



DESMOND Walking Away from Diabetes Update

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propels



Walking Away
from **Diabetes**

Acknowledgements

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Contents

Chapter 1: Introducing “Walking Away from Diabetes Update”	Page 5
Chapter 2: How to Use the Curriculum	Page 7
Chapter 3: Facilitating the Jigsaw Session	Page 11
Update A: Introduction and Housekeeping	Page 13
Update B: The Participant Story	Page 19
Update C: Reviewing your Risk Factors	Page 25
Update D: Taking Control: Physical Activity	Page 33
Update E: Important Questions and Future Care	Page 51

Chapter 1: Introducing Walking Away from Diabetes Update

Why has an Update programme for Walking Away from Diabetes been developed?

Recent NICE guidance (July 2012) has made some recommendations about how to identify people at high risk of developing Type 2 diabetes and what support to offer them. NICE recommends that people at high risk of developing Type 2 diabetes are offered access to cost effective, quality assured, evidence based interventions. Walking Away from Diabetes is one of the programmes that meets NICE criteria.

NICE recommends that people 'at high risk' are not only offered initial support (discussing risks and potential benefits of lifestyle change; exploration of motivation to change; action planning and self regulation) at the time of diagnosis but also continued support. The aim of offering continued support is to reinforce positive lifestyle change and provide support in case of relapse.

The **Walking Away from Diabetes Update** education programme has been developed to support individuals at risk of developing Type 2 diabetes who have attended the Walking Away from Diabetes structured education programme. It is a three hour programme that can be delivered by either one educator or two educators depending on the size of the group and confidence of the Educator. Participants can attend the programme many times as the programme has a loose framework that can be adapted to meet the needs of the individual within the group.

Walking Away from Diabetes Update can be delivered in work places, leisure facilities, community centres, outpatient departments and outpatient clinics. The programmes should be run at different times, including evenings and weekends to ensure they are as accessible as possible. **Walking Away from Diabetes Update** can link in with other prevention programmes or initiatives that support people to make lifestyle change.

Preparing to deliver the Walking Away from Diabetes Update Module

Resource List for Walking Away from Diabetes Update.

Resources Required

- Magnetic man and magnetic pieces with timeline
- Magnetic risk pieces
- Laminate or image of risk activity (tray, bottle, glasses, cat, phone)
- **A1 My Health Profile**
- Spare copies of **A4 My Health Profile**
- Baseline and most recent results of participant's blood pressure, total cholesterol, HDL cholesterol, blood glucose result, and step count
- **A1 Jigsaw**
- **A4 Jigsaw Action Plans**
- **Magnetic Behaviour Change Cycle pieces**
- Flip chart and pens
- Spare pedometers
- Spare activity log books
- Refreshments
- Evaluation forms

Chapter 2: How to use the curriculum

The Broad Curriculum

The curriculum is divided into a number of sessions. Each session has the following structure:

Key Messages: the key messages of the session

Participant Learning Opportunities: what people will have had the opportunity to learn during the session

Educator Activity: the behaviour of the Educator during the session to help maximise the participant learning opportunities and promote the underlying theoretical and philosophical design

Participant Activity: the specific behaviour of the participants during the session to maximise learning opportunities and promote underlying theoretical/philosophical design

Content Framework: the scope of the content designed to be covered during the session

Resources Required: a checklist of the resources needed to run the session

Session Plans

These are examples of how the content can be delivered according to the DESMOND style. Educators may feel confident enough to tailor sessions to their own script; however, it is important to maintain the style of DESMOND which elicits information rather than ‘teaches’, and encourages self-directed learning. This can include prompts for open questions and reflections to summarise sessions. The plans provide the Educator with an example of how to integrate the learning ‘process’ with the content.

Topics and timings of the programme











The programme can take between two and a half, to three hours, depending on the needs of the group. The topics and timings of the programme are approximately as follows:

Session Title	Length	Session Running Total
A: Introduction & Housekeeping	5 mins	5 mins
B: Participant Story	30 mins	35 mins
C: Reviewing Your Risk Factors	30 mins	1 hr 5 mins
Break	15 mins	1 hr 20 mins
D: Taking Control: Physical Activity	60 mins	2 hr 20 mins
E: Important Questions and Future Care	5 mins	2 hrs 25 mins

Using the symbols in the manual

Throughout the curriculum, symbols are used to denote certain specific areas of the script. For example, where you are speaking, or giving information; where activities are taking place; or where an important point is being brought to your attention.

The full list of symbols is as follows:

	This icon denotes information that you, the Educator are providing if answers to your open questions are not forthcoming. Feel free to use your own words rather than those given in the script.
	This icon indicates a prompt/open question you might use to help the participants reach their learning objective
	This icon indicates helpful hints
	This icon indicates a flip chart
	This icon highlights points for your attention
	This icon indicates games and activities
	This icon indicates preparation instructions
	Theory Thought: A reflective 'thought' to Educators in developing behaviours linked with the underpinning theories
	Philosophy Alert to support the reflection and development of Educators by illuminating the philosophical stance of DESMOND
	Use of the magnetic timeline resource

Chapter 3: Facilitating The Jigsaw in Session D

The physical activity session of the Walking Away Update includes the use of a Jigsaw, which is a resource to encourage meaningful participant conversation. It can be used for groups of 3 to 8 people. This number is enough for people to learn from one another but not too many that interaction becomes a challenge. Everyone should have the opportunity to learn through active participation. The Educators' role is to guide the group conversation and engage participants in a process of sharing and learning. It should be fun, interactive and engaging.

Action planning

Action planning is delivered as part of the jigsaw in Taking Control: Physical Activity. This session requires the Educator to provide the group with the opportunity and support to develop their own action plan. There is some additional information in the script of the curriculum on the philosophy and theory to help guide the Educator.

Prevention and management of challenging situations

Underlying all the 'techniques' that might be used to manage a group there needs to be a consistent positive relationship between group members and Educators. The group norms are modelled and reinforced by the Educator.

Group norms

These are the unwritten rules set up within a group. As Educators you model and influence the atmosphere of the group. The participants meet as strangers and initially interact via their interactions with you. As an Educator it is impossible for you not to have an influence upon the group. You can increase the likelihood of certain behaviours by reinforcing them through your own body language and how you respond verbally (i.e. social reinforcement). You can also model the way that you expect the group to behave by being non-judgemental, accepting, warm and showing appreciation. What you do not say and do is as important as what you do say and do.

