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Welcome

Welcome to the Peer Leader training program. This program aims to provide you with the skills to lead a Peers for Progress (PfP) diabetes support group.

**Program Objectives**

By the end of this program you will be familiar with the following:

- The roles and responsibilities of a peer leader
- Skills that help support group members to tell their stories
- Assisting group members to set goals and problem solve
- Using the health system for your benefit
- The monitoring required to prevent and/or detect the onset of diabetes complications
- The optimum clinical targets for people with type 2 diabetes, as recommended by the Royal Australian College of General Practitioners
- Your role in working with the research team
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Session 1: Setting the Scene

Overview

Topics

- Welcome
- Introduction
- Overview of the training program
- Australasian Peers for Progress Diabetes Project
- Overview of the day
- Peer leader basics

Objectives

By the end of this session you will:

- Begin to get to know the other peer leaders
- Understand the goals of the PfP-DP project
- Be able to visualise what your first support group meeting will look like
Introduction

**Australasian Peers for Progress Diabetes Project**

The Peers for Progress project is funded by the American Academy of Family Physicians Foundation and is a global research project ([www.peersforprogress.org](http://www.peersforprogress.org)). The Australasian arm is investigating the impact of support groups for people with type 2 diabetes that are led by peer leaders (who also have type 2 diabetes). The groups will meet monthly for 12-months and your role is to;

1. Assist people to find ways of improving their day-to-day self-management of their diabetes
2. Lead a group where participants feel a sense of belonging and support
3. Explore how participants can make links with members of their diabetes-care team
4. Discuss ways and opportunities for participants to seek further support for themselves at the completion of the 12 month program

**Advantages of groups**

Members of a support group learn from the insight and experience of others. This learning can be educational and behavioural as group members learn information about diabetes, treatment alternatives, or new coping strategies from each other. Accepting information, advice, or constructive criticism from others dealing with the same problem may be easier than accepting similar advice from health care professionals.

Support groups for people with diabetes aim to alleviate the distress associated with living with this chronic condition. Sharing stories and experiences related to living with diabetes can help lessen the sense of isolation and worry about whether anyone else is facing the same problems. Group members often find that their feelings, fears, fantasies, and hopes are shared by others, making them feel more connected to other people with diabetes.

Groups can also support their members to stick to their diabetes self-care regimens and help members make changes in lifestyle, including diet and exercise. Groups also encourage members to find support from family and friends and to relate more effectively to health care professionals.
What is involved in leading a group?

Peer leaders need to learn how to:

- Impart information without ignoring feelings and relationships
- Concentrate on the current agenda while welcoming reports of past experiences and future hopes
- Achieve balance between giving ‘air-time’ to individuals and recognising that the group exists for all its members
- Respond appropriately to group demands or wishes
- Share personal information appropriately.

Guidelines for leading a group

The list of things to learn may seem overwhelming, so here are a few guidelines that may help you:

1. Begin and end the group on time. This will help members understand the importance of arriving promptly. It also helps them realise that, if they have important things to say, they need to bring them up while there is plenty of time for discussion, because meetings will not be extended.

2. Help group members feel welcome, relaxed, and comfortable. It is reasonable to assume that no matter how anxious you may be as the leader, the group members are more nervous. The less nervous group members feel, the more open they are likely to be to sharing their experiences of living with diabetes.

3. Each group meeting is likely to have a primary theme, topic, or connecting thread. Keeping the connecting thread in mind will help you make sense of what may seem like disconnected threads in an evolving conversation.

4. Remember that what happens in the group may be something to do with the group. This is helpful to keep in mind during those times when you feel panicky because you do not know what is happening in the group. This is a common experience, and remembering this point can help you keep group events connected to the primary theme. For example, group members talking about their favourite footy team may appear to have nothing to do with the purpose of the group, but, it may be intimately related to how the group members think about their own physical condition compared to the healthy athletes out on the field.
5. Ask lots of questions and encourage group members to contribute to the discussion rather than the Peer Leader jumping in with advice or direction. Peer Leaders are more likely to gain respect when they base careful comments on what they see and hear in the group rather than when they offer premature conjecture. The biggest mistake novice leaders make is trying to do too much, too soon.

6. Use your own emotional responses to the group as a barometer of what is happening in the meeting. Your own feelings most likely reflect those of the group members.

7. Remember, groups can be very empowering and can play an important role in helping group members to make and sustain behaviour changes.

8. Remember you are not a medical expert and you do not have to solve everything. If there are questions that are difficult to answer, you may want to involve a health professional at your next meeting to clarify any health-related issues.

**Forming: Breaking the ice and completing introductions**

**The first meeting**

Initially people are nervous and tentative when participating in a new group. It helps if the room is clearly marked and easy to find. Arrive early so that you are relaxed and in a position to greet each person as they come in. This can help group members feel comfortable early. The first meeting will set the tone and goals of future meetings. Therefore you want to create a welcoming mood so that people come back.

**Materials for the first meeting**

- Felt pens & sticky labels
- Post-it notes
- Bring the attendance list
- Make and bring flyers advertising the next meeting
- Set up the chairs in a circle
- Ensure that snacks, hot water, coffee, tea, sugar, milk, spoons, and napkins are set up

**Name labels**

While people are sitting down waiting for the meeting to start, encourage them to write the name by which they want to be addressed on a sticky label.
Tasks for the first meeting

1. Introduce yourself
2. Facilitate participant introductions
3. Explain the PfP-DP project
4. Establish group rules
5. Set group objectives
6. Identify a back-up peer leader if necessary

Introduce yourself

To formally start the meeting, thank everyone for coming and introduce yourself. Group members will want to know about you. Provide details about yourself that you are comfortable communicating and offer to provide information that the group wants to know about you.

Write a brief introduction in the space below that you would be comfortable sharing with a group.

__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________
**Introductions and icebreaker**

You may want to provide group members with the opportunity to talk to one or two other members by encouraging them to work in groups of three and introduce themselves to each other.

Once this has been achieved a simple icebreaker is to ask group members in turn to introduce themselves to the broader group by telling the group something about themselves that we wouldn’t normally get to know.

**Ground rules**

An important element in the effective performance of groups is that the rules of engagement are explicit. This is one of the key tasks of the first meeting. The purpose of these group rules or group agreement is to:

- Develop group norms that are most likely to promote effective communication.
- Help the peer leader ensure that meetings stay on track.
- Provide a means for group members to realise and enforce boundaries for their own behaviour and that of others (2).

Below are three examples of group agreements. There are a couple of ways you could establish an agreement with your group. For example, you might like to present the agreement to the group members without the group’s input. Alternatively, you might like to present the group members with the three examples and have the members decide on one agreement or choose sections from each.

**Group agreement –Example 1**
(Adapted from [www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu) (3))

We agree that we will;

- Help other members feel comfortable and get to know each other.
- Be sure that a group member has finished describing his/her problems before commenting.
- Listen attentively when another member is speaking and discourage side conversations.
- Promote positive comments and new viewpoints (keeping the discussion focused on
solutions) or the discussion may deteriorate into a gripe session.

- Notice silent people in the group and encourage them to contribute.
- Recognise when a member’s problem is beyond the group’s ability to help and be willing to suggest alternative resources outside the group.
- Allow a member to express negative or angry feelings; often this must be done before positive comments can be made.
- Assure fellow members that whatever is said in the group stays there and will be kept confidential.

**Group agreement – Example 2**
(Adapted from [www.selfhelpnetwork.wichita.edu](http://www.selfhelpnetwork.wichita.edu) (3))

We agree that we will:

- Keep what we share in the group confidential: “What is said in the group stays in the group”.
- Encourage ‘I’ statements, so that everyone speaks in the first person.
- Actively listen when someone is talking and avoid having side conversations.
- Accept people and avoid making judgments.
- Try not to discuss people who are not present.
- Have the right to ask questions and the right to refuse to answer.
- Encourage members to regularly share their strengths, skills, insights, successes (however small) and hopes.
- Share responsibility for making group meetings and the group work.
- Try not to give advice.
- Ensure everyone has the opportunity for equal airtime and the right to remain silent.
Group agreement – Example 3
(Adapted from www.howtocare.com (3))

We agree that we will:

- Respect confidentiality – what we say in the room stays in the room.
- Respect each other and let each person speak without interruption.
- Have constructive discussion – confine group discussion to issues and coping strategies specific to the group.
- Deal with external matters privately.
- Finish and start on time.

