



## **GROUP LIFESTYLE BALANCE™**

A Modification of the Diabetes Prevention Program's  
Lifestyle Change Program

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Developed by the Diabetes Prevention Support Center faculty of the University of Pittsburgh (Kaye Kramer, Andrea Kriska, Trevor Orchard, Linda Semler, and Elizabeth Venditti), and Bonnie Gillis, MS, RD, with funding support from National Institutes of Diabetes and Digestive and Kidney Diseases, National Institutes of Health & United States Air Force administered by the U.S. Army Medical Research Acquisition Activity, Fort Detrick, Maryland, Award Number W81XWH-04-2-0030. Review of materials does not imply Department of the Air Force endorsement of factual accuracy or opinion.

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## Acknowledgments

### The Diabetes Prevention Program

The Group Lifestyle Balance™ Program is based on the highly successful lifestyle intervention used in the Diabetes Prevention Program (DPP). The DPP was conducted at 27 health centers in the United States and was funded by the National Institutes of Health.

More than 3,000 adults took part in the DPP. All were at high risk for Type 2 diabetes. About half of them were African Americans, Hispanics, American Indians, Asians, or Pacific Islanders. Diabetes is very common in those groups. Two out of ten were 60 years old or older, another high-risk group. The average starting weight was 207 pounds.

Each person was assigned by chance to one of three groups.

- One group took part in a program to lose weight and be more active.
- One group took metformin, a pill used to treat diabetes.
- One group took a placebo or sugar pill.

The DPP was a great success. The volunteers were followed for about 3 years.

- Taking metformin cut the risk of Type 2 diabetes by 31 percent.
- The program to lose weight and be more active was even more successful.
- **Losing 10 to 15 pounds and being moderately active (similar to a brisk walk) for a minimum of 150 minutes per week cut the risk of Type 2 diabetes by 58% (more than half).**
- **For those over 60, it cut the risk by 71% (almost three-quarters).**

As a result of the DPP, many international, national, state, and local groups have begun programs like this one to help people lose weight and be more active.

### DPP Staff

As mentioned above, the Group Lifestyle Balance Program is based on the highly successful lifestyle intervention used in the Diabetes Prevention Program (DPP). The DPP lifestyle intervention was developed and authored by the Lifestyle Resource Core, working in close collaboration with the DPP Lifestyle Advisory Group and other members of the DPP Interventions Subcommittee. Invaluable feedback and contributions were made by the 27 DPP clinical centers and the Lifestyle Coaches. The procedures for the lifestyle intervention were discussed and approved by the DPP Steering Committee.

The DPP Lifestyle Resource Core at the University of Pittsburgh Medical Center consisted of the following individuals: Rena Wing, PhD; Beth Venditti, PhD; and Bonnie Gillis, MS, RD.

The DPP Lifestyle Advisory Group consisted of the following individuals: Jim Hill, PhD; Mary Hoskin, MS, RD; Andrea Kriska, PhD; Wylie McNabb, PhD; Xavier Pi-Sunyer, MD; Michael Pratt, PhD, Judith Wylie-Rosett, PhD, RD and Linda M. Delahanty MS, RD and Steven E. Kahn M.B., Ch.B..

### **Special Consultants**

In addition, valuable contributions to the editorial and graphic content of the DPP lifestyle intervention were made by the following programs: The Women's Health Initiative; The TONE Weight Reduction Program to Control High Blood Pressure; United Weight Control, in affiliation with St. Luke's Roosevelt Hospital Center; The Black American Lifestyle Intervention (BALI); and The Eat Well, Live Well Nutrition Program Workbook: Women Helping Women Make Healthy Choices.

### **Diabetes Prevention Support Center Faculty (established 2006)**

At the heart of the lifestyle intervention framework provided in this manual is the Diabetes Prevention Support Center (DPSC) administrative core. The DPSC mission is to provide training and on-going support for those individuals and organizations who implement lifestyle treatment programs for the prevention and delay of diabetes and other co-morbid conditions. The University of Pittsburgh team that forms the core of the DPSC has been at the forefront of diabetes prevention. The DPP lifestyle intervention was developed in Pittsburgh, under the direction of Dr. Rena Wing, by Bonnie Gillis, MS, RD, Dr. Beth Venditti, and Dr. Andrea Kriska. Dr. Kriska (member) and Dr. Venditti (director) remain part of the Lifestyle Resource Core for the DPP follow-up study (DPP Outcomes Study or DPPOS) which continues to develop lifestyle programs for trial participants. Dr. Orchard, the PI of the Pittsburgh DPPOS site, Dr. Kaye Kramer, who was previously the project coordinator for the Pittsburgh DPP and Drs. Kriska and Venditti form the nucleus faculty for the DPSC. Further support is provided by Linda Semler, MS, RD, LDN, Nutrition Coordinator for the DPPOS Lifestyle Resource Core, who has made major contributions to the revision of the Manual of Operations. In addition, revision review by Carol Warner, MS, and Mim Seidel, MS, RD, LDN is very much appreciated.

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**Group Lifestyle Balance™:  
Diabetes Prevention Program Lifestyle Change Program  
Manual of Operations  
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### Revision History

Date	Revision
8/30/2004	Materials distributed at Lifestyle Balance Training Workshop, Pittsburgh, PA
1/30/2008	Scripts and participant handouts updated based on preventionist/lifestyle coach feedback.
11/12/2008	General updates to materials. Reorganization of Sessions 4 and 10.
1/7/2010	<u>Participant Handouts:</u> Session 1: <ul style="list-style-type: none"><li>• Addition of pre-diabetes definition</li><li>• Addition of DPP Outcomes Study results</li></ul> Session 2: Minor grammatical corrections Session 3: <ul style="list-style-type: none"><li>• Addition of American Heart Association recommendations for Omega 3 fatty acids and caution to clear all supplements with health care provider before taking.</li><li>• Updated to better reflect MyPyramid guidelines</li></ul> Session 4: Addition of photos for stretching demonstration Session 5: Minor grammatical corrections Session 8: Updated terms and Fast Food Nutritional values to reflect current menus  <u>Miscellaneous Handouts:</u> GLB Eating Plans: Updated terms and nutrition information  <u>Leader's Scripts:</u> Session 1: <ul style="list-style-type: none"><li>• Addition of pre-diabetes definition</li><li>• Addition of DPP Outcomes Study results</li></ul> Session 3: Addition of American Heart Association recommendations for Omega 3 fatty acids and caution to clear all supplements with health care provider before taking
1/25/2011	Addition of 10 post-core sessions

Participant Handouts:

Session 1:

- Inclusion of Be a Good Group Member in handouts
- Updated names of measuring tools

Session 2:

- Minor grammatical changes
- Updated names of measuring tools
- Updated calorie and fat gram information for food item examples used throughout the handout
- Included an example of a fast food meal from Burger King

Session 3:

- Addition of the Plate model as an option for meal planning
- Reduced sections related to MyPyramid
- Simplified “Rate Your Plate” in-class assignment and assignment for using and evaluating MyPyramid and the Plate Model

Session 4

- Minor grammatical changes
- Addition of "unstructured" activity to spontaneous activity as activity time that is not recorded
- Modification of “When to Stop Exercising” handout
- Clarification of physical activity goal for those doing more than 60 minutes of activity when program starts
- Introduction of the idea that it's not only important to increase physical activity, but also to decrease inactive or sedentary time

Session 5:

- Updated names of measuring tools
- Added reference to structured meal plans

Session 8: Updated terms and Fast Food Nutritional values to reflect current menus

Session 9: Expanded the definition of “negative thoughts” to include, more broadly, any self-defeating thoughts that get in the way of healthy change (e.g. excuses and rationalizations)

Session 10:

- Minor grammatical changes
- Addition of "step credit" calculation for activity not recorded by pedometer

Session 12:

- Rephrased the direct statement “add variety to your activity and meal routines” to a suggestion to “consider whether you need to add variety to your activity and meal routines”



- Updated to reflect focus on year long program

Miscellaneous Handouts:

- Moved “How to Be a Good Group Member” handout to Session 1
- Revised How am I Doing for Weight and Activity
- Added a How am I Doing Weight chart sample
- Updated Low-Calorie, Low-Fat Cookbook list

Leader’s Scripts:

Session 1: Updated names of measuring tools

Session 2:

- Added option of displaying the amount of fat in a food item using shortening on a small plate.
- Added information about using the fat and calorie counter and a group activity to complete the Practice Page
- Updated the names of measuring tools
- Addition of optional measuring activity using cereal
- Replaced activity of measuring high fat/high calorie foods in class with discussion of high fat/high calorie foods with a display of the fat content of several

Session 3:

- Addition of the Plate Model as an option for meal planning
- Reduced sections related to MyPyramid
- Included option of giving participants a 9-inch Styrofoam divided plate
- Added “Rate Your Plate” group activities
- Simplified the assignment for using and evaluating MyPyramid and the Plate Model

Session 4: Addition of "step credit" calculation for activity not recorded by pedometer

Session 5: Minor grammatical changes

Session 8

- Minor grammatical changes
- Addition of several suggested group activities
- Added conclusion

Session 12

- Rephrased the direct statement “add variety to your activity and meal routines” to a suggestion to “consider whether you need to add variety to your activity and meal routines”
- Updated to reflect focus on year long program

July 25, 2011      Revision to include 2011 USDA MyPlate and changes in The Dietary Guidelines for Americans, 2010.

## Overview

This manual provides detailed information and instructions for implementing the Group Lifestyle Balance™ Program (GLB). The intent of this manual is to instruct and support health professionals in various settings in the delivery of a consistent and high quality lifestyle change program.

The Group Lifestyle Balance™ (GLB) Program is a comprehensive lifestyle behavior change program adapted directly from the successful lifestyle intervention used in the National Institutes of Health funded Diabetes Prevention Program (see acknowledgements for a description of the DPP). The original, individually administered, DPP Lifestyle Balance intervention (copyright 1996; 2011) was developed and written at the University of Pittsburgh by the DPP Lifestyle Resource Core on behalf of the DPP Research Group. Members from the original DPP lifestyle team collaborated to adapt and update the individual intervention to a group-based program with a recommended delivery schedule of 22 sessions during a 1-year period of time.

This program differs from that used in the DPP in several ways:

- In the DPP, the core curriculum sessions were conducted by a Lifestyle Coach with an individual participant. Individual sessions were necessary because of the staged recruitment for the study, which limited the formation of groups. After the core curriculum, individual sessions were held less frequently and were supplemented by group sessions. This program focuses primarily on **group sessions**, which allows the program to be offered more economically and provides group support throughout the program.
- The instructional content of the DPP 16-session curriculum was fully consolidated into 12-sessions and designed to be administered weekly. Subsequent to the 12 weekly sessions, a series of 4 transition sessions have been provided with a recommendation that the frequency of weekly group meetings be faded from weekly, to bi-weekly, and finally to monthly group contacts. This can be done with some scheduling flexibility during months 4-6 of the program. Six monthly sessions, which may be used interchangeably, have also been included to provide ongoing support throughout the remainder of the year.
- Other modifications to core content include a broad behavioral focus on the principles for making healthy food choices and meal planning rather than a central emphasis on the USDA food pyramid, instructions to combine both calorie and fat self-awareness and monitoring from the beginning of the intervention and inclusion of the pedometer as a

valuable tool to help increase self-awareness and motivation for increasing overall movement and physical activity levels. As in the DPP, the goals of the GLB intervention are to achieve and maintain a 7% weight loss, and to safely and progressively increase to 150 minutes per week of moderately intense physical activity similar to a brisk walk.

- During the 4 transition sessions, group members are encouraged to practice their behavior change skills more independently as the level of group and facilitator support is reduced. The transition sessions reinforce core session learning as well as introduce the cognitive and behavioral strategies critical for long-term weight management. Other instructional content in this phase relates to the importance of including high-fiber, low-caloric density (e.g. plant-based) foods in meal planning, managing self-defeating thinking patterns, and incorporating strength-training (e.g. resistance band) exercises for a complete physical activity regimen in line with national standards.
- The final six (monthly) support sessions are designed to be delivered interchangeably depending on group and facilitator preference. These support sessions amplify core diabetes prevention and cardiovascular health messages and allow for continued weight, diet, and activity monitoring and accountability. In the monthly support phase, the majority of session time is utilized for either skills practice (e.g. flexibility and balance exercises, eating slowly and mindfully, how to spend less time sitting) or group problem solving (addressing barriers and challenges and making action plans for the future).
- In addition, a **DVD and CD version** of the first 12 sessions of the program have been developed and are being evaluated for use in a group or individual setting with appropriate oversight. The DVD may also be utilized for those missing one of the 12 initial sessions.
- It is highly recommended that participants in the Group Lifestyle Balance™ program **provide physician approval for the physical activity component of the program.**

### How to Use This Manual

This manual covers the initial 12 sessions and is comprised of three sections: 1) Lifestyle coach guidelines for conducting each session, 2) Session 1-12 Participant Handouts, and 3) Miscellaneous Handouts for Participants.

**NOTE: A separate manual, which includes the transition and support sessions, is available through the Diabetes Prevention Support Center.**

The purpose of this manual is to provide:

- Detailed information on the lifestyle intervention goals,

- A description of the key principles underlying the intervention,
- Strategies for responding to adherence problems, and
- Supplementary materials for participants and Lifestyle Coaches.

### **Revision Policy**

Suggested revisions to this manual will be reviewed and approved by the Diabetes Prevention Support Center.

### **Group Lifestyle Balance Coach Training**

One of the keys to the success of the DPP lifestyle intervention was the training and support that the Lifestyle Coaches received. In translating the DPP lifestyle intervention to “real world” settings, it is highly recommended that individuals who are planning to deliver the Group Lifestyle Balance program complete the two-day training workshop offered by the Diabetes Prevention Support Center of the University of Pittsburgh. The training workshop provides knowledge and skills to enhance the expertise of the Lifestyle Coach. In addition, the DPSC is available after training to provide support for implementation via telephone, e-mail and the DPSC website. The DPSC website hosts a support area to which only those who have completed the training workshop have access. While recommended, training is not required to utilize the GLB program materials.

Information regarding GLB training may be obtained by contacting the DPSC:

Phone: 412-383-1286 or 877-444-DPSC (3772)  
E-mail: [dpsc@edc.pitt.edu](mailto:dpsc@edc.pitt.edu)  
Website: ([www.diabetesprevention.pitt.edu](http://www.diabetesprevention.pitt.edu))

## Section 1: General Guidelines for Conducting the Group Lifestyle Balance™ Program

### 1.1 Group Overview

- The Group Lifestyle Balance Program should be offered in **groups of about 12-20 participants**; physician permission for physical activity is highly recommended for participation.
- Lifestyle Coaches, also called “preventionists” will lead the groups. Lifestyle Coaches are health care providers who have training and experience in health care, particularly in nutrition and/or diabetes care (such as a nurse, dietitian, health educator, exercise specialist, social worker, diabetes educator, behaviorist, physician, etc.). It is highly recommended that those wishing to provide the Group Lifestyle Balance program complete the Group Lifestyle Balance 2-day training workshop.
- When possible, it is recommended that **groups are offered at different times during the week** (e.g., during the day, evening, and on the weekend). If possible, a survey of participating individuals beforehand to determine interest and which days and times would be most convenient for them to attend is encouraged.
- The GLB sessions should be held in a **private area**. A scale (balance beam or digital electric) must be available so that the participant can be weighed **privately** at each session.
- Participants should be assigned to a specific group and expected to attend the sessions with that group. Sites should determine how they will distribute session handouts when a participant misses (e.g. e-mail, USPS mail, or site determined make-ups). The GLB-DVD may also be utilized for make-up sessions where available.
- The goal is to offer the initial 12 GLB sessions over a period of 12-14 weeks. Subsequent to the 12 weekly sessions, the series of 4 transition sessions should be completed. It is recommended that the frequency of weekly group meetings fade from weekly, to bi-weekly, and finally to monthly group contacts. This can be done with some scheduling flexibility during months 4-6 of the program. Six monthly sessions, which may be used interchangeably, have been included to provide ongoing support and accountability throughout the remainder of the year.

**A guideline for the recommended sequence for delivery of the year-long GLB program is provided below:**

Month	Recommended Schedule	One-Year Group Lifestyle Balance™ Curriculum
		<b>Core Sessions</b>
1	Weekly (4 per month)	1: Welcome to the GLB Program 2: Be a Fat and Calorie Detective 3: Healthy Eating 4: Move Those Muscles
2	Weekly (4 per month)	5: Tip the Calorie Balance 6: Take Charge of What's Around You 7: Problem Solving 8: Four Keys to Healthy Eating Out
3	Weekly (4 per month)	9: Slippery Slope of Lifestyle Change 10: Jump Start Your Activity Plan 11: Make Social Cues Work for You 12: Ways to Stay Motivated
		<b>Transition Sessions (Fade Frequency)</b>
4	Bi-Weekly (2 per month)	13: Prepare for Long Term Self-Management 14: More Volume, Fewer Calories
5	Bi-Weekly or Monthly	15: Balance Your Thoughts
6	Bi-Weekly or Monthly	16: Strengthen Your Exercise Program
		<b>Support Sessions (Variable Sequence)</b>
7	Monthly	17: Mindful Eating
8	Monthly	18: Stress and Time Management
9	Monthly	19: Standing Up for Your Health
10	Monthly	20: Heart Health
11	Monthly	21: Stretching: The Truth about Flexibility
12	Monthly	22: Looking Back and Looking Forward

## 1.2 GLB Materials and Supplies

- **Each individual planning to provide the GLB program will need to have the following supplies on hand:**
  1. Manual of Operations (one per Lifestyle Coach)
  2. Set of participant handouts (one per participant)
  3. Keeping Track booklets (one per participant)
  4. Fat and Calorie Counters (one per participant)
  5. Pedometers (one per participant)
  6. Three-ring binders (one per participant)

7. Other supplies (such as food and food models) as indicated in the session scripts
- **Other items that participants should have on hand, or that should be provided for them:**
    1. A bathroom scale
    2. Tools for weighing and measuring foods (metal or plastic measuring cups and spoons, a glass measuring cup, a food scale that measures in ounces, a ruler).

Lifestyle Coaches should be prepared with information on where to purchase these items most affordably as they will be cost-prohibitive for some participants. Each setting delivering the program will need to develop their own policies for handling this situation should it arise (e.g., provision of bathroom scales)

### 1.3 Session Structure

- **The basic content and sequence of the GLB sessions** should be consistent with the order that they are presented in this manual. This will ensure that all participants receive the same intervention program, that sessions on physical activity, healthy eating, and behavioral topics are interspersed, and that topics that build on those presented earlier come in the correct sequence.
- Each GLB participant should be given a three-ring binder **and at each session will receive a copy of the materials for that session.** Participants should generally *not* be given the entire set of materials at one time; however, this may vary depending on the individual setting. Participants should take the binder home with them at the end of each session and bring it to the next session. If a participant misses a session, the handouts for that session will be given to the participant at the next session attended. However, each site will determine the scope of methods used to deliver missed session materials (e.g., GLB-DVD, mailings, pick-up times and locations).
- The Lifestyle Coach should use the participant work sheets during the session to present the main points while the participants follow along. When possible, we recommend that Coaches display overheads or a Power Point of the participant handouts as the sessions are presented. A flip chart may also be used. However, it is important to keep in mind that the **emphasis is to be on group interaction and discussion.** Do *not* simply read the participant handouts to the group.
- **Complete all work sheets interactively with the group** (give individuals time to complete the work sheets on their own, then ask volunteers for sample responses and encourage group discussion). Whenever possible, introduce topics interactively by asking the group open-

ended questions, sharing interesting anecdotes, and using various group activities. Be creative and enthusiastic.

- While maintaining a standard curriculum in terms of the basic content and sequence of the sessions, the Lifestyle Coach may tailor the presentation of the sessions to the overall group. The Coach should feel free to use supplementary educational aides if it is clear that this approach will enhance learning in the group and not draw attention or time away from the basic concepts presented. A guiding principle is to provide just enough material to be discussed during the hourly session (and minimal additional handouts to be reviewed at home) so participants are not inundated by information.

Some examples of appropriate ways to tailor a session: Displaying test tubes filled with shortening to varying levels to illustrate the fat content of different foods, providing individual samples of low-fat food products to taste, providing local information relevant to the session topic

Some examples of inappropriate ways to tailor a session: Having a hypnotist come to the session on motivation, dropping the session on slips because the group has not had any lapses, or recommending specific popular diet books.

#### 1.4 Reviewing Tracking Records

- **Coaches should review the self-monitoring records periodically, making written comments on them and returning them at the next session to the participants.** The comments should highlight examples of positive changes the participant has made and help the participant solve any problems encountered, particularly those related to the topics discussed at the previous session. Because the self-monitoring records are intended to help the participant make behavior changes rather than serve as a source of dietary data, the review should not be as detailed or extensive as would be the case when documenting food records to be entered for nutrient analysis.
- **More frequent review of self-monitoring records is optional.** The Coach may opt instead to take time at the beginning of the sessions to ask volunteers for examples from their self-monitoring records and use these examples to make the points highlighted in the scripts. Coaches are also to feel free during any of the sessions to ask for examples from participants' records to support the session content.

#### 1.5 Optional Supervised Group Activity

- **Supervised activity sessions are optional.** In the DPP, every clinical center was required to provide supervised physical activity sessions at least two times per week, and the study kept



logs of attendance and paid any fees. Many participants found the sessions helpful in achieving their activity goal and providing group support.

Settings that choose to provide supervised activity sessions should strongly recommend that all participants who can perform at least 30 minutes of continuous, moderate intensity activity attend the sessions. The goal is for all participants to have the opportunity to give the sessions a “good try,” receive hands-on physical activity instruction and encouragement from the session leaders, and meet other participants with whom they can develop support networks for being active. Throughout the program, participants who are having difficulty meeting their exercise goal should in particular be encouraged to attend.

The supervised activity sessions should **last about 45 minutes to 1 hour and include a warm-up period, followed by about 30-40 minutes of exercise and a cool-down period.** Possible locations include malls, parks, gymnasiums, or exercise facilities such as the Y or private health club. The types of physical activity may vary and should be tailored to the skills and interests of the participants. It is recommended that at least one session per week involve brisk walking. Other possible types of activities include aerobic dance, resistance training, and step aerobics. The activities offered should be equivalent to brisk walking.

The supervised activity sessions should be scheduled **at times and locations to accommodate as many participants as possible.** Coaches may need to experiment with various types of activities, times and locations in order to attract more participants. To determine the types of activities to offer and the most convenient times and locations, Coaches may want to periodically survey participants by mail.

Keep in mind the following safety issues:

- If possible, during the activity sessions, considerations should be made for participants of different fitness levels. For example, the leader may need to split his or her time between the slow and fast walkers or consider walking on a track so that a variety of paces can be accommodated. Some settings may have adequate staff to provide more than one leader.
- If the activity session is being held at a remote location with limited access to emergency medical services or a telephone (such as on a hiking trail), the leader should have a cell phone for emergencies and if possible, a First Aid kit with bandages, ace wrap and cold pack for minor injuries.
- Leaders should emphasize hydration during the activity sessions (especially in warmer weather) and should have water available for participants who do not bring water.

In general, it is anticipated that most of the supervised physical activity sessions will be **led by a member of the program staff**. All activity session leaders should be trained in CPR. **Another option is to use an exercise class or facility in the community** (in some cases, you may be able to negotiate a discount on any fees for program participants). If you use an outside class or facility:

1. Before participants attend the class, **meet with the leader** to evaluate the facility and the nature of the class and explain the purpose of the program and the activity goal. For as long as participants attend, contact the leader periodically to check on how the participants are doing. If the class leader changes, meet with the new leader to orient him or her to the program and the activity goal.
2. **Advertise the class to all participants who are at an appropriate fitness level.** In the DPP, a number of models were used for supervised activity that some practices may be able to use:

#### *Neighborhood Group Walks*

In the DPP, two or more group walks were offered per week in separate neighborhoods around the city, convenient to different participants. The Lifestyle Coach led the walks. When possible, the walks were tied into training for a community walking event such as the local American Diabetes Association walk.

#### *Cardiac Rehabilitation Unit*

Participants used a cardiac rehabilitation unit with a treadmill, exercise bike, recumbent bike, stair master, and free weights. The Coach introduced the Lifestyle Balance Program participants to the unit, and then participants set up a regular schedule with the center staff for at least 2-3 times per week.

#### *Community Exercise Class or Facility*

Participants attended aerobic dance classes or step aerobic classes at a local Wellness Center or the Y. The Coach introduced the participants to the class leaders.

### **1.6 Documentation**

- **Documentation is tailored to the needs of each setting.** Depending on your setting, Lifestyle Coaches may be responsible for completing documentation. A sample Group Lifestyle Balance Leader's Log is included in the Appendix section of this manual and may be used if desired.

### **1.7 Using Other Resources**

- Some participants may raise problems during the program that are outside the expertise of the Lifestyle Coach, such as a significant clinical depression, anxiety, or a clinical eating

disorder. **Each Lifestyle Coach should be prepared to make referrals to behavioral and mental health resources to address such problems.**

- Each Lifestyle Coach should also be prepared to provide participants with **information about community resources** that can be used after the program to support healthy eating, physical activity, and weight loss/weight maintenance.
- Lifestyle Coaches may want to **contact local businesses and arrange for discounted services or products for participants who complete the program and/or reach their program goals** (for example, a discount on athletic shoes or equipment, gym membership, or fruits and vegetables).

## **Section 2:**

### **The Group Lifestyle Balance™ Goals and an Overview of the Strategies to Achieve Them**

As in the DPP, all Group Lifestyle Balance participants are to try to achieve two program goals:

- To achieve and maintain a weight loss of 7% of their initial body weight, and
- To achieve and maintain an energy expenditure of 700 kilocalories per week through moderate physical activity (equivalent to approximately 2 ½ hours (150 minutes) per week of brisk walking).

#### **2.1. Weight Goal**

The weight goal for the GLB program is to lose 7% of initial body weight (as measured at Session 1, the first GLB session, rounded to the nearest pound) and maintain that weight loss. The recommended pace of weight loss is 1 to 2 pounds per week, for a 7% loss within approximately 24 weeks. Individual weight goals are provided in Session 1 (see the participant handout entitled Goal Weights for the Group Lifestyle Balance Program).

##### **2.1.1. Rationale for the Weight Goal**

A 7% weight loss was used in the DPP because it was believed to be safe, effective, and feasible. Previous studies had shown that a 10% weight loss lowered glucose and improves cardiovascular risk factors, with an apparent dose-response relationship between magnitude of weight loss and improvement in these parameters. In addition, standard behavioral weight loss programs produce initial weight losses of approximately 10% of body weight. However, the DPP goal was not only to produce but also to maintain a weight loss for up to 6 years, and maintenance of weight loss has been shown to be difficult, with 10% weight loss at long-term follow-up rarely achieved in weight control programs or clinical trials. Therefore, the goal of a 7% weight loss was selected as more feasible for participants to maintain over the course of the DPP.

As in the DPP, GLB participants who wish to lose *more* than 7% of their starting weight may be encouraged to do so, although weight loss below the goal should be encouraged only if the participant continues to have a BMI of greater than 21 (see the Session 1 participant handout entitled Minimum Recommended Weight for Height) after achieving the weight goal. For example, a participant who weighs 130 pounds at Session 1 would be given a weight goal of 121 pounds (Table 2.1). If the participant reaches that goal and wants to continue losing weight, the Coach should refer to the Minimum Recommended Weight for Height handout. If the participant's height is 65 inches, the participant is already below a BMI of 21 (that is, below 126 pounds), so weight maintenance at 121 pounds should be encouraged rather than further weight

loss. On the other hand, if the participant's height is 62 inches, the Coach would be able to encourage further weight loss to 115 pounds (a BMI of 21).

Sustained weight losses of more than 3 pounds per week are not to be advised because of safety issues.

Participants who wish to lose *less* than 7% of their starting weight should be encouraged to reach a 7% loss in a step-wise fashion, but the study goal should remain firm.

The weight goal is set at a level that should be challenging but reasonable. It is recognized that not all participants will achieve the goal at all times throughout the program. However, all participants, with the aid of their Lifestyle Coach, should endeavor to achieve and maintain the goal.

The goals are always based on weight loss from Session 1. For example, if a participant weighs 180 at session 1, his/her weight goal is 167 pounds; this remains the weight goal even if the participant at some time gains weight to 190 pounds.

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### 2.1.2. Self-Monitoring Weight

As in the DPP, all participants will be weighed at every session. Participants should be weighed **in private** at the beginning of the session. Weight can be taken with either a balance beam or a digital scale. The type of scale is not important, but an effort should be made to use the same scale throughout the program. Sites should also adhere to the scale calibration procedures provided by the manufacturer or to other measurement standards in use at their facility. Participants should be weighed in light-weight, indoor clothes, without shoes.

Weights taken at the sessions should be recorded using the Weight Log provided with this manual and on the weight graph in the participant's notebook. Alternatively, Lifestyle Coaches may develop their own weight recording form for use at their site, or may use the log included with this manual. Participants should be encouraged to complete the weight graph themselves, if possible. The Lifestyle Coach (or other individual who weighs the participant at the start of each session) and participant should discuss the participant's weight in relation to the 7% weight loss goal, and encourage the participant to achieve the 7% weight loss goal over six months.

In addition to being weighed at every session, all participants will be encouraged to weigh themselves at home at least weekly and record their weight on the back of their self-monitoring booklets. Participants will be instructed to weigh themselves on the same day(s) of the week and at the same time of day (for example, on Monday mornings).

At the beginning of the program, Coaches may want to assign more frequent self-monitoring of weight, for example, daily, and continue to encourage it if the participant finds it helpful. Some participants may respond to frequent fluctuations in their weight by becoming discouraged. Importantly, the coach should acknowledge that although some participants have had previous negative experiences with self weighing or being weighed by others that in this lifestyle intervention the goal is to “make peace with the scale” because it is an essential feedback mechanism in making behavior changes. In this manner, the Coach can use a participant’s record of frequent ups and downs in weight to teach the participant to focus on **trends** rather than on single values and to respond promptly to slips with positive behavior changes until the results are seen consistently on the scales. .

### **2.1.3. Fat Intake Goal**

To help participants achieve and maintain the weight goal, all participants will be given a goal for daily calories and total fat. As in the DPP, the fat goals have been calculated based on 25% of total calories from fat, using a calorie level estimated to produce a weight loss of 1 to 2 pounds per week (described in detail below). The various fat gram levels were then collapsed into one of four goals: 33, 42, 50, or 55 grams of fat.

A level of 25% of calories from fat was selected because it is believed to be effective, safe, and feasible. In the Women’s Health Trial, a low-fat dietary-intervention trial, more than 80% of the intervention group had met their fat gram goal, calculated as 20% of baseline calories, within 3 months of randomization and maintained that goal through the end of the trial at 3 years. Although women in this study were not encouraged to decrease energy intake or lose weight, the reduction in fat intake was associated with a 25% reduction in total calories and a weight loss of 3.1 kg after 1 year. Weight loss was more strongly associated with change in percent energy from fat than with change in total energy intake.

All participants are to be given a fat intake goal, but it should be recognized that not all participants will immediately achieve this goal. For example, a participant who eats 40% of their calories from fat may initially find it difficult to achieve the 25% goal and may first reduce to 35% fat and then to 30% fat. However, the participant should be assigned the 25% fat goal, and all progress toward reaching this goal should be praised.

### **2.1.4 Setting a Calorie Goal**

In the DPP, all participants were given a fat goal at the start of the study. Then after four to eight weeks, a calorie goal was introduced for participants who had not lost weight as expected. In the Group Lifestyle Balance program, participants receive both a calorie and fat goal at the start of the program, to enhance the pace of weight loss.

As in the DPP, the calorie goals have been calculated by first estimating the daily calories needed to maintain starting weight (starting weight multiplied by 12). Next, between 500 and 1000 calories were subtracted to estimate the calories needed to lose 1 to 2 pounds per week and achieve the weight loss goal within the first 24 weeks. More calories were subtracted for heavier participants with the rationale that they have more weight to lose to reach the 7% weight loss goal (500 calories were subtracted for starting weights less than 150 pounds, 750 calories for starting weights between 150 and 200 pounds, and 1000 calories for starting weights over 200 pounds.) Finally, the ranges of calories estimated for weight loss were collapsed into one of four standard calorie levels: 1200, 1500, 1800 or 2000.

Some participants may report a low fat/calorie intake without losing weight. In this case, the Lifestyle Coach should review the quality of the participants' self-monitoring and if lacking, (for example, if portion sizes are being inaccurately reported, if additions such as cream to coffee are routinely forgotten, etc.), the Coach should help the participants improve their self-monitoring skills. If after attempts to improve self-monitoring, a participant is still not losing weight, it may be necessary to lower the calorie goal further to help him or her achieve the weight loss goal.

As in the DPP, lowering dietary calories to a specific level is used in this program as a means to achieving the weight loss goal, rather than as a goal in and of itself. Thus, if a participant is consuming more than the assigned calorie goal, but is achieving the weight goal, there is no need to focus on greater reductions in calories.

### 2.1.5 Self-Monitoring Calories and Fat

All participants will be instructed to self-monitor fat intake in grams **daily throughout the program**. In the DPP, all participants were asked to record their intake daily for 24 weeks because of the extensive evidence that self-monitoring is highly correlated with success in reaching dietary change goals. For the Group Lifestyle Balance program, participants will also be instructed to self-monitor calories. Numerous studies have shown a dose-response relationship between frequency of self-monitoring and level of success in losing weight and/or improving cardiovascular risk factors. **Many experts consider self-monitoring the single most effective approach to changing dietary intake.** Participants in clinical trials and behavioral weight loss studies are typically asked to record their intake daily for the first several months of the intervention.

As in the DPP, participants should be given the following standard self-monitoring tools:

- A booklet for recording seven days of food intake with fat and/or calorie values, as well as physical activity.
- A nutrient counter alphabetized by food name, with the fat gram and calorie content of household portions and restaurant items.

- All participant handouts and a weight chart
- A pedometer

**Other items that participants should have on hand or that should be provided for them:**

- Tools for weighing and measuring foods (a food scale, metal or plastic measuring cups and spoons, a glass measuring cup, ruler).
- A bathroom scale

Participants will be encouraged to be complete and accurate in self-monitoring and at the same time to feel free to use abbreviations and short-cuts that work for them. In other words, the **participant is NOT taught to self-monitor with the thoroughness and detail that would be required if the records were to be entered into a computer for nutrient analyses.**

It is recognized that not all participants will self-monitor daily at all times throughout the study. However, all participants should endeavor to achieve and maintain daily self-monitoring and should receive a strong and clear message that self-monitoring is the key behavior change strategy in the program.

Lifestyle Coaches are to review the self-monitoring records periodically, making written comments on them and returning them at the next session to the participants. The comments should highlight examples of positive changes the participant has made and help the participant solve any problems encountered, particularly those related to the topics discussed at the previous session. Because the self-monitoring records are intended to help the participant make behavior changes rather than serve as a source of dietary data, the review should *not* be as detailed or extensive as would be the case when documenting food records to be entered for nutrient analysis.

## **2.2. Physical Activity Goal**

The Group Lifestyle Balance activity goal is to reach and maintain a weekly activity level of 2½ hours (150 minutes) of moderate physical activity (such as brisk walking) per week. Physical activity is introduced in Session 4. If participants do not achieve the goal within five weeks of beginning activity, they should be encouraged to achieve it as soon as possible thereafter. Participants who enter the program already at the goal or better are encouraged to maintain that level.



### 2.2.1. Rationale for the Physical Activity Goal

A physical activity goal of 2½ hours (150 minutes) per week of moderate intensity activity was selected in the DPP because previous studies had shown that this level was beneficial (demonstrating improvements in weight, glucose, and insulin sensitivity) as well as being attainable.

As in the DPP, the GLB program's physical activity goal is a minimum. Participants who wish to be more active may be encouraged to do so. Participants who are already active when they enter the study will need to determine the amount of time they are currently spending in physical activity and then add further activity to reach the 2½-hour goal. For example, a participant who already does aerobic dance for 2 hours per week may continue this and add another ½ hour of aerobic dance or another type of moderate activity to reach the 2½-hour goal. In addition, participants who are active sporadically (e.g., seasonally) should be encouraged to achieve the goal consistently throughout every month of the program.

It is recognized that not all participants will achieve the activity goal at all times throughout the program. However, all participants, with the aid of their Coach, should endeavor to achieve and maintain the goal.

### 2.2.2. Self-Monitoring of Physical Activity

All participants will be instructed to **self-monitor physical activity daily throughout the program**. Self-monitoring records are to be reviewed periodically by the Lifestyle Coach and returned to the participant, with written or verbal comments from the Coach. The comments should highlight examples of positive changes the participant has made and help the participant address any barriers to physical activity encountered.