Guiding Principles	Core Values	Core Skills
<ul style="list-style-type: none"> • Trust and safety • Inclusion & involvement • Promoting a positive experience • Valuing personal experience • Seeking to understand • Understanding group and individual need • Participation 	<ul style="list-style-type: none"> • Equality • Empowerment • Confidentiality • Respect • Supporting autonomy • Non-judgemental 	<ul style="list-style-type: none"> • Active listening <ul style="list-style-type: none"> - Open questioning - Reflecting - Summarising • Demonstrating empathy, warmth, and openness • Being genuine • Listening to understand • Observing the group

Key points

So what skills do you have at your disposal? How do you know when a session is going well or when things are not quite going to plan? The primary skill is observation:

- **What you hear:** What are you hearing from the participants? What are they saying? Are they asking lots of questions related to the topic that is being discussed or are they talking over each other, becoming argumentative, dismissive etc.
- **What you see:** Look out for emotions and energy levels. Are they nodding, interested and giving eye contact? Or are they looking confused, disinterested, tired, bored or irritated?
- **What you feel:** How do you feel it is going? Do you feel it is going well or are you feeling that somehow it is not on track? You might feel uncomfortable, anxious or tired. As an Educator this can also give you an indication of how participants might be feeling

Interventions include:

- **Your body language:** Non verbal communication is a powerful tool. When you nod and smile this encourages participants to talk more. Giving eye contact brings someone into a group. Posture and positioning will have an impact as will your facial expressions, e.g. standing closer to someone who is a little quiet and then moving away slightly will encourage them to talk a little louder. It is important for participants to see that you are interested. If you appear disinterested in what participants are saying or lose track, participants will notice and feel less like participating. Ensure that the group is doing most of the talking and you are actively listening.
- **What you say and how you might say it:** Using relevant open curious questions will encourage people to talk. Examples could be: What do you mean by that? Why do you think that is the case? Can you provide us with an example of that?
- **Using reflections** will also encourage people to talk, but try not to use the same phrases or terms too often as this can become irritating. Using people's names improves rapport. Your tone of voice will either increase energy levels or lower them. Humour can also be very helpful, but do not forget the group or individuals within the group. Avoid saying 'no' when taking feedback as that gives the impression of negating opinions.
- **Using the group:** Ask the group questions or encourage them to think about particular issues or points someone has made.
- **Keeping the group focused:** It is important you keep the group focused on the topic being discussed. Try to avoid random conversation or tangent thoughts that might not be relevant or of interest to the whole group. To do this, re-iterate the question or activity you are currently discussing
- **Encourage participation:** It is important that all participants feel engaged in the conversation. You may also choose to ask participants, by name, what they think of certain topics. Remember that everyone learns differently and some people may prefer to take a listening role.

Update A: Introduction and Housekeeping

Duration: 5 minutes

Key Messages

- The Walking Away Update programme continues to focus on increasing physical activity to reduce the risk of diabetes
- To enable participants to review their risk of diabetes and identify a lifestyle change to reduce their risk

Participant Learning Opportunities

Participants will have an opportunity to explore/learn:

- The housekeeping aspects for the programme
- The learning style of the programme
- The aim and content of the programme

Educator Activity

- Prepares room and resources for the session
- Completes a register of attendance
- Uses core behaviours (open questions, reflections, visual resources) to:
 - Welcome participants and their accompanying person
 - Introduce themselves and any observers (and their roles)
 - Briefly outline the aims and style of the programme
 - Facilitates how the group can work together effectively (optional)

Participant Activity

- Listens to introductions
- Asks questions

Content Framework

- Introduction to the programme and the Educators
- Housekeeping details e.g. fire drill, refreshment breaks, location of toilets etc
- Outline of the programme and the main topics to be included
- Ground rules (optional)

Resources Required

- Flip chart and pens
- Blue/white tac
- List of participants/record of attendance
- Prepared flip chart headed 'Working Together'
- Prepared Participant Story Flip Charts

Session Plan

Prepare room



For a maximum of 8 participants, this update session can be delivered by one Educator. You will require one large table big enough to fit 9 chairs around. You may choose to initially layout the chairs in an arc and then later gather around the table or you can start from around the table and deliver the entire session in this way.



If participants bring partners, friends or a family member, ensure that the accompanying person is positioned slightly behind but close enough so that they can see the jigsaw.



Fix 6 pieces of flip chart paper on the walls of the teaching area and label from left to right:

Flip chart 1

Name

Flip chart 2

What's been going well?

Flip chart 3

What helped?

Flip chart 4

What's not been going well?

Flip chart 5

What stopped you/
what got in the way?

Flip chart 6

Important question?

On arrival

Invite each person to sign in, both patients and their accompanying person, so that you have a register of attendees not only for your records, but also in the case of a fire, or other emergency.

When participants arrive, politely welcome them.

Try to use first names (if the participant is happy for you to do). If this is difficult for you or the person's name is unfamiliar to you, you may wish to ask the individual if they are willing to wear a name badge. It is important that the Educator also wears a name badge if this is the case.

Introduction

Start the session promptly on time. If you are expecting others, who have not yet arrived, explain this to the group.

To begin, each Educator should introduce themselves.

If any additional individuals are present, such as observers or assessors carrying out quality development visits, introduce them to the group, and clarify their job title, where they are from and their role (if appropriate). Ensure you check these details in advance with the individuals themselves.

Welcome the group to the Walking Away from Diabetes Update programme, which continues to focus on increasing physical activity to prevent diabetes.

Ensure the group have the basic 'housekeeping' information. Let them know where the toilets, fire escape and assembly point are located. Explain to them that there will be refreshment breaks during the session. Then in your own words explain the purpose of the session i.e. that they will come away from the course having had an opportunity to:

- Reflect on how they are managing with the action plans they set themselves at the end of the last Walking Away group.
- Reflect on what has gone well and what has gone less well and come up with strategies to help themselves
- Refresh understanding of the targets for blood pressure, cholesterol and glucose to plot personal results and review their risk of diabetes
- Reflect on understanding the benefit of walking more to reduce their risk and plot personal step results
- Reflect on the challenges of being more active and ways of overcoming them
- Find a way of answering the questions which they may have arrived with.
- The style of these sessions aims to be relaxed, friendly and more of a discussion than a presentation



Participants and Educators may wish to establish how the group can work effectively together during the sessions. An example of how to do this is by facilitating a discussion about what will be helpful in working together and what will get in the way.