Setting group objectives

During the first meeting you will need to explain the aims of the PfP-DP research project and ascertain what the group members would like to get out of the group meetings.

Explain that the group is going to meet monthly for 12-months and is part of a global research project. It is hoped that the support groups will achieve the following aims;

1. Assist participants to find more effective ways of managing their diabetes and associated complications day-to-day

2. Provide emotional and social support

3. Assist participants to find ways of improving their relationship and/or communication with members of their diabetes-care team

4. Discuss ways and opportunities for participants to seek further support for themselves at the completion of the 12 month program.

To ascertain the group members’ objectives for the 12 meetings, you 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 likely that some objectives will be replicated. If this is the case, you could point out that already there are some common goals amongst the group members. It is also 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.

The objectives can then be written on e.g. butchers’ paper and kept in a safe place. Tell the group that periodically, during the forthcoming year, these objectives will be revisited to see how well the group is travelling and if any group processes need to be changed to ensure objectives are achieved.
Session 2: Peers for Progress Support Groups

Overview

Topics

- Aims of the Peers for Progress groups
- Principles & goals of peer leadership
- Evolving stages of a group

Objectives

By the end of this session you will;

- Understand the structure of the training program
- Have a beginning understanding of the roles and responsibilities of a peer leader
- Be introduced to the evolving stages of group formation
Peers for Progress Support Groups

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 their 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

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

Take a minute to reflect on what skills you would need to develop to be a good peer leader. Record your response below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Stages in the development of a group

The formation of a solid, cohesive group can take time and often follows recognisable stages. Below in Table 1 these stages are outlined alongside the role of the Peer Leader at each stage. It is important to recognise that these stages do not necessarily flow from one to the other as at different times the group may revert to an earlier stage.

Table 1. Stages of group development

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<th>Characteristic Feature</th>
<th>Group Actions</th>
<th>Role of Peer Leader</th>
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<td>Forming</td>
<td>Uncertainty</td>
<td>‘Polite’ stage; participants may be anxious, excited or frustrated that group is not working yet; this stage may only last one session.</td>
<td>Active role – use basic communication skills to encourage discussion.</td>
</tr>
<tr>
<td>Storming</td>
<td>Infighting</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Norming</td>
<td>Cooperation and sense of relief</td>
<td>The group is starting to work well together, roles become clear, trust is evident.</td>
<td>Peer Leader can take a less active role but maintain good communication skills.</td>
</tr>
<tr>
<td>Performing</td>
<td>Acceptance and problem solving</td>
<td>The group is performing well and is self-directed; possesses a sense of ‘we’.</td>
<td>Less active role – Peer Leader is more like one of the group</td>
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Opening and closing a group meeting

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

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 (see pages 40-41).

- 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 (4):
  - “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?”

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.
Closing a group meeting

To close a group it is a good idea to allocate at least 10-minutes to summarise 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 behaviours learned in the group to their daily lives (4).
Session 3: Story Telling & Communication Skills

Overview

Topics

- Facilitating story telling
- Active listening skills
- Roadblocks to communication

Objectives

By the end of this session you will;

- Understand the value of stories as raw material for group learning
- Practise active listening skills
- Become familiar with strategies that hinder and block communication and story telling
Different types of communication

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

Verbal:
Communication through spoken language

Non-verbal:
Communication without using spoken language.

• More powerful messages are usually conveyed through nonverbal cues than through words themselves.

• 70-90% of our communication is nonverbal. Examples of nonverbal communication include:
  o Body language (e.g., folded arms)
  o Eye contact
  o Muscle tension (taut neck or jaw muscles, fists clenched)
  o Posture
  o Mannerisms (e.g., fiddling with hair, biting nails)
  o Proximity (how close we are when talking to another). If too close we become uncomfortable (this distance varies depending on culture).
Para-verbal:
Communicating not by what you say, but how you say it. Examples of para-verbal communication include:

- Voice qualities/voice tone (flat or monotone)
- Rate of speech (how fast or slow one talks)
- Cadence/rhythm of voice
- Volume
- Inflection

Back-to-back exercise: Take home messages

- Communication needs to be specific.
- Don’t assume people know what you’re talking about.
- Body language helps check for understanding.
- Questions help both parties—it’s helpful to ask and allow questions
- It’s important to break the big picture into “smaller” pieces so people have successes.

What I learnt from this exercise:
**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. Figure 1 below represents active listening.

![Diagram of Active Listening](image)

**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:

1. Open-ended questions
2. Affirming
3. Reflecting feelings
4. Summarising
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?
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 below, 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 a statement below that reflects your perception of how Josie is feeling.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
4. Summarising/paraphrasing

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

Paraphrase Josie’s situation in the space below.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Helping Mr Pascoe with communication

After viewing the segment from “The Fragile Heart” what OARS would you recommend Mr Pascoe use to help him communicate more effectively?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________
**Roadblocks to communication**

While there are strategies that can enhance our communication with others, there are also factors that 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 behaviour 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 behaviour.

**Praising:** To make a positive evaluation of someone’s behaviour.

**Supporting, sympathizing:** To try to talk the other person out of his or her feelings, or to deny someone’s feelings.

**Diagnosing:** To analyse the other person’s behaviour and communicate that you have their behaviour 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?”
**Scenario**

A peer leader of a diabetes support group invites group members to raise an issue they are struggling with. Below is the conversation that follows.

*Margaret:* I really hate the diet I’m on.

*Leader:* How many calories are you on?

*Margaret:* 1,400. I try so hard but I just can’t do it. My doctor complains because I don’t lose weight. I do pretty well at work all day, but then Joe comes home and wants a big dinner. Then we sit together and watch TV, and he wants me to bring him ice cream. And so I eat right along with him.

*Leader:* Yeah I know what you mean, my husband used to bring home a family block of chocolate every night and when I refused to eat it he’d say I didn’t appreciate him.

*Margaret:* What did you do?

*Leader:* I divorced him. Best thing I ever did.

*Margaret:* Well... I don’t want to divorce Joe.

*Leader:* Then why don’t you ask Joe to take a walk with you after dinner? And try eating yoghurt instead of ice cream.

*Margaret:* I tried yoghurt before and I didn’t like it very much. Also I don’t think Joe will be interested in walking every night.

*Leader:* Try fruity delight low fat yoghurt. It’s great! And don’t be so quick to give up on Joe walking. Will you at least give it a try?

*Margaret:* OK.

*Leader:* Great! I know you can do this if you really put your mind to it.
Activity

Identify as many roadblocks as you can. Write your answers below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Session 4: Goal-Setting

Overview

Topics

- Assisting people to set goals
- Developing an Action Plan

Objectives

By the end of this session you will;

- Understand and practise strategies to assist people to set goals
- Be involved in a goal-setting exercise
- Become familiar with an Action Plan and how to use it in a group setting
Goal Setting

Goals

What is it that you would like to achieve in the near or distant future in relation to your diabetes management? Whatever it is that you want, making it into a goal is one of the best ways of getting there. Goals can help to keep you focused and motivated, and increase your likelihood of achieving what you 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.

Object building activity

What factors helped or hindered you in achieving your goal of building the object? Record your response below.

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________
Record a significant change you have made in your life.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What do you think was the critical force that helped you to achieve this change? Record your response below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Action plan

Long-term goal:

Short-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.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>What can I do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 confident | Very confident
1 2 3 4 5 6 7 8 9 10

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 increase your chances of success by choosing a more ‘heartfelt’ goal.

Not at all important | Very important
1 2 3 4 5 6 7 8 9 10

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

Signature ___________________________ Date ____________
Session 5: Problem Solving

Overview

Topics

• Reviewing goals in a support group setting
• Applying problem solving processes

Objectives

By the end of this session you will:

• Be able to apply problem solving processes with support group members
• Have strategies to assist and support participants to overcome obstacles in achieving their diabetes-related goals
Reviewing Goals and Problem Solving

**Reviewing goals**

To increase the effectiveness of goal setting, group participants need to discuss their goals and receive feedback on their progress. Record below, some questions you found useful in the group exercise that you might use to elicit feedback from group members.

