

The Lifestyle Balance Q & A Guide

1. Introduction to the Q & A Guide

The psychological and behavioral responses of participants to Lifestyle Balance may vary greatly, both among participants and in the same participant over time. The Q & A Guide is an effort to review for Case Managers several of the *more common* questions, concerns, and reactions that have been observed in participants in other, similar lifestyle change programs.

The purpose of the Q & A Guide is to assist lifestyle balance team members with “helpful responses” to participants, that is, responses that will:

- Acknowledge the variable concerns, skills, and life circumstance of participants,
- Promote personal responsibility for behavior change, and
- At the same time maintain a clear protocol focus.

The Q & A Guide should be used along with the rest of the NLB Manual of Operations, particularly Section 7, Guidelines for Implementing Lifestyle Balance, and the NLB Coach’s Scripts.

The counseling approach in the Q & A Guide is based, in part, on the principles presented in **Motivational Interviewing** by Miller and Rolnick (1991).

“The appearance of motivational interviewing is quite client-centered; yet the counselor maintains a strong sense of purpose and direction, and actively chooses the right moment to intervene in incisive ways.” (Preface, page x)

The NLB training includes a short introduction to Motivational Interviewing. You are encouraged to seek addition information and training in these concepts.

The specific information on nutrition, physical activity, and behavior change in the Q & A Guide is based on a synthesis of current research findings and the DPP Lifestyle Resource Core’s experience in conducting lifestyle intervention programs over the last 20 years. In general, the reading level of the Q&A guide is somewhat higher than the rest of the coach’s materials. As always, please adapt the language contained in these examples so that they are most appropriate for your target audience.

2. A General Comment about Participant Readiness and Motivation

A general clinical setting provides greater flexibility than does a research setting in terms of fine-tuning an assessment of a client’s readiness to change and delaying, sequencing, or adapting intervention strategies accordingly. In the DPP Lifestyle Balance protocol, the behavioral intervention is prescribed and a time frame is specified. This is a necessary condition for evaluating outcome in a controlled, clinical trial. In a community based Lifestyle Balance Program, readiness for change may be indicated by a person contacting your program for

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information, assessed with readiness to change questionnaires, or evaluated by having a person attempt to Keep Track for a period of time before the program begins.

As Lifestyle Coaches, our job is to **keep working** with the ongoing (and fluctuating) likelihood that each participant will enter into and adhere to a number of specific behavior change strategies to reach the two lifestyle goals: a 7 % weight loss and 700 kilocalories of physical activity weekly. In a **goal-based** program such as this, the Case Manager will need to cultivate a clear sense of purpose, high (though not rigid and perfectionistic) standards, **and at the same time** a healthy respect for the various responses encountered among participants.

Therefore, we begin the Q & A Guide with a brief summary of general observations regarding the ambivalence and resistance that may be encountered in participants in long-term lifestyle behavior change programs.

3. Ambivalence and Resistance Is Normal

As lifestyle change specialists we have found it useful to keep in mind the following points about participants who appear to be struggling with making changes in eating and physical activity behavior:

- There are many, many potent cues in a participant’s daily environment (internal and external) which turn eating “on” and not so many to turn eating “off.” The same is true for sedentary behavior.
- “Approach/avoidance” conflict is normal in changing eating and physical activity behavior (wanting to be physically healthy versus not wanting to give up pleasurable habits).
- “Disease risk” is an abstract and distant concept for many participants.
- Health behaviors often get “moved to the back burner” in the presence of other life demands.
- Participants have negative thoughts (believe they won’t be successful) regarding their ability to make health behavior changes, and this continually influences their behavior.
- All of the above are based on **long-term learning** and are normally not evidence of a pathological, “addictive” or “oppositional” personality.

4. Helpful Ways of Communicating

The following elements of motivational interviewing are summarized because it is believed that they will help us to interact with participants respectfully **and** decisively at the same time. Such

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a style is necessary to help build momentum for behavior change in the presence of normal ambivalence and resistance. Therefore, you will also find it useful to return to Lifestyle Balance material and principles as you help participants confront the same healthy lifestyle barriers over and over again.

- Use affirmation and empathy (“I can see that you haven’t been able to increase your exercise at all for a few weeks. You must be feeling frustrated and stuck.”).
- Amplify the discrepancy between important personal goals and current behavior (“I can see you are working very hard to decrease your night-time eating on the one hand, yet you have not been able to keep the high-fat/calorie snacks out of the house on the other.”).
- Avoid arguing or labeling--use only gentle confrontation (“I’d like to hear how uncomfortable this lack of progress is for you and what you think needs to happen next”).
- “Roll” with direct resistance from the participant (such as arguing, interrupting, denying, ignoring) with statements like, “I respect your right to choose how to proceed. My intent is to help you give your best shot at diabetes prevention as outlined in the Lifestyle Balance Program.”
- Support the participant in taking personal responsibility for change (“This strategy you have come up with really seems to be working--this kind of learning means the most”).

5. Working toward the Goals

The purpose of Lifestyle Balance is to support each participant in arranging and strengthening their environments in ways that will allow for changes in eating and activity, and achievement of the weight and physical activity goal. The challenge for the lifestyle balance coach is to help make this happen over 24 weeks, and help maintain weight loss after 24 weeks. Therefore, a continuous goal for the lifestyle coach is to strengthen **whatever** existing motivation the participant has to keep attending sessions and working on the necessary skills, whether it is the first or the 50th meeting. A decision was made to formally introduce the behavior change goals during the first half of the core curriculum, and hold formal presentation of “barrier” topics such as problem-solving, negative thinking, lapse, and motivation until the latter half of the curriculum. Behavioral theory suggests that it is in making direct and active attempts to change a behavior that you learn the most about your own personal barriers (that is, you get to “know yourself” better by attempting to change than by discussing yourself in the abstract).

6. Helpful Responses for Specific Core Curriculum Sessions

Note: Two answers are provided for most questions. In general, the first is a straightforward, simple answer that may be the most direct response when the question is initially raised; the

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second answer is more complicated and may be most appropriate when, in your clinical judgment, a participant appears to be more resistant.

a. Session 1: Welcome to the Life Balance Program

Q: I am nervous about being in this group. It sounds like it will be a lot of time and effort and I really don't know if I can reach these goals.

A: You are worth the time and effort and so is your health. Over time, your therapists and classmates will be here to help you design a newer, healthier lifestyle that works for you.