### 2.2.3. Definition and Examples of Moderate Physical Activities

As in the DPP, the intent of the GLB program is to encourage all types of physical activity. We believe that most participants will use walking as their primary type of physical activity. These individuals should be instructed to walk briskly for 2 ½ hours during the week. Other activities that are similar in intensity to brisk walking are listed in a participant handout in Session 4.

The Lifestyle Coach should discuss with the participants the types of physical activities they plan to do and evaluate each activity on a case-by-case basis in terms of its application toward the program goal. The key is to get the participants moving and gradually and steadily progressing toward the program goal.

The following general guidelines are provided to help Lifestyle Coaches judge whether an activity is equivalent to brisk walking:

- **The activity should last at least 10 minutes**, not including breaks (although some activities such as tennis or jumping rope may involve short “breaks” in the activity).
- **For job-related activities, in addition to the above two criteria, the physical activity should comprise at least 50% of the job.**

For example:

Equivalent to brisk walking	Not equivalent to brisk walking
Using a gas-powered push mower (not a riding mower) to mow the lawn with some exertion.	Using a riding mower to mow the lawn.
Delivering the mail if 75% of the day is spent walking.	Delivering the mail if 75% of the day is spent driving a truck.
Going to a dance and dancing most of the evening.	Going to a dance and dancing only a few times during the evening. Spending most of the time socializing and watching others dance.

Some sports and leisure activities are clearly not equivalent in intensity or duration to brisk walking, such as archery, bowling and billiards. These are to be encouraged as part of an active lifestyle but are not to be applied toward the activity goal. Likewise, other activities, such as light yard work and light housework are to be encouraged as part of an active lifestyle but not self-monitored or applied toward the goal because they usually do not represent a level of activity equivalent to brisk walking. The criteria of “equivalent to brisk walking ” is used with the rationale that such activities will be most likely to help participants lose weight, lower glucose, and improve cardiovascular risk factors.

## **Section 3:**

### **Key Principles Underlying the Group Lifestyle Balance™ Program**

#### **3.1 Study Goals**

**The program is based on clearly defined study goals.**

All participants receive a study goal for weight loss and physical activity. From the beginning of the intervention, Lifestyle Coaches should state these goals without equivocation and set high expectations for participants in terms of achieving and maintaining them for the length of the trial. The rationale is that reaching and maintaining the goals is what will reduce the risk of diabetes onset.

#### **3.2 Participant Self-Management**

**The program is based on participant self-management.**

Although firm study goals are provided, each participant makes personal choices about how to achieve the goals. This allows flexibility and reinforces the ability of the participants to shape and evaluate their own progress by self-monitoring, developing personal goals and action plans, and problem solving. The role of the Coach is to guide and support the participants in the process of self-management.

To achieve a balance between firm study goals and participant self-management, Lifestyle Coaches will need to draw on all of their professional skills and experience. Central to the success of the intervention is the relationship between Coach and participant. Ideally, this relationship might be compared to that between a talented coach and a prized member of an athletic team. As “lifestyle coaches,” we recommend that group leaders practice the following.

- **Express support and acceptance** for participants regardless of their progress toward study goals.
- **Look for success and build on it**, no matter how small or gradual.
- At the same time, **maintain the highest of standards and expectations**. A Lifestyle Coach should not lessen the study goals to match what seems “realistic” or “do-able” for

a participant, any more than a health care provider would ask a patient to aim for less than optimal glucose monitoring and regulation. Instead, the Coach should express ongoing confidence that the participant will be able to reach and maintain the study goals and then provide the utmost support in helping the participant address any barriers to that end. As we all know, expectations are often self-fulfilling. If expected to do poorly, participants are more likely to do poorly; if expected to do well, many participants will rise to the occasion.

- Along the same lines, **do not assume that a barrier to the study goals exists until it is evident** (for example, that a participant who has a lower level of education will be unable to calculate fat grams when self-monitoring). Such assumptions are often based on hidden biases that may prove false (for example, some interventionists have reported that it is the less educated participants who do the most thorough self-monitoring).
- **When barriers do become evident, involve the participant as much as possible in addressing them, through goal setting and problem solving.** Use and convey an experimental approach--the evidence of a barrier is not a sign of failure on the part of the Coach or the participant but rather is a valuable piece of information to be used to design and test a better experiment, together.
- **Be the expert.** Be confident and firm when assigning the strategies for change presented in the intervention (such as self-monitoring of fat gram intake and physical activity). Stress that previous research has shown these strategies to be highly successful for many, many people. However, be flexible about using other strategies as needed. Information and behavioral strategies have been included in the intervention because of their likelihood of enhancing achievement and maintenance of the study goals, not as ends in themselves.

### 3.3 Tailoring the Program

**The program is to be tailored to participant lifestyle, learning style, and culture.**

The Group Lifestyle Balance program should be tailored to each participant's lifestyle, learning style, and culture. Many, many factors (such as ethnic heritage, socioeconomic status, marital status, and roles at work and at home) will have an impact on the eating and activity behaviors of

participants. Such factors will also be at work in the lives of the Lifestyle Coaches themselves and will influence the way they interact with participants.

Lifestyle Coaches should therefore remain open and sensitive to whatever factors may be important to each individual participant and at the same time, avoid stereotyping or making assumptions. The goal is to implement the GLB program with awareness, consideration, and careful communication so that differences can be used to enhance the intervention rather than get in its way.

Some points to keep in mind regardless of a participant's lifestyle or cultural heritage:

- Be careful to avoid interpreting a behavior within your own cultural context without asking.
- Low-literacy English is not a sign of intelligence or a predictor of success with the program.

## **Section 4:**

### **Participant Handouts and Leader's Guides**

Participant handouts are available for each of the sessions. Leader's guides are included for each session for the group leader. The leaders of the sessions should follow the scripts while tailoring how the topics are presented (such as the language and examples used) to the participant's learning style and group process.

Keep in mind that the emphasis in these group sessions should be on *group interaction and discussion*. Do not simply read the handouts to the group.

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## Session 1: Welcome to the Group Lifestyle Balance™ Program

### Objectives:

In this session, the participants will:

- Meet the lifestyle coach and any other group leader(s).
- Learn about session logistics (meeting dates, times, locations, etc.).
- Be given the Group Lifestyle Balance notebook and participant handouts for Session 1.
- Discuss guidelines for being in a group.
- Discuss their initial reactions to being in the Group Lifestyle Balance Program.
- Learn about the main results of the Diabetes Prevention Program (DPP) and the Diabetes Prevention Program Outcomes Study (DPPOS).
- Review conditions that increase risk for diabetes (pre-diabetes and the metabolic syndrome).
- Receive an overview of the Group Lifestyle Balance Program.
- Learn the two Group Lifestyle Balance goals and why they are important.
- Discuss key aspects of the lifestyle coach-participant relationship and sign the agreement on page 10 of the participant handouts.
- Review the 12 Session titles.
- Begin to graph their weight and be assigned self-monitoring of weight.
- Learn the reason for and basic principles of self-monitoring.
- Learn the importance of weighing and measuring foods.

### To Do Before the Session:

Get materials ready:

- Keeping Track booklets (have weeks 1 and 2 ready)
- Participant notebooks (insert the How Am I Doing? Graph for Weight and Group Lifestyle Balance Progress Record (**found in the Miscellaneous Handout section**) and Session 1 materials)
- Sign the lifestyle coach/participant agreement on page 11 of the participant handouts
- Have a set of measuring cups and spoons, a liquid measuring cup, a food scale that weighs in ounces, and a ruler.
- Be prepared with information on where participants can purchase inexpensive weighing and measuring tools, such as food scales.
- Decide what to recommend for a participant who does not own a bathroom scale for self-monitoring his or her weight at home.
- Invite family members to attend if appropriate in your setting.

## Welcome to the Group Lifestyle Balance Program

Group Lifestyle Balance Program

Session 1, Page 2

### **Weigh participants and record. Distribute participant notebook with Session 1 handouts.**

- As the group gathers, weigh each participant privately, and give him or her the participant notebook with handouts for Session 1.
- Show the participant the Group Lifestyle Balance Progress Record in the notebook, and have him or her record today's weight as the Session 1 weight on the form.
- Also record the weights on the Group Lifestyle Balance Leader's Log (included in the Miscellaneous Handout section)

### **Introduce yourself and ask participants to introduce themselves.**

Introduce yourself and ask participants to introduce themselves. Also welcome any family members or other support people present

Hello. I'm delighted to meet you. My name is [ ].

Briefly describe your background and qualifications for leading the group. Introduce any other group leaders. Describe your roles.

All of you have been referred to this program because it is designed to help you make lifestyle changes and to lose weight. The lifestyle changes will be to lose weight through healthy eating and to be more physically active. These lifestyle changes have been shown to help reduce risk for developing diabetes and heart disease. We've called this the "Group Lifestyle Balance Program" because we'll be helping you reach a healthy balance between what you eat and how active you are.

Now I'd like to ask each of you to introduce yourselves.

Provide a few brief questions for each participant to answer, such as to give their name and state what they hope to gain by participating in the program. Or you may want to use another brief ice breaker.

Before we move on to the session material for today, let's go over some housekeeping details. We will meet....



## Welcome to the Group Lifestyle Balance Program

Group Lifestyle Balance Program

Session 1, Page 3

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Describe the meeting schedule, location(s), parking options, where the bathrooms are located, and other logistical details. Distribute any related handouts, and answer questions

### Introduce the participant notebook.

The notebook I've given you will be used throughout the program. It's yours to keep. At every session I'll give you some handouts to put into the notebook, and we'll go over them together.

Feel free to write notes or questions on the handouts, and take the notebook home. Just be sure to bring it with you to every session.

Here is my name, work address, phone number and e-mail for you to write on the 3<sup>rd</sup> cover page of the notebook.

Have participants record this information and their own name in the blanks on the 3<sup>rd</sup> cover page of their notebooks. Give other group leaders' contact information, as appropriate.

It's very important that we stay in touch.

Explain that **participants who miss a session** can pick up the session materials at the next session. Another possible option is to attend a session with another group that week (this is only available for missed sessions) or, if available, you may want to loan participants a video or DVD of the missed session.

I'm looking forward to working with all of you to make our time together a success. How we work together as a group will be very important.

Review the handout **Be a Good Group Member on page 1 of the participant handouts**. Ask the participants if they have other suggestions and record on the board (if available).

Any questions?

## Welcome to the Group Lifestyle Balance Program

Group Lifestyle Balance Program

Session 1, Page 4

### **Discuss the participants' initial reactions to being in the Group Lifestyle Balance Program.**

I'm sure all of you have certain expectations and maybe even hesitations about the program.

Let's talk about this for just a minute.

- What do you think about being in the Group Lifestyle Balance Program?
- Are there some things about this program that seem good to you, and some things you're not so excited about?

Some participants may express fears of failing at the lifestyle intervention, memories of past failures at weight loss efforts, and so on. Recognize concerns, promote confidence that the participants can succeed, and give support.

If a participant is very negative, help him or her to identify *some* positive things about participating in this program. Stress that the Group Lifestyle Balance Program is “state-of-the-art.” It has been carefully designed based on many research studies about diabetes prevention and the best ways to help people change.

**Ask the participants to complete the work sheet on page 2 of the participant handouts “Remember Your Purpose.”** Emphasize the positive aspects of the intervention, relating them whenever possible to issues of personal value to the participants, and encouraging them to provide specific details, in images or words (such as the names of people) that can be recalled later as a source of motivation. Examples:

- Has been shown to help prevent diabetes.
- No drugs, no drug side effects.
- Will reduce their risk of heart disease and stroke.
- Will help them look and feel better, have more energy.
- Make their families and friends proud.
- Set a good example for children, spouse, friends, and community.

Explain that you may review this work sheet with the participants later in the program as a source of motivation.

### **Review the results of the Diabetes Prevention Program (DPP) and the 10-year follow up study (DPPOS).**

This program is called “Lifestyle Balance” because we will help you reach a healthy balance between two parts of your lifestyle (listed on page 3):

1. What you eat, and
2. How physically active you are.

The Group Lifestyle Balance goals will be to:

1. Lose weight through healthy eating, and
2. Be more physically active.

An important study recently showed that making these lifestyle changes and keeping them up over time can **prevent diabetes** in people like you who are at risk of diabetes. The study was called “**The Diabetes Prevention Program.**” Information about this study is found on page 4 of the handouts.

The Diabetes Prevention Program (or DPP) was conducted at 27 health centers around the country, including The University of Pittsburgh. The DPP was funded by the National Institutes of Health.

**More than 3,000 adults took part in the DPP.** All were at high risk for Type 2 diabetes. This means that they had a condition known as “pre-diabetes”. Pre-diabetes is defined as having glucose (blood sugar) levels that are elevated but not high enough to be considered diabetes. People with pre-diabetes are at increased risk for developing diabetes.

About half of the participants in the DPP were African Americans, Hispanics, American Indians, Asians, or Pacific Islanders. Diabetes is very common in those groups. Two out of ten were 60 years old or older, another high-risk group. The average starting weight was 207 pounds.

Each person was assigned by chance to one of three groups.

- One group took part in a program to lose weight and be more active.
- One group took metformin, a pill used to treat diabetes.
- One group took a placebo or sugar pill.

**The DPP was a great success.** The volunteers were followed for about 3 years.

- Taking metformin cut the risk of Type 2 diabetes by 31 percent.
- The program to lose weight and be more active was even more successful.
  - **Losing 10 to 15 pounds and being moderately active (similar to a brisk walk) for a minimum of 150 minutes per week cut the risk of Type 2 diabetes by 58% (more than half).**
  - **For those over 60, it cut the risk by 71% (almost three-quarters).**

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As a result of the DPP, many national, state, and local groups have begun programs like this one to help people lose weight and be more active.

**The DPP also showed that losing weight and being active can reduce the risk of what's called “metabolic syndrome.”** Someone with metabolic syndrome has three or more of the risk factors listed on page 4:

- Fat stored largely in the belly (being “apple shaped”)
- High triglycerides (a type of fat in the blood)
- Low HDL cholesterol (“good cholesterol”)
- High blood pressure
- High fasting blood sugar

One of every four American adults has metabolic syndrome.

Metabolic syndrome increases your risk of heart attack, diabetes, stroke, kidney problems (if you have heart disease and diabetes). **The DPP lifestyle program reduced the risk of metabolic syndrome by 41%.**

The DPP Outcomes Study is ongoing. Follow up results from the study were recently published (Fall, 2009). About 88% of the original participants were followed for an additional five years after the conclusion of the DPP. The purpose of the follow up study was to try to continue to prevent and delay the development of diabetes, and to prevent the complications of diabetes, including kidney, eye and nerve problems and heart disease over the long run.

**Review the DPPOS results handout with participants.**

The follow up study is important because we know that making healthy lifestyle changes can help to prevent or delay the development of type 2 diabetes over the long run.

This Group Lifestyle Balance Program is designed to help you make lifestyle changes to both prevent diabetes and prevent or treat metabolic syndrome.

**Provide an overview of the Group Lifestyle Balance Program.**

The Group Lifestyle Balance Program has been carefully designed. It is based on many research studies of the best ways to help people change.

In this program we will help you:

- **Learn the facts about healthy eating and being active.** We will give you the most up-to date and accurate information.

## Welcome to the Group Lifestyle Balance Program

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But knowing the facts, or what to change, isn't enough. You also need to know **how to change**. So we will help you:

- **Learn what makes it hard for you to eat healthy and be active.**  
And learn **how to change these things so they work *for* you**, not against you.

For example, you'll learn how to:

- Find the time to be active.  
*[Review the rest of the items on page 8.]*

We will also give you the **long-term support** you need to stick with the changes you make. We will be your **"lifestyle coaches."**

### Review the Lifestyle Balance Goals.

The Group Lifestyle Balance goals are listed on page 9:

1. **Lose 7% of your weight through healthy eating.**

Turn to page 14, the page entitled **"Goal Weights"**. Find your starting weight in the first column of page 14-20, then read across. The second column shows the number of pounds you will need to lose to reach the goal. The third column shows your goal weight.

**Write your goal weight back on page 9 where it says "Your goal will be to weigh xxx pounds or less."**

Note: The next time you weigh each participant, check the goal to make sure it is correct.

Some of you may want to lose more than 7% of your starting weight. That's okay, but in this program we'll focus on the 7% goal first and then move on to additional weight loss.

There is a minimum weight that we don't want you to go beyond because it would be unhealthy. That weight is shown on the handout on page 13, entitled **"Minimum Recommended Weight for Height."**

As I said, this isn't something to be concerned about now. We're simply giving you the chart as a reference. In this program, we'll be focusing on working toward the 7% weight loss goal.

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To help you reach your weight goal, we will give you a goal for calories and fat grams. I'll explain more about these goals in the next session.

2. Now turn back to page 9.

The second goal is to **do 2-1/2 hours of brisk, physical activity each week** (this would be like taking a brisk walk for 30 minutes on five days of the week).

The Lifestyle Balance Goals are safe and can be reached. **We will help you to reach these goals by making gradual, healthy, and reasonable changes in your eating and activity.**

It is important to **keep in mind that the calorie and activity goals are based on what we think will work for most people.** But not all people are the same. **To see if your goals are working for you, we will watch the scale.**

**If you do not lose about 1 to 2 pounds per week and keep it off, you may need a lower calorie goal and more activity.** So your goals for calories and activity may change during the program.

We'll go over each of these goals in detail, and exactly what they mean for you, as we go along. You may also have your own, specific goals you want to reach, but these are the goals for the program as a whole. I will do everything I can [and so will the rest of the team] to help you reach the program goals.

Again, some participants may have their own personal goals. Some may want to lose less or more weight. Some may already be very active. Some may wish to do less than 2-1/2 hours of activity. Briefly address their concerns, then move on to the program goals. Here are some examples of ways to address individual concerns:

- If the participant *wants to lose less weight or be less active* than the program goal: "We'll work toward this goal slowly, one step at a time. It's a safe and reasonable goal for you, and I'm very confident that you can do it."
- If the participant *wants to lose more weight or be more active* than the program goal: "Let's work toward this goal first. When you reach this goal, we'll talk about going further."

**Discuss the rationale for the goals.**

The Lifestyle Balance goals are **safe and can be reached.**

We will help you reach the goals by making:

- **Gradual (made one step at a time),**

- **Healthy, and**
- **Reasonable changes in your eating and activity.**

Nothing extreme. For example, you won't need to do very vigorous exercise, although you can if you want. "Being active" doesn't mean you need to be a marathon runner. We will just gradually increase your general activity and help you develop a more active lifestyle.

**Reaching the Lifestyle Balance goals:**

**1. Can prevent diabetes.**

The Diabetes Prevention Program showed that losing weight and staying active can prevent diabetes. Moderate weight loss and physical activity improve the body's use of insulin (the hormone that regulates the amount of sugar in your blood).

**2. Reaching the Lifestyle Balance goals will also help you look and feel better and be more healthy in general.** Research has shown that losing weight and being active can:

- Relieve tension, help you relax and sleep.
- Give you more energy, make it easier to get around (for example, if you're more active on a regular basis, your joints will be more flexible and you'll be less likely to injure your back).

Many of you may have health problems like high blood pressure or high blood cholesterol. Research has shown that losing weight and/or being active can:

- Lower blood pressure.
- Lower blood levels of LDL or "bad" cholesterol (the kind linked to the risk of having a heart attack or stroke).
- Raise blood levels of HDL or "good" cholesterol (the kind that reduces your risk of heart attack or stroke).

**3. In addition, reaching the Lifestyle Balance goals will set a good example for your family, friends, and community.** Many of us live in a family or a culture that practices high-fat eating and inactivity. You will face a challenge as you work at doing things differently. But you will also set a good example of what it's like to live a more healthy lifestyle, which can be inspiring and encouraging to everyone around you.

I know that losing weight and being more active takes a lot of effort. **Changing behavior takes work.** It takes dedication and hanging in there and doing what needs to be done every step of the way.

**We are here to help.** I'll be meeting with you often, and I will do everything **I** can to help all of you reach and stick with your Lifestyle Balance goals. I am confident that **you can do it!**

**Discuss key aspects of the lifestyle coach-participant relationship.**

It is very important that we work together throughout the program as a **team**. Let's review how we will work together as a team (see page 11). I will count on you to:

- **Come to sessions and bring your Group Lifestyle Balance notebook. Call 24 hours ahead if you must miss a meeting.** For example, call before Monday afternoon if you must miss a Tuesday afternoon meeting.
- **Do your best to reach your eating and activity goals.** That includes doing home activities to practice what you learn.
- **Keep track of your eating and activity 7 days a week.** I'll talk with you more about this in a few minutes. **Be honest.** Don't try to "please" me. I will count on you to write down what you are really eating, and how active you really are, not what you think I want to hear or what would make me happy.
- **Keep track of your weight at home.** We will also weigh you here at each session. By weighing yourself at home, you will be able to see the pattern of your weight from day to day and see how your changes in eating and activity affect your weight.
- **Let me know if you have any problems.** Ask questions when you don't understand something. I am here to help and I need to know when you're having any difficulties. There's no such thing as a "stupid" question--it's *smart* to speak up when you have a question.

Some participants, because of their cultural heritage or personal history, may consider it rude to ask questions or to bring up difficulties. This is true, for example, of many Hispanics. With these participants in particular, be sure to express your acceptance and appreciation when they voice their questions and concerns.

- **Stay willing and open to change. Always "hang in there."** We will sometimes run into problems, and I will count on you to hang in there and give it your best until we solve the problems together. This is a "can do" program.

You can count on me to:

- **Present accurate facts about healthy eating, physical activity, and weight loss.**
- **From time to time, go over your records of what you eat and your activity.**
- **Notice what you are doing well and what can be improved.** Noticing what you're doing **well** is one of my most important jobs. I will encourage you and build you up and appreciate your efforts.



## Welcome to the Group Lifestyle Balance Program

- **Answer your questions.** It's important that you feel free to ask me any questions you have, and I will get the answers for you. Please remember that the program staff members are all appropriately trained, and our job is to help you in any way we can.
- **Be honest.** We will both need to "say it like it is." I will count on you to be honest about how you are doing. And you can count on me to tell the truth about how *I* think you are doing and what I think needs to be done to solve any of the problems we run into.
- **Stand by you during hard times,** and
- **Believe you can reach your eating and activity goals.** We all need someone to believe in us when we are making changes for the better. I know you can do it, and when you get discouraged, I will be here to believe in you.
- I will always **"hang in there" for you and support and help you** throughout the program. As you make lifestyle changes, there may be times when you struggle to stay focused on your goals. This is when it is **most** important to keep in touch so that we can work together to keep on track.

Is there anything else you'd like me to do to help you? (Write any appropriate suggestions that the participants make on the board, explain whether or not you will be able to respond to them, and suggest other sources that might be able to address their needs if you and the program will not be able to.)

I have signed this agreement on page 11 as a way of letting you know how I hope we will work together.

Please sign the agreement yourself if you agree to this kind of team approach.

Give participants time to sign the agreement.

### Overview the session topics.

Page 12 shows you the topics for **Sessions 1 through 22**. *[If it is appropriate for your setting, tell participants they are welcome to invite a family member or friend to any or all of the sessions.]*

Now let's begin to keep track of your weight and your progress toward your weight loss goal.

## Welcome to the Group Lifestyle Balance Program

Group Lifestyle Balance Program

Session 1, Page 12

**Introduce the How Am I Doing? Graph for weight and self-monitoring weight at home.**

To keep track of your weight, we'll do two things. First, at every session we'll **mark your weight on a graph, called "How Am I Doing?"**

Ask participants to refer to the "How Am I Doing?" graph for weight that has been inserted into the front of their notebooks. Show the group how to mark their starting weight and goal weight on the graph and to draw a line between the two. Explain that the line shows what a perfectly steady and gradual weight loss might look like for them. Qualify this by saying something like:

Of course, most people's weight goes up and down from week to week, and yours will probably do that, too, sometimes above this line, sometimes below it. Many people lose weight faster at first and then the rate levels off. We won't pay as much attention to each weight but rather to the pattern over time.

We want you to stay under this line as much as possible and reach your goal weight by Week 12. That will be on *[name the date and ask participants to mark it on the graph at 12 weeks and then add the dates between today and then to the graph]*. Maintaining your weight loss will be very important which is why we will teach you not only how to lose weight, but also how to keep it off!

In addition to being weighed at each session and marking it on the graph, I also want you to **weigh yourself at home at least once a week**. Daily is even better. Keep in mind that your weight may vary quite a bit from day to day. What we will look at will be trends over time.

If a participant doesn't have a scale and cannot afford to buy one, check on what options that participant might have.

Always weigh yourself on the same scale because your weight can vary from one scale to another. And weigh yourself at the same time of day, because that can make a difference too.

**What time of day would be best for you?**

---

When you weigh yourself at home, record your weight on the back of the Keeping Track booklet.

**Distribute the Keeping Track booklets. Indicate the weight column on the back, and ask participants to circle the day(s) on which they plan to weigh themselves.**

Now let's move on to the **second part of this session: Getting Started Losing Weight.** Turn to page 21.

**Introduce the rationale for and the basic principles of self-monitoring fat and calories.**

To help you lose weight, our goal will be to help **build healthy eating habits.** And **healthy eating involves eating less fat and fewer calories,** for several reasons.

- First of all, **eating too much fat is “fattening” (makes us fat). So by eating less fat, you can lose weight.**

In fact, fat is the most fattening of all the things we eat. Fat contains more than twice the calories (9 calories per gram) than the same amount of carbohydrate (starch or sugar) or protein (4 calories per gram).

**So even small amounts of high fat foods are high in calories.**

**Fat is also related to heart disease and diabetes.** Research has shown that eating a lot of fat can increase your cholesterol level. Cholesterol is one measure of the amount of fat in your blood. The higher your cholesterol, the greater your chance of having a heart attack. There is also some evidence that eating a lot of fat may increase your chances of getting diabetes.

We'll talk more about the different kinds of fat in two weeks when we talk about healthy eating overall. For now, we want you to focus on eating less fat in general.

- It's also **very important to keep in mind that eating too many calories from any type of food is also fattening. We are going to discuss fat in more detail later in the program.**

The first step to eating less fat and fewer calories is to figure out how much fat and calories you are eating now. Being aware of the amount of fat and calories you eat will help you lose weight.

The first step is to **write down everything you eat and drink in your Keeping Track books.**

This is something we're going to do throughout the program. This is the **most important part of changing your behavior.**

**Keeping track of what you eat will help you and I see, in black and white:**

- What foods you eat,
- How much you eat,
- When and where you eat, and
- How your eating habits change over time.

Your Keeping Track records will be the very basis for our working together. You and I will be the only ones to see them, so **spelling is NOT important.**

You can make up **abbreviations** or use your own shorthand if that makes it easier and faster for you to keep track, just so we both know what you mean.

Note: The use of abbreviations may also help those participants who have difficulty spelling feel less self-conscious.

**What IS important is to:**

- **Be honest.** That means to **write down what you really eat**, not just what you think will please me or yourself.
- Also, **be accurate.** It's best to write down what you eat as soon as possible after you eat it, because it's easy to forget. For example, count the number of slices of cheese you eat and write down the kind of cheese. Measure portions and read labels.
- And **be complete. Include everything.** The butter on the toast, the cream in the coffee, and the mayonnaise on the sandwich.

It may seem hard to write down all of your foods, especially at first. And it does take some time. But it's worth its weight in gold. **Being aware of what you are eating is the first step toward changing your eating habits.**

**Keeping Track (Practice Page)**

Page 23 is a **Keeping Track “practice page.”**

Think about what you ate yesterday, or earlier today, and write down some of those foods and beverages.

- 
- In the first column, write down the time you ate them.
  - In the second column, record the amount (as best you can remember). In the third column, write down the item's name and a description. Skip the columns for fat grams and calories for now- we will be discussing that in more detail next week.

**Portion size is very, very important. Even a small difference in portion size can mean a big difference in calories and fat grams.**

I want you to begin this week to weigh and measure everything you eat and drink, using measuring cups and spoons, a liquid measuring cup, a food scale that weighs in ounces, and a ruler. At the next session we'll go over measuring in more detail and practice it together. Over time, you will become better and better at accurately estimating how much you are eating, and you'll only need to weigh and measure now and then. But for now, it's very important to weigh and measure everything.

Use a set of measuring cups for things like cereal, measuring spoons for things like margarine, and a liquid measuring cup for milk, juice, etc.. The scale is for weighing meats and cheese (*briefly demonstrate how to use it*). The ruler is for measuring things like pizza, pieces of pie, and cookies.

Do you have any questions?

Participants should leave this session aware that:

1. We are more interested in their efforts to be honest and complete about their eating habits than to present us with picture-perfect Keeping Track records, and
2. We consider self-monitoring a very important tool and expect everyone to self-monitor.

Between now and the next session:

- Use pages 14-20 to calculate the pounds you will need to lose to reach your 7% weight loss goal. Write it down.
- Keep track of your weight.

#### **Assign home activity.**

- Weigh yourself at home at least once a week at the same time of day.
- Record your weight in the Keeping Track book.
- Keep track of what you eat and drink.
  - Write down everything you eat and drink in your Keeping Track books.
  - Do this every day, as soon as possible after you eat.
  - Be honest.

## Welcome to the Group Lifestyle Balance Program

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- Record the time of day each time you have something to eat or drink
    - Measure portions as much as you can and start reading labels. Buy a set of measuring cups and spoons, a liquid measuring cup, and a food scale that weighs in ounces (if you don't already have them.)
    - And be sure to include everything you eat and drink. Use 1 line for each food and beverage.
  - Just for this week, skip the calorie, fat and activity columns. The goal for this week is for you to get used to self-monitoring and to become aware of your eating patterns.
  - Ask the participants to bring the completed Keeping Track book to next week's session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session.

After the session:

- Distribute Keeping Track booklets for weeks 1 and 2. Participants should begin recording in the week 1 booklet the morning after the first session for the next 6 days. They should begin recording in the week 2 booklet the morning of their next session and record for 7 days. Giving out two booklets initially will ensure that no days of recording are missed.
- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the video or DVD of the missed session (where available).

## **Session 2:**

# **Be a Fat and Calorie Detective**

### **Objectives:**

In this session, the participants will:

- Review self-monitoring skills, and learn in more detail how to weigh and measure foods, by guessing the amounts of selected high-fat and high-calorie foods, actually measuring the amounts, and then calculating the fat grams and calories
- Receive their fat gram and calorie goals
- Practice finding foods in the Fat and Calorie Counter and figuring out the number of fat grams and calories in foods
- Practice finding serving size and calories and fat grams per serving on the Nutrition Facts label
- Learn the importance of weighing and measuring foods
- Learn to calculate running fat gram and calorie totals for the day
- Learn three ways to eat less fat and fewer calories
- Learn that making small changes in their food choices can make a big difference in their daily fat and calorie intake
- Make a plan to eat less fat and fewer calories

### **To Do Before the Session**

Get materials ready:

- Measuring cups and spoons, liquid measuring cup, scale, and ruler
- One Fat and Calorie Counter per participant
- Pages for participant notebook
- Food models or actual foods for weighing and measuring demonstration.
- Food models of teaspoons of fat or small plates or test tubes containing measured amounts of shortening-- to show graphically the fat content of common high fat foods. Choose foods that you know the participants eat often.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs. Check to make sure that the participant has correctly calculated his or her 7% weight loss goal.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting.

Were you able to write down anything about your eating?

What did you learn by Keeping Track? What difficulties did you have?

Did you start week 2 Keeping Track this morning?

[Praise all efforts to keep track. Be positive and nonjudgmental.]

**Review the rationale for monitoring calorie and fat intake.**

As we discussed last week, we will help you build healthy eating habits as well as help you lose weight. Healthy eating involves eating less fat and fewer calories.

Page 1 reviews the rationale for monitoring fat grams. Reducing fat intake is healthier and helps you lose weight. Eating too much fat can cause weight gain. It contains more than twice the calories as the same amount of sugar, starch, or protein. Even small amounts of high fat foods are high in calories.

Review the example on page 1 (a lot of calories in a small amount of peanuts versus fewer calories in a large amount of popcorn) and/or other examples that are relevant to the participants' eating patterns. Optional: Use food models of fat, fat in a test tube, or shortening measured onto a plate to show the amount of fat in  $\frac{1}{4}$  cup roasted peanuts.



Another reason for monitoring fat intake is that fat is the nutrient most linked with disease. Eating a lot of fat may increase your risk of developing heart disease and diabetes.

For participants who want more information:

The recent Surgeon General, C. Everett Koop, MD, had this to say about the importance of eating healthy: "If you are among the two out of three Americans who do not smoke or drink excessively, your choice of diet can influence your long-term prospects more than any other action you may take." In other words, healthy eating is one of the most important steps you can take to improve your health. And in his recent report to the nation, the Surgeon General named eating less fat as our country's number one dietary priority, more important than sodium, sugar, or additives. In fact, all of these important national organizations recommend eating less fat: the National Heart, Lung, and Blood Institute, the American Heart Association, the American Diabetes Association, the American Dietetic Association, and the American Cancer Society.

**It's also very important to keep in mind that eating too many calories from any type of food can cause weight gain.** For example, pretzels have little or no fat, but do have about 100 calories per ounce. A one ounce snack of pretzels is a good snack choice; five ounces (500 calories) is not.

#### **What kinds of foods do you eat that are high in fat or calories?**

Ask participants, "What kind of foods do you eat that are high in fat or calories?" Ask them to record those foods on page 2 in their handouts and then ask volunteers to share. Make some general points about the food groups or types of food that tend to be high in fat or calories, such as:

1. Meats (Meats contain both fat that you can see and fat that you can't see.)
2. Dairy foods (whole milk, regular cheese, ice cream) (Many Americans get most of their fat from meats and dairy products, including cheese.) (Note: **Many fat free and low fat flavored yogurts are high in calories because they contain a great deal of sugar.**)
3. Snacks (such as potato chips)
4. Butter, margarine (Many people add fat to foods to flavor them.)
5. Gravy, mayonnaise
6. Baked goods (such as cookies, cake, muffins) (Note: **Many fat free and low fat baked goods are high in calories because they contain a great deal of sugar.**)
7. Fat added in cooking (oil, lard, shortening) such as deep-fat frying (fried chicken, French fries, doughnuts).
8. Beverages, such as **regular juice, soft drinks, and fruit drinks** (Note: Many juices and juice drinks contain as many calories as regular soft drinks because of the natural fruit sugars and or added sugar.)

Keep in mind that the purpose of this list is **not** to give the participants detailed information about where fat and calories are found in foods. Rather, the purpose is to begin to show them that many different foods that they eat are high in fat and calories and to provide a rationale for self-monitoring. The facts about where fat and calories are found in foods should come later as a byproduct of their own discovery through self-monitoring.

These are the kinds of foods you will have to watch out for as you become a "fat and calorie detective." They are also the kind of foods that are widely available and they may even be traditional foods in your family or culture.

**Many people aren't aware that most of the fat we eat (70% of it, in fact) is hidden in foods.**

For example, fat is hidden in:

- The marbling of meats,
- Baked products,
- Sauces, and
- Batter coatings on deep fried foods.

Here's an example. *[Review the fast-food meal example on page 2.]* That's a lot of fat, a total of 23 teaspoons or about 1 entire stick of butter or margarine.

The best way to learn how many fat grams and calories are in food is to **keep track of the amount of fat and calories you eat every day.** *[Review page 3.]*

You will need to adapt the following section depending on the participants' literacy level, willingness to self-monitor, and comprehension of the self-monitoring process.

The first step is to:

**1. Write down everything you eat and drink in your Keeping Track books.**

You had an opportunity to practice this first step by recording last week.

As we mentioned last week, this is something we're going to do throughout the program. It is the **most important part of changing your behavior.**

**Keeping track of what you eat will help you and I see, in black and white:**

- What foods you eat
- How much you eat
- When and where you eat, and
- How your eating habits change over time.

We discussed at the beginning of today's session how much you learned about yourself and your eating habits during your first week of self-monitoring. Each week you record, you will continue to become aware of your eating habits and see how you are making healthy changes.

Your Keeping Track records will be the very basis for our working together. Each week you will turn in the Keeping Track book you completed the night before. I will review your book and write comments. I will return the Keeping Track book to you next week.

Remember that only you and I will see them, so spelling is not important. You can make up abbreviations or use your own shorthand if that makes it easier and faster for you to keep track, just so we both know what you mean.

**What is important is to:**

- **Be honest.** Write down what you really eat and drink, not just what you think will please me or yourself.
- **Be accurate.** It's best to write down what you eat as soon as possible after you eat it, because it's easy to forget. Measure portions and read labels.
- **Be complete.** Include everything. Butter on toast, cream in coffee, and the mayonnaise on the sandwich.

It may seem hard to write down all of your foods, especially at first. It does take some time. But it is worth its weight in gold. Being aware of what you are eating is the first step toward changing your eating habits.

You had practice this past week with this first step in recording. What's new this week is step two.

