

Acceptance and Commitment Therapy for Diabetes Self-Management

Therapist Manual

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Overview of Treatment

Background

Many diabetics are given information about how to manage their diabetes, and are sent off to take care of their diabetes on their own. This strategy disregards the large number of research studies demonstrating that simply providing individuals with diabetes with education is a necessary, but not sufficient, component of their ability to manage their diabetes successfully. Obviously not every diabetic needs more than education in order to successfully manage their diabetes, but this manual is designed for the vast majority of individuals with diabetes, who do.

This manual has two purposes. The first is to lay out a treatment approach that integrates education and acceptance of thoughts, feelings, and bodily states to make a distinction between areas of living that are within an individual with diabetes' ability to control and those that are not. The second purpose of this manual is to describe how to deliver this treatment in multiple different modalities, in order to fit the treatment to the needs and requirements of a given health care clinic or system. This treatment

Many individuals with diabetes wish that they did not have diabetes. Often they have first- or second-degree relatives who have had complications or died from diabetes-related illnesses. For these people, and many others, the diagnosis of diabetes can be overwhelming. In addition, individuals who are diagnosed with diabetes have many things they need to do, keep track of, and worry about that they never had to address previously. Some examples of lifestyle changes required by diabetes are:

- 1) Carefully watch one's diet in order to eat meals low in calories, sugar, carbohydrates, fat, sodium, cholesterol, and low in protein if kidney disease has developed
- 2) Daily monitor blood glucose levels in order to determine effects of food, exercise, and other daily activities.
- 3) Exercise regularly in order to continuously stimulate the body's ability to produce and utilize insulin.

These changes can be difficult to make, particularly for individuals with type 2 diabetes, who often developed diabetes due to obesity, eating too much sugar, and being relatively sedentary.

Making the lifestyle changes required for good adherence to medical recommendations in diabetes is difficult to do. It is difficult for individuals without diabetes to eat low-calorie, low-fat, and low-carbohydrate meals and exercise consistently. Another dimension of difficulty is added for many patients when not engaging in these behaviors has dire health consequences that can include death. Many diabetes patients report that they would rather think about anything else than think about having diabetes, what that means about them in terms of their health, their weight, and the changes that are required for them to live a long, healthful life.

The avoidance of thoughts or feelings related to diabetes makes sense within a larger context of avoidance present in the culture, and particularly in the way individuals in this culture cope with difficult problems. Obesity is an epidemic in our culture, largely because when life feels overwhelming or uncertain, it is not at all uncommon for people to turn to food to cope with these difficulties. In addition, the food which people often use to cope with difficult life events is what is commonly called, “comfort food.” This is typically food that is high in carbohydrates, fat, and sugar – all three of which should be limited in a strict diabetic diet.

Given the emotional reaction many individuals with diabetes experience when finding out they have diabetes, the difficulty of strict adherence to the medical recommendations, and the propensity of individuals in our culture to cope with difficult thoughts, feelings, and bodily sensations through the use of food, it is not surprising that as many as 93% of diabetes are not adherent to medical recommendations. In addition to these factors, in order to remain adherent, individuals with diabetes must remain vigilant about their diabetes all day every day in order to stay in good glycemic control. This vigilance encompasses watching which foods they eat in which combinations, often counting carbohydrates, fat, and sodium consumed throughout the day, and pricking oneself with a lancet sometimes multiple times each day in order to test current blood glucose levels.

The combination of these factors creates a specific situation in the lives of individuals with diabetes: In order to avoid, deny, numb or dissociate oneself from the worries and fears about having diabetes, it is increasingly difficult to adhere to the medical regimen due to the number of reminders about one’s diabetes therein. Said another way, if an individual with diabetes wants to try to “forget” that they have diabetes, that individual may be less likely to eat a “diabetic meal,” exercise consistently, and, importantly, test his or her blood glucose throughout the day to determine whether pharmacological treatment should be altered. This is the situation many individuals with diabetes find themselves in.

Components of the Treatment

Across problems in living, ACT is a treatment that is difficult to deliver with integrity. The application of ACT to diabetes is no different, and contains specific challenges as well. The goal of the treatment is to compassionately assist patients in dealing with any thoughts, feelings, worries, anxieties, or fears they may have related to their disease and its maintenance in order to help them live their life in a valued direction related to their diabetes.

A key first step in this holistic approach to diabetes self-management is to provide adequate information about how to care for one’s diabetes in order to address the specific motivational and acceptance pieces laid out in the treatment. Thus, the first half of the treatment provides specific information regarding the management of diabetes and the second half of the treatment

addresses motivational and acceptance issues related to engaging in self-management behaviors.

The treatment is divided into 5 main modules:

- Module I: Education and Information
- Module II: Food, Diabetes, and Your Health
- Module III: Exercise and Diabetes
- Module IV: Coping and Stress Management
- Module V: Acceptance and Action

These modules correspond to the organization of the patient handbook, in order for patients to have a way to reference the material after treatment. This is an important component of the treatment, given the large amount of factual information disseminated in the treatment.

In the first three modules, patients are given broad information about diabetes and its complications, and are given specific information about the effects of high and low glucose on one's body. In the second module, this information is tied specifically to the intake of food and information is provided about how to eat in order to prevent surges and dips in blood glucose. In the third module, information is provided about the impact of exercise on blood glucose, and setting up an exercise routine.

Once the broad and specific information on diabetes is given, the second half of the treatment addresses more psychological and motivational barriers to effective self-management. The fourth module addresses avoidance coping as it relates to diabetes, and particularly addresses avoidance of negatively-evaluated thoughts and feelings in diabetes, and how they may interfere with effective self-management. The fifth module integrates the didactic and acceptance elements of the treatment and focuses patients on moving in the direction of their values.

In addition to being specifically addressed in the fifth module, values are targeted throughout the treatment and are a major component of the intervention. Specifically, directing patients toward values-directed behavior change in diabetes self-management is the overall task of the treatment, with diabetes-related information and information about accepting negatively-evaluated thoughts and feelings

Group Structure

Groups are designed to be implemented into a variety of settings, and are particularly designed for use with primary care patients, who may not be seeking a psychological intervention. In order to do this, groups are promoted as “classes” and are broken down into modules that can be implemented as a weekly class or delivered back-to-back as a full-day class. The latter mode of delivery is becoming increasingly common within managed care organizations in the U.S.

The issue of where to deliver the treatment depends largely on the resources and needs of the organization. Classroom settings, or large rooms in which patients can form a circle so that everybody is visible are optimal but may not be available in some settings. It is recommended that the treatment be delivered within the primary care setting if the patients are primary care patients, in order to increase the continuity of care and decrease the distinction between this treatment and medical components of diabetes care.

Group Leader Characteristics

Delivering this treatment requires of knowledge in two separate areas for clinicians. First, it requires a good working knowledge of Acceptance and Commitment Therapy, and the principles and mechanisms espoused by ACT. This is important because a main focus of the treatment is helping individuals untangle their thoughts and feelings about having diabetes from their behavior relating to the management of their diabetes. This is a difficult task to do with integrity, and traditional methods of training in ACT, such as workshop attendance and ongoing support/supervision from another ACT therapist is crucial to maintaining a sense of how to remain consistent in this “untangling”.

In addition to information and experience with ACT, it is also necessary for clinicians delivering this treatment to have a degree of knowledge about diabetes and its processes, complications, and treatments. While a medical degree is not necessary to deliver this intervention, many questions regarding medical management tend to come up over the course of treatment, and an easy-to-understand language and way of answering these questions lend credibility with patients who, again, may not be seeking a psychological intervention.

Along with knowledge about ACT and diabetes, clinicians who deliver this treatment also should maintain a value of being empathic and warm with a sometimes challenging population. The experience of having a potentially fatal disease that requires a great deal of management every day of the sort that none of us like to do is one that should not be underestimated. In addition, many individuals with diabetes, particularly obese patients, may have received poor care from medical staff who may believe that they are “at fault” for their health problems. Assisting individuals with diabetes to cope with all of the feelings connected to this experience and move forward in their life is the purpose of this treatment.