Useful questions from the group-feedback exercise:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________
**Overcoming problems**

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. **Activity: Cylinder building**

This activity requires negotiation and problem solving skills, strategies that will be useful during the support group meetings.

Please answer the questions below as they relate to your experience during this activity.

**What issues became evident during the cylinder building activity?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**How did your team manage these?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**A 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.

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 hands 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 the box below for how to conduct a brainstorming session).

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 mins)

---

**Brainstorming Fundamentals for Leaders** (Adapted from (1) p. 31)

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.
Summary of 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 didn’t work)
5. Utilise other resources (ask friends, family, health professionals)
6. Accept the problem may not be solvable now.

NB. Problem solving is a useful self-management skill and can assist group members to explore ways of overcoming barriers to their diabetes management goals.
Session 6: Linkage to Clinical Care

Overview

Topic

• Completing a Diabetes Management Plan
• Setting diabetes-related goals
• Working in partnership with health care professionals
• Medicare entitlements for people with diabetes

Objectives

By the end of this session you will:

• Complete a Diabetes Management Plan
• Set a diabetes-related goal based on clinical targets
• Understand how to obtain a GP Management Plan & Team Care Arrangement
• Be aware of the annual cycle of care for people with type 2 diabetes and what aspects of your health need to be monitored
• Understand the Medicare entitlements for people with type 2 diabetes
Linkage to Clinical Care

Introduction

One of the major challenges people with diabetes face in taking better care of themselves is that they often don’t know what they need to do. Reflecting on what and how you eat, your participation in regular exercise as well as identifying differences between the recommended metabolic targets for diabetes management and your results can be very useful for setting goals and developing action plans for diabetes self-management.

It is also important to remember that if your laboratory results are outside the target range, a visit to a general practitioner, diabetes educator, and/or dietitian is advised.

The clinical targets recommended by the Royal Australian College of General Practitioners (2009/2010 (5)) are recorded on the following page. There is also a space for you to record your levels throughout the course of the project to check that your health is on track.
Clinical targets for type 2 diabetes

<table>
<thead>
<tr>
<th>Item</th>
<th>General Targets</th>
<th>My Targets</th>
<th>My measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Time1</td>
<td>Time2</td>
</tr>
<tr>
<td></td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLOOD PRESSURE (mmHg)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BP (Systolic)</td>
<td>≤ 130</td>
<td>≤</td>
<td></td>
</tr>
<tr>
<td>BP (Diastolic)</td>
<td>≤ 80</td>
<td>≤</td>
<td></td>
</tr>
<tr>
<td>BLOOD FATS (mmol/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL Cholesterol</td>
<td>&lt; 2.5</td>
<td>&lt;</td>
<td></td>
</tr>
<tr>
<td>HDL Cholesterol</td>
<td>&gt; 1.0</td>
<td>&gt;</td>
<td></td>
</tr>
<tr>
<td>Triglycerides</td>
<td>&lt; 1.5</td>
<td>&lt;</td>
<td></td>
</tr>
<tr>
<td>Total Cholesterol</td>
<td>&lt; 4.0</td>
<td>&lt;</td>
<td></td>
</tr>
<tr>
<td>BLOOD SUGARS (mmol/L)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before Meals</td>
<td>&lt; 6.0</td>
<td>&lt;</td>
<td></td>
</tr>
<tr>
<td>After Meals</td>
<td>&lt; 8.0</td>
<td>&lt;</td>
<td></td>
</tr>
<tr>
<td>HbA1c (%)</td>
<td>&lt; 7.0</td>
<td>&lt;</td>
<td></td>
</tr>
<tr>
<td>SHAPE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waist (cms/ins)</td>
<td>70–94 cm (28–37 ins)</td>
<td>______ cm</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>61–80 cm (24–31.5 ins)</td>
<td>______ cm</td>
<td></td>
</tr>
<tr>
<td>Body Mass Index (BMI [kg/m²])</td>
<td>&lt; 25 (healthy weight)</td>
<td>&lt;</td>
<td></td>
</tr>
<tr>
<td>OTHER RECOMMENDATIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Eye Examination</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Urine Check for Protein</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Foot Examination</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>30mins &gt; 5 times/week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Intake</td>
<td>≤ 2 standard drinks/day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To calculate your Body Mass Index (BMI) you will need a calculator to divide your weight in kilograms by your height in metres squared.

- An example: Jenny is 164cm (1.64m) tall and 60 kg. To calculate her BMI multiply her height by itself (1.64 × 1.64 = 2.69) then divide her weight by 2.69 (60 ÷ 2.69 = 22.30)

**Know your risk factors for diabetes complications**

Do you know all your risk factors? If not, what do you need to do to collect all the relevant information?

What areas are concerns for you?
# Diabetes Management Plan

<table>
<thead>
<tr>
<th>Self-Care Behaviours</th>
<th>What I Need to Do &amp; Changes I Need to Make</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat a Healthy Diet</td>
<td></td>
</tr>
<tr>
<td>Be Physically Active</td>
<td></td>
</tr>
<tr>
<td>Take my Medicine</td>
<td></td>
</tr>
</tbody>
</table>

- Eat a Healthy Diet
- Be Physically Active
- Take my Medicine
Monitor my Blood Sugar

Cope with Stress

Limit Alcohol
## What I Need to Do & Changes I Need to Make

### Stop Smoking

### Visit Diabetes Health Professionals

### Other
**Behaviour change tips (6)**

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.

**Questions that can be helpful in generating a list of short–term behaviour-change steps (6);**

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 you to sustain this change?

Write some of your ideas in the space below:

---

Based on what you wrote in your Diabetes Management Plan, determine one high priority diabetes goal and write this in the Action Plan (next page).
**Action plan**

**Long-term goal:**

**Short-term goal:**

**Short term goals need to be:**

<table>
<thead>
<tr>
<th>S</th>
<th>Specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Measureable</td>
</tr>
<tr>
<td>A</td>
<td>An Action (something you can do)</td>
</tr>
<tr>
<td>R</td>
<td>Realistic</td>
</tr>
<tr>
<td>T</td>
<td>Time limited</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>What can I do?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 confident**

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 increase your chances of success 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 ____________
Developing a diabetes management plan in a group setting

How might you help people identify the discrepancies between the recommended targets and their actual clinical levels?

Of the twelve support group meetings, during which meeting would it be appropriate to conduct this session?
Communicating with your health care provider

A diabetes treatment plan developed by you and your doctor will only work if it reflects your lifestyle and diabetes-related issues. It is therefore in your interest to communicate effectively with your doctor so that you can be actively involved in decisions about your diabetes treatment and care.

Are you an active or passive communicator?

The “Lost at Sea” activity provides an opportunity to assess your capacity to listen, ask questions, and communicate assertively.

What did you learn from the “Lost at Sea” activity? Record your responses below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Making the most of your doctor’s visit

A visit to the doctor these days is a sprint, not a marathon. This event is winnable — but winning means finishing together, with a management plan you come up with jointly. Research shows the importance of preparing for a doctor’s visit. In a study of five chronic diseases, the patients who received coaching on getting the most out of their doctor’s visit did better on physiological measures of improvement (such as better control of diabetes) compared to those who didn't properly prepare for the visit.

The following strategies may help you prepare for your next doctor’s visit.
Preparing to visit your doctor

1. Rehearse the visit. This means practicing, out loud if necessary, or role playing with a friend or family member, what you want to ask.

2. Ask, front and centre, about the two or three things that worry you most, not the 20 things you're vaguely concerned about. Don't talk about your latest cold if it's high blood sugars, leg pain, or depression that are the real problems.

3. Don't assume that your doctor knows your whole medical history. This is especially true if your clinic has a high turnover or you see different doctors for different conditions. If you are seeing a new doctor, or even a familiar one whom you haven't seen in a while, take a minute to remind the doctor of important things in your medical history or your life — how long ago you had your heart attack, for instance, or whether you've just gotten divorced. If your medical history is complicated, bring your medical records with you.