**2. Second, figure out how many fat grams and calories are in every food and write it down.**

To do this, you will need to:

- a. Figure out the amount of food you ate.
- b. Look up each food in the Fat and Calorie Counter, which is a book I'll give you that lists foods and the grams of fat and calories in each one.
- c. Compare the amount of food YOU ate with the amount in the Fat and Calorie Counter to see how many fat grams and calories you ate. And third

**3. Add up the fat grams and calories you eat during the day. At the end of each day, transfer the fat gram and calorie totals to the back page of your Keeping Track book.**

Let's practice Keeping Track.

Give the participants the Fat and Calorie Counter. Explain how foods are listed and the columns to use for calorie and fat gram information. Discuss the importance of looking at the portion size and making adjustments to the calories and fat grams if a different serving size is eaten. Practice how to use it to figure out how many fat grams and calories the participants eat.

Ask for a volunteer to report what s/he ate and drank for breakfast today. Write this menu on the board and ask participants to write it on the **Keeping Track “practice page” (page 4)**. In the first column, write down the time the meal was eaten. In the second column, record the amount. In the third column, write down the item’s name and a description. Skip the columns for fat grams and calories for now.

Give the participants time to record the foods. Taking one food at a time, ask the group to find each item in the Counter and to state the page number on which it is found. Make sure all participants can find the food and beverages in the Counter. Next, calculate the fat grams and calories in the amount eaten. Address any areas of difficulty the group may have.

Some participants may find calculations difficult and confusing. Assure everyone that you will continue to help them with this in the upcoming sessions and that the **important thing for now is to begin finding foods in the Counter and getting an idea of the amount of fat and calories in different foods and in various serving sizes**.

If both high and low fat foods and foods with portion sizes that require some calculation were not included in the sample meal, give examples for the participants to find in the Counter and calculate calories and fat grams.

Ask participants to turn to the section of the Counter that lists alcoholic beverages. Explain the change in format with grams of alcohol listed in the second column rather than grams of fat.

Page 5 lists some things to keep in mind **when you use the Fat and Calorie Counter**.

If you **can’t find a food**:

- Look for one that is the most like that food. (Don't assume that a food doesn't contain fat because it's not listed in the Fat Counter.) For example, use nut bread for zucchini bread.

- Write the name of the food in the back of your Fat Counter. There is a section there for listing additional foods. Then ask me about it at the next session, and I will help you find the calories and fat grams.

If you are having **trouble figuring the grams of fat and calories:**

- Just write down the food or beverage and the amount. I will help you figure the calories and fat grams when you come in.

If you make a **recipe:**

- For many recipes, you can simply write down how much of each ingredient you ate. For example, in a stew, write down the amount of each ingredient that was in the amount you ate: how much beef you ate, how many carrots, and so on. Include any fat that you used in cooking.
- Another suggestion is to use the calories and fat gram values for a similar food listed in the Fat Counter.
- If you cook from recipes often, you can add up the calories and fat of all the ingredients and divide by the number of servings to get the calories and grams of fat per serving. If you have trouble figuring out a favorite recipe, bring it in to the next sessions and I will help you.

The bottom line for now is to **just get started and do your best**. If you run into any problems, I'll help you with them at the next session.

If you eat a **packaged food:**

- Look on the label for the fat grams. (Even if it is listed in the Counter, the grams on the label are more accurate.) First, find the Nutrition Facts on the label, and look at the serving size. Is this the amount you ate? And look at the calories and total fat grams per serving.

What if you eat a larger serving than is listed on the label? You will be eating more calories and fat grams than are listed on the label.

Review the sample label on page 6. Be sure the participants are able to locate the three most important pieces of information; the serving size, the calories per serving, and the total fat grams per serving. Ask the participants what calories and fat grams they should record in the Keeping Track book if they ate 42 pieces instead of 21. What if they ate 10 pieces?

Be sure that the participants understand that the serving size on a label may be very different from what most of us consider a serving. Also explain that many packages look like one serving but the label values are for one serving in a package of two or more servings.

The final step in keeping track of fat and calories is to add up the fat grams and calories you eat during the day. There are two ways you can do this in your Keeping Track book.

Demonstrate or have the participants calculate several running totals.

A running total is like a subtotal or running balance in a checkbook. The purpose of keeping a running total is so you know just how many fat grams and calories you've eaten as you go along.

**Demonstrate and practice how to add up fat grams and calories during the day**

Refer back to the Keeping Track Practice Page on page 4 with the sample breakfast the class practiced looking up calories and fat grams in the Fat Counter. Ask the participants to add up the total calories and the total fat eaten during this meal. Write the calorie and fat gram totals on the practice page and label it "subtotal". Encourage participants to keep a running subtotal after eat meal and snack.

You can use this to plan what foods you choose for the rest of the day. For example, "What should I have for lunch? Well, I've eaten x grams of fat and xxx calories so far. My fat gram goal is x grams, and my calorie goal is xxxx. So I'd better eat less than x grams of fat and xxx calories for lunch to stay under my goals for the day." This is like using a budget to manage how much money you spend. Continue to add calories and fat grams after each meal and snack and write it in your Keeping Track.

**The final step of self-monitoring is to transfer the total fat grams and calories for each day to the back of your Keeping Track booklet (show the participants where the totals should go).** This will help us both to see at a glance how you've done during the entire week. At the end of the week, you may want to add the daily calorie and fat totals to get a weekly total and divide it by seven to get your daily average calorie and fat intake.

**Review self-monitoring skills using the Fat and Calorie Counter, weighing and measuring tools, and actual foods or food models.**

As we've said, **weighing and measuring foods is important.** You can see from the Keeping Track practice page that **portion size is very, very important. Even a small difference in portion size can mean a big difference in calories and fat grams.**

I want you to continue **to weigh and measure everything you eat and drink, using measuring cups and spoons, a liquid measuring cup, a food scale that weighs in ounces, and a ruler.**

Today we're going to start with something "hands-on" and practice weighing and measuring together. First, let me go over some details about how to use the cups and scale and so on. You may be doing these things already.

**Measuring cups and spoons**

Use these for solid foods like margarine or mashed potatoes. Fill the cup or spoon and then level it off before you record the amount.

Demonstrate how to level.

Leveling can make a big difference. For example, even two extra tablespoons of granola on top of a cup that hasn't been leveled will add about 3 grams of fat.

**Liquid measuring cup** (demonstrate this)

Use a liquid measuring cup, if you have one at home, for items such as milk, juice, or soup. Pour the liquid in the cup, then read the line at eye level while the cup is resting on a flat surface (such as the kitchen counter). If you read it from above, your eyes can fool you.

Demonstrate measuring liquids and reading the amount at eye level while the cup is resting on a flat surface. Use any liquid. Water is fine.

**Scale**

The best way to measure meat and cheese is on a scale. Even a small amount can make a big difference in calories and fat. Scales can measure very small amounts.

Optional: Demonstrate the use of the scale by weighing an actual food or food model. Have the participants weigh another food or food model. Make sure the participants can use the scale and read the results.

It's important to **weigh meats after they are cooked**. They lose about a quarter of their weight in cooking. So 4 ounces of raw meat weighs about 3 ounces when it's cooked. Three ounces of meat is about the size of a deck of cards or your palm, minus the fingers.

When you weigh cheese, you'll notice that one slice might look like another but not weigh the same. For prepackaged slices, you can check the label for the weight.

**Most people are surprised when they begin to weigh and measure foods.** Our eyes can play tricks on us.

Were you surprised by the actual amounts? Even small mistakes in estimating amounts can make a big difference in the fat grams and calories.

Show the participants the food models (or actual foods) for common foods. Review the instructions on page 7. Either hold up each food model or ask the participants to come up to the display and briefly guess the amounts, and return to their seats and guess the amount of fat grams and calories. Ask participants to record the actual amounts on page 7. Then tell everyone the actual grams of fat and calories.

Optional: Give each participant a bowl and pass around a box of cereal. Ask them to pour into their bowl the amount of cereal they usually eat. Then give participants a measuring cup and ask them to measure the amount in the bowl. Ask if they are surprised by the actual amount. Is this more or less than they expected?

Eventually you will get better at judging food amounts by looking. **For now, weigh and measure foods as often as you can.**

Weighing and measuring your food will:

- give you a more accurate record of the calories and fat you eat each day, and
- will show you what a reasonable portion of food looks like.

**Give the fat gram and calorie goals.**

We have talked about the importance of accurately measuring food and recording calories and grams of fat in the Keeping Track book.

**Note: The following explanation is for only those participants who express interest in how their calorie goal has been calculated. Do not give this text to participants.**

*Question:* How did you determine the number of calories I should be eating to lose weight?

*Answer:* The number of calories you need for weight loss depends on many things, including how active you are, how old you are, and so on. But we can make a good guess and then see how the scale responds. We like to begin by estimating what you ate when you entered the program.

1. Estimate of what you ate when you started:

Starting weight x 12 = calories/day (estimate)



2. A slow, steady weight loss of 1 to 2 pounds per week is the best goal.
  - To lose 1 pound, you must eat 3,500 calories less. If you want to lose 1 pound in 1 week, you would need to eat 500 fewer calories each day for 7 days.
  - To lose 2 pounds, you must eat 7,000 calories less. If you want to lose 2 pounds in 1 week, you would need to eat 1,000 fewer calories each day for 7 days.We recommend a weight loss of 1 to 2 pounds per week. No one should eat fewer than 1,200 calories/day.
3. Estimated calories at start: calories/day for maintenance
  - To lose 1 pound per week, subtract 500 to get calories/day.
  - To lose 2 pounds per week, subtract 1000 to get calories/day.
4. Finally, we simplified this for the program by collapsing all of the individual calorie goals into three goals based on a range of weights.

To help them lose weight, everyone in the Group Lifestyle Balance Program will be asked to try to stay as close as possible to their fat and calorie goals. The fat and calorie goals are based on body size and the amount of calories needed to lose weight.

On page 8 is a chart of starting weights, fat goals, and calorie goals. Find your starting weight and **circle your fat and calorie goals** (they're in the same row as your starting weight).

You can think of your fat and calorie goals as a budget because you need to stay as close as possible to these goals every day.

A gram is the way fat in food is measured. A gram is a unit of weight. One paper clip weighs about 1 gram. *[Note: Be careful not to go into too much detail here because some participants may be easily confused by the differences between grams of weight and grams of fat.]*

We don't expect you to reach your fat gram and calorie goals right away or be able to stay as close as possible to them every day. It may be hard to reach your fat gram and calorie goals at first. For now, just try to **get as close to your goals as you can**. During the next few sessions, we will teach you how shop for food and cook and serve it so that it is easier for you to reach your goals. Over time we'll work together so that you can consistently stay as close as possible to your fat and calorie goals. .

It is also important not to go too low. Don't try to see how few calories and fat grams you can eat in a day.

The Lifestyle Balance fat gram recommendation is considered a moderate fat, not a low fat, diet. Approximately 25% of your calories come from fat.

**Earlier we talked about the fact that most of the fat we eat is hidden in foods (70%, in fact).** Fat is hidden in the marbling of meats, baked products, sauces, and batter coatings on deep fried foods.

Let me show you what the fat in these foods would look like if we could see it as teaspoons of butter, margarine, or oil. *[Tell participants how many teaspoons of fat are in several commonly eaten high fat foods. (examples include a fast-food sandwich, fried chicken, chips, cheesecake). If possible, illustrate using food models of teaspoons of butter or test tubes or plates of measured amounts of shortening.]* That's a lot of fat, a total of x grams and x pats (or x sticks) of butter or margarine altogether *[note: one stick of butter or margarine = 1/2 cup or 24 teaspoons]*. Pretty amazing.

**Introduce the three ways to eat less fat and fewer calories.**

Many different kinds of foods are high in fat, but there are only three basic ways to eat less fat and fewer calories.

1. **Eat high-fat, high-calorie foods less often.** *[Review the example on page 9.]*
2. **Eat smaller amounts of high-fat, high-calorie foods.** Cutting back even a little can make a big difference. *[Review the example.]*
3. **Eat lower-fat, lower-calorie foods instead.**

In the coming months, you'll discover a number of ways to "eat lower-fat, lower-calorie foods instead." Here are a few examples of the difference you can make.

*[Review the examples on page 10, including the warning about the calorie content of low-fat or fat-free products. Use other or additional examples if they would be more relevant to the participants' eating patterns.]*

**Review ways to use the 3 ways to eat less fat and fewer calories used on the "menu make-over" on page 11. Notice that making these changes throughout the day made a big difference in the calorie and fat gram totals for the day.**

These pages show examples of small changes that make a big difference in fat grams saved. These are examples of the different ways to eat less fat, not menus for you to

follow. You will make your own food choices to reach your calorie and fat gram goals.

Mention that potato chips appear in the menus on both pages 10 and 11, and explain that there are no “good” or “bad” foods and there are no “forbidden foods” in this program. The participants can eat any food in a small amount now and then and still stay within their calorie and fat gram goals.

Optional: If time allows, ask volunteers for some examples of makeovers of their own.

Changing the way we eat is a gradual process and it will take time. I don't expect you to be perfect. During the coming months you will learn many different ways to help you eat less fat and fewer calories. For now, I want you to be the best and calorie fat detective you can be, looking for fat and calories everywhere. And just do your best to **come as close to your fat gram and calorie goals as you can.**

Do you have any questions?

Participants should leave this session aware that:

1. We are more interested in their efforts to be honest and complete about their eating habits than to present us with picture-perfect Keeping Track records, and
2. We consider self-monitoring a very important tool and expect everyone to self-monitor.

### Assign home activity.

Turn to page 12 and let's focus now on what you can do between now and the next session.

- Keep track of your weight and what you eat. Keep running fat gram and calorie totals throughout the day, and try to stay as close as possible to your fat and calorie goals (budgets). Announce that each week you will collect their completed diaries, review it and make comments and suggestions, and return it the following week. This is an important way for us to communicate and for me to help you be successful in your efforts to create a healthier lifestyle.
- Make a plan to eat less fat and fewer calories, and follow it.

Let's make the plan right now using this chart. First, write down five foods you eat that are high in fat and/or calories. These should be foods that you eat often (not, for example, birthday cake that you eat only rarely). Write down how you could use one of the 3 ways to eat less fat and fewer calories. Now circle one of these foods and make a plan by answering the questions on page 13.

Assign the questions at the bottom of page 13 as part of the home activity. Stress that the plan to eat less fat and fewer calories should be specific and realistic.

Any questions?

Announce the time, place, and topic for the next session.

After the session:

- Complete data forms and documentation required at your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the video or DVD of the missed session (where available).
- Review the self-monitoring records from the previous week. Comment in writing briefly. Be positive and nonjudgmental. Comment on the mechanics of recording, not nutritional value of their diet.
- Praise all efforts to keep track, no matter how small, and any level of accuracy or completeness (e.g., descriptions of foods, methods of food preparation, additions to foods at table, or details about portion size). For example, “It’s really useful that you recorded the 2 teaspoons of butter you added to your mashed potatoes.”
- Point out no more than one area for improvement, preferably starting with the most simple. For example, “You were able to record all weekdays. Great! Next, try to record on weekends to see how your eating habits are different on those days.”

## Session 3: Healthy Eating

### Objectives:

In this session, the participants will:

- Discuss how eating less fat and fewer calories fit into the overall context of healthy eating.
- Explain MyPlate as a model of healthy eating, including an emphasis on lower fat/lower calorie foods.
- Review the recommendations of MyPlate and the Dietary Guidelines for Americans, 2010.
- Practice comparing eating patterns to the recommendations of MyPlate.
- Discuss the healthier types of fat and how to include them in the diet while staying within the recommended calorie and fat gram goal.
- Discuss how and why to limit saturated fat, trans fat, and cholesterol.
- Discuss factors to consider when planning healthy meals.
- Be introduced to the importance of eating more vegetables, fruits, and whole grains.
- Be asked to begin being more physically active.

### To Do Before the Session

Get materials ready:

- Keeping Track books (blank and those with comments)
- Pages for participant notebooks
- Poster, slide, or overhead transparency of MyPlate
- Individual samples of low-fat/calorie foods to taste (optional)
- 9-inch Styrofoam divided plates (optional)

Note: You may want to revise and/or expand the list of cookbooks on the handout **Lower-Calorie, Lower-Fat Cookbooks** with examples that are available locally.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

Weigh each participant privately as the group gathers. Record the weight on the **Group Lifestyle Balance Leader's Log**. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

In the last session, we talked about **three ways to eat less fat and fewer calories**. Your assignment was to keep track of your weight and what you eat, keep running fat gram and calorie totals throughout the day, and try to stay within your fat and calorie goals (budgets). You were also to follow the plan you made to eat less fat and fewer calories from one food that's a high source of fat and/or calories for you.

- How did it go? Did you follow your plan? What problems did you have? What could you do differently?
- What did you learn by Keeping Track? What difficulties did you have?
- Were you surprised by the amount of fat and calories in some foods?
- How did using the Fat Counter go?
- Did you find the necessary information on the Nutrition Facts on food labels?
- Did you keep a running total of calories and fat grams?
- Did you follow your plan to eat less fat and fewer calories?
- Did you try any new food products (example: reduced fat salad dressing)?
- How close did you come to your calorie and fat gram goal?

**Discuss how eating less fat fits into the overall context of healthy eating. Introduce MyPlate as the model for healthy eating.**

In the last sessions, we talked quite a bit about eating less fat and fewer calories. **Eating less fat is essential to losing weight. It's also one important part of healthy eating in general.** Today we're going to talk about some of the *other* parts of healthy eating. We'll look at your overall eating pattern to see how healthy it is and how you might improve it.

**Some of the other parts of healthy eating include:****The way you eat:**

- **A regular pattern of meals is important.** Spread your calories through the day in a pattern that fits your lifestyle and eating preferences. Try to eat 3 meals each day and include 1 or 2 healthy snacks. This will keep you from getting too hungry and losing control. Trying to eat at the same time everyday has been helpful for some participants.
- **Eat slowly.** You will digest your food better if you take small bites and chew your food well. Also, you'll be more mindful of what you are eating and more aware of when you are full. Try pausing between bites, putting down your utensils, and enjoying the taste of your food and the company who may be present.
- **Don't worry about cleaning your plate.** The greatest waste of food is to eat more than you want or need. Practice serving yourself smaller portions to begin with.

**Another part of healthy eating is *what you eat overall*.**

- This program emphasizes healthy food choices so you will lose weight **and** improve your health.

One way to describe a healthy meal is in terms of food groups, in which foods are placed that have a similar amount and type of nutrients important to health. In 2011 the United States Department of Agriculture (USDA) replaced MyPyramid with MyPlate as the model for healthy meals. MyPlate is a **general guide to healthy eating** that's based on the latest findings about nutrition and health. Have you heard of MyPlate?

Tailor the following discussion based on what the participants already know about MyPlate. Review MyPlate.

**Note:** The intent is to give participants a general overview of MyPlate. Interested participants should be encouraged to visit the MyPlate website.

Pages 2-4 of your handout give information about MyPlate.

- Page 2 shows the design of MyPlate.
  - Foods are placed into one of 5 food groups based on what nutrients they contain. These 5 groups are Vegetables, Fruits, Grains, Protein, and Dairy.
- Explain the format of the plate model, the different sections, and foods that belong in each.

- Notice that half the plate should be filled with fruits and vegetables. If this would be done at each meal, people would easily reach the recommended 5-9 servings of produce each day.
- MyPlate illustrates that you should be eating a mostly plant based diet. A generation ago, many families built their meals around meat: the "meat and potatoes" eating style. Now we know that most Americans eat too much fat (especially saturated fat) and protein, and much of it comes from big servings of meat. So a foundation of a healthy eating plan is not meat, but rather vegetables, fruit, and grains (especially whole grains). Note that the smallest section of MyPlate is for Protein.

Review the information on page 2 about how MyPlate can be used to plan healthy meals.

- Page 3 gives more information about the foods in each group and suggestions for the healthiest choices. [Participants who would like additional information about the foods in each group and portion sizes should be directed to the website, [www.choosemyplate.gov](http://www.choosemyplate.gov).]
- Page 4 provides "10 tips to a great plate". [Encourage participants to read this page again at home. Point out the website address, [www.choosemyplate.gov](http://www.choosemyplate.gov), as a source of additional information.]

Let's practice using MyPlate. Turn to page 5.

The Coach may write a sample dinner menu on the board or ask a participant to share what s/he ate for dinner last night. Draw MyPlate on the board.

Look at the first item on the menu. In which food group of MyPlate does this food belong?

[Note: Write the name of the food in the correct section of the plate.]

Let's look at the next item on the menu. In which food group does this belong?

[Note: Repeat for each food and beverage on the menu.]

Now let's "rate your plate" by comparing this meal with the recommendations of MyPlate. Is there a food in each section of the plate? Is there a food high in protein? Is the Protein portion size about 3 ounces? Is the food from the Grain group a whole grain? Are fruits/vegetables included? Is there a variety of colors of fruits and vegetables? Do fruits and vegetables make up half the plate? Are the food choices lower in fat and calories? Is the Dairy item low-fat or fat-free?



How were the foods prepared? (Discuss low-fat versus high-fat cooking methods.)

The MyPlate recommendations also state that we should be eating less added sugar, salt, fast food, refined grains, and solid fat. Does this meal follow the recommendations? MyPlate also recommends drinking water instead of sugary drinks. Does this meal follow the recommendation?

[Note: Stress the importance of reading Nutrition Fact labels and using the Fat and Calorie Counter. If time permits, the group may look in the Fat and Calorie Counter for the calorie and fat grams for each food. Discuss if this would easily fit into the calorie and fat gram goals for the day.]

What changes could be made to this meal to better follow the recommendations of MyPlate? (For example: more vegetables, smaller portion of meat, add fruit and/or dairy, etc.)

The MyPlate model will help you eat healthy, balanced meals, include more plant foods, and practice portion control.

Note: Plate sizes in the United States have increased over the years, as has the incidence of overweight and obesity. Measure your dinner plate when you get home this evening. Try using a 9-inch plate. This will help manage portion sizes while making it look like you are eating a satisfying amount of food.

For weight loss, it is important to stay within your calorie and fat gram goals. To improve your health while you are losing weight, it is important to make the healthiest food choices possible within your calorie and fat gram goals. MyPlate will help you to include many healthful nutrients in your meals while staying within your fat and calorie goals. The [www.choosemyplate.gov](http://www.choosemyplate.gov) website allows you to enter your personal information to get an individualized eating plan.

### **Discuss how to include fat in a healthy diet**

MyPlate does not give specific recommendations about fat except to say that we should eat less solid fat and limit saturated and trans fats. So how should fat be included in a healthy diet?

Eating less fat **overall** can help you lose weight as well as lower your risk of heart disease, cancer, and other health problems.

In addition to eating less fat overall, it is important to use the healthier types of oils and to limit the unhealthy fats that increase your blood cholesterol levels. A

healthy diet is low in unhealthy saturated fat, trans fat, and cholesterol. Eating less saturated fat, trans fat, and cholesterol can lower your risk of heart disease. Page 6 lists information about these three.

- Saturated fat is the main dietary cause of raising both total cholesterol and LDL (“bad cholesterol”) levels in the blood.
- Trans fat also increases total and LDL cholesterol. It also decreases the HDL (“good cholesterol”) in the blood. As of 2006, trans fat must be listed on the Nutrition Facts label.

It is important to replace the unhealthy saturated and trans fats with the healthier types of fat; monounsaturated, polyunsaturated, and Omega 3 fats listed on page 7.

- Both types of unsaturated fats (monounsaturated and polyunsaturated) fats are considered healthy choices. They may lower cholesterol **when used in place of saturated fats**.
- Omega 3 fatty acids are a type of polyunsaturated fat that may be especially heart healthy. Omega 3 fatty acids are found mostly in fish such as salmon, albacore tuna, herring, mackerel, and rainbow trout. **Emphasize that fish should be prepared using low-fat cooking methods, not deep-fried.** Other sources of Omega 3 fatty acids include walnuts, flaxseed and flaxseed oil, and canola oil. Omega 3 fatty acids may lower your risk of death from coronary artery disease. Participants that are interested in learning more about Omega 3 fatty acids may access the American Heart Association website. Be sure to remind participants that they should consult with their health care provider before beginning any kind of supplement.

All fats contain a mixture of saturated, monounsaturated, and polyunsaturated fatty acids. They are classified according to which type of fatty acid they contain in the greatest amount.

**All fats contain 9 calories per gram, so remember to carefully watch portion sizes so you stay within your fat gram goal.**

The [www.choosemyplate.gov](http://www.choosemyplate.gov) website gives additional information about fats, oils, and sugars.

Optional: Participants could taste-test soft tub, squeeze, and spray margarine on a small square of whole grain bread. In addition, participants could taste-test a margarine that has added plant stanols or sterols such as Benecol® or Take Control®. Plant stanols and sterols can help lower blood cholesterol levels.

**Provide additional details about planning healthy meals.**

Suggestions for making healthier food choices are listed on pages 8 and 9.

Some guidelines about planning a healthy meal are listed on pages 10 and 11. Don't let all the details overwhelm you. Throughout our weeks together we will show you how to plan meals that include these features.

Review information on "Planning Healthy Meals". **Emphasize the importance of increasing whole grains, vegetables, and fruit. Emphasize the goal of moving toward a more plant-based diet.**

- Number 11 encourages you to "choose healthier carbohydrates". A healthy diet includes carbohydrate. You are not being asked to monitor your carbohydrate intake. Just as you have been encouraged to choose the healthier unsaturated fats and to choose the healthier lean protein foods, there are healthier carbohydrates you should include.

Review the information. Remind participants that you will continue to assist them in making healthy food choices throughout this program.

- Regarding alcohol, explain that a) the Dietary Guidelines for Americans, 2010, recommend that if you choose to drink alcohol, do so in moderation. Moderation is defined as no more than 1 drink per day for women and no more than 2 drinks per day for men, and b) alcoholic beverages are high in calories. Consider one serving to be one can (12 fluid ounces) of beer (150 calories), one glass (5 fluid ounces) of dry wine (115 calories), or 1.5 fluid ounces (one "shot") of liquor (105 calories). Mixers, such as tonic or a regular soft drink, add more calories.

There are many other topics related to healthy eating. I have included additional handouts (pages 13 – 27) that will help you eat a healthier diet. [Either distribute all the handouts and quickly review the main topics OR distribute the most relevant now and provide the others at future sessions].

If some participants do a great deal of cooking from recipes, review the guidelines on the handouts, **Build a Better Recipe** (page 13) and **How to Lower the Fat in Recipes** (page 14), highlighting those that are particularly relevant. Also distribute pages 15--17, **Lower-Calorie, Lower-Fat Cookbooks**.

**Assign home activity (see page 12).**

Between now and the next session:

- Continue to **Keep Track of your weight and what you eat.**
- **Do SOMETHING ACTIVE on 3 to 4 days next week.**  
**The Dietary Guidelines for Americans, 2010 also recommend that we increase physical activity and reduce time spent in sedentary behaviors.**

Next week we'll begin to talk in detail about the activity goal for the program. So to get you started I want you to simply do something physically active on 3 to 4 days next week.

We want to encourage you to start being active as part of your daily routine. So it's important to do something you **like** to do. It doesn't really matter at this point exactly what it is or for how long you're active. You might take a walk in your neighborhood. Play ball with your children or grandchildren. Ride on an exercise bike. Walk to the store or at the mall.

We suggest brisk walking. It's easy to do and good for you. What other activities might you like to do?

Ask participants to record a few ideas on page 12. Ask volunteers to share.

Don't do anything too strenuous. We want you to start off very slowly.

**Do not begin your physical activity program until you have gotten the okay from your health care provider.**

- Use **MyPlate** several days this week.

Optional: Give participants a 9-inch divided Styrofoam plate (available at grocery and party supply stores) and encourage them to use it for a meal this coming week.

Also, **answer these questions** before our next meeting:

- Did you make any changes to better match MyPlate? If yes, what were they?
- What problems did you have? How did you solve them?

At the next session, the focus will shift, as planned, to the physical activity goal.

Note: People understand the health and weight loss benefits of eating a healthy diet, but are concerned that eating this way will be more expensive and greatly add to their grocery bill. Acknowledge any concerns participants may raise. The following points may help address their concerns:

- Research published in the Journal of the American Dietetic Association (May 2002) found that a diet of healthy foods was less costly and it also promoted weight loss.
- Examples from each food group :
  - Grains: Sugared cereals are usually more expensive than unsweetened. Reduced fat crackers are typically the same price as the full-fat crackers. Bagels are usually cheaper than donuts. You pay more for convenience. For example, instant oatmeal packaged in individual servings is about twice the price per ounce than buying a box of quick oats that you measure yourself.
  - Vegetables: Buy fresh produce in season. Take advantage of local farmer's markets. Use canned and frozen vegetables without sauces or cheese. Buying organic produce usually increases the cost. Buying prewashed or precut vegetables adds to the cost. Consider growing a garden!
  - Fruit: Buy fresh produce in season. Take advantage of local farmer's markets. Use canned or frozen fruit without added sugar or packed in its own juice. Watch the packaging: frozen orange juice that requires reconstituting with water is less expensive per ounce than the cartons that are ready to drink. Juice packaged in a single serving container is more expensive, yet.
  - Dairy: Whole milk is usually more expensive than skim milk. Low fat or fat free cottage cheese is the same price as the full-fat.
  - Protein: Leaner cuts of meat can be more expensive than the higher fat cuts. Remember that you will probably be eating a smaller portion size than you did before you started the program. Consider adding some meatless meals. Legumes (beans and peas) are an inexpensive source of protein and fiber.
- Remind participants that they will be eating less food overall than they did before they started the program.
- They will be saving money by buying less (or none) of the expensive "junk foods" like candy, chips, etc.
- To save money, plan meals ahead of time, make a shopping list, watch the ads for sales, clip coupons, and try store brands.

After the session:

- Complete data forms and documentation required at your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

## **Session 4:**

# **Move Those Muscles**

The script for this session is written as if the participants have been relatively sedentary before this time. Use your judgment to adapt your presentation of the session for those participants who are already significantly active.

### **Objectives:**

In this session, the participants will:

- Receive the Group Lifestyle Balance physical activity goal.
- Discuss the differences between planned and spontaneous/unstructured activity.
- Understand the importance of obtaining the approval of their health care provider before beginning this program.
- Recognize safety issues related to physical activity and when to stop exercising.
- Identify some of the many benefits of an active lifestyle.
- Consider time spent inactive and ways to decrease sitting time..
- Discuss the recommended gradual progression of this physical activity program
- Identify other types of moderately intense aerobic activities equivalent to brisk walking that the participants may enjoy.
- Planning ahead for an active week.
- Learn different ways to find the time to be active.
- Understand techniques for safe exercising and stretching to prevent injury including warm up and cool down, staying in control and balance, and avoiding bouncing and holding ones breathe.
- Review information on proper footwear, what to do in case of a musculoskeletal injury, safe stretches to do at home, and how to prepare for exercising in hot and cold weather.

### **To Do Before the Session**

Get materials ready:

- Keeping Track books
- Pages for participant notebooks

**Make sure all participants have their physician's approval prior to beginning the activity portion of the program.**

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets.  
Distribute materials.**

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

In the last session, we talked about healthy eating.

How did Keeping Track of your weight and eating go?

- Did you use the MyPlate model this past week?
- What changes did you make to better match the recommendations of the MyPlate model?
- What changes did you make to eat a healthier diet overall?
- Did you change your portion size of meat/poultry/fish...either to moderate the portion or remember to include protein?
- Did you try to reduce your sodium intake?
- Did you increase plant foods?
- Did you try a high fiber breakfast cereal?
- Did you eat more slowly and mindfully?
- Did you try to eat at regular meal times?
- What problems did you have? How did you solve them?

At the end of the last session, you set an activity goal:

- Were you able to do something active on 3 to 4 days per week?
- How did that go?

[Praise all improvements, no matter how small. Problem solve with the participants to address any barriers.]

**Introduce the concept of “planned” and “spontaneous/unstructured” activity.**

So far you've focused on losing weight through healthy eating. Starting with this session, we will also begin to focus on the other key part of the Group Lifestyle Balance program: achieving and maintaining an active lifestyle.

In general, our grandparents performed more bodily movement and physical activity in their typical day than we do now. There weren't elevators in every building. Cars were harder to come by as many people could not afford them. Many more people would walk to wherever they needed to go. They had no phone or only one phone and so they ran up or down the stairs to answer it. They did the dishes and laundry by hand. Activity was part of their life. By contrast, most of us now have so many conveniences that our lives are almost guaranteed to be inactive unless we **consciously add movement and activity to our day**.

The overall goal of the activity portion of the GLB is to help you find ways to add movement to your daily routine in ways that can be counted (planned) and as well as in ways that would be difficult to count (spontaneous/unstructured). At the end of the day it is the sum of the planned and spontaneous (or unstructured) physical activity that is important.

**Planned Activity** is the structured part of your day in which you perform moderately intense activity such as brisk walking. By the end of this program, the goal will be for you to figure out how to achieve and maintain a minimum activity foundation of 150 minutes of moderately intense activity to your week. This physical activity goal is in line with the Surgeon General's Recommendations for the public.

**Spontaneous or Unstructured Activity** consists of activity choices that we make during the day that are too brief to count and keep track of, but can make a difference in your total activity level. For example, parking farther away from the store, or taking the stairs instead of the elevator are ways to increase spontaneous activity.

Before we get started, what can you expect from this activity program?

**Discuss the keys to success and safety issues.**

We want to assure you that you can succeed with this program. There are several keys to success: (refer to graphic on bottom of p. 2)

- **Starting point:** It does not matter about your current activity level. We will start at the beginning with you, wherever that may be, no matter how inactive, and help you to increase your activity level slowly, steadily, and safely.
- **Keeping track:** Just like we asked that you keep track of your food intake, we will now ask you to track your physical activity levels. This is very important in helping you understand and improve upon your physical activity behavior.
- **Planning ahead:** Making plans to include activity in your week is also very important in reaching your activity goal.



- Progression: Your **progression** will be slow and safe with increases of no more than 30 minutes per week. That is less than 5 minutes per day.

SAFETY: One of the most important keys to success is making sure that you are safe to be physically active. This is why we require that you get the ok from your health care provider before starting your physical activity program. It is also important to keep your health care provider informed about your progress in the program as he or she is very interested in your health and well-being.

There are some important issues to consider regarding your safety:

- Never are we (as your GLB coaches) able to provide medical advice. We are NOT your health care provider and will NOT replace your health care provider.
- In all cases of illness, pain, or medication adjustment, you need to go to your health care provider.
- If you get sick, we will ask you to put your activity on hold until you are well again, and your health care provider has given you the OK to start exercising again.
- If you feel pain (not muscle aches but pain), we ask that you stop doing what you are doing and have it checked out by your health care provider.
- Please review the “*When to Stop Exercising*” handout on the next page. All cases of chest pain and/or discomfort should be brought to the attention of your health care provider as soon as possible.

**Discuss warning signs and when to stop exercising.**

Although being physically active is usually very safe, there are some times when you should stop exercising. Let’s review some of these times. If you experience an uncomfortable pressure, pain, or any kind of discomfort in your chest, or radiating to, or even starting in your neck, arm(s), shoulder(s) jaw, or back, you should stop exercising and rest. If what you were feeling does not go away within 2-4 minutes, you should call for help and go immediately to an emergency room. If it does go away, you should let your doctor know about the incident as soon as possible.

Some other symptoms to be aware of include severe nausea, shortness of breath, sweating, feeling light-headed or faint, or having an irregular pulse or palpitations. If you experience any of these symptoms while exercising, you should stop and rest. If the symptom doesn’t go away within 5-10 minutes, you should call your doctor. If it does go away, you should let your doctor know about this incident as soon as possible.

All of these signs and symptoms are important because they could be signs of a heart attack and should never be ignored. These symptoms should also be reported to your doctor. We will review some other safety issues later.

**Provide the rationale for the activity goal.**

Next, I want to be sure you understand why being more active is so important.

**Regular physical activity will make you more physically fit. It will:**

- ➔ Help you feel, look, and sleep better.
- ➔ Make you more physically fit. It will be easier for you to do your daily tasks, like climbing stairs and keeping up with your kids/grandkids.
- ➔ Help you lose weight and keep it off.
- ➔ Improve bone density and muscle strength which improves joint stability, flexibility, and balance
- ➔ Lower your risk for heart disease and diabetes.

Being active may:

- ➔ Raise HDL cholesterol (the “good” cholesterol or fat in your blood).
- ➔ Lower triglycerides.
- ➔ Lower blood pressure.
- ➔ Lower blood sugar and make your body more sensitive to insulin.

Many people report that they simply **feel good** when they're more active, and they really miss it if they've been active for a while and then stop.

**Help you lose weight and keep it off.** Research has shown that both diet and physical activity exercise are important to lose weight and keep it off. Diet is the more important of the two for weight loss, whereas physical activity is a relatively more important predictor of successful weight maintenance. A good balance of the two is needed for a healthy lifestyle.