A: Please tell me more about the kinds of things you are concerned about (*Coaches note: Spend up to 5 minutes listening reflectively and empathizing specifically in response to what the participant is saying will be "hard" about making the overall commitment to the program, and changing lifestyle habits. Listen carefully for the kinds of social/environmental barriers anticipated, as well as the participant's attributions regarding their ability to change--i.e. the "willpower" issue.*) Given what you are telling me, it does sound like you have a lot going on in your life and there are some tough barriers to be dealt with. However, the fact that you have pursued this program and are sitting here today also tells me that you are pretty serious about trying to prevent diabetes. I am too, and I see my role as giving you the long-term guidance and support needed to build on the skills you may already have. Let's start with where you are today and see if we can find some ways to help you reach the weight and activity goals without it taking more time and effort than you can manage. I'm curious to hear more about some of your past efforts at lifestyle change and whether there were even little successes. I'd also like to hear more about personal reasons you have for plugging away at this even though you expect it to be difficult.

Q: I really believe in what you are doing but I have lost and regained weight so many times before I'm beginning to think I'm just no good at this. Maybe I should just give up and accept myself the way I am.

A: I don't know how you lost weight before. Many people try to lose weight by starving themselves or following a strict eating pattern dictated to them or another kind of weight loss program or diet that they can't possibly follow for a lifetime. When you stop following these diets, you regain weight. The Lifestyle Balance program is different. You will design a new, healthier lifestyle for yourself that includes how/what you like to eat (for example, a big versus little breakfast; afternoon snack or not). You can take control while gaining health benefits.

A: (*Coaches' note: In the course of listening reflectively and/or empathizing, as above, the next goal is to "amplify" the discrepancy in what the participant is saying and build momentum towards change. Any of the following comments could be combined to serve this purpose.*)

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The fact that you continue to believe in the importance of healthy lifestyle change despite past frustration (and that you are here today) actually tells me that part of you very much would like to make this work.

I admire your persistence and, of course, am on the side of wanting to help you really make a change in your lifestyle habits this time.

Smokers average around 2-4 quit attempts before they finally quit for good. Likewise, it may take a lot of trial and error before a person learns their own best ways to make lasting changes in eating and exercise habits.

Our belief is that there is always **something** a person can be doing in an effort to prevent diabetes through healthy lifestyle change.

I would like to hear about one thing you think you can do differently this week.

Q: Isn't getting diabetes really all in your genes? My family is loaded with obesity and diabetes I often wonder if changing my behavior will make any difference.

A: You can't change your genes, but you can change your behavior, your environment, and even your taste buds to create a healthier lifestyle and lower the risk of cardiovascular disease and so on.

A: Thank you for raising a very important issue. It is one that we in the business of lifestyle change are asked over and over again. You are telling me that since you have "bad" genes you feel you are "doomed" for diabetes and changing lifestyle won't make a difference. You may find it helpful to know that many ethnic groups (Japanese, Pimas, Pacific Islanders to name a few) have been **much** more likely to develop obesity and diabetes when they are raised in this country with the typical American high-fat/calorie eating and sedentary lifestyle, than when they are brought up in their native homelands with more traditional habits. Even in the United States, ethnic groups which had almost no diabetes at the turn of the century, have lots of the disease now. In NLB, we will work together to find out what a powerful influence your environment has and how you can make it work for you instead of against you. Nevertheless, even if you were to get diagnosed as having diabetes I would not miss a beat in continuing to help you work toward the very same goals for the duration of the program.

(Coaches' note: The following example may work for individuals with a strong "family" identity.) Let's try and look at it from another angle. If your child was diagnosed with a rare gene disorder for which there was no cure, but you were told that by careful management of diet and exercise the ill effects of the disease would be lessened and your child would be able to live longer would you not try to do everything within your power to make this happen? We believe that the same kinds of energy and effort that go into helping others can be used to help yourself.

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Q: I know this extra weight is bad for diabetes but the truth is my husband (boyfriend) has always told me he likes me just the way I am. I think to myself, “Why fight it?”

A: Lifestyle Balance has no interest in making people skinny. We are going to focus on healthy eating and a modest weight loss goal for the purpose of preventing diabetes, not changing appearance.

b. Session 2: Be a Fat Detective

Q: Isn't weighing myself daily making me “too obsessive” about my weight?

A: You need a measurement tool to help gauge your progress. When you reach your weight goal, weighing yourself can help maintain your weight within your range. It's easier to keep your weight within a three-to-five pound range than to not weigh yourself for long periods of time and realize you have gained 10-15 pounds.

A: Let's talk about how you can come to terms with the concrete feedback provided by regular weighing. While it is not uncommon for people to want to avoid weighing themselves, unfortunately this tends to correlate with weight gain. We recommend weighing yourself daily (or at least weekly) so that you can learn more about the relationship between your eating, exercise behavior, and weight over time. Along with self-monitoring what you eat, weighing yourself daily says, “I am paying attention to what's happening here”. If the experience of weighing yourself, or weighing in with me is difficult for you, we need to talk about that, too. Sometimes the feedback is frustrating, and we need to talk about how you can cope with that. In general, we would like to help participants develop an approach in which self-weighing does not become an obsession but rather another way of tending to one's health. Let's talk about what this experience has been like for you.

Q: Everything I truly like is high in fat.

A: You have learned to enjoy high-fat foods, but you can retrain your taste buds. Now there are low-fat substitutes for most high-fat foods that you can buy. Try them, and over time you will probably find that you enjoy them as much or even more than the high-fat foods. A good example is milk. After drinking low fat or skim milk for a while, most people say that whole milk tastes unpleasantly rich or “greasy.”

A: You are certainly not alone. Many people say they prefer high-fat foods and find them “tastier” and “more satisfying” than other foods. This “fat liking” is shaped over time based on your family's and your culture's eating habits. The goal of the lifestyle program is not to “get rid of” your liking for fat or particular foods, but rather to help you see that there can be other low-fat foods you will like or will learn to like. We are always struck by how surprised some people can be by the foods or toppings they liked after they made the effort to sample them. Some have told us that they actually couldn't “stomach” the high-fat foods so well after they made big changes in their eating habits. Others have

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told us that they love their high-fat favorites every bit as much as when they started but have learned to limit them, and “make do” with other low-fat foods the rest of the time. I’m wondering if this is something you would like to work on changing?

Q: I really can’t imagine eating my baked potato without butter.

A: You can continue to use butter if that is where you choose to use your fat grams. You will just need to be aware of the portion you use. If you want to experiment with alternatives, try butter flavor substitutes, herbs/spices, fat-free ranch dressing, or low-fat sour cream with green onion or dill.

A: You raise an important point because it brings up the whole issue of what it takes to make lifestyle change start to happen (even beyond the “baked potato” in question). Sometimes when we have behaved a certain way for what seems like “forever,” it can be very tough to imagine how anything could ever be different. It may be useful to think about other times you made a “switch” whether it be a move from one home or job to another, how you spend a holiday, or making simple changes in your appearance. You probably did not get used to the change all at once but gradually. In making healthy eating changes, the first step is to try other ways of eating on for size and see what happens. Many participants have told us that a baked potato with picante, salsa, or Parmesan cheese is delicious, but they didn’t know that until they tried it! Perhaps you and I can even experiment with different kinds of products during our meetings, to get you started on making changes.