For Example



We are all busy people and have given up our time to be here today. We have a lot to get through today, so what might help us to make best use of the time? What might get in the way?

*You may find it useful to record key points on the pre-prepared flip chart **Working Together**. The group can refer back to this if required during the sessions.*

Update B: The Participant Story

Duration: 30 minutes

Key Messages

- Everyone has a story about living with the risk of diabetes
- People have different experiences of trying to make changes to reduce their risk

Participant Learning Opportunities

Participants will have the opportunity to explore/learn:

- Their experiences of trying to reduce their risk
- What is going well and what is not going well
- What the challenges are to making lifestyle changes
- The range of questions held by the participants within the group

Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Enable participants to share their experiences of making changes to reduce their risk by asking questions
- Compile a summary of the group's current experiences of trying to reduce their risk
- Compile a list of the participants' key questions
- Ensure that everyone in the group is heard, and given time to tell their story
- Demonstrate empathy by using reflections
- Clarify each participant's contribution as it is written up (if appropriate)

Participant Activity

- Listen to introductions
- Ask questions
- Reflect on previous action plans

Content Framework

- Names
- What has been going well?
- What has helped?
- What has not been going so well?
- What stopped you / what got in the way?
- What key question would you like to find the answer to?

Resources Required

- 6 flip charts on the wall prepared with the headings below:
 1. Names
 2. What has been going well?
 3. What helped?
 4. What has not been going so well?
 5. What stopped me/what is got in the way?
 6. Important question?
- Flip chart pens
- Blue/white tac

Session Plan: Example Script



Introduce the session by explaining that you are going to ask each person to tell his or her story about how they have been managing their risk of developing diabetes, similar to what they did in the original Walking Away programme



In this session you will just be collecting information and recording people's stories as told in their own words, without responding to incorrect information or answering questions. These stories will be explored throughout the rest of the sessions.

Use the flip chart headings as your guide!

Start with an individual on the left or right of the group, or the person who looks the most comfortable to begin talking.

Invite each person to tell their story in relation to the flip chart headings, recording their words on the appropriate flip charts. Repeat this process until all participants have told their story. Invite the accompanying person to give their name and ask if they have a question they would like answering. Add this to flip chart 6 "Important question"?



Flip chart 1

In your own words ask them their first name or establish what they would like to be called. Write this down on flip chart 1.

Names



Flip chart 2

Invite the individual to think about some of the positive changes that they have made to their lifestyle to reduce their risk of diabetes, since attending the first Walking Away programme.



It may be useful to ask them to refer back to the action plan they completed when they attended the initial Walking Away programme (their previous **What am I going to do now?** action plan).

It may be helpful to show the group a copy of the **What am I going to do now?** as a reminder.

The form is titled "What Am I Going To Do Now?" and includes the following sections:

- What activities could I do?** (with a sub-note: "What will I do to overcome the barriers? What would I need to make that happen?")
- Which of these activities am I more likely to do?** (with a sub-note: "Choose one of the activities and do it.")
- How confident do I feel that I can do that?** (with a sub-note: "0 means not confident at all and 10 means I'm confident I can do it. Tick the number I choose to:")
- How exactly am I going to do this?**
- What can I do to increase my confidence?** (with a sub-note: "What confidence booster?")
- When will I review my plan?** (with a sub-note: "Date:")
- What is going to stop me?**

The form is branded with "Walking Away from Diabetes" in the bottom right corner.

You may need to use some open questions to elicit this information. Some prompt questions have been included but feel free to use your own if they come more naturally to you. Often people want to start with what is not going so well but try and get some positive experiences first.



What has been going well with changes you may have made to reduce your risk of diabetes?



What changes (if any) have you made since you were diagnosed as being at risk of diabetes?



What changes have you made to your activity levels?

Write this down in the relevant place on flip chart 2.



If an individual reports that they have not made any changes to their medication or lifestyle, acknowledge this, and write it on the flip chart without judgement.



Flip chart 3

Invite individuals to think about what helped them to make changes. You may need to explore this with an open question, either the suggestion below or your own.



What helped you to make these changes?

Write responses down in the relevant place on flip chart 3.

What helped?



Flip chart 4

Invite the individual to consider what has not been going so well with changes they had planned to make. You may need to explore this with some open questions, either those below or your own.



What is not going so well with the changes you had planned to make?



What has been hard for you?

Record responses in the relevant place on flip chart 4.

What's not been going well?



Flip chart 5

Invite the individual to consider what is getting in the way of making changes. You may need to explore this with some open questions, either using those below or your own.



What stopped you or got in the way?



What makes it difficult to make changes?

Record responses on flip chart 5.



Flip chart 6



If you have one question you would like to have an answer to today, what would it be?

Add this to the list on flip chart 6.

**What
stopped you/
what got in
the way?**

**Important
question?**

As you repeat this exercise for each member of the group, when a person gives a response that is repeating or agreeing with something already on the flip chart, just add a check mark (✓) alongside the response. However, note in full each person's answer to the 'one question you would like to leave the session with an answer to' - as you will come back to these at the end of the course, and everyone needs to be able to identify his or her response.

At the end of the session thank everyone for his or her contribution and explain you will use the information they have generated during the session. It's also fine to acknowledge the groups' hard work at this point. They will have worked hard in this session - and so will you! So encourage everyone to feel good about all the information you have generated together.

Update C **Reviewing Your Risk Factors**

Duration: 30 minutes

Key Messages

- For participants to review their own risk factors for developing Type 2 diabetes.
- For participants to understand that increasing physical activity can reduce their risk factors

Participant Learning Opportunities

Participants will:

- Recap on the risk factors for developing Type 2 diabetes
- Plot their most recent blood glucose result, blood pressure and cholesterol

Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Assist participants to recall messages about their risk factors for developing Type 2 diabetes
- Assist participants in the completion of the **My Health Profile**

Participant Activity

- Recall main messages about risk factors for Type 2 diabetes
- Plot own results on their **My Health Profile**

Content Framework

- Recap on risk factors for developing Type 2 diabetes
- Completion of **My Health Profile**

Resources Required

- Magnetic timeline with magnetic risk factor pieces
- A1 **My Health Profile**
- Spare copies of A4 **My Health Profile**
- Baseline and current results for blood glucose, blood pressure and cholesterol
- Laminate or image of risk activity in Walking Away for Diabetes programme (tray, bottle, glasses, phone, cat)
- Flip chart and pens

Session Plan: Example Script



For this session you will need to have the DESMOND magnetic board already set up as it would have been at the end of Session C in the Walking Away Programme.