This Manual

This manual is laid out to provide both content and process information of the delivery of this treatment. The text provided in regular font is the same text provided in the patient workbook and gives a sense of the content to be covered. Information provided in shaded boxes in italics provides specific

information for the group leader, and will be accompanied by the symbol to the left. This will allow group leaders to know which content is included in the patient manual. This does not, mean, however, that group leaders should bring this manual into group, particularly in the final two modules where having a manual to focus on may prevent the group leader from attending to process.



Introduction

Before any of the modules are started, it is important to lay out some of the key introductory and safety information. This includes a general introduction of all the members of the group, including the facilitator and any trainees present. When doing introductions, we typically ask patients to state the following information:



1. *Name*
2. *Where they are from*
3. *How long they have known they have diabetes*
4. *What is most important to them*

This exercise serves multiple purposes. First, it provides every patient the chance to reveal a little about themselves in order to activate them to do more over the course of the group. Second, it gives individuals the chance to see similarities between themselves and other group members. Third, and perhaps most importantly, it sets the tone for the focus of the treatment – an emphasis on what the individual personally values and how that fits with their diabetes care. Typically patients report that what is important to them is family or other close relationships in their life, and this information is used as a focus throughout the group.

In addition to introductions, another important feature of the Introduction is to provide information about what patients should do in a medical emergency. Most patients know that they should call “911” if they are experiencing an acute emergency, but they may not know what they should do if they need non-emergency medical attention right away. It is a good idea to cover these issues at the beginning of the treatment.

WHAT TO DO IN AN EMERGENCY

1. Call Your Doctor

- If your emergency occurs during regular business hours or doesn't need immediate attention, call your doctor first and have your doctor tell you what to do next.

2. Call 911

- If your emergency is immediate happens after hours (after your doctor's office has closed), or if you are unable to talk to your doctor, dial 911 immediately.

Activity # 1

Assess Your Own Diabetes Care

On page 3 in the patient manual, there is an exercise entitled, “Assess your own Diabetes Care”. This exercise is a good place to start the treatment because it provides patients with a clear sense of what their own diabetes care is. Patients should be encouraged to discuss their current level of care, things they would like to do less or more of, and the barriers to doing that with other group members.



Activity # 1

Assess Your Own Diabetes Care

1. Rate your current level of taking care of your diabetes, if “0” was the worst possible care and “100” was the best possible care

2. What do you think you would have to do more of to better take care of your diabetes?

3. What do you think you would have to do less of to better take care of your diabetes?

4. What stops you from being able to take care of your diabetes as well as you should?

MODULE I
EDUCATION AND INFORMATION

- I. What is diabetes?
- II. What does insulin have to do with Diabetes?
- III. How did I get Diabetes?
- IV. What are type 1 and type 2 diabetes? How do I know which type I have?
- V. How do I check my blood sugar levels?
- VI. What are the right blood sugar levels?
- VII. Do I need to take insulin?
- VIII. Is there a cure for diabetes?
- IX. Taking Control of Your Diabetes
- X. Medical Identification Tag

One of the most important things you can get from this workshop is some basic information about diabetes! This section will provide you with some basic education and information.

I. What is diabetes?

Diabetes means that your body has problems with keeping the right levels of blood sugar (called *glucose*). Your blood always has some glucose in it because the body needs this glucose for energy to keep you going, but too much glucose in your blood is not good for your health. Diabetes keeps your body from turning the food you eat into energy, making it so that there is too much glucose just sitting around. Maintaining the right levels of blood glucose is very, very important for your body.

Diabetes

When describing the mechanisms of insulin to patients, it is a good idea to use examples to elucidate the key features and particularly how the patients' own self-management plays a major role. For example:

I like to think of insulin as a key that opens a lock on the outside of your cells. The food that you eat provides your body and each individual cell, energy to continue function. When your insulin is not working, as in the case of folks with diabetes, the cells are not "unlocked" properly.

This leads to two problems: 1) the cells do not receive the energy they need, which can lead to fatigue, and 2) the energy, in the form of blood sugar, does not get released into the cells and thus remains in the bloodstream. This creates a higher concentration of glucose in the blood.



II. What does insulin have to do with Diabetes?

Without glucose and insulin, your body will stop running.

III. How did I get Diabetes?

Diabetes develops when there is a problem with your body's insulin. (An organ called the pancreas produces Insulin). Problems with your insulin can be:

- Your pancreas does not make any insulin. (This happens with type 1 diabetes)
- Your pancreas does not make enough insulin. (This happens with type 2 diabetes)
- The insulin your pancreas makes is unable to let glucose enter your cells. (This happens with type 2 diabetes)

IV. What are type 1 and type 2 diabetes? How do I know which type I have?

Your doctor should have told you what type of diabetes you have. Taking shots of insulin once or twice a day can be part of the treatment of both type 1 and type 2 diabetes.

- With type 1 diabetes your pancreas stops making insulin. Type 1 diabetes sometimes starts before you turn 20.
- With type 2 diabetes, your pancreas either does not make enough insulin or it makes the wrong kind of insulin. Type 2 diabetes often starts later in life.

For this class and in using this Workbook, you need to know what type of diabetes you have been diagnosed with because there are certain things people with each type needs to do in order to better manage their diabetes.

VII. Do I need to take insulin?

There are two types of medication for diabetes: Pills and insulin injections. If your doctor has prescribed pills for you to take, then you are not taking insulin directly. These pills help your pancreas make more insulin.

If your pancreas is unable to make enough insulin, your doctor may prescribe that you take insulin injections. Type I diabetics are required to take insulin injections. Type II may also be required to take insulin injections.

If you are taking insulin injections, your doctor or nurse should have taught you how to give yourself the injections. If are not sure how to do this, or

you do not know how to do give yourself an insulin injection, please tell your doctor right away.

Insulin

It is important to have a sense of who in the group is taking insulin, as there are special issues with this population. Specifically, it is important to talk with these members about the importance of testing blood glucose before injecting insulin, in order to prevent seriously low glucose levels. In addition, it is important to talk with these individuals about whether they have goals to stop taking insulin (if type 2) and whether they have discussed this option with their doctor.



Information on Insulin Injection

Over the years, a number of different types and brands of insulin have been developed to meet different needs. Most of those in use today are synthetic human insulins produced by recombinant technology. Human insulins generally have a more rapid onset and shorter duration of activity than pork-derived insulins.

Because people don't respond to individual types of insulin the same way, you will need to work with your doctor to find the right insulin or combination that works best for you. Your insulin choice should dovetail with your eating and exercise patterns, so it's important for you to plan your insulin intake with your doctor or diabetes educator.

Types of Insulin

- **Very fast acting-** The fastest acting insulins are called lispro (Humalog) and insulin aspart (Novolog). They should be injected under the skin within 15 minutes before you eat. You have to remember to eat within 15 minutes after you take a shot. These insulins start working in five to 15 minutes and lower your blood sugar most in 45 to 90 minutes. They finish working in three to four hours. With regular insulin you have to wait 30 to 45 minutes before eating. Many people like using lispro because it's easier to coordinate eating with this type of insulin.
- **Fast acting-** The fast acting insulin is called regular insulin. It lowers blood sugar most in two to five hours and finishes its work in five to eight hours.
- **Intermediated acting-** NPH (N) or Lente (L) insulin starts working in one to three hours, lowers your blood sugar most in six to 12 hours in five to eight hours.
- **Long acting-** Ultralente insulin prolongs the entry of insulin into the blood for four to six hours and remains active for 28 hours.

- **Ultra-long-acting-** A new type of insulin, glargine, is injected once a day. Its activity begins in just over an hour and is sustained at a relatively constant rate for 24 hours, without any peaks.
- **Insulin mixtures-** There may be advantages of using insulin mixtures and these should be discussed with your doctor. These are used primarily by people with type 2 diabetes.