In addition to helping you lose weight, be more fit, and feel better in general, **physical activity will lower your risk for heart disease and many other chronic diseases and conditions.**

- In the Diabetes Prevention Program, being more active was shown to be part of a package that reduced the risk of developing type 2 diabetes.

These are some of the many benefits of an active lifestyle. It's the gift that keeps giving.

**Introduce the Group Lifestyle Balance activity goal.**

As we have discussed, the Lifestyle Balance activity goal is to **reach and maintain a minimum of 2-1/2 hours of physical activity each week**. This may sound like a lot right now, but you will:

- **Pick activities you LIKE.** We want you to develop a lifelong habit of being active, so you'll want to choose activities that you enjoy and ones that are also appropriate and feasible for you and your lifestyle. We'll talk more about that in a minute.
- **Choose moderate kinds of activity**, like brisk walking. Nothing extreme.
- **Work up to this goal *slowly*.**
- **Spread the weekly total over 3 to 4 days (or more) per week.**

For example, you might start by walking 10 minutes a day on 6 days a week and slowly build up to 25 minutes on 6 days a week. Starting slowly and spreading it out over the week is important so you don't get hurt and so you enjoy yourself.

For participants who want more information: Over time we will increase your Lifestyle Balance activity goal to 2-1/2 hours of brisk activity per week. This goal is very similar to the national physical activity recommendations for adults. The Surgeon General's Report on Physical Activity and Health recommends that American adults participate in moderately intense physical activity, such as brisk walking, for 30 minutes on most or all days of the week which is quite similar to the Group Lifestyle Balance physical activity goal.

**Assess participant's current level of activity.**

The purpose of the following discussion is to get a general idea of how active the participants are and to get the participants thinking about their personal preferences and experiences with physical activity. Ask the participants to record their answers on the handout and include any pertinent details about the situations (cues) that promote or derail their physical activity. For example, if a participant is not able to walk safely in his or her own neighborhood but is able to find the time to walk in his safe work environment during his lunch hour, then he or she should note this valuable piece of information and use it when making an activity plan.

So, before you can finalize your self-designed activity plan, you'll need to think about **how active you are now and what kinds of things make it easier or more difficult for you to be active**.

- **Do you engage in any kind of regular physical activity that lasts at least 10-15 minutes?** (Examples: walk, ride a bike, play tennis, work out at a health club, etc.) Where do you do these activities? With whom?
- How many **times each week** do you do these activities? And when you do, **for how long are you usually active?**
- Have you done any **activities in the past** that you no longer do? Why did you stop? Have you thought about starting to do them again?
- **What do you like or dislike about being active or being inactive?**

[Ask volunteers to share their answers. Encourage discussions of being active and of the barriers that get in the way of achieving their activity goal. These are all important points to remember when designing an activity plan.]

Note: In the Diabetes Prevention Program, supervised activity sessions were provided several times a week. These sessions were found to be helpful to many participants in reaching their activity goal. Offer them if possible at your location. Another helpful tip is to provide your participants with maps and addresses of walking trails, parks, fitness centers, pools, dance classes, etc., in your area.

**Come to the Group Lifestyle Balance activity sessions!**

If you are able to offer group activity sessions at your location, be sure to encourage all to participate, and make certain that the activity sessions are appropriate for all. Describe the sessions and distribute a schedule and map as needed.

**Review how to work up to the activity goal slowly, the benefits of brisk walking, and the types of activities similar to brisk walking.**

As we've said, the activity goal is a minimum of 150 minutes per week.

You will work up to this goal *slowly* to prevent injury and to establish a routine.

**A great rule of thumb is to advance each week by no more than 30 minutes of activity.**

Aerobic activities are the types of activity recommended in this program.

We suggest **brisk walking**. It's easy to do and good for you. All you need is a good pair of shoes, and it can be done almost anywhere. (By "brisk" walking, we mean more than a stroll. **Walk fast enough to breathe heavier than usual and to note that you are working hard, but not so fast that you can't carry on a conversation or that you have trouble breathing.**)

Many other kinds of activity are good, too. **What other activities might you like to do?**

List activities participants enjoy and **check whether these activities are similar to brisk walking (refer participants to the list on the handout)**. Make the point that **how hard an activity is performed will have a big impact on whether it is similar to brisk walking** (e.g., the difference between swimming laps and simply moving slowly in the water).

It's important to plan activities you **LIKE**. After all, the point is to make physical activity a regular part of your lifestyle, and that will never happen unless you enjoy the activities you do.

Next we'll talk about being planning for an active week.

As we've discussed, it's important to plan your activity. Here are two different ways.

**1) Set aside one block of time for planned activity every day.**

Make being active a predictable part of your daily routine, like taking a shower may be a predictable part of your morning.

If possible, use an example that is particularly relevant to the participants' lifestyles. For example, business people may relate to an example of making a "standing appointment" for physical activity. Parents may relate to an example of planning time to read a bedtime story every night to a child.

Some people can't find one big block of time in a day to be active. Either their schedules vary a lot from day to day, or they're so busy that there isn't a 20-30 minute period that's free on most days. For some people, this might be the case during certain seasons of the year, for example, during the fall when after-school schedules begin to get hectic for their kids. In these situations, it's usually easier to use a different approach. The other approach is to split up the time into 10-15 minute bouts of exercise.

**2) Set aside 2-3 smaller, 10-15 minute, blocks of time each day to be active.** For example, you might be able to take a 10-15 minute break every day at lunchtime and go for a brisk walk. Then later, take another 10-15 minute walk right after dinner. If you can figure out a third 10-15 bout somewhere in your day, you will have accumulated 30-45 minutes of activity throughout your day. Remember to record this activity in your Keeping Track book.

Your **goal for between now and the next session** will be to get a total of at least **60 minutes of activity** per week. Think about your typical day. **When can you set aside 20 to 30 minutes to do an activity you like?** Are you a morning person? Or would you enjoy getting out for a walk during lunch? How about after dinner? *[Give participants time to complete the work sheets on pages 6 and 8 of the participant handouts.]*

Whether you are able to perform activity in one block of time or split it up into several times throughout the day, you will be recording this activity in your Keeping Track books.

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Next we'll talk about activity that you choose to do on the fly!

In contrast to planned activity, "**spontaneous or unstructured activity**" involves **making last minute, spontaneous, short-duration activity choices throughout the day**. It's hard to record

this kind of activity, so **we aren't asking you to write it down in your Keeping Track books.** But it's an important way to add movement in your day and it does make a difference.

An example of an inactive choice is when you shop, park your car as close as you can to the entrance to the store. Another example of an active choice is to walk up the stairs rather than taking the elevator. This may only take a few minute or so to do, and would be annoying to keep track of, but every minute of activity has an impact on your overall health and it adds up to a "more active you."

### **What active choices can I make throughout the day?**

Ask participants to write some examples of this on p. 9. Possibilities include:

- Park your car further away from work or from the entrance to a shopping mall.
- Get off the bus one stop early and walk the rest of the way.
- Walk down the hall to talk to a coworker instead of picking up the phone.
- Walk to a nearby store rather than driving.
- Do yard work rather than hiring someone else to do it.
- Take the stairs rather than an elevator.
- Go for a 2-minute walk during TV commercials (especially food commercials!).
- Do stretching exercises while watching TV.
- Encourage "active" family time.

Ask volunteers to share examples.

**There is increasing evidence that it's important not only to be active, but to shorten and break up periods of inactivity, particularly sitting. Think of some ways to decrease your sitting time.**

### **Turn an inactive minute into an active minute.**

Many people say that they have no time to take a walk but yet, they make time to watch several hours of television in the evening. **Try cutting out some of your TV time and take a walk instead..** Or be active while you watch TV. Ride an exercise bike, lift weights, walk on a treadmill, or do strength training.

At first, you may think of walking as work and not see it as a way to relax after a long day. But when you get used to it, you'll discover that walking is a great way to relax and unwind, and you may feel much more rested and refreshed than you would have had you spent that time on the couch in front of the TV.

To stay healthy, you'll want to make being active a part of your regular routine so that you can establish it as a habit for a lifetime. Granted, being active takes time out of your day, but it is time well spent. Commit to finding the **time to be active.**

**Discuss ways to prevent injury.**

**Injury due to a moderate activity program like ours is rare.** We want you to practice safe activity techniques that will help prevent such injuries.

- 1) WARM-UP and COOL-DOWN before each activity session. Do whatever activity you plan on doing at a lower intensity for a good 5-10 minutes at the beginning and the end of your exercise bout.
- 2) Perform safe stretching:
  - Warm-up briefly before you stretch.
  - A safe stretch is gentle and held steady...DO NOT BOUNCE!
  - Always stretch both sides of your body...STAY IN BALANCE!
  - Always breathe through the exertion.... DO NOT HOLD YOUR BREATH!
  - Always STAY IN CONTROL, maintain stability and watch out for gravity.

**Remember that “No Pain IS Gain”. If you have sharp pain during a particular movement, stop doing it.**

Finally, refer participants to the information on the handouts about **safe and easy stretches and warm-up activities, wearing a good pair of shoes, handling a sprain, strain, pull, or bruise; and exercising in the heat and cold. (p. 12-19)**

Demonstrate a few of the stretches if possible. Refer to Stretch # 3 and 7 as examples in which the individual has introduced control to their movement because of how they are doing the stretch. (In #3, the right arm guides the amount of stretch; and #7 is a modified version of the standing toe touch but offers control against gravity pulling the front part of the body down in a way that may cause muscle tearing.)

Again, **it’s very important not to intimidate the participants or make them worry that being active is unsafe. These are precautionary measures to reduce injuries.**

**Assign home activity.**

Now let's make a **plan for what you will do between now and the next session.**

- **First, be active (walk briskly or do a similar activity) for at least 60 minutes per week. If you’re already doing more than 60 minutes, keep doing that amount.**

Spread this out over three or more days per week.

Have the participants’ fill in the blank on the worksheet on p. 20 with “60 minutes” or the greater amount they’re already doing.

For example, you could do 12 minutes of activity on 5 different days of the week. We'll gradually increase this over the coming months until you're up to 150 minutes per week.

- **Include a friend or family member if you would like.** Some people like to be active alone, as a time to do something special for themselves. But many people find it helpful to be active with someone else. Is there anyone you would like to invite to walk with you?
- **Include the Lifestyle Balance activity sessions (if available).**
- **Plan activities you LIKE to do.**
- **And ALWAYS PRACTICE SAFE EXERCISE HABITS.**

Okay. On p. 20, write down the activities you will do on which days of the week. How many minutes will you do them? It should be for **at least 10 minutes**.

- Also, **keep track of your weight, eating, and activity.** Use your Keeping Track books.

Show the participants where in the Keeping Track book to self-monitor activity.

Write down what the activity was and how long you did it. Also, if you're walking and know the distance in miles, write that down too if you want to. Use one line for each time you're active, even if it's the same kind of activity. For example, if you take a walk at 8:00 in the morning and another one at 7:00 in the evening, write both down separately.

It's also important to **record only the amount of time you were actually *doing* the activity.** By that I mean don't include the time when you may have been taking a short break. For example, if you went for a walk and after 10 minutes you ran into a friend and stopped to talk for 5 minutes before walking for 10 more minutes, you should only write down 20 minutes of walking, not 25 minutes. The same is true for when you go swimming. If you are in the water for 60 minutes but only swim laps for 10 of those minutes, then you were only active for 10 minutes and that is what you should write in your Keeping Track book.

### **Include lifestyle activity throughout the day.**

Jot down what you will do.

In the next session, we'll talk about the lifestyle activity you did.

### **Review your progress so far, using your logs and graphs and Keeping Track records.**

In the next session, we will talk about your progress and set some goals for improvement.



After the session:

- Complete data forms and documentation required by your practice.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the video of the missed session.
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

## Session 5: Tip the Calorie Balance

### Objectives:

In this session, the participants will:

- Discuss how healthy eating and being active are related in terms of calorie balance.
- Discuss how calorie balance relates to weight loss.
- Review their progress so far in terms of a) changes made in fat/calorie intake and activity, and b) weight change.
- Discuss how this relates to calorie balance.
- Develop an activity plan for between this and the next session.
- Make a plan to lower their fat gram and calorie goals or follow a low-calorie/fat meal plan, or both, if weight loss is less than expected.

### To Do Before the Session:

Have materials ready:

- Keeping Track books
- Pages for participant notebooks
- How Am I Doing? graphs for activity
- Meal plans [**see Miscellaneous Handouts section; revise ahead of time if needed to tailor to ethnic eating preferences**]
- Review participants' progress since Session 1. Make sure logs and graphs of weight and activity are up to date.

Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

In the last session, we talked about being active.

Were you able to follow your activity plan?

Were you able to make the active lifestyle choices you had planned?

[Praise all progress, no matter how small. Discuss barriers and problem solve with the participants.]

**Ask participants to graph their activity.**

Starting with this session, you will **graph your physical activity every week**. [*Distribute the How Am I Doing? graph for activity*]. You can use the graph to see at a glance your progress over time and how you are doing compared to your activity goals.

Demonstrate how to use the graph for the participants. Have the participants graph their recorded activity from last week. Answer any questions about how to use the graph.

**Explain how healthy eating and being active are related in terms of calorie balance.**

Everything we've covered so far fits together. It fits together because of what's called the "calorie balance." That's what we'll talk about today.

We've said many times that the Lifestyle Balance Program involves **two kinds of lifestyle changes**:

1. Healthy eating. This includes eating less fat and more whole grains, vegetables, and fruits, and
2. Being active.

These changes are important in and of themselves. They may prevent diabetes and lower your risk of other diseases. They are also important because they're **both related to weight loss** and that's because of what's called "**calorie balance**."

Calorie balance is the balance between the calories (or energy) you take in by eating and the calories (or energy) you use up by being active.

When you eat **food**, you take in calories or energy.

- Calories in food come from **fat, carbohydrates (starches, sugar), protein, or alcohol**. Other ingredients in food, like vitamins, minerals, and fiber, don't have calories. (For example, green leafy vegetables are mostly vitamins, minerals, and fiber--and they have very few calories).
- The **number of calories in any food you eat depends on what's in that food. Fat is the most concentrated in calories, with 9 calories per gram**. That's more than twice the number of calories in starches, sugars, or proteins, and even more than alcohol. So foods that are high in fat are high in calories. That's one important reason why our emphasis has been on eating less fat.

For example, many people think of meats as being “pure protein” but actually most meats contain protein plus a lot of fat, which is where most of the calories in meats come from.

Calories also measure the energy you **use or burn**.

- You use calories **for just staying alive** (like breathing) and **by any activity** you do.
- The **number of calories you use** in a certain activity depends on several things, including the type of activity, the amount of time you are active, and how much you weigh (basically, the amount of energy used is determined by the amount of weight carried and the distance over which you carry it. When you walk a mile, for example, you are carrying a lot of weight (your body) over a long distance (1 mile).
- In general, a good **rule of thumb** to remember is that **1 mile of brisk walking (which takes most people about 15 to 20 minutes) uses or burns about 100 calories**. This is a rough estimate.

Note: This rule of thumb is based on a 160-pound person and is only a rough estimate of any one participant's caloric expenditure.

**Explain how calorie balance is related to weight loss.**

Your **weight** is determined by the **balance between food (calories in) and activity (calories out)**.

Let's look at four ways the calorie balance can work (see page 2).

1. Your weight can **stay the same**. In this case, "calories in" from food equal "calories out" from activity. Food and activity are at about the same level on both sides of the scale.
2. Second, you can **gain weight**. In this case, "calories in" from food are higher than "calories out" from activity. Either calories have increased or activity has decreased or both. The balance has tipped this way [*indicate direction of balance*].
3. Third, you can **lose weight**. "Calories in" from food are less than "calories out" from activity. You've eaten less food (by less I mean fewer calories, not less in volume--remember, we said early in the program that you can actually eat more food for the same number of calories by eating lower-fat foods), or you've done more activity, or both. The best way to lose weight is to do **both** at the same time and **really tip the balance** this way [*indicate direction*].
4. And finally, you can reach a **new balance at a new lower, healthier weight**. You have developed new eating habits and new activity habits and they are balanced again. This is what happens when you lose weight and keep it off. You've reached a new balance over time.

The important thing to **remember** is that:

- **Eating and activity work together** to determine how much you weigh.
- To lose weight, it's **best to eat less *and* be more active**.  
That way, you are changing both sides of the energy balance at once.

**By TIPPING the balance, you can lose the weight you want.**

- Then, over time, you can reach a new balance at a new, lower weight. We will help you to **make the changes part of your lifestyle, so you will keep the weight off**.

**Explain calorie requirements for weight loss.**

**How much do you need to tip the balance** in order to lose weight?

The number of calories you need to eat, or the amount of activity you need to do, varies from person to person. But in general, there is a formula we can use. It's based on two facts:

- **1 pound of body fat stores about 3,500 calories,** and
- **Slow, steady weight loss (1 to 2 pounds or so a week) is the best way to lose weight.** (Quick losses of large amounts of weight can mean that water or muscle is being lost, and that's unhealthy.)

So to lose **1 pound in a week, you need to tip your energy balance by 3,500 calories** in the week. Or 500 calories each day for 7 days. Or to lose 1-1/2 pounds in a week, you need to tip your energy balance by 5,250 calories in the week. Or 750 calories each day for 7 days. For a 2-pound weight loss per week, you need to tip the balance by 7,000 calories in the week, or 1,000 per day.

Again, for weight loss, the best way to tip the balance is to change both eating **and** activity.

**Review the participants' progress so far in terms of a) changes made in fat/calorie intake and activity, and b) weight change. Discuss how this relates to calorie balance.**

Now let's take a minute to review some of the **changes you've made so far** on both sides of the balance.

- First, **what changes have you made to be more active?** We've talked about increasing both planned activity, the kind you've been recording in your Keeping Track books, and lifestyle activity, like taking the stairs instead of an elevator.

Give the participants some time to briefly record on page 4 some of the changes they've made. Ask volunteers to share. Praise and encourage the maintenance of these changes.

- **What changes have you made to eat less fat and fewer calories?** We've focused on eating less fat because fat is the most concentrated source of calories.

Again, have participants briefly record on the work sheet some of the changes they've made. Ask volunteers to share. Praise and encourage the maintenance of these changes.

**Have these changes tipped the calorie balance?**

The answer is in how the scale has responded.

- At the **start of the Lifestyle Balance program, you weighed ...** (*Ask participants to refer to their How Am I Doing? graph for weight and record their starting weight on the work sheet.*)
- **Your weight now is...** (*Ask participants to record their current weight on the work sheet.*)
- And **we expected your weight by this time would be ...** (*Again, have participants record the weight indicated on the graph by the expected weight loss line at this week. The expected weight loss is about 1-2 pounds/week.*)

**So you have ...**

Ask participants to check one of the three boxes on page 4. Emphasize that it's important for the participants to focus on their accomplishments so far, no matter how small, and express your confidence in the participants' future success.

- ☐ **Stayed at the same weight, or gained weight.**
  - To lose weight, you need to try something else to tip the calorie balance. We'll work together to find out what will work better for you.
- ☐ **Lost some weight, but not as much as expected.**
  - Good. You've made some progress.
  - To lose more weight, you need to try something else to tip the calorie balance *further*.
- ☐ **Lost as much weight as expected (or more).**
  - Great! You've tipped the calorie balance.
  - If you keep tipping the balance, you will keep losing weight.

For individuals that have stayed the same, gained, or not lost as much weight as expected, introduce the option of structured meal plans (**found in the Miscellaneous Handouts Section**).

Many people find it useful to follow a structured meal plan. Eating plans eliminate decisions regarding food choices and simplify the keeping track process. I have Lifestyle Balance Eating Plans for 1200 and 1800 calories. A shopping list and two recipes are included as well.

**Develop an activity plan for between now and the next session.**

For between now and the next session:

- Continue to **keep track** of your weight, eating, and activity.

Be active for \_\_\_\_\_. The **activity goal for this week is 90 minutes.**

By doing more activity, you will use more calories.

As before, try setting aside one block of time each day, or look for 10 to 15 minutes that open up during the day and use them to be active. [Include the Lifestyle Balance activity sessions, if available.] And plan other activities you LIKE to do. *[Give participants time to complete the chart on page 5.]*

- **Make active lifestyle choices throughout the day.** As we've said before, every minute of activity is helpful. Standing uses more calories than sitting; walking uses more calories than standing; and so on. So keep moving as much as you can.

What are some of the active choices you plan to make? *[Fill in the blank.]*

**If weight loss has not been as expected, ask participants to make a plan for between now and the next session to either lower their fat and calorie goals or follow a low-calorie/fat structured meal plan, or both.**

- **To tip the calorie balance further, one of two things will be helpful:**

- **Lower your fat and calorie goals.**

You may be eating more fat grams and calories than you realize, or your goals may simply be too high for you. Everyone is different. The way to know whether your goals are right for you is whether or not you are losing 1-2 pounds per week on average. Lower your calorie goal by 300 calories per day. Refer back to Session 2, page 8 for the fat gram and calorie goals used in Group Lifestyle Balance (1200 calories/33 grams of fat; 1500 calories/42 grams of fat; 1800 calories/50 grams of fat; 2000 calories/55 grams of fat). It is important that you do NOT go below 1200 calories per day.

**My new goals: \_\_\_\_\_ grams of fat and \_\_\_\_\_ calories/day.**

*[Have participants record lower goals in the blanks.]* Remember to:

- Watch out for the foods that are high in fat and calories.
- Be sure to record *everything*.
- And watch portion sizes.



Or it might be most helpful for you to:

- **Follow a structured meal plan for \_\_\_\_\_ calories per day.**

As I said earlier, many people find it useful to follow a structured meal plan. I have Lifestyle Balance Eating Plans for 1200 and 1800 calories. A shopping list and two recipes are included as well.

A meal plan is a model or good example of what to eat. A meal plan will:

- **Show you exactly what foods and amounts to eat.** You won't be faced with a lot of decisions and temptations about food.
- A meal plan will also **make it easier for you to record what you eat.** In fact, if you follow the meal plan *exactly*, you won't need to record anything.

Which do you think would be most helpful, lowering your goals for fat grams and calories or following a structured meal plan? Or would you like to try both?

Have participants check the corresponding box or boxes on page 5.

- **Distribute meal plans to participants who request one.** Provide tailored versions if appropriate. Answer any questions or concerns the participants have regarding following if the meal plans as closely as possible. Present the meal plans as a flexible model from which the participants can develop an individualized eating style, rather than as a rigid prescription. (See the Group Lifestyle Balance Eating Plans in the Miscellaneous Handouts section for further information.)

Note: This session may be a good time to briefly double-check and correct portion estimation skills using food models or actual food.

For the rest of the program, we'll keep working together to bring you closer to your weight loss and activity goals. **We'll keep trying to tip the calorie balance and see how the scales respond.** Over time, you'll reach a new balance at your goal weight and then we'll work together to help you maintain that weight.

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

## Session 6:

# Take Charge of What's Around You

### Objectives:

In this session, the participants will:

- Learn about food and activity cues and ways to change them.
- Mentally search their homes, work places, and where the participants shop for food, looking for problem food cues and discussing ways to change them.
- Learn ways to add positive cues for activity and get rid of cues for inactivity.
- Develop an activity plan for between this and the next session.

### To Do Before the Session:

Get materials ready:

- Keeping Track books
- Pages for the participant notebooks

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Did you have any trouble Keeping Track since the last session? Were you able to stay under your fat gram and calorie budgets? Follow your plan for physical activity, including lifestyle activity?

[Remind participants to graph their activity if they have not yet done so.]

The last session was “Tip the Calorie Balance.”

If you decided to lower your calorie and fat gram goals and/or follow a meal plan, were you able to do so? What went well? What was difficult?

[Praise all progress, no matter how small. Discuss barriers and problem solve with the participants.]

### Introduce the concept of eating and activity cues.

Today we're going to talk about **taking charge of what's around you**, or **how to make what's around you support your Group Lifestyle Balance goals** to lose weight by healthy eating and to be more active.

First, we'll talk about cues for eating, and later, go on to activity cues.

#### What "cues" you (or makes you want) to eat?

- Of course, one reason we eat is because of **hunger**. But what about those times when you have an “appetite” or desire to eat without physically being hungry?
- You might eat because of **what you're thinking or feeling**. For example, you might eat some ice cream because you feel lonely, bored, or happy.
- You might eat because of **what other people say and do**. You might eat chips at a party because a friend offers them to you.
- Or you might eat because of **the sight or smell of food, or**
- **Certain activities that make you think about food** (like watching TV or reading magazines). This is what we'll focus on today. In later meetings we'll talk about eating in response to thoughts, feelings, or what other people say and do.

The **sight of food** is one of the most powerful food cues. For example, you may see a carton of ice cream in the freezer and soon you'll be eating ice cream, even though you're not hungry. The **activity of watching TV** is also a powerful food cue for many people. You may turn on the TV and find yourself eating potato chips, even though you're not hungry.

Another example is **eating popcorn at the movies**. Do you eat popcorn when you go to the movies?

If not, probe for another example that is relevant for the participants, such as eating hot dogs at a sporting event or buying cookies after passing a bakery. Use the example in the discussions that follow.

Why do you eat popcorn in that situation? Do you think it's because you're hungry? Most likely, it's because eating popcorn at the movies is a **habit** for you.

**When you respond to a food cue in the same way over and over again, you build a habit.** The food cue becomes paired with the way you respond, and your response becomes more and more automatic.

Let's say that since childhood, you've gone to the movies many, many times, and you've eaten many boxes of popcorn there. Now you find yourself eating popcorn whenever you go to the movies, even though you're not hungry. You responded to the cue (going to the movies) in the same way (buying popcorn), over and over again. Buying popcorn became a habit. And since it's a habit, it may be hard for you to sit through a movie and not have popcorn.

Food cues and eating habits are not harmful by themselves. But they can be a problem if they get in the way of your efforts to eat less fat and calories.

**Discuss two ways to change problem food cues and habits.**

### How can you change problem food cues and habits?

1. One of the best things you can do is to **stay away from the food cue. Or keep it out of sight.** For example, you may not be willing to stop going to the movies, but you can stay away from the concession stand. If you keep going to the movies and don't let yourself have popcorn, slowly you will stop thinking about popcorn. The connection between the movies and the popcorn will have been broken.
2. Or you can **build a new, healthier habit. Practice responding to the cue in a healthier way.** An excellent way to support yourself as you do this is to **add a cue that helps you lead a healthier life.** For example, you might take a package of sugar-free gum with you when you go to the movies. When you enter the theater, take out a piece of gum. After a while, you will connect going to the movies with chewing gum.

It's important to remember that **it takes time to break an old habit or build a new one.** Change doesn't happen overnight. If you wanted to stop eating popcorn at the movies, you would need to see a lot of movies without popcorn. Eventually, you will enjoy the movie and forget about the popcorn.

Note: Some participants will find it hard to accept the idea that cues in the environment make them want to eat certain things. Try to find some ways (for example, as in the bullets below) to show the participants that there are many food cues around us all the time and that this phenomenon is so common that we are usually unaware of how powerful it is.

**These ideas are powerful, and they work. Also, they're nothing new.** People use them every day, sometimes very consciously and sometimes without even thinking about it.

Some examples:

- Food companies deliver samples of new breakfast cereals right to your door by mail. They know that if they can get the food into your house, you'll eat it.
- For generations, mothers have put leftover snacks in the front of the refrigerator so their teenagers are more likely to eat them before the foods spoil.
- Supermarkets put new products on the shelves that are the easiest to see and reach.

In this session, we want to help you learn to make changes in what's around you to encourage healthy eating and being more active.

**Identify specific food cues at home that are a problem for the participants. Discuss ways to change them.**

Let's talk about **some of the problem food cues in your life and some ways you can change them.**

Note: A few common food cues are listed at the top of the second work sheet. Do not turn to this yet.

Let's start with **where you live.** Imagine that we've just opened the front door. We have a video camera, and we start taking a video of what's in the room. Which room would it be? Do you see any actual food in the room? Do you see anything else that might make you think about eating, like a TV or a comfortable chair? What is a change you could make to stay away from that cue or to build a new, healthier habit?

**Move from room to room** ("Are there other rooms that are a problem for you?"), asking for cues and discussing possible ways to either stay away from the cue or to build a new, healthier habit. If the participants have no response, ask them to refer to their previous Keeping Track records and/or turn the page in their notebooks to the list of common problem food cues and ask if one or two of the examples apply to them (possible solutions are given below). Don't give too many examples. Some will undoubtedly come up at future sessions and can be addressed in detail at that time. The purpose of discussing specific examples is to make the "remember" points that follow of relevance to the participants.

### **Living room (or bedroom)**

Cue: *TV (or computer, telephone).*

Solution(s): One way to break the connection between eating and the TV is to make it a rule for yourself to never eat while watching TV (or while on the computer or phone).  
Keep an exercise bike or exercise mat near the TV.  
Keep a pack of sugar-free gum near the TV (or computer). Allow yourself only gum while watching TV (or working on the computer).

Cue: *Candy dishes (for serving candy, chips, and nuts) on an end table.*

Solution(s): Don't buy the candy, chips, or nuts. If you must buy these foods, hide them. Keep them out of sight.

### **Kitchen**

Cue: *High-fat/calorie foods, **especially those that are ready to eat**. In the freezer (e.g., ice cream), refrigerator (e.g., cheese, lunch meats, whole milk, pie), kitchen cupboards (e.g., cookies, chips), or on counter tops (e.g., cookie jar, food packages).*

Solution(s): Stop buying these foods altogether. Store them out of sight, in a brown bag or other unattractive, opaque container.  
Make them hard to reach.

Examples: Keep lower-fat/calorie choices easy to reach, in sight, and ready to eat.  
Fresh fruits, raw vegetables (already washed and prepared), nonfat dips, pretzels, low-fat popcorn, diet drinks.  
Limit high-fat/calorie choices to those that require preparation.

Cue: *Foods you are cooking or leftovers, on the stove or counter.*

Solution(s):    Make it a rule not to eat while cooking.  
                     Taste foods only once, then rinse your mouth with water or a breath mint immediately.  
                     Rinse off any utensils used in food preparation immediately after each use.  
                     Ask someone else to taste the food.  
                     Put leftovers away **before** meals.  
                     Ask someone else to put the leftovers away.  
                     Put leftovers in individual serving containers right away, and freeze them for future meals.

<b>Dinner Table</b>
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Cue:                *Serving dishes or packages of food on the table during meals.*

Solution:          Serve foods from the kitchen.  
                     Store food only in the kitchen. Put packages away immediately after use.

Cue:                *Large dinner plates (or large glasses, bowls, serving spoons and forks).*

Solution(s):      Serve yourself small portions using a smaller plate or bowl. Or ask someone who is supportive to do so. Spread the food attractively over the plate.

Cue:                *Leftovers on plates.*

Solution(s):      Remove your plate from the table as soon as you're finished.  
                     Don't eat the food that your children leave on their plates.

<b>Identify specific food cues at work that are a problem for the participants. Discuss ways to change them.</b>
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Let's do the same thing with **where you work**. Are there any things on your way to work, around you at work, or on your way home, that have become paired with eating high-fat/calorie foods?

Cue:                *Fast-food restaurant (or bakery, hot dog stand, candy store, etc.) on the way to or from work.*

Solution(s):      Take a different way to work.  
                     Make it a rule to never eat in the car.

Cue:                *High-fat/calorie foods in public areas (doughnuts or high-fat coffee creamers near the coffee pot, candy on secretary's desk, etc.).*

**Solution(s):** Stay away from those areas.  
Buy or make your own coffee in a different place.  
Bring a low-fat/calorie snack to share with co-workers.  
See if there's a way to keep these foods out of sight (other co-workers may appreciate it, too).

**Cue:** *High-fat/calorie foods on your desk, in your desk drawer, or in your locker.*

**Solution(s):** Don't bring high-fat/calorie foods to work. Keep low-fat/calorie snacks like apples, raw carrots, pretzels, low-fat popcorn, or diet beverages on hand instead.  
Make it a rule not to eat at your desk.  
Keep walking shoes near your desk or in your locker.

**Cue:** *Vending machines.*

**Solution(s):** Stay away from the vending machines.  
Bring a low-fat/calorie snack from home. Or buy juice or pretzels, if available in the machine. Ask a friend to go get them for you, so you won't be tempted by the other foods.

The important thing to **remember**, whether you are at home or at work, is:

1. **Keep high-fat/calorie foods out of your house and work place. Or keep them out of sight.** *Out of sight is out of mind.*

**Keep lower-fat/calorie choices easy to reach, in sight, and ready to eat.**

Examples: Fresh fruits, raw vegetables (already washed and prepared), nonfat dips, pretzels, low-fat popcorn, diet drinks.

2. **Limit your eating to one place.** Where do you eat most of your meals at home? Limit all eating to this place. When you are hungry, go to this place to eat. This will help you to distinguish between hunger and other cues to eat.

At work, a particular table in the cafeteria or kitchen area may be a good choice. Do not eat at your desk or computer. This is an open invitation to become distracted from eating.

3. **When you eat, limit other activities.** The rule is simple: No TV, driving, or talking on the phone while you are eating. Focus on enjoying the meal. In the future, these other activities will not cue you to eat.

**Identify specific food cues while shopping for food that are a problem for the participants. Discuss ways to change them.**



Finally, let's take the video camera to **where you shop for food**. Walk around the store as you usually do. What do you see that's a problem for you?

You don't have as much control over what foods are in the grocery store as you do over what foods are in your house. But you do have some control. Here are some tips:

- **Make a shopping list ahead of time.** Make it a rule not to buy anything that's not on the list.
- **Don't go shopping when you're hungry.** Have a low-fat/calorie meal or snack first.
- **Avoid sections in the store that are tempting** to you, if possible. For example, walk down a different aisle to avoid the bakery.
- **Ask the grocery store manager to order low-fat/calorie foods** that you want to buy. Remember, that is their business, to please you, the customer.
- **Don't be a slave to coupons.** Only use the coupons that are for low-fat/calorie foods, not for high-fat foods.

**Identify specific positive cues for activity that the participants could add to their home.**

Now let's turn to **physical activity**. For most people, there are many things around them that lead to being inactive. For example, after dinner, you may automatically sit down in front of the TV. This is because the end of dinner and TV have been paired together many times in the past. But remember, you do have a choice. You could just as easily choose to take a walk after dinner.

If you have been inactive, you probably have many cues around you that are associated with inactivity and few that would cue you to be active. To be active regularly, it's important to add positive activity cues to your life. Over time, the cues will become paired with being active, and you will develop new activity habits that will become more and more automatic.

**What are some positive activity cues that you could add to your life?** Let's pick up our imaginary video again, and start with **where you live**. What could you add to the living room that would prompt you to be active?

**Move from room to room.** Mention a few examples from the handout and add some that are particularly relevant to the participants.

**In the living room or bedroom:**

- Keep exercise shoes, bag, and equipment in sight, not in the closet.
- Hang an activity calendar and graph of your activity in a visible place.
- Keep a stationary bicycle or exercise mat in front of the TV. (Why not make TV a positive cue?)
- Hang a photo or poster of people being active or of outdoor scenes in a visible place.
- Subscribe to a health or exercise magazine. Keep it in a visible place.
- Buy a home exercise video and leave it on the coffee table or on the TV.
- Put a note on the TV reminding you that a half hour of TV time could be used for a walk instead.

**In the kitchen:**

- Post motivational photos, outdoor scenes, or reminders to be active on the refrigerator.

**In the bathroom:**

- Post a reminder on the mirror before breakfast.

**In the garage:**

- Keep the car in the garage. Maybe you'll choose to walk to the neighbor's house, rather than get the car out to drive short distances.
- Keep exercise shoes, bag, and equipment on the front seat of your car.
- Keep a bicycle in working condition. Store it in a visible place and ready to ride.

**Identify positive cues for activity that the participants could add to their work places.**

**What are some positive activity cues that you could add to your work place?** Let's pick up our imaginary video again. *[Mention a few examples from the handout and add some that are particularly relevant to the participants.]*

- Put your walking shoes in a visible place in your office.
- Put a note on your office door reminding yourself to take a walk during your lunch break before eating.
- Set an alarm on your watch to remind you to take a walk.

- Make a regular, daily appointment with yourself to be active. Write it in your date book. Keep your appointments with yourself--they are as important as your other appointments.

**Emphasize two cues that can prompt activity either at home or work.**

- Set up a **regular "date" to be active with a friend or family member**. When she or he arrives at 7:00 for a walk, you'll probably go even if you don't feel very energetic.
- Use a **timer or alarm on your watch to remind you to be active**.

**Discuss some ways to remove cues for inactivity.**

Another approach is to remove the cues for being inactive.

- **Watch less TV**. Keep the TV behind closed doors in a cabinet. Or get rid of your TV. Or be active while you watch TV (for example, ride an exercise bike).
- **Don't pile things at the bottom of the stairs that need to go upstairs**. They remind you to keep leaving more things there, rather than climbing the stairs. Take separate trips upstairs instead.