The aim of this session is to recap the main risk messages from the initial Walking Away programme.

You and your co-Educator may need to support one another to manage time.

You were invited to the Walking Away Programme because you had been diagnosed as someone at high risk of developing Type 2 diabetes. Last time you came to the Walking Away programme, we looked at an activity to begin to think about risk, with trays, and glasses, the bottle, the phone and the cat.

Show the group the resources /laminates.

The resources include:

- A risk spectrum bar with a blue figure, labeled "No Diabetes", "At Risk", and "Diagnosed with Diabetes".
- A central box titled "Risks that you can change".
- A human silhouette with internal organ labels: PANCREAS, MUSCLE, and LIVER.
- Icons for: Toy Cat, Bottle, 4 Glasses, Toy Phone, and Tray.
- Illustrations of a doctor, a person sitting, a person at a computer, and a person with a red cape.
- Labels for LDL and MUSCLE.



The DESMOND magnetic board and Magnetic risk factors aid memory recall from previous learning.



Can you remember this activity?

If participants cannot recall this activity, talk through the activity using open questions e.g if I were walking from one room to the next with a tray of glasses, what is the risk I will drop them? What happens to the risk if as I walk by, someone adds a bottle of wine to my tray? etc



Can you remember what that story was trying to demonstrate?

Elicit that the activity was trying to demonstrate that the more risks you stack up, the greater the risk of dropping the tray



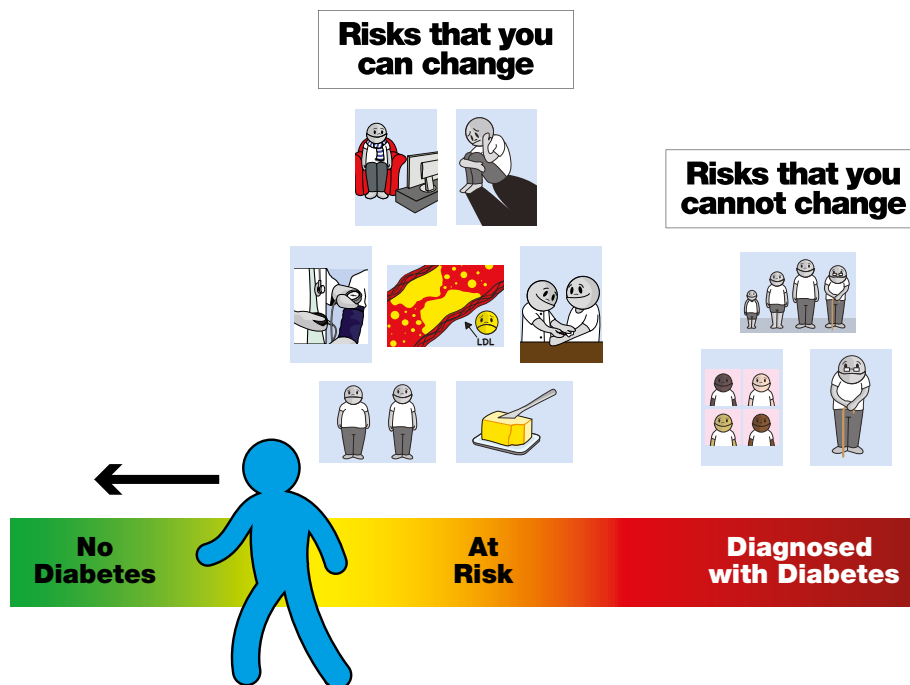
How does that story relate to the risk of developing Type 2 diabetes?



That if a lot of risk factors are present (i.e. the glasses, the tray, the bottle, and the distractions) the greater the risk of developing Type 2 diabetes i.e. dropping the tray.

We then looked at some of the risk factors for diabetes; some that we can do something about and some we can do nothing about

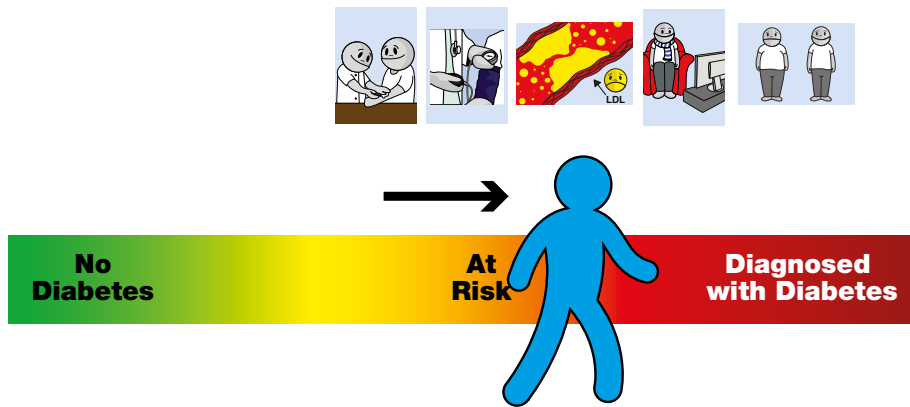
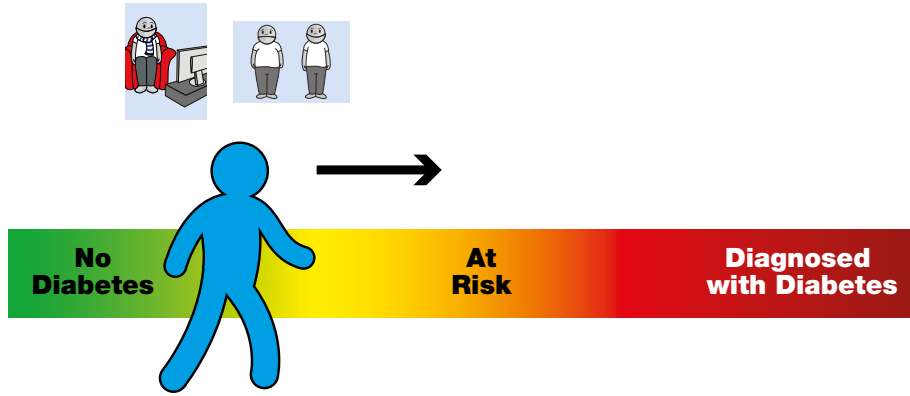
Refer to the completed. DESMOND magnetic board.



