?

Continuous quality improvement (CQI) refers to a "continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community." In other words, CQI involves the systematic assessment and feedback of evaluation information about planning, implementation, and outcomes to improve programs that are implemented repeatedly over time.

How CQI can benefit peer support programs:

- Assessing how well your program was planned, implemented, and evaluated can highlight practices that worked or improvements that need to be made.
- If you have already established a peer support program, monitoring changes in the needs of your target population resources, and desired goals can allow you to determine if program-wide changes are necessary.
- Documenting best practices can help all members of your program team perform to the best of their ability. For instance, if your programs have peer supporters that contact participants, developing a system to determine the success rates of different data collection techniques (e.g., number and times of phone calls, timing of phone calls, types of messages; participant's satisfaction rates) can help you determine the best way for peer supporters to interact with participants.

If a peer supporter is doing something really well, how can they share their lessons with the rest of the group? Can peer supporters visit to observe well-run sessions?

### **The Importance of Monitoring for Quality Improvement**

Process evaluation assesses how a program is implemented. It takes into account all program inputs, activities, and reactions of participants and stakeholders. Some areas you might consider assessing during a process evaluation are:

- Context: what are aspects of the community or environment that might influence the program?
- Reach: who is participating?
- Dose Delivered: how are peer supporters trained?
- Dose Received: what happens in interactions between peers supporters and participants?
- Fidelity: was the program delivered as planned (training and peer support interaction)?

### **The value of keeping a contact log**

What kinds of data do you want to monitor?

- Type of contact
- Amount of contact
- What was discussed
- Others involved
- Action steps
- Goal setting

Will there be a systematic approach to monitoring?

- Paper and pencil or electronic?
- Frequency of turning in documentation

Who supervises completion?



## Next Steps, Follow Up

Length	Objectives	Training Methods
1 hour	<ul style="list-style-type: none"> <li>▪ Identify ongoing training needs</li> <li>▪ Plan next steps for meetings and follow up</li> <li>▪ Answer remaining questions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Question and Answer</li> </ul>

What are topics or areas that remain unclear?  
 What kind of ongoing training would the peer supporters prefer?  
 What is the anticipated timeline for program implementation?

Sustainability, internal organizational advocacy  
 Promotion, documentation, telling success stories  
 Celebrating successes and achievements  
 Is there an internal process to nominate each other for excellence?

### Train-the-Trainer

Most organized peer support programs conduct their own training by developing that capacity within the organization. Peer supporter trainings can last from 2 full days to an entire week. Ongoing training and refreshers are a must. You'll also need to develop a method of evaluation core competencies and readiness to be a peer supporter. Will you administer some sort of test at the end of the training? Will you observe them and provide support during their first couple of group meetings?

Training for cultural competency  
 Training for patient navigation, ACA

If you envision your program becoming a leader in volunteer peer support for diabetes, people are going to start asking for your protocols, and your training documents, and your evaluation tools. They might be asking your trainers to come to their organization to teach them about peer support.

For quality assurance and improvement, the next step really needs to be developing a written plan for this program.

# YOUR FIRST MEETING - Handout

## First Visit with a New Patient

1. Introduce yourself and your organization.
2. Explain peer support and who you are.
3. Explain confidentiality.
4. Get verbal/written consent from patient to begin helping as a peer.
5. Ask open-ended questions about the client's needs and listen.
  - Seek information regarding his/her situation.
  - Seek information on current health behaviors.
  - What are barriers present in patient's life?
  - What are resources available in client's life?
  - What are patient's immediate needs? What can the peer do for the client?
6. Provide emotional support and find a way to connect.
7. Set priorities or goals for next meeting.
8. Set up next meeting time.

## Task for Peer Supporter before Next Visit

1. Search for appropriate referrals for client's needs.
2. Communicate with referral source and coordinate services if necessary.
3. Follow-up with the client regarding referral.

## At the Next Meeting with the Patient

1. Check-in with patient regarding referrals and last meeting.
2. Follow through with support and addressing needs.

# NAVIGATING THE SYSTEM - Handout

## What Resources are in Your Community?

Please use the space provided below to identify the names of agencies/resources in your community.

### Hospitals & Clinics

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Specialists (Eye, Foot, Endocrine)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Pharmacies

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Financial (Social Services, Insurance, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Gyms, Personal Trainers, Sports Leagues

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### Farmer's Markets, Groceries

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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