In summary, it takes time to break old habits and build new, healthier ones, but it can be done. One of the most important steps you can take is to get rid of problem cues and add new ones that will help you lead a healthier life. **You can make food and activity cues work FOR you, not against you.**

**Assign home activity.**

Here is what I want you to do between this session and the next one. First, **get rid of one problem food cue** in your life. Let's make a plan for that. (*Ask the participants the questions on the work sheet and have them fill in the blanks*). Also, **add one positive cue for being more active**. (*Ask the participants the questions on the work sheet and have them fill in the blanks*). What problems do you think you might have in trying to make these changes? How will you deal with them?

As always, **keep track** of your weight, eating and activity and do your best to reach your goals. The **activity goal is now 120 minutes per week**.

Finally, **answer these questions** before you come in to the next session ("Did you follow your plan?" and so on).

Any questions?

After the session:

- Complete data forms and documentation required in your setting
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

## Session 7: Problem Solving

### **Objectives:**

In this session, the participants will:

- Learn the five steps to problem solving.
- Practice the steps using a problem the participants are experiencing now with eating less fat/calories or being more active.

### **To Do Before the Session:**

Have materials ready:

- Keeping Track books
- Pages for participant notebooks

Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weight and weight taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Did you have any trouble Keeping Track since the last session? Were you able to stay under your fat gram and calorie budgets? Follow your plan for physical activity, including lifestyle activity?

[Remind participants to graph their activity if they have not yet done so.]

The last session was “Take Charge of What’s Around You.”

Were you able to get rid of the problem food cue and add the positive cue for being more active? What problems did you have? What could you do differently?

[Praise all progress, no matter how small. Discuss barriers and problem solve with the participants.]

**Introduce the upcoming sessions and the problem solving process.**

In the first six sessions of the Group Lifestyle Balance program, you learned *how* to eat healthy and be more active. Healthy eating and being active will help you lose weight, prevent diabetes, and be healthier in general.

But healthy eating and being more active means changing your habits, and making the changes a permanent part of your lifestyle. Many things can get in the way of changing habits. That’s what we’ll focus on in the next several sessions. We will discuss:

- Negative thoughts,
- Slips and your reactions to slips (a slip is when you don’t follow your eating or activity plan),
- Stress, and
- What people say and do (or “social cues”).

All of these things can get in the way of healthy eating and being more active.

What are some examples of things that get in the way for you?

Name several problems that the participants have already discussed at earlier meetings if possible, e.g., you wanted to go out for a walk, but it was too cold or you wanted to eat less fat, but your children wanted you to buy potato chips.

It's inevitable that problems like these will come up.

**But problems can be solved.** Today we're going to talk about the *process* of problem solving. This is the process that we will be working on together throughout the program.

**Explain the five steps to problem solving.**

In general, there are five steps to solving problems.

1. The first step is to **describe the problem in detail. Be specific.**

For example, instead of defining the problem as "I eat more fat than I should," be specific about the kinds of foods you eat that are high in fat--maybe high-fat desserts or red meats. Be specific about when you eat them, and describe these situations in detail. For example, you may eat high-fat desserts when you go to your mother's house and she offers them to you.

Also, **look at what led up to the problem.** Many problems involve a chain of actions: one action leads to another and then another and eventually this leads to inactivity or overeating. This is called an "**action (or behavior) chain.**"

**Try to see the steps (or "links") in the action chain, including:**

- **Things around you that cue (or prompt) you to eat or to be inactive.** We've talked about food and activity cues before. Examples are a bakery near where you work, television watching, or a carton of ice cream in your freezer.
- **People in your life who don't support your efforts** to lose weight and be more active. Examples are a co-worker who offers you doughnuts every morning, children who insist that you deep-fry chicken rather than baking it, or a spouse who wants you to watch TV in the evening rather than go for a walk.
- **Thoughts or feelings that get in your way.** Examples are defeating thoughts like, "I'll never be disciplined enough to walk every night." Or feelings of boredom, stress, loneliness, or anger that lead to overeating.

Here is an example of an action chain *[refer to the diagram]*:

Sarah is a busy woman with a job and a family. Yesterday she was extremely busy at work and she **didn't eat lunch** because she didn't have time to go out. In the afternoon, her **boss was very critical** and demanding, and **Sarah felt stressed and anxious**. At the end of the day, Sarah **came home tired, upset, and hungry**. She **went right to the kitchen**. She immediately **saw a package of cookies on the kitchen counter**, and before she knew it, she **ate a fair number of the cookies**.

It may seem complicated to look at a problem in this much detail. But actually, it makes problem solving much, much simpler.

- You see that the real problem may not be the last step (eating the cookies) but rather all of **the things that led up to it** (like not eating lunch and so on).
  - Uncovering the action chain will help you to **find the "weakest links" in the chain to break**. There's a saying that a chain is only as strong as its weakest link. By naming all of the links in the chain, you will be able to find the weakest ones, the places where you can make a change most easily.
2. Step 2 is to **brainstorm your options**. What are all of the possible solutions to the problem? "Brainstorming" means to create a storm of ideas in your brain. Let the ideas pour out, no matter how crazy they may seem. Anything goes. The more ideas the better. And it's actually helpful to include some crazy, extreme ideas because it helps open your mind and stir up your creative juices.

By brainstorming, **you'll see that you aren't at all powerless to change your situation**. You have many options. Here are some possible ones for Sarah [*refer to work sheet*].

3. Third, **pick an option to try**. Weigh the pros and cons of each option, and choose one (or it might be a combination of several) that is **very likely to work** and that **you can do**. In other words, be realistic. You should be confident that you will succeed.

It's also helpful to try to **break as many links as you can, as early as you can** in the chain.

For example, it will be much easier for Sarah to control her eating in the evening if she eats some lunch and doesn't arrive home hungry. It will be easier for Sarah to avoid eating too many cookies if she doesn't buy the cookies in the first place. Another reason to try to break an action chain as early as possible is that **you will have more links to work with**. If eating lunch doesn't help Sarah and she still arrives home tired, upset, and hungry, she can still choose low-calorie snacks like fruit when she gets home.

Let's say that Sarah chooses the option of packing a quick bag lunch.

4. Fourth, **make a positive action plan**. This is where you spell out exactly:
- What you will do,
  - When you will do it, and



- What you need to do first.
- Also, make a plan for any roadblocks that might come up,
- And build in steps that will make success more likely. For example:  
Will it help you to involve someone else?  
Can you do anything to make it more fun and enjoyable?  
Will it help if you:  
Write your plan down and post it on your refrigerator or calendar?  
Tell your plan to someone else, so you're committed to following it?  
Join an exercise class or club so you're more committed?  
Make a date with someone to go for a walk?

Sometimes if you build in a step to get yourself over the first "hump," then everything begins to snowball and the rest is much easier.  
For example, here is Sarah's action plan *[review work sheet]*.

5. The fifth step of problem-solving is to **try it and see how it goes**. Did it work? If not, what went wrong? Use what you have learned to problem solve again and make a new action plan. Remember, **problem solving is a process. Don't give up**. It often takes many tries to find a solution.

Review another example if you think it would be helpful. Use one that is common among the participants (for instance, an example of the food preferences of the family getting in the way of the participants' goals, if that is common).

Now let's apply this process to you.

**Have the participants practice the steps using a problem they are experiencing now.**

Between now and the next session, I want you to work on solving a particular problem. Think of a problem that you're having now with eating less fat/calories or being more active.

Give the participants time to complete the **Lifestyle Balance Problem Solver** work sheet. Ask volunteers to share.

### **Assign homework.**

Between now and the next session:

- **Keep track** of your weight, eating, and activity.
- Do your best to reach your goals. **The activity goal is 150 minutes per week from this session onward.**
- Follow your action plan. And answer the questions on the work sheet.

The next session will be on eating out. If you can, when you go to restaurants between now and then, ask for a copy of their menus and bring them with you to our next session.

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

## Session 8:

# Four Keys to Healthy Eating Out

### Objectives:

In this session, the participants will:

- Learn four basic principles for healthy eating out: **planning ahead, assertion, stimulus control, and healthy food choices.**
- Identify specific examples of how to apply these principles at the type of restaurants the participants frequent.
- Practice making a meal selection from an appropriate menu.
- Practice aloud how to ask for a menu substitution.

### To Do Before the Session:

- Select the class activity that will work best with your participants.
- Ask the participants to bring in menus from the restaurants they frequent (optional).

Get materials ready:

- Sample menus with nutrition information from local restaurants (optional)
- Keeping Track books
- Pages for participant notebooks

Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

Did you have any trouble Keeping Track since the last session? Were you able to stay within your fat gram and calorie budgets? Follow your plan for physical activity, including lifestyle activity?

[Remind participants to graph their activity if they have not yet done so.]

The last session was “Problem Solving.”

Were you able to follow your action plan? What problems did you have? What could you do differently?

[Praise all progress, no matter how small. Discuss barriers and problem solve with the participants.]

**Introduce the four keys to healthy eating out.**

Raise your hand if you have eaten every meal at home since you started in this program. **Name some of the places where you eat out.** Do you find it easier to stay within your calorie and fat gram budget when eating at home or away from home? Why? Today we're going to talk about eating out.

Tailor the rest of the session to one or two of the places where the participants eat out most often. If the participants don't name several places or are not specific enough, prompt for a few of the following examples: fast-food restaurants, other restaurants, church or community centers, cafeterias, friend's homes, snack bars or vending machines, in an airport.

**There are four basic keys to healthy eating out.** *[First, indicate each of the major headings on pages 1 and 3 of the participant handouts, as scripted below. Later you will come back to the specific points under each heading.]*

1. First, **plan ahead**. Having a plan will help you to anticipate difficult situations and handle them more easily. You won't run into so many surprises. The next three keys will help you carry out your plan.
2. Second, **ask for what you want**. Be firm and friendly. We'll talk in a minute about how to do this so you won't offend anyone.
3. Third, **take charge of what's around you**. Take steps to make what's around you **support** you in your efforts to eat healthy. Get rid of the things that get in the way, if you can.
4. And finally, **choose foods carefully**.

**Help the participants identify specific examples of how to apply the four principles.**

Let's use **one of the places where many of you eat out as an example**.

What are some ways you can **plan ahead** for eating out at ....?

Follow along on pages 1-3 as you **discuss each of the four keys to healthy eating out as they apply to that type of restaurant**. Use some of the examples given below, but don't try to be exhaustive. Rather, choose those examples that relate to the specific difficulties faced by the participants. You may want to jot down on the work sheet a few strategies that are particularly relevant.

When you review **how to ask for what you want**, use the following script:

Many people find it hard at first to ask a waiter or waitress for something special. With practice, it gets easier. Here are some tips:

- **Begin with "I", not "You."**  
"I would like," "I need," "I will have." Using "I" statements shows that you take responsibility for your own feelings and desires. "I would like my chicken broiled with lemon juice instead of fat," or "I would like tossed salad instead of coleslaw, please."  
  
"You should have," "you said," "you don't understand." Using "you" often puts others on the defensive. "You didn't put the salad dressing on the side!" Better: "I asked to have the salad dressing on the side, please."

- **Use a firm and friendly tone of voice that can be heard.**
- **Look the person in the eye.**  
Eye contact says a lot. Avoiding eye contact often means you don't believe what you are saying.
- **Repeat your needs until you are heard. Keep your voice calm.**  
Sometimes it may take several tries before you are understood. If you need to repeat yourself, keep your voice low but firm. A loud voice can be threatening to others.

<i>Wishy-washy</i>	"Oh, well. I guess they couldn't broil the fish."
<i>Threatening</i>	"You said you would broil my fish!"
<i>Firm and friendly</i>	"This looks very nice. But I asked for my fish to be broiled, not fried. Would you have some broiled for me, please?"

When you review the fourth principle, **choose foods carefully**, ask participants to:

- **Practice making a meal selection from an appropriate local menu (including any that participants may have brought in).**
- **Practice aloud how they would ask for a menu substitution.**

You may ask volunteers to do this in front of the group or split the group into pairs or small groups for this activity. It's important to have participants role play aloud at this point to give them practice actually choosing words that are comfortable for them.

Participants may also need encouragement to ask family members to support them when they are at a restaurant, for example, to ask a spouse to say, "I'm glad you ordered milk for your coffee," instead of, "Are you sure you don't want cream?" You may want to ask participants to role play this kind of situation.

Refer to menus from local restaurants and the **"What's on the Menu?"** on page 4 and **"Fast Food Can be Lower in Fat"** on page 5 of the session handout for examples.

### At fast-food restaurants

**1. Plan ahead.**

- Pick a restaurant carefully. Most fast-food restaurants now serve some low-fat/low-calorie foods, such as grilled chicken and salads with low-fat dressing. Plan what you will order without looking up at the menu. Menus can tempt you to order what you don't want.

**2. Ask for what you want. Be firm and friendly.**

- For example, "May I have my coffee with a little low-fat milk rather than cream, please?" "Please leave the mayo off my burger."
- Ask how much is usually served. For example, "How many ounces is the hamburger, please?"

**3. Take charge of what's around you.**

- Be the first in your group to order. You won't be tempted by what or how much others order, and they may follow your good example.

**4. Choose foods carefully.**

- Try grilled chicken sandwiches without special sauces or a salad with low-calorie dressing.
- Stay away from French-fries. If you must have them, order a regular, small, or child-size (not a medium, large, or extra large) and don't finish them.
- If you order a hamburger, order a regular, small, or child-size, without cheese, not a double or triple cheeseburger.

**At other restaurants (not fast-food)****1. Plan ahead.**

- Pick the restaurant carefully. Go to one with low-fat/low-calorie choices. Call ahead to see what is on the menu. Stay away from "all you can eat" buffets, brunches, and happy hours.
- Eat less calories and fat during other meals that day or for a few days in advance.
- Have a little something to eat before you go to the restaurant so you're not too hungry when you get there. Eat fruit, some low-fat crackers, or drink water before you go out.
- Plan what to order without looking at the menu. Looking at the menu can tempt you to order more than you want.
- Don't drink alcohol before the meal. It may make it harder for you to follow your good intentions. Try tomato juice, club soda, or mineral water, instead.

**2. Ask for what you want. Be firm and friendly.**

**Remember, you are paying for the meal. You have the right to ask for special services. And most restaurants want to make you happy.**

*Ask for the foods you want:*

- Ask for food substitutions. For example, catsup or mustard instead of mayonnaise on a sandwich, a tossed salad instead of coleslaw, or a baked potato instead of French fries.
- Can foods be prepared in a different way? For example, ask that the fish be broiled and seasoned with lemon juice, not butter; ask that butter, margarine, and sauces be left off the vegetables.
- Don't be afraid to ask for foods that aren't on the menu. Many restaurants will prepare grilled meats, fish, and chicken without added fat or sauces, fresh fruit salads, and steamed vegetables, even if they're not on the menu. Or look for foods on a different part of the menu (for example, if fresh fruit is on the breakfast menu, it may well be available as a dessert for dinner).

*Ask for the amounts you want:*

- Ask how much is usually served. For example, "How many ounces is the hamburger, please?"
- Ask for salad dressings, gravy, sauces, or spreads "on the side." For example, ask for dry toast with margarine on the side. Then use only a small amount or order salad dressing on the side, then limit the amount you use. (One idea is to dip your fork into the dressing before each bite.)
- Ask for less cheese or no cheese.
- Split a main dish or dessert with someone. Or order an appetizer as a main dish.
- Order a smaller size (appetizer, senior citizen's or children's portion, cup of soup).
- Before or after the meal, have the amount you don't want to eat put in a container or "doggie bag" to take home.

**3. Take charge of what's around you.**

- Be the first to order. You won't be tempted by what others order, and they may follow your good example.
- Keep foods off the table that you don't want to eat.
  - a. When a waiter or waitress brings rolls, chips, or other complimentary foods, say "No, thank you," and hand the food back right away.



b. When you order something, ask that half of it be put in a doggie bag **before** it's brought to the table. Then have it brought to you with the check.

- Ask that your plate be removed as soon as you are finished. You won't be tempted to eat more than you want while others finish their meals.
- Remove table tents from the table that advertise high-fat/calorie foods such as desserts.

**4. Choose foods carefully.**

- You can tell a lot from the words on a menu. Watch out for these high-fat words; look for these low-fat words, instead. [Refer to page 3.]
- Watch out for sauces on meats, vegetables, and so on. Ask that these foods be served without the sauce.
- Think about how much food you really need. Do you need an appetizer? Bread? Make some compromises. "I'd rather have dessert so I'll skip the appetizer."
- Trim visible fat off meat.

**At another person's home or community center/potluck dinners**

**1. Plan ahead.**

- Bring something from home for yourself and others. Examples: fruit salad, vegetable salad with low-calorie dressing.
- Talk to the host or hostess before you go, if you are comfortable doing so (particularly if you eat at their home often). Ask for their support in your efforts to lose weight.
- Eat a little something before you go, so you aren't too hungry when you arrive.

**2. Ask for what you want. Be firm and friendly.**

- Say "No, thank you. That looks lovely, though," when offered a food you'd rather not eat.

**3. Take charge of what's around you.**

- At buffets or cocktail parties, stay away from the buffet or appetizer table. Choose a small plate and after serving yourself, sit at a table far away.

**4. Choose foods carefully.**

- Take only a small amount of high-fat/calorie foods, just enough to taste.
- Look at everything on the buffet before serving yourself. Then choose only 3 or 4 of your favorite foods, instead of trying a little of everything.

### **Airplanes**

**1. Plan ahead.**

- Order a special menu ahead. Call 24 hours before departure. Many airlines have low-fat/low-calorie and vegetarian menus available.

**2. Take charge of what's around you.**

- Say "No, thank you," smile, and hand the peanuts right back to the flight attendant.

### **Banquets, Conferences**

**1. Plan ahead.**

- Ask what is on the menu. Is anything prepared without fat?
- Order a special menu ahead. Even if the choices are limited, many caterers will prepare a low-calorie/low-fat meal upon request

Instead of following the above lesson plan, feel free to use one of the following activities during your class. Select the activity that best suits your group of participants.

#### **Activity #1**

- Do not distribute the Session 8 handout before class begins.
- Split participants into 4-5 groups of 2 or 3 depending on class size. Before class, set the tables around the room. Label each table with the name of a different restaurant that is popular in your area. Each table should have a menu from that restaurant; fast food, Italian, Chinese, etc.

- Instruct participants to build a healthy 400-600 calorie meal without using nutrition information from the restaurant or their Fat and Calorie Counter.
- When participants have built a meal, ask them to write their meals on the board. Using nutrition information for that restaurant, total the calories and fat in the meal.
  - If participants designed a healthy meal, congratulate and praise them for their choices. Briefly review the menu and ask them to identify some terms that suggest the item is high in fat or calories. Make the class aware of any food that is surprisingly high in calories or fat.
  - If participants exceeded their goals, discuss different menu choices or ways to adjust the method of preparation. Remember to be positive and not critical of their choices.
- Remind participants that nutrition information is available online. Encourage them to plan their menu choices and calculate the calories and fat grams before they go to the restaurant.
- Distribute and review the Session 8 handout.

**Activity #2**

- Do not distribute the Session 8 handout before class begins.
- Set up the classroom with 4 tables. Label each table with the name of a different restaurant. Provide menus for each table.
- Greet participants as they enter the classroom and ask them go to the restaurant of their choice.
- The leader should act as a waiter/waitress and go to each table and ask for beverage orders. Ask why that beverage was chosen.
- The leader should ask if they would like the bread basket (or chips) brought to the table. As a class, discuss options for dealing with the bread, chips, etc.
- Ask participants to raise their hand if they know how many calories and fat grams they have used so far today. Discuss the importance of keeping a running subtotal in the Keeping Track books.
- Ask participants to review the menu and choose a healthy dinner that would fit into their fat and calorie goals. As each person orders, ask him/her to explain why they selected that meal. (Note: Discuss terms used on menus, making special requests, sharing entrées, placing half the meal in a to-go box, etc.)
- Ask the class to share suggestions/recommendations if they have eating at each of the restaurants.
- Distribute nutrition information for each restaurant. Ask participants to quickly look for high and low calorie/fat items. Participants may identify changes they would make to their original “order” to lower the calorie and fat content.
- Distribute and review the Session 8 handout.

**Activity #3**

- Do not distribute the Session 8 handout before class begins.
- Divide the participants into four groups:
  - Group 1 – Fast food restaurants
  - Group 2 – Restaurants (not fast-food)
  - Group 3 – Banquets and buffets (church dinners, wedding receptions, business events, reunions, etc.)
  - Group 4 – Eating at the home of family or friends
- Give each group a piece of paper and ask them to select a “secretary”.
- Each group should list the problems/challenges/barriers to following a low-fat, low-calorie, healthy meal plan while eating at their assigned place.
- Divide the board into 4 sections and label one section for each group.
- Ask one person from each group to write their barriers on the board.
- As a class, discuss each group’s list and ask for additional ideas or comments.
- Acknowledge that eating away from home can present some barriers to healthy eating.
- Ask participants to return to their group and to now make a list of strategies that help with healthy eating at their assigned place. Again, record the information on the board.
- As a class, discuss each group’s list and ask for additional ideas or comments. Ask participants to share strategies they have used effectively. Note: Direct the discussion to include strategies such as “banking calories”, using the Fat and Calorie Counter or nutrition information from the internet before eating out, taking a healthy food item, making special requests at restaurants, etc.
- Distribute and review Session 8 handout.

**Conclusion:**

Ask if anyone has eaten away from home and made healthy food choices. Ask the participants to share how this made them feel. Stress that it is possible to eat out, enjoy the food and the company, and still eat a healthy meal. Eating out doesn’t have to be an excuse for overeating. Explain that eating out is part of life, so it is important to develop strategies and skills to make it easier to choose healthy meals while eating away from home.

**Assign Home Activity**

**Describe a problem you have when you eat out.** *[Give participants time to record the problem on page 6.]* Choose one of the four keys to healthy eating out

that is likely to help you solve the problem and that you can do. Make a positive action plan. *[If time permits, give the participants time to complete the worksheet.]*

Between now and the next session:

- **Keep track** of your weight, eating and activity. The activity goal remains 150 minutes per week.
- **Follow your action plan.** And before you come to the next session, answer the questions on the bottom of the work sheet (Did it work? If not, what went wrong? What could I do differently?).

Note: Included with this session is a handout on page 5 that lists healthier food choices that are available at various fast food restaurants. This handout is not meant to suggest that the GLB program recommends eating in fast food restaurants; rather it is meant to be a guide for when participants do choose to eat in this type of establishment.

- You may want to recommend that participants copy and laminate the handout to keep in their car to help them make better choices during drive-through “fast-food emergencies”.

Any questions?

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

## **Session 9:**

# **The Slippery Slope of Lifestyle Change**

### **Objectives:**

In this session, the participants will:

- Review their progress since Session 5 (“Tip the Calorie Balance”).
- Identify some things that cause them to slip from healthy eating or being active.
- Discuss what to do after a slip to “get back on your feet again.”
- Recognize that everyone has negative thoughts and identify examples of them.
- Learn how to stop negative thoughts and talk back to them with positive ones.
- Practice stopping negative thoughts and talking back to them with positive ones.

### **To Do Before the Session**

Review the participants’ progress since Session 5 (“Tip the Calorie Balance”). Make sure the logs and graphs for activity and weight are up to date. If you have copies of some of the participants’ past Keeping Track records, review them as well. Note some of the positive changes the participants have made.

Have materials ready:

- Keeping Track books
- Pages for the participant notebooks
- Meal plans (tailor to the participants’ food preferences as much as possible before the session)

Note: During this session, some participants may raise problems outside the expertise of the Lifestyle Coach, such as a significant clinical depression, anxiety, or a clinical eating disorder. Lifestyle Coaches should be prepared to make referrals to behavioral and mental health resources to address such problems.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Did you have any trouble Keeping Track since the last session? Were you able to stay under your fat gram and calorie budgets? Follow your plan for physical activity, including lifestyle activity?

[Remind participants to graph their activity if they have not yet done so.]

The last session was “Four Keys to Eating Out.” Were you able to follow your action plan? What went well? What was challenging? What could you do differently?  
[If participants brought in restaurant menus, help them practice making healthy choices.]

**Introduce the session topic.**

Today we're going to talk about “slips,” or times when you don't follow your plans for healthy eating or being active.

Let's use skiing as an example. Everyone who learns to ski knows that they will “slip” and fall down. It's a natural part of learning to ski. What a skiing instructor does is to help beginning skiers anticipate when they might fall down and show them how to get up again. That's what we'll do today--talk about when you might “slip” from your eating and activity plans, and how you can get back on track again after you slip.

Note: Throughout this session, try to use analogies in addition to skiing that are meaningful to the participants. (For example, one analogy is how we handle fires. First, we try to identify high-risk situations in which fires are likely to occur. Second, we try to take steps to avoid these situations if we can. Third, in case a fire does occur, we plan ahead for a way to put out the fire and/or escape. We make a plan that is as simple and easy to remember as possible so that we are more likely to follow it while under stress.) You will also want to use a meaningful analogy for how the participants have developed other skills by making mistakes and learning from them, such as learning to drive a car, bake a cake, and so on.

**Ask participants to review their progress since Session 5, and if not at goal, to develop an action plan to improve progress in reaching weight loss and activity goals.**

Before we talk more about slips, we'll take some time to review your progress since Session 5, which was the last time we formally looked at how you were doing.

- **What are some of the major changes you've made to be more active?**  
Include both what you do to reach your goal (that is, those activities you record) and what you do to be more active in general (the lifestyle activity that you don't record, like taking the stairs instead of an elevator).
- **What changes have you made to eat less fat (and fewer calories)?**

Ask participants to briefly record on the work sheet some of the changes they've made. Praise and encourage the maintenance of these changes.

### **Have you reached your weight goal? Your activity goal?**

Ask participants to refer to their logs and How Am I Doing? graphs for weight and activity, and check yes or no on the work sheet.

For participants who are **at goal** for weight loss and activity, praise the progress made.

For participants who are **not at goal** for weight loss or activity, praise whatever progress has been made.

Encourage the participants to improve, and develop a related plan using the work sheet.

You may want to give some participants meal plans at a lower calorie level.



**Define slips.**

Now let's move on to the topic for today, "**slips.**"

**Slips are times when you don't follow your plans for healthy eating or being active.**

**Slips are:**

- **A normal part of lifestyle change.** Just like falling down is a normal part of skiing. If you are going to ski, you are going to fall. All skiers will fall. And everyone who sets out to lose weight and be more active will have slips.
- **To be expected.** If you haven't already had some slips, you most certainly will have them in the future. Slips are **inevitable**.

Does this sound discouraging? Well, it doesn't have to be. Because **slips don't hurt your progress. What hurts your progress is the way you react to slips.** So today we'll talk about the best way to react to slips when they happen.

**Identify some things that cause the participants to slip from healthy eating or being active.**

**Different people have different things that cause them to slip.** For example, **moods or feelings** cause many people to slip from healthy eating.

Some of us tend to overeat when we're **happy**. Imagine that:

Your **family is celebrating**. Maybe it's a holiday, a birthday, or a vacation. There is plenty of everyone's favorite foods, from appetizers to desserts. And for years, your family's custom has been to "take it easy," have fun and just relax during these times. **What would this situation be like for you? Would you tend to slip in this kind of situation?**

Some of us are more vulnerable to overeating when we're **bored**. Imagine that:

You're **at home alone, watching a favorite TV program**. You're feeling okay, pretty relaxed, but a little bored. A commercial comes on at the end of the program, and you find yourself wandering into the kitchen. **What would this be like for you?**

Other people overeat when **upset**. Imagine that:

You are settling down for a relaxing evening at home. Someone in your family starts to talk about something that's been part of an **ongoing argument** between the two of you. You both get angry and he or she stomps out of the house, slamming the door. You head for the kitchen. **What would this situation be**

**like for you?**

Or here's another example:

You're **behind on a project at work**. The boss has been looking in on you every 10 minutes and glaring at you impatiently. You feel pressured and very tense. You go get yourself a cup of coffee and see a delicious snack that someone brought in that morning. **What would this be like for you?**

**Which is the *most* difficult for you in terms of slipping from healthy eating: feeling happy, bored, or upset? [Record on the work sheet.] Are there other things that cause you to slip from healthy eating?**

Give the participants time to name a few examples. Have them record the examples on the work sheet, and then ask volunteers to share.

**What things cause you to slip from being active?**

Ask the participants to name several examples, such as vacations, holidays, feelings or moods, cold or hot weather, and to record on the work sheet. Ask volunteers to share.

**The situations that lead to slips differ from person to person.** For example, you may tend to eat when you're bored, whereas someone else may get involved in a hobby. Or when you are at a party, you may be so busy talking and laughing that you forget to eat, whereas someone else may find the goodies are just too tempting. **What causes you to slip is learned. It is a habit.**

**The way you react to slips is also a habit.** You can learn a new way to react to slips that will get you back on your feet again.

**Discuss what to do after a slip to get back on your feet again.**

First, **remember two things:**

- **Slips are normal and to be expected.**  
99.99% of all people who are on their way to losing weight and being more active have slips. But a slip doesn't need to lead to giving up completely. Slips can and should be useful learning experiences.
- **No one time of overeating or not being active, no matter how extreme, will ruin everything.** You won't gain more than a few pounds of weight even after the biggest eating binge imaginable--unless you *stay* off track and keep overeating time and time again. **The slip is not the problem. The problem**

**occurs if you don't get back on your feet again and keep going toward your goals.**

So after you have a slip:

**1. Talk back to negative thoughts with positive thoughts.**

The negative thoughts that come after a slip can be your worst enemy. They can lead to feeling discouraged, guilty and angry and undermine your ability to handle the slip effectively. Talk back to the negative thoughts with positive ones. "I am not a failure because I have slipped. I can get back on my feet again."

**2. Next, ask yourself what happened.**

Use the opportunity to look closely at the situation and ask yourself what happened. Was it a special occasion? If so, is it likely to happen again soon? Did you overeat because you were lonely, bored, or depressed? Did you eat because of social pressure? Did you skip activity because you were too busy with other things, or because of work and family pressures? Use these questions to review the situation and think about it objectively. **Learn from the slip.**

Then you can plan a strategy for handling the situation better next time. **Can you avoid this situation in the future** (for example, by not sitting near the food or by not walking past the candy machine)? If you can't avoid it, **can you manage it in a better way** (for example, by making sure you have low-calorie foods available at home)?

**3. Regain control the very next time you can.**

Do **not** tell yourself, "Well, I blew it for the day," and wait until the next day to start following your eating plan. **Make your very next meal a healthy one. Get back on schedule with your activity plan right away.** You will not have set yourself back very much if you follow this suggestion.

**4. Talk to someone supportive.** ("Talk it through, don't eat it through.")

Call a family member or friend. Call someone else in this program. Discuss your new strategy for handling slips. Commit yourself to renewed effort

**5. Finally, focus on all of the positive changes you have made** and realize that you can get back on track. The same person who "blew it" today is the same person who has been successful during many previous weeks. Slips do not reveal "real you" (hopeless, lacking willpower, etc.). They are simply another occasion of behavior. **Remember, you are making life-long changes. Slips are just one part of the process.**

**Help the participants identify examples of negative thoughts.**

Now we're going to talk in more detail about negative thoughts.

**Everyone has negative thoughts at times.** These negative thoughts **can lead you to overeat or be inactive.** Then afterwards you may **feel even worse** about yourself. A **vicious cycle of self-defeat** can result.

For example, suppose you came home after a hard day at work. You think to yourself, "I'm tired of working so hard. I'm sick of being in this program. I can never eat what I want." This negative thought might lead you to eat some potato chips. And then you think, "I did it again. I'll never lose weight." Next, you're discouraged and go on to eat more of them.

**Sometimes we aren't aware we are having negative thoughts.** Negative thinking becomes such a habit for most of us that we tend to believe and act on our negative thoughts without even hearing them.

**One goal of this session is to help you hear your negative thoughts and teach you to talk back to them.**

Here are some **common examples** of negative thoughts.

Review each category and the example(s) on the work sheet, then ask a question or two to get the participants thinking about their own experience with negative thoughts.

### **1. Good or Bad Thoughts**

These thoughts divide the world into:

- Good and bad foods;
- Seeing yourself as a success or failure;
- Being on or off the program.

Sometimes this is called "all or nothing" or "light bulb" thinking (either on or off) with nothing in between.

Example: "Look at what I did. I ate that cake. I'll never be able to succeed in this program."

- Do you have some foods you consider "good," and some foods you consider "bad?"
- What happens when you eat a little of what you consider to be a "bad" food?
- Can you think of some problems with considering a food "bad?"

## 2. **Excuses (or Rationalizations)**

These thoughts blame something or someone else for our problems. We act as if they have so much power that we have no choice but to overeat or be inactive. We don't mean to go off the program, but we "can't help it."

Example: "I don't have the will power."  
"I have to buy these cookies just in case company drops in."

- Can you think of a time when you bought some high-fat/calorie food "for someone else"? Did they really need the food, or do you think you used them as an excuse to buy the food for yourself?

## 3. **Should Thoughts**

These thoughts expect perfection. Of course, no one is perfect, so SHOULD thoughts are a set-up for disappointment. They also lead to anger and resentment because "should" assumes that someone is standing over us, forcing us to do what we don't want to do.

Example: "I should have eaten less of that dessert."

- What kind of things do you think you "should" or "should not" do to lose weight and be more active?
- What do you expect yourself to do perfectly (for example, self monitoring)?  
What happens when you expect perfection of yourself?  
How do you feel? How does it affect your future decisions and choices?

## 4. **Not As Good As Thoughts**

These thoughts compare ourselves to someone else and then blame ourselves for not measuring up.

Example: "Mary lost two pounds this week, and I only lose one."

- Do you compare yourself to someone else? Who?
- How does comparing yourself to that person affect you? How does it make you feel? How does it affect your decisions and choices about eating and being active?

## 5. Give Up Thoughts

These thoughts defeat ourselves. They often follow the other kinds of negative thoughts.

Example: "This program is too hard. I might as well give up."

- Do you ever want something good to eat and think, "I'm sick of this Lifestyle Balance program"?

### Explain how to talk back to a negative thought.

Once you are aware of a negative thought, you can "talk back to it." Here's how:

1. First, catch yourself having the negative thought. Ask yourself, "Is this thought moving me forward or bringing me down?" As soon as you're aware of a negative thought, say to yourself, "I'm doing it to myself."
2. Then imagine shouting "STOP!" to yourself. Picture a huge, red stop sign. [You may want to hold up the STOP! sign prop at this point.] The stop sign is so big that it takes up all the room in your mind. This should startle you and get rid of the negative thought.
3. Talk back with a positive thought. No matter how effectively you've stopped a negative thought, it will probably return again in a similar situation because it has become a habit for you. So it's important to begin to build a new habit: positive thinking. After you stop a negative thought, talk back to it with a positive one.

### Review the categories and the examples on the handout, making the following points.

1. **Good or Bad: Talk back with Work Toward Balance.**  
Don't expect perfection of yourself, but don't indulge yourself either. Work toward an overall balance.
2. **Excuses: Talk back with It's Worth a Try.**  
Instead of looking for something or someone else to blame, why not give yourself a chance? Try something. You just might succeed.
3. **Should: Talk back with It's My Choice.**  
You are in charge of your eating and activity. No one else is responsible for your choices or standing over you with unrealistic expectations.

**4. Not As Good As: Talk back with Everyone's Different.****5. Give Up: Talk back with One Step at a Time.**

Problem solving is a process. It takes time to make life-long changes. Learn from what doesn't work and try another option. Learning is always a success.

Now let's practice stopping negative thoughts and talking back with positive thoughts. Look back over the kinds of negative thoughts we've discussed. What kind are most familiar to you? For example, do you tend to make excuses or are you more likely to compare yourself to someone else? What are some examples?

Ask participants to write examples of negative thoughts on the work sheet and ask volunteers to share.

Now let's take them one at a time. First, say the negative thought aloud. Then say "Stop!" And then talk back to it aloud with a positive thought.

Use the remaining time in the session to have participants role-play this in pairs. Use a stop sign prop if you find it helpful. Ask participants to record the positive thoughts on their work sheet.

This session may be an appropriate time to review with participants the work sheet "Remember Your Purpose" (Session 1) on which they recorded their personal reasons for joining the program and so on. Details from this work sheet may provide images and words for the participants to use in talking back to negative thoughts with positive ones. Any imagery that is significant to the participants may help make the process of "talking back" more meaningful and fun; for example, some participants might find it enjoyable to imagine a devil on one shoulder and an angel on the other, and to see the task of positive thinking as, "letting the angel talk."