After highlighting the magnetic risk factors that are not changeable, remove these from the board. Refer to the magnetic risks that are left on the board and explain, in your own words, that these risks are changeable.



Using the magnetic timeline, demonstrate that the more risk factors you have, the further along the line you will progress.



In the next part of this session you are all going to be looking at your most recent blood glucose tests, blood pressure and blood cholesterol results. A little later on we will be looking at your most recent step counts to see how these have changed over since your last results.

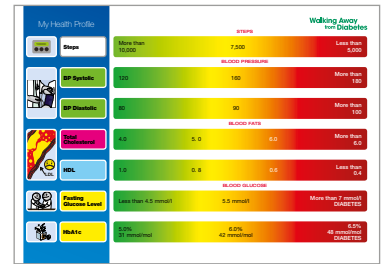
C1 Diabetes risk



Hand out an A4 copy of the My Health Profile to each participant.



All of you will have been back for your annual review and had another blood test to check your blood glucose levels. How did you get on?



Elicit thoughts and feelings.



What could have happened to your glucose levels since your last test 12 months ago?



Your glucose levels could have stayed the same, they could have improved, or they could have progressed towards diabetes.

You may need to demonstrate the targets using the A1 My Health Profile

Refer back to the flip charts generated in the participant story to some of the things that may have influenced this.

Hand out a copy of each individual's glucose results and ask them to plot their readings on their My Health Profile.



Ensure participants have the results from their first appointment and their most recent results. Educators may support participants to plot their own result if that individual is struggling. It may be helpful to plot baseline and most recent results with different coloured pens.



Who would like to share how they feel about their result?

Listen for responses and elicit how people feel about their results.



How do you feel about your most recent results?

Facilitate a discussion about the results. If necessary, refer back to participant flip charts.



What can you do to reduce diabetes risk?

Listen to responses.



The main way to reduce diabetes risk is to be more active.

C2 Blood pressure and cholesterol



Now we are going to spend some time looking at blood pressure and cholesterol.



What is the target for blood pressure?

Elicit 140/85 or lower. Highlight this target on the A1 My Health Profile.



What is the target for cholesterol?

Elicit total cholesterol of less than 4 mmol/l and HDL levels of more than 1 mmol/l

Highlight this target on the A1 My Health Profile.

Hand out a copy of each individual's most recent blood pressure and cholesterol results and ask them to plot their readings on their My Health Profile.



How do you feel about your most recent results?

Facilitate a discussion about the participants' results. If relevant refer back to Participant Story flip charts.



What is the one thing that can improve your results?

Physical Activity



So by doing more physical activity you can improve your blood glucose, blood pressure and cholesterol. In the next session we are going to focus on physical activity. Well done, you have worked really hard during this session.

Update D: Taking Control: Physical Activity

Duration: 60 minutes

Key Messages

- Increasing physical activity will impact on all of the changeable risk factors as well as having many benefits on health and wellbeing
- Successful behaviour change is increased with a clear plan

Participant Learning Opportunities

Participants will have the opportunity to:

- Explore the main physical activity messages for the prevention of Type 2 diabetes and cardiovascular disease
- Identify the challenges around physical activity
- Explore solutions to these challenges
- Recognise their own personal barriers to change and problem solve how to overcome this
- Revisit the behaviour change cycle
- Make a realistic plan for physical activity

Educator Activity

Uses Core Behaviours (and Open Questions, Reflection, Visual Resources) to:

- Assist participants to recall the main physical activity messages for the prevention of Type 2 diabetes and cardiovascular disease
- Use the jigsaw tool to facilitate a discussion to explore the challenges around physical activity and explore possible solutions
- Use the behaviour change cycle resource to help the group recall the messages about how people make changes
- Enable participants to develop a **Specific, Measurable Action** that is a **Realistic** and **Time** limited goal
- Enable participants to develop a clear action plan to enable them to achieve their goal
- Provide enough space and time to enable participants to quietly reflect on their plan and identify barriers to success
- Use open questions to elicit answers and issues for clarification
- Provide an opportunity for participants to go away with a written and completed Jigsaw action plan

Participant Activity

- Identifies the main activity messages for the prevention of Type 2 diabetes and cardiovascular disease
- Identifies personal challenges with physical activity
- Discusses potential solutions to the challenges around physical activity
- Uses Jigsaw action plan to develop an action plan for activity
- Identifies personal barriers and resources required to successfully implement their action plan
- Considers personal confidence in relation to undertaking their plan

Content Framework

- Review main physical activity messages in relation to reducing risk of developing Type 2 diabetes and cardiovascular disease
- The challenges of incorporating physical activity messages into everyday life
- People will have different solutions to the challenges
- Recap of behaviour change cycle
- How to fill in the Jigsaw action plan
- Importance of confidence

Resources Required

- **Jigsaw**
- **A4 Health Profile**
- **Jigsaw action plan**
- **Magnetic Behaviour Change Cycle**
- **A1 My Health profile**
- **A4 copy of My Health Profile**

Session Plan: Example Script



In the next 60 minutes we are going to be recapping on some of the physical activity messages that we covered when you came to the Walking Away from Diabetes programme.



We shall use The Jigsaw to prompt conversation. Discussion from you will provide the opportunity to learn from each other's experience of trying to be more active.

We will also be looking at some of the challenges that make it hard to be more active and how we can find ways to overcome them. You will then have an opportunity to make a plan.



The Jigsaw is made up of 7 areas:

- How much (activity)?
- What activity?
- Health benefits of being active
- What is stopping me?
- What can I do?
- Having a plan?
- Support station

Ensure you allow time to explore any challenges and solutions raised from the Participant's Story (flip charts 3 and 5)

For each topic there is written guidance highlighting key messages to assist learning. Your co-Educator will need to support you in managing time. This does not have to be delivered in any order and can be determined by the group. However the last session should be the Action Plan as this is an important session and needs adequate time to allow participants to make their plan.



Health Benefits of Activity



How can being active improve your health?

Elicit the following:

- Reduces insulin resistance (rusty locks)
- Helps prevent Type 2 diabetes
- Helps with weight loss
- Helps keep heart healthy
- Helps lower blood pressure
- Helps lower cholesterol
- Helps maintain strong healthy joints
- Helps relieve stress and anxiety and can improve mood



Acknowledge any extra benefits mentioned by participant.