Type	Brand Name	Onset	Peak	Duration	Comments
Very fast fastest acting available	Humalog	5-15	45-90	3-4	Human: The
	Novolg	minutes	minutes	hours	acting insulin
Fast injected acting to	Humulin R	30 minutes	2-5 hours	5-8 hours	Human often
	Novolin R	-1 hour			before meals
	Velosulin				compensate
	for the Human from food				sugar intake
	Iletin II Regular	30 minutes -2 hours	3-4 hours	4-6 hours	Pork-based
Inter- mediate acting	Humulin L	1-3 hours	6-12 hours	20-14	Human
	Humalin N Novolin L Novolin N			hours	
Long Usually used in acting w/ a faster to provide at	Iletin II L Iletin II N	4-6 hours	8-14 hours	16-20 hours	Pork-based
	Humulin U	4-6 hours	18-28 hours	28 hours	Human: combination acting insulin proper control mealtimes
Ultra- Injected once long	Lantus	1.1hours	No peak	Constant concentration	Human: daily at

Choices

Choice is an important component of this treatment, and plenty of time should be spent on it at this point. First of all, it is important to make a distinction between choices and decisions, as defined in ACT. A good way to elucidate this is with the following exercise:



For this class, we are going to make distinction between choices and decisions which may help how you think about taking care of your diabetes. For our purposes, decisions are made for reasons, and choices are made with or without reasons, but not for or because of them. So for example, you may decide to go to a movie because you like the actors, want to get out of the heat, etc, but you could choose to go to the movies whether or not you like the actors and whether or not you want to escape the heat; really for “no reason” at all.

Okay, so understand? Great. Can I get a volunteer? Okay, now all I want you to do is play a little game with me. Say I have a can of Coke in this hand and a can of diet Coke in the other (the use of diet and sugary Coke for this example helps address some of the difficulties inherent in these choices for diabetes, where food rules may be particularly salient), and your job is to choose one or the other. (Patient selects one or the other). Great, now why did you choose that? (Patient replies, typically with a reason). Oops, I said “choose” one or the other. Try again, do you choose diet Coke or Coke? (This continues on until patient does not provide a reason or replies that they chose for no reason. This is then directly discussed in terms of diet and regular soda, and how patients may “decide” between one or the other for many reasons, but that the goal here is to choose with or without reasons and move in the direction of their values).

*Another important aspect of choice is the distinction that is made throughout this treatment between choosing what you do versus choosing what you feel. Many of these patients may provide detailed reasons why they cannot take care of their diabetes, and the emphasis is consistently placed back on what they can **do** to improve their health.*

YOU HAVE A CHOICE!

You are in charge of your health, and you get to choose what actions you take to take care of your diabetes.

We aren't telling you the bad things that can happen to scare you into doing something you don't want to do. We know that won't work.

We also know a few other things: We know we can't follow you around and make you do things you don't want to do.

That's why we want you to **choose** the health you want to have. By coming to this Workshop and using this Workbook, you are choosing a life with better health, instead of ignoring your diabetes and having potential complications.

KNOW YOUR BODY

When you have diabetes you have to keep your blood glucose level in balance. Your doctor will tell you what these levels are and how you should test to check your levels.

Each person with diabetes will have different symptoms when their blood levels are out of balance. One of the hardest things about having diabetes can be when a person doesn't know what is happening to his or her body. There may be things happening to your body even though you don't know it. This condition is called being asymptomatic. You don't know what to wait until you show signs of problem to take charge and make changes.

It is important to know how your blood level balance affects you. Here is some important information that will tell you what different levels of glucose feels like for many people, and what you should do if those levels are too high or too low.

You must check your blood sugar before attempting to decrease or increase your levels because some symptoms of blood sugar problems can be similar. That is, problems with very high or very low blood sugar levels can look the same, but the treatment of these would be very different. DON'T assume that you have very high or very low levels – DO check before you adjust!

V. How do I check my blood sugar level?

After you have pricked your finger, squeeze a small drop of blood onto the test strip. This test strip is inserted into a blood sugar meter, or you can compare the color of the strip to a color chart to figure out your blood sugar level.

Remember that not all blood sugar measuring devices are the same. Make sure that you read the instruction carefully before you prick your finger. If you are having difficulties setting the device ask your family, friends, or doctor to assist you with the device.

Blood Testing

Testing blood sugar is an important aspect of good diabetes care. It is important to create a space where patients feel comfortable admitting whether or not they test their blood, because often patients do not test because of fear of the pain of testing. This is a wonderful opportunity for in-vivo exposure. Depending on how the class is structured, it may be helpful to have folks bring their testing kit to class and provide a demonstration. Another thing that is helpful for you, the class leader, to also have a kit and test with the patients if you ask them to do it in class. This not only gives the opportunity to show continuum on which blood glucose problems are situated, but it is often seen by the patients as very supportive.



Remember these tips on blood sugar testing:

- Get instruction on how to test your blood sugar levels from your physician
- Wash your hands and dry them well before doing the test.
- Pay attention to expiration dates for test strips.
- Use a big enough drop of blood.
- Be sure your meter is set right.
- Keep your meter clean.
- Check the batteries of your meter.
- Follow the instructions for the test carefully.
- Write down the results and show them to your doctor.
- Use a spring-loaded device that pricks your finger when you press it against your skin. This makes it much easier!
- Some fingers tend to be easier than others. Find the ones easiest for you
- Running warm water on your finger can help you easily access to flowing blood.

VI. What are the right blood sugar levels?

- Talk with your doctor about what range of blood sugar levels is best for you.
- A good goal is:
 - 90-120 before meals
 - 115 to 140 after meals
- Not everyone with diabetes can get their blood sugar levels this low

Be sure to talk with your doctor about what to do if your blood sugar level isn't within the range that's best for you.

What is Hemoglobin A1c?

Hemoglobin A1c measures the average blood sugar levels over 2-3 months of 90-day period. High levels of Hb A1c increase the chances of a individuals to be at risk for kidney disease, blindness, and or amputations. Research as shown that well monitored diabetes shows a lower incidence of complications in diabetics. It is important to have your blood drawn every three to four months to have your Hb A1c evaluated. The red bloods live about 120 days and this blood examination measures the percentage of red blood cells that are coated with glucose over 3 –4 months of the cells life.

If you change your diet and exercise, you would see a change after 90 days. Consistently high values means you are consistently having high sugar, which can cause damage to your eyes, blood vessels, feet etc. The ideal level of Hb A1c is between 5 to 6, which reflects a blood sugar between 80 to 120.

What is glucose?

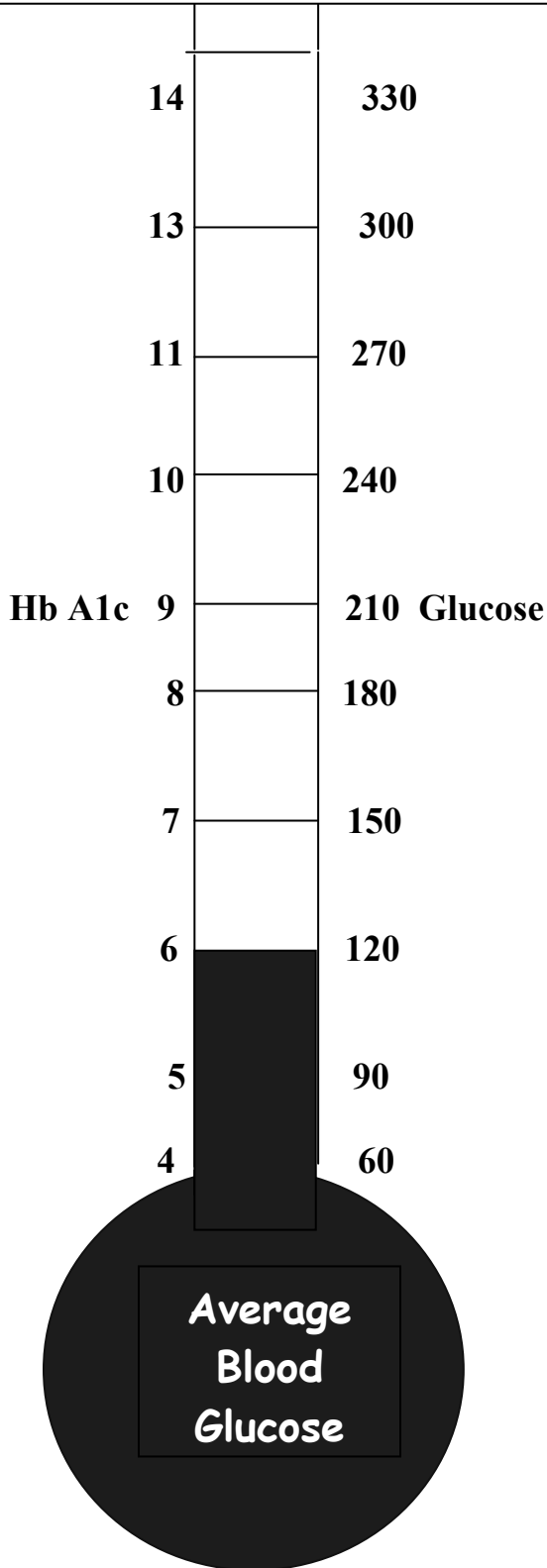
Glucose is your current blood sugar. It is like a Polaroid snapshot of that moment. Glucose is a product of the body's assimilation of sugars and a source of energy. Carbohydrates (sugars) are present in the form of glycogen in your body. The end product is glucose, which is formed during digestion of foods and absorbed from the intestines into the blood stream via portal vein.