4. To help you and your doctor focus on the important things, write down your questions and bring a list of all the medications — prescription, over-the-counter and herbal — that you take. Alternatively, you can also put all your medications in a bag and bring them with you.

5. If you have a long list of questions and you're worried about being too pushy, keep the list in your pocket or purse, then check it midway through the visit to be sure you've mentioned everything important.

6. If you're really sick or your illness is hard to understand, take notes and bring someone with you to listen and help ask questions.

Whatever you do, don't wait until the "doorknob" moment — when you're dressed and heading out the door — to ask the most important question. And before you do head out that door, make sure you've got a follow-up plan in place.

Annual cycle of care

Ideally every three months or at the minimum, once a year, people with diabetes need to have various checks and tests to make sure that their diabetes management is on track. This is called an annual cycle of care. If a problem is recognised e.g. a high HbA1c result, a problem with a new medication, or a new medical condition that may be affecting your diabetes, you can arrange a long appointment with your GP where the problem can be specified and an agreed plan and timetable to improve things arranged (7).
**GP Management Plan**

This process forms the **GP Management Plan (GPMP)**. The plan is made to improve your diabetes care. If the problem cannot be fixed then you need to move onto the next step (7).

**The Team Care Arrangement**

The **Team Care Arrangement (TCA)** is the next step and is a more complex plan which involves you, your GP and other health professionals. You and your GP will work out what you need and where to access these services. Your GP sends the plan to Medicare and you get Medicare rebates for seeing the health professionals. However, there may be a gap between the fee charged and the Medicare rebate. The out-of-pocket expenses can be checked beforehand.

Below is a diagram illustrating features of a 12-monthly review with a General Practitioner (7).

---

**Figure 2. 12 monthly review (7)**

The **minimum** requirements of the annual cycle of care for those with well controlled diabetes are shown in Table 3 below. People with poorly controlled diabetes should increase the frequency of listed activities with advice from their doctor.
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess diabetes control by measuring $\text{HbA}_{1c}$</td>
<td>At least once a year</td>
</tr>
<tr>
<td>Ensure eye examination is carried out</td>
<td>At least once a year</td>
</tr>
<tr>
<td><strong>Calculate BMI</strong></td>
<td>At least once every six months</td>
</tr>
<tr>
<td><strong>Measure blood pressure</strong></td>
<td>At least once every six months</td>
</tr>
<tr>
<td><strong>Examine feet</strong></td>
<td>At least once every six months</td>
</tr>
<tr>
<td><strong>Measure cholesterol and triglycerides</strong></td>
<td>At least once a year</td>
</tr>
<tr>
<td><strong>Test for microalbuminuria</strong></td>
<td>At least once a year</td>
</tr>
<tr>
<td><strong>See a diabetes educator</strong></td>
<td>At least once a year</td>
</tr>
<tr>
<td><strong>Have a dietary review with a dietitian</strong></td>
<td>At least once a year</td>
</tr>
<tr>
<td><strong>Check smoking status</strong></td>
<td>At least once a year</td>
</tr>
<tr>
<td><strong>Review medication</strong></td>
<td>At least once a year</td>
</tr>
<tr>
<td><strong>Review levels of physical activity</strong></td>
<td>At least once a year</td>
</tr>
</tbody>
</table>
The multidisciplinary diabetes health care team

Identify the health professionals in your diabetes healthcare team by completing the hub and spoke diagram. (Write your name in the centre and the names of your health team next to the circles on the spokes).
Session 7: Group Facilitation Skills

Overview

Topics

• Group facilitation skills
• Negotiating self-defeating health beliefs

Objectives

By the end of this session you will:

• Understand the ‘Storming’, ‘Norming’ and ‘Performing’ stages of group development
• Practise strategies to manage difficult behaviours
• Develop strategies to negotiate self-defeating health beliefs
**Group Facilitation Skills**

**Storming**

In the ‘storming’ stage group members may annoy, irritate or even anger each other by disagreeing about what they want to achieve together. Group conflict is generally fuelled by the members’ differing values and beliefs rather than disagreements about shared information.

In the storming phase, group members’ overt behaviour can threaten the cohesiveness of the group. 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.

If your group consisted of members much like yourself, what do you imagine it would be like to lead it (4)?

What reasons can you think of for a lack of participation by group members? Have you been a non-participating member in any group (4)?
Have you been in a group with people who monopolise? What was the effect on you (4)?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What might you say (as a peer leader) to a person who continually told lengthy anecdotes about his or her past (4)?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

What guidelines can you think of for effectively confronting others in a group? How can you challenge them in a caring way and not increase their defensiveness (4)?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
What is the distinction between giving advice and giving feedback? Do you think giving advice is ever warranted? If yes, when (4)?

What is the difference between smoothing things over (e.g. don’t worry, you’ll be OK”) and giving genuine support (4)?

How might you as a peer leader deal with a member’s hostility (4)?
What member behaviours would you find most difficult to deal with as a peer leader (4)?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Managing difficult behaviours
You have considered some of the difficult issues you may have to deal with in a group. Now, let us look at some scenarios related to challenging behaviours and what you could do to manage these.

Scenario - Betty

In your group there is a member, Betty, who rarely speaks, even if encouraged to do so. What are your reactions to the following peer leader interventions? (a) Ignore her. (b) Ask others in the group how they react to her silence. (c) Remind her of the group agreement where it is understood that everybody has the responsibility to contribute. (d) Ask her what is keeping her from contributing. (e) Frequently attempt to draw her out. What are some interventions you would be likely to make?

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Scenario – John
One group member, John, continually gives unsolicited advice every time a member brings up an issue for exploration. Finally other members confront him and express their annoyance at his ready-made answers to every problem that comes up. How would you intervene? What do you want to say to John? What do you want to say to the group members who confronted him?

Scenario – Margaret
Margaret has a habit of going into great detail in telling stories when she speaks. Often the detail appears to be irrelevant. How would you manage Margaret?
Scenario – Bruce

Bruce responds sarcastically to several group members’ comments and then angrily explodes with “I’m fed up with everything. Diabetes is just too hard.” How would you respond as the peer leader?

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 (8 p.171)

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 (8 p.171).

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 (8 p.171).
**Norming: Group members adapt and accommodate each other**

The ‘storming’ and ‘norming’ stages often occur together. The ‘normal’ way for people to behave in the group will be established quite early and will be influenced by the way in which the ‘storms’ are resolved. During this phase shared interests are acknowledged and common ways of thinking about and resolving problems are evident.

**Performing: Using the group process to achieve group members’ objectives**

By the performing stage, much of the hard work in establishing a group has been achieved. However, peer leaders still need to be active during this phase to ensure minority opinions are expressed and to identify and manage conflict. Enabling these processes will ensure that group members are more likely to achieve their objectives.

**The impact of self-defeating beliefs**

To a large extent, our feelings and actions are determined by our beliefs. If our beliefs are inflexible, we can remain closed to information and experiences that challenge these beliefs. The ‘Nails Activity’ highlights that many of our beliefs are not facts and can therefore change.

What did you learn from the Nails Activity? Record your responses below.

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_________________________________________________________

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Negotiating self-defeating health beliefs

Record in the space below, any unhelpful or self-defeating beliefs that you might once have had, continue to have, or that you have heard others say 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.
Session 8: Ethical Issues & Self-care

Overview

Topics

• Confidentiality
• Boundaries
• Support for peer leaders
• Self-care

Objectives

By the end of this session you will:

• Understand the peer leader’s role in maintaining confidentiality
• Recognise inappropriate relationships with group members
• Identify the sort of support that would be helpful for you in your peer leader role
• Have strategies to look after your mental health
Confidentiality

It is an important responsibility of the peer leader that at the first group meeting, and at various stages in the group’s evolution, the peer leader emphasises the importance of maintaining confidentiality. This means that group members must not identify members or discuss specific situations with anyone outside the meeting.

Review the scenarios below relating to confidentiality. Please answer the questions following each of these.