Invite the group to think about how important being physically active is to them.



How important is it for you to be physically active?



Using a scale of 0-10, with 0 being no importance and 10 extremely important, how important is being physically active to you?

Encourage the group to share their results and discuss and reflect on why and how they are different.



This discussion will highlight how much each person values being physically active. If they value activity as being important, and give it a high score, they are likely to be motivated to make a behavioural change. Social Learning Theory describes how individuals learn by observing each other and are likely to imitate behaviour that is modelled by someone that they would regard as similar to themselves. By sharing their numbers with each other, they may feel more motivated and in turn they may re-evaluate the importance of being active.



How much activity?



How much activity is recommended for someone at risk of developing Type 2 diabetes?



A minimum of 30 minutes every day or 3000 more steps from where they started last year.



Do you think the 30 minutes has to be done all at once?

Listen to and acknowledge responses. If no answers are forthcoming, move on and give the correct answer.



The 30 minutes can be broken down into smaller chunks and accumulated throughout the day.



What is the smallest amount of time you need to undertake activity for, in order for it to help you?

Listen to and acknowledge responses. If no answers are forthcoming move on and give the correct answer.



The smallest amount of time is 10 minutes, e.g. 3 x 10 minutes at different times of the day

Invite participants to look at their My Health Profile and support participants to work out how to meet the 3000 step recommendation.





What do the colours mean in relation to steps?



- Those individuals who are in the red section, (walking 5000 steps or less) are at high risk of developing diabetes and heart problems
- Those individuals who are in the yellow section, (walking 7,500 or less) are at moderate risk of developing diabetes and heart problems
- Those individuals in the green section, (walking 10,000 steps or more) are at the lowest risk of developing Type 2 diabetes and heart problems
- If you are starting in the red section, you should be aiming to get into the yellow section
- If you are in the yellow section you should be aiming to get into the green section
- Anyone already doing more than 10,000 steps per day, is already reaching the minimum goal of 30 minutes



How have you been getting on with being more active?

Invite each person to tell their story. If answers are not forthcoming, you may like to refer back to flip charts 2 and 4.

Hand out most recent step counts and invite participants to plot them on their My Health Profile.



What activity?

Ask participants if they can remember doing the physical activity continuum game. You may like to use the following prompt questions to generate conversation



What were the main messages from this activity?



What sorts of activity count as moderate activity?



How can you tell if you are doing a moderate activity? How should you feel?



How can you change some of the lower intensity activities to become more moderate intensity activities?



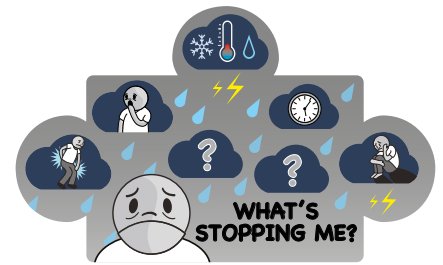
How could you make up 30 min of activity in the day with some of these activities?

Invite participants to share experience about the sorts of activities that they do. You may like to refer to any information generated in the Participant story.



What's stopping me?

Keeping up with activity can be difficult. There may be times when it is more difficult or there may be things that stop you continuing with activity. We call these barriers.



What sort of things stop you being active?

If there have been barriers identified on **flip chart 5** 'what's stopping you', refer to these.



Take a look at the pictures on the clouds, what do you think these images are depicting?



What do you think the question mark cloud depicts?

Listen to responses

Explain that these images depict barriers that individuals have, that are not on The Jigsaw pieces.



Often participants highlight new or worsening physical conditions such as heart problems or joint pain as a barrier to being active. It may be useful to use one of the following strategies:

Invite participants to:

- Consider what would happen to their condition if they stopped being active
- Consider that the current treatment after a heart attack is to be referred on to an activity rehabilitation programme. Why might this be?

Facilitate a discussion around the importance of physical activity in rehabilitation.



What can I do?



How might you overcome these challenges or barriers?

Take each personal or challenge cloud at a time and invite participants to share and discuss strategies to overcome the barrier.

You might want to refer to flip chart 3 'What Helped' for strategies already used by the participants.

Using open discovery questions, elicit how using a pedometer, an activity log book or writing a plan may help someone to be more active.

Invite participants to look at their My 'Being Active' Physical Activity Diary.



How can recording your steps or activity help you keep going with your plan?

Elicit answers:



- Let's me see how I am doing
- It helps me keep on track
- It allows me to see good days and bad days
- Helps me identify barriers and plan solutions



Support Station

Invite participants to look at the picture of the support station.



What support might you need to get you going or keep you going with activity?

You may want to refer back to Flip Chart 3 - 'What Helped'.

Using open questions, explore how support may help participants to start or continue with changes to their activity levels.





Having a plan

You may like to use the following prompt questions to generate conversation



How can having a plan help you to be more active?



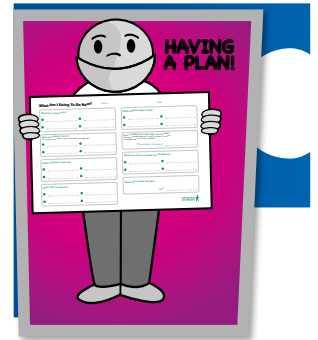
What would you want to put in your plan?



How can thinking about barriers be useful?



How does your confidence influence whether you are likely to achieve the goal you have set in your plan?