HbA1c vs. Blood Glucose

It is important to make clear the distinction between Blood Glucose and Hemoglobin A1c in order for patients to be able to track their own HbA1c levels when they are taken at future trips to the doctor. This provides patients with a reliable feedback mechanism to determine how they are doing with their changes in self-management, and how it is affecting their body and their risk of developing complications.

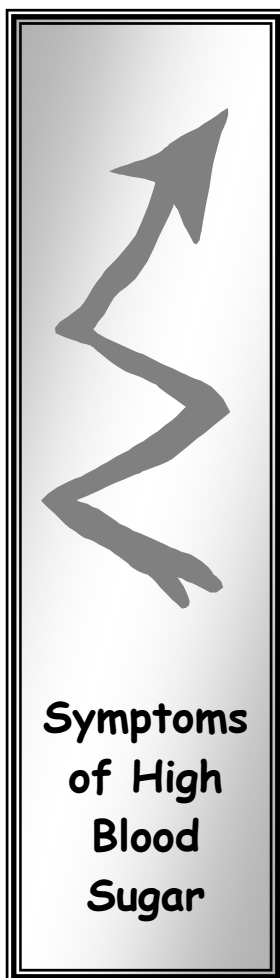


Think of your HbA1c results like a bowling average. Even though each individual game is important, your bowling "average" tells you how well you are doing.



**HbA1c
Normal Range
4-6%**

The target icon consists of four concentric circles. From the outside in, the colors are grey, blue, red, and yellow. The yellow circle is the smallest and is in the center, representing the bullseye. The target is mounted on a simple black stand.



High Blood Sugar

When there is too much glucose in your blood you are experiencing what is called *high blood sugar (or glucose)* or *hyperglycemia*.

This can be caused by:

- ❖ Eating too much
- ❖ Not exercising enough
- ❖ Eating foods with too much sugar
- ❖ Not taking your medication

This is how you might feel if you have High Blood Sugar:

- ❖ Thirsty
- ❖ Tired
- ❖ Itchy, dry skin
- ❖ Blurry vision
- ❖ Constant urination
- ❖ Rapid breathing
- ❖ Dizziness
- ❖ Swelling

What you should do if you have High Blood Sugar?

1. Check your blood sugar as soon as you can.
2. If your blood sugar is high then drink a sugar-free, caffeine-free beverage such as water, herbal tea or a diet soda. Do not drink a fruit juice as it contains a lot of sugar.

Again, **DON'T assume** that you have very high or very low levels – DO check before you adjust!

Symptoms of Low Blood Sugar



Low Blood Sugar

When there is too little glucose in your blood this is called *low blood sugar* or *hypoglycemia*. This is less common than high blood sugar.

This can be caused by:

- ❖ Taking too much medication
- ❖ Exercising too much
- ❖ Skipping a meal

This is how you might feel with Low Blood Sugar

- ❖ Headaches
- ❖ Hunger
- ❖ Shakiness
- ❖ Dizziness
- ❖ Sweating and clammy skin
- ❖ Confusion or Nervousness
- ❖ Fast irregular heartbeat

What should you do if you have Low Blood Sugar?

1. You should take immediate action or else you might pass out.
2. Chew a fast-acting sugar such as glucose tablets or a hard candy. You can also drink half a cup of fruit juice, or a non-diet soda, or take 2 to 3 teaspoons of sugar or honey.
3. Wait 15 minutes and check your blood sugar level if you can.
4. If your blood sugar level is still low repeat the previous steps. If after that your blood sugar level is still low get medical help immediately.

Again, **DON'T** assume that you have very high or very low levels – DO check before you adjust!

TAKE CARE OF YOUR FEET

This Workbook will teach you how to control your diabetes, but you must always take very good care of your feet. Even with good diet and exercise, serious problems can occur on the bottom (or *plantar*) of your feet. If your blood sugars get out of control, a sore (a *lesion* or *ulcer*) can develop on the bottom of your foot. If a foot sore becomes infected, and you do not take care of it, it can lead to the amputation of that limb. The good news is that many foot problems and amputations can be prevented.

The important reason that taking care of your feet and watching for sores is that diabetes can cause problems with circulation. Poor circulation can cause dry and cracked skin, making your feet more likely to have problems. This circulation problem also leads to a decrease of feeling in your legs and feet, and makes it so you do not know that you have a sore that you can't see. You may not know when things are going bad when you aren't taking care of your feet. If you don't do the things to keep healthy, you may develop problems.

If you develop a sore on the bottom of your foot, you need to see your doctor as soon as you can and keep the wound from being infected.

Daily Foot Care as Prevention: Look, Clean, and Cut

To take care of your body, you need to develop a habit to carefully examine your feet every day. You can think of this as part of your daily routine. Use a mirror to check the parts of your feet that you can't see or have trouble feeling. You can even ask someone to help you check your feet. You need to be especially careful to look for sores, cuts, blisters, and swelling. You also need to look for redness and changes in your toenails (such as thickening or flaking).

Each day, you need to also wash your feet (with warm water and mild soap – don't scrub hard) and then dry them. You can use a moisturizing cream, but don't put the cream between your toes.

Carefully cut and file toenails straight across, even with the end of each toe. Cutting nails too short can make them ingrown. If you can't do this yourself, or if you lack good feeling in your toes, ask someone to do it for you.

If the Shoe Fits

Your job is to protect your feet from extreme hot and cold temperatures. This means that you need to wear shoes most of the time. Always wear shoes on hot pavement or at the beach. Also, you should wear socks that prevent your feet from becoming cold. Remember, you may not be able to feel problems with your feet, so you need to keep your feet from developing these problems!

Wear shoes and socks all the time to prevent hurting your feet, and never walk barefoot. Your shoes should be comfortable and fit you well to protect your feet. Wear shoes that let your feet breathe and that stretch. You should feel the inside of your shoes before putting them on to be certain the lining is smooth and that there are no objects inside.

Always wear clean socks that fit well and soak up sweat. Don't wear socks with holes in them. Do not wear socks with tight elastic bands because these can decrease the flow of blood to your legs and feet.

Values and Shoes

For some reason, the information on shoes tends to bring to the surface issues of resistance with many patients. It is not uncommon to have an individual or two in the group who feels strongly about wanting to wear open-toed shoes or sandals without socks, and occasionally people will insist that their 4-inch heels made of nothing but straps are a great pair of shoes and no real challenge to their diabetes. This issue, as with other issues related to changes these individuals are being instructed to make by their health care professionals, should not be addressed at the level of content, but rather at the level of process and particularly that individual person's values related to their feet (see values section below). There is no absolution from you that will prevent them from developing circulation problems if they just convince you, or others in the group, that their shoes are acceptable. A redirection to consider their values related to their feet often stops this convincing.