Q: My family wouldn’t eat vegetables at all if I didn’t cook them in grease.

A: First of all, a low-fat diet is recommended for everyone over age two, so eating less fat will be healthy for your entire family. Many people say that when they talk with their families about this and explain their weight loss goals and their desire to live a healthier lifestyle, their families are very supportive. Second, everyone in the family can retrain their taste buds just like you can. It just takes time and the desire to be healthier. Also, you can experiment with herbs and spices, low-fat dips and sauces for vegetables, and so on. It’s true that lowering the fat in some foods will make them less flavorful, but with a little experimentation, you can learn to flavor them without fat.

A: There are some great ways to modify high-fat family favorites that have been developed by homemakers (like yourself) who have a tough audience to please. However, you also seem to be saying that you have a hard time imagining how to start changing the way you have always cooked for your family. (See response to “Everything I truly like...” above.) If you haven’t done so already, please let others in your family know that they are welcome to come with you to our sessions, and we can talk together about the benefits of low-fat eating. This may be especially helpful when we are sampling foods, doing cooking demonstrations, etc. In Lifestyle Balance, we are open to finding whatever ways we can to make this a positive and healthy experience for the whole family.

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Q: My teenage sons really like to eat. They're growing boys and I can't see depriving them of high-fat foods just because I am watching my weight.

A: You can give your kids a great gift by helping them learn at a young age what you are learning now: how to eat a healthy diet and make good food choices to increase health and lower their risk of disease. Teenagers do need more calories, but they can eat the same healthy foods that you do, just in larger portion sizes.

A: *(Coaches' note: For some participants, one issue underlying this question may be mixed feelings about using food to love and nurture family members. This is a complex issue and will require good listening skills and amplifying the discrepancies to build momentum towards change. The text provided here is meant to be a guide to the barriers and issues involved, and it is not necessarily expected that all coaches and participants will converse, at this level, about them.)* Many people get a lot of satisfaction out of providing food and cooking for their family, and many family favorites, when it comes to food, are high in fat. After all, "food is love" in many cultures. Is this true in your family? At the same time, loving our families means helping them to stay healthy and taking care of our own health. Let's think of some ways you can nurture your family with lower-fat foods or with something other than food. We can also talk about ways that both you and your family can enjoy favorite high-fat foods now and then, or how to keep them out of the house so they aren't tempting to you.

Q: I can't stop buying cookies (cakes, candy, chips, ice-cream). My husband/teenagers would have a fit.

A: They can learn to have these and other "junk foods" on a less regular basis. Substitute pretzels for chips, low-fat ice cream and frozen yogurt for ice cream, and so on. They (like you) can relearn taste preferences. Remember, your kids will be away from home soon, and you can begin now to show them what it means to eat a healthy diet.

A: See above.

Q: My family has been cooking certain fattening foods for special holidays for years and these traditions are very important to me.

A: You'll be learning low-fat cooking techniques and how to modify recipes so you can still use your favorite recipes! With some changes they will be lower in fat and calories and healthier. Many participants say that they lower the fat in their favorite recipes but don't tell their families, and no one even notices the change.

A: Family traditions are very important, and programs such as Lifestyle Balance are aimed at promoting "long-life" among individuals, families, and cultures. It is not the intent of this program to "take away" from important cultural celebrations. Special high-fat foods eaten in moderation even several times throughout the year are not likely to be the reason for weight and health problems. There are several ways to look at this issue:

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1) even traditional dishes can be modified to contain less fat and calories, and 2) families can focus more attention on the non-food aspects of social gatherings (songs, games, physical activity, and so on).

Q: Is it possible that I could eat too little fat? Wouldn't that be unhealthy?

A: Some fat in your diet is definitely important because it serves as a carrier for vitamins and minerals, provides essential fatty acids, protects and cushions vital organs, prevents loss of body heat, and provides energy for endurance activities. No specific RDA (recommended dietary allowance) has been set for fat, but nutritional guidelines suggest that a diet containing at least 15 percent of calories from fat, daily, is adequate. However, it should also be noted that even vegetarian diets of fruits, vegetables, beans and grain products, which result in only about 10% of total calories from fat, provide an ample supply of the fatty acids necessary for your body's health. The lifestyle balance recommendation of keeping under 25% of calories from fat should keep you well within a safe and healthy range. Since you and I will be monitoring your intake closely, we certainly will be able to keep an eye on this.

c. Keeping Track

Q: Writing down everything I eat is a pain.

A: Yes, but like other pains (cleaning, going to work, laundry, paying bills), it has its rewards! View this as an opportunity to learn about yourself and your eating habits and about foods and their fat/calorie content. You'll be amazed at how much you learn.

A: I agree that keeping track can be a real bother, but that's exactly why it works. It makes you very aware of **everything** that you put in your mouth, which is what makes monitoring the single most powerful tool you can use to change your eating habits. While it is pretty normal to want to just ignore food intake on the one hand (especially in the midst of fun times or difficult life demands), on the other hand this lack of attention really presents a problem for your DPP goals of low-fat eating and modest weight loss. Especially now, as you and I work together to really understand and change your eating patterns it is important for you to try and keep track somehow, some way. Can you tell me anything about the ways you have kept track of your eating in the past?

Q: I don't have to write it down. I know what I eat.

A: You probably do have a pretty good ballpark idea of what you eat, but writing it down gives you the opportunity to see exactly how much by measuring foods and recording nibbles. By recording throughout the day it's harder to forget that handful of french fries you snatched from your kids or spouse! I'm sure you do have a good idea of what you eat, but there may be room for you to learn even more about the fat content of those foods.

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A: I'm sure that you know deep down what you are eating but there are two other issues I'd like you to consider. One, is that you and I need to find a good way to communicate about your food habits and keeping track will simply provide us with a solid starting place to do just that. The second is that our experience has shown us that there is a good deal of normal "human error" in the way people describe their food intake (i.e. underestimating portions, forgetting about the "nibbles" here and there). The best way to get around this is to try and record daily, and ideally after each meal or snack. (*Coaches Note: If the traditional **writing down** format continues to present a problem, you may begin to explore with the participant other modes of regular reporting such as the simpler "check-off" tracking forms, or more novel approaches such as "phoning in" food intake to a voice-mail line, or using hand-held audio-recorders to do the same, monitoring only on specific days or specific times that are likely to present problems. See below for ways to approach this.*)

Q: There's no way I'm going to record everything in those books every day. I've tried it before and I know I just won't do it.

A: (*If the question is asked early in the program*) Please try! Food diaries have been proven to help with weight loss. This will give you some structure, feed back, a chance to learn about food and your eating habits, as well as fat and calorie content of food.

(*If the question is asked later on*) Please record three times per week. Be honest with yourself and see if you have better control on the days when you do record versus the days when you do not. Also, track your weight loss when recording all days of the week versus recording only three days.