Scenario 1

The peer leader of a support group is in a supermarket. She sees a group member, Janice, shopping with her sister. The sister is familiar to the peer leader as she accompanied Janice to the first meeting. During subsequent meetings, at which the sister was not present, Janice has revealed that her doctor was going to prescribe insulin and she was really scared about giving the injections. When the peer leader sees Janice in the supermarket, she asks her, in front of her sister, how Janice is finding the insulin injections.

Q. 1. Did the peer leader breach confidentiality?

Q. 2. If Janice was alone would it have been alright to ask her about the insulin?
Scenario 2

You want to talk about your group experiences with your partner.

Q. 1. What details can you tell your partner and still maintain confidentiality?

Scenario 3

Geoff disclosed to a peer leader at the end of one of the meetings that he has been diagnosed with depression. The peer leader has observed that he is continually hostile towards group members in the group and often responds sarcastically or aggressively to others’ comments. When he is absent at a meeting the group members start complaining about his behaviour to the peer leader.

Q. 1. Should the peer leader tell the group Geoff has depression so they can understand and be more sympathetic to his behaviour during the group meetings?
Suggested answers to scenario questions.

Scenario 1
A. 1. Yes. The peer leader does not know if Janice has revealed to her sister the fact that she is starting insulin.

A. 2. Asking her would not breach confidentiality but it would probably be best to restrict talking about diabetes issues to meeting times.

Scenario 2
A. 1. It is important to be careful not to identify others in the support group. Also, you are unlikely to breach confidentiality when you talk about what insights you have gained by being part of the group. Breaching confidentiality is more likely to occur when you talk about how you acquired insights or how you interacted in a group.

Scenario 3
A. 1. No, not unless Geoff has given the peer leader permission to tell the rest of the group. You may want to pull Geoff aside after one of the meetings and express your observations of the effect his behaviour is having on group members. You may also consider gently asking him if he is getting treatment for his depression.
**Boundaries**

We all understand the term boundaries in the context of our house. For example, we know where the boundaries of our house begin and end. Understanding psychological boundaries is more complex but like our house 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 your supervisor as to how to handle this situation. Individuals within a support group also have their own boundaries and their own internal code of ethics.

Examine the scenarios related to individual boundaries within a support group. Please answer the questions.

**Scenario 1**

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

Q. 1. 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 pictures just with you, the peer leader.

Q. 1. Is it OK to accept this invitation or, as a peer leader, 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 leader and your house requires painting.

Q. 1. Is it OK to ask the group member to provide a quote to paint your house?
**Self-care**

There are many good things about leading a support group. People say the rewards include seeing people change and feel more in control of their lives. Leading a group teaches people more about themselves and an opportunity to develop new skills. Plus being involved in other people’s lives, and hearing their ongoing stories can be very energising.

Providing a support role to others can also be draining and a source of stress. Being willing to lead a support group is a very generous act. It is also a big responsibility and 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.

**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 leader role is valued
- Experiencing a sense of failure or low self-esteem
- Feeling frustrated
- Feeling helpless and hopeless (3).

**Reducing stress & managing burnout**

There are healthy ways of coping with stress and they all require change i.e. changing the situation or changing your reaction. The information below is adapted from the following web page: [http://www.helpguide.org/](http://www.helpguide.org/)

**Dealing with stressful situation: The four ‘A’s**

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<thead>
<tr>
<th>Change the situation</th>
<th>Change your reaction</th>
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<tr>
<td><strong>Avoid the stressor</strong></td>
<td>Adapt to the stressor</td>
</tr>
<tr>
<td><strong>Alter the stressor</strong></td>
<td>Accept the stressor</td>
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Avoid unnecessary stress

- Learn how to say “no”. Recognise 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 OK 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.

Other important points to remember:

• Make time for fun and relaxation

Please write in the space below some of the activities you find fun and relaxing.

________________________________________________________________________________________
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Adopt a healthy lifestyle

What does this mean for you? Please record your responses below.

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**Healthy strategies to manage stress**

Some of the dot-points below include the above strategies for managing stress and have been adapted from a list in the Cancer Council of Victoria's guide to setting up and maintaining a cancer support group.

- Recognise the symptoms of stress and burnout
- Get support from the Peers for Progress psychologist
- Get support from group members to reduce your workload
- Have a holiday
- Use relaxation/meditation
- Use positive self-talk
- Lower your expectations of yourself and group members
- Let yourself enjoy life
- If you are worrying about group members discuss these concerns at your monthly peer leader support meeting
- Ensure you maintain a healthy lifestyle of eating healthy foods, exercising daily, and taking time for rest and recreation

Identify which of the above strategies you might use to minimise the amount of stress in your life and prevent burnout.
Present moment awareness

Much of our stress can be generated by regrets about the past, “If only…”, and fears for the future, “What if…”.
The following exercises may be helpful in bringing you back to the present. After all, if what happens now influences what comes next, then it makes sense to get our bearings in this moment before deciding what to do next.

The raisin activity

(From: The Age Newspaper: November 3rd 2008)

Please write below what you learned from eating the raisin mindfully.

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________
The exercise below can be done at any time during the day or even during a group meeting if you are feeling tense.

**S:** Stop what you are doing

**T:** Take a deep breath, slowly inhale...pause...slowly exhale

**O:** Open yourself to whatever sensory stimuli is around you. What can you see, hear, smell, taste and touch?

**P:** Proceed with what you are doing

The *Beyond Blue* website can also be helpful for further information [www.beyondblue.org.au](http://www.beyondblue.org.au), 1300 22 4636. For example, the *Beyond Blue* fact sheet included on the following page has some useful tips for reducing stress and a controlled breathing exercise you may want to practice.
STRESS AND DEPRESSION
It is important to note that stress is not depression. However, acute distress associated with tough times can occur and may be a risk factor for depression if it persists.

STRESS MANAGEMENT
Stress is a response to an event or situation. It can be positive or negative. Stress is common in daily life and may be associated with work, family or personal relationships. It usually means that something is happening that’s causing worry and affecting how we are thinking and feeling.

Think about what you’ve been doing and how you’ve been feeling over the last two weeks. Have you:

1. Found it hard to relax most of the time? YES NO
2. Felt stressed and overwhelmed most of the time? YES NO
3. Felt panicky and anxious most of the time? YES NO

If you’ve answered YES to one or more of these questions, it might be helpful to use the information in this fact sheet to reduce your stress.

Stress management teaches you about:
- Managing stress and anxiety symptoms
- Breathing exercises to decrease your stress and anxiety
- Relaxing and the importance of physical activity.

WAYS TO REDUCE STRESS
Stress is common in daily life and may be associated with work, family or personal relationships. Whatever the cause, there are some simple steps that can help you to reduce stress.

Postpone major life changes
- Making major changes in your life can be stressful at any time. If you’re feeling stressed or anxious, it’s probably a good idea to try to avoid moving house or changing jobs. Leave them to a time when you’re feeling better.

Resolve personal conflicts
- Stress in personal relationships often contributes to depression and anxiety. Talk to a counsellor or psychologist who can help you find ways to address your problems.

Do the things you enjoy
- You may find you are enjoying yourself less and spending more time worrying. In order to relax effectively, you need to allocate time to do the things you enjoy, such as exercising, meditating, reading, gardening or listening to music.

Control your work
- Take control of your work by avoiding long hours and additional responsibilities. This can be difficult, but small changes can make a difference.
- Learn to say ‘No’ more often. Create a balance between work and the things you enjoy doing. Don’t allow yourself to be overwhelmed by new commitments.
- Make sure you have enough time to rest, relax and exercise.
- Part of learning to relax requires you to set aside some time in the day to do the things you enjoy.

Exercise regularly
- Physical exercise such as walking, swimming, dancing, playing golf or going to the gym can help relieve the tension in your muscles and relax your mind.
- Try to do some physical exercise every day, even if it’s just going for a walk.

Seek help
- Talking to a friend, doctor, counsellor or someone you trust, can help to relieve your stress. Asking for help and support at home, at work or in your other activities can also reduce stress.

CONTROLED BREATHING EXERCISE
Have you noticed that you’re breathing too fast? Stress and anxiety can affect your heart rate and breathing patterns. A relaxed breathing rate is usually 10 to 12 breath per minute.