**Assign a home activity.****Describe one thing that has caused you to slip from healthy eating.**

Could you **avoid it** in the future? If so, how? *[Ask participants to record on the work sheet.]*

If not, make a plan for **how to get back on your feet** the next time you slip. *[Ask participants to record. Ask volunteers to share.]*

**Describe one thing that has caused you to slip from being active.**

Could you **avoid it** in the future? If so, how? *[Ask participants to record on the work sheet.]*

If not, make a plan for **how to get back on your feet** the next time you slip. *[Ask participants to record. Ask volunteers to share.]*

To do between now and the next session:

- Keep track of your weight, eating and activity. The activity goal remains
- 150 minutes per week or more.
- Catch yourself thinking negative thoughts. Write them in your Keeping Track books.
- Practice stopping negative thoughts and talking back with positive thoughts.
- Try your two action plans.
- Answer the questions on the work sheet.

Any questions?

If time allows, review the **Mental Gremlins** handout and ask participants to complete the practice page. Ask volunteers to share. Finally, ask participants to practice between now and the next session the strategies for talking back that are described on the handout.

Note: During this session, some participants may raise problems outside the expertise of the Lifestyle Coach, such as a significant clinical depression, anxiety, or a clinical eating disorder. Refer to your practice group for guidelines regarding appropriate referrals.

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.



## Session 10: Jump Start Your Activity Plan

### **Objectives:**

In this session, the participants will:

- Receive a pedometer and become familiar with it. Understand how to wear it, how to determine average daily steps, and how to use the pedometer as a tool to monitor physical activity levels and overall movement.
- Understand the concept of aerobic fitness and the F.I.T.T. Principles (frequency, intensity, type of activity, and time) as related to their activity goal.
- Learn two ways to estimate their physical activity intensity: taking heart rate and estimating the rate of perceived exertion.

### **To Do Before the Session:**

Get familiar with the pedometers that will be distributed at this session. Wear one for a week or two, record your own steps, and calculate your own daily average. Do your own trial run of the 100-Step Test.

Have materials ready:

- Keeping Track books
- Session Handouts

Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Reinforce the fact that he or she must already be making some changes in their behavior.
- If the participant has not lost weight, mention it, but stress that little by little as he or she makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that weights taken at home and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Did you have any trouble Keeping Track since the last session? Were you able to stay under your fat gram and calorie budgets? Were you able to follow your plan for physical activity, including lifestyle activity?

*[Remind participants to graph their activity if they have not yet done so.]*

The last session was “The Slippery Slope of Lifestyle Change.” Were you able to follow your action plans for handling slips? Were you able to talk back to negative thoughts? What went well? What was challenging? What could you do differently?

**Introduce the concept of the pedometer. Explain that this is a different way to track physical activity levels.**

So far in the physical activity portion of Group Lifestyle Balance program, our focus has been on increasing the amount of time you are active. Most of you have gradually increased your activity until you reached at least 150 minutes, or are still working toward your goal. Many of you are walking because it’s easy to do and doesn’t require any special equipment. Other activities, of course, are acceptable. It is just a matter of preference.

Another way to estimate activity or movement is through the use of pedometers. Pedometers are great tools that measure steps taken throughout the day. Not only do they capture the steps that you take when you do planned activities, but they also capture smaller bouts of walking that you do in more spontaneous or unplanned activity. Therefore, if you wear your pedometer throughout the day, you can get a better idea of how much total movement (both planned and spontaneous movement that we discussed in Session 4) you have done in that day. Keep in mind that the pedometers will not capture activities such as arm work, or biking, (because there isn’t the impact of your foot hitting the ground that the pedometer counts) or water activities like swimming (because you can’t wear the pedometer in the water).

**Distribute pedometers, and show participants how to use them.**

Before we go into the various ways to use it, let’s talk about how the pedometer works and how to wear it.

Review the **pedometer instructions** and show participants how to wear the pedometer. Demonstrate how and where to clip on the pedometer, how to use the safety strap, where in the Keeping Track booklet to record their steps (in the same area where activity minutes are recorded), and how to determine the average number of steps per day. Emphasize that it is important to remember to **reset the pedometer every night**. **Also emphasize that the pedometer is to be worn at the waist and must be kept in an upright position.** **Illustrate this by holding the pedometer upright and moving it up and down to hear the clicking sound of the pedometer recording that movement. Now move it side-to-side. You will notice that you don't hear the clicking sound in side-to-side movement.**

Explain that, for this week, the participant is to wear the pedometer every day and record their steps on page 3 of the handouts in the section called "What does your week look like"? After determining the pedometer steps each day, each participant should **calculate a daily step count averaged over the past week. That is simply the sum of the steps performed each day divided by the number of days they have pedometer daily step amounts.** Next week they will set a goal that is challenging yet reasonable based on their starting average steps. This is not the time to tell them about pedometer step goals or national step count averages. You do not want to influence their step count recording for this week. Next week you will provide them with this information.

Be sure to make it clear to participants that pedometers are measuring a specific type of physical activity and that they should **continue to self-monitor and record their minutes of activity every day.**

It's important to make sure your pedometer is accurately recording your steps.

Review the instructions for the 100 Step Test for Accuracy of the Pedometer. Demonstrate how to complete the test and, where possible, have everyone do it as part of the group. In situations where the pedometer steps fall in the unacceptable range, discuss reasons why this may have occurred and solutions for fixing it.

There are several reasons why a pedometer may under report steps. The most common reason is that the pedometer may not be staying upright in the vertical plane. If this seems to be the reason, instruct the participant to move the pedometer around the pants/belt line to their back, aligned with the rear of the knee cap. This position helps to keep the pedometer upright when placement in the front does not seem to work correctly.

Other reasons why the pedometer may not accurately reflect the number of steps taken include wearing it on loose clothing or if the participant shuffles as he/she walks without picking up his/her feet.

Review the handout sections: Measuring a Mile, Step Credit for Activities That Are Not Recorded By the Pedometer, Weekend vs. Weekday and Develop an Active Head. Discuss the purpose of these activities with the participants and review the instructions for completing them.

### Measuring a Mile:

When measuring a mile, keep in mind that the number of steps it takes to complete a mile will vary from person to person. This is because everyone's stride length is different. Someone shorter will likely have a shorter stride length and therefore require more steps to complete a mile than someone much taller with a longer stride length.

### Step Credit for Activities That Are Not Recorded By the Pedometer

There are some types of physical activity that aren't recorded by the pedometer or situations where the pedometer cannot be worn since the activity happens in water. The two most common examples are biking and water activities like swimming and rowing. However, you can crudely estimate a "step" credit for these activities to add to your daily pedometer count.

### Weekday vs. Weekend:

Sometimes it can be helpful to figure out when you are most active. One way to do this is to wear your pedometer for a week. At the end of the week, compare the number of steps taken during the week to those taken over the weekend.

### Develop an "Active Head".

It is also important to try to develop what we call an "Active Head". This means trying to incorporate as much lifestyle activity into your day as possible. And yes, every little bit of movement will add up. Check it out for yourself:

- Wearing your pedometer, pick two days during the week that are likely to be similar from an activity point of view.
- On the first day, your "Normal Day," go about your day as normally as possible.
- On the second day, your "Lifestyle Day," try to incorporate as much lifestyle activity into your day as possible (make any spare second that you can an "active second") without any major changes to your day.
- Taking the stairs instead of using the elevator, or walking across the hall to talk to your colleague instead of using email are two examples of ways to add lifestyle activity. Think of other examples.

Compare the number of step taken on these two days. Were there differences in the two days? If these two days were different, what can you attribute to the differences?

**Discuss other ways to boost activity/ mixing it up.**

There are many ways to boost your activity. First, **add variety**.

**Do something new and different** now and then. Mixing it up is a good strategy for you. It may get stale doing the same activity, day in and day out, every season of the year, in the same way.

Remember, you are making life-long changes, and being active is something you will be doing for the rest of your life. So build in some variety. For example, if you usually walk during the week, try riding a bike or swimming on the weekend. For the winter, take up cross-country skiing or perhaps indoor cycling. A great idea for all year around is to take up strength (resistance) training.

**Can you think of some ways to vary what you do for activity?**

Ask participants to record their examples on the handout (p. 6). Include lifestyle activity but be sure the participants understand to self-monitor only the physical activities that are similar (or higher in) intensity than brisk walking.

**Do the same activity in a new place.** For example:

- Walk a different path through the park.
- Walk in a different neighborhood after work.

**What are some ways you can vary where you do your activity?** (*Record.*)

**Be active as a way to be social.**

- Instead of going out for a cup of coffee, go out for a “walk and talk” with a friend or family member
- Plan a weekend hike with a group of friends
- Go biking with a cycling club.
- Join a basketball or softball league
- Sign up with a group of friends for a walk for charity.

**What are some activities you could do with a friend, family member, or group as a way to socialize?** (*Record.*)

It also helps if you **make being active fun**.

- Some people enjoy listening to a radio, music tapes or books on tape while they walk or jog.
- Plan walking tours of cities when you travel.

**What would be fun for you? (*Record.*)**

Another way to prevent boredom is to **challenge yourself**.

- Prepare yourself for a walk-a-thon.
- Train for a challenging mountain hike on your vacation.
- Set up a friendly competition with a friend (whoever walks the most miles before a certain date gets taken out for a healthy lunch by the other).

**What would make activity more challenging for you? (*Record.*)**

**Have you been bored at times with your activity in the past?**

**Have you found anything to be particularly helpful for you at those times?**

### **Introduce the concept of physical activity intensity**

So far, participants have focused on the “duration” part of their aerobic activity program. Other than mentioning that they do activities similar to a brisk walk, there has been no detailed discussion about the intensity of their effort.

Let’s discuss the “F.I.T.T.” principal as a great summary of both the activity components that we have discussed so far and those that we still need to consider.

So what does “F.I.T.T.” stands for:

**“F”** stands for **frequency**, or **how often you are active**.

- We suggest that you spread out your activity on most days of the week (at least 3 days per week is recommended; more days are even better).

**“T”** stands for **intensity**, or **how hard you are working while being active**. .  
(Which we will discuss this in more detail in a minute).

**“T”** stands for **type of activity**.

- To improve your fitness, you should do **“aerobic”** activities. As we said before, these are activities that **challenge your heart**. Brisk walking, jogging, and bicycling are all examples of aerobic activities.
- These activities **use large muscle groups**, such as the muscles in your legs.

The final “T” stands for **time**, or **how long you are active**

- To improve your aerobic fitness, you should **stay active continuously for at least 10 minutes**. Brief activities that don’t require your heart to work harder, such as bowling, pitching a softball, or washing a window, will not greatly improve your aerobic fitness.
- The **total number of minutes per week should reach or exceed your Lifestyle Balance activity goal for that week**.

**Discuss the main concepts of physical activity intensity level.**

We have discussed all of the components of F.I.T.T, with the exception of intensity. So far in the GLB, you have been focusing on the type, frequency, and time portion of your physical activity program with the goal of attaining 150 minutes of aerobic activity. However, it is very important to assess the intensity of your physical activity, in other words, how hard you are working when you are active. Physical activity intensity is the level of effort you exert during activity.

How hard you are working is usually reflected in two ways....**how fast your heart beats and how hard you breathe.**

1. We want your heart to beat faster than it usually does so that it will become stronger, but we don’t want to push you out of the moderate intensity range. The goal is to stay within what’s crudely called your “**target heart rate zone**”. **This zone is about 50% to 70% of the maximum number of times your heart can beat in a minute for someone your age.** We will discuss this in more detail a little later.
2. Your breathing should also increase to the point **that you can talk but not sing**. You should be able to have a conversation with a friend while walking, but **if you can break into song, speed it up!** On the other hand, **if you have trouble breathing and talking while you walk, slow down.**

**Explain and discuss aerobic fitness.**

“Aerobic fitness” refers to how well your heart can pump oxygen through your blood to your muscles, like those in your legs. Remember, your heart is a muscle too. If you exercise your heart and make it beat faster, it will become stronger over time. This is just like the muscles in your arm becoming stronger when you lift weights.

As your heart becomes stronger, you'll notice that it's easier for you to do things like walking up stairs and carrying groceries. This means that your heart has become more efficient and doesn't need to beat as fast as it used to. As you become more fit, your heart is doing the same amount of work with less effort. It also means that, to continue strengthening your heart, you will need to gradually increase the intensity of your activity to reach your target heart rate. For example, you'll need to walk faster than you used to, or walk up a steeper hill to get the same aerobic fitness benefit.

**Teach participants how to estimate their physical activity intensity level.**

Let's talk a little more about how to estimate your physical activity intensity level through taking your heart rate or measuring your perceived exertion.

**Please keep in mind that you should check with your Primary Care Provider if you plan to make major increases in the intensity of your activity.**

Here is how to **calculate your target heart rate range**. Mention that, for those on medications that alter one's heart rate, this target heart rate range is not appropriate.

Review the formula on the work sheet (page 9) and ask participants to calculate their own target heart rate. Make sure you are clear on how to calculate these values so your group doesn't become confused or frustrated. It can happen!

Have you ever taken your heart rate or pulse?

Review with the participants the steps for taking their heart rate as described on the handout. Remind them not to take their pulse with their thumb as the thumb has a pulse of its own.

Demonstrate how to take your pulse and then have the participants practice taking their own pulse for 15 seconds. Have them multiply the number of beats by 4 to find their resting heart rate per minute.

They will follow this procedure to calculate their exercise heart rate.

Next we will look at the **Rate of Perceived Exertion (RPE) Scale**.

This is a tool that estimates how hard you are working by determining how you feel while performing physical activity. Rate yourself on this scale while you're being active. How hard are you working? Your goal is to achieve an activity intensity around "Somewhat Hard", which is between 12- 16 on the RPE scale.



Review the handout (p. 10) with the participants. For your own background information, the scale is based on Borg's original Rating of Perceived Exertion (RPE) Scale which is a numerical scale from 6 to 19, with 7 corresponding to very, very light, 9 to very light, 11 to fairly light, 13 to somewhat hard, 15 to hard, 17 to very hard, and 19 to very, very hard. The original scale was designed to approximate what one would estimate the corresponding heart rate to be, by adding a zero to the end of the RPE. For example, an RPE of 13 (somewhat hard) would approximate a heart rate of 130. So if a participant calculated her upper heart rate limit to be 130, her upper RPE limit would be around 13.

### Assign home activity.

Draw attention to "Adding Steps to Your Day" (p. 11) as ways to increase step count.

Between now and the next session:

- Keep track of your weight, eating and activity.
- Do your best to reach your activity goal for the week (at least 150 minutes).
- Complete the 100-Step Test
- Wear your pedometer, calculate your average daily steps, and complete the measure a mile task.
- Take your heart rate or rate of perceived exertion (or both) when you are doing physical activity this week.
- Adjust how hard you are working during an activity so that you stay within your target heart rate [*specify*] or ideal rate of perceived exertion range.

Any questions?

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

(If appropriate in your setting, you may want to ask the participants to invite family members to the next session, Make Social Cues Work for You, if you and the participants think that would be helpful in planning strategies for handling social cues.)

## **Session 11:**

# **Make Social Cues Work *for* You**

### **Objectives:**

In this session, the participants will:

- Review examples of problem social cues and helpful social cues.
- Discuss ways to change problem social cues and add helpful ones.
- Review strategies for coping with social events such as parties, vacations, having visitors, and holidays.
- Make an action plan to change a problem social cue and add a helpful one.

### **To Do Before the Session:**

If appropriate in your setting, ask the participants to invite a family member to this session if you and the participants think that would be helpful in planning strategies for handling social cues.

Have materials ready:

- Keeping Track books
- Pages for participant notebooks

Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute blank ones and those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Did you have any trouble Keeping Track since the last session? Were you able to stay under your fat gram and calorie budgets? Follow your plan for physical activity, including lifestyle activity?

*[Remind participants to graph their activity if they have not yet done so.]*

The last session was “Jump Start Your Activity Plan.” Did you wear your pedometer? What were your average daily steps? On which days did you walk the most steps? The least? Where can you add steps in your day?

**Introduce a long-term goal for steps.**

**Last week, participants calculated their average step counts. Now is the time to have them consider their daily step count average in light of national averages and the GLB step goal.**

**To give them a perspective, inform them that the average adult appears to average about 5 thousand steps per day or 35 thousand for the week. Our GLB step goal is to achieve and maintain a weekly average of 50 thousand or an average of 7 thousand for the day. That was the DPP step goal as well. As a best guesstimate, someone who is doing 150 + minutes of moderate intensity physical activity per week and is not completely inactive in their normal day will achieve about 50 thousand steps for the week.**

**The coach should make exceptions for individuals with serious health problems that limit their mobility. For them, they should start where they are and gradually increase as much as they can.**

In this program, your goal is to **slowly increase your steps to an average of 50 thousand steps for the week (about 7,000 steps per day)** and to maintain this level. If you are under 50 thousand steps for the week, start increasing each week by no more than 2-3 thousand steps per week until you reach your goal. If you are above that amount, keep up the good work. At the end of this session, you'll set a goal for next week to increase your steps by at least 250 per day.

**Don't forget to keep recording your activity minutes per week. Reaching your goal for activity minutes per week will help you reach your goal for steps. The two work hand in hand.**

Before we move onto today's topic, what was it like taking your pulse or heart rate? Were you able to stay within your target heart rate?

**Review the concept of food and activity “cues” and define social cues.**

In an earlier session we talked about **how to “take charge of what’s around you.”** We took an imaginary video camera through your house and where you work, and we looked for problem food or activity “cues,” things that would prompt you to think about eating or to be inactive, like a TV set or a bag of cookies on a kitchen counter. We planned some ways to get rid of problem cues and add positive cues (for example, watch less TV, keep high-fat foods out of the house, and keep your walking shoes in sight).

In that session we focused on the sight and smell of food or certain activities that make you think about food. Today we’re going to talk about **social cues**, or **what other people say or do that affects your eating and activity**. Again, we will plan some ways to **reduce problem social cues** and some ways to **add positive ones**.

**Give examples of problem social cues and positive social cues.**

**Problem Social Cues**

One of the most powerful **problem social cues** is:

- **The sight of other people eating problem foods or being inactive** (for example, you go to a bar where you see other people eating potato chips and watching TV). Can you think of an example in your own life? Is it difficult for you when you see someone in your family or a friend eat certain foods? (Record examples briefly on the work sheet.)
- **Being offered (or pressured to eat) problem foods or being invited to do something inactive** are also negative cues (for example, your spouse buys you candy for your birthday or a friend asks you to come over to watch football). What are some examples in your own life?
- **Being nagged** is a negative cue (for example, your spouse says, “You shouldn’t be eating that bacon. It’s too high in fat.”). Some people may think that nagging is helpful, but actually it tends to cause the behavior it’s designed to stop. Does anyone nag you about your eating or activity?
- **Hearing complaints** is a negative cue, too (for example, your daughter says, “I hate this frozen yogurt. Real ice cream is better,” or your spouse says, “You’re

always outside walking. You don't have any time for your family any more."). Do you hear complaints from anyone about your eating or activity?

Now let's compare problem social cues with **positive social cues**.

Positive social cues include:

- The **sight of other people eating healthy foods or being active** (for example, you go out to dinner with another participant who orders low-fat foods or you go to an aerobics class). Can you think of any people who are good examples for you? In what way? (Record on the work sheet.)
- **Being offered healthy foods or being invited to do something active** (for example, your mother offers you fruit salad for dessert or asks you to go for a walk). Does anyone do this for you?
- **Being praised** (for example, your spouse says, "The oatmeal was delicious this morning, honey."). Who praises you for your efforts and accomplishments?
- **Hearing compliments** (for example, your daughter says, "Thanks for buying frozen yogurt, Mom. It's a lot healthier than ice cream," or your spouse says, "You're really committed to walking every day. I'm proud of you."). Does anyone compliment you?

**When you respond to a social cue in the same way over and over again, you build a habit.** The cue becomes paired with the way you respond, and your response becomes more and more automatic. In an earlier session, we used the example of eating popcorn whenever you go to the movies as a food cue that over time becomes a habit for many people. It works the same way with social cues.

Let's say that since childhood, your mother has offered you second helpings of food at the dinner table. You developed a habit of accepting her offer. Now when you return home as an adult and your mother offers you second helpings, it is hard for you to refuse.

It's important to understand that with social cues, the **other person has also learned a habit**. So in the example we've just used, your mother has learned to offer you second helpings and expects that you will accept the offer. **This makes social cues even harder to change than other cues.**

**Discuss ways to change problem social cues.**

**How can you change problem social cues?**

1. As with problem food cues, one of the best things you can do is to **stay away from the cue, if you can**. For example:
  - Move to a different room if a family member eats problem foods in front of you.
  - Skip certain parties that are just too tempting for you.
  - Socialize with people by going bowling, dancing, or to the movies. Don't go out to eat as a way to socialize.
  - Change the subject when someone starts talking about food or your weight or activity.
2. **Change the cue, if you can**. This means trying to influence the other person's habit, if you can. For example, when someone nags, complains, eats problem foods in front of you, or pressures you to eat:
  - **Discuss the problem. Brainstorm options.** For example, "It's hard for me when you eat ice cream in front of me. It really tempting. Is there a way we could get together and have fun, but not eat ice cream?" **Be willing to compromise** to find a solution that will work for everyone.
  - **Tell people about your efforts to lose weight and be more active, and why this is important to you.** Many people will be willing to help if they understand that you are trying to change your eating and activity and why.
  - **Ask others to praise you for your efforts and ignore your slips. This is KEY to your success.** Explain to your friends and family that this is what would be most helpful to you. In turn, be sure to thank them when they notice your efforts and overlook your slips.

(One option is to role play this with the participants. Either ask one volunteer to role play with you in front of the group using an example that is meaningful to him or her, or break the group into pairs to role play and then ask volunteers to share their experience.)

3. If you can't stay away from the problem social cue or change it, **practice responding in a more healthy way**. Over time you will **build a new, healthier habit** and **the other person will learn a new habit, too**, because of your new response. For example:
  - **Say "No" to food offers.** If you are consistent and continue to say "No," others will eventually stop offering.

- One of the most important things you can do is to **show others you know they mean well, and suggest something they can do to help you. Be specific.** Most people mean well when they nag, offer food or pressure someone to eat (for example, many people think that being a good hostess means insisting that guests have second helpings). If you recognize that they mean well and give them a specific, positive alternative, they can still feel helpful and you are more likely to reach your goals, too. For example, when a hostess offers you second helpings, say, “Thanks so much for offering. You know what I’d really enjoy is some coffee.” **If you can, give them specific ideas of how to help ahead of time,** before you are confronted by a challenging situation.

One option is to role play saying “No” to food offers,( e.g., “Are you sure you don’t want a piece of cake?”), either with one volunteer in front of the group or by breaking the group into pairs to role play and then asking volunteers to share. Illustrate that the participants should be prepared to say “No” several times, and suggest alternatives to someone who continues to offer food.

Remember that **it takes time to break an old habit or build a new one.** Change doesn’t happen overnight. And with social cues, there are at least two people involved in making a change: yourself and someone else. **Don’t expect other people to adjust instantly** to a new way of relating, any more than you expect yourself to change instantly.

**Discuss ways to add positive social cues.**

Not all social cues are problems. You can use social cues to *help* you eat healthier and be more active. For example:

- **Spend time with people who are active and make healthy food choices.** For example, at parties stand next to people who spend most of their time talking and dancing instead of eating.
- **Put yourself in places where people are active.** For example, join an exercise club or sports league. Come to this program’s activity sessions (if available).
- **Set up a regular “date” with others to be active.** You will be more likely to be active because you won’t want to disappoint them by cancelling.
- **Ask your friends to call you to remind you to be active or to set up dates to be active.**

- **Bring a low-fat/calorie food to share.** For example, bring a fruit salad to a potluck dinner.
- **Be the first to order when you eat out at a restaurant** and order healthy foods. This is much easier than waiting until after others order high-fat foods and then trying to make a healthier choice. In addition, you will provide a positive social cue for other people.
- **Be social by doing something active.** For example, take a walk and talk. Go out dancing instead of going out to dinner. Start a family tradition of taking a walk after dinner instead of watching TV.

An important way to change negative social cues and add positive ones is to **ask people who want to support you for help.**

**What people in your life want to support you?** *[Record a few names.]*

**What could they do to help you?** Here are some ideas. Would any of these be helpful to you?

Review the ideas on the work sheet. Ask participants to check a few that they think would be helpful and add other ideas at the bottom of the chart. Some participants may want to go over this worksheet with a supportive friend or their family members.

**Discuss ways to handle social events such as parties, having visitors, or holidays.**

**Social cues are especially powerful at social events** such as parties, holidays, vacations, and when you have guests in your home or are a guest in someone else's home. These events:

- **Upset our routine** (for example, you usually walk after dinner, so how do you fit walking in on a day when you're going to a party after dinner?)
- **Challenge us with unique food and social cues** (for example, your family serves appetizers whenever there are guests in the house but not at other times; you go on vacation to a place you've never been before and you're not familiar with any of the restaurants),
- **May involve habits that have developed over many years and so can be very powerful** (for example, for the past 30 years on Thanksgiving,



your family has watched the parade on TV and had pumpkin pie with whipped cream for dessert).

### What are some social events that are difficult for you?

Get an idea of the kind of social events the participants attend. If it is near a holiday or vacation, you may want to focus during the remainder of the session on brainstorming options and making an action plan for that specific event. Optional participant handouts on these topics are included at the end of the standard session handouts (“Getting Ready for the Holidays,” “Staying Active on Holidays,” “Lifestyle Balance on Vacation,” “Lifestyle Balance on Vacation: Problem Solving,” and “Staying Active on Vacation”). Review them as appropriate.

To handle social events well, try to anticipate the problems that will occur. What exactly might be difficult for you? Then brainstorm your options ahead of time.

Here are some ideas *[review the examples on the work sheet]*:

- **Plan ahead.**
- **Stay away from problem cues when you can.**
- **Change problem cues.**
- **Respond to problem cues in a more healthy way.**
- **Add helpful social cues.**

Stay positive. Think of every social event as an opportunity to learn what works well for you and what doesn't. Remember, you are building healthy habits for a lifetime

For participants who entertain, you may want to distribute some low-fat/calorie ideas and/or recipes (for example, recipes for low-fat dips and a list of low-fat crackers).

### Assign home activity.

Between now and the next session:

- **Keep track** of your weight, eating and activity. The activity goal remains at least 150 minutes per week.
- **Add at least 250 steps per day to your activity this week.** (Have participants fill in the blank.) What can you do to walk more steps per day?
- Try your **two action plans** for making social cues work for you. And before the next session, answer the questions (Did it work? If not, what went wrong?) for both action plans. (If it is near a holiday, vacation, or particular social event, include an action plan for that event.)

- **Review your progress** so far, using your logs and graphs and Keeping Track records. In the next session, we will talk about your progress and set some goals for improvement.

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to ask them to attend the session they missed with another group the same week or to loan them the DVD of the missed session (where available).
- Review self-monitoring records and comment briefly. Highlight especially any positive changes made that relate to the session topic of the week before the records were collected.

## Session 12: Ways to Stay Motivated

### **Objectives:**

In this session, the participants will:

- Review their progress since Session 1, and if not at goal, develop a plan to improve.
- Discuss the importance of motivation and ways to stay motivated.
- Discuss how to prevent stress and cope with unavoidable stress.
- Discuss how the Group Lifestyle Balance Program can be a source of stress and how to manage that stress.
- Make a plan for continuing to reach and maintain lifestyle goals as they transition to the support phase of the Group Lifestyle Balance Program.

### **To Do Before the Session:**

Review the participants' progress since Session 1. If you have copies of some of the participants' past Keeping Track records, review them as well. Note some of the positive changes the participants have made.

Make sure the logs for weight and activity are up to date.

Get materials ready:

- Keeping Track books with your comments
- Pages for participant notebooks, including the Lifestyle Balance Calendar
- Handouts on local sources of support for participants as they make the transition to monthly support, such as how to contact a registered dietitian, where to be active in the community (walking or biking trails, community centers, gyms, etc.), where to find classes on healthy eating and activity topics, and so on.

Weigh the participants. Update logs and graphs. Collect Keeping Track booklets.  
Distribute materials.

Weigh each participant privately as the group gathers. Record the weight on the Group Lifestyle Balance Leader's Log. Ask the participant to update his or her own log and graphs.

- If the participant has lost weight, congratulate him or her, but don't go overboard. Stress the fact that he or she must already be making some changes in behavior.
- If the participant has not lost weight, mention it but stress that little by little as she or he makes behavior changes, the numbers on the scale will change.

Ask if the participant weighed himself or herself at home. Mention that home weights and weights taken at the session may differ because scales differ, but the trend in weight change over time should be the same.

Collect completed Keeping Track records. Distribute those with your comments, plus session handouts.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Did you have any trouble Keeping Track since the last session? Were you able to stay under your fat gram and calorie budgets? Follow your plan for physical activity, including lifestyle activity?

*[Remind participants to graph their activity if they have not yet done so.]*

The last session was “Make Social Cues Work for You.” Did you follow your actions plans for changing a problem social cue and adding a positive social cue? What went well? What could you do differently?

It's very important to keep in mind that, even though you have completed the initial 12 weekly sessions, the **weight loss and physical activity goals are meant to last a lifetime.**

Emphasize that participants who haven't reached the goals are to continue to strive toward reaching and maintaining them. Participants who *have* reached both goals are to strive to maintain them and surpass them if possible because they are *minimum* goals.

**Ask the participants to review their progress since Session 1, and if not at goal, develop a plan to improve progress.**

Today we're going to talk about ways to stay motivated for the long term, to make healthy eating and being active last for a lifetime. First, let's review your progress since the beginning of the program.

- **What are some of the major changes you've made to be more active?**  
Include both what you do to reach your goal (that is, those activities you record) and what you do to be more active in general (the lifestyle activity that you don't record, like taking the stairs instead of an elevator).
- **What changes have you made to eat fewer calories and less fat?**

Ask participants to record on the work sheet some of the changes they've made. Instruct them to be as specific as possible. Ask volunteers to share. Praise and encourage the maintenance of these changes.

### **Have you reached your weight goal? Your activity goal?**

Ask participants to refer to their How Am I Doing? graphs for weight and activity, and check yes or no on the work sheet.

Praise the progress made, both for participants at goal and those not at goal. Encourage those not at goal to improve, and develop a plan using the work sheet. Some participants may need to be given meal plans at a lower calorie level.

### **Discuss the importance of motivation.**

In programs like Lifestyle Balance, **motivation is crucial to maintaining healthy eating and physical activity for the long term.** But how to stay motivated is **one of the biggest problems people face.** It is normal for your healthy lifestyle motivation to ebb and flow.

One reason it's difficult to stay motivated is the fact that many people do well. This sounds ironic--your progress itself makes it hard to *maintain* that progress. But think back to when you first joined the program. *[Tailor the following examples to the participants experiences thus far in the program.]* You may have felt tired when you went up stairs and that motivated you to become more active. Now that you're more active, you can climb stairs without difficulty. So that source of motivation (feeling tired when you climbed stairs) is gone.

It's the same for weight. When you first came into the program, your clothes may have been tight and that motivated you to lose weight. If your clothes are looser on you now, you no longer have tight-fitting clothes as a source of motivation.

**Discuss ways to stay motivated.**

However, it *is* possible to stay motivated for the long term and, as I said, it is very important to maintaining healthy eating and staying active. There are several strategies that others have found helpful for staying positive, motivated, and willing to work on their healthy lifestyle behaviors.

**1. Stay aware of the benefits you've achieved and hope to achieve.**

Again, think back to when you first joined the program. What did you hope to achieve?

Ask participants to record their answers on the work sheet. Refer the participants back to the work sheet from Session 1A, Remember Your Purpose, and ask them to review their answers. Ask volunteers to share. Also **acknowledge any costs** that the participants articulate at this point (or that the participants have discussed with you before). Acknowledge that everyone weighs the costs and benefits of healthy eating and staying active.

Have you reached these goals?

**Have you received any benefits that you didn't expect?**

What would you like to achieve during the next six months? Let's make a list and then you can review these when you need motivation. *[Give participants time to record their answers on the work sheet. Ask volunteers to share.]*

**2. Recognize your successes.**

What changes in your eating and activity habits do you feel proudest of? What has been easier than you thought it would be?

What has been harder than you thought it would be? When you are feeling low on motivation, think about all of these positive changes and give yourself credit for them. Try not to lose the momentum you have reached so far.

Note: The **“How Do Successful Weight Losers Do It?”** handout on page 8 may be utilized at this juncture in the session if time permits, or may be introduced as needed during the post-core phase.

**Introduction:**

There is an old saying, “A path is made by walking on it.” Researchers have studied people who’ve lost weight and kept it off. What steps did they take?

Review the “before and after” steps on the handout with the group, then ask participants to reflect on and answer the two questions at the bottom of the page. Ask volunteers to share.

**3. Keep visible signs of your progress so you can see how far you’ve come. Here are some options to consider. Think about which ones might work best for you.**

- **Post a graph of your weight loss and activity on your refrigerator door.** Not only will it keep you aware of your progress, but loved ones will take note and congratulate you for your movement in the right direction.
- **Mark your activity milestones on a map toward a particular goal.** For example, create a simple map of the number of miles it would take to walk to a favorite vacation spot or tour a favorite city. Mark milestones along the way (the halfway point, a fun museum to stop at along the way, and so on). You might even want to go on an actual vacation at that place when you reach your goal.
- **Measure yourself at monthly intervals.** Keep track of your progress in terms of specific measurements (for example, waist circumference or the number of belt loops).

**4. Keep track of your weight, eating and activity.**

It’s common to “drift” away from new habits. You may gradually make small changes in your eating and activity over a long period of time, and not even be aware that you are slowly going back to your old habits. The best way to prevent this and stay in control is to continue to keep track. Keeping track will help you catch changes before they sneak up on you.

Give the participants optional forms for self-monitoring during maintenance, such as the Group Lifestyle Balance Calendar, if applicable.

- **Record your activity daily.**
- **Record what you eat this often:** \_\_\_\_\_. *[Fill in the blank. The minimum should be one week per month, but some participants may want to or be willing to continue daily self-monitoring.]*
- **Record your weight on** \_\_\_\_\_. *[Fill in the blank, for example, “on Monday mornings.”]*
- If you gain weight, you will need to keep track more often.

**5. Consider whether you need to add variety to your routine.**

We’ve talked before about how to “jump start” your activity plan. Have you added some variety to keep yourself from being bored with staying active? Have you noticed any difference in how you feel about being active?

The same thing may be true with eating. If you have grown tired of using the same low fat salad dressing every night, experiment with some new products. Consider trying new recipes and restaurants. If you are the kind of person who has a desire to be more creative there are many magazines and websites that provide an outlet to explore new, healthy meals.

On the other hand, if you are the kind of person who is comfortable with “routine eating” and simply do not require that much variation in your breakfast, lunch and dinner, that is perfectly fine too. Some people report doing better, over time, with structured meals and minimal variety, others do not. What is important is to get to know who you are and plan accordingly.



**What meals, snacks, or particular foods are you most bored with? Can you think of some ways to vary this part of your eating?**

Ask participants to record their ideas on the work sheet. Examples:

- Use seasonings and flavorings to add flavor to lower-fat dishes.
- Try a wide range of fruits, vegetables, and grains.
- Include a variety of colors, textures, and tastes on your plate.
- Make one night a week an “ethnic night,” “soup night,” or “vegetarian night.” experiment with preparing various recipes for these foods.
- If you eat out often, plan more meals at home.
- If you eat at home often, plan more meals out. (Have you stopped eating out because you’re trying to lose weight? Has this left you feeling restricted and deprived? Have you stopped inviting friends over to eat or accepting invitations to eat at their homes? Don’t deny yourself the pleasure of social eating. Instead, make a plan for how to handle these times, then try your plan, and see how it works. You may make a few mistakes at first, but it’s important to know that you **can** eat out and still eat healthy.)
- Share food preparation and dining with others as a way to relax. Invite people over to prepare dinner together. Cook with your children and spouse.
- Plan potluck dinners around a certain theme and share the best recipes you discover as a group.
- You may want to subscribe to a magazine that includes healthy recipes and food ideas, such as Weight Watchers, Eating Well, or Cooking Light.
- Or take a class to learn how to cook, at least the basics.

Ask volunteers to share their ideas.

If participants express interest in learning more about a specific topic such as ethnic cooking or vegetarian eating, address it briefly here and if possible, direct them to where to find books and/or courses on these topics.

**6. Manage stress.**

**Stress is tension or pressure. Stress is a natural part of living our life.**

**Any change, good or bad, big or small, can cause stress.** Big changes or events in our life--like getting married, a serious illness, changing jobs--can cause stress. Small events--like losing your keys, having a birthday, having a flat tire, or needing to get your errands done before picking up your children--can also cause stress.

**What kinds of things make you feel stressed?**

Give participants time to record their answers. Ask volunteers to share.

Why are we talking about stress in the Lifestyle Balance program? Because **many people react to stress by changing their eating and activity habits**. Some people eat and drink too much as a way to deal with stress. Others may stop eating. Some people become very inactive and withdrawn.

**What is it like for you when you get stressed?**

Mention one or two situations that are typically stressful (such as being under a deadline at work, being faced with unexpected responsibilities such as a sick child or car repair). Ask how the participants feel or react in such situations. Give participants time to record their answers and ask volunteers to share. Based on the response, point out any physical and emotional symptoms (headache or muscle tension) and behavioral changes that might affect eating and activity.