A: Then let's talk about what you think you can realistically do. Again, the goal is for you to be truly aware of your food intake and for you and I to have regular communication about your eating habits. Would you be willing to commit to monitoring on certain days of the week, or certain times of the day when your food intake is most likely to be a problem for you?

Q: Will I have to monitor like this for the whole program? Will it ever feel like less of an effort?

A: Recording becomes easier as it becomes part of your routine. You become familiar with the Fat Counter and the calorie/fat content of your favorite foods. Believe it or not, many people get so used to it, they continue recording when maintaining. People also report that if their weight starts to creep up, the first tool they turn to is the food diary to help regain control.

A: Maintaining a low-fat eating style and a seven percent weight loss in a high-fat world will always require attention, effort and persistence. Part of our job together is to figure out, over time, how much (and what kind) of keeping track you need to do (and can manage doing) in order to stick with your goals. Many ex-smokers, ex-drinkers, and successful

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weight maintainers have said that there does come a time when they feel more confident about the lifestyle changes they have made and that it no longer feels like such a struggle.

However, many of these same people also report that they can never afford to be “cocky” and need to keep up some degree of watchfulness. So, for example, a successful weight maintainer may no longer write down her food intake every single day but may tally up daily fat grams or calories in her head, or return to writing all her foods down every day or put herself on a very structured meal plan when her weight creeps up more than 3 pounds. An analogy is glucose monitoring for the person who already has diabetes. How much monitoring is “enough” for this person? As much monitoring as is necessary to keep good control over blood sugar. In Lifestyle Balance, it may be helpful for you to define “enough” self-monitoring as whatever amount which will help you keep good control over eating and weight.

Q: You are thin. Do you do all this stuff or does being thin just come naturally?

A: (The response will vary depending on the unique experience of the Lifestyle Coach. This question is common, so think about how you would respond.)

Q: Do you struggle with weight control? Do you do all this stuff?

A: (Same as above.)

d. Session 3: Three Ways to Eat Less Fat

Q: Isn't all this weighing and measuring just making me too “obsessive” about my diet. I hear it's healthier to just try and eat “naturally”.

A: If you watch small children eat, you'll notice they are very good at “listening to their bodies.” They eat when they're hungry and stop when they're full. Most of us have lost this “listening” ability and have learned to eat because the food is around, others are eating, or because we are bored, stressed, lonely, etc. Weighing and measuring now is a teaching tool. You'll learn what portions should look like so later on you can “guess-timate.” Also, you'll be able to calculate the exact amount of fat and calories you're getting every day, which will help you identify specific problem areas.

A: Eating naturally has a wonderful sound to it (especially when you conjure up an image of yourself eating in a relaxed and moderate way, and responding reasonably to hunger and fullness cues, and your level of physical exertion). However, in this day and age of “Big Gulps” and “Biggie Fries”, exactly what does natural eating mean? I'm wondering how you would define “natural eating” for yourself. Are you in touch with what constitutes a “normal” meal, a “normal” snack, a “normal portion-size”, or a “normal day of eating”. In Lifestyle Balance, all of the up-front attention to the details of portion size is part of the effort to help you get back in touch with some basic landmarks and guidelines about food that may help you define more specifically what healthy eating really means. Think of it as a “reality check”.

Q: Aren't all those low-fat substitutes on the market full of chemicals that are just as bad for you?

A: Some low-fat substitutes do have added ingredients, but often they aren't chemical additives but rather things like sugar, flavorings, or gums. For example, food companies might replace some of the fat in cookies with extra sugar or spices to add back flavor. Or replace some of the fat in foods like sour cream with milk solids and gums to add back texture.

A related question is, are low-fat substitutes really necessary? Only you can answer that question based on what works for you. Are you able to control how much and how often you eat low-fat substitutes? And can you afford to spend your limited calories on those kind of foods? Remember, even low-fat cookies and nonfat cream cheese contain calories, and often, those are "empty calories." For example, four Snackwell® cookies contain 200 calories and few nutrients, whereas some nonfat yogurt and an apple contains 200 calories plus lots of nutrients.

A: With so much information coming at you all the time about what is good and bad for you, I can see why you might be wary and confused about new products on the market. Many low-fat or nonfat products are made with nearly the same ingredients as the original product except for the fat. Check the labels for the ingredient lists of specific products and **if you are suspicious about something, please check it out with us.** Part of my coaching role is to help you get clear and accurate information so you can become comfortable and satisfied with the products you use.

e. Session 4: Healthy Eating

Coaches note: The first set of barriers grouped together below relate to patterns of eating. Time is one of the central themes highlighted (this is also addressed in the physical activity Q & A's). Resistance to trying new foods, and restricting portions is also presented. The problem for a particular participant may involve any or all of the following skills: anticipating and planning, goal-setting, arranging positive cues and coping with negative cues (internal and external), assertion, working with social-support systems, problem-solving, and motivation (maintaining behavioral momentum). Helpful responses and ways of working with each participant will require that the coach address many of these skills over time.

Q: I really try hard to eat regular meals, but my life is so hectic that I usually end up skipping breakfast or lunch.

OR

If I didn't eat breakfast in the car on the way to work, then I probably wouldn't eat breakfast at all.

OR

I have so many deadlines on my job, I feel I have no choice but to gulp something down at my desk.

OR

I have young children and they need me for one thing or another every minute. Dinner time is the worst with the phone ringing and the kids fighting. The idea of sitting down and enjoying my food is a joke!

OR

I'm so tired and hungry by the end of the day I just don't have the energy to cook. It's just easier to go to the drive-through.

- A: You need to determine if these are behaviors that helped cause you to gain weight in the first place and are these the behaviors that are keeping your weight up? If so, you need to change those behaviors. Also, remember the importance of planning ahead, prioritizing some time for yourself, and so on. Try our suggestions and see if it makes things easier for you. Some of our suggestions will work for you, and some won't. Feel free to discard the ones that don't work. Remember, you are designing a new healthy lifestyle for yourself, one that works for you!

For example, planning ahead is usually very important and can be a great time saver. By planning ahead, you can simplify the task of getting dinner. Have some frozen entrees on hand in the freezer, such as a Lean Cuisine® turkey sandwich, or plan ways to use leftovers.

- A: There is no doubt that modern life places demands on our time and energy that we may not have even imagined many years ago. It looks like one way you cope with life's constant demands has been to sacrifice a pleasurable meal time.

Are you satisfied with breakfast in the car and gulping down your lunch in between phone calls?

Do you think that you deserve even 10 minutes of quiet eating time a few times each day?

I'm wondering if this is something you would like to work on changing?

Let's work together to see how this might be possible for you.

I'm wondering if with a little planning, I might be able to help you figure out a way you can make some time for meals each day, even if they are not at precisely "traditional times."