Practise this exercise three to four times a day when you’re feeling stressed or anxious so that you can use this as a short-term coping strategy.

1. Time the number of breaths you take in one minute. Breathing in, then out is counted as one breath.
2. Breathe in, hold your breath and count to five. Then breathe out and say the word ‘relax’ to yourself in a calm, soothing manner.
3. Start breathing in through your nose and out slowly through your mouth. In a six-second cycle, Breathe in for three seconds and out for three seconds. This will produce a breathing rate of 10 breaths per minute. In the beginning, it can be helpful to time your breathing using the second hand of a watch or clock.

For more information visit www.beyondblue.org.au or beyondblue info line 1300 22 4636

Reducing stress

FACT SHEET 6

1. Count to yourself.

2. Continue breathing in a six-second cycle for at least five
   minutes or until the symptoms of hyperventilation have settled.

After practising this exercise, time the number of breaths you take in one minute. Practise the controlled breathing exercise each day before breakfast, lunch, dinner and bedtime. Use the technique whenever you feel anxious. Gradually, you’ll be familiar enough with the exercise to stop timing yourself.

Practise this exercise three to four times each day, so that it becomes easy to use as a short-term coping strategy when you feel anxious.

MUSCLE TENSION EXERCISE

When you are feeling distressed and anxious, your muscles become tense. When your muscles remain tense for long periods, you can start to develop aches and pains, fatigue, headaches and difficulty breathing.

Take a few minutes to do this exercise. It will help you understand how muscle tension can cause pain and fatigue.

1. Hold a piece of paper in your hand and stretch your arm out in front of you.
2. Keep holding the paper for a few minutes without moving your arm.

You will probably notice that your arm feels tense after only a few minutes and may even start to ache in some places. Imagine how your arm would feel if you continued to hold that piece of paper for a number of hours. Although the paper is not heavy, keeping your muscles tense for any length of time can cause pain.

MUSCLE RELAXATION EXERCISE

This exercise helps to reduce physical and mental tension. Practise this exercise regularly and at the first signs of muscle tension.

1. Sit in a comfortable chair in a quiet room.
2. Put your feet flat on the floor and rest your hands in your lap.
3. Close your eyes.
4. Do the controlled breathing exercise for three minutes.

5. After three minutes of controlled breathing, start the muscle
   relaxation exercise below.

6. Tense each of your muscle groups for 10 seconds, then relax
   for 10 seconds, in the following order:
   - Hands: clench your hands into fists, then relax
   - Lower arms: bend your hands up at the wrists, then relax
   - Upper arms: bend your arms up at the elbow, then relax
   - Shoulders: lift your shoulders up, then relax
   - Neck: stretch your neck gently to the left, then forward,
     then to the right, then back in a slow, rolling motion, then next
   - Forehead and scalp: raise your eyebrows, then relax
   - Eyebrows: close your eyes tightly, then relax
   - Jaw: clench your teeth, then relax
   - Cheeks: breathe in deeply, then breathe out and relax
   - Stomach: pull your tummy in, then relax
   - Upper back: pull your shoulders forward, then relax
   - Lower back: while sitting, roll your back into a smooth
     arc, then relax
   - Buttocks: tighten your buttocks, then relax
   - Thighs: push your feet firmly into the floor, then relax
   - Calves: lift your toes off the ground, then relax and
     then relax
   - Feet: gently curl your toes down, then relax.

7. Continue controlled breathing for five more minutes, enjoying
   the feeling of relaxation.

8. As you become better at relaxation, it can be more interesting
   to combine these exercises with minutes of relaxing
   situations e.g. lying on a beach or doing a favourite activity.

A full session of relaxation takes about 15 to 20 minutes. Once
you are good at relaxing your muscles, start relaxing tense parts
of your body during the day while you are going about your
daily activities.

MORE INFORMATION

Coping strategies for depression and anxiety:
- beyondblue Fact sheet 7 – Sleeping well
- beyondblue Fact sheet 8 – Keeping active
- beyondblue Fact sheet 9 – Reducing alcohol and other drugs

Other treatments for depression and anxiety:
- beyondblue Fact sheet 10 – Changing your thinking
- beyondblue Fact sheet 11 – Antidepressant medication
- beyondblue A Guide to What Works for Depression booklet –
  A comprehensive review of all known treatments for depression,
  including medical, psychological, complementary and lifestyle.
Session 9: Peer Leader Preparation

Overview

Topics

• Preparing for monthly meetings
• Dealing with informational needs

Objectives

By the end of this session you will:

• Know how to prepare for monthly meetings
• Have strategies for organising visitors to your group
Peer Leader Preparation

Preparing for the monthly meetings
Meet with your co-leader if you have one. Otherwise, you will need to do the following preparation by yourself.

- Review the group members and their current goals. Reflect on questions you might like to ask the members at the next meeting.
- If the group members identified a topic at the previous meeting that they would like to discuss, use the information in the resource manual to help you think about how you will lead this topic during the group meeting.
- Are there other resources you need to find that you think might be useful?
- Plan exercises and activities if appropriate.

Organising visitors to your group

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

- Local diabetes health care professionals e.g. diabetes educator, dietician, podiatrist, etc. You may want to contact your local community health centre to assess if they are available.
- Staff from Diabetes Australia – Victoria
- A practice nurse from a local general practice to help your group understand the GP management plan and the members’ Medicare entitlements

Rather than have your visitor give a presentation, it may be more useful for group members to ask questions that they have been encouraged to 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”.

If you are having a visitor, make sure you:

- Advise them in writing of the start and finish time, and the format of the meeting
- Provide clear directions about how to get to the venue and what space and facilities you will provide
- Let them know if you want them to stay for the whole meeting (9).

**Suggested themes for monthly meetings**

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<th>Themes</th>
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<tr>
<td>Introduce yourself</td>
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<tr>
<td>Explain the Australasian Peers for Progress Diabetes Project</td>
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<tr>
<td>Icebreaker</td>
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<td>Getting to know each other</td>
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<td>Ground rules</td>
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<td>Setting objectives for the group</td>
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(The following are suggested themes to discuss during the 12mth program and are not listed in any particular order.)

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<th>Themes</th>
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<td><strong>RISK ASSESSMENT</strong></td>
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<tr>
<td>Understanding your blood tests</td>
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<td>Understanding individual risk for diabetes complications</td>
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<tr>
<th>Themes</th>
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<tr>
<td><strong>LINKAGE TO CLINICAL CARE</strong></td>
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<td>GP Management plan</td>
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<td>Role of diabetes health care professionals</td>
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<td>Discussion of local diabetes services</td>
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<th>Themes</th>
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<tr>
<td><strong>GOAL SETTING</strong></td>
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<td>Setting diabetes-related goals</td>
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<td>Factors that help or hinder your progress</td>
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<td>Outcomes you can expect if you follow your Diabetes Management Plan</td>
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<tr>
<td><strong>HEALTHY EATING</strong></td>
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<td>Discussion of importance of healthy eating</td>
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<td>Discussion of the healthy eating guidelines</td>
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<td>Discussion of resources to assist with healthy eating (e.g. DA-Vic shopping tours, Go for Your Life – <a href="http://www.goforyourlife.vic.gov.au">www.goforyourlife.vic.gov.au</a>)</td>
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<td>Recipe sharing</td>
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<td>EXERCISE</td>
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<tr>
<td>• Discussion of the importance of exercise</td>
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<td>• Strategies to incorporate exercise into daily life</td>
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<td>• Physical activity guidelines</td>
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<td>• Discussion of local resources e.g. walking groups</td>
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<td>• Discussion on how to check feet</td>
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<td>• Information on local podiatry services</td>
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<td>• Information on local ophthalmological services</td>
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<tr>
<td>• Strategies to manage stress and moods</td>
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<tr>
<th>SESSION 12 – ONGOING SUPPORT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• An open session in which the group can discuss any remaining concerns</td>
<td></td>
</tr>
<tr>
<td>• Discuss how to make the transition from a PfP-DP support group to an independent group</td>
<td></td>
</tr>
<tr>
<td>• Other ideas to achieve ongoing support individually or as a group</td>
<td></td>
</tr>
</tbody>
</table>
Diabetes-related services and organisations

The following organisations and websites may also be sources of further information. Note: Sites and resources listed here are a representative sample only. The listing of a site or resource does not imply an endorsement.