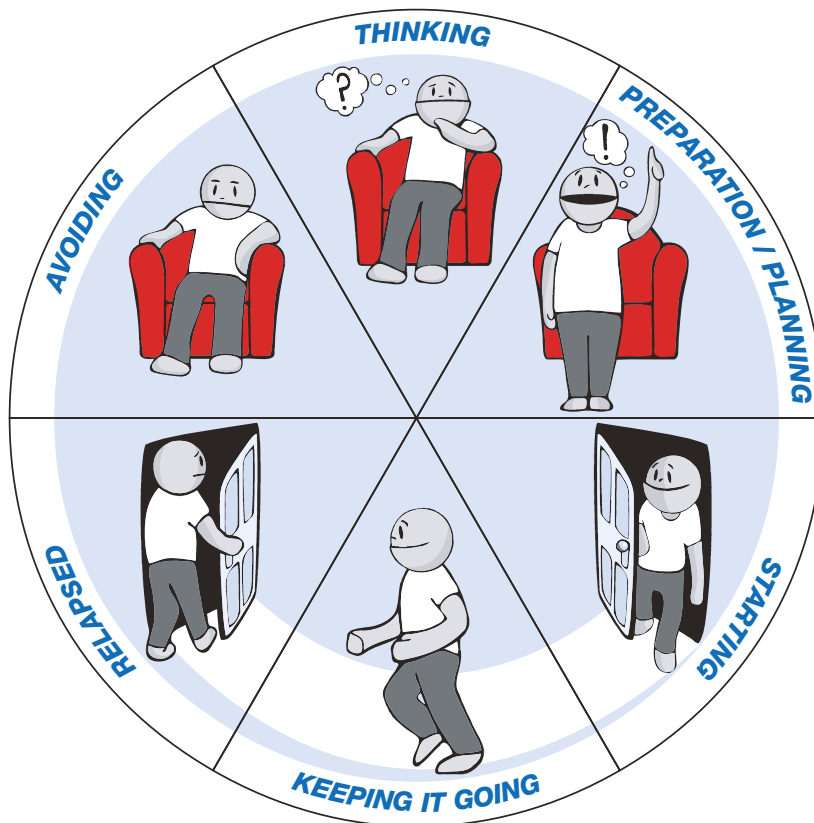


Hand out a copy of the Jigsaw action plan and invite them to look at the action plan on the back.



This is an appropriate time to re-visit the behaviour change cycle to discuss how people make changes in their lives.

Use the magnetic resources for the behaviour change cycle:



Throughout this session we have been talking about the benefits of being physically active and how this can reduce your risk of developing diabetes, and heart disease. Before you go on to complete an action plan, we are going to recap on how people go about making changes in their life.



Do you recall us discussing the behaviour change cycle in your previous education session?



Throughout this session you will build up the behaviour change cycle using the magnetic segments as indicated in the following text.

Avoiding

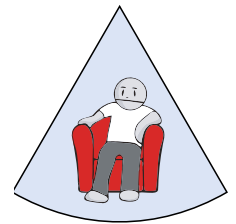


What does this picture mean to you?

Listen and acknowledge all responses



Here people are 'not thinking about change' (*place the appropriate magnetic piece on the magnetic board*). The person doesn't think they have a problem and cannot see that there would be any point to changing. They may not have the information they need or they just want to push it to the back of their mind. Sometimes they might even get annoyed when somebody mentions changing their behaviour, such as stopping smoking or increasing activity. You might have felt this way about some things before this course. You might still feel like this about some of the changes you could make.



AVOIDING

Thinking

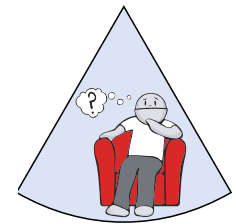


What does this picture mean to you?

Listen and acknowledge all responses



Next, people start to think that actually they could do with making a change (*place the appropriate magnetic piece on the magnetic board*). They are worried what they would miss or what would be difficult. At this stage people sometimes write a **pros and cons** list to help them make up their mind. **The danger is getting stuck here and always saying "I really should do X or Y" but never getting round to it.**



THINKING

There will always be things that get in the way of being more active. These things are called barriers, which we have talked about earlier.



Why do you think it can be useful to think about barriers to being more active?



Because then you can put plans in place to help you to achieve your goal.

Preparation/Planning

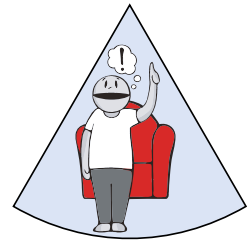


What does this picture mean to you?

Listen and acknowledge all responses.



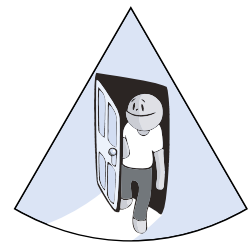
Once the person has decided that they really would benefit from change they 'have decided' (*place the appropriate magnetic piece on the magnetic board*) then they may choose to make an action plan to record what they are going to do and think about when they will start.



PLANNING

Then the person goes into action/starts.

Place the appropriate magnetic piece on the magnetic board

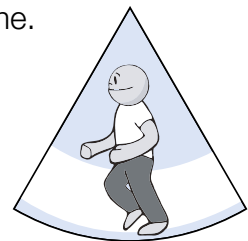


Keeping it going



Once started the person may keep this change going for some time.

Place the appropriate magnetic piece on the magnetic board.



KEEPING IT GOING



What do you think they might find?

Some examples of what participants may say:



- Harder than planned
- Easier than I thought it would be
- I feel good

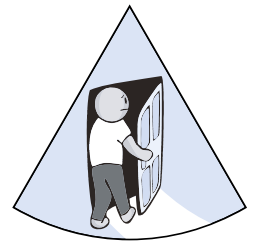
Relapse



When you have made a lifestyle change for a while, what sometimes happens?



It is harder than planned and sometimes people revert back to old ways or stop being active. This is called a relapse.



RELAPSE

Place the appropriate magnetic piece on the magnetic board:



What might influence whether a person relapses or not?

Elicit reasons that someone might relapse.



How often do you think people relapse when they make a change?



It can be between 3-7 times with the average being 4 times. This was based on a research study in America looking at people trying



What are the benefits of relapse?



Succeeding for a limited time may help you feel confident next time so you can make a change. You can learn from the experience and re-evaluate the plan.



How could you get going again?

Listen and acknowledge all responses.



What stage of change do you think you might be in?

Listen and acknowledge all responses.



Philosophy Alert

This session outlines three of the many professional responsibilities arising from the four DESMOND beliefs about people at risk of Type 2 diabetes:

- Ensuring people at risk of Type 2 diabetes are given the opportunity to reflect on the possible barriers to their self management
- Ensuring individuals are supported in developing their own action plan
- Ensuring individuals are supported in developing general self management skills such as goal setting, action planning and problem solving

*This session requires the Educator to use their skills at a time when everyone may be tired so **energy is required!** Alongside this, it is the session that expects (to some level) everyone to be active in considering their next steps, which may be hard for some. As an Educator, you may have to draw on your skills of supporting participants to complete a plan of benefit to them.*

It may be that their plan is a behaviour change or to discuss with their GP something that is worrying them. Whatever the plan is your role is to help participants to develop their goal setting and problem solving skills.



Self efficacy is the key theory

This session can be the hardest to deliver for a number of reasons: firstly it is at the end of the programme and you/the participants may be tired. Secondly and more importantly, most of us are reluctant to commit to making changes and also tend to shy away from thinking hard about what we need to do.