- Do you get any physical symptoms like a headache or stomach ache or muscle tension?
- Do you change your behaviors when you feel stressed?
- Do you eat more when you are stressed?
- Do you change the kinds of food you eat?
- Do you change how active you are or the kind of physical activities you do?

An ounce of prevention is worth a pound of cure, and this is certainly true when it comes to stress. The best approach is to **prevent stress whenever you can**. Here are some ideas:

**1. Practice saying, “No.”**

Practice saying “No” when someone else asks you to do something you don’t want to do. Say “Yes” only when it is important to **you**.

Saying “No” can be hard. It causes some tension or stress. But that stress is usually short-lived. If you say “Yes,” you may have hours, weeks, or months stress as you do whatever you agreed to do.

**2. Share some of your work with others, both at home and at work.**

Delegate what you can to someone else. For example, your spouse and children might be able to help clean the house, cut the lawn, shop for food, prepare meals, and do laundry. A co-worker might be able to help you with an overwhelming project at work.

Sharing work doesn’t mean you’re being irresponsible. Giving responsibility to

others, even if they aren't as experienced as you, gives them a chance to learn, participate, and gain experience. One warning: Don't expect them to be perfect. Criticizing the efforts of others who are trying to help can be another source of stress. Instead, support them for their efforts and be patient as they gain skills.

3. **Set goals you can reach.**

Sometimes we create our own stress by trying to be perfect. If you set reasonable goals, you are more likely to succeed. When you succeed, you are less likely to feel stressed. Remember, we talked about this when we discussed negative thoughts--if you try to be perfect, you probably won't succeed!

Periodically, take a good look at the demands you are placing on yourself. Ask yourself, "Am I expecting myself to do more than anyone could possibly do?"

6. **Take charge of your time.**

**Make schedules with the real world in mind.** Don't try to accomplish in 30 minutes what realistically will take an hour. Take a good look at your to-do list, eliminate what isn't essential, and give yourself a realistic amount of time to accomplish the rest.

**Get organized.** Chaos is very stressful. It's also inefficient. Devote some time every day to getting organized, and you will save time and stress in the long run.

5. **Use the steps for solving problems.**

If changing your eating and activity habits is causing stress, take action. Use the steps to solving a problem that we discussed in an earlier session:

- Describe the problem in detail. Discuss it with your family or friends if they are involved.
- Brainstorm your options.
- Pick one option that is very likely to work and that you can do.
- Make an action plan.
- Then try it and see how it works.

Continue the process until you find a solution. Sitting on problems can cause even more stress. Solve them instead and move on.

6. **Plan ahead.**

Think about what kind of situations are stressful for you. These are times when you are at high risk, so plan ahead for how to handle them or work around them. For example, are holidays especially stressful for you? If so, plan some ways to make your life easier during the holidays. Examples: Buy frozen meals to have on hand for busy days. Decide what parts of decorating the house are not essential to you and spend that time relaxing instead.

7. **Keep things in perspective. Remember your purpose.**  
Maintain a positive attitude. Think of all the good things in your life. And remember why you joined the program.
8. **Reach out to people.**  
Think about who you can turn to for support. **Ask supportive people to help** when you are overwhelmed or need someone to encourage you. We talked about this at the last session.
9. **Be physically active.**  
Many people find that being active helps them cope with stress and feel more relaxed and able to manage stressful situations more smoothly.

What about the times when you can't avoid stress?

- **First, catch yourself feeling stressed as early as you can.**  
We talked before about action or behavior chains and that it's important to try to break them as early as possible. The same is true of stress. If you learn to recognize the signs of stress and catch yourself early in the process, you may have a chance to avoid some of the harmful consequences such as overeating or being inactive.

**Do you have any signs when you are getting stressed?**

- **Take a 10-minute "time out."**

Develop a new habit of responding to stress with a "time out"--stop what you are doing and take a few minutes for **yourself**. Do whatever you find helpful that doesn't involve food. Examples:

- a. **Move those muscles.**  
Research has shown that being active relieves tension, reduces anxiety, and counters depression. So when you notice yourself feeling stressed, make yourself go out for a 10 or 15-minute brisk walk. Or get on your exercise bike and pump for 10 minutes. The distraction and breathing can do a lot to make you feel better.
- b. **Pamper yourself.** Take a bath. Manicure your nails. Massage your feet. Read a magazine. Read the funnies. **Just take out 10 minutes for YOURSELF.**

- c. **Breathe.** Most of us tend to hold our breath when we are under stress, which creates more tension in the body and mind. So when you catch yourself feeling stressed, try this:

Take a full, deep breath. Count to five. Then let go of your breath slowly. Let the muscles in your face, arms, legs, and body go completely loose.

We understand that **the Group Lifestyle Balance program and the lifestyle changes we recommend may cause stress.** Changing your behaviors and helping your family to make related changes can create pressure and tension.

**Here are some possible ways that the program may cause stress and some examples of how to manage that stress.**

Review the work sheet with the participants. Note that some of the possible sources of stress may not apply to every participant--for example, a participant's family may enjoy low-fat foods. Be careful that the review of the work sheet does not create a negative perspective, and help the participants feel able to cope should such stresses arise.

**7. Set new goals for yourself, and develop ways to reward yourself when you meet each goal.**

The **goal** should be **specific and short-term** ("I will not use butter or margarine on my vegetables this week"). It should also be something that's not too easy or too hard (something that will present "**just enough**" of a **challenge** for you that you will be able to do it and will also feel that you've accomplished something).

The **reward** should be **something that you will do or buy if and only if you reach your goal**. The reward doesn't need to be fancy or cost a lot of money. It can be something that you normally enjoy doing (like reading the paper or taking a hot bath) with the difference being that you will do it *only if* you reach your goal. For example, "After I finish this walk, I'll call my friend and chat." Then, if you need a boost to keep you going during your walk, you can think about what you'll talk about on the phone with your friend.

**What are some non-food ways you can reward yourself for reaching a goal?**

Ask participants to record their ideas on the worksheet, such as:

Buy myself fresh flowers, treat myself to a manicure or massage, get tickets to a sporting event, set money aside for something special you want to buy or do,

Ask volunteers to share.

Note: The handouts on pages 9-10, “**What’s Your Pleasure??**” and “**Let Me Count the Ways...**” may be utilized at this juncture in the session if time permits, or may be introduced as needed during the post-core phase.

Introduction:

**When you feel discouraged...** Remember, it takes time to change. You deserve to be good to yourself for all of the efforts you make.

What are three things you enjoy doing but rarely do? Choose things that aren’t related to food and that are within the realm of possibility. See the next page for ideas.

Try and schedule the pleasures you’ve chosen into your life. Make appointments with yourself. Follow through with your plan...no matter how odd it feels.

Treat your appointments with yourself as seriously as you would those with someone else you care about.

## 8. Consider creating some friendly competition.

Get a friend or relative to enter into a friendly competition with you. This should be the **kind of competition in which you both win**. For example:

- If you and your friend are both active every day for a month, at the end of the month what will you do?
- If you are active every day for a month and your daughter does her homework every day, at the end of the month what will you treat yourselves to?
- See how many days in a row you can be active for at least 30 minutes. Try to beat yourself. For example, if last month you were active for seven days in a row, see if you can do better this month.

## 9. Use others to help you stay motivated.

If you notice that your motivation is dropping, talk with someone who is supportive. Everyone has trouble staying motivated sometimes, and we can encourage each other through the tough times.

**Ask participants to make an action plan related to staying motivated.**

**Pick one way to stay motivated that you think would be most helpful to you right now.** Choose something that is very likely to work and that you can do. Be realistic. Be specific. Then make a positive action plan. *(Give participants time to record their plan on the work sheet.)*

Congratulations on completing the first 12 sessions of the Group Lifestyle Balance Program! You deserve credit for the changes you have made, no matter how small. It's a challenge to change eating and activity habits, and every step along the way is a reason to celebrate.

**Ask participants to set goals for the next phase of the program.**

Now we are beginning the transition to the next phase of the program. Our sessions will be less frequent and it is important to consider your longer term goals for activity, weight, self-monitoring and social support for staying on track. First, you will need to keep in mind **why reaching and staying at a healthy weight and being active are important to you.**

Give participants time to answer this and the remaining questions on the **My Personal Lifestyle Contract** worksheet.

**Encourage participants to continue to strive to reach and maintain at least 30 minutes per week of moderate physical activity and weigh themselves at least once a week. Stress the importance of having a specific plan for weight regain of a specific amount.**

Distribute the **Group Lifestyle Balance Calendar** as an option for self-monitoring.

Distribute **any other weight, diet, or activity tracking sheets** you have developed for the participant notebook

Distribute any **handouts you've developed on sources of support** for participants after the program, such as how to contact a registered dietitian, where to be active in the community (walking trails, community centers, gyms, etc.), courses on healthy eating and activity topics, and so on.

Any questions?

Your next group meeting will be in two weeks.

Review the schedule of classes for the remainder of the year with the participants. Emphasize the importance of continuing to attend the GLB support sessions.

Again, congratulations on completing this portion of the program! You have gained important self-management strategies that will serve you well. Your motivation may ebb and flow, but the learning tools will help you each time you pick them up. As we move into the next part of the program, we will be revisiting some strategies and learning new ones to help keep everyone on track over the long run. I look forward to seeing you soon!

## Session 13: Preparing for Long-term Self-Management

### Objectives:

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Group Lifestyle Balance Session 13 participant handouts.
- Understand that the frequency of GLB meetings will begin to transition from weekly to monthly.
- Describe the benefits of continuing to attend GLB meetings.
- Review scientific evidence regarding why attendance matters.
- Learn the importance of maintaining regular physical activity for long-term success.
- Renew their commitment to the GLB program.

### To Do Before the Session:

Get materials ready:

- Keeping Track booklets (have a month's supply ready).
- Have the Group Lifestyle Balance Progress Record available.
- Participant notebooks (have Session 13 participant handout ready to distribute).
- Have Weight Management handout available.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### Weigh participants and record.

- As the group gathers, weigh each participant privately and record on the Monthly Weight Monitoring Form.
- Distribute the handout for Session 13: Preparing for Long-Term Self-Management.
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.



**Review the last session. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

**What's Next?**

At this point you have completed the core part of the GLB program and the weekly sessions. We are now going to begin to transition to meeting on a monthly basis over the rest of this year. For some people, meeting less frequently with the group may not be an issue of concern, but for others, this change may cause uncertainty and anxiety. The idea is that we will work with you to take charge of your healthy lifestyle behaviors as you move toward your increasing independence.

Review the benefits of continuing to attend GLB sessions.

As you go forward in the program, attending the GLB sessions remains a key component for reaching and maintaining your healthy lifestyle goals. Taking part in the sessions will help you to become more skillful in making long-term healthy lifestyle changes by continuing to provide support, accountability and feedback. This is kind of like a new driver who has been in training, but is now ready to take the wheel, while the coach takes the back seat to continue providing encouragement and support.

Review the specific benefits of attending meetings (page 1). Ask participants to share their thoughts.

The goal of the GLB program is to provide you with the information, skills and practice that will last not only well beyond the end of this program, but throughout your lifetime.

**Attendance Matters**

Let's talk a little more about why attendance really does matter. Researchers at the University of Florida studied factors related to long-term success in making healthy lifestyle changes, and found regular attendance at group meetings over an extended period of time made a difference in personal success in reaching lifestyle goals.

Introduce the DPPOS data regarding attendance and reaching weight loss and physical activity goals.

As we have discussed previously, the participants in the DPP, on average, were successful in reaching their weight and activity goals. The long-term follow up study of the DPP participants, the DPP Outcomes Study, has provided an opportunity for researchers to look at predicting future healthy lifestyle success. Guess what they found!

Review the figures on pages 2 and 3.

If you look at the figure on page 2, you will see that after one year, those who attended more support sessions had a higher percentage of weight loss than those who attended fewer or none.

The figure on page 3 shows a similar story for physical activity. You can see that participants who attended the most DPPOS sessions were more likely to be at their physical activity goal at one year compared to those who attended fewer or none.

These findings clearly demonstrate the importance of regular attendance over time in meeting lifestyle goals.

Discuss the importance of maintaining physical activity levels in long-term success.

In addition to attendance, another key component to long-term healthy lifestyle success is the maintenance of regular physical activity levels. Research studies have shown that those who continued to maintain their physical activity levels tended to have a healthier diet and were more successful in reaching their weight loss goals than those who did not continue to be physically active.

Many of you may have reached your weight loss and physical activity goals, and others may have not. The bottom line is that continuing to attend GLB sessions will increase your chances of meeting, and even exceeding the 7% weight loss goal, and 150 minute physical activity goal!

We know that the more often you consistently reach your healthy lifestyle goals, the more likely you are to continue to do so in the future. Nothing breeds success like success!

### **Preparing for Long-term Success**

As we move forward, we will continue to count on you to do your part in reaching your goals, and you can count on us to be there to support you!

Review the commitment agreement on page 4.

**For long-term success, we will count on you to:**

- Keep coming to sessions (and let us know when you can't so we can make a plan for you to get materials)
- Do your best to keep reaching your eating and activity goals. That includes practicing on your own what you have learned at group meetings.
- Keep track of your eating, activity and weight according to the plan you made in Session 12
- Pay close attention to the things in your life that help or hurt your ability to stick to healthy lifestyle behavior change
- Share some of your challenges at the group sessions so that everyone can benefit and work on ways to be more successful
- Keep at it (even when the slope gets slippery)

**You can count on us to:**

- Continue providing information, tools and coaching support to help you succeed over the long haul
- Believe you can be independent and successful
- Always “hang in there” for you.

Ask participants to renew their commitment to the GLB program by agreeing to continue to attend the sessions and to work with the coach in the ways described in the agreement.

If you are ready to renew your commitment to the program, please sign the agreement on page 4. I will sign also.

Any questions?

We are very excited about the next phase of the program and remain committed to continuing to work with you to reach your healthy lifestyle goals. The next time we meet we will be discussing ways to include more volume in what you eat to help with hunger management.

**Assign home activity.**

The Basics:

- Keep track of your weight. Distribute Keeping Track books for the next month.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide).

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## **Session 14: More Volume, Fewer Calories**

### **Objectives:**

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Group Lifestyle Balance Session 14 participant handouts.
- Learn the 4 ways of reducing calories by adding volume.
- Learn specifically how to increase volume in meals.
- Discuss ways to add volume to meals.
- Review recipes for adding volume.
- Identify characteristics of a healthy choice in breakfast cereals.
- Compare various brand of cereal and discuss nutritional pros and cons of each.

### **To Do Before the Session:**

Get materials ready:

- Keeping Track booklets (have a month's supply ready).
- Have the Group Lifestyle Balance Progress Record available.
- Participant notebooks (have Session 14 participant handout ready to distribute).
- Have Weight Management handout available.
- Optional: Prepare one of the recipes from the Main Dish Soups handout for participants to taste-test during class.
- Optional: Collect high fiber cereal boxes to bring to class.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### **Weigh participants and record.**

- As the group gathers, weigh each participant privately and record on the Monthly Weight Monitoring Form.
- Distribute the handout for Session 14: More Volume, Fewer Calories
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

### **More Volume, Fewer Calories**

Have any of you heard of a book entitled Volumetrics or read about it in a magazine? Dr. Barbara Rolls, professor of Nutrition at Penn State University, wrote this book based on her research.

The basic idea is that by increasing the volume of food, you will consume fewer calories, enjoy a satisfying portion of food, and keep hunger in check.

Please turn to page 3 of your handout.

Review the 4 ways to add volume to meals: reducing fat, adding water, adding fiber, and adding fruits and vegetables.

Let's look at some suggestions for how to add volume to your meals.

Review each category. Ask participants to share additional suggestions or ideas.

Any questions?

Notice that high fiber, high water foods are often packed with many healthful nutrients.

### **Main Dish Soups**

As we discussed, eating a broth-based soup is a great way to apply the principles of Volumetrics. It takes a long time to eat, fills your stomach, and takes time to empty from your stomach, so you feel fuller longer. A low-fat soup adds water and provides fiber and vegetables. Low fat soups could be enjoyed as an appetizer or as a main dish.

Distribute and review the handout, Main Dish Soups.

Optional: Prepare one of the recipes and bring to class for participants to taste.

Optional: Ask participants to bring their favorite soup recipe to the next meeting.

Prepared soups can be enhanced by adding extra fresh, frozen, canned or leftover vegetables or legumes. Any suggestions? (Spinach to chicken rice soup, legumes to vegetable soup, etc)

Please read the Nutrition Facts label for the sodium content in prepared soups. There are many reduced sodium soups available. One advantage of making homemade soups is being able to control the amount of salt.

Any questions?

### High Fiber Cereals

As we discussed, adding fiber to your meals will add volume to your meals.

There are also many health benefits to eating a high fiber diet. Can you name some of the health benefits?

- Reduced risk of heart disease
- Some types of fiber can help lower blood cholesterol levels
- Reduced risk of some types of cancer
- Helps with weight management
  - High fiber foods are generally low in calories and fat
  - They take longer to chew and eat than processed foods
  - Fiber absorbs water in your intestinal tract so you feel full more quickly and for a longer period of time
- Helps control blood glucose levels
- Keeps your intestinal tract healthy. Reduces the risk of constipation, hemorrhoids, and diverticular disease

One of the easiest ways to increase the fiber in your diet is by eating a high fiber breakfast cereal.

- Distribute the handout, High Fiber Cereals. Review the recommended daily fiber intake for men and women. Optional: Display or show the boxes of high fiber cereal. Explain that in some stores the Kashi cereals are in the health food section of the grocery store rather than in the cereal aisle.
- Review the criteria for choosing healthy cereals.
- Review the list of healthy cereals. Ask if participants have tried any of them and their opinion of each.
- Explain that the Nutrition Facts label only lists total grams of sugar; it doesn't divide into added sugar and naturally occurring sugar. Two cereals listed are a little higher in sugar because they contain fruit.
- Mention that some granola cereals are very high in fat because they contain nuts, seeds, coconut, and added oils. Encourage participants to always read the Nutrition Facts label.
- Compare the healthy cereals with the 3 cereals listed at the bottom of the chart. Ask participants to identify positive characteristics of each cereal (low in calories and low in fat) and negative characteristics (very low in fiber).

The main reason for eating cereal is for the fiber. Eating a high fiber cereal will help fill you up and keep you feeling full for a longer period of time. Note that you can get almost half of the recommended amount of fiber by replacing low fiber cereal with one that is high in fiber.

Do you remember when we discussed meal planning in GLB Session 3? One of the recommendations for making a healthy meal is to “pick 3”; including a serving from 3 different food groups at each meal. How can you “pick 3” with high fiber cereal as one serving from the Grain group? (Examples include: cereal + skim milk + juice or fruit or cereal + yogurt + fruit to make a parfait)

As we mentioned in GLB Session 3, it is important to drink plenty of fluid as you increase the fiber in your diet.

If you are interested in more information about fiber, you can read the Fiber Guide in the back of the Calorie King book.

How can you apply the principles of adding volume to your meals?

Any questions?



**Assign home activity.**

The Basics:

- Keep track of your weight. Distribute Keeping Track books for the next month.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.

Challenge Yourself:

- Practice adding volume to your meals. Evaluate the impact on your calorie intake. Evaluate the impact on your degree of fullness.

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide).

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## **Session 15: Balance Your Thoughts for Long-Term Self-Management**

### **Objectives:**

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Group Lifestyle Balance Session 15 participant handouts.
- Reflect on the long term process of engaging in weight management behaviors and the impact that losing weight has on their life.
- Rank the importance of personal reasons for persisting at weight management efforts.
- Identify common types of self-defeating thoughts that interfere with lifestyle goal achievement.
- Practice countering characteristic negative thoughts with more helpful and effective responses.
- Practice countering excuses and rationalizations in order to strengthen a new habit of healthy restraint and self-control.
- Consider how to respond to “slips” as a normal, ongoing part of the weight management experience.

### **To Do Before the Session:**

Get materials ready:

- Keeping Track booklets (have a month’s supply ready).
- Have the Group Lifestyle Balance Progress Record available.
- Participant notebooks (have Session15 participant handout ready to distribute).
- Have Weight Management handout available.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### **Weigh participants and record.**

- As the group gathers, weigh each participant privately and record on the Monthly Weight Monitoring Form.
- Distribute the handout for Session 15: Balance Your Thoughts for Long-Term Self-Management
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

**Introduction to Balance Your Thoughts for Long-Term Self-Management**

Ask the group members:

- To think about the process of being involved in a weight management experience and/or the impact weight loss has had on their life.
- To rank the top five personal reasons they want to continue losing weight (or maintain their weight loss).

Discuss (while recording group members comments on the board or a flip chart) the different reasons that can be identified for persisting at lifestyle weight management efforts over the long haul, even when it is hard.

**What Are You Thinking?**

Effectively managing the thinking patterns that are part and parcel of one's lifestyle weight management experience is critical to long term success. There are several common categories of self-defeating thoughts that characterize the "mental game" of weight management and it is helpful for group members to identify and label such thoughts. The goal is to become more skillful at countering negative self-defeating thoughts with positive self-statements.

Review with the group each of the common categories of negative, self-defeating thoughts listed in their participant handout. Provide examples, and ask the group members to consider which of these types of "discouraging thought traps" they have found themselves falling into in the past. Encourage the group to help one another by coming up with alternative responses or counter-challenges that would be more helpful for long term weight loss efforts in the future.

All-or-nothing thinking	Jumping to conclusions
Negative fortune telling	Discounting the positive
Emotional reasoning	Labeling
Mythologizing	Excuses & Rationalizations
Exaggeration	

### **Excuses and Rationalizations**

One type of self-defeating thinking pattern deserves further attention and discussion by group members.

Making excuses and rationalizations for a slip from healthy eating or activity is a common type of thought pattern in which weight losers engage, particularly when they are experiencing weight regain. Because changing old habits can be difficult, there is a “kernel of truth” (or more) to such thoughts (e.g., it is hard to say no to a tempting treat when others around you are indulging, or you are saying to yourself that you will get back on track “tomorrow”). Nonetheless, the bottom line is that these types of self-defeating thoughts give the individual permission to stray from their healthy lifestyle behaviors and long term goals.

Ask the group to examine a list of typical statements. Suggest that they be vigilant for these types of thoughts as they continue their efforts at weight management.

The more often an individual “gives in” to such thoughts the more he or she strengthens the habit of “giving in or giving up”. The more often an individual practices “not giving in”, the more likely it is he or she will strengthen the behavior of self-restraint and self-control. It is important to emphasize that countering excuses and rationalizations requires repeated practice just like other elements of behavioral self-management during the weight loss process.

### **Do You Give Yourself Credit?**

Ultimately, the most effective weight loser/maintainers are those who can maintain a positive long-term outlook regarding their behavior change efforts and build on “small wins”. It may be difficult for group members to focus on what they are doing well, day after day, particularly in the face of slips. To prevent discouragement group members are asked to practice giving themselves credit for everything they are managing to do well.

Participants record three such positive changes in their notebooks. Ask group members to share these examples with one another. The goal is for group members to reinforce their self-confidence by building on each instance of personal success.

**The Basics:**

- Keep track of your weight. Distribute Keeping Track books for the next month.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.

**Challenge Yourself:**

- Practice replacing self-defeating thoughts with positive ones.
- Write down 1 or 2 things you have done right each day in your Keeping Track book.

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide).

**After the session:**

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## Session 16:

# Strengthen Your Exercise Program

The script for this session is written as if the participants have no experience with resistance training before this time. Use your judgment to change your presentation of the session for those participants who are already significantly active.

### Objectives:

In this session, the participants will:

- Be weighed and turn in Keeping Track records
- Be given the Group Lifestyle Balance Session 16 handouts
- Discuss the benefits of resistance training.
- Recognize safety issues related to resistance training before, during, and after a session and knowing when to stop exercising.
- Understand techniques for safe exercising and stretching to prevent injury including warm up and cool down.
- Learn proper form and technique for each exercise and learn how to modify the exercises to meet an individual's skill or comfort level.
- Discuss when to increase repetitions or weight.
- Develop an activity plan to use between this and the next session.

### To Do Before the Session:

Get materials ready:

- Keeping Track booklets (have a month's supply ready)
- Have the Group Lifestyle Balance Progress record available.
- Have Weight Management handout available.
- Participant notebooks (have Session 16 participant handout ready to distribute).
- Have the PARC-PH Resistance Training Handout ready to distribute.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### Weigh participants and record.

- As the group gathers, weigh each participant privately and record on the Group Lifestyle Balance Progress record.
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- *Note: Do NOT distribute Resistance Training handout before class starts.*
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

**Introduce the concept of resistance training.**

**NOTE: AT THIS POINT, YOU MAY CHOOSE TO DELIVER THE REST OF THE RESISTANCE TRAINING SESSION YOURSELF OR HAVE THE CLASS FOLLOW ALONG WITH THE DVD FOR SESSION 16.**

*\*\*\*Optional\*\*\**

*Insert resistance training session DVD. **NOTE:** The DVD is designed to be instructional. It provides the participants with a solid background on the benefits of resistance training as well as safety issues and proper form when doing the resistance exercises. It also provides demonstrations of many of the different resistance exercises provided in the training packet. After each specific exercise demonstration, the leader may choose to pause the DVD and have the group perform several reps of that exercise.*

Introduce this session by reminding the participants that a well-rounded exercise program has four components: aerobic, strength, flexibility, and balance activities. Each component benefits your body in a different way. Aerobic activity may have the greatest impact on weight control and cardiovascular disease risk, but resistance training (also known as strength training) will provide additional benefits for your body and overall health.

It is important to remember that your body is challenged everyday to perform many tasks that require a certain level of muscular strength and endurance. A safe resistance training program can help you maintain a lifetime of physical independence by providing many proven benefits.

**Discuss the benefits of resistance training**

There are many benefits of resistance training. Discuss the following ways that resistance training can benefit your participant's health:

**Increases Muscular Strength and Endurance**

- A program of consistent resistance training will allow you to perform daily activities, such as carrying groceries, yard work, and shoveling snow with greater ease.
- Enhanced skeletal muscle strength and endurance can help prevent exhaustion and soreness associated with strenuous activities of daily living.

**Minimizes Loss of Muscle Tissue Associated with Aging**

- Muscle mass naturally diminishes with age. Resistance training can help in preserving or enhancing your muscle mass, at any age.
- Additionally, as you lose muscle, your body burns calories less efficiently, which can lead to increases in body fat and make it difficult to lose weight. The more toned your muscles, the easier it is to manage your weight.

**Assists with Maintenance of Bone Strength**

- By applying a moderate amount of stress to your bones, resistance training increases bone density and reduces the risk of osteoporosis.
- If you already have osteoporosis or reduced bone density, resistance training can lessen its impact.

**Reduces Your Risk of Injury**

- Building muscle protects your joints from injury. Specific types of resistance training, such as free weights, resistance bands, and body weight exercises can enhance balance, coordination, and posture.
- Stronger muscles equal better mobility and balance, leading to a lower risk of falling or being injured.

**Improves Your Sense of Well-Being**

- Resistance training can improve your body image, boost self-confidence, and reduce the risk of depression.
- Regular resistance training can improve sleep patterns and aid in a better night's rest.

**How about it's impact on diabetes?**

- Resistance training can help improve insulin sensitivity and aid in blood glucose control.
- The combination of resistance training **and** aerobic exercise will provide even greater benefits and is what the GLB program strongly endorses for you to follow.

Highlight the fact that the latest recommendations from the American College of Sports Medicine and the American Heart Association states that resistance training exercise



should be performed on all major muscle groups (8-10 exercises) 2 to 3 days per week on non-consecutive days. Stress to the participants that these benefits of resistance training are in addition the benefits of aerobic exercise. Remind the participants that resistance training is only one of the four components of an exercise program along with aerobic, flexibility, and balance activities. The benefits that each provides are important, and resistance training is meant to complement **NOT** replace aerobic exercise or any of the other components of an exercise program.

*\*\*\*Optional\*\*\**

If watching the DVD, this may be a good place to pause for discussion and to address questions.

### **Discuss the F.I.T.T. Principle**

Re-introduce the F.I.T.T. Principle that was initially discussed in session 10. Explain how this principle can be used to with resistance training to increase muscular strength and endurance.

*\*\*\*Optional\*\*\**

If watching the DVD, this may be a good place to pause for discussion and to address questions. Make sure that everyone has been given a resistance training packet for the next section of the video.

### **Review safety issues of resistance training**

Refer to the resistance training packet when discussing many safety issues before, during, and after a workout that will reduce the risk of injury.

Before:

- Check your equipment
  - Inspect machines, free weights, and bands/tubes to ensure they are in good condition
- Have a plan
  - Know what joints and muscles each exercise targets
  - Know how to modify or eliminate exercises that may be inappropriate for you
- Get comfortable

- Wear clothing that allows you to move freely through a complete range of motion
- Get warmed up!
  - Perform low intensity exercises (e.g. walking in place) and gentle stretches as a good warm up.
- Be Secure!
  - When using fitness bands, it is important to secure the band in a door with a proper anchor
  - You must also make sure that you are able to maintain a good grip of the band throughout the exercise.

**During:**

- Stay in control
  - Always use proper form (do not use momentum)
  - Use slow and controlled movements (never fast or jerky motions)
- NEVER hold your breathe
  - Breathe throughout the exercise, especially when moving against any resistance
- Rest
  - Rest for 30-60 seconds in between sets

**After:**

- Cool down
  - Perform low intensity exercises (opposite of a warm-up)
    - Allow your body to ease back down to where you were before you began the workout
  - Perform gentle stretches
  -

Make sure your participants know that soreness after a workout is natural but there are steps they can take to minimize soreness. Emphasize the importance of making slow progressions, rest, and warming-up/cooling-down.

**\*\*\*Optional\*\*\***

If watching the DVD, this may be a good place to pause for discussion and to address questions.

**Review the layout of the Resistance Training Packet**

You may not always have time to go through demonstrations of each exercise so reviewing the layout of the RT packet will be helpful to participants who may want to try out some of the exercises at home. Discuss the basic layout of the RT packet: 3 sections.

- First sections discusses safety guidelines

- Second section demonstrates how to perform resistance training fitness bands/tubes
- Third section demonstrates how to perform resistance training using free weights/body weight

Now discuss how each exercise is illustrated in the packet:

- Top right corner of each page, a “Muscle Used” box will point out what muscles each exercise targets. Make sure you participants look to that box before performing any exercise
- Refer to the “Important Note” that is in the middle of each page. The important note indicates any safety risk associated with that exercise. Make sure your participants know that they must look at that note before performing any exercise. If there is any risk associated with that exercise for the participant they should consult their doctor before attempting.
- If the exercise is safe for them to do, they should look at the top left corner of each page which indicates the “Starting Position”. The starting position describes how you want to stand or sit, hold your bands or weights, before you get started
- Above the picture on the left describes phase 1 of the exercise. Phase 1 is the first step in which you are contracting your muscle. It also indicates that you should be breathing out during this phase
- Above the picture of the right describes phase 2. Phase 2 involves going back to the starting position. Make sure your participants know to breathe in during this phase.

**\*\*\*Optional\*\*\***

If watching the DVD, this may be a good place to pause for discussion and to address questions.

**Demonstrate proper form and technique for exercises using resistance tubing/bands**

Demonstrations for each exercise are found in the resistance training packet. Use the packet as a guide to demonstrate one exercise for each major muscle group.

Make sure you demonstrate each exercise before the participants give them a try. If the exercise requires resistance tubing, make sure that you have the participants perform the exercise **WITHOUT** it first. Correct form is important and must be corrected to avoid injury. If you notice that the participants cannot perform the exercise without any equipment, then they will definitely be doing the exercise wrong once they have the equipment in hand.

**\*\*\*Optional\*\*\***

If watching the DVD, pause after each exercise and encourage your participants to try.

**Additional Notes**

There is additional information on resistance training not covered explicitly in the DVD. While we suggest that participants perform 3 sets of 12-15 repetitions for each exercise, participants should start out performing only 1 set and gradually increase over time. It's important to know when to increase sets, repetitions, and the level of resistance. Stress the importance of gradually increasing their intensity and review some rules of thumb for knowing when to step it up.

**Increasing Sets:** Once the participants are able to perform 1 set of 12-15 repetitions with their choice of equipment without any problems, they should increase to 2 sets of 12-15 repetitions, and finally 3 sets of 12-15 repetitions.

**Increasing Weight:** A good indication that you are working at the proper weight or tension is that the last two or three repetitions of the set become somewhat challenging.

For example, if I am performing an exercise for 15 repetitions, then the exercise should become somewhat difficult and challenging around the 12<sup>th</sup> or 13<sup>th</sup> repetition; however, I should be able to work through the difficulty to complete the 15 repetitions.

- If I have difficulty before I get to the last 2-3 repetitions, then the weight or tension may be too advanced for my level of training and I may need to work with less weight or tension.
- If I can perform the entire set with no difficulty at the last 2-3 repetitions, then I should increase to the next dumbbell weight or resistance tubing tension increment or add weight to body weight exercises (i.e. holding dumbbells or soup cans in each hand during a Chair Stand).

\*\*\*While working with the proper dumbbell weight or resistance tubing tension for your workout program, the difficulty experienced in the last 2-3 repetitions of your set should not in any way affect the proper form of the exercise being performed or your breathing.

**NOTE:** The PARC-PH resistance training materials used in this session are available at [www.parcph.org](http://www.parcph.org).

**Assign home activity.**

**The Basics:**

- Keep track of your weight.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.
- Be physically active for at least 150 minutes per week.

**Challenge Yourself:**

Pick a resistance training activity. Add this to your exercise program twice a week.

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide).

**After the session:**

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## Session 17: Mindful Eating

### Objectives:

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Session 17 participant handouts.
- Analyze and describe current eating behaviors.
- Define “mindful eating”.
- Describe the negative effects of eating mindlessly.
- Discuss the benefits of eating slowly and mindfully.
- Review the techniques for eating mindfully.
- Practice eating slowly and mindfully.
- Make a plan for applying mindful eating behaviors.

### To Do Before the Session:

Get materials ready:

- Keeping Track booklets (have a month’s supply ready)
- Have the Group Lifestyle Balance Progress record available.
- Have Weight Management handout available.
- Participant notebooks (have Session 17 participant handout ready to distribute).
- Purchase napkins and food items. Suggest mini Saltine crackers, low-fat cheese cubes, raisins.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### Weigh participants and record.

- As the group gathers, weigh each participant privately and record on the Group Lifestyle Balance Progress record.
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- *Note: Do NOT distribute Session 17 handout before class starts.*
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

### **Introduction to Mindful Eating**

Ask the group members:

- Where they typically eat breakfast, lunch, dinner and snacks, and how long it takes them to eat each. (Ask different group members to respond to each meal/snack separately).
- To describe times when they have eaten while multi-tasking (watching TV, working on the computer, driving, reading, cooking).
- What usually happens to the amount of food being eaten while multi-tasking (usually more is eaten).

Discuss whether there is more or less enjoyment from food when eating while multi-tasking (usually less enjoyment).

Discuss the level of eating awareness when eating while multi-tasking (usually less aware of what and how much is eaten).

Throughout GLB we have talked about healthy eating. But it is important to not only consider what we eat, but how we eat.

Today's lesson will focus on the concept of what is called "mindful eating".

### **Mindful Eating vs. Mindless Eating**

Eating "mindfully" means eating with awareness of not only what food is on the plate, but the awareness of the entire experience of eating as well.

Mindful eating is being totally focused on each sensation that happens while eating; chewing, tasting, swallowing, and savoring each bite.

Most people don't think about, or even enjoy, the taste of what they are eating; they are just focused on the next bite and/or what is happening in the environment (TV, computer, driving, reading, etc). This is called "mindless eating".

What are the effects of mindless eating? (Decreased awareness of the amount of food eaten, decreased ability to assess level of hunger or fullness, disruption of the mind-body connection so signals that regulate food intake may not be sensed, leading to overeating).

There are many benefits of eating mindfully:

- Research shows that when people eat slowly and mindfully they tend to eat less food.
- Enhances the whole experience of eating
- Increases awareness of the amount of food being eaten
- Enjoying each bite leads to being more satisfied at the end of the meal, often with less food
- Helps with learning how to ignore the urges to snack that aren't associated to hunger
- Can reduce binge eating

### **Mindful Eating**

Distribute and review the handout, Session 17: Mindful Eating

Any questions?

Let's practice eating slowly and mindfully!

### **Practice Eating Slowly and Mindfully**

The purpose of this activity is to exaggerate the act of tasting and eating by slowing down and focusing moment by moment on all of the sensory qualities associated with the food.

The goal is to take 60-90 seconds to eat each food item.

Distribute napkins and food items (1 raisin, 1 cracker, 1 cheese cube).

Guide participants through this experience with each food item.

Let's start with the raisin.