Support Groups

DIABETES AUSTRALIA – VIC COMMUNITY SUPPORT NETWORK GROUPS (COMNET)
ComNet type 1 and type 2 diabetes support groups aim to improve the knowledge and skill levels of people with diabetes, by providing them with resources and support to effectively manage their diabetes.
Tel: 03 9667 1721
mail@diabetesvic.org.au
www.diabetesvic.org.au

CHRONIC ILLNESS ALLIANCE PEER SUPPORT NETWORK
Online resource to foster growth, development and understanding of peer support programs.
www.chronicillness.org.au/peersupport

Living with Diabetes

NATIONAL DIABETES SERVICES SCHEME (NDSS)
The NDSS is an initiative of the Australian Government administered by Diabetes Australia. The NDSS provides practical assistance, information and subsidised products such as testing strips for checking blood glucose levels, insulin pump consumables and free insulin syringes and pen-needles, to approximately 900,000 Australians diagnosed with diabetes.
www.ndss.com.au
Infoline: 1300 136 588

GLYCEMIC INDEX
Information on Low G.I foods for diabetes management.
www.glycemicindex.com

TASTE.COM.AU
Recipe site with Low G.I and diabetic recipes.
www.taste.com.au
**Diabetes Health Information**

**DIABETES AUSTRALIA-VICTORIA (DA – Vic)**
DA – Vic is the peak consumer body and leading charity representing all people affected by diabetes and those at risk. They are committed to minimising the impact of diabetes in the community, helping all people affected by diabetes and contributing to the search for a cure.

The Infoline can also be used to speak to a diabetes educator or dietitian.


Infoline: 1300 136 588

**HEALTHINSITE**
Funded by the Australian Government Department of Health and Ageing this site provides access to quality health information.


**BETTER HEALTH CHANNEL**
Reader-friendly web site sponsored by the Victorian government with diabetes fact sheets and information freely available to download. Some information available for sight impaired people (audio fact sheets).


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**Diabetes Research and Education**

**AUSTRALIAN CENTRE FOR BEHAVIOURAL AND SOCIAL RESEARCH IN DIABETES (ACBSRD)**
Australian Centre for Behavioural and Social Research in Diabetes is Australia’s first research centre dedicated to the behavioural, psychological and social aspects of diabetes and focused on improving the quality of life of all people affected by diabetes in Australia.

The Centre is the result of a partnership between Diabetes Australia – Victoria and Deakin University.

[www.diabetesvic.org.au](http://www.diabetesvic.org.au)

**DIETITIANS ASSOCIATION OF AUSTRALIA**
The Dietitians Association of Australia (DAA) is the national Association of the profession, with branches in each State and Territory. Dietitians are employed in a wide variety of work areas including clinical dietetics, community nutrition, education, private sector, government, research and industry.

To find a dietitian go to [www.daa.asn.au](http://www.daa.asn.au)
THE AUSTRALIAN DIABETES EDUCATORS ASSOCIATION (ADEA)

The Australian Diabetes Educators Association is Australia’s peak professional organisation in diabetes education. It actively promotes best practice diabetes education to ensure optimal health and wellbeing for all people affected by, and at risk of, diabetes. Links to Diabetes Education Service locations provided.

www.adea.com.au

Tel: (02) 6287 4822
Session 10: Putting It All Together

Overview

Topic

• Leading a support group

Objectives

By the end of this session you will:

• Have experienced leading a support group
• Be aware of your strengths in facilitating a conversation within a support group setting and skills that may need improving
• Have discussed ways of transitioning from a PfP support group to an independent group
Please reflect on your perceived strengths as a peer leader and record these below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please reflect on the skills you would like to improve and record your response below.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Endings: The final meeting

After twelve months, the research team will not be supporting the group meetings. However, it is important to realise that managing diabetes can be hard work and some form of lifelong support is recommended.

One of the goals of the Australasian Peers for Progress Diabetes Project (PfP-DP) is that group members identify how they are going to receive support now that the group is coming to a close. The closure of this particular group provides an opportunity to reflect, evaluate, and clarify future actions.

Ask your group who wants to keep meeting and record these names. If numbers are small, the individuals may want to join one of Diabetes Australia’s ComNet groups. If larger numbers of people want to continue to meet, discuss the logistics, such as the venue, costs, leadership, etc. You may also want to discuss options with your supervisor from the PfP-DP research team regarding setting up your own support group or working with Diabetes Australia-Victoria to set up a new Community Network group in your area.

It can also be helpful for you as the peer leader, to understand that there may be a palpable sense of sadness in this last meeting. You may want to invite group members to talk about their feelings. Also, you may have already talked about a ritual to close this meeting – it may involve lunch, dinner or some other way of marking the transition. One suggestion is to go around the room and ask each group member to provide a final contribution to the meeting while others remain silent.
Session 11: Working with the Research Group

Overview

Topics

• Support from the research team
• Status of the research project
• Administrative responsibilities

Objectives

By the end of this session you will:

• Understand the progress to date of the research project
• Be aware of the support to peer leaders offered by the research team
• Receive documentation related to information you are responsible for collecting
**Support for peer leaders**

While you are leading your 12 support group meetings, you will be able to participate in a monthly teleconference with other peer leaders. The teleconferences will be facilitated by a psychologist and a diabetes educator. There may also be an opportunity for face-to-face contact during the year. Please think about what topics, issues, group processes, etc, it might be helpful to address during these support sessions.

What support would help you?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
References


5. Diabetes Management in General Practice: Guidelines for Type 2 Diabetes. Canberra: Diabetes Australia; 2009.


## Appendix A: GP Management Plan


### GP MANAGEMENT PLAN - MBS ITEM No. 721 (DIABETES)

<table>
<thead>
<tr>
<th><strong>Patient's Name:</strong></th>
<th><strong>Date of Birth:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Patient Demographics:Full Name&gt;&gt;</td>
<td>&lt;&lt;Patient Demographics:DOB&gt;&gt;</td>
</tr>
</tbody>
</table>

### Contact Details:

- <<Patient Demographics:Full Address>>

### Medicare or Private Health Insurance Details:

- <<Patient Demographics:Medicare Number>>
- <<Patient Demographics:Health Insurance>>

### Details of Patient's Usual GP:

- <<Doctor:Name>>
- <<Doctor:Full Address>>

### Details of Patient’s Carer (if applicable):

### Date of last Care Plan/GP Management Plan (if done):

- <<Date of last Care Plan/GPMP>>

### Other notes or comments relevant to the patient’s management plan:

### PAST MEDICAL HISTORY

### FAMILY HISTORY

- <<Clinical Details:Family History>>

### MEDICATIONS

- <<Clinical Details:Medication List>>

### ALLERGIES
## GP MANAGEMENT PLAN - MBS ITEM No. 721 (DIABETES)

<table>
<thead>
<tr>
<th>Patient problems / needs / relevant conditions</th>
<th>Goals - changes to be achieved</th>
<th>Required treatments and services including patient actions</th>
<th>Arrangements for treatments/services (when, who, contact details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient's understanding of diabetes</td>
<td>Patient to have a clear understanding of diabetes and patient’s role in managing the condition</td>
<td>Patient education</td>
<td>GP / nurse Diabetes educator</td>
</tr>
<tr>
<td>2. Lifestyle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>Maintain healthy diet</td>
<td>Patient education</td>
<td>GP to monitor Dietician</td>
</tr>
<tr>
<td>Weight</td>
<td>Your target: BMI &lt; ___</td>
<td>Monitor</td>
<td>Patient to monitor GP/nurse to review</td>
</tr>
<tr>
<td></td>
<td>Ideal: BMI ≤ 25 kg/m²</td>
<td>Review 6 monthly</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>Your target:</td>
<td>Patient exercise routine</td>
<td>Patient to implement</td>
</tr>
<tr>
<td></td>
<td>Ideal: Exercise at least 30 minutes</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>walking or equivalent 5 or more days per week</td>
<td>As per Lifescripts action plan</td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>Complete cessation</td>
<td>Smoking cessation strategy:</td>
<td>Patient to manage GP to monitor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Quit</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Medication</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Alcohol intake</td>
<td>Your target:</td>
<td>Reduce alcohol intake</td>
<td>Patient to manage GP to monitor</td>
</tr>
<tr>
<td></td>
<td>___ standard drinks per day</td>
<td>Patient education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ideal:</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>≤ 2 standard drinks per day</td>
<td>As per Lifescripts action plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(men)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>≤ 1 standard drinks per day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient’s Name: <<Patient Demographics: Full Name>>
### 3. Biomedical