4. TAKE CARE OF YOUR EYES

The eyes have it! Like with your feet, you need to take especially good care of your eyes. High blood sugar levels can cause damage to the blood vessels and nerves in your eyes. Eye diseases are relatively common in diabetes.

Diabetic retinopathy is the most common eye disease in diabetes and is a leading cause of adult blindness. This condition is caused by damage to blood vessels in the eye and a leaking of fluid. If the damage gets worse, new vessels may be formed that clouds your vision. Eventually this can lead to blindness. There is no pain in this condition, and vision often only changes when the disease becomes much worse. This is why prevention is so important.

Some damage to your eyes in diabetes is irreversible. Sometimes controlling your blood sugar can make your vision improve. Taking charge can help you prevent this damage from happening. Keep your sugar down!

Prevention

Your vision can often be saved with early detection and help from your doctor. To do this, you need to have regular eye exams from your doctor or an eye doctor or ophthalmologist. There are no good early signs of diabetic retinopathy. Your vision may not change until the disease has become much worse. To check for diabetic retinopathy, your doctor will examine your eyes using eye drops that make your pupils larger. This can be uncomfortable, but it will allow the doctor to see inside your eyes to make sure that everything is all right. If your eyes need help, and you catch the problem early, the doctor can help you do things that may prevent the disease from becoming worse.

In order to keep from developing a disease that can cause blindness, you must have your eyes examined regularly. Don't wait until it is too late.

Remember, with your eyes and feet, preventing problems also depends on keeping your blood sugars low. Other parts of this Workbook will help you do that, but you have to commit to having healthy blood sugar levels to prevent problems.

5. DEHYDRATION – THE IMPORTANCE OF FLUIDS

Keeping your body fluids in balance is even more important for a person with diabetes. Dehydration is caused by not having enough fluids in your body. Keeping enough fluids in your body can help your kidneys work properly and make your body last much longer. Did you know that a lack of water in your system can cause feeling tired or fatigued during the daytime? Drinking 8-10

glasses of water each day can ease back and joint pain, and can decrease the chances of developing colon, breast, and bladder cancers.

Several things can cause dehydration. One is related to going to the bathroom. Having to urinate more frequently is very common with diabetes, and you need to replace the fluids that you are getting rid of. Even though some people find it annoying to have to drink so much water, it is very, very important to do this. It is important not to think that just because you are urinating more often, you must have enough fluids in you. You really need to replace what you lose.

Another thing that can decrease your fluids is the heat. It is especially important when it is hot outside to continue to replenish what you are losing through sweat or perspiration.

6. KNOW THE THINGS THAT WILL MAKE YOU AS HEALTHY AS YOU WANT TO BE.

The rest of this Workbook is dedicated to teaching you the things you need to know to be as healthy as possible. These include what you can do both mentally and physically. Both are important, and keep in mind, the choice of what you do is up to you!

7. DO THE THINGS THAT WILL MAKE YOU AS HEALTHY AS YOU WANT TO BE

All of what this group will teach you to do to help with your diabetes will only work if you **choose** to do the things that you need to do to be healthy. If you choose to do what you learn in this Workbook, you should have a much healthier, longer life. However, it is clear from research and our own common sense that just knowing what to do is not the same as doing what you know to do. The choice is always yours.

KNOW HOW HEALTHY YOU WANT TO BE

Part 1: Values

Value is defined as something of an importance to a person. Values can consist the most important, private feelings about what you want your life to be about. Here is an exercise for you to talk about and understand your values.

To help you with the choices you will need to make to control your diabetes, let's look at your values as they relate to diabetes. The following section is an exercise to help you know your goals and values.

If you were able to have your tombstone say anything you wanted about you after you died (even if it wasn't true now), and especially about your diabetes care, what would it say? For example, would you want it to say, "here lies [your name] who wanted to take care of his/ her diabetes, but ended up unable to walk because he/ she had been too busy to do so?" If not, what would you want it to say instead? Below, write what you would most want your tombstone to say, even if it isn't true yet!

Here lies _____ who _____
(your name)

What are some of the key values listed in the statement above?

What are some goals you could say you have, based on these values?

What are some specific actions you could take related to those goals?

What are potential barriers to those actions? What thoughts and feelings feel as though they get in the way of these goals?

If you could learn to do more things that would help you live a happy and healthy life, and to control your diabetes, would you do them, even if it was hard? _____

M O D U L E II

F O O D , D I A B E T E S , A N D Y O U R H E A L T H

- I. The importance of food in the management of diabetes
- II. What is good nutrition? How do I start?
 - I. Nutrition recommendations for type 1 and type 2 diabetes
 - II. Alcohol and Tobacco consumption
 - III. Goals

I. What does food have to do with it?

You can use the food you eat as a tool to help you control your diabetes and balance your blood sugar level. A good meal plan can help improve your *metabolic control*, maintain a healthy body weight, and help prevent all sorts of complications such as *hypoglycemic events, cardiovascular disease, amputation, and blindness*.

II. What is good nutrition?

Don't be afraid! Proper nutrition does not mean that you will have to *stop* eating all those delicious dishes you love to eat, and start eating tasteless boring ones. What it does mean is that you should begin eating and using less sugar, fat, and salt in your meals.

III. What can I do to better my nutrition?

- ❖ When shopping for food, try choosing products that are low in sodium, sugar, and fat.
- ❖ Prepare meals that are baked, broiled or grilled and not fried.
- ❖ Try flavoring your foods with herbs or lemon juices instead of using salt.
- ❖ Stay away from foods with creamy sauces, butter, and rich desserts.
- ❖ Eat lean meats and plenty of vegetables. Ask your doctor about eating fruit.
- ❖ Get a light-cooking cookbook. There are all sorts of healthy ideas in these cookbooks. You might actually be surprised that you like the lighter recipes better than the regular ones!
- ❖ Many grocery stores have healthy alternatives to your favorite snacks. Don't be afraid to try something new!
- ❖ Watch out for high carbohydrates and salt intake
- ❖ Eat small quantities. It is recommended that a person eat 6 small healthy meals a day.
- ❖ Watch out for fat-free products, because they are full of carbohydrates, which your body converts into sugar and fat!
- ❖ Remember not to fast too long, because fast doesn't allow your body to reach optimal health

Special tips to remember:

- ◆ Weight loss is a key to success.

Why? Because this will reduce your chances of complications such as *hypertension* and *hyperglycemia*. By simply losing a few pounds you will be giving your body the help it needs to make the changes necessary to manage and control your diabetes. Help your body help you!

- ◆ Exercise regularly and reduce your fat intake

Why? This will help your body make the changes it needs so that you can begin to gain control over your diabetes. *And remember! You can control your diabetes! It is in your hands!*