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Would it be possible for you to work at getting your children fed and settled into another activity and then sitting down to your meal, even for a few minutes, once things quieted down a little bit.

Are there others who can help you?

How might you ask for help in making this more manageable?

Dealing with **both** fatigue and hunger at the end of a stressful day is indeed a recipe for problem-eating. Let's discuss some other ways you can take care of yourself at these critical times.

Q: One of my biggest problems in eating a healthier, low-fat diet is that I have never been able to get myself to eat a lot of vegetables. I can barely imagine sneaking in one serving a day let alone five!

A: Experiment! Do you prefer cooked or raw vegetables? Can you add some cooked or raw vegetables to salad? Have you tried cooking vegetables just until they're crisp and still colorful instead of overcooking them? Remember, vegetables will increase your fiber and help you feel full. And the goal is five servings of fruits *or* vegetables per day. You may decide to have more fruits and/or fruit juices than vegetables if you prefer fruit.

Vegetables may become very appealing to you when you realize what large portions of them you can eat for only a few calories. What a fat and calorie bargain! For example, after a day of budgeting your fat grams and calories, you might find yourself very happy to see plenty of crisp green beans on your plate for dinner!

If it's all the peeling and cutting causing you to say "forget it" you may want to experiment with the wide variety of vegetable-rice, vegetable-pasta, vegetable-bean frozen products on the market and see if any appeal to your taste-buds. Maybe just working at eating more simple salads will be a start for you.

A: Before you "dismiss" fruits and vegetables entirely, it would be useful to discuss your personal reasons more fully and how those habits developed. As with any of the seemingly unchangeable, life-long habits we are working at modifying in this program, probably the most important thing you can do is **experiment**. In this particular instance I would encourage you to explore methods of preparation and sample different products.

What could **your goal** be this week to increase your fruit/vegetable servings?

Q: I have no trouble eating a healthy foods like pasta, grains, and rice. My problem is quantity. Particularly with something like pasta. I eat it without much fat, but it's one of those foods I hate to restrict.

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- A: Within reason, you can eat large portions of pasta, grains, or rice and still meet your calorie goals. The way to do this is by eating smaller portions of other foods (for example, you could eat a smaller breakfast, lunch, and snack and then spend more of your daily calorie budget at dinner).
- A: Portion control can be quite a struggle for some but is nonetheless a very important skill to work on. It is still important to be aware of the quantity that you are eating, even if you choose to eat a lot. Everyone has times when they feel like eating “big” (let’s say two cups instead of one), and as long as you adjust the rest of your intake accordingly over the course of the day, or the week, and are not consuming “super-size” quantities on a regular basis this does not have to be a problem. This is what we call “making trade-offs.” The idea is that **you** get to pick and choose where you will be “liberal” and where you will be “restrictive.”

f. Getting Started Being Active

- Q: You know I have always worked at becoming more active, and I do feel better and enjoy it when I exercise, but I never seem to be able to keep it up.**
- A: Experiment and find something you like to do. For example, walking, either alone with a walkman, or with family or friends. Maybe you would most prefer using a treadmill in front of your favorite TV program. Or maybe you need to try out some totally different kinds of exercise like team sports or swimming. Have realistic goals of 3 to 5 times per week, not miles everyday. As time goes on, you may want to make it a game (for example, you could call it “walk across America” and add up your miles to reach a certain city or state). This will keep things lively and give you something to shoot for. Have a regular time or be flexible.
- A: The fact that you enjoy exercising is good news. It says to me that you find being active personally satisfying but have not been able to set up powerful enough activity cues around you to keep your habit going. As I continue to support you in getting started with your activity program this time, we can begin to anticipate and plan for the kinds of things (time, fatigue, family, weather) that have derailed your program in the past. The behavioral goal here is for us to be creative enough in finding ways around those barriers so that your natural enjoyment of physical activity may take hold once again. Let’s start by looking at times in your life when you may have been more active and see if we can find ways to “revive” activities you previously enjoyed.
- Q: The truth is I have never really liked to exercise. Once I walked three times a week for six months, and I hated every minute of it. I just dragged myself out there each time.**
- A: If you hate it as much as you say, you must have really set up some powerful activity cues to keep you going for as long as you did. What did you actually do or say that made

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it possible for you to “drag yourself” out? Were there positive people or situations that made it more likely that you would take that walk? It sounds like you are ready to “prescribe yourself” some activity again, and its going to be important to find out what the most powerful cues might be. We may also want to talk about some ways that you may reward yourself for meeting your exercise goals since you don’t really find it that personally satisfying.

Q: I have been uncoordinated and klutzy since grade school. I’m really in terrible shape and all those skinny people out there in day-glo spandex make me feel intimidated before I even get started.

A: We all start somewhere! I walk at North Park and there is the “spandex group,” but most of us are in baggy sweats or shorts for comfort. The people walking are all colors, sizes, shapes and ages. Almost anyone can walk, and that is why we recommend it to you.

A: It sounds like you might be doing some “all-or-nothing” thinking. You’ve got the world divided into “perfect tens” and “perfect zeros”, and this kind of thinking is preventing you from getting started. Let’s start confronting these cultural stereotypes and begin to think about the kinds of activities and settings which will make you feel most comfortable exercising. We have some great aerobic videos to use, with real people of various sizes exercising and enjoying themselves. Let’s try one.

Q: All those skinny people out there in day-glo spandex don’t look healthy to me. All that frantic running and jumping around can’t be good for you. They look like skeletons. I think you really need some “meat” on your body to be healthy.

A: But too much “meat” will put you at risk for diabetes. In the Lifestyle Balance program, your weight goal is a reasonable and healthy one. As far as whether “frantic” exercise is “good for you,” we recommend walking and other kinds of moderate exercise that have been shown to be safe and have a low impact on your body.

A: It sounds like you might be doing some “all-or-none” thinking. You’ve got the world divided into “anorectic exercise fanatics”, and “round, healthy people”, and this kind of thinking is preventing you from getting started. Let’s start confronting these cultural stereotypes and begin to plan for the kinds of activities and settings which will make you feel most comfortable being physically active, and help you look and feel the way you want. The DPP program has no interest in making people “skinny”. We are going to focus on some simple activities like walking. The goal is 30 minutes a day on 5 days in the week, nothing extreme. *(Coaches’ note: There is considerable class and ethnic variability regarding standards for shape and weight, which may require further exploration with individual participants. If a participant or family member indicates ambivalence about the goals of the weight loss intervention, it may be useful to use the Stunkard weight silhouettes to reinforce the message that Lifestyle Balance is for purposes of glucose control, and not for appearance.)*

g. Session 5: Move Those Muscles

Q: I started out feeling pretty motivated but right now as I think about the goal of 2 ½ hours per week I wonder if I will really be able to cut it. It's too overwhelming for me to think about.