<table>
<thead>
<tr>
<th>Cholesterol/Lipids</th>
<th>Your targets:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL &lt; ___</td>
<td></td>
</tr>
<tr>
<td>Cholesterol &lt; ___</td>
<td></td>
</tr>
<tr>
<td>HDL &gt; ___</td>
<td></td>
</tr>
<tr>
<td>Triglycerides &lt; ___</td>
<td></td>
</tr>
<tr>
<td>Ideal:</td>
<td></td>
</tr>
<tr>
<td>LDL &lt; 2.5 mmol/L</td>
<td></td>
</tr>
<tr>
<td>Cholesterol &lt; 4.0 mmols/L</td>
<td></td>
</tr>
<tr>
<td>HDL &gt; 1.0 mmol/L</td>
<td></td>
</tr>
<tr>
<td>Triglycerides &lt; 2.0 mmol/L</td>
<td></td>
</tr>
</tbody>
</table>

**Annual check**

| GP |

**Blood pressure**

<table>
<thead>
<tr>
<th>Your target: &lt; ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal:</td>
</tr>
<tr>
<td>&lt; 130/80 mm Hg</td>
</tr>
</tbody>
</table>

**Check every 6 months**

| GP/nurse |

**HbA1c**

<table>
<thead>
<tr>
<th>Your target: &lt; ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal:</td>
</tr>
<tr>
<td>≤ 7%</td>
</tr>
</tbody>
</table>

**Check every 6 months**

| GP/nurse |

**Blood glucose level**

<table>
<thead>
<tr>
<th>Your target: &lt; ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal:</td>
</tr>
<tr>
<td>&lt; 7 mmols/L (4-6 fasting)</td>
</tr>
</tbody>
</table>

**Daily monitoring**

**Check every 6 months**

| Patient |

**4. Medication**

<table>
<thead>
<tr>
<th>Medication review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct use of medications, minimise side effects</td>
</tr>
</tbody>
</table>

| Patient education |

| Review medications |

| GP to review and provide education |

### 5. Complications of diabetes

<table>
<thead>
<tr>
<th>Eye complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early detection of any problems</td>
</tr>
</tbody>
</table>

| Eye check every 2 years |

| Referral by GP |

| GP |

| Eye specialist |

<table>
<thead>
<tr>
<th>Foot complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevent foot complications</td>
</tr>
</tbody>
</table>

| Patient education on foot care |

| Patient to check feet regularly |

| Check feet every 6 months |

| GP / podiatrist / nurse |

| Patient |

| GP |

<table>
<thead>
<tr>
<th>Kidney damage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid renal complications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your targets:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; ___ µg/min timed overnight collection</td>
</tr>
<tr>
<td>&lt; ___ mg mg/L spot collection</td>
</tr>
<tr>
<td>&lt; ___ mg/mmol women</td>
</tr>
<tr>
<td>&lt; ___ mg/mmol men albumin creatinine ratio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ideal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 20 µg/min timed overnight collection</td>
</tr>
<tr>
<td>&lt; 20 mg mg/L spot collection</td>
</tr>
</tbody>
</table>

| Test for microalbuminuria annually |

| GP |
**Sexual dysfunction**
- Maintain sexual function
- To be discussed with patient where applicable

| < 3.5 mg/mmol women | < 2.5 mg/mmol men albumin creatinine ratio |

---

**Copy of GP Management Plan offered to patient?**
<<Copy of GPMP offered to patient?>>

**Copy / relevant parts of the GP Management Plan supplied to other providers?**
<<Copy of GPMP supplied to other providers?>>

**GP Management Plan added to the patient’s records?**
<<GPMP added to patient’s records?>>

**Date service was completed:**
<<Date service completed>>

**Proposed Review Date:**
<<Review date (recommended 6 months)>>

**I have explained the steps and costs involved, and the patient has agreed to proceed with the service.**
<<Steps and costs explained, patient agreed>>

**GP’s Signature:** ________________________________  **Date:** ________________

---

---
Appendix B: Team Care Arrangements


**TEAM CARE ARRANGEMENTS - MBS ITEM 723 (DIABETES)**

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Patient Demographics:Full Name&gt;&gt;</td>
<td>&lt;&lt;Patient Demographics:DOB&gt;&gt;</td>
</tr>
</tbody>
</table>

**Contact Details:**

<table>
<thead>
<tr>
<th>Medicare or Private Health Insurance Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Patient Demographics:Medicare Number&gt;&gt;</td>
</tr>
<tr>
<td>&lt;&lt;Patient Demographics:Health Insurance&gt;&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of Patient’s Usual GP:</th>
<th>Details of Patient’s Carer (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;<a href="">Doctor:Name</a>&gt;</td>
<td></td>
</tr>
<tr>
<td>&lt;&lt;Doctor:Full Address&gt;&gt;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of last Care Plan/Team Care Arrangements (if done):</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;&lt;Date of last Care Plan/TCA&gt;&gt;</td>
</tr>
</tbody>
</table>

**Other notes or comments relevant to the patient’s Team Care Arrangements:**

**PAST MEDICAL HISTORY**

**FAMILY HISTORY**

<table>
<thead>
<tr>
<th>&lt;&lt;Clinical Details:Family History&gt;&gt;</th>
</tr>
</thead>
</table>

**MEDICATIONS**

<table>
<thead>
<tr>
<th>&lt;&lt;Clinical Details:Medication List&gt;&gt;</th>
</tr>
</thead>
</table>

**ALLERGIES**
### TEAM CARE ARRANGEMENTS - MBS ITEM 723 (DIABETES)

<table>
<thead>
<tr>
<th>Goals - changes to be achieved</th>
<th>Required treatments and services including patient actions</th>
<th>Specific arrangements for treatments/services (when, who, and contact details)</th>
</tr>
</thead>
</table>
| Patient to have a clear understanding of diabetes and patient’s role in managing the condition | Patient education | GP  
Practice nurse  
Diabetes educator |
| Maintain diabetic control | Patient to monitor glucose levels regularly.  
On-going review and monitoring of glucose levels, HbA1c, cholesterol, blood pressure and microalbuminuria | GP |
| Minimise risk of complications of diabetes | Optimise control of diabetes | GP  
Endocrinologist |
| Minimise risk of eye complications | Regular review for early detection of any problems | GP  
Ophthalmologist |
| Minimise risk of foot complications | Assessment and patient education on correct foot care | GP  
Practice nurse  
Podiatrist |
| Medication management | Ensure correct use of medications.  
Undertake Home Medicine Review | GP  
Pharmacist |
| Maintain healthy diet and optimal weight range. | Patient education re nutrition and alcohol intake | GP  
Practice nurse  
Dietitian |
| Maintain exercise routine | Development of an exercise program suitable to needs of patient | GP  
Exercise physiologist  
Physiotherapist |
| Smoking cessation | Patient to manage.  GP to monitor. | GP |

**Copy of Team Care Arrangements offered to patient?**  
<<Copy of TCA offered to patient?>>

**Team Care Arrangements added to the patient’s records?**  
<<TCA added to patient record?>>

**Copy / relevant parts of the Team Care Arrangements supplied to other providers?**  
<<Copy of TCA supplied to other providers?>>

**Referral forms for Medicare allied health and dental care services completed?**  
<<Referral forms for Medicare AHPs completed?>>
I have explained the steps and any costs involved, and the patient has agreed to proceed with the Team Care Arrangements. The patient also agrees to the involvement of other health providers and to share their clinical information (without / with restrictions).  

GP’s Signature: ________________________________ Date: ________________