Values, Choices, and Food

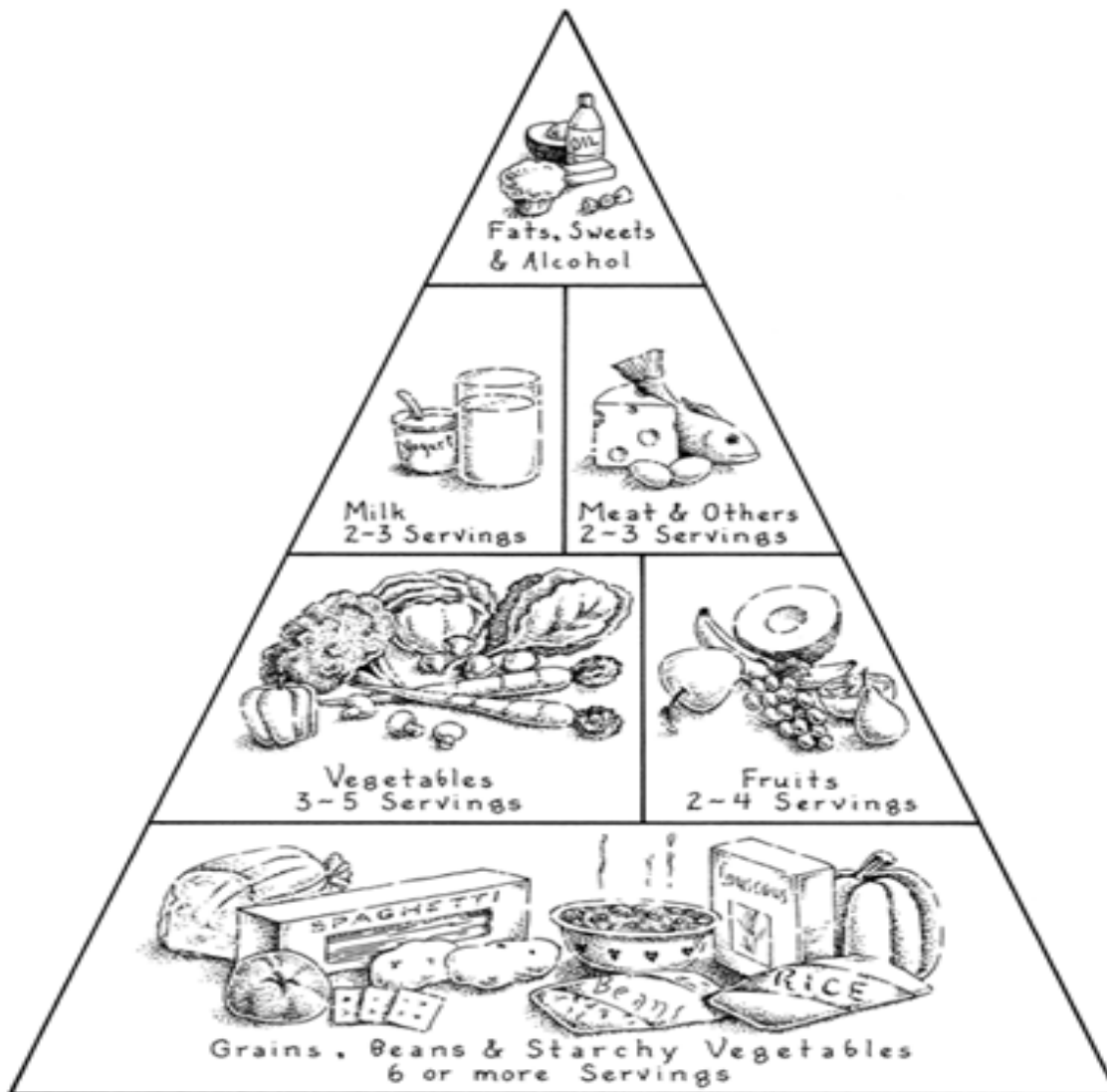
As with their shoes, many individuals with diabetes may want to justify food choices that are not consistent with a diabetic diet. Again, this issue should be relayed back to the issue of what the individual wants to stand for and have their life be about. People tend not to endorse that they would rather be about eating donuts than watching their grandchildren graduate from high school. That does not mean, however, that a rule should necessarily be formulated that no donuts can be consumed ever, or the saliency and importance of the donut will likely only increase. This can be illustrated with the following example:



When I tell you to go, I want you each to do something very important. When I tell you to go, I want each of you to **not** think of... warm jelly donuts. Okay, go. Don't think of them. Don't think of how they smell when they first come out of the oven. Don't think of that! The taste of the jelly when you bite into the donut as the jelly squishes out the opposite side into your lap through the wax paper. Don't think of that! And the white flaky frosting on the top on the round, soft shape? **DON'T THINK ABOUT ANY OF THIS!**

This exercise not only demonstrates that difficulty with thought suppression, but it also demonstrates how a hard and fast rule about a particular food may make that food more attractive, rather than less. More attractive does not entail a change in behavior, but if the goal is to reduce the importance of the food, making it off limits may not work.

- ◆ The average person requires from 1500 to 2000 calories daily.
Well, you are going to want to reduce your intake and increase your



requirement through nutrition and exercise.

Why? Because less calories in your diet will help you improve your *blood glucose (sugar) levels*, and if you are taking *insulin* then your body will become more sensitive to it.

III. Alcohol and Tobacco

Smoking

- ❖ We all know smoking cigarettes or other tobacco products is not good for our health.
- ❖ And we know it is hard to quit.

- ❖ The bottom line is, you should stop smoking
- ❖ Smoking effects your circulation just like diabetes.
- ❖ If your goals are to live a healthier life, you need the best circulation that you can have.
- ❖ Although it is easier said than done, quitting smoking needs to be one of your goals.
- ❖ You can get information about smoking cessation programs from your doctor.

Alcohol

- ❖ It is best for your health that you not drink alcohol if you are diabetic.
- ❖ If you do drink, it's best not to have more than about 1 serving a day with a meal.
- ❖ A serving is 4 ounces of wine, 12 ounces of beer or 1.5 ounces of hard liquor.
- ❖ Avoid sweet liqueurs or sweet mixes.
- ❖ If you drink on an empty stomach, you risk causing a drop in your blood sugar and cause serious problems like coma.
- ❖ A reminder: when you drink look at the warning on your medication bottle. Some medications you consume cannot be taken with alcohol.

IV. Your Goals:

Goal Maintain a healthy body weight. Ask you doctor what your recommended weight is!

How Plan a diet and stick to it.

Goal To achieve near normal sugar levels in your blood with the help of the right food, medication and insulin.

How Eat the correct amount of recommended carbohydrates, protein and fat. Do not forget to take your medication. Never run out of your medications. Eat healthy serving sizes and remember to read the labels of the food products you buy.

Goal Prevent complications!

How By following all of the recommendations outlined in this section.

V. Nutrition and insulin

I take insulin, what should I know about Food?

Food is going to play a very important part in keeping your blood sugar in balance. If you are on insulin therapy then you must eat at consistent times every day. You must monitor your blood glucose level so that you can adjust your insulin doses according to the amount of food you have eaten. Your eating and exercise habits will revolve around your type of insulin therapy. The upside is that most insulin therapies allow for flexibility in timing of meals and snacks.

Carbohydrates are a very important part of your meals. Carbohydrates can be found in such foods as bread, pasta, milk, fruit and milk. Try and eat the same amount of carbohydrates and food in general every day.

What Should I know about nutrition if I do not take insulin?

Your main goal is to maintain your glucose, lipid, and blood pressure at near normal levels. The most important thing you can do to achieve this is to lose weight and keep a healthy diet. You should reduce the amount of calories from your diet in order to improve your blood sugar levels and gain better metabolic control.

Activity # 6 Meal Journal

For the following five days keep a journal of your meals and any snacks between meals.

It's easy.

- Take the meal journal page out of the Workbook and carry it with you.
- Whenever you eat something, write it down. Include the time that you ate to help you see how long it's been since you've last eaten. If you skip a meal, write that down too.
- One more thing before you get started--It's really important to know how much water you're drinking every day. At the end of the day when you've finished your journal, add up the glasses of water you've had that day and write the number in the space under that day.

Meal Journal

<p style="text-align: center;">Monday</p> <p>Glasses of Water: __</p>	<p style="text-align: center;">BREAKFAST</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">LUNCH</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">DINNER</p>
<p style="text-align: center;">Tuesday</p> <p>Glasses of Water: __</p>	<p style="text-align: center;">BREAKFAST</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">LUNCH</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">DINNER</p>
<p style="text-align: center;">Wednesday</p> <p>Glasses of Water: __</p>	<p style="text-align: center;">BREAKFAST</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">LUNCH</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">DINNER</p>
<p style="text-align: center;">Thursday</p> <p>Glasses of Water: __</p>	<p style="text-align: center;">BREAKFAST</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">LUNCH</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">DINNER</p>
<p style="text-align: center;">Friday</p> <p>Glasses of Water: __</p>	<p style="text-align: center;">BREAKFAST</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">LUNCH</p> <p style="text-align: center;">Snack</p>	<p style="text-align: center;">DINNER</p>

MODULE III
EXERCISE AND DIABETES

- I. Why is exercise important in managing your diabetes?
- II. Things to know before building your exercise plan
- III. Your exercise plan

I. Why is exercise important in managing your diabetes?

Having a regular exercise plan will help you balance your blood sugar levels and control your blood pressure. Exercise will also reduce your risk of complications such as eye and nerve damage, and heart disease. An exercise program can also help you lose weight, which will give your body the help it needs to make the adjustments to normalize the way it works.