To assist participants with their best chance at a successful behaviour change success, your role as a facilitator now comes into its own as you gently, but actively, support participants to reflect on their own learning about their risk factors. You can then support individuals to consider what their next steps could be, and then help them explore what may help/hinder them from doing this.

The following questions may arise:

- “What if there are no obvious changes to be made...according to the health profile?”

It may be that some participants are already making changes and have ‘well controlled’ risk factors, in which case this session can be used to help them reflect on the barriers/challenges they face in keeping up the ‘good’ work.

- “I have made so many changes so what would I include in my action plan?”

Perhaps the action plan could be developed for ‘How will I keep going?’ or ‘What will be the hardest thing to maintain and what can I do to keep going?’

So perhaps the action plan can focus on maintenance and preventing relapse - introduce the behaviour change cycle.

- People seem reluctant to complete all the boxes.

Working through the session plan is useful to all participants. Occasionally a participant may be reluctant to complete a written plan. This may be for many reasons; for example depression, literacy problems or they are not comfortable to commit themselves straight away. Support from the Educator or accompanying person may help but some may prefer to consider this in the comfort of their own home, or when they have more time, or when they are on their own! But the most important aspect at this stage is perhaps that participants have completed the first ‘box’ of the What Am I Going To Do? sheet. Observing the Educator working through the development of an action plan will model the process for future use.

Hand out a copy of the Jigsaw action plan and invite them to look at the action plan on the reverse.



Making a plan



We are now going to revisit making a plan.



Go through each step of making an action plan and allow time for those wishing to write a plan to fill in each section. Use a participant's example if they are willing to share, otherwise use your own example.

Step 1. What am I going to do?	Step 2. How am I going to do this?	Step 3. What is going to stop me?
Step 7. When am I going to review my plan?		
.....		
Use a 0 – 10 scale, where 0 is "there is no way I will make these changes" and 10 is "I am 100% certain I will make these changes".		
Step 6. How confident do I feel?	Step 5. What support might I need?	Step 4. What will I do about it?



Step 1 - What am I going to do?



Think about and write down all activities you could do to increase your activity levels.

Allow time for participants to record their own activities in the relevant section (in line with the text on jigsaw) if they wish to.



Step 2 - How am I going to do this?

Through group discussion, demonstrate a very specific measurable and realistic goal.

Allow time for participants to do this and record in the relevant section if they wish to.



Step 3 & 4 - What is going to stop me? What will I do about it?

Invite people to consider their personal barriers and what they think they can do to overcome them. Refer to earlier discussion about barriers to being active.

Allow time for participants to think about this and record on their action plan if they wish to.



Step 5 - What support might I need?

Invite participants to consider what support they might need. If necessary refer back to the 'What helps?' flip chart from the participant story.



Step 6 - How confident do I feel?



I would like you to think about your plan, and decide how confident you are to do it. To do this, use a 0 -10 scale, where 0 is "there is no way I will make these changes", and 10 "I am 100% certain that I will make these changes". Write this in the confidence box in your plan.

Pause for a moment to give everyone a chance to do this if they want to.



Is anyone happy to share their score?

Pause for responses.



If your score is less than 7, what might this tell you about your confidence to carry out your plan?



A score of less than 7 can indicate you may not be confident enough to be successful with your plan.



Think about your score and what you could do to increase your confidence. For example if you are a 6 what would you need to do to become a 7 or 8?

Pause for a moment to give everyone a chance to re-evaluate their confidence.



Encourage the group to complete the confidence score, as this will help them tell whether they have picked the right thing to start with. If anyone is having serious problems increasing their confidence by amending their action plan, suggest that you catch them at the end of the session to discuss it in more detail.

It is common for people to set themselves unrealistic goals, especially if depression is present. Helping participants reflect carefully, using open 'curious' questions (What will it help you achieve? What would help you be more confident?), will assist that person to be clearer about what is preventing them being realistic.



Step 7 - When am I going to review my plan?



Now you have almost completed your plan there is just one more step, adding in a date when you will review your plan.



How might having a review date for your plan be useful?

Invite participants to add in a review date for their plan. Facilitate a discussion about setting an appropriate review date.



Who could you share this plan with?

Listen to responses.



What are the benefits of sharing this plan?

Listen to responses.



We have covered a lot in this section. Well done you have worked hard.



How will you reward success?



Listen to responses.

Update E: Important Questions and Future Care

Duration: 10 minutes

Key Messages

- That some questions can be answered and others have to be found elsewhere

Participant Learning Opportunities

Participants will:

- Know the answers (or know how to get the answers) to the questions they had at the start of the programme
- Know how to access ongoing care and support

Educator Activity

- Reviews list of important questions identified by participants
- Ensures that either an answer is provided to all questions, or that a means to provide the answer is established
- Outlines future care pathway
- Reminds participants of the provision of a 1:1 discussion if required

Participant Activity

- Confirms whether an important question has been answered to their satisfaction
- Initiates 1:1 consultations if required
- Considers their next steps for care

Content Framework

- Review of important questions
- Outstanding questions and plan for getting them answered if not possible in the group
- Ongoing care and support
- Closing and thanks

Resources Required

- Flip chart containing important questions from the day

Session Plan: Example Script



At the beginning of today, you had an opportunity to ask an important question and other questions have been recorded throughout the session(s). To ensure that you have the answers to these questions, let's look at the flip chart where your questions have been recorded.

Take a moment to identify your question. If you feel it has been answered, please come up and take one of these marker pens and put a line through it. If it has not been answered, please leave it unmarked.

Once everyone has marked off their question, go through any remaining questions, and generate discussion to either answer the question or to enable the participant, with the aid of the group, to find a means to answer the question.

This will be dependant on the time available. Helping participants to explain how they can find answers to their questions outside of the group is a useful skill they can use when new questions arise for them in the future.

Summarise the next steps of their care

Thank participants for their contribution throughout the session and let them know that if anyone wishes to discuss any issues on a one to one basis with you, this is possible.

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www.desmond-project.org.uk



Walking Away from Diabetes

DESMOND
Walking Away from
Diabetes Update

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11/2014



propels

The PRomotion Of Physical activity through structured
Education with differing Levels of ongoing Support
for those with prediabetes (PROPELS): randomised
controlled trial in a diverse multi-ethnic community