A: We will begin slowly at a rate that is most comfortable for you. I will help you break this goal down into bite-sized pieces, and help you figure out ways to make it happen.

A: Your desire to “do it perfectly” may be dragging you down. Let’s back up a moment. The behavioral approach in the Lifestyle Balance is one of gradual change and the first thing is for us to find out more about the activities you are already doing, used to like to do, or would like to do. We will build from there. Also keep in mind that your progress towards the activity goal is not likely to occur in a perfect, straight line but will necessarily involve some ups and downs. It is expected that you won’t “cut it” all the time. The most important thing right now is to help you do *something* active this week. Let’s start with that.

Q: I think I really find walking more fun when I can talk to somebody. But my husband has a remote control surgically implanted in his hand, and my friends seem to be really busy with their families.

A: You might try to join a walking group at a mall, or have the kids go with you. You could wear a walkman or iPod and sing along, or listen to books on tape. How about taking an aerobics class?

A: You sound like the perfect candidate for a community activity sessions. At the moment you don’t expect to find immediate social support close to home. Let’s explore this further because families and friends can work on changing their habits together, and eventually it will be very important for you to develop your home-based program. In the meantime, you can get started by checking out our community activity schedule, but by all means extend an invitation to family and friends to join too. There are others who are in the same boat as you, and overtime you may begin to support one another. Let’s start to look into who your “walking pals” might be.

Q: Why do I need to keep track of my exercise? Isn't it enough to just do it?

A: Studies have shown that keeping track of your activity is one of the best ways to become more active and stick with it. It’s the most important thing you can do to become more active. It’s also the way that you and I will communicate about how your activity has been going and spot what works well for you and not so well (for example, the kinds of activities, the times of days, the roadblocks you run into).

h. Session 6: Being Active: A Way of Life

Coaches note: With physical activity, “making the time” is a frequently stated barrier (this is also addressed in the Healthy Eating Q & A’s). The problem for a particular participant may involve any or all of the following skills: anticipating and planning, goal-setting and arranging positive cues and coping with negative cues (internal and external), assertion, working with social-support systems, problem-solving, and motivation (maintaining behavioral momentum). Helpful responses and ways of working with each participant will require that the coach address many of these skills over and over again.

Q: I know I must sound like a broken record. It has been so hard for me to make regular physical activity a top priority because of...(work, school, spouse, children, grandchildren, parents, in-laws, etc.)

A: You are worth the time and effort and so is your health! Overtime, your therapists and classmates will be here to help you design a newer, healthier lifestyle that works for you.

A: Modern life places demands on our time and energy that we may not have even imagined many years ago, and I can see that this has been a struggle for you. It looks like one way you cope with life’s constant demands has been to sacrifice being more active. However, the fact that you are here today tells me that you are also pretty serious about wanting to prevent diabetes.

I admire your persistence and, of course, am on the side of wanting to help you find a way to fit this physical activity into your life.

Our belief is that there is always **something** more a person can be doing in and effort to prevent diabetes through physical activity.

Are you satisfied with working long stretches without stretching and moving your muscles?

What do you miss about being more active? Do you remember how it felt when you were more active?

Do you think you deserve even 10 minutes each day where you take a walk and clear your head?

I’m wondering if this is something you would like to work on changing?

Let’s work together to see how this might be possible for you.

Are there ways in which others can help you?

How might you ask for help in making this more manageable?

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What “anchor points” could you use to get in more walking this week? This weekend?

Q: My family and I have gotten into such a rut. Our leisure time activity is mostly TV, movies, eating out, and going shopping. It seems like it would take an earthquake to shift this.

A: (Same as above.)

Q: I’m always running around. Doesn’t that count?

A: Being an “on the go” person, as opposed to a “couch potato,” is helpful to your overall physical well-being. However, it also has not been enough to keep your glucose levels down. In Lifestyle Balance, we ask you to keep track of the kinds of activities which are most likely to make a difference in your glucose control over time (like brisk walking). Also, being “on the go” all the time may be coupled with feelings of stress and pressure. Walking for the sole purpose of walking can also be a way to unwind and relax.

The DPP Problem-Solving Toolbox

DPP developed a problem-solving toolbox for Lifestyle Balance in the areas of:

- Session Attendance
- Self-Monitoring of Food Intake and Weight
- Weight Loss Maintenance
- Self-Monitoring of Physical Activity
- Tools for Physical Activity

There were three levels to the toolbox, with Level 1 being actions requiring less involvement and cost to the participant and program and Level 3 requiring the most effort and cost. We've roughly estimated that Level 2 tools might cost less than \$50, whereas Level 3 tools might cost \$50 or more. Even though all the ideas may not be possible in your program outside of a research setting, the DPP Problem-Solving toolbox is included for your information and to help your NLB team generate problem-solving ideas. The idea of the Problem-Solving Toolbox is to start your intervention at Level 1 and then step up levels as needed.

Problem Solving Tools for Attendance

Requirements

Participants in DPP were required to:

1. **Attend the 16 core curriculum sessions within at least 24 weeks.**
 - The first eight sessions are to be held weekly (although due to illness, vacations, or bad weather, some exceptions may occur).
 - The next eight sessions may be held weekly, biweekly, or begin weekly and then become biweekly.
2. **After the core curriculum, attend sessions in person at least once every other month.**

In your NLB Program, the schedule of sessions may not be identical to DPP. But use these Problem-Solving Tools for Attendance for attendance issues that occur within your team's Lifestyle Balance Program schedule.

Action Points

Problem-solving tools are recommended at these points:

- If the participant **misses any session.**
- If the participant **does not attend for three weeks in a row** during the first 8 core curriculum sessions.
- If the participant **does not attend at a rate that will allow the entire 16 core curriculum sessions to be completed within 24 weeks (or at a rate to complete your NLB schedule).**
- If the participant **does not attend the monthly in-person sessions** (during the maintenance phase) **within one month after the scheduled date.**

Level 1 Tools

For any session that a participant does not attend (and did not call ahead to reschedule):

Required:

- **Call the participant as soon as possible after the missed session and reschedule at the earliest possible time.** Ask about any barriers to attendance (examples: illness; difficulties with transportation, scheduling, family commitments, babysitting; family crisis (e.g., separation, divorce, disability, unemployment, serious illness or death); boredom with the program; lack of support at work; discouragement or shame due to lack of success at weight loss). Use problem solving steps to identify solutions to try (e.g., reschedule at more convenient time, recommend that a family member babysit, suggest alternative transportation). Stress the importance of attendance. Try to get the participant to establish a personal, specific goal for attending the next session.
- **If the rescheduled appointment is for more than four days later, call the participant**

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***again* before the day of the appointment to remind him or her.**

Optional:

Encourage the participant to bring a supportive person (such as a friend or spouse) to the session for variety and encouragement.