II. Things to know before building your exercise plan.

- **REMEMBER:** Always consult with your doctor before starting an exercise plan. Your doctor will let you know if it safe for you to exercise, and what exercises are safe for you to do.
- Always wear something that identifies you as a person with diabetes. Have a card with your name and the phone number of people to contact in case of an emergency.
- Set aside a special time during the day, and days of the week to exercise. Make exercise a routine. Remember why you are exercising! You are adjusting your body so that you can live an ordinary life.
- Eat at least 1 to 2 hours before exercising.
- Be aware of how the exercises you do affect your body. If you feel weak or faint do not continue exercising and make sure to tell your doctor if this happens.
- Always carry a fast acting sugar such as glucose tablets, honey, or a hard candy.
- Monitor your blood sugar levels to notice any changes. Blood sugar levels too high or too low for your body are dangerous and you should discontinue any activity immediately so that you can normalize your glucose levels with certain foods or fast acting sugars.

III. Your Exercise Program

Here are four steps that your exercise plan should include:

1. **Stretching:** You should begin your exercise activities by either taking a short walk or a light jog to warm up the muscles in your body. After that you should take time to stretch all the major muscles that you will be using during you exercises such as your legs, arms, and back.

2. **Warm up:** Start slow! Begin any exercise activity slowly to let your heart rate increase gradually. A five-minute jog or walk will get your body started and ready to go.

3. **Aerobic exercise:** An aerobic exercise is any exercise that increases your heart rate and makes your lungs work hard. You can jog, walk, take a swim, bike, etc. The exercise you do depends on what you enjoy the most. Try to build up to exercising about thirty minutes a day.

4. **Cool down:** After your aerobic exercise you should allow your heartbeat to return to its normal pace gradually. Do not stop exercising immediately. Walk or jog slowly until your heart rate has returned to normal. Also, stretch your muscles again to prevent soreness.

Remember to discuss your exercise program with a physician before starting.

1) Take a minute to think about your exercise program. Now make a list of physical activities that you would like to place in your exercise program. (e,g, Jogging for 20 minutes 3xs week)

Tichener's Milk, Milk, Milk Exercise

When discussing exercise, it is important to help bring into the room that although exercise has its benefits, it is common to not **feel** like exercising. This is a good place to begin deliteralizing some particularly sticky thoughts, such as “I can't exercise today because I just don't feel like it.” One way to demonstrate this deliteralization is with the Milk, Milk, Milk exercise. The following exercise was first used by Tichener in trying to explain his context theory of meaning.



Leader: Let's do a little exercise. It's an eyes-open one. I'm going to ask you to say a word. Then you tell me what comes to mind. I want you to say the word, "Milk." Say it once.

Group: Milk.

Leader: Good. Now what came to mind when you said that? (ask for various answers from group members)

Leader: OK. What else. What shows up when we say "milk?"

Group: Assorted answers; white, glass, cold, cereal, cow, etc

Leader: Exactly. And can you feel what it might feel like to drink a glass? Cold. Creamy. Coats your mouth. Goes "glug, glug" as you drink it. Right?

OK, so let's see if this fits. What shot through your mind was things about actual milk and your experience with it. All that happened is that we made a strange sound --milk-- and lots of these things showed up. Notice that there isn't any milk in this room. None at all. But milk was in the room psychologically. You and I were seeing it, tasting it, feeling it--yet only the word was actually here. Now, here is the little exercise, if you're willing to try it. The exercise is a little silly, and so you might feel a little embarrassed doing it, but I am going to do the exercise with you so we can all be silly together. What I am going to ask you to do is to say the word "milk", out loud, rapidly, over-and-over again and then notice what happens. Are you willing to try it?

OK. Let's do it. Say "milk" over and over again. [Leader and group say the work for one or two minutes, with the leader periodically encouraging the group to keep it going, to keep saying it out loud, or to go faster]

Leader: OK, now stop. Where is the milk?

Group: Gone (laughs).

Leader: Did you notice what happened to the psychological aspects of milk that were here a few minutes ago?

Group: It disappeared. All I could hear was the sound. It sounded very strange-- in fact I had a funny feeling that I didn't even know what word I was saying for a few moments. It sounded more like a bird sound than a word.

Leader: Right. The creamy, cold, gluggy stuff just goes away. The first time you said it, it was as if milk was actually here, in the room. But all that really happened was that we said a word. The first time we said it, it was really meaning-full, it was almost solid. But when we said it again and again and again, we began to lose that meaning and the words began to also be just a sound.

Group: That's what happened.

Therapist: Well, when you say things to yourself in addition to any meaning behind those words isn't it also true that these words are just words. The words are just smoke. There isn't anything solid in them.

This exercise demonstrates quite quickly that while literal meaning dominates in language it is not that hard to establish contexts in which literal

Here are very important things to keep in mind if you are beginning an exercise plan.

- ❖ Metabolic control before exercise
- ❖ Blood glucose monitoring before and after exercise
- ❖ Identify when changes in insulin or food intake are necessary
- ❖ Learn the glycemic response to different exercise conditions.

MODULE IV
COPING AND STRESS MANAGEMENT

- I. Stress and Diabetes
- II. But I don't LIKE Thinking About the Fact that I have Diabetes!
- III. A different Way

I. Stress and Diabetes

The way everyone deals with stress impacts their life for the better or for the worse. For people with diabetes, dealing with stress effectively will help you to live much healthier, happier lives.

There are several areas that contribute to stress for people with diabetes. One area is dealing with the daily life situations that bring stress to everyone (such as bills, your job, relationships, etc.) Another area is unique to those with diabetes and concerns adjusting your lifestyle around your disease. Both of these areas are essential to deal with.

Changes in your lifestyle choices due to diabetes can be stressful. It has taken us a lifetime to develop some of the habits that we have, and it's challenging to change these habits. But now that you know that you can control your diabetes by what you do, it's important to adjust to the stress that diabetes can bring.

It's normal to feel overwhelmed about your diabetes. You are not alone. Everyone diagnosed with diabetes feels some stress and maybe even feels sad, anxious or depressed because of it. Most of you might even be wishing that you didn't have diabetes. That makes perfect sense.

STRESS AND ADJUSTING TO DIABETES

With diabetes comes life changes. You might find yourself saying, "Medication, diet, exercise, this is too much for me to deal with!" It is hard to cope with having diabetes, and there are adjustments you do need to make in your life to live a longer, healthier, happier life.

What Do You Do With Your Feelings About Having Diabetes?

One very important idea to keep in mind when struggling with stress, thoughts, or feelings is that **while we don't always have a choice about what thoughts or feelings we have, we do have a choice about what we do with those thoughts or feelings.**

Let's use a story as an example. Imagine you are driving your car and it starts making a bad noise. "Well," you think, "I can't stand the idea of taking this car to a mechanic; it is too much of a hassle and it might not be anything, I'll just ignore the sound." Let's say that the sound means something is really wrong with the car. Well, you can either continue to try to ignore the sound, or you can notice that the car is making a sound. Once you notice the sound, you can then choose to get the car repaired or not. If you continue to ignore the sound, how likely is it that the car will get fixed?

Your diabetes is like the car that needs some help. If you choose to try to not think about having diabetes, the diabetes will get out of your control, you will end up in the hospital or much worse. But, if you choose to instead notice thoughts about having diabetes, then you have the ability to do something about it.

The Polygraph Metaphor

One way to underscore how trying to avoid thoughts and feelings about diabetes may be problematic is with the polygraph metaphor. Begin by asking for a volunteer from the group. Then ask:



"Suppose I had you hooked up to the best polygraph machine that's ever been built. This is a perfect machine, the most sensitive ever made. When you are all wired up to it, there is no way you can be aroused or anxious without the machine knowing it. So I tell you that you have a very simple task here: all you have to do is stay relaxed. If you get the least bit anxious, however, I will know it. I know you want to try hard, but I want to give you an extra incentive, so I also have a .44 Magnum which I'll hold to your head. If you just stay relaxed, I won't blow your brains out, but if you get nervous (and I'll know it because you're wired up to this perfect machine), I'm going to have to kill you. Your brains will be all over the walls. So, just relax! ... What do you think would happen? Guess what you'd get? Bam! How could it work otherwise? The tiniest bit of anxiety would be terrifying. You'd be going "Oh, my God! I'm getting anxious! Here it comes!" BAM! You're dead meat. How could it work otherwise?"