First, look at what you are about to eat. What is it? How does it look? Where does it come from? How do you feel about putting this food into your body? How does your body feel anticipating eating at this moment?

Tune into your breathing as you look at the food, knowing you are about to take it into your mouth and body. Focus only on this food.



Put the item into your mouth. Do not begin chewing yet. Feel the food in your mouth. Be aware of the sensations in your mouth; taste, texture, temperature, etc.

Now chew slowly and focus your energy on the food's taste and texture. You might try chewing longer than you normally do to fully experience the process of chewing and tasting. Focus only on the food. Notice each movement of your jaw and tongue.

Note any impulse you have to rush through this mouthful so that you can go on to the next. Let such impulses remind you that you already have food in your mouth, so you needn't go on to the next bite to have a complete experience of eating. Stay in the present moment with this mouthful, rather than rushing on to the next.

Before swallowing, be aware of the intention to swallow. Then feel the actual process of swallowing so that you become more conscious of this action. Now be aware of no longer feeling any sensation of food remaining in the mouth.

Take a deep breath and exhale.

Ask participants to comment on the experience.

***Note: Repeat this exercise with each food item.***

This was an exercise in exaggerated eating and we don't anticipate that every meal will be eaten in this fashion.

We should find pleasure in food, not guilt. Eating slowly and mindfully will help identify what is enough and to notice the degree of fullness.

Mindful eating takes discipline and practice. Try to eat one meal or snack mindfully every day. Even eating the first few bites mindfully can help break the habit of wolfing it down without paying attention.

The objective is to help to bring awareness to how much you are eating, how fast, and how your body feels during and after the meal. Our minds wander easily. If this happens while trying to be more mindful while eating, just return to the awareness of that taste, chew, or swallow.

Each time you eat, sit down and eat slowly and mindfully. Try to make your meal last 20 minutes. Learn how to enjoy every bite so you feel both physically and mentally satisfied at the end of the meal.

During which meal or snack will you begin to practice eating mindfully?

I look forward to hearing about your experiences with eating slowly and mindfully when we meet next month.

Any questions?

**Assign home activity.**

**The Basics:**

- Keep track of your weight. Distribute Keeping Track books for the next month.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.

**Challenge Yourself:**

- Practice eating slowly and mindfully. The goal is to make each meal last 20 minutes.

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide). If the next lesson’s topic will be physical activity, let the participants know that they should dress comfortably.

**After the session:**

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## Session 18: Stress and Time Management

### Objectives:

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Group Lifestyle Balance Session 18 handouts.
- Discuss stress and how it affects their lifestyle habits
- Describe different aspects of their stress experience
- Describe how they cope with stress currently and determine whether these strategies are healthy or unhealthy
- Consider the ways in which stress is a barrier to making healthy changes in eating and exercise behaviors
- Review and discuss ways to “take charge” of their personal response to stress. Group members will identify ways to reduce or prevent stress. They will also discuss ways of managing stress in the moment.
- Practice relaxation techniques, specifically belly breathing
- Consider the importance of good sleep habits and learn tips for improving sleep
- Consider the healthy effects of humor and laughter, and “making time” to laugh

### To Do Before the Session:

Get materials ready:

- Keeping Track booklets (have a month’s supply ready).
- Have the Group Lifestyle Balance Progress Record available.
- Participant notebooks (have Session 18 participant handout ready to distribute).
- Have Weight Management handout available.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### Weigh participants and record.

- As the group gathers, weigh each participant privately and record on the Monthly Weight Monitoring Form.
- Distribute the handout for Session 18: Stress and Time Management
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session. Discuss successes and difficulties in meeting the program goals.**

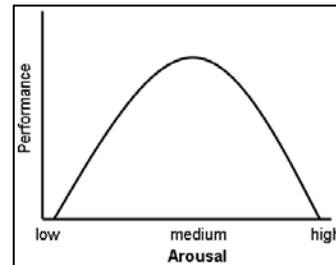
Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

### **Introduction to Stress and Time Management**

Present the following concepts regarding stress:

- Part of everyone's life but the personal experience of stress varies from person to person
- Positive events (births, weddings etc.) may cause stress
- The "inverted U-shaped curve" (also referred to as the Yerkes-Dodson law) is sometimes used as a schematic for demonstrating that there is an "optimal" range for stress, arousal, and behavior for each individual. Some amount of stress and arousal is good and provides excitement in life, but too much stress and arousal can be uncomfortable and detrimental to health and well-being.



### **Make Time to Manage Stress**

- Ask the group members to think about different categories of stress (physical, environmental, social and emotional) and their personal experiences with some of these. Group members will proceed through a series of questions in which they write about their stress experiences in more detail, particularly as it relates to their efforts at healthy eating and physical activity.
- Review multiple ways to prevent or reduce stress. When stress cannot be avoided, the task becomes one of problem solving and planning for the future so that stress can be circumvented and/or better managed. "Taking charge of stress" is a learned behavior similar to the other "taking charge" behavior change lessons they have been working on.

### **Make Time to Relax**

- After healthy responses to stress are discussed, group members take time to practice a specific relaxation technique called “belly breathing”. This practice may be done while sitting in chairs during the course of the lesson. Group leaders can set the stage by dimming lights and guiding the group through the exercise for approximately five minutes.

### **Make Time to Sleep**

- Review basic sleep research facts ([www.cdc.gov/features/sleep](http://www.cdc.gov/features/sleep)) and the basic premise that sufficient sleep is increasingly being recognized as an essential aspect of chronic disease prevention and health promotion. Ask group members to share how they feel when they have just the right amount of sleep compared to too little, or too much sleep.
- Discuss the factors that can have a negative impact on personal sleep hygiene, and review multiple tips for sleeping more effectively.

### **Make Time to Laugh**

- Discuss the benefits of humor and laughter for a healthy lifestyle and for glucose control.

**Assign home activity.**

**The Basics:**

- Keep track of your weight. Distribute Keeping Track books for the next month.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.

**Challenge Yourself:**

- Practice replacing self-defeating thoughts with positive ones.
- Write down 1 or 2 things you have done right each day in your Keeping Track book.

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide).

**After the session:**

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## **Session 19: Standing Up For Your Health**

### **Objectives:**

In this session, the participants will:

- Be weighed and turn in Keeping Track records
- Be given the Group Lifestyle Balance Session 19 handouts
- Learn about sedentary behavior as an important aspect of health, independent of the amount of moderate/vigorous physical activity they perform.
- Learn how to record sedentary behavior to discover how much time they actually spend sitting
- Look for ways to reduce sedentary activity, including indoor options

### **To Do Before the Session:**

Get materials ready:

- Keeping Track booklets (have a month's supply ready)
- Have the Group Lifestyle Balance Progress record available.
- Have Weight Management handout available.
- Participant notebooks (have Session 19 participant handout ready to distribute).

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### **Weigh participants and record.**

- As the group gathers, weigh each participant privately and record on the Group Lifestyle Balance Progress record.
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session, including home activities. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

**Introduce the idea of sedentary behavior as a distinct lifestyle factor that should be considered separately from physical activity.**

You will remember that aerobic physical activity is the rhythmic and continuous movement of the large muscles of the body. The recommended goal is 150 minutes of physical activity per week, roughly 30 minutes per day, five days a week. Aerobic activity has an important effect on weight control and risk for cardiovascular disease.

It is possible that someone might think to themselves:

*I had my brisk, 30-minute walk this morning. I've done what the GLB program recommended. I don't need to think about how active I am for the next 23 hours and 30 minutes.*

**Ask the participants for their reaction to the statement above.**

In fact, there is increasing evidence that the statement is not true. Attaining 150+ minutes per week of aerobic physical activity, along with an adequate amount of resistance training, remains a cornerstone of continued weight loss and good health. However, what you do or don't do during the remaining 15 or so hours of your waking day may also make an important contribution to your overall health.

The time you spend not moving is known as sedentary activity or sedentary behavior (sedere is Latin for "to sit"). For most of us, this is the time during our day when we're sitting, whether in the car, in front of a screen (computer or TV), or reading.

Activity researchers have identified a previously unrecognized species: the active couch potato. This is the person who has adequate and regular moderate/vigorous physical activity, but who spends the rest of their waking hours with minimal body movement, likely sitting.

**Review the Carl and Kelly example on pages 1 and 2, noting that they spend the same amount of time in moderate/vigorous activity, but the time spent sitting and performing light activities are quite different.**



We're focusing on Kelly the computer programmer and Carl the school teacher. You can see on the bar chart (page 1) that they have the same amount of moderate/vigorous activity. The big difference between them is that school teacher and handyman Carl is rarely sitting down during his workday or at home, while computer programmer Kelly spends her work day and much of her evening sitting in front of a computer screen.

It is only in recent years that activity researchers have recognized the importance of reducing bouts of sitting, and that light activities like housework, walking up and down stairs, or even merely standing as opposed to sitting, have a positive impact on our health.

**Review the chart on page 2 and ask the participants to volunteer in which category they would place themselves**

The chart on page 2 uses extreme examples to illustrate the concept that moderate levels of physical activity and sedentary activity are separate and independent components of our lives. The amount of time that we spend in moderate to vigorous physical activity is separate from our levels of sitting (sedentary behavior).

Imagine that you lived just 80 years ago. Most jobs required light physical activity and many required a good deal of moderate activity. Time spent at home also required movement and about the only forms of recreational activity that wouldn't have included movement were reading, sewing/knitting, or playing cards.

Over the years, much of human creativeness and ingenuity has ultimately been focused on devising technologies that make our lives easier and reduce the necessity of movement in our day. We call these "time savers," but we've now reached the point where the necessity of movement has almost completely been removed from our daily lives. That is why we now need to schedule activity in our daily calendar.

Our extreme amounts of sitting have consequences. Take a look at the research findings:

- Three or more hours of TV is associated with higher body mass index.
- Increased TV time is also associated with type 2 diabetes.
- Greater amounts of TV time is associated with cardiac and all-cause death
- Taking breaks from long bouts of sitting improves blood glucose and lipid levels

**Transition the focus now to the group members and their individual sedentary behavior, and ways to reduce or interrupt sitting time**

It is likely that you haven't thought of your activity pattern in this way before. The risks associated with sedentary behavior have only recently been mentioned in the public media. A New York Times article published in 2010 stated:

*Your chair is your enemy. . . If you spend most of the rest of the day sitting — in your car, your office chair, on your sofa at home — you are putting yourself at increased risk of obesity, diabetes, heart disease, a variety of cancers and an early death. In other words, irrespective of whether you exercise . . . sitting for long periods is bad for you.*

*(Olivia Judson, February 23, 2010)*

Now it's time for you to think about your day.

- How much time do you spend sitting at work, at home?
- Outside of work, are you basically sedentary?

On page 4 there's a grid that you can fill out before our next meeting to get a better sense of your sedentary activity pattern throughout a week. Try to fill in your sitting time for at least one weekday and one weekend day. After you have completed the grid, add up the number of sitting blocks that you have and divide by 2. This will provide the number of hours spent sitting that day. Once you know where and when you're sedentary, you can identify and apply techniques to reduce or break up your sedentary time.

**Acknowledge that many participants have jobs that may be almost entirely sedentary. That's OK as it is hard to change your physical activity at work. What we can change is how sedentary we are at home and during our leisure time.**

The question you likely have now is: How much sitting is too much?

Research on this important question is still being done, but it is safe to say that lowering your amount of sitting would be beneficial to your health. There has been some suggestion that screen-based leisure-time sitting (e.g. TV or computer activities), should be limited to less than 2 hours per day. Additionally, blocks of sitting in excess of 2 hours

may be harmful to the body and should be broken-up by periods of movement such as standing up and walking around.

**Brainstorm with the group members about ways to reduce leisure sedentary activity and how to break up bouts of sedentary activity. Some ideas are given on pages 5 and 6.**

On the Job:

- Stand up periodically if your job is primarily in front of a computer.
- Walk around periodically. Go up and down the stairs.
- Other ideas?

At Home:

- Limit the television shows you watch to only a few favorites. Or better yet, do your television watching while walking on the treadmill.
- Instead of meeting a friend over coffee to catch-up, ask the friend to join you for a walk to talk.
- Take your dog (or borrow a friend's dog) for a walk. It's a win-win situation for both you and Fido.
- Make plans to play with your kids, nieces/nephews, or grandkids. Run around with them, kick a soccer ball, or jump rope—it's a great way to spend quality time with them!
- Other ideas?

**If there's time, spend a few minutes talking about activities that can be done indoors when it's too hot, cold, or wet outside. (pages 6 and 7)**

Are there times when you find that the weather is just too hot, too cold, or too wet to consider going outside? There could also be other reasons for not wanting to go outside, such as concern for safety. What have you done in these situations?

Ask participants to provide examples of how they have been physically active when they could not or did not want to go outside. Address those responses that aren't listed below in your discussion.

Many of you may have thought about “moving” your activity plans indoors. Some people may utilize a treadmill, exercise bike or other gym equipment in their home. However, in addition to activities you can do at home, there are other places that you can go to participate in indoor activities. Many of these are free! Consider some of the following:

- In many areas, schools and colleges open their indoor tracks and other facilities to the public. Other alternatives may be malls, municipal centers, or gyms with indoor walking areas.
- Try other indoor activities such as bowling, swimming, dancing, zumba, or salsa.
- Malls attract walkers because the centers are temperature-controlled and have smooth floors, filtered air, security, bathrooms, and easy parking. Many malls can provide maps for you to give you an idea of distance covered.

Ask the participants to think about other places outside their home where they might go to be active when the weather is uncooperative. List these on a flip chart or black board if possible.

Think about the activities that you currently do; is there something new that you would like to try? Here are some suggestions that you may not have thought of:

### **Check out a Gym or Fitness Facility**

- Many of you may already belong to a gym or fitness center, but for some people, this may be intimidating. Fitness centers and gyms can be great places for indoor activity as they have treadmills and some have tracks for indoor walking. These places usually offer televisions to watch or music to listen to while you walk, in a safe and climate controlled way.
- Keep in mind that many gyms and fitness facilities offer short-term (usually 1-week) trial memberships. It is important to check out what the facility offers regarding orientation to use of the equipment and to find a place that will work with you to make sure that you feel confident and secure. You may want to take advantage of these offers in order to try some their machines and equipment, as well as a variety of classes.

If you are interested in learning more about a gym or fitness club:

- Visit a fitness facility near you and think about signing up for a trial membership. Call first to find out exactly what is offered and what the equipment orientation is. Think about what questions you have and jot them down to ask beforehand.
- Once you are there, try out different machines during your orientation. Make sure you understand how to use the machine, if you aren't sure, don't hesitate to ask! If you are interested in purchasing equipment for your home this is the perfect opportunity to see what you like and don't like.

### **Check-out Video Tapes/DVDs/Cable TV**

If you can't go outside and would feel more comfortable being active at home, there are many different video tapes, DVDs, and cable shows that you can use.

- Try going to your local video/DVD rental store to see what kind of activity video/DVD's they have. Video tapes and DVDs are also often available at your local public library, and can be an inexpensive way to try one out.
- Many cable companies have programs such as "Fitness On Demand" that you can use whenever convenient. Remember that these many of these items vary in intensity and ability so it is important that you choose one that matches your abilities.

**Assign home activity.**

The Basics:

- Keep track of your weight.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.
- Be physically active for at least 150 minutes per week.

Figure out how much time you spend sitting and try to reduce it.

- Fill out the sitting grid on page 4. If you experience several unusual days (sickness, long flights, all-day seminars) do not count those days. Complete the formula on page 5 to find out the number of hours you spend sitting in a day.
- Try breaking up your job-related sitting time with brief walks and stretches.
- Reduce your non-job related sitting time. Be creative!

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide).

After the session:

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## Session 20: Heart Health

### **Objectives:**

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Group Lifestyle Balance Session 20 participant handouts.
- Identify the leading cause of death in American adults.
- Define “heart disease”.
- Describe the risk factors for heart disease.
- Discuss how eating a healthy diet and being physically active affect the risk factors for heart disease.
- Define terms related to blood cholesterol.
- Define terms related to blood pressure.
- Discuss the 2010 American Heart Association guidelines for improving cardiovascular health and reducing deaths from cardiovascular disease.

### **To Do Before the Session:**

Get materials ready:

- Keeping Track booklets (have a month’s supply ready).
- Have the Group Lifestyle Balance Progress Record available.
- Have Weight Management handout available.
- Participant notebooks (have Session 20 participant handout ready to distribute).
- Get local smoking cessation information for distribution to interested participants.
- Optional: Purchase food and small snack baggies for participants to make healthy trail mix to take home. Suggest Cheerios, dried blueberries, cherries, or cranberries, and nuts. Make a Nutrition Facts label for the snack bag.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### **Weigh participants and record.**

- As the group gathers, weigh each participant privately and record on the Group Lifestyle Balance Progress Record.
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Group Lifestyle Balance Progress record (in Miscellaneous Handout section).
- *Note: Do NOT distribute Session 20 handout before class starts.*
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

**Introduction to Heart Health**

What is the number one killer of men in the United States? (*heart disease*)

What is the number one killer of women in the United States (*heart disease*)

People with pre-diabetes and/or metabolic syndrome are at a higher risk for developing heart disease.

Today's lesson will focus on heart disease and how living a healthy lifestyle can reduce your risk.

**Heart Disease**

Distribute and review pages 1 and 2 of the handout, Session 20: Heart Health.

Key messages on page 1:

- Both diabetes and pre-diabetes are risk factors for heart disease.
- High cholesterol, high blood pressure, diabetes, overweight/obesity are all part of metabolic syndrome.
- The best defense against heart disease is to follow a heart-healthy lifestyle.

Key messages on page 2:

- There are different types of cholesterol in the blood.
- It is important to have your blood pressure checked on a regular basis. It is called the "silent killer" because there are no symptoms.

Any questions?



**Improving Cardiovascular Health**

In 2010 the American Heart Association (AHA) established a new national goal: By 2020, improve cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular disease and stroke by 20%. The AHA identified seven steps, called Life's Simple 7™, to improve heart health.

Review pages 3, 4, and 5 of the handout.

Key messages on page 3:

- Ask participants to compare the dietary recommendations with what they were asked to do in GLB. The American Heart Association (AHA) includes additional dietary recommendations of including at least 4 servings a week of nuts, legumes and seeds, eating no more than 2 servings per week of processed meats, and limiting saturated fat to less than 7% of total calories.
- When discussing limiting sugar-sweetened beverages to not more than 450 calories (36 ounces) per week, remind participants that those with pre-diabetes should avoid sugar-sweetened beverages.
- Review the goals for each component of the lipid profile.
- Ask participants if they know their blood cholesterol level. It is important to not only know their total blood cholesterol level, but the entire lipid profile as well (LDL, HDL, triglycerides).
- Emphasize the importance of discussing their individual results with their health care provider.

Key messages on page 4:

- Review the goals for healthy blood pressure.
- Encourage participants to ask what their blood pressure is and write it down each time they have it taken.
- Explain that the DASH diet lowered blood pressure as quickly and as much as medication. It is important to follow all the DASH diet recommendations. Just taking a supplement of calcium, magnesium, and potassium did not lower blood pressure. Encourage interested participants to visit the website for more information about the DASH diet.
- Review fasting blood glucose ranges and what each level corresponds to (normal, pre-diabetes, diabetes) Explain that the goal is to achieve and maintain blood glucose

Key message on page 5:

- Emphasize the even one lifestyle change can make a difference in the risk of heart disease. A combination of two or more lifestyle changes may even further reduce their risk.
- Suggest that the participants visit the websites listed on page 5.

Everything you have been doing in GLB to reduce the risk of developing diabetes is also reducing your risk of heart disease.

Any questions?

**Optional:** Have participants make a heart-healthy trail mix. Set out on a table:

- Disposable plastic gloves; one pair for each participant
- Small snack size baggies; one per participant
- Bowl of Cheerios® with ½ cup measuring cup (1/2 cup per participant). Provides 50 calories, 1 gram of fat, 1.5 grams of fiber
- Bowl of almonds (10 almonds per participant). Provides 70 calories, 6 grams of fat, 1 gram of fiber
- Bowl of dried blueberries with 1/8 cup measuring cup or 1 Tablespoon measuring spoon (1/8 cup or 2 Tablespoons per participant). Provides 75 calories, 0 fat, 2.5 grams of fiber
- Nutrition Facts label (for ½ cup Cheerios®, 10 almonds, 2 Tablespoons dried blueberries): 195 calories, 7 grams fat, 5 grams fiber

Encourage participants to make their own combination at home. Measure each ingredient and record the calories, fat grams, and fiber for each and then calculate the totals. Stay under 200 calories. Recommend they include:

- Grain for healthy carbohydrates and fiber: whole grain cereal, whole grain pretzels, popcorn, graham crackers
- Nuts for protein, healthy unsaturated fat, and fiber: almonds, walnuts, peanuts
- Dried fruit for healthy carbohydrate, fiber, and natural sweetness: dried cherries, blueberries, apples, apricots, cranberries or raisins

Plant foods naturally provide many healthy antioxidants phytochemicals.

**Assign home activity.**

**The Basics:**

- Keep track of your weight. Distribute Keeping Track books for the next month.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.

**Challenge Yourself:**

- Check your numbers. Do your blood pressure, blood glucose, and blood lipid levels fall within the recommended guidelines?

Ask the participants to bring the completed Keeping Track books to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide). If the next lesson’s topic will be physical activity, let the participants know that they should dress comfortably.

**After the session:**

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## **Session 21: Stretching: The Truth about Flexibility**

Use your judgment to change your presentation of this session for those participants who are already significantly active.

### **Objectives:**

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Group Lifestyle Balance Session 21 handouts.
- Review the four components of a well-rounded exercise program.
- Discuss the importance and maintenance of flexibility.
- Understand techniques for safe stretching to prevent injury
- Learn proper form and technique for sample stretching exercises and learn how to modify the exercises to meet an individual's skill or comfort level.
- Develop an activity plan between this session and the next session.

### **To Do Before the Session:**

Get materials ready:

- Keeping Track booklets (have a month's supply ready)
- Have the Group Lifestyle Balance Progress record available.
- Have the Weight Management handout available.
- Participant notebooks (have Session 21 participant handout ready to distribute).
- Have the PARC-PH Stretching Packet ready to distribute

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### **Weigh participants and record.**

- As the group gathers, weigh each participant privately and record on the Group Lifestyle Balance Progress Record.
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled Weight Management (in Miscellaneous Handout section).
- *Note: Do NOT distribute the PARC-PH Stretching Packet before class starts.*
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

**NOTE: AT THIS POINT, YOU MAY CHOOSE TO DELIVER THE REST OF THE FLEXIBILITY SESSION YOURSELF OR HAVE THE CLASS FOLLOW ALONG WITH THE SESSION 21 DVD.**

*\*\*\*Optional\*\*\**

*Insert flexibility training session DVD*

*NOTE: This DVD is designed to be instructional. It provides the participants with a solid background on the benefits of stretching and flexibility, as well as safety issues and proper form when doing the stretching exercises. It also provides demonstrations of many of the different stretching exercises provided in the training packet.*

**Distribute Session 21 GLB Handout: Stretching: The Truth about Flexibility.  
Review the four components of a well-rounded exercise program.**

As you know, the GLB program focuses on increasing physical activity. Many of you have engaged in regular aerobic activities, such as brisk walking to increase your activity. In Session 16, you learned about resistance training and had the chance to try out some of the exercises.

Ask the participants to share their experiences in trying the resistance training exercises presented in the earlier session.

We know that improvements in strength can lead to better balance. We have also previously introduced gentle stretching exercises to help with flexibility. These four components: aerobic activity, strength training, endurance and flexibility are the foundation of a well-rounded exercise program, and each one can benefit your body in a different way.

The GLB program aims to help you be physically fit...while maintaining safety. It is important to let your health care provider know if you have had any changes in your health.

**Introduce the concept of flexibility.**

Flexibility is the joint's ability to move through a full range of motion.

When performing everyday activities such as bending over, you are moving your joints through a range of motion. If the full range of motion is limited, it may be difficult for you to bend. But, with improved flexibility performing routine tasks will stay routine. As you become more flexible, you may find it easier to do your daily activities, as well as have a better sense of balance and coordination.

*\*\*\*Optional\*\*\**

If watching the DVD, this may be a good place to pause for discussion and to address questions.

### **Discuss the importance and maintenance of flexibility.**

- Although flexibility is an important component of fitness, it is often neglected which can lead to serious consequences.
- Flexibility is an important part of fitness for everyone regardless of age, gender, goals, or experience.
- Low back pain may be related to poor flexibility of the low back and hamstrings (back of the upper leg).
- There are many benefits to having good flexibility: this can help alleviate stiffness, prevent injuries, and maintain good range of motion in the joints.

As you get older, you naturally lose muscle strength and size. Muscles often become less supple and stiffer. This can affect the range of movement around your joints, which may lead to stiffness in the muscles and joints. It is this loss of tissue elasticity that can cause muscles and joints to tighten up. There are many different activities and exercises that benefit or improve flexibility. We will review some of these later in the session.

- The best way to maintain flexibility is to **stretch regularly**, especially **after** aerobic and resistance training.
- Regardless of age, it is important to try to incorporate stretching exercises into your day at least once a day.

*\*\*\*Optional\*\*\**

If watching the DVD, this may be a good place to pause for discussion and to address questions.

### **Introduce the concept of safety guidelines.**

There are a few important safety guidelines that you must know before and during stretching exercise.

- Wear comfortable clothing. It's important that you don't wear anything that will restrict your range of motion. Keep in mind that flexibility is having the ability to move your joints through a full range of motion. If your clothing limits your ability to do this, you won't be able to improve your flexibility.
- Warm-up before stretching. This is especially true for those of you who prefer to work out in the morning. Warming up your muscles can prevent injuries. You can perform simple warm up exercises like walking or jogging in place. Try to get the blood flowing and your heart rate up a little.
- Also, remember to stretch within your own limits. If a particular stretch causes pain, stop doing it.
- Always stay in control. Jerky unstable movements can lead to injury. And don't let gravity be the boss. And don't bounce or hold your breath!

\*\*\*Optional\*\*\*

If watching the DVD, this may be a good place to pause for discussion and to address questions.

### Discuss the F.I.T.T. Principle

Re-introduce the F.I.T.T. Principle that was initially discussed in session 10. Explain how this principle can be used with stretching exercises to increase flexibility.

- After you warm-up, you can begin stretching using the "F.I.T.T. Principle" of frequency; intensity; time; and type; that we have discussed previously.
- **Frequency:** You'll want to perform stretching exercises at least 2-3 days a week. Flexibility is important just as aerobics and strength. And you can improve flexibility by incorporating some light stretches before and after performing aerobic and strength training. Some people also enjoy a few light stretches every morning since it can be a good way to get your day started.
- **Intensity:** You'll want to stretch to mild discomfort....not pain. The last thing you want to do is injury yourself by stretching too far.
- **Type:** There are many different types of stretching exercises. The stretching exercise packet provided to you illustrates how to perform stretches for every major muscle group.
- **Time:** You'll want to hold each stretch for 10-30 seconds. Let's emphasize, "Hold". You don't want to bounce while stretching.

\*\*\*Optional\*\*\*

If watching the DVD, this may be a good place to pause for discussion and to address questions.

**Distribute the PARC-PH Stretching Packet**

- You should all have a copy of the stretching exercise packet from the Physical Activity Resource Center for Public Health website. We will highlight key pieces of the packet in case you are attempting to perform these exercises in your home.
- First, you'll need to know which muscles and joints each exercise targets. To help you with this, in the top right corner of your packet, we've placed a picture labeling the muscles targeted by each exercise. When performing any exercise from this packet, be sure to take note of the picture first.
- Next, you need to know of any exercises which may be inappropriate for you to perform. We have included an "important note" message, which identifies when an exercise may be too risky for someone with certain conditions. Please pay close attention to the message and talk to your health care provider about other options if an exercise is not right for you.
- Next, you must follow the exercise description as closely as possible and use the picture as a guide.
- Now that we have gone through the packet, we encourage you to try along with us in the next segment! Remember to inform your doctor if you are attempting flexibility exercises for the first time.

**Review instructions for sample stretching exercises.**

Demonstrate two stretches from the PARC-PH Stretching Packet. This will allow participants to see how they are correctly performed and give you the opportunity to highlight the safety issues that were just covered. If time allows, have the participants practice one or both of the stretches.

I am going to show you how to complete a couple of stretches that you will find in your Stretching Packet. The first one is:

**Chest Stretch:** This stretch targets the chest muscles. Tightness in the chest muscles causes the shoulders to roll forward giving a hunched-back appearance. Better posture can be achieved by stretching these muscles regularly, especially after resistance training including the chest. This stretch can be found on page 5 of the Stretching Packet.

In order to perform this stretch:

- Stand comfortably with your feet shoulder width apart.



- Your knees should be slightly bent. (**Never allow your legs to lock out at the knee.**)
- Clasp your hands together behind your back with your palms facing in. (**Some people are simply unable to touch their hands behind their back. If this is the case, have them take a towel and grab the towel in both hands behind their back.**)
- Slowly straighten your arms out behind you.
- Hold this stretch for 10-30 seconds.

This stretch should be felt in the chest and/or around the front part of the shoulders, depending on how tight your muscles are. This stretch should be repeated 2-3 times.

Another stretch to try is the:

**Sitting Toe Touch**: This stretch targets the lower back and hamstrings (back of upper leg). Tightness in the hamstring muscles can lead to lower back pain, which may in turn cause you to give up certain activities that you may enjoy doing. This stretch can be found on page 12 of the Stretching Packet.

In order to perform this stretch:

- Sit of the floor with your legs straight and your feet out in front of you.
- Your knees should be slightly bent.
- With shoulders pulled back and stomach pulled in tight, begin bending forward at your waist. (Almost always people are going to round their upper back and reach forward to touch their toes. **Emphasize that the stretch begins by bending from the waist, and that the back should remain fairly flat.** Some rounding of the upper back may be seen **after** hinging from the hips and reaching forward.)
- Slowly reach your arms out forward and grab/touch your toes with your hands. (**Some people are simply unable to grab/touch their toes with their hands. If this is the case, have them take a towel and wrap it around the soles of both feet. Grab the towel with both hands and perform the stretch.**)
- Hold this stretch for 10-30 seconds. This stretch should be repeated 2-3 times.

**Additional Note:**

- If you cannot reach your toes, you may try and touch your calves. Over time you can work to reach your toes. You may also want to bend your knees a little more and over time work towards straightening them out.

This stretch should be felt in the hamstrings, behind your knees, and/or around the lower back, depending on how tight your muscles are.

**Important note for all stretching exercises:**

- **Remember NEVER to hold a painful stretch.** The stretch should be somewhat of a discomfort but not painful.

- **Hold the stretch and NEVER bounce.** Bouncing may only lead to injury.
- **Breathe and Relax.** Just because you are static in a position does not mean you should hold your breath. Once you get to the right tension or discomfort of a stretch, remember to relax (do not become tense) and to breathe normally. If you cannot breathe naturally while holding a stretch, then you are probably too tense.

If time allows, ask the participants to look through the Stretching Packet to find any other stretches they would like to have demonstrated or try themselves.

If you have any difficulty with any of the stretches, or questions as you try them, please feel free to get in touch or we can discuss at our next session. Remember that stretching should cause some slight discomfort, but never PAIN.

**Assign home activity.**

**The Basics:**

- Keep track of your weight.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book.
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.
- Be physically active for at least 150 minutes per week.

**Challenge Yourself:**

Add flexibility activities to your exercise program.

Ask the participants to bring the completed Keeping Track books or other self-monitoring record to the next session. Ask participants to bring their notebook to each session.

Announce the time, place, and topic for the next session. Provide a “Sneak Peak” for next month’s lesson (found at the end of the Leader’s Guide).

**After the session:**

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, prepare a set of the session materials to give them at the next session. Another option is to mail the materials.

## Session 22: Looking Back and Looking Forward

### Objectives:

In this session, the participants will:

- Be weighed and turn in Keeping Track records.
- Be given the Group Lifestyle Balance Session 22 handouts.
- Discuss the shift in thinking patterns that may be integral to a successful weight loss experience.
- Describe the behaviors that have been demonstrated to characterize individuals who are able to maintain weight loss over the long term.
- Reflect on and write about their own “personal healthy lifestyle story”.
- Identify key lessons that they believe to be most important to share with others who learn they are at risk for diabetes and/or cardiovascular disease.
- Discuss within the group the “foundation behaviors” that are most critical to ongoing lifestyle weight management success (use chalkboard or white board to summarize).
- Acknowledge that this is the final session of their group work together and discuss thoughts and feelings related to looking ahead at their ongoing lifestyle weight management efforts.
- Look ahead to the next 3-6 month period. Make a plan for eating, activity and self-weighing.

### To Do Before the Session:

Get materials ready:

- Keeping Track booklets (have a month’s supply ready).
- Have the Group Lifestyle Balance Progress Record available.
- Participant notebooks (have Session 22 participant handout ready to distribute).
- Have Weight Management handout available.

**Weigh the participants. Update logs and graphs. Collect Keeping Track booklets. Distribute materials.**

### Weigh participants and record.

- As the group gathers, weigh each participant privately and record on the Monthly Weight Monitoring Form.
- Distribute the handout for Session 22: Looking Back and Looking Forward.
- **NOTE:** For those participants who have reached their goal weight, distribute the handout entitled: Weight Management (in Miscellaneous Handout section).
- Collect completed Keeping Track records. Distribute blank ones and those with your comments.

**Review the last session. Discuss successes and difficulties in meeting the program goals.**

Let's take a few minutes to see how things went since our last meeting. Were you able to apply what you learned at the last lesson to something in your life? If yes, how?

[Praise all efforts. Be positive and nonjudgmental.]

### **Introduction to Looking Back and Looking Forward**

- Begin with the concept that the process of behavior change for lifestyle weight management necessarily involves ongoing self-review .

As we have discussed, making lifestyle changes for weight management involves an ongoing self-review process. This means “looking back” (on old ways, or habits, of thinking and doing) and “looking forward” (on new ways of approaching pro-active lifestyle behavior change).

For many people, the “new” thinking is characterized by honest self awareness, personal responsibility for behavior change, a willingness and openness to figuring out what works, and persistence in the face of lapses.

### **How Do Successful Weight Losers Think?**

- Ask the group members to think about old “thinking traps” that did not result in effective self-management of their lifestyle.
- Discuss the different categories of ineffective thinking and ask the group members to identify (and share examples) of the ways in which they have been able to move away from these perspectives and work towards newer, more useful approaches.

### **What Do Successful Weight Losers Do?**

- Review the multiple healthy lifestyle change behaviors that have received empirical support as being part of a successful weight loser's repertoire (e.g., the data from the National Weight Control Registry). Ask group members to discuss which behaviors they believe are most critical to their own success (or lack of success).

### Telling Your Lifestyle Story

As we come to the close of our last session together, let's take some time to write down your own "lifestyle story". Think about the past year, and the changes that you have made. As you write your personal narrative, consider the following:

- Write down some words of wisdom that can be shared with others who learn they are at risk for diabetes and/or cardiovascular disease.
- What are some thoughts and strategies that have been most important and helpful when you have felt discouraged about your lifestyle progress?
- Send a "message to yourself for the future". Try to make this a personally powerful statement that will help sustain you during rough times.

Ask the group to share their thoughts with the others if they are willing to do so.

### Conclusion

Ask group members to consider other types of tracking tools they could utilize as they continue their healthy lifestyle. Encourage the group members to consider continuing these basic practices as needed in the future. In addition, ask group members to think about what kinds of formal (e.g. other community based lifestyle management programs, web-based resources or physical activity options) or informal networks (e.g. natural social supports such as friends, family and coworkers) they can access if and when they need it.

As you go forward, I encourage you to continue using all of the tools and strategies that you have learned over the past year. Remember the importance of weighing yourself on a regular basis and monitoring your food intake and activity.

I am providing you with a supply of Keeping Track booklets, but would encourage you to think of other ways of tracking in the future. You could use a notebook or journal, or one of the many tracking tools that are available online. While you may not need to monitor your food intake and activity on a daily basis, it may be helpful to monitor during difficult times or if you feel you are slipping.

**The Basics:**

- Keep track of your weight.
  - Weigh yourself at home daily or at least once a week at the same time of day.
  - Record your weight in the Keeping Track book (or some other monitoring tool).
- Keep track of what you eat and drink using the Keeping Track book.
- Keep track of your physical activity in the Keeping Track book.

**Challenge Yourself:**

- You have the tools you need for success in maintaining your healthy eating and activity behaviors! You know what you must do to succeed, and your lifelong learning challenge will be keeping these skills ready and available even when you may find yourself on the slippery slope.

It has been a pleasure working with you this year and I wish you the best of health as you go forward. Remember that you have the tools that you need to be successful in staying healthy, and that you can do it!

**After the session:**

- Complete data forms and documentation required in your setting.
- For participants who did not attend the session, mail the materials to the participant.