- See the participant with another participant.
- Tell the participant you can use part of the next session to discuss the problem (e.g., lack of support at work) that has caused the missed session.
- Arrange for a pal or another supportive participant to call the participant to stress the need to attend or to provide transportation for the participant.

Level 2 Tools

- Provide money for elder care and/or babysitting (money for parking and transportation will be provided for all participants).
- Provide baby sitting at the session location.
- Go to participant's home or work place and conduct the session there.
- Meet the participant somewhere to walk (e.g., at a park) and discuss the session while walking.
- Do something different with the participant for variety (e.g., go to a restaurant and conduct the session over lunch).
- Provide DPP Dollars (see Reinforcers).

Level 3 Tools

- Conduct the intervention by phone/mail. Arrange for a regular time to call the participant. Have the participant report his or her weight to you and send in self-monitoring records.
- Provide tapes of treatment sessions and see the participant less frequently. This will be used only if Level 2 Tools and repeated efforts to schedule visits are unsuccessful.

Problem Solving Tools for Self-monitoring of Food Intake and Weight

Requirements

Self-monitoring of food intake and weight are means to achieving the weight loss goal, rather than goals in and of themselves. Therefore, self-monitoring of food intake and weight are not required, either during the core curriculum or the maintenance. However, Lifestyle Coaches should **strongly recommend** that participants self-monitor their food intake and weight because self-monitoring is the strategy most related to successful long-term weight loss. Recommended levels of self-monitoring are:

- Daily, during weeks 1 through 24.
- Daily for one week per month, at minimum, during subsequent years. More frequent self-monitoring is recommended if the participant is willing.

Note: Self-monitoring of physical activity **is** required. See Problem Solving Tools for Self-Monitoring of Physical Activity.

Action Points

Problem solving tools are recommended at these points:

- During Sessions 1-8, if a participant is not self-monitoring fat/calories, Level 1 Tools are recommended. If Level 1 Tools don't work for 4 weeks in a row, use Level 2.

From Session 8 on:

- If a participant is not self-monitoring and **is losing weight** according to the weight loss guidelines or maintaining a 7% weight loss, encourage self-monitoring. If participant is absolutely resistant, allow the participant to skip self-monitoring as long as a 7% weight loss is maintained, and explain that if weight increases, the participant will need to resume self-monitoring.
- If participant is not self-monitoring and **is not losing weight**, use Level 1 and 2 Tools. However, the key issue is the failure to reach the weight loss goal. Consult the Problem Solving Tools for Weight Loss/Maintenance.

Level 1 Tools

- Ask about any barriers to self-monitoring (examples: forgetfulness; finding the standard method of self-monitoring too complex; having difficulties with reading, writing or math skills; being unwilling to take the time to measure foods, record foods, or calculate fat grams/calories; lacking support at home; being unconvinced of the value of self-monitoring). Use problem solving steps to identify solutions to try. Stress the importance of self-monitoring.

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- Complete a 24-hour recall during the session and record it together in the Keeping Track book. Continue to encourage self-monitoring.
- Discuss ways to cue self-monitoring (e.g., keep records at the dining room table).
- Telephone the participant during the week to encourage self-monitoring and to answer questions.
- Involve a family member or significant other if the participant wishes.
- Negotiate less complete self-monitoring. Examples:
 - Use Quick Track (checklist of high-fat foods) for a few weeks and then try returning to more detailed self-monitoring later.
 - Self-monitor only foods eaten and look up fat grams/calories together at the next meeting.
 - Self-monitor only foods and amounts eaten and then look up fat grams/calories together at the next meeting.
 - Self-monitor fat grams/calories only for specified high-fat/calorie foods.
 - Self-monitor fat grams/calories only at certain problem meals or snacks.
 - Tape an individualized list of high-fat/calorie foods and their fat/calorie content inside the cover of the Keeping Track books. Self-monitor all foods eaten but record fat grams/calories for only these foods.
- Negotiate less frequent self-monitoring (with a minimum of 3 days per week) for one or two weeks and then try to return to more frequent self-monitoring. Examples:
 - Self-monitor only on problem days of the week, times of the day (e.g., evening) or meals (e.g., dinner). (Try to increase the number of days later.)
- Try an alternate form of self-monitoring (for example, the Rate Your Plate form (based on the Food Guide Pyramid), the Count 100 Cards, or Quick Track).
- Have the participants develop their own meal plans to follow during the coming week(s) and help them calculate the fat/calorie values ahead of time. The participant can self-monitor by placing a check mark beside the meal plans that were followed.

Level 2 Tools

- Ask the participant to call the clinic every evening and record his or her intake on the answering machine tape. Transcribe the records.
- Ask the participant to record his or her intake at home on audiotape. Transcribe the records.
- Provide individualized meal plans (perhaps with corresponding shopping lists) for as long as needed. The participant can self-monitor by simply putting a check mark beside the meal plans that were followed.
- Arrange time to call the participant on several days per week or even daily to review what was eaten.
- Provide DPP Dollars (see Reinforcers).

Problem Solving Tools for Weight Loss/Maintenance

Requirements

The weight loss goal is to achieve at least a 7% weight loss within the first 24 weeks of intervention and to maintain at least a 7% weight loss for the remainder of the study.

Action Points

The weight loss goal is to be achieved gradually over the first 24 weeks. Weight graphs are generated for each participant showing the participant's weight at randomization, the 7% weight loss goal at 24 weeks, and a diagonal line connecting the two. At Session 7, 12 and 16, the participant's weight is to be compared to the weight loss line on the graph.

If at **Session 7** (Tip the Calorie Balance), the participant's weight is not at or below the diagonal line on the graph:

Required:

- Assign a calorie goal and have the participant self-monitor calories (if not yet begun) and/or follow structured meal plans at the participant's calorie goal.

Optional:

- Use Level 1 Tools as appropriate.

If at **Session 12 or 16**, the participant's weight is not at or below the diagonal line on the graph:

Required:

- Assign a calorie goal (if not yet assigned) and have the participant self-monitor calories (if not yet begun) and/or follow structured meal plans at the participant's calorie goal. It may be necessary to assign a lower calorie goal if the participant did not lose weight at a higher goal previously assigned.

Optional:

- Use Level 1 Tools as appropriate.

If at any later time period, the participant who has been meeting the weight loss goal gains weight and is no longer meeting the goal:

- Use Level 1 Tools for one month, and if unsuccessful, then move to Level 2.

Level 1 Tools

If the participant is not losing weight and is not self-monitoring:

- Give the participant structured meal plans or other ways to simplify self-monitoring.

If the participant is self-monitoring but is not losing weight and the participant's fat/calorie intake, based on self-monitoring, *exceeds* goal, identify the problem(s), such as specific meals,

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eating out, or specific high-fat/calorie foods, and then select appropriate strategies:

- Focus on problem meals in which fat/calorie intake is high.
- Review key skills for lowering fat/calorie intake (e.g., label reading).
- Review restaurant meals (number of meals eaten out and food selections made).
- Bring in a family member who is involved in food purchasing and preparation.
- Provide recipes for low-fat/calorie foods.
- Provide samples of low-fat/calorie foods to taste (e.g., low-fat salad dressings).
- Provide menus of low-fat/calorie meals.
- Review the participant's reasons for joining the study; use motivational interviewing techniques.
- Go to the grocery store with the participant (this may be Level 1 or 2 depending on the staff time involved).

If the participant is self-monitoring but is not losing weight and the participant's self-monitored fat/calorie intake is *at or below* the goal:

- Review portion sizes eaten and weighing and measuring skills.
- Review foods that may be eaten but omitted from self-monitoring records (e.g., snacks, nibbles, alcohol, added fats).
- Involve a family member.
- Go to the participant's home, work place, supermarket, or to a restaurant with the participant. Identify problem and helpful cues and behaviors, make suggestions, model desired behaviors, etc. (This may be Level 1 or 2 depending on the staff time involved for travel and so on.)

Level 2 Tools

- Schedule a meeting with a registered dietitian (if the Lifestyle Coach is not one).
- Provide cookbook.
- Provide actual food (e.g., frozen entrees) for several meals during the coming week.
- Enroll the participant in a low-fat/calorie cooking class.
- Go to the participant's home, work place, supermarket, or to a restaurant with the participant. Identify problem and helpful cues and behaviors, make suggestions, model desired behaviors, etc. (This may be Level 1 or 2 depending on the staff time involved for travel and so on.)
- Buy the participant a belt. Mark on the belt the participant's waist size at various points during the study to emphasize weight loss progress in a visual way.
- Provide DPP Dollars (see Reinforcers).

Level 3 Tools

Detailed guidelines for the following tools will be provided at a later date. We don't expect that Lifestyle Coaches would be using these tools until later in the intervention.

- Provide liquid formula (i.e.: Slimfast).
- Provide actual food (e.g., frozen entrees) for several meals per week to model appropriate eating style.

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Problem Solving Tools for Physical Activity

Requirements

During the core curriculum, participants are expected to increase their physical activity to at least 700 kilocalories per week (equivalent to 2 ½ hours of brisk walking) within five weeks.

- First week after beginning to work toward the goal: Do something active on 3 to 4 days during the week.
- Second week: 60 minutes of physical activity per week.
- Third week: 90 minutes per week.
- Fourth week: 120 minutes per week.
- Fifth week: 150 minutes per week.

After that point, the physical activity requirement is a *minimum* of 700 kilocalories per week (equivalent to 2 ½ hours of brisk walking) for the remainder of the study.

Action Points

Problem solving tools are recommended at these points:

- During the first five weeks of physical activity, if a participant does not achieve the step-wise goals described in the core curriculum for that session.
- Thereafter, if **at the end of any four weeks**, a participant has not achieved the physical activity goal averaged over those four weeks (that is, 2800 kilocalories, or 10 hours (600 minutes) of brisk walking or its equivalent per four weeks).

Level 1 Tools

- Ask about any barriers to physical activity (examples: bored or lonely when doing physical activity alone, having difficulty finding the time for physical activity, having competing responsibilities for the care of a child or elder (parent, grandparent), lacking a safe place for physical activity, lacking motivation or bored with physical activity routine). Use problem solving steps to identify solutions to try. Stress the benefits of physical activity.
- Discuss ways to cue physical activity (e.g., post an activity graph; keep walking shoes handy).
- Telephone the participant once a week for one month to encourage physical activity.
- Involve a family member or significant other if the participant wishes.
- Recommend listening to music or books on tape during physical activity
- Identify other time commitments for the participant and discuss the priority of physical activity relative to these other commitments.
- Work on time management skills.
- Recommend that the participant find a family member or friend to help with child or

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elder care.

- Recommend physical activities that may be done at home.
- Recommend physical activities that involve the child or elder, if possible.
- Add a motivational strategy like providing a map of a walk to a certain destination.

Level 2 Tools*

- Arrange for a pal (trained peer educator) to exercise at least once with the participant or to drive the participant to a supervised physical activity session.
- Schedule a meeting between the participant and the exercise physiologist at your center to discuss different types of physical activity and reasons for nonadherence.
- Lend the participant an aerobic exercise tape (\$15 to \$25) for a one-month trial period.
- Provide transportation (bus or taxi fare or pay another participant to drive the participant) to a few of the supervised activity sessions or to a local mall.
- Enroll the participant in an exercise class in his or her neighborhood, the local YMCA or other inexpensive exercise program.
- Enroll the participant in a local exercise event (e.g., walk-a-thon, bike race) and encourage the participant to train for the event.
- Lend the participant a pedometer (\$25) for a one-month trial period.
- Provide DPP Dollars (see Reinforcers).

Level 3 Tools*

- Arrange for a pal (trained peer educator) to exercise with the participant once a week.
- Pay for child or elder care on a regular basis.
- Provide a membership to a health club.
- Enroll the participant in a cardiac rehabilitation program. Monitor physiological parameters frequently to show progress.
- Provide home exercise equipment (e.g., bike) for one to two months (or longer, if it is being used by the participant).

Motivational Interviewing

While teaching Lifestyle Balance, it is most helpful if solutions to healthy eating and activity barriers come from the participant, not the coach. Motivational Interviewing is a technique of talking with participants to help them realize that they have the power to find solutions to life experiences. To learn more about Motivational Interviewing, practice your skills, attend trainings and read. Some good Motivational Interviewing resources are:

Miller and Rollnick (1991 or 2002) Motivational Interviewing: Preparing People to Change Addictive Behavior. New York: Guilford Press.

Venner and Tafoya (2006). Native American Motivational Interviewing: Weaving Native American and Western Practices. A Manual for Counselors in Native American Communities. You can download a free copy of this manual by going to the website <http://casaa.unm.edu/mimanuals.html>

Brief Motivational Interviewing Concepts

1. Motivational interviewing is a directive, participant-centered approach to enhance motivation for change by having the individual clarify and resolve ambivalence.
2. Motivational interviewing evaluates the discrepancy between a person's stated goals and current behaviors.
3. Motivational Interviewing employs an interaction style that increases motivation by highlighting personally-relevant benefits and reducing the perceived costs of change.

General Principles Underlying Motivational Interviewing

1. Express empathy through reflective listening.
2. Develop discrepancy through awareness of consequences, examining behavior and goals and having participant present the arguments for change.
3. Avoid argumentation.
4. Roll with resistance.
5. Support self-efficacy.

Build Motivation for Change by:

1. Asking open-ended questions.
2. Listen reflectively, using the participant's words.
3. Affirm.
4. Summarize.
5. Elicit self-motivational statements.