This metaphor allows for the important fact that it is very difficult to purposefully control thoughts and feelings to work for people. This should be tied directly to diabetes in that purposeful attempts to control thoughts and feelings about having diabetes not only don't work terribly well for most people, but they also prevent one from engaging in self-management behaviors, which for some people may have the same consequence as a .44 Magnum.

II. But I don't LIKE Thinking About the Fact That I have Diabetes!

One of the most difficult things about accepting that you have diabetes is that thoughts about having diabetes, like thoughts that you are having car trouble, are not thoughts we want to have. Additionally, for many people, accepting that you have diabetes seems like much more work than denying it. It is often easier to try to ignore the problem, and somehow wish it away.

This strategy is a common one. If we look at the way we typically try to change a problem, we see that the most common way is to try to get rid of whatever it is about the problem that we don't like:

If there is dirt on the floor...
we get rid of it by sweeping it up

If there is a rotten apple in the fridge...
we get rid of it by throwing it out

If we have a pain...
we get rid of it by taking pain reliever

The problem with applying this strategy to feelings about having diabetes is that thoughts, feelings, and other sensations that we really don't want to have, **don't really go away for most people**, no matter how hard we try to get rid of them. Try the Getting Rid of It Test, and see if trying to get rid of it works for you!

Chinese Handcuff Metaphor

As a physical metaphor for how the attempt to eliminate any distress or urges related to diabetes is not necessarily the answer, it is a good idea to bring a pair of Chinese handcuffs for each member of the group and pass them out at this point. This allows people to experientially contact the impact of trying to struggle out of a problem it is not possible to struggle out of, much like diabetes.



III. A Different Way

Luckily, there is a different way to handle difficult thoughts and feelings than just trying to make them go away. It is called “Willingness” or “Acceptance.”

Instead of pushing hard thoughts and feelings away, another option is to notice them, the way a scientist would notice an interesting fact. Try to notice whether what you are experiencing is a thought, feeling, evaluation, or a sensation right now.

WORKSHEET

- 1. What thoughts do you have when you think of making changes to your diet to better control your diabetes?**

- 2. What feelings do you have when you think of making changes to your diet to better control your diabetes?**

- 3. Do these thoughts or feelings act as barriers to any of your values or goals (think back on the earlier exercise about values)?**

- 4. Can these thoughts or feelings be there, and you still reach your goals?**

MODULE V ACCEPTANCE AND ACTION

- I. The importance of knowing what your thoughts and feelings are related to your diabetes
- II. The ingredients of Acceptance
- III. Committing to Behavior Change
- IV. Letting people know what you want to do

I. THE IMPORTANCE OF KNOWING WHAT YOUR THOUGHTS AND FEELINGS ARE RELATED TO YOUR DIABETES

Many times people with diabetes have feelings about having diabetes that sometimes can get in the way of taking care of ourselves, even when we know the right things to do.

The first step toward living a healthy life with diabetes is to know what is going on inside your head so that you can tell if it is something that is getting in the way of taking care of your diabetes.

The second step toward living a healthy life is to check you're your values and remind yourself what you you're your life to be about, and why you want to live a healthy life. We usually value doing things that are hard to do every day, so it is good to always keep your values front and center!

The third step is to remember that even if your head tells you something like "I can't go exercise because I do not feel like it" your feet can still move—no matter what your head says! Commit to your values and live the life you value living!

II. THE INGREDIENTS OF ACCEPTANCE

So what do we mean by Acceptance?

Acceptance Is:

- ❖ Noticing your thoughts and feelings like a scientist would
- ❖ Noticing places where what you're thinking and feeling are stopping you from moving in a valued direction
- ❖ "Making room" for your thoughts and feelings
- ❖ Noticing that your thoughts and feelings are not the same thing as you

Acceptance Is Not:

- ❖ Trying to "get rid" of thoughts and feelings
- ❖ Avoiding blood testing, exercising, or eating the right foods to try to forget that you have diabetes
- ❖ Hiding from your diabetes

Chessboard Metaphor



In order to demonstrate what we mean by acceptance, it can be helpful to use the chessboard metaphor, a key ACT concept.

"It's as if there is a chess board that goes out infinitely in all directions. It's covered with different colored pieces, black pieces and white pieces. They work together in teams, like in chess--the white pieces fight against the black pieces. You can think of your thoughts and feelings and beliefs as these pieces; they sort of hang out together in teams, too. For example, "bad" feelings (like anxiety, depression, fear) hang out with "bad" thoughts and "bad" memories. Same thing with the "good" ones. So it seems that the way the game is played is that we select which side we want to win. We put the "good" pieces (like thoughts that are self-confident, feelings of being in control, etc.) on one side, and the "bad" pieces on the other. Then we get up on the back of the white queen and ride to battle, fighting to win the war against anxiety, depression, thoughts about using drugs, whatever. It's a war game. But there's a logical problem here, and that is that from this posture, huge portions of yourself are your own enemy. In other words, if you need to be in this war, there is something wrong with you. And since it appears that you're on the same level as these pieces, they can be as big or even bigger than you are, even though these pieces are in you. So somehow, even though it is not logical, the more you fight the bigger they get. If it is true that "if you are not willing to have it, you've got it," then as you fight them they get more central to your life, more habitual, more dominating, and more linked to every area of living. The logical idea is that you will knock enough of them off the board so that you eventually dominate them--except your experience tells you that the exact opposite happens. Apparently, the black pieces can't be deliberately knocked off the board. So the battle goes on. You feel hopeless, you have a sense that you can't win, and yet you can't stop fighting. If you're on the back of that white horse, fighting is the only choice you have because the black pieces seem life threatening. Yet living in a war zone is a miserable way to live.

As the client connects to this metaphor, it can be turned to the issue of the self.

Leader: Now, let me ask you to think about this carefully. In this metaphor, suppose you aren't the chess pieces. Who are you?

Group: Am I the player?

Leader: That's exactly what you've been trying to be, so that is an old idea. The player has a big investment in how this war turns out. Besides, who are you playing against? Some other player? So suppose you're not that either.

Group: ... Am I the board?

Leader: It's useful to look at it that way. Without a board, these pieces have no place to be. The board holds them. Like what would happen to your thoughts if you weren't there to be aware that you thought them? The pieces need you. They cannot exist without you, but you contain them, they don't contain you. Notice that if you're the pieces, the game is very important; you've got to win, your life depends on it. But if you're the board, it doesn't matter if the war stops or not. The game may go on, but it doesn't make any difference to the board. As the board, you can see all the pieces, you can hold them, you are in intimate contact with them and you can watch the war being played out on your consciousness, but it doesn't matter. It takes no effort.

EXERCISE


Take a minute and write down some of your goals for managing your diabetes, and why you would want to achieve that goal, why you have not yet achieved that goal, and any worries or thoughts you have about that goal.

Goal	Why achieve?	Why not achieve?	Worries
1.			
2.			
3.			
4.			
5.			
6.			

CAN YOU MOVE AHEAD WITH THESE GOALS, EVEN WITH THE WORRIES AND BARRIERS?

Stand and Commit

The last exercise of the class should always be the Stand and Commit exercise, in which group members stand and state what they want to be about in relation to their diabetes. This is often a powerful exercise, and it gives group members the opportunity to commit to make behavioral changes with their values. Each group member should stand a state what they want to be about, and make specific commitments about what they would like to do with their feet related to self-management and how they would like to respond when stressors, urges, and fear come into their lives.



III. Committing to Behavior Change

One key element to committing to a new way of living with your diabetes is to make a commitment to taking care of your diabetes to yourself and to others. Write down here what you committed to in the Diabetes Workshop:
