

Preface

The Participant and Counselor manuals include concepts, strategies and materials that have been used in previous weight loss trials, including the Trial of Nonpharmacologic Interventions in the Elderly (TONE), the Diabetes Prevention Program (DPP) and especially Look AHEAD. Their contribution is acknowledged with thanks to the investigators and staff involved.

PRIDE Materials

Key aspects of the PRIDE design, rationale, and operations are described in two documents:

1. The PRIDE Protocol
2. The PRIDE Operations Manual (OM)

These are the official references for how the study should be conducted. Familiarize yourself with both the PRIDE protocol and the Operations Manual. The Principal Investigator or Program Coordinator at your site can provide copies of these materials and answer any questions you have about the protocol and its implementation. These reference materials are also available on the PRIDE website.

All participants in the Lifestyle Intervention will receive a Participant Manual (or “Notebook”). Chapters for the notebook (these are the lesson handouts) will be distributed at each weekly group meeting, and should be stored in the notebook. These chapter/handouts are user friendly, providing a summary of key concepts, as well as weekly assignments to help participants develop new eating and activity habits. Each chapter of the Participant Notebook has a corresponding chapter in the Counselor Manual that provides suggestions for discussing the materials in the treatment sessions. You will need to be as familiar with the Participant Notebook as you are with the Counselor Manual.

Section 1: Introduction and Overview

The PRIDE Study

The primary objective of PRIDE is to examine the effects of participation in a weight loss intervention on urinary incontinence in 330 overweight women. Two thirds of these women (n=220) will be randomly assigned to the Lifestyle and Behavior Change Program and one-third to the Structured Education Program.

Goals of the Lifestyle and Behavioral Intervention

The study-wide goals of the Lifestyle intervention are to:

- 1) induce and maintain a mean reduction in initial weight of at least 7%
- 2) Increase physical activity to a mean of at least of 200 minutes per week

Weight Loss Goal

The study goal of achieving a minimum mean loss of 7% of initial weight was selected because it is believed to be safe, effective, and achievable. **Individual participants will be instructed to aim for a loss of 10% or more of initial weight**, the goal for weight reduction also recommended by an expert panel from that National Heart Lung and Blood Institute. This 10% goal is appealing because it is easily grasped by participants. Simply take the first two numbers of the current weight, **reading from left to right**; that is a 10% loss. Thus, a 10% loss from a starting weight of 230 lb would be 23 lb, the first two numbers of 230.

Individual participants are encouraged to lose as much weight as they can, provided that they lose at a safe rate (i.e., an average of 1-2 lb a week) and do not reduce below a body mass index of 21 kg/m² (i.e., normal weight). Participants should not be discouraged from losing more than 10% of initial weight. The greater the number of participants who lose 10% or more of initial weight, the more likely we will be to meet the study wide-goal of achieving a mean loss of at least 7% of initial weight. In addition, studies indicate that larger weight losses are associated with greater improvements in obesity-related health complications, as well as with the maintenance of larger weight losses at follow-up.

We know from previous studies that many participants, despite their best efforts, and yours, will not reach the 10% weight loss goal and that a minority will not reach even the study-wide goal of at least a 7% reduction in initial weight. These individuals will need your extra support and encouragement. In all cases, they should be congratulated for their accomplishments, rather than being criticized for not reaching the weight goal.

Physical Activity Goal

The PRIDE physical activity goal is to reach and maintain a minimum of 200 minutes of activity per week (by the end of the first 6 months). The recommended activity will consist of brisk walking, although participants will be allowed to select other aerobic activities. Only bouts of activity 10 minutes or longer will count toward the 200 minute a week goal. Participants also will be encouraged to increase their lifestyle activity (throughout the day) by using stairs rather than elevators, parking further away from mall entrances, and reducing reliance on energy-saving devices. Increases in lifestyle activity will be tracked by the use of pedometers. Participants' eventual goal will be to walk 10,000 steps or more per day. This total represents the combination of both their planned activity (i.e., 200 minutes a week) and their increased lifestyle activity.

As with the weight loss goal, participants will be encouraged to exceed the activity goals described above. This is particularly true of individuals who enter the study already exercising 200 minutes a week. We hope such individuals will increase their activity well beyond 200 minutes a week.

Increased physical activity will be critical for helping participants maintain their weight loss; it is the single best predictor of weight loss maintenance. Increased activity also is associated with a reduced risk of cardiovascular disease, regardless of whether the individual is fat or thin.

Section 2: Overview of the Lifestyle and Behavioral Intervention

Duration and Format of Treatment

All participants in the Lifestyle Intervention will receive 18 months of intensive treatment, as described below:

Phase I: Weight Loss Induction

Months 1-6: Weekly visits.

Phase II: Weight Loss Maintenance

Months 7-18: Every-other-week visits.

Group Sessions

The Lifestyle Intervention will be implemented using a group treatment model. Participants will attend group sessions with 10-20 other participants. The same group of 10-20 participants will begin and end treatment together; no new members will be admitted to the group after the first week or two. This closed group format builds cohesiveness and allow for a structured curriculum in which one week's lesson builds on the preceding one. Group treatment provides important social support, an opportunity for participants to learn from each other, and a group norm against which participants may judge their progress. Group programs have been shown to be as effective, or more effective, than individual therapy for weight loss.

Dietary Intervention

To induce weight loss, participants who weigh less than 250 lb will be asked to consume 1200-1500 kcal/d while those weighing more than 250 lb will be prescribed 1500-1800 kcal/d. These calorie levels should induce a loss of approximately 1-lb a week. For participants who do not achieve this rate of loss, levels may be reduced to 1000-1200 kcal/d and 1200-1500 kcal/d, respectively. The composition of the diet will be

consistent with that recommended by the American Diabetes Association/American Dietetic Association.

Meal Replacement Plan. In order to help as many participants as possible lose 10% or more of initial weight, the Lifestyle and Behavior Change Intervention includes the use of a meal replacement plan. Meal replacements, in the form of “shakes” (“meal bars” will be discouraged since they taste more like candy and don’t help to shape new behaviors), help people lose weight by providing portion-controlled servings with a known energy content. Several studies found that persons who were prescribed meal replacements lost 1.5 to 3 times as much weight as individuals who were prescribed a diet of conventional foods with the same calorie goal. This is because overweight individuals consistently underestimate their calorie intake by 40% to 50% when they consume a diet of conventional table foods. (Average-weight individuals also underestimate their intake, typically by 20% or more.) Additional studies found that giving participants structured meal plans, which specified the foods they were to eat, significantly increased weight loss compared with having participants consume a self-selected diet.

Participants in PRIDE will be encouraged to follow a meal replacement plan for the first 4 months of the study. The plan combines two daily servings of a meal replacement (which are generally used to replace breakfast and lunch) with an evening meal of conventional foods (or a frozen food entrée combined with fruits and vegetables). After the first 4 months of the program, participants will be encouraged to use meal replacement products for one meal per day for the remainder of the 18-month program. Participants will be given “checkpons” that they can use to receive free Slim-fast throughout the weight loss intervention.

One of your principal goals as a Lifestyle Counselor will be to encourage participants to adhere as closely as possible to the meal replacement plan. This should help them lose 10% or more of their initial weight. The minority of individuals who choose not to use meal replacements will be encouraged to follow the PRIDE structured-meal plan that provides menus of conventional foods for breakfast, lunch, dinner, and snacks. These menus can be tailored to individual preferences. Persons who decline the use of these menus will consume a self-selected diet of conventional table foods, consistent with the calorie goals described previously. In either of these last two cases, participants should be encouraged to weigh and measure their food.

Please note that Slim Fast calorie and fat contents differ depending on the product used (e.g., low carb vs. regular). Therefore, individual food plans should be tailored accordingly.

Section 3: Guidelines for Implementing the Lifestyle Intervention

Multidisciplinary Team

Each group of 10 to 20 participants will be treated by a team of two Lifestyle Counselors, preferably with different professional backgrounds. Thus, a registered

dietitian might be paired with a behavioral psychologist or an exercise specialist. The pairing of providers with complementary professional backgrounds should ensure that the team is optimally prepared to deal with the variety of clinical issues that may arise. The commonality among the Lifestyle Counselors is that all will have experience treating obese individuals, and preferably have conducted a group intervention, similar to that used in PRIDE.

Treatment Standardization

PRIDE is being implemented at 2 clinical sites at (The Miriam Hospital, in Providence, Rhode Island and at the University of Alabama). Both sites will employ the identical criteria for selecting participants and the identical outcome measures for assessing participants' progress. The same uniformity is required in implementing the lifestyle intervention. This uniformity will ensure that all participants receive the same intensive program of diet and exercise modification that will help them lose 10% or more of initial weight. Several steps have been taken to standardize the delivery of the Lifestyle Intervention. These are briefly described below:

1. Counselors' Manual. This manual provides Lifestyle Counselors detailed outlines of the topics to be covered in the group treatment sessions. The manual describes the content of the materials to be discussed, as well as methods of covering the content. For example, participants could learn about the benefits of exercise by having the Counselor simply list these for group members. Alternatively, the Counselor could ask the group, "What do you think are the benefits of exercising?" The latter approach is usually more engaging for participants. Regardless of the approach used, the Counselor must cover the "content" about the benefits of exercise.

It is essential that you adhere to the Counselors' Manual as closely as possible. This will ensure, for example, that participants enrolled in PRIDE in Alabama receive the same instruction and homework assignments at the 5th week of the program that participants in Rhode Island receive at week 5.

2. Central Training. A 2-day training will be conducted prior to starting the PRIDE study that will provide Counselors a detailed review of the Participant and Counselor manuals. This will include examining principles and techniques of behavior change, methods to facilitate group interaction, the importance of completing homework assignments, and tips for working with challenging participants. Moreover, the training will underscore the importance of adhering to the intervention protocol.

Counselors who are unable to attend the Central Training must complete several steps prior to treating participants. They must:

a) study the Participant Notebook and the Counselor Manual, as well as familiarize themselves with the PRIDE protocol and the Operations Manual;

b) work closely with the site's lead Lifestyle Counselor until the latter believes that the new interventionist is ready to treat participants. This should include observing a senior Counselor conduct at least 3 consecutive group sessions (with the same group of participants).

3. Weekly Staffing Conference. At all sites, lifestyle teams should have a weekly staff conference that has at least two objectives. The first is to review the treatment protocol for the upcoming week to determine if it presents any special challenges. Counselors can share ideas concerning how to cover the topics. This review should include a discussion of the previous week's protocol and whether there were any problems with its implementation. The second objective of this meeting is to review participants' progress. This includes reviewing group members' success in meeting weight loss and activity goals, as well as their attendance at treatment sessions. This is also a time to discuss participants who need additional help in reaching the study goals or perhaps in coping with stressors at home or work.

4. Conference Calls Conference calls will be held approximately once a month (more frequently at the start of the trial) with the lifestyle counselors at both clinical sites and investigators, co-investigators, and/or consultants on the study who are experts in behavioral weight control. These conference calls will be used to discuss upcoming treatment sessions and to review problem participants.

Section 4: Overview of Session Materials

This first installment of the Counselors Manual contains detailed outlines for conducting weekly group sessions. A total of 24 session outlines are provided which are to be implemented over 26 weeks. It is anticipated that, because of holidays or inclement weather, treatment sessions would not be held for 2 weeks out of the first 26. Individual sites can schedule the 24 sessions (over 26 weeks) at their discretion.

Group sessions have been designed to require a total of 60 minutes. This includes 15 minutes before the session to weigh participants, with 45 minutes for the actual group meeting.

Session Outlines

All of the session outlines follow the same general format described below. The first three items require preparation before sessions begin.

1) Objectives:

This identifies what the participants will learn during the session.

2) To Do Before Session:

This section lists materials you will need to prepare prior to the session. Preparing for the sessions includes, for example, writing name tags for the participants, obtaining the necessary audiovisual equipment, and having a basket or box in which participants can deposit their Keeping Track booklets (in which they will have recorded their food intake and physical activity).

3) Weigh in:

Participants should be weighed prior to beginning all group sessions. Those who are late for group should be weighed after the session. Procedures for weighing participants are discussed at the end of this section.

4) Welcome and Homework Review:

Sessions typically begin by reviewing the completion of homework assignments from the previous week. This component of the session is essential for evaluating participants' progress in modifying their eating and activity and for identifying problem areas. The Counselor Manual offers suggestions for conducting this weekly review but feel free to develop your own format.

5) New Topics:

Each weekly session introduces a new lesson on some aspect of nutrition, physical activity, eating habits, or cognitive restructuring. These materials include suggestions for how to present the ideas. You may need occasionally to adjust the session content to better meet participants' needs and abilities.

6) Homework:

At each session, participants are assigned homework to help them acquire the skills described in the new materials. This might include trying to limit activities while eating (e.g., not watching television) or to increase lifestyle activity by using stairs more often. Each week, participants also will record their food intake and physical activity in their Keeping Track booklets. Regular self-monitoring is the backbone of the lifestyle intervention. It is the first priority if participants do not have time to complete all of their homework assignments.

7) Close:

This section contains information on how to end the session and any issues related to activities of the next scheduled session.

Format of the Session Outlines

Each weekly outline describes the structure of the session and the content of the materials that you should cover. In addition, suggestions are provided on how to deliver the materials, typically in an interactive fashion by asking participants questions.

The first five sessions of the Counselors' Manual also provide narrative descriptions of what you might say to participants in conducting the session. These narratives are offered as examples, particularly for Counselors who are new to conducting weight loss groups. You are not expected to use the specific words or examples provided in the narratives. Narrative material in the first five sessions is presented in italics.

Covering the Session Topics

The session outlines provide a blueprint for conducting the group sessions. Your challenge as a Lifestyle Counselor is to bring these blueprints to life by leading sessions that are productive, engaging, and enjoyable for participants. This will require you to be thoroughly familiar with the content of the materials so you can focus on delivering the concepts and on participants' reactions to them. Suggestions for leading effective groups are discussed in another chapter of this manual.

One-week window. Inspection of the first 24 session outlines reveals that they vary in length and in the number of topics covered. You may feel that some sessions have too much material and others too little. In cases in which you do not have time to cover all the topics in a session, you have two options. The first is to cover the omitted material in the following week's session or, potentially, to cover it the week before if you are aware of the time crunch in advance. **Thus, you will have a window of plus or minus (± 1) one week for covering the topics in the manual.**

The second option involves prioritizing the topics in each session, which you should do routinely in preparing for group meetings. Always identify the most important topics to address in the session and make sure they are covered. You can summarize in a few sentences information on topics of secondary importance, invite participants to review the corresponding materials in the Participant Notebooks, and have them bring questions to next week's session.

Measuring Participants' Body Weight

For participants, body weight is likely to be a key outcome measure of the intervention. It also is a key study goal. It is recommended that Lifestyle Counselors themselves weigh participants rather than having a research assistant or medical technician perform this task. The weigh-in gives you a look at the participant's progress during the week. Particularly if the participant has not lost weight, a 1-minute interaction at the scale can alert you to any difficulties that participants are having, whether with their eating and activity habits or with stressors at home or work. You may decide to

encourage participants to discuss their difficulties in the group session or to speak with you after the meeting. By weighing participants, you begin the session informed of each participant's status.

Procedures for weighing. Participants should be weighed on a digital scale with shoes removed. Every effort should be made to weigh participants under the same conditions from week to week (i.e., same time of day, wearing similar clothing, shoes removed, etc.). Ask participants to stand still in the middle of the scale platform with head erect and eyes looking straight ahead. Record the weight in pounds to the decimal point as indicated on the digital display. Ask the participant to step off the scale and check that the digital display returns to zero. Record the weight on the group weight loss chart.

Place for weighing. Patients should be weighed in private to allow you and the participant to discuss weight or related issues. If a private room is not available, a screen may be used to enclose the scale. You will need to speak in a whisper to maintain the participant's privacy.

Recording weights. Weights should be recorded on 3 documents- the Intervention form that is faxed to the Coordinating Center, the clinical site's local chart, and the chart which the patient retains.

Responding to Weight Change.

Some participants become nervous when being weighed. A few will remove all jewelry, their belt, and other non-essential clothing in hopes of showing a weight loss. It helps for Counselors to maintain a calm, low-key attitude during the weigh-in; it should serve as a model for participants.

Participants also may display a range of emotional reactions in response to their weight change. A large weight loss is often greeted by elation, while a weight gain (or no change in weight) is often met by disappointment or frustration. You probably have your own ways of responding to participants' weight change and their emotional reactions. The following suggestions also may be helpful:

Let participants respond first. After you have told a participant her weight change, allow her to respond first. If, for example, the participant exclaims, "That's great, 3 pounds! I can't believe it," you could respond, "I can see how pleased you are. Congratulations." If you know the participant has been working hard to keep food and activity records, you could add, "It looks like keeping food records has really paid off this week. Congratulations!" In short, you want to acknowledge the participant's pride and pleasure, while making a connection between behavior change and weight change.

It is important not to rejoice too loudly with successful participants. They will be sensitive to the absence of your compliments on future occasions when they have not lost weight. Similarly, less successful participants may become envious.

Empathize with disappointment. In response to weight gain, most participants express disappointment and sometimes incredulity. In such cases you could respond, "I can understand your disappointment (frustration, etc)." The next step, however, is to determine whether the weight gain makes sense to the participant. You can ask, "Does the weight gain make sense to you in terms of your eating and activity habits this past week?" Some participants will acknowledge that they ate too much at a series of social events and that the weight gain is not unexpected. You will want to problem solve with these individuals, making a plan for handling such social situations in the future. Also reiterate the importance of getting right back to recording food intake and physical activity.

The toughest cases are those in which participants report that they adhered perfectly to their diet and activity plan but still gained weight. Here it is important to empathize with their disappointment; imagine how you would feel if you had worked hard and gotten no reward. In addition, you can acknowledge that the scale is a poor measure of eating and activity habits. Shifts in water weight, particularly in women, can increase (or decrease) body weight significantly. The brief discussion at the scale should conclude with your efforts to restore the participants' self-efficacy and positive expectations (i.e., that they can continue with their self-monitoring and that the scale will eventually reflect their efforts).

Do not criticize participants. A cardinal rule for Lifestyle Counselors is not to criticize participants or impugn their integrity. For example, it would be easy to dismiss as inaccurate a participant's report that he had consumed only 1200 kcal/d, all 7 days of the week, but had gained 2 pounds. A Counselor might be tempted to say, "That's impossible Mrs. Smith. If you ate 1200 kcal/d, you would have lost weight this week." The Counselor cannot know for sure what Mrs. Smith ate. She/he also may not know that Mrs. Smith stopped taking a diuretic or another medication that affects body weight. Even if the Counselor is factually correct, she is correct at the cost of the participant's self-esteem. She has essentially accused the participant of lying, which can only harm the participant-provider relationship. Instead of being confrontational, the interventionist could say, "That must be perplexing to you, Mrs. Smith, to have eaten so little and to have gained weight. I can't explain it. Let's meet after group for a few minutes and review your records to make sure they are as accurate as possible. I know you want to lose weight, so let's see what we can do together." This response raises the possibility that Mrs. Smith's records are inaccurate but does so in an effort to help, not criticize the participant.

Reviewing Keep Track books

At each session, participants' Keep Track books should be collected and new ones distributed for use during the following week. An important component of the job of the counselor is to review the Keep Track books every week and to provide helpful, encouraging feedback to participants on their Keep Track books. These books, with their written feedback, are then returned to the participants at their next meeting. Comments

on the Keep Track book should always begin with a positive statement noting the level of detail, the effort spent, or specific healthy food choices. Then suggestions for improvement might follow, but the tone of these suggestions should be positive. "You might find it helpful to add a salad to your evening meals. The salad might make you feel full without adding many calories." The ending should also be positive (i.e., sandwich constructive feedback between 2 positive comments). Sometimes adding a cute sticker to the Keep Track book can be fun - just recognize that participants may come to expect such stickers and take lack of stickers as a sign of "poor performance."

Section 6: Conducting Group Sessions

This Counselors' Manual contains detailed outlines for conducting group sessions during the first 26 weeks of the program. Another chapter in this manual offers suggestions for Leading Effective Groups. Thus, the present section reviews only a few key issues in conducting group sessions.

Interactive Group Sessions

Group sessions in PRIDE should be highly interactive. As a general rule, the more participants talk during a session, the more they enjoy and value the meeting. Participants should leave meetings feeling that they have discovered new things about their eating and activity habits, have helped others with their problems, or have otherwise contributed to the group.

You can facilitate subjects' participation by keeping your lecturing to a minimum. Even when you introduce a new topic, you can do so by posing questions to participants, rather than by simply giving them facts and figures. Help participants show how much they already know about a topic rather than showing how much you know.

Reviewing Homework

All participants should have an opportunity to talk in sessions by reviewing their Keeping Track records with the group. Review of self-monitoring forms is a central focus of the group sessions because the records show what behaviors participants have actually acquired, compared with those they have been encouraged to acquire. Efforts to change behavior should be anchored by participants clearly articulating the behavior they are trying adopt and then making a plan of when, where, and how they will practice the new behavior. Particularly when participants have had a difficult week, they should leave group with a well-defined plan of behavior change.

In reviewing homework, you will usually want participants to focus on specific issues, particularly if you have limited time and want to hear from several participants. This is best accomplished by asking specific questions. For example, you might say, "Jane, tell us about your walking program last week. How many times did you walk and for how many total minutes?" This is preferable to more open-ended questions such as,

“Jane, so how was your exercise last week?” The latter question may elicit responses such as, “It was pretty good. I liked it.” Neither you nor other group members know what Jane did unless you ask further questions, which takes more time.

New Material

Each group session includes the introduction of one or more new topics. It would be easy to conduct the sessions as a series of mini-lectures in which you judged your success by how well you presented the material. We have already discussed the importance of presenting new material in an interactive fashion. Of equal importance is ensuring that participants are actually using (adopting) the new concepts presented. One of your principal tasks as a Lifestyle Counselor is to maintain a sense of continuity from one session to the next. This includes reminding participants of topics that were introduced in prior weeks and determining how they are progressing with behavior change in these areas.

Most participants will be knowledgeable of the basic concepts of diet and activity that will be presented in the Lifestyle Intervention. They will know what they should do. Your task is to help them discover how to do it. This is rarely achieved by simply presenting new material.

Practice, Practice, Practice

In order to lead participant-oriented groups, as described above, you will need to have a thorough grasp of the agenda for each session and of the concepts to be reviewed. This will allow you to focus on the participants and their needs. Such mastery is achieved by reviewing the protocol several times before the meeting, rehearsing aloud some of the sections, and talking with your co-leader, if two providers will lead the session. You should have internalized the session materials so well that you do not need to bring the Counselors' Manual to group. The last thing you want to do is read from the manual while conducting the session. Can you imagine your dentist reading from a textbook in order to perform your root canal!

Session Notes

It is extremely useful to keep notes on each participant from session to session to remind you of a various issues including who was absent the prior week, who did not complete their food records, or who was called on in the previous session to review their homework. You will want to make sure that everyone gets equal “air time” over a 2-3 week period. Session notes are very helpful to this end. Perhaps the easiest method of note taking is to have a single sheet of paper that lists each group member's name with a space below it to record a few notes. Such note taking can often be done during group or immediately after.

Missed Treatment Sessions

Participants who miss a group session should be contacted immediately after the session to determine what prevented them from attending. Preferably the Lifestyle Counselor should call the participant, although the research assistant, or even Program Coordinator, could in cases in which the Counselor was unable. This should be a friendly call that expresses concern for the individual, without inducing guilt or defensiveness, as the following statement might, "Hi. Mrs. Smith. This is Judy Jones from the PRIDE program. I was calling to see why you didn't come to group tonight." A safer approach would be, "Hi. Mrs. Smith. This is Judy Jones from the PRIDE Program. I noticed you weren't at group tonight. I was calling to make sure you were feeling ok."

Tell participants at the first or second group meeting that you will call them if they miss group unexpectedly. Indicate how you will identify yourself to whoever answers the phone. To protect confidentiality it is usually best to say, "Hi. This is Judy Jones calling. Could I speak with Mrs. Smith please?" This greeting does not disclose that Mrs. Smith is participating in the program, information that she may not wish to share with all family members.

Missed sessions can be handled in the following ways: the participant can be invited in for a brief individual session to address the materials (this can occur immediately preceding the next session or during the week between session) or the make-up visit could be conducted over the phone and the participant mailed the necessary materials (i.e., Keep Track booklet, etc). The option chosen may be determined by participant circumstances (e.g., if the participant is ill, then it might make more sense to connect by phone vs. inviting them in for an individual meeting). You should be aware of the possibility of reinforcing participants for missing visits by offering individual meetings.

Postponed Treatment Sessions

Whenever an intervention session is postponed (assuming there will always be a make-up session) the diary data for that week will be ignored for database purposes. You may choose to discuss the diary entries with the participant but do not enter the information on an intervention record.

PLEASE BE SURE TO LABEL THE INTERVENTION RECORD FOR THE NEXT SESSIONS IN NUMERICAL ORDER, THAT IS, IN THE ORIGINAL SEQUENCE, REGARDLESS OF CONTENT.

The Intervention records should always be sent to the Coordinating Center in numerical order even if the content sequence is changed. You can continue the sessions as planned, just skipping a week, or you can hold the make-up session at the end of all other sessions.

Participant Retention

Small numbers of participants are likely to drop out of treatment, whether because of scheduling conflicts, life stressors, disappointment with their outcome, or an antipathy

to group sessions. Your goal is to retain all participants in the study, even if they stop attending treatment sessions. Such individuals would be asked to participate in the yearly assessment visits, similar to persons in the Structured Education Program.

We would like to retain all participants in the lifestyle intervention. If, in exceptional circumstances, a participant is having difficulty attending sessions regularly (and is possibly a threat to retention), it is possible to consider decreasing the frequency of visits from weekly to bi-weekly or even monthly; or occasional individual sessions could be used. Thus, you have the flexibility to provide participants whatever form of treatment is needed if retaining them in the study is a major concern. Before offering participants special arrangements, you will want to review these cases with other members of the lifestyle team.

It is also important to remember that this is a long-term intervention – 18 months. **For participants who decline all offers of treatment, and withdraw from the program, be sure to leave the door wide open.** Indicate that you would be happy to work with them anytime they are ready to focus again on weight control. You may wish to follow-up with a card or note every 3 to 6 months to wish the participant well.

The PRIDE protocol provides additional suggestions for retaining participants in the program. These may include simple gestures such as sending participants birthday and holiday cards.

Section 7: Health and Safety of Participants in the Lifestyle Intervention

PRIDE staff will provide only emergency care. If medical issues arise, participants should be referred to their own physician. Nonetheless, lifestyle interventionists and other treatment staff must be attentive to possible health complications that could result from participants dieting or increasing their physical activity. In particular, participants who take hypertensive medications or hypoglycemic medications may experience dizziness, shakiness, or other side effects. These participants should be instructed to see their physician to check their medication dosage.

Exercise Intervention

Participants in the Lifestyle Intervention will be encouraged to achieve and maintain a minimum of 200 minutes a week of walking or related activity. Participants will be encouraged to walk at a brisk but comfortable pace, consistent with a Borg Rating of Perceived Exertion of 10-13. Ultimately, we are more concerned about the duration than the intensity of participants' activity.

During the lifestyle program, there may be situations in which physical activity needs to be limited, e.g. during illness or if a participant experiences an orthopedic problem. It is important that counselors and participants understand that activity goals are suspended or modified at such times. Changes in the exercise prescription should be noted. Some patients in the study may have diabetes. Patients with diabetes are at marked

risk of developing complications with their feet. These patients should be instructed to check their feet daily.

Participants may also be concerned that exercising may increase their urinary incontinence. This possibility should be acknowledged and participants should be encouraged to urinate prior to exercising and to wear a pad while exercising if necessary. In addition, it should be reinforced that exercise is a key component in losing weight, which may help to improve incontinence and thus make exercise a more enjoyable activity.

The lifestyle intervention materials include handouts on when to stop exercising. These handouts (see Lesson 4) should be reviewed with participants. Participants should be encouraged to stop exercising and contact their physician if any of the above-mentioned symptoms are experienced.

Section 8: Taking Pride in PRIDE

Without question, PRIDE poses ambitious goals for both its participants and providers. Members of the Lifestyle Intervention Subcommittee are grateful for the opportunity to participate in this study—to answer the important scientific questions that it poses and to improve, we hope, the lives of those in the intervention.

We wish you every success in working with participants in the Lifestyle Intervention. Do not worry if this brief introduction has raised more questions than it has answered. The investigators, co-investigators, and consultants will be there to support you, as you will the participants entrusted to your care.

Session 1: Welcome to the PRIDE Lifestyle and Behavior Change Program

Objectives

In this session participants will:

- Learn more about the goals and objectives of the PRIDE Lifestyle Program
- Discuss group participation guidelines
- Discuss the lifestyle goals (weight loss, calorie, and physical activity goals)
- Learn how to complete the “Keeping Track” book

To do before the session

Have materials ready:

- Name tags
- White board/Pens
- Scale
- Keeping Track books
- Pages for participant notebooks
- Overhead projector and overheads
- Interventionist contact information sheet
- Business card magnet with Center main number and therapist number
- Weight loss chart for participant notebook

I. WEIGH PARTICIPANTS

Weigh participants and comment as appropriate. Refer to the Counselor Manual for an overview of weighing issues.

II. WELCOME AND INTRODUCTION

A. Introductions/Overview

Welcome participants and thank them for participating in all of the assessment visits and for joining the PRIDE program. Take some time to provide the following information: your background, staff members on your team, the type of research/care your department provides and important telephone numbers.

Welcome to your first PRIDE group session. We are very happy to have all of you in the program and appreciate all of the efforts you have put forth to join the program. My name is _____. I am part of the team of professionals who will be guiding you on your way to making lifestyle changes to improve your health. My background is_____.

I would like to introduce some of the PRIDE staff. Our names and phone numbers are listed on the cover sheet of your binder. You will have the chance to get to know all of us because we will all be involved in the group and/or individual sessions. This is_____. [Introduce staff members and explain each person's role in the program]. Our department has been involved in providing_____. [Summarize the type of research/care your department provides].

B. Program Overview

Provide a brief review of the purpose of the study and talk about how the participant will benefit from participating in the study. Discuss the goal of long-term lifestyle changes.

Let's spend a little time talking about the program you have joined. It is very exciting because you are actually part of a research study that is taking place at 2 different clinics (University of Alabama and Brown Medical School). Overall, there will be 330 participants and each participant has a role in contributing to the purpose of this study. Your participation will help to find out whether losing weight and maintaining that weight loss will improve urinary incontinence.

Our goal is to provide a program that will help you make long-term changes in your eating behaviors and physical activity levels. In order to see how these lifestyle changes affect your health, we will schedule a clinic visit with you every 6 months. We will check your blood pressure and have you complete questionnaires about your health. These tests are not meant to replace your care with your own doctor, but they may be a useful addition to your current level of medical care.

C. Session 1 – Overview

Provide a brief summary of the content of today's session:

- Group Introductions
- The Session Schedule
- Group Guidelines
- Lifestyle Goals
- How to Keep Track
- Meal Replacements and Meal Plans

Let's talk about all of the things we will cover in today's session. First, it would be great to get to know one another so we will spend some time on introductions. We will talk about what it means to be part of a group. We will also discuss the schedule of our sessions. The other important topics for our session today include talking more about lifestyle goals, how to "Keep Track" of your eating and activity and using meal replacements and meal plans to help you reach your weight loss goals.

D. Additional Information

This may also be a good point to provide information on restroom locations and present any other housekeeping items.

Before we get started, I need to discuss a few more items [make any comments you feel are important].

III. Group Member Introductions

Use one of the following options for participant introductions. For both options discuss commonalities among participants, based on their reasons for joining the program or their similarities with work or family. Try to draw connections between people.

1. Option A

Ask group members to pair up. Once paired up they should introduce themselves and discuss why they decided to participate in the program and talk about some of the benefits they expect to gain. Instruct the participants that at the end of five minutes they will be asked to introduce their partner and tell the group one of the reasons why he/she joined the study.

Please pair up and introduce yourselves to each other. Tell your partner your name and something about yourself. You may also want to discuss why you decided to participate in the program and what you hope to gain from the program. After five minutes, we can get back together to share what we learned about each other.

2. Option B

Going around the room (or table), ask group members to introduce themselves and share information about why they decided to participate in the program and some of the benefits they expect to gain. You might want to list and discuss the participant's responses regarding why they joined the program and how they hope to benefit from the program.

Let's take some time to get to know one another. Would anyone like to start by introducing yourself and telling a little about where you are from, why you

joined the program and what you hope to gain from participating in the program? Feel free to tell us about your work or family.

IV. SESSION SCHEDULE/GROUP GUIDELINES

A. Participant Meeting Schedule (Participant Manual – Page 1)

Review the schedule of group sessions. Sessions will be held every week for the first 6 months and then every other week for the next year. Remind participants that attending every session is important to their success. If they miss a session, we would like them set up a time to review the missed session.

Also, let participants know that if they have a private matter they would like to discuss they can meet with you or someone after group.

Ask if anyone has any comments or questions about the schedule of meetings. Reiterate our long-term commitment to participants and our hope that they will make the same commitment.

During the first 6 months we will see each other on a weekly basis. The group sessions will last about 60 minutes from start to finish. That includes 15 minutes at the start of the meeting to have people weigh-in. Groups are a great source of support and motivation.

We will meet weekly during the first 6 months to help you adopt the new eating and activity habits that will improve your weight and health. Frequent meetings provide more opportunity for learning.

During the next 12 months, you will come to the clinic every other week. Attending these meetings is important for maintaining your behavior changes and your weight loss.

B. Group Guidelines

NOTE: This component of the session can be shortened. Have the guidelines written on a white board and quickly review them.

Let's take a few minutes to talk about why we are meeting as a group. As many of you know, your lifestyle change efforts are strengthened when you help one another. Groups provide support, friendship and a sense of understanding when trying to achieve a common goal.

I want all of you to feel comfortable participating in our group sessions. I will call on each of you to discuss your eating and activity habits, such as how many times you went walking during the past week. I will not, however, ask you to talk about personal matters. This is not group psychoanalysis.

Guidelines for the group (with suggested script):

Let's review some guidelines that will make this a great group:

- **Confidentiality: Do not repeat to other people outside of the group anything talked about in the group, if it is of a sensitive nature.**
This is extremely important. We will sometimes discuss sensitive issues and in order to feel comfortable sharing with each other, we will all need to keep what is said confidential. Personal information shared in this room should stay in this room. Do not use last names in referring to participants.
- **Arrive on time to the group meetings.**
Please make every effort to arrive for sessions on time. Our sessions will be action-packed, so we'll need all of our session time. If you are late, you can get weighed after the session.
- **Call if you can't come to a meeting.**
Each one of you is important to the group. We need your input and unique perspective every week. On the rare occasion that you can't attend, please call me. My telephone number is _____.
- **Complete your homework each week. It's important.**
The homework is designed to help you learn new skills that will improve your weight and health. We'll discuss each week, in group, your completion of assignments.
- **Bring your PRIDE Lifestyle Program notebook to every session.**
Your notebook contains all the materials and information you need to actively participate in the session.
- **Take part in sharing your ideas with the group members.**
Please share your ideas. What you have to say matters and may help someone else in our group.
- **Only one person speaks at a time.**
This is a common courtesy. If someone has something to share, we all need to be respectful and listen.
- **Everyone should have a chance to share. Make sure that you take your fair share of the "air time."**
Everyone has something to share and should be given the time to do that.
- **Listen to other group member's concerns and be willing to offer solutions you found worked for you.**

Again, this is a common courtesy. Listen while someone else is talking, and be willing to work to help by offering the solutions you have found.

- **Respect other group members' ideas.**
Respecting each other's ideas is a requirement of a healthy group environment. The group should respect everyone's unique perspective.
- **Stress the positive. Avoid criticizing others.**
Remember, we are here to help each other. We want to create a positive, supportive setting.

Ask group members if they support these guidelines to make the group sessions supportive for all participants.

V. LIFESTYLE GOALS

A. Introduction

Ask the group about their previous experiences with trying to change eating, activity, or other behaviors. Discuss that lifestyle behavior changes are gradual and manageable.

In PRIDE you are making a commitment to yourself to improve your health by changing your eating and exercise habits. The changes you will make will be gradual and manageable.

We hope that these changes will improve your urinary incontinence. In these session, we will focus on your eating and exercise behaviors. You can refer to the incontinence booklet you received to address this issue directly.

How many of you have tried to make too many changes at once and never reached your goal? [Elicit group response]

How many of you have tried to make changes too quickly and never reached your goals? [Elicit group response]

I know I have. That is why we will take it nice and slow. We will set a pace that is right for you so that you will find it easier to succeed.

B. Weight, Calorie, and Exercise Goals

(Participant Manual – Page 2)

1. Weight Goal

Have participants fill in goal weight information. Discuss the rationale for the 10% weight loss goal. It is safe, achievable, and maintainable. A loss of 10% of initial

weight is associated with improvements in blood sugar, blood pressure, and cholesterol.

Note also that some participants may want to lose more weight. Indicate that it may be possible to lose more weight – but you have to lose 10% on the way to a larger loss. So let's focus first on the 10% goal.

The first goal is to lose about 10% of your starting weight.

How do you feel about this weight loss goal?

I want to emphasize that it is important for you to keep in mind that the 10% weight loss goal is your LONG TERM GOAL. We will be setting smaller weekly goals with the idea that you will gradually achieve your 10% weight loss goal.

2. Calorie Goal

Explain how the calorie goals will allow for a gradual, safe weight loss. Show participants how to determine their calorie goal based on their current weight. Mention that the meal replacements and meal plans, which will be introduced at session 3, will help participants stay within calorie and fat gram goals.

To help you reach the weight loss goal, it will be important to stay under a calorie goal. To see what yours is, find your starting weight on the table in your notebook. Your calorie goal will be in the same row.

Make sure each patient has identified his/her goal.

We will be providing meal replacements and meal plans to help you meet your calorie and fat gram goals. We will begin the meal replacement plan at session 3, so you might want to start preparing for this over the next two weeks. We will talk about this again next week but do start making plans. This can include clearing your cupboards or refrigerator of all foods that tempt you. Any questions?

3. Activity Goal

Explain the importance of increasing physical activity to help reach and maintain weight loss goals. Remind the group that the goal is to gradually increase activity to 200 minutes per week. Assess the groups' previous experiences with physical activity.

Let's talk a bit about activity. Your second goal is to slowly build up, by week 22, to 200 minutes per week of moderate physical activity, like brisk walking.

How many of you have ever been physically active for 200 minutes a week

consistently? If yes, what was it that helped you get there?

If no, what is the main reason why?

Building up to 200 minutes is how we want you to do it. We recommend that you spread this over at least five days a week. You should start with 10 minutes of walking for five days a week. Then you will gradually add more minutes until by week 22 you will have progressed to 40 minutes of walking on five days a week.

I want to emphasize two of the many benefits you will receive from becoming more active: you will reduce risk for cardiovascular disease, and it will also help you reach and maintain your weight loss goal.

4. Calorie/Activity Goals – Adjustments and Graphs (Participant Manual – Page 3)

a. Adjustments

Explain that participants are expected to lose approximately 1-2 pounds a week during the initial months of the program. If someone lost significantly less or more weight than this, the person would meet with the group leader to adjust his or her diet and/or activity.

Keep in mind that the PRIDE calorie and activity goals are based on what we think will work for most people. However, the goals are subject to change. We know everyone is different and we encourage you to talk to us if you are having any problems with your personal goals. We will monitor how you are doing with your goals by weighing you. For example, if you do not lose an average of 1 to 2 pounds a week and keep it off, you may need a lower calorie goal and more physical activity. We will tailor the lifestyle goals to you, and we can change them as often as necessary to help you meet your weight loss goal.

b. Chart

Here is another way for us to track your effort. This is a weight chart. At least once a week, we will document your weight. Please bring your weight chart with you every week so that it can be updated.

VI. KEEPING TRACK

A. Introduction to Keeping Track

(Participant Manual – Page 4; also refer to page 5 & 6 for sample Keeping Track records)

Give each participant two Keeping Track books.

Begin by discussing the group members experience with keeping track during the run-in period. Explain the rationale for self-monitoring and stress that the process of keeping track (self-monitoring) is the foundation of changing eating and activity habits and the key to successful weight management.

Will someone share with the group what you thought of keeping track of your food and calorie intake during the “run-in” period? (Allow one or two participants to share experiences.)

Research has shown that keeping track is the key to losing weight and being more active. Today we will discuss keeping track in general. Today you will learn to record (in the Keeping Track books) what you eat and your physical activity.

B. What To Record

Review the guidelines for Keeping Track and review a sample Keeping Track page on an overhead.

The most important part of the PRIDE Lifestyle Program is what we call “keeping track.”

During the next week, you will record:

- 1. Everything you eat and drink.*
- 2. All of your physical activity*
- 3. Your weight.*
- 4. Eventually, you will record the calories in everything you eat and drink, but we won't ask you to do that until next week.*

The PRIDE Keeping Track book has enough space in it for you to keep 7 days of information. Here are some tips for using the book.

C. How To Record

1. To keep track of what you eat and drink:

Explain the importance of accurate food description and completeness. Stress that spelling is not important and abbreviations are acceptable. Using abbreviations may help those participants who have difficulty spelling to feel less self-conscious.

Use one line for each food and drink [show on overhead]. Write down the time you eat the food, the amount, and the name of the food or drink and a description. You can skip the other columns for now.

I want to emphasize, 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 make sure you and I both know what you mean.

What IS important is to:

- **Be accurate.**
Please measure your portions, read labels. We will be talking more about measuring portions and reading labels next week.
- **Be complete.**
Please include everything, even snacks, condiments, candy, and gum. Be careful to include everything and write everything down carefully so we will be able to identify areas where you might be willing to make changes that will result in weight loss. Not only will this help you be more aware of what you are eating but this will also help us tailor your diet intake changes to you.

2. To keep track of your activity:

Explain that the type and amount of activity is important and activity of less than 10 minutes should not be counted.

At the bottom of each full page in the book, write down the kind of activity you do and your minutes of activity.

Research has shown that physical activity in bouts of 10 minutes or more can help you with both your weight loss efforts and increasing your fitness. Therefore, we count bouts of 10 minutes or more. If you take a break during your activity say, to use the restroom, this time should not be included as time being active. Any questions?

3. To keep track of your weight:

Review the guidelines for weighing at home including time of day, use of the same scale, and recording weight on the Keeping Track record.

Make sure that all participants have a scale on which to weigh themselves. If not, strongly encourage them to purchase a scale.

To keep track of your weight, what have you usually done? Yes, you weigh yourself on a scale. That is what we want you to do to track your weight loss progress for PRIDE.

There are a few guidelines to follow to make sure you are getting your weight measured as accurately as possible. They are to:

Weigh yourself at the same time of the day.

We want you to get in the habit of weighing yourself each morning. That way it becomes part of your usual routine, like brushing your teeth. You will learn that your weight goes up and down a little from day to day. But look for patterns in your weight – overall is the scale moving down? If you find it hard to weigh yourself everyday, at least weigh yourself once a week.

Use the same scale to track your weight.

If you use a different scale, document that in your book. Hopefully that won't happen very often.

Record your weight on the top of each page of the Keeping Track book and on the back.

Show on overhead.

D. Practice Keeping Track

(Participant Manual – Page 7)

Use the blank Keeping Track handout for the participants to practice how to monitor their food intake using today or yesterday as an example. Walk around to see if the participants have any questions. Remember to point out examples of accuracy (e.g., brand name and type of food); completeness (e.g., % fat of milk); and the use of abbreviations.

Let's take a minute to practice keeping track. I want you to use the practice handout in your notebooks. Think about a few of the foods you ate earlier today or yesterday. What was the first thing you ate? When did you eat it? Write in the time, the amount you ate, and the food item. Just skip the other columns for now.

VII. HOMEWORK

(Participant Manual – Page 8)

Explain that homework will be assigned each week and will be aimed at changing some component of participants' eating and/or exercise behaviors. Each assignment will be discussed at the beginning of the next session.

Each week there will be an assignment that will help you work on changing an eating and/or exercise behavior. These assignments will help you develop the skills to change your behaviors so it is very important to work on these assignments between sessions. We will discuss the previous week's assignment at each session.

A. Keep Track

This week's assignments are:

- Record weight each day this week
- Write down all foods and beverages consumed, and circle the foods you think are high in calories

- Write down minutes and type of physical activity
- Complete the Activity Plan for Physical Activity

Your assignments for this week are to weigh yourself each morning and record it in your "Keeping Track" book. Please also write down everything you eat and drink every day. Any questions?

Remember, it's best to carry your "Keeping Track" book with you always. That way when you eat a snack or find time for engaging in some physical activity, you will be able to record it right away. Otherwise you might forget to record it or not remember exactly what you ate or how many minutes of activity you did. Research has clearly shown that the records you keep will be much more accurate if you write down what you did right away.

B. Be Active

Encourage participants to make a plan for what activities they will do next week, using the chart on page 8. This will help focus their efforts.

Your physical activity homework will be to walk or do a similar activity for at least 50 minutes during the next week. We recommend that you spread this over 5 days so you will do at least 10 minutes on the days you pick to do your activity. To make sure you aren't working too hard you should walk at a pace at which you can maintain a conversation with a friend. Remember to record all your activity in your "Keeping Track" book. On the bottom of this page (page 8) there is a chart here to help you make a plan for getting your physical activity in. Any questions?

Address any questions about the homework assignments.

VIII. CLOSE

Address any remaining questions. Thank the participants for attending. Encourage participants to contact you if they have any questions or concerns before the next session. Remind them to leave their name tags.

We covered a lot of information today. I want you to call me if you get home and you have any questions about the homework or anything else we discussed. We hope to make these group sessions very "user friendly" and we would like you to feel free to give us your ideas on any topics you would like to learn about.

Please leave your name tags on the table. See you next week.

Session 2: Getting Started Tipping the Calorie Balance

Objectives

In this session 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 the fat goal and the rationale for self-monitoring fat
- Review how to keep track of calories and fat

To do before the session

Have materials ready:

- **Calorie Counter**
- **Food labels**
- Name tags
- Keeping Track book.
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)

I. WEIGH PARTICIPANTS

A. If the participant has lost weight:

- Ask participant how he/she feels about his or her weight loss
- Congratulate participant (but not excessively).
- Praise efforts made towards changing eating and exercise behaviors.

B. If the participant has not lost weight:

- Ask participant how he/she feels about not losing weight
- Provide encouragement by stressing the number on the scale will change if he/she sticks with the calorie goal and the physical activity goal. Remind patient that the meal replacements provided next session will also help him/her lose weight.

- If time allows, talk briefly with the participant about the previous week (weighing at home, self-monitoring, special circumstances, etc.)
- Encourage participant to speak with you individually if there are concerns that cannot be addressed adequately during weigh-in.
- End with praise regarding any efforts made towards changing eating and activity behaviors.

II. WELCOME AND HOMEWORK REVIEW

Welcome participants, have them briefly re-introduce themselves, and then review homework. Keep the homework review upbeat and positive. Congratulate participants who completed the assignments and identify strategies they used to facilitate adherence. For participants who did not complete an assignment, develop a plan for doing so.

The assignments for review are as follows:

- A. Record Weight
- B. Keeping Track
- C. Physical Activity

Welcome! To start, let's go around and re-introduce ourselves and then we can talk about how you did last week with your homework assignments.

Take a couple of minutes to have participants re-introduce themselves. This should be very brief with participants only stating their name.

Let's go through the homework assignments one by one. I will call on some of you individually to describe your success in completing the assignment.

A. Record Weight

Participants were asked to weigh themselves and record their weight daily.

Were you able to weigh yourself each day at the same time of day?

Weighing yourself regularly will help you learn about your weight patterns. Everyone's weight goes up and down a little, but over time you should see that in general your weight is going down.

How many of you weighed yourself last week? Did you record your weight in your Keeping Track book?

B. Keeping Track

Participants were to record all of the foods they ate and drank last week. Call on a few participants to identify what they learned from keeping a food record. Were there any

surprises, such as the times of eating or the types of foods consumed? Determine who kept the Keeping Track book with them at all times. Were there times this was a problem? How did others cope with these problems? Ensure that all participants have identified a time and place to record their food intake throughout the day.

How many of you were able to write down everything you ate and drank last week?

C. Physical Activity

Participants were asked to engage in at least 50 minutes of physical activity during the week.

Call on a few people to describe what they did. Use their reports to underscore the importance of making a plan for “what” they’ll do, “where” and for “how long”. Note that efforts to change all behaviors are grounded in these principles.

How did people do in completing their 50 minutes of activity for the week?

Completing your homework assignments is very important for helping you meet your weight loss and health goals. You know the old joke, “How do you get to Carnegie Hall? Practice. Practice. Practice.” Well the same applies here. Every week we will use the first 10 minutes of our group session to review how you did in completing your eating and activity records, focusing on what went well and problem solving areas of difficulty you might have encountered.

Now let's move into the topic of the today's session.

III. TIPPING THE CALORIE BALANCE

(Participant Manual – Page 1)

A. Calorie Balance

Explain weight is the result of the balance of calories or “energy in” (food) and calories or “energy out” (activity). To achieve weight loss, it is best to change both sides of the balance: eat less and be more active.

A person's weight is determined by the balance of the calories (or energy) he/she eats and the calories he/she expends by being active.

If people eat the same number of calories as they expend, what do you think happens to their weight? Yes, it stays the same because the food (calories) consumed equals or “balances” the calories expended by activity.

If a person wants to lose weight, what is the best way to change or “tip the balance”? To lose weight, it is best to eat less and be more active. Changing both sides of the equation is the best way to achieve weight loss.

B. How Much Does It Take to Tip the Balance?

Explain that to lose one pound, a person has to eat 3,500 fewer calories. Discuss how a slow, steady weight loss of 1-2 pounds per week can be achieved by decreasing 500-1000 calories per day [table at bottom of page 1]

To lose one pound, how many fewer calories do you need to eat? [Responses].

Yes, approximately 3,500 equal one pound of body fat. You could eat 3,500 fewer calories and lose one pound by cutting 500 calories for 7 days; to lose one and half pounds you need to cut 750 calories for 7 days; to lose two pounds, you need to cut 1000 calories for 7 days.

C. Example of How to Lose One Pound Per Week

(Participant Manual – Page 2)

Use the table to illustrate how to tip the balance by 500 calories each day. Point out how this can be done by just subtracting food or adding activity, but that the best method is to adjust both the food and the activity.

The table on page 2 shows various ways to tip the balance by 500 calories a day. This can be accomplished by cutting out 500 calories of food and not adding any activity. Another way would be to not cut any calories and burn 500 calories by briskly walking 5 miles (or about 1 hour and 40 minutes).

You can see that the last two options tip the balance on both the food and the activity. This approach, which allows a moderate change in food and activity, is the best way to lose weight and make healthy lifestyle changes.

IV. RATIONALE AND BASIC PRINCIPLES OF SELF-MONITORING CALORIES AND FAT

A. Calories in Food

(Participant Manual – Page 3)

Discuss the difference in the number of calories in protein, carbohydrate, fat and alcohol. Stress the fact that fat contains twice the calories compared to other nutrients. Compare the calories and fat in ¼ cup of peanuts and 3 cups of plain air-popped popcorn.

Eating fewer calories from any type of food can cause weight loss. A calorie is a calorie. Does anyone know how many calories there are in fat, carbohydrate or protein?
[Elicit group response]

Why is fat an important nutrient to keep track of? [Elicit group response.] It contains more than twice the calories (9 calories per gram) as in the same amount of sugar, starch, or protein (which contain about 4 calories per gram)? Fat contains more calories than alcohol (which has 7 calories per gram). So eating less fat is a quick way to cut calories. You can see this by comparing the fat and calories of just ¼ cup of peanuts versus 3 cups of air-popped popcorn.

B. Fat Calories

1. Heart disease

Discuss heart disease as it related to fat intake.

Fat is also related to heart disease. Research has shown that eating a lot of saturated fat can increase the amount of “bad” cholesterol in your blood. Saturated fat is the fat that is found in animal products and some plant oils. Unsaturated fat is found in fish and most plants. Cholesterol is one type of fat in your blood. The higher it is, the greater your chance of having a heart attack.

2. Fat gram goal

(Participant Manual – Page 4)

Discuss how to determine fat gram goals by using the chart.

Many experts suggest that you eat no more than 30% of your total calories from fat. Based on these recommendations, we are going to figure out what your personal fat gram goal is right now. Look at the chart in your notebook. Find your weight in the left column. Go over one column to the right to find your calorie goal. The last column is your fat gram goal. Please circle your goal.

3. High-fat foods

Review the list of high-fat foods. Ask participants to compare this to the high-calorie foods circled in last week's Keeping Track book. Ask for a volunteer to start and ask each participant to name one food he/she circled.

Last week you circled foods high in calories. Are the foods you circled on our list of high-fat foods?

Make some general points about the food groups or types of food the participants mention that tend to be high in calories. Keep in mind that the purpose of this list is not to give the participants detailed information about where fat is found in foods. Rather, the purpose is to begin to show them that many different foods are high in fat and, therefore, high in calories.

C. FAT IN FOODS

(Participant Manual – page 5)

1. Hidden Fat

Indicate that 70% of the fat we eat is “hidden” in foods. Use the lunch menu to illustrate how much fat can be hidden in foods.

It can be surprising that most of the fat we eat, about seventy percent, comes from the hidden fat in foods. This lunch menu shows that 15 teaspoons, about one stick of butter, is hidden in a typical fast food meal.

2. Low Fat and Fat-Free Foods

Foods labeled low-fat or fat-free are not always low calorie. Many of these foods contain significant calories because sugar is added to replace the fat. Also, sugar-free doesn't mean free of calories. Reading labels for calories, fat, and portion size is very important when making food choices.

The grocery store is full of low-fat and fat-free foods. Some of these foods are good choices, some are not. Many of them are very high in calories because sugar is added to compensate for the lack of fat.

You can see the calorie difference between low-fat yogurt and whole-milk yogurt is not all that much, even though the low-fat yogurt has 5 fewer grams of fat.

It is also important to be aware that portion size matters. A low-calorie and low-fat snack like pretzels is a good choice, but the calories still count. When making your food choices, do your best to look at the label to determine if the calories, fat and portion size will allow you stay within your calorie and fat gram goals.

V. KEEPING TRACK OF CALORIES AND FAT

(Participant Manual – Page 6)

A. How to Keep Track of Calories and Fat

Distribute the Calorie Counters. Participants will have the opportunity to “practice” using the Calorie Counter later in this session. The key points to cover now are:

- Continue to write down all food and drinks
- Additionally, use the food label or the Calorie Counter to write down calories and fat grams for all food and drinks
- Pay attention to portion size
- If the exact food eaten is not in Calorie Counter, use a similar food

This week you will continue to write down everything you eat and drink.

Additionally, you will use the Calorie Counter to look up any foods or drinks that do not have calorie and fat information on the label. We will practice looking up some foods later in this session.

Please do not worry if you cannot find the exact food in the Counter. Do your best with mixed dishes like stew or casseroles and use a food most similar.

Remember portion size is important in figuring out calories and fat grams. If possible, weigh and measure foods.

B. Packaged Food Labels

(Participant Manual – Page 7)

Use the sample label to discuss the components of the “Nutrition Facts”. Note where serving size, calories per serving, and fat gram per serving information is located on the label.

The “Nutrition Facts” section of a food label will provide you with calorie and fat gram information. It is important to know that the calories and fat listed on the label are for one serving. In order to figure out your calories and fat, you need to know if you ate the same, more, or less than the serving size listed on the label.

C. Adding Calories and Fat Grams

(Participant Manual – Page 8)

Use the sample Keeping Track page as a “practice” for using the Calorie Counter and for totaling up calories and fat. If time allows, the participants can look up the calories for the foods listed.*

It is important that the participants know to total the calories and fat at the end of the day and transfer this information to the back cover of the Keeping Track book.

***Note:** Look up and total the calorie information prior to the session so that you can assist the group if they are having any problems.

This sample Keeping Track page will give us the opportunity to practice using the Calorie Counter. Let's do the first food together.

Fill in the rest of the calories for the other foods. Once this is completed, we can total the calories.

When Keeping Track of calories and fat grams this week, be sure to transfer the total for each day to the back cover of your Keeping Track book.

VI. HOMEWORK

(Participant Manual-Page 9)

A. Keep Track

This week's assignments are:

- Record weight every day this week
- Write down all foods and beverages consumed
- Record physical activity

Remind the participants to keep their Keeping Track book with them. Have them identify where they will keep it at home and work and when they will complete it. Indicate that it's best to record food intake immediately after eating.

It's difficult at the end of the day to remember everything you've eaten. So, record after each meal or snack.

For next week, please weigh yourself daily and record your weight in your Keeping Track book. Please also write down everything you eat and drink, including the calorie and fat gram information. Try to stay under your calorie and fat gram goals. These are shown on page 4. Remember to complete the back cover of the Keeping Track book.

Please fill in the blank on page 9 after the questions, "where will you keep your Keeping Track book" and "when will you complete it?"

B. Be Active

Ask the participants to walk for at least 50 minutes during the week. Encourage participants to make a plan for what activities they will do next week, using the chart on page 9. This will help focus their efforts.

This week please walk (or do a similar activity) for a total of at least 50 minutes. I would like to encourage you to spread this over 5 days. Use the chart on the bottom of page 9 to plan when you will do your activity and don't forget to record your activity in your Keeping Track book.

VII. CLOSE

Address any questions. Remind participants that next week we will begin the meal replacement plan. Tell the participants to hand in their Keeping Track books at the end of the session.

Good luck this week in counting your calories and fat grams. It will take some time initially but will be easier by the end of the week as you learn the calories in the foods you eat most frequently. Good luck also with your physical activity. I look forward to seeing you next week!

As you leave please put your Keeping Track books in this box. We will review them and give

them back to you at the next session. Thanks for coming today!

Session 3: Easy Ways to Eat Fewer Calories

Objectives

- In this session participants will:
- Review self-monitoring skills
- Discuss the importance of adhering to calorie goals as closely as possible
- Learn how to weigh and measure foods
- Estimate calorie and fat gram content of selected high-calorie/high-fat foods
- Discuss the use of meal replacement products and structured meal plans
- Schedule when they will consume their meals and snacks

To do before the session

Have materials ready:

- **Food models or actual foods for weighing and measuring demonstration**
- **Food models of teaspoons of fat (1 teaspoon = 4 grams of fat), or test tubes filled with measured amounts of shortening**
- **Measuring cups and spoons for demonstration purposes only**
- **Food scales for demonstration purposes only**
- **Calorie Counter**
- **Meal replacement coupons**
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)

Suggested list of foods to prepare :

Foods to weigh on the scale:

3 oz (weight after cooking) regular (25% fat) hamburger patty (keep frozen)
(426 calories, 19 grams of fat, equivalent to 5 teaspoons of fat)

Suggested list of foods to prepare (cont):

Foods to measure in metal or plastic measuring cup, teaspoon, or tablespoon:

3 teaspoons of soft margarine in a tub (keep refrigerated)

(69 calories, 12 grams of fat, equivalent to 3 teaspoons of fat)

4 tablespoons of oil in the bottom of a frying pan, plus same amount in a small jar or bowl

(160 calories, 48 grams of fat, equivalent to 12 teaspoons of fat)

Foods to measure in a glass measuring cup:

1 1/2 cups of whole milk in a large cereal bowl (keep refrigerated)

(225 calories, 12 grams of fat, equivalent to 3 teaspoons of fat)

I. WEIGH PARTICIPANTS

A. If a participant has lost weight:

- Ask participant how she feels about her weight loss
- Congratulate participant (but not excessively).
- Praise efforts made towards changing eating and exercise behaviors.

B. If the participant has not lost weight:

- Ask participant about how she feels about not losing weight
- Provide encouragement by stressing the number on the scale will change if she sticks with the program. Remind the participant that the meal replacements provided next session will also help her lose weight.
- If time allows, talk briefly with the participant about the previous week (weighing at home, self-monitoring, special circumstances, etc.)
- Encourage participant to speak with you individually if there are concerns that cannot be addressed adequately during weigh-in.
- End with praise regarding any efforts made towards changing eating and activity behaviors.

II. WELCOME AND HOMEWORK REVIEW

Welcome participants and review homework. The homework assignments for review are:

- A. Record weight
- B. Keep track of calories and fat grams
- C. Physical activity

Congratulations, you have completed the second week. It's great to see you here again. Let's go through the homework assignments one by one.

A. Record Weight

Participants were asked to weigh themselves and record their weight daily during the week.

How many of you weighed yourself daily last week? Did you record it in your Keeping Track book? Excellent!

B. Keep Track of Calories and Fat Grams

Participants were to record calories and fat grams for all food and beverages. Discuss participant's experience in recording calorie and fat grams and acknowledge it took effort. Discuss the benefits of recording this information.

Have several participants pick a day at random and determine whether they met their goals. Also ask also where participants kept their Keeping Track book and when they wrote down their foods and when they recorded their calories. Reiterate that it's best to record immediately after eating.

How many of you wrote down everything you ate and drank last week?

Today I would like you to pick a day from your Keeping Track booklet and tell us what your calorie and fat gram intake was for that day.

C. Physical Activity

Participants were asked to engage in at least 50 minutes of physical activity during the week. Call on a few people to describe what they did.

Use their reports to underscore the importance of making a plan for "what" they'll do, "where" and for "how long." Note that efforts to change all behaviors are grounded in these principles.

III. ADHERING TO CALORIE AND FAT GRAM GOALS

- A. Reiterate the importance of adhering as closely as possible to prescribed calorie and fat gram goals; the closer the adherence, the greater the weight losses and improvements in diabetes and other indices of health.
- B. Indicate that this week, we'll discuss three methods to improve adherence. These are:
 - 1) weighing and measuring foods to ensure accurate portion sizes; 2) using meal

- replacements, such as shakes and bars, in place of conventional foods; and 3) following a meal plan that prescribes specific foods and the amounts to eat.
- C. Together, these three approaches provide a convenient and sure method for participants to meet their calorie and fat gram goals. They eliminate much of the guess work involved in estimating calories in conventional table foods.
 - D. Determine if participants have any questions about the benefits or need to adhere closely to calorie and fat gram goals.

IV. WEIGHING AND MEASURING DEMONSTRATION

(Participant Manual-Page 1)

Discuss the importance of weighing and measuring foods, show correct techniques and have the participants weigh and measure foods themselves.

Today we are going to practice weighing and measuring together. First, let me go over some details about how to use measuring cups and scales. You probably own some measuring cups and spoons. Scales to measure food can be purchased at many stores or we can lend you one from our center.

A. Demonstrate How to Level with 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. 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 extra calories.

B. Demonstrate Measuring with a Glass Measuring Cup

Use a glass measuring cup, if you have one at home, for liquids like milk or soup. Pour the liquid in the cup, then read the line at eye level. If you read it from above, your eyes can fool you.

C. Demonstrate Measuring with a Scale

Weigh an actual food or food model to demonstrate.

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

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 about the size of your palm, minus the fingers.

D. Participant Practice

Note: This section may be modified due to time constraints and group size. All participants may not have the chance to measure all foods. Use your judgment. Show the participants common high-calorie and high-fat foods or food models. Review the instructions on the work sheet and have participants complete the appropriate form in the notebook. If possible, use some actual foods and have the participants use the weighing and measuring tools so you can check their technique.

Most people are surprised when they begin to weigh and measure foods. Our eyes can play tricks on us. Here are some common foods that someone might eat in a day. We are going to practice weighing and measuring these foods.

Have participants briefly discuss their experience weighing and measuring a couple of items. The discussion may have to be brief. Emphasize the importance of weighing and measuring high-calorie, high-fat foods.

Are you surprised by the actual amounts? Even small mistakes in estimating amounts can make a big difference in the calories and fat grams. Eventually you will get better at judging food amounts simply by looking at the food. For now, you may find it helpful to weigh and measure foods.

V. INTRODUCE MEAL REPLACEMENTS

(Participant Manual – Page 2)

A. Rationale For Meal Replacements

Define meal replacements. Discuss the rationale for using meal replacements:

- Meal replacements contain a fixed number of calories and fat, which makes it easier for participants to stay within calorie and fat goals
- Staying within calorie and fat goals will help participants lose weight
- Meal replacements provide a nutritionally balanced meal
- Research supports better weight loss results with meal replacements compared to a low calorie diet of conventional foods

Let's talk about why PRIDE is using meal replacements.

Help People Lose Weight

As we have learned in this session, it is difficult to determine the exact amount of food that we eat and the number of calories we eat. The PRIDE program will be providing coupons for meal replacement products as a way to help you lose weight by making it easier to stay within calorie and fat gram goals.

Nutritional Balance/Safety

Meal replacements are shakes and bars designed to take the place of an entire meal. These products will help you decrease your calorie intake and later in this program we will help you to transition to selecting food that will help you maintain your weight loss.

We discourage the use of meal replacement bars because for many people, they taste too much like candy and therefore might set off cravings for other foods.

PRIDE is prescribing meal replacements in a safe and effective way. You will not be on a Very Low Calorie Diet (VLCD). These diets provide only 400-800 calories a day. As we will discuss later, you will continue to have one meal a day of conventional food plus meal replacements.

Research Supported

Research supports the effectiveness of meal replacements. A research study compared people on a 1200 calorie diet of regular foods to people on meal replacements for 2 meals and 2 snacks, along with regular food for dinner. Those who used meal replacements lost five times as much weight at the end of three months. And they were able to maintain better weight loss.

B. Additional Benefits of Meal Replacements

- No food prep
- Reduces food shopping time
- Easy to carry and store
- Cost less than the meal they replace
- Less exposure to tempting foods
- Easier self-monitoring

No Food Preparation Required

How many of you could use extra time to get more physical activity into your day? The meal replacements might help you do this by cutting your food prep time!

Easy to Shop For

You can shop for groceries less often. Meal replacements products can be stored for a long time. You can shop every other week and have time to do other things.

Easy to Carry and Store

The cans are easy to take along and only require refrigeration or a cold pack to keep chilled.

Usually Cost Less Than the Meal They Replace

An even greater bonus is that PRIDE will provide meal replacements at no cost.

Less Exposure to Food That Might Tempt You

You should stick the meal replacements as closely as possible. Eating other foods usually increases, not decreases, your appetite for those foods. Have you cleaned out your cupboards and refrigerators of foods that might tempt you?

Easier Keeping Track

There is no need to look up calories for many different types of food. Just write "SlimFast" and record the calories and fat.

VI. PRIDE MEAL PLAN

(Participant Manual – Page 3)

A. Rationale For the PRIDE Meal Plan

The PRIDE Meal Plan is a set of structured menus consisting of conventional foods which are portion-controlled and nutritionally balanced. The rationale for using a meal plan include:

- The meal plan offers structured menus that help participants stay within calorie and fat gram goals.
- The meal plan offers a "choice" of menus that are all designed to be approximately the same number of calories (approximately 500-600)
- Research supports better weight loss results with structured meal plans compared to self-selected low calorie diets.

In addition to providing the meal replacements, PRIDE is providing you with a meal plan. This meal plan is designed to offer you a choice of calorie and portion-controlled menus.

Similar to the reasons for using meal replacements, the PRIDE meal plan will help you stay within your calorie and fat gram goals. Research also supports better weight losses with meal plans compared to a low calorie self-selected diet.

B. How to Use The PRIDE Meal Plan (Refer to the PRIDE Meal Plan Main Meal Handout)

Important Note: Additional meal plans for breakfast, lunch and dinner are available for participants who are not willing or able to tolerate the meal replacements.

The key points regarding the meal plan include:

- The meal plan is to be used for one meal per day. The other meals and snacks should consist of the meal replacements.
- Participants can choose any of the 3 menus provided or use their own combination of foods as long as the calories are between 500-600 calories.
- The menus work similar to the “exchange” system. Foods are grouped by category and all foods within the category are considered to be one serving.
- The “Free” food list contains foods with negligible calories that can be consumed without counting the calories.

VII. USING MEAL REPLACEMENTS AND THE MEAL PLAN TOGETHER

(Participant manual – page 3 and 4)

A. First Four Months

Discuss the suggested meal replacement/meal plan options as outlined in the first box.

Stress that the diet is low enough in calories to allow most participants to lose weight safely. Adjustments will be made if a participant is not losing enough or is losing too quickly or too much.

Stress the importance of sticking to the meal replacements as closely as possible during this 4 month period. Making “substitutions” (i.e., having cereal and milk instead of Slimfast) early on typically leads to more frequent and more liberal substitutions later.

For the next four months, we suggest the following plan:

- *For breakfast, have a liquid shake for about 200 calories*
- *For lunch, have another shake for about 200 calories*
- *For an afternoon snack, have an item from the meal plan which has about 200 calories*
- *For dinner, use the PRIDE meal plan for a 500-600 calorie meal*
- *Depending on individual calorie goals, an evening snack of fruit may be used.*

We have included sample meal plans for different calorie levels. Most of you will begin to lose weight on your assigned calorie levels. Over time, some of you may need to add more food. Others may need to subtract.

Note to counselor: *The exact calorie content of the Slim Fast product may differ depending on what products checkpons make available as well as what products participants choose (e.g., low carb Slim Fast has 180 calories and 9 grams of fat vs. regular which has 200 calories and 3 grams of fat- therefore, participants may need to modify their food plan accordingly).*

B. After Four Months

Discuss the suggested plan for after four months as outlined in the session.

After this four month period, you may:

- *Resume a diet of regular foods. We suggest using the PRIDE meal plans as a model for healthy eating.*
- *Use meal replacements for one meal per day and regular foods for other meals*

VIII. MAKING MEAL REPLACEMENTS WORK FOR YOU

(Participant Manual – Page 4)

The use of meal replacements will increase the likelihood of participants reaching their weight loss goal.

Propose the questions as listed to generate a group discussion of how the meal replacements might best fit into an individual's meal pattern.

- ***Would you prefer that other people not know you are using a meal replacement?*** Recognize some participants may not be comfortable with co-workers knowing about the meal replacements and may prefer to use the shake at dinner.
- ***Do you have difficulty controlling eating at dinner and in the evening?*** Some participants may report good eating control in the day, but difficulty with dinner and after dinner. For them, the use of the meal replacement at dinner may work best.
- ***Would using a meal replacement at dinner interfere with your family's meal?*** Dinner may be one meal that the participant wants to eat with the family. If so, meal replacements at breakfast and lunch make the most sense.

- *Are your weekday and weekend meal schedules different?* The participant may appreciate the flexibility of using the meal replacement differently on the weekdays and weekends.

* **The following barriers may be raised by participants:**

- **Taste Barrier**
Provide suggestion to try other flavors and let participants know we will provide instructions on how to improve the flavor.
- **Resistance to Structure**
Acknowledge that some people do not like structure. Remind participants that this is only structured for 4 months. The use of one meal each day will add some variety.
- **Family**
Social support issues will be addressed later in this session.

***Address these barriers only if a participant raises the issue.**

IX. SOCIAL SUPPORT

Note: Please address this issue. There is not a corresponding participant manual page.

Discuss the necessity of letting family and friends know about the meal replacement plan and encourage participants to gain their support.

Before we move on to the next topic, let's take a few minutes to talk about social support when following this type of diet. For those of you who have tried this type of plan before, what kind of support did you need from your family and friends? What was not so helpful?
[Elicit group response]

It is extremely important to tell your family and friends that you are on this diet. Some of your family members or friends might not understand all of the benefits of using meal replacements or think they are unsafe. Be ready to answer any questions they may have. Also, you can contact your Group Leader if you need help answering their questions.

It is also important to ask them for their support in sticking to the diet. We all know how important a role food plays in our lives. A friend might bake a cake and bring it over for your family and wonder why you aren't eating any and be hurt by that. If you explain what you are doing from the beginning, maybe that friend will agree to walk with you instead of baking you a cake.

X. GUIDELINES FOR USING THE MEAL REPLACEMENTS AND MEAL PLANS

(Participant Manual – Page 5)

NOTE: Supplemental handouts provide sample menus for using Slimfast. Provide participants with appropriate menus. Refer to Section XV for nutritional recommendations.

Summarize the discussion of meal replacements and meal plans by reviewing the list of guidelines:

- *Follow the plan as closely as possible. Additional foods stimulate the appetite for more food.*
- *Do not use the meal replacements for more than 2 meals a day.*
- *Follow the PRIDE meal plan carefully. It is designed to provide a balanced meal.*
- *Take a multivitamin to ensure adequate vitamins and minerals.*
- *If you do not use the meal replacement as planned, use the meal plan or aim for a 500-600 calorie meal.*
- *When using the meal plan, be sure to read labels for calories and fat information; watch added fat; and weigh and measure your foods.*

XI. PARTICIPANT PLAN

(Participant Manual – Page 6)

Have participants identify when and where they'll consume their meals. This is a blank worksheet for the participant to preferably complete during the session. Allow some time for completion and a brief review.

We have talked a lot about the use of meal replacement and the meal plan. Now would be a great time to write a plan for how you are going to get started.

Use the next few minutes to complete this worksheet. This will allow you to really think about how this can work for you. [Allow approx.5 minutes]

Let's go around and discuss our plans for making the meal replacements and meal plans work.

XII. HOMEWORK

(Participant Manual – Page 7)

A. Keep Track

This week's assignments are:

- Keep track of weight, calories, fat grams, and activity
- Follow the plan for using meal replacements and the meal plan
- Talk with family/friends and ask for support

The homework assignments for this week are to continue to record your weight, calories, fat grams and activity. Recording calories and fat grams should be a lot easier given you will use the meal replacements and the meal plans. Also, be sure to talk with your family and friends about the meal replacements and meal plans. It will be important for them to help you over the next four months. If they have question, you feel you can not answer, please have them call me.

B. Be Active

Continue to walk at least 50 minutes on five different days per week. Encourage participants to complete the activity plan.

You may find you have more time for physical activity since shopping and food preparation will be decreased over the next 4 months. Use your time to get in at least 50 minutes of physical activity on five different days. Make your plan for the coming week.

C. Bring Shoes

Session 4 will cover guidelines for choosing shoes suitable for activity. Ask participants to wear or bring in shoes for the next session.

For next week's session, please bring or wear the shoes which you use for exercise. We will talk about proper fit and how to evaluate a good shoe.

XIV. CLOSE

Address any remaining questions and thank participants for attendance.

Thank you for coming. I know this is a new challenge but I am sure you will all do very well. Please call me if you have any questions. I look forward to seeing you all next week.

XV. IMPORTANT PROVIDER INFORMATION CONCERNING PARTICIPANTS' DIETARY INTAKE

A. Meal Replacements

All participants should be strongly encouraged to use meal replacements for the first four months of the program. Information on the rationale, benefits and implementation of meal replacements follows. Below are some nutritional recommendations to convey to participants using meal replacements.

1. It is prudent to suggest to participants on the 1200 and 1500 calorie levels that they take a multivitamin with minerals (containing 100% of the RDAs) as some versions of these meal plans are below the RDA for Vitamins D, E, K, calcium, magnesium, zinc, and selenium. If the meal plans do not contain at least 2 calcium rich servings per day, then extra calcium supplements may be necessary. In addition, if the suggested servings of fruits and vegetables are not consumed, then the diets would also be low in folic acid, fiber and vitamin C which could also be supplemented with the use of a multivitamin.
2. If calorie level consumed are below calorie targets based on weight criteria, then it is possible that protein intake could be inadequate i.e., less than 80% of the RDA. For instance, if a participant with a 260 lb. starting weight consumes only 1200 or 1500 calories instead of the prescribed 1800 calorie level, it is likely that protein intake will be less than 80% of the recommended dietary intake. This would only be a concern if the participant is actually losing weight at a rate consistent with compliance to the lower calorie levels and not if the participant reports lower calorie intake without expected weight loss results.
3. For sample menus which include Slimfast, it is important to encourage participants to select fruits, vegetables and other high fiber snacks as part of their meal plan to ensure an adequate fiber intake. If participants use Ultraslimfast, then fiber intake is not an issue because it is included in this meal replacement.

Note to counselor: The exact calorie content of the Slim Fast product may differ depending on what products checkpons make available as well as what products participants choose (e.g., low carb Slim Fast has 180 calories and 9 grams of fat vs. regular which has 200 calories and 3 grams of fat- therefore, participants may need to modify their food plan accordingly).

B. PRIDE Meal Plan Option

The use of meal replacements will be strongly encouraged, however, some participants may decline using any meal replacements. In this situation, the provider will need to take time outside the group session to review the use of PRIDE meal plans for breakfast, lunch, dinner (main meal) and snacks. These meal plans are available as supplements to session 3.

The supplement section for session 3 also provides handouts on label reading.

C. Self-Select Option

Some participants may also decline the structure of the meal plans and prefer to consume a diet of self-selected conventional foods.

For participants exercising this self-select option, the provider will need to meet outside the group session to stress the importance of careful monitoring of quality and quantity of self-selected conventional foods. Weighing and measuring should be emphasized and the handouts for label reading should also be reviewed.

Supplement to Session 3: Be careful to read the label.



The claims on food labels can be confusing.
Always check the number of calories and fat grams per serving.
Always check the serving size.

Calorie Claims

Claim	What it means	Is it low in calories?
Low Calorie	The food has 40 calories or less per serving. Foods naturally low in calories (like canned mushrooms) cannot be labeled low calorie.	Yes, if you eat the serving size given on the label
Reduced Calorie	The food has at least 33% fewer calories than the normal form of the same food.	Can't be sure
Diet or Dietetic	The food may be low calorie, reduced calorie, or useful for people on special diets, like low in sodium).	Can't be sure
Sugarless or Sugar Free	The food has no table sugar. It <i>may</i> contain corn syrup, sorbitol, fructose, honey, or other sweeteners. If these are present, they must be listed on the label.	Can't be sure
No Sugar Added	No table sugar has been added to sweeten the food. The food may have sugar in it naturally. It may have calories from fat or other carbohydrate sources.	Can't be sure
Light or Lite	This has no standard meaning. For example, the food may be low in sugar but high in calories if it is high in fat.	Can't be sure
Natural	This usually means the food has no artificial color or flavors, no chemical preservatives, and no other man-made ingredients.	Can't be sure

Supplement to Session 3: Fat Claims



Claim	What it means	Is it low in calories?
Fat Free	The food has no fat. The food could have calories from sugars or other sources.	Can't be sure
Low Fat	There is 25% less fat in the food than the normal form of the same food. This does not always mean the food is low in fat.	Can't be sure
__ % Fat Free	This refers to the percentage of fat by weight of a product. This is not the percentage of calories from fat.	Can't be sure
Cholesterol Free or No Cholesterol	The food has no cholesterol. It may still be high in fat and calories.	Can't be sure
Low Cholesterol	The food has less than 20 milligrams of cholesterol per serving. It may be high in fat.	Can't be sure
Reduced Cholesterol	The cholesterol in the food has been cut by 75%.	Can't be sure

*** Warning:**

Fat-free or sugar-free does *not* mean calorie-free.

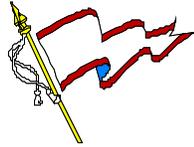
In fact, some low-fat, fat-free, or sugar-free products are still high in calories. Check the label. Look at the foods below:



	Calories	Fat grams
Sugar-free ice cream (½ cup)	90	3
Nonfat frozen yogurt (½ cup)	100	0
Regular ice cream (10-12% fat) (½ cup)	143	7

Also, keep in mind that **it is the amount of total carbohydrate (not just sugar) that affects the blood sugar.**

Supplement to Session 3: Using Slim Fast



1200-Calorie Plan

Meal	Foods	Average Calories
Breakfast	1 Slim Fast shake	220
Lunch	1 Slim Fast shake	220
Dinner	Meal plan (attached)	500-600
Snack	1 Slim Fast shake or bar	220
	Total Calories:	1160-1260

1500-Calorie Plan

Meal	Foods	Average Calories
Breakfast	1 Slim Fast shake	220
	1 piece fresh fruit or ½ cup canned in juice	60
Lunch	1 Slim Fast shake	220
	1 piece fresh fruit or ½ cup canned in juice	60
Dinner	Meal plan (attached)	500-600
Snacks	1 Slim Fast bar	220
	*Choice of fruits & vegetables	220
	Total Calories:	1500-1600

1800-Calorie Plan

Meal	Foods	Average Calories
Breakfast	1 Slim Fast shake	220
	1 piece fresh fruit or ½ cup canned in juice	60
Lunch	1 Slim Fast shake	220
	1 piece fresh fruit or ½ cup canned in juice	60
Dinner	Meal plan (attached)	500-600
	1 roll (2½" x 2½" x 2½", plain)	108
	2 teaspoons low-calorie margarine	34
Snacks	1 Slim Fast bar	220
	1 piece fresh fruit or ½ cup canned in juice	60
	*Choice of fruits and vegetables	220
	Total Calories:	1702-1802

*Can be added to meals or used as a snack



Here is an **example 1200-calorie plan using Slim Fast.**

	Where	When	Plan	Other Options
Breakfast	Home	7:00 am	1 Slim Fast shake	Cold cereal Milk Fruit juice
Lunch	Work	12:00 noon	1 Slim Fast shake	Turkey breast sandwich with mustard, lettuce, tomato Apple
Snack			None	
Dinner	Home	6:30 pm	Low-calorie frozen entree (≤ 300 calories, ≤ 10 grams fat) Vegetable (1 serving) Diet margarine (2 tsp.) Salad Salad dressing (1 serving) Fruit	
Snack	Home	9:00 pm	1 Slim Fast snack bar	Nonfat yogurt with aspartame

PRIDE Meal Plan: Main Meal

Each menu below contains **500-600 calories**. Make your food choices from the lists that follow. Foods marked with an asterisk (*) are good sources of fiber.

Menu 1

- Salad (see Free Food list)
 - Salad dressing, low-calorie or fat-free (1 serving)
 - Fish or poultry, cooked without fat, skin removed (1 serving)
 - Pasta, potato, or rice (1 serving)

- Vegetable (1 serving)
- Margarine, low-calorie (1 serving)
- Fruit (1 serving)



Menu 2

- Salad (see Free Food list)
 - Salad dressing, low-calorie or fat-free (1 serving)
 - Low-calorie frozen entree (≤300 calories, ≤10 grams fat)
 - Vegetable (1 serving)
 - Margarine, low-calorie (1 serving)
 - Fruit (1 serving)

Menu 3 (Vegetarian)

- Salad (see Free Food list)
 - Salad dressing, low-calorie or fat-free (1 serving)
 - Beans, cottage cheese, tofu, or hummus (1 serving)
 - Rice (2 servings) or 1 serving of pasta or potato
 - Vegetable (1 serving)
 - Margarine, low-calorie (1 serving)
 - Fruit (1 serving)

Other

Food	Amount	Calories	Fat (g)	Food	Amount	Calories	Fat (g)
Fish or poultry, cooked without fat				*Cauliflower, cooked	1 cup ckd	34	0
Fish, fresh or frozen, no fat or breading	3 oz	90	1	*Corn whole kernel, cooker	½ cup ckd	66	0
Turkey, ground, lean (breast only)	3 oz	160	8	*Green beans, cooked	1 cup ckd	38	0
Turkey, light meat, skin removed	3 oz	140	3	*Peas, green, cooked	½ cup ckd	62	0
Chicken, white meat, skin removed	3 oz	141	3	*Peas, snow, cooked	1 cup ckd	50	0
Vegetarian meat alternatives				*Peppers, bell, cooked, chopped	1 cup ckd	38	0
Cottage cheese, 1% milk fat	½ cup	82		*Spinach, cooker	1 cup ckd	54	0
*Hummus (chick pea dip), plain	2 Tbsp	79	4	*Squash, summer, cooked	1 cup ckd	44	0
Tofu, regular, no fat added	½ cup	94	6	*Squash, acorn, butternut, or hubbard	½ cup ckd	50	0
*Beans and peas, dried, no fat added	½ cup ckd	129	1	Marinara sauce, jarred (any with ≤ 100 calories and ≤ 2 grams of fat per cup)	1 cup	100	2
*Chickpeas (garbanzos)	½ cup ckd	134	2	Fruit			
Pasta, potato, or rice				*Apple, 2 ¾" diam.	1 each	81	0
Pasta, white or *whole wheat, plain	1 cup ckd	197	1	*Orange, fresh, 2 5/8" diam	1 each	62	0
Rice, white, *wild, or *brown	½ cup ckd	105	1	*Peach, fresh, 2 ½" diam. Or	1 each	100	2
Potato, mashed, made with skim milk and no fat added	1 cup	156	0	canned (water)			
*Potato, baked in skin	Medium	220	0	*Pear, fresh, 2 ½" diam, or	1 each	98	1
Potato, boiled without skin	Medium	116	0	canned (water)			
*Sweet potato or yam, baked in skin	½ cup	131	0	*Pineapple, fresh or canned in	½ cup	38	0
Vegetables				Juice			
*Broccoli, cooker	1 cup ckd	52	0	*Banana, 8" long	½ fruit	48	0
Brussels sprouts cooked	1 cup ckd	66	0	Margarine or salad dressing, low-calorie, reduced-fat or fat-free			
*Cabbage, red or green, cooked	1 cup ckd	32	0	Salad dressing, fat-free	1 Tbsp	16	0
*Carrots, cooked	1 cup ckd	70	0	Salad dressing, low-calorie	1 Tbsp	43	1-3
				Margarine, low-calorie	2 tsp	34	4
				Frozen entrees or dinners, low-calorie			

Choose any with ≤ 300 calories and ≤ grams of fat

PRIDE Free Foods

The following foods are virtually free of calories and fat

Salad greens and raw vegetables

- Cabbage
- Carrot
- Celery
- Endive
- Lettuce
- Mushrooms
- Onion
- Peppers
- Radishes
- Romaine lettuce
- Spinach
- Sprouts
- Summer squash
- Tomato
- Zucchini

Drinks

- Bouillon or broth without fat
- Bouillon without fat (low sodium)
- Carbonated drinks (sugar free)
- Coffee, tea (Use only low-fat or nonfat creamers, skim milk, or 1% milk in coffee or tea. Adjust milk or yogurt servings.)
- Drink mixes (sugar free)
- Tonic water (sugar free)

Condiments

- Artificial butter flavorings (e.g., Butter Buds)
- Catsup (1 Tablespoon)
- Horseradish
- Hot sauce
- Mustard (check label)
- Picante sauce
- Pickles (dill, unsweetened)
- Taco sauce
- Vinegar

Sweet substitutes

- Candy, hard, sugar free
- Gelatin, sugar free
- Gum, sugar free
- Sugar substitutes (e.g., saccharine, aspartame)

Miscellaneous

- Herbs
- Lemon juice
- Nonstick pan spray
- Soy sauce
- Spices
- Worcestershire sauce

Session 4: Move Those Muscles

Objectives

In this session, participants will:

- Discuss barriers to physical activity
- Discuss the health benefits of being active
- Learn the F.I.T.T. principles (frequency, intensity, time, and type of activity) as related to heart (aerobic) fitness
- Discuss PRIDE activity goal
- Learn how to use the Borg scale
- Review the importance of wearing appropriate shoes while walking
- Learn when to stop exercising

To do before the session

Get materials ready:

- **Wear a good pair of walking shoes (and provide extras for participants to evaluate)**
- Coupons for meal replacement
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)

I. WEIGH PARTICPANTS

A. If a participant has lost weight:

- Congratulate participants as discussed previously. .

B. If a participant has not lost weight:

- Respond to participant as discussed in sessions 2 and 3.

II. WELCOME AND HOMEWORK REVIEW

Welcome participants and review homework. The assignments for review are as follows:

- A. Record Weight
- B. Meal Replacements/Meal Plans
- C. Keep Track
- D. Family/Friend Support

E. Physical Activity

Welcome to our fourth session together. I hope you all had a good week. Let's start by going through some of last week's homework assignments.

A. Record Weight

Participants were to have weighed and recorded weight daily during the week. Provide positive feedback and address any questions or concerns.

How many of you weighed yourself daily last week? Did you record your weight in your Keeping Track book?

B. Use of Meal Replacements/Meal Plan

This discussion should focus on how the participants were able to adhere to the meal replacements and meal plan. The discussion should help establish a norm for the group that they should adhere closely to the meal replacements and meal plan. Encourage positive aspects of meal replacements and meal plan. Enlist participants to share ideas about how to make using meal replacements and the meal plan easier.

Last session we talked a lot about how to use the meal replacements and meal plan. Now that you have actually used them, how did it go? How did it make things easier for you? Did you have any specific problems in adhering to the meal replacement or the PRIDE meal plan? How did you cope with and overcome these challenges?

C. Keep Track

Participants were to record calories and fat grams for all foods and beverages. Provide positive feedback and address any questions or concerns. Text has been provided for how to discuss this assignment, however, it is not prescriptive. This assignment can be addressed in any way you choose.

How many of you wrote down everything you ate and drank last week? Let's each pick a day from your Keeping Track book and share with the group how you achieved your calorie and fat gram goal.

In reviewing this information, identify whether participants adhered to their planned schedule of eating. If they did not, determine what happened and problem solve barriers to enhance adherence.

D. Support From Family/Friends

Be prepared to discuss issues of family/friend support and eating as a "social event." Encourage the group members to help each other problem solve.

Did everyone have the opportunity to talk with your family and friends about how they can support you in your efforts to stick with the program? How did they respond?

E. Physical Activity

Participants were to have made a plan for, completed, and recorded 50 minutes of physical activity. Praise efforts and address questions or concerns.

How many of you made a plan for physical activity last week? How were you able to stick to the plan for 50 minutes of activity? What helped you to be successful?

III. PHYSICAL ACTIVITY

(Participant Manual-page 1)

This session will serve as review of the physical activity goals and address barriers and benefits of physical activity. The F.I.T.T. principle, and Borg scale will also be introduced. Begin by having the participants complete the two questions on page 1.

Today we will review the PRIDE physical activity goals and address barriers and benefits of physical activity. We'll also introduce the F.I.T.T. principle, and help you figure out if your physical activity is at the right intensity level. Let's get started by taking a few minutes to answer the two questions at the top of page 1.

A. Barriers to Physical Activity

Question 1 is asked to encourage participants to identify their previous barriers to being active. Ask for responses and write them down on an overhead. Once you have listed five to eight barriers, have a group discussion on ways to get around or remove the barriers. Note: Page 4 of this session addresses the "time" barrier.

Let's talk about some of the things you feel have gotten in the way of your being active in the past. (Responses) Can anyone think of ways that would help reduce these "barriers" or things that get in our way of being physically active?

Encourage participants to urinate before exercising and use a pad while exercising if necessary.

B. Definition of Physical Activity

Question 2, which addresses the difference of being "busy" and "active", is designed to ensure the participant understands the type and intensity of activity they should be doing. Obtain group answers and formulate a "group" definition.

Let's talk about what you feel the difference is between being active and being busy. [Responses/Discussion]. We all agree that when we talk about physical activity we are talking about being active...(define here)

C. Benefits of Physical Activity

Review the list of benefits and stress how important physical activity is to weight loss, weight maintenance and improving overall health.

A lot of research has been done to study the health benefits of exercise. How many of you were aware that being active had all of the benefits we have listed on your handout?

Being active will help you lose weight and keep it off. Research studies have shown that those who stick with a program of physical activity are more successful in keeping weight off.

During the second group session, we talked about tipping the calorie balance. Does anyone remember what we need to do to tip the balance? [Elicit group response.]

Right, you should “eat less and be more active.” Let’s talk more about being active.

IV. EXPLAIN THE F.I.T.T. PRINCIPLES

(Participant Manual-Page 2)

Introduce and discuss the F.I.T.T. principle. Note: Modify the amount of detail you present if you are running short on time.

By “being active” we have to be careful to define exactly what we mean because not all ways of being active will strengthen your heart. Only those that are F.I.T.T. will do so. This is what F.I.T.T. stands for:

A. Frequency

*F stands for **frequency**, or how often you are active.*

- *Try to be active on most days of the week (at least five days per week). To avoid soreness and injury, it’s best to increase the frequency slowly.*
- *It’s important to know that you can adjust your physical activity to your own personal schedule. Many of us can’t go out and exercise five days a week; however, there are other ways for getting the 50 minutes of activity in. For example, you could go out and walk for ten minutes, stop and rest for ten minutes, and then walk again for another ten minutes. That would give you 20 minutes of activity to record. Do this on two days a week, schedule another ten minutes of walking during your lunch hour, and you’ve met your activity goal. The take-home message is that you can be as creative as you want to be in planning how to be more active, just as long as you get a total of 50 minutes per week.*

- *Think about it this way: how often do you brush your teeth? You don't brush them once a week for 28 minutes, do you? No, you brush them, say, two minutes in the morning and two minutes in the evening, seven days a week. To make being physically active part of your regular health habits, you need to be active at least every other day.*

Any questions?

B. Intensity

*I stands for **intensity**, or how hard you are working while being active. How can you tell how hard you are working when you are being active? [Elicit group response]*

- *This is usually measured by how fast your heart beats. We want your heart to beat faster than it usually does, so that it will become stronger, but we don't want it to beat so fast that you could injure yourself.*
- *One way to get a rough idea of how hard you should be working is to breathe fast enough 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.*
- *As you do regular physical activity over time, your heart doesn't beat as fast as it used to. For example, you'll notice that your heart doesn't beat as fast when you walk up stairs, and you don't get as out of breath. This means that you are becoming more fit, that your heart is doing the same amount of work with less effort.*

Any questions?

C. Time

*T stands for **time**, or how long you are active.*

- *To improve your aerobic fitness, a person should stay active continuously for at least ten minutes. That's why we ask you not to record in your Keeping Track any activity that lasts less than 10 minutes.*
- *We recommend that you slowly increase the time you are active. You started with 10 minutes of activity at least five days in a row, and we will gradually increase that to 35 minutes a day. That might sound like a lot of time right now, but you will be surprised to find that, because we increase the time gradually, you will be well prepared to do 35 minutes by the 26th week of the program.*

D. Type

*The final T stands for **type** of activity.*

- *To improve your fitness, you should engage in aerobic activities. These are activities that challenge your heart and use large muscle groups such as arms and legs. Brisk walking, jogging, and bicycling are all examples of aerobic activities. For PRIDE, we recommend walking as your activity. There are many reasons for this recommendation. Everyone knows how to walk, you don't need to join a gym to do it, you don't need special equipment other than a good pair of shoes, and not many people get injuries while walking. But other types of activity can also be effective.*

V. PRIDE ACTIVITY GOAL (Participant Manual- Page 3)

This will serve as a review of PRIDE activity goals. Explain the rationale for spreading activity over several days and discuss tailoring activity with Individual Counselor as needed.

A. Activity Goals

Review long-term goal of 200 minutes per week. Remind participants that this is a gradual and safe goal that, over time, can be achieved. Review the current goal of 10 minutes spread over 5 days (or more) per week.

As we have discussed, you should be slowly building up to 200 minutes per week of moderate physical activity by week 22 of your study involvement, by walking briskly. This activity will be in addition to any activity you do in your job. We have suggested brisk walking but you can pick any activity you want as long as it is aerobic. Can anyone give me an example of another activity you are doing? The idea is to choose activities that you enjoy and ones that are also convenient for you so that you can commit to being active for your lifetime.

B. Progression Schedule

Briefly review the activity progression schedule.

The progression chart shows you how you will build up to 200 minutes per week. As you can see, we increase the minutes every few weeks.

Always check with the PRIDE Program staff before significantly changing your activity program.

VI. TIME BARRIER TO BEING ACTIVE (Participant Manual-Page 4)

If you have already addressed the time barrier, you can simply summarize this section on “finding time.” (Question 1, page 1 related to barriers.) If not, discuss finding ways to eliminate

the “time barrier.” Ask participants to identify ways they schedule other activities. Review and complete example schedule on an overhead.

A. “Finding” Time for Physical Activity

Ask the group to talk about how to “find” time for activity and use examples below; however, allow participants to give examples first.

One of the most common problems is lack of time. Everyone is busy these days, but you can find the time to be active. What are some ways to fit activity in? [Elicit group response, write responses on a white board or overhead.]

- ***Set aside one block of time every day for planned activity.***
Make being active a predictable part of your daily routine, like taking a shower may be a predictable part of your morning.
- ***Look for short periods of free time (at least 10 minutes) during the day.***
Use the time to be active. For example, walk during your coffee break, for part of your lunch hour, and/or between meetings at work.
- ***Park further away from the store or where you work.***
Make it a habit to park far enough away so that it takes you at least ten minutes to walk to the store or to your place of work.

B. Scheduling Physical Activity

If participants have not already been using the activity chart and have not reached the goal of 50 minutes during the week, 10 minutes on 5 days a week, encourage them to complete this chart. If they have been using it, congratulate them and move on. Ask the participants for ways they schedule other activities into their day (for example, making time to read with their children or scheduling meetings in advance).

As you have been doing for the past few weeks, the best strategy is to take the time to write a plan for every day of the week. Plan what activity you will do. Plan when and for how long you will do it. Also, remember to record your activity when you do it in your Keeping Track book.

VII. BORG SCALE

(Participant Manual-Page 5)

Discuss using the “how hard are you working scale” when being physically active.

There are several ways to tell if you are working hard enough during your physical activity. Some people do this by measuring their heart rate. Most people have a good sense of how hard they are working when they are being active. They do this by listening to their bodies,

rather than actually measuring their heart rate. The scale we have given you (BORG Scale) may help you learn whether you are working hard enough during your physical activity. If you stay in the “fairly light” and “somewhat hard” area while you are being physically active, you are exercising at the right intensity.

You should be working to the point that you are breathing fast enough 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.

Over time, you will more than likely progress to where you will be able to move into the “somewhat hard” to “hard” range.

NOTE: This 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 the corresponding heart rate 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.

VIII. DISCUSS THE IMPORTANCE OF GOOD SHOES

(Participant Manual-Page 6)

Discuss the importance of good shoe wear by reviewing participant handout.

We all know how important our feet are, but how many of you know how important good shoes are? [Elicit group response]

You can use this handout to evaluate the shoes you have in your closet to help you select the best pair of shoes for you to do your activity in. You can also take this handout with you when you go shopping to help you in making your shoe selection.

These are the details you should know:

- *You need good socks.*
- *Try shoes on in the afternoon when they are the size they will be when you are active.*
- *The shoes should feel comfortable right away.*
- *Talk to the salespeople about the correct fit and make sure to tell him/her what activity you will be doing.*
- *You can bring this handout with you when you are purchasing your shoes so you don't forget any of these important items.*

X. WHEN TO STOP EXERCISING

(Participant Manual-Page 8)

Discuss stopping exercising due to chest pain or severe nausea, shortness of breath, sweating, or feeling lightheaded. Encourage participants to call their doctor as soon as possible if they experience any of these symptoms. Refer them to their Medical Care handouts for more facts on when to stop exercising.

It is important to be active for our health, but it is also important to know when to stop exercising. Being active is usually quite safe, but in rare cases problems can arise. You should be aware of some of the signs and symptoms of when to stop exercising.

If you have chest pain you should stop and sit or lie down. If it doesn't go away after 2-4 minutes, go to an emergency room. If it does go away, but returns each time you are active, see your doctor.

Other symptoms to be aware of are shortness of breath, sweating, feeling lightheaded, or feeling sick to your stomach. These may or may not be signs of a heart attack but since you won't know you should be safe and call your doctor. Any questions?

The best approach is prevention. In future sessions, we will talk about some ways to warm up before you are active and to cool down after you are active. This will help prevent injuries. For now, start slowly and gradually slow down when you are finished.

XI. HOMEWORK

(Participant Manual-Page 9)

A. Keeping Track

This week's assignment are:

- Keep track of weight, calories, fat grams, and activity
- Continue to use meal replacements and the PRIDE meal plan

Let's talk about your homework assignments for the next week. As always, weigh yourself daily and record that weight in your Keeping Track, write down the calorie and fat gram information for your meal replacements and foods from the meal plan. Remember to complete the back page of the Keeping Track book. Stay under those calorie and fat gram goals!

B. Be Active

Ask the participants to continue walking for at least 50 minutes during the week. Encourage participants to make a plan for what activities they will do next week, using the chart on page 9. This will help focus their efforts.

This week please walk (or do a similar activity) for at least 50 minutes during the week. Don't forget to record your activity in your Keeping Track book. Also use the chart on this page (page 9) to schedule your activities. Think about asking a friend or family

member to join you and plan the activities you like to do. Try to be active at a level between “fairly light” and “somewhat hard”.

XII. CLOSE

- Thank the participants for attending the session
- Collect Keeping Track books

Session 5: Keys to Long-Term Weight Loss

Objectives

In this session the participant will:

- Review the information that has been presented on energy balance, self-monitoring, becoming more physically active, and decreasing dietary intake
- Discuss the popular high protein, low carbohydrate diets.

Get materials ready:

- Coupons for meal replacements
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)

I. Weigh Participants

II. Welcome and Homework Review

This session provides an opportunity to review all of the information that has been presented in Session 1 – 4. A good way to review the information is to integrate it with the homework review. The following guidelines use this integrated approach.

- A. Welcome participants to the 5th session
- B. Discuss that many different ideas have been presented in the first 4 lessons. Today we want to review these lessons and address any questions or concerns.

III. Principles to Review

- Changing diet **and** exercise is best for weight loss.
 - Ask participants why this is true.
 - Note that in studies of long-term weight loss maintenance, successful weight losers overwhelmingly report changing both diet and exercise.
- Keeping Track.
 - Ask participants if they recorded their diet and exercise last week.
 - Ask what they are learning from this recording.

- Why do they think recording helps with long-term weight control?
- Weigh themselves daily.
 - Ask participants about their frequency of weighing.
 - Why do we recommend weighing daily?
 - Does it sometimes upset them to get on the scale?
 - What might they say to themselves if they don't want to get on the scale or if scale is higher than they expected?

 - Discuss that the scale can give inaccurate picture short term. For example, if you weigh yourself then drink can of Diet Coke and reweigh, you may be 1 pound higher. It is important that participants learn to accept the little fluctuations in weight and focus on longer-term changes in behavior and body weight. If participants know they have changed their diet and exercise, scale will reflect it over time.
- Increasing physical activity
 - Ask each participant about their activity last week
 - Did they achieve the 75 minute goal?
 - When did they exercise?
 - Were there any barriers to exercise?
 - How did they overcome those barriers?
 - Were they able to stay at a level of intensity where they could talk (but not sing?)

For the next week, goal is to be active for 75 minutes (15 minutes on each of 5 days). The eventual goal is 200 minutes/week of activity.

Good rule of thumb – walking 1 mile = 100 calories. Thus, although activity helps with energy balance, it is far easier to overeat 100 calories than to burn 100 calories in exercise.

- Changing diet for weight loss
 - Review that deficit of 3500 calories equals 1 pound so need to make a deficit of 500 – 1000 calories/day for 7 days in order to lose 1-2 pounds/week. The deficit can come from eating less and/or exercising more.

Review that the foods highest in calories are usually the ones highest in fat. Fat has more calories than protein or carbohydrate so decreasing fat should help lower calories.

- Discuss various ways to decrease the calories/fat in these foods:
 - Eat smaller amounts
 - Prepare them differently
 - Pick a different food
- Meal replacement products improve weight loss
 - Ask participants at what meals they have used meal replacement products?

- What barriers did they have?
- How did they deal with them?
- What aspects of meal replacements have they found most helpful?
- Did they discuss meal replacements with friends/family?

IV. High-Protein, Low-Carbohydrate Diets

Some fad diets including Atkins and similar high-protein, low-carbohydrate diets such as the Zone or Sugar Busters continue to appear on best sellers' lists. The appeal of these diets is that they work in the short-term and allow people to lose weight while eating high-fat foods.

- Acknowledge that these are very popular
- Ask participants if they know others who have used them
- What happened short term?
- What happened long term?
- There have now been several randomized controlled trials on those types of diets
 - They appear to improve short-term (6-months) weight loss, but have no long-term benefit
 - Explanation for short-term weight loss
 - Patients eat less on these diets – they eat about 1500 calories/day (exactly what we recommend for weight loss)
 - Why do these diets help people lower calories to 1500 calories?
 - Boring
 - Few choices
 - Unlikely to cook bacon or steak at 10:00 when you feel hungry
 - Why do people regain – can't live with such limited food choices long-term
- Concerns regarding these diets
 - High fat intake (especially saturated fat) has been related to heart disease
 - Diuresis stresses kidneys
 - No long-term benefit

Background information about the Atkins Diet (For purposes of answering potential questions)

- Dr. Robert Atkins's diet was first published in 1972. It has been re-released as "Dr. Atkins New Diet Revolution."
- Weight loss will occur from eating very few carbohydrates.
- When the body does not get enough carbohydrates, it starts to use the blood sugar reserves (glycogen) from the liver and muscle tissue.
- After using up these reserves, the body burns fat. This condition is known as ketosis. Ketones are the by-products of fat digestion and build up in the blood

and make it acidic.

- Some potential complications of ketosis over a long enough period include dehydration, nausea, kidney problems, and coma

V. Claims and Truths

- There are five “claims” related to high-protein, high-fat diets. Discuss each of these and the corresponding “truths” as presented. Most are self-explanatory.

1. The Claim

People in the United States are getting fatter because we are eating too much carbohydrate.

The Truth

People in the United States are getting fatter because we are **eating too much and not being active enough**

2. The Claim

Eating too much carbohydrate causes high levels of insulin in the blood. This leads to insulin resistance which causes weight gain.

The Truth

Being overweight is *linked with* insulin resistance. However, there is **no scientific evidence** that weight gain is *caused by* insulin resistance or that eating too much carbohydrate causes insulin resistance.

Eating too much carbohydrate will cause higher blood sugars afterwards and contribute extra calories as well. The truth is that **moderation in both carbohydrates and fats is important to lose weight successfully.**

3. The Claim

You'll lose weight on the diets because they are low in carbohydrate.

The Truth

You may lose weight on the diets because they **contain fewer total calories than most people consume.** Most of the diets range from 1000-1800 calories. Also, many cause **ketosis.** In ketosis, the body breaks down fat stores, producing toxic wastes called ketones. To flush out the ketones, the kidneys pull water from the body. **It's the loss of water, not fat, that results in quick weight loss.**

4. The Claim

The diets will improve your health.

The Truth

There have been **no scientific studies on the long-term health effects of these diets**. Concerns have been raised about losing too much water and that the diets may increase the risk of heart disease and certain cancers due to the high-fat foods.

5. The Claim

The diets have been proven to work.

The Truth

These diets may help people lose weight initially, but then they gain back their weight.

The fact is, many overweight adults *do* eat too many calories from carbohydrate-rich foods when they cut back on fat.

The key to healthy weight loss is to **cut back on *total calorie intake*, get more exercise, and choose carbohydrates** (whole grains, fruits, and vegetables) **that are high in fiber and nutrients**.

V. ASSIGN HOMEWORK

A. Keeping Track

Indicate that participants are to record all foods eaten and their calories and fat grams. They should use the meal-replacements and the PRIDE meal plan to meet their calorie and fat goals.

B. Be Active

The activity goal is to increase walking (or similar activity) to 75 minutes a week. Suggest that participants engage in 15 minutes of activity each of 5 days. They can use the chart on the homework page to plan their activity.

VIII. CLOSE

Ask if participants have any final questions or comments. Indicate how much you enjoyed meeting with them. Remind them that you will see them in group next week.

Session 6:

Working With What's Around You

Objectives

In this session participants will:

- Learn how cues in the environment affect eating and activity habits
- Identify problem eating cues and discuss ways to change food cues
- Learn to add positive cues for activity
- Develop an activity plan (75 minutes per week)

To do before the session

Get materials ready:

- Coupons for meal replacements
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)
- Print and distribute weight and exercise graphs

I. WEIGH PARTICIPANTS

Refer to earlier sessions for appropriate responses to weight changes. The weigh-in portion of the session remains an important time for the provider to offer positive feedback, encouragement, and brief individualized attention.

II. WELCOME AND HOMEWORK REVIEW

Welcome participants and review homework. The amount of time spent on the homework review will depend on the needs of the group. You will probably devote more time to the new

assignments from the previous week and less time to older items such as recording weight and physical activity. The assignments to review are:

- A. Record Weight**
- B. Keep Track**
- C. Meal Replacements/Meal Plans**
- D. Physical Activity**

A. Record Weight

Ask for a show of hands and encourage continued weighing.

B. Keep Track

Ask participants if they are continuing to find the process of self-monitoring helpful. If necessary, review the rationale for self-monitoring.

C. Use of Meal Replacements/Meal Plans

In order to facilitate adherence, spend time reviewing the specifics of the meal replacements and meal plans. Ask two or three participants to use their Keeping Track book to report on how they used the meal replacements and meal plan. This will allow an opportunity for group problem solving and review of the importance and rationale of this method. Reiterate that it is important to adhere to the plan as closely as possible. This will ensure optimal weight loss.

D. Physical Activity

Inquire about participants' efforts to meet the goal of 75 minutes per week. Ask about their intensity according to the subjective scale.

III. EATING CUES

(Participant Notebook-Page 1)

A. Introduction

1. Today's session will focus on coping with the environment around us when trying to lose weight. It is possible to change aspects of the environment to promote healthy eating and physical activity.
2. There are many "cues" at home, at work, and in social settings that lead to eating or wanting to eat. Some of these cues are obvious, but some are not (use the list provided on page 1 and elicit some other examples).

3. What happens in these situations where we find ourselves eating without being hungry? In many cases, a neutral stimulus, such as watching television, has become paired with eating. After hundreds of pairings, the neutral stimulus, or cue, elicits eating, even in the absence of hunger. Thus, people often feel they need a snack whenever they turn on the TV, simply because these two events have been paired so many times.
4. The repeated pairing of two events, such as the TV and eating, forms a “habit”. Eating habits which have led to being overweight, can be changed by unpairing or uncoupling the cue from eating.
5. Similarly, you may be struck by the urge for popcorn the moment you walk into a movie theatre. Why don't you have this urge when you walk into the bathroom or the attic? Because you don't (usually) eat in these two latter areas.
6. A whole variety of events including thoughts and feeling, as well as the sight or smell of food, can become powerful cues to eat. Additional examples include:
 - Food companies mailing sample food products to your home. They know food that enters the home gets eaten.
 - Leftovers placed in front of the refrigerator or in a visible location are more likely to be eaten.
 - Supermarkets call attention to new products by strategic placement on visible and easy to reach displays.

B. Changing Problem Cues

1. The process of changing habits begins with changing the cues around us. The PRIDE program is designed to provide you with the skills necessary to make changes in eating and activity habits.
2. There are two ways to change problem cues:

Stay away or keep out of sight. One of the best ways to change a problem cue is simply to stay away from the cue or keep it out of sight. It would be unreasonable to never go to the movies, but it is possible to make a rule not to go to the concession stand. By never going to the concession stand, it is possible to break the connection or cue between the movies and popcorn.

Build a new, healthier habit. It takes time to break an old habit and build a new one. If you always take diet soda and pretzels to the movies, a new healthier habit eventually will be formed.

IV. COMMON PROBLEM FOOD CUES

(Participant Manual – Page 2)

- A. Home** – The kitchen is not the only room in the house for problem food cues. If eating occurs in living rooms, dens, or bedrooms, these rooms will become food cues.

Eating while doing other things can also be problematic. Inquire whether or not the participants experience this at home. Examples include watching TV, talking on the phone, or reading the newspaper. Discuss how to avoid the problem cue or how to build a new, healthier habit.

- B. Work Place** – Work places are often full of food cues. Identify common cues and how to change them.

C. Key Points:

- Keep high-calorie, high fat foods out of the house and workplace
- Keep lower-calories, healthy choices more visible
- Limit eating to one place
- Limit activities while eating

- D. Shopping** – The grocery store is a prime location for food cues especially under certain circumstances. Imagine shopping when you are hungry; you do not have a shopping list; you have a “bonus card” to take advantage of in-store specials; and free samples are being given out!

Review the Shopping tips list.

V. ACTIVITY CUES

(Participant Manual – Page 3)

- A.** Just as some events become paired with eating, others may be associated with inactivity. The sight of an easy chair or sofa provides a strong cue to sit down, if not fall asleep. By contrast, having a couple of children around is a powerful cue to increase activity, as all parents and grandparents know.

- B.** There are two ways to address activity cues:

- **Add positive activity cues.** In order to become more active, it is important to have an environment which supports activity. Storing an exercise bike in the basement or garage is a sure way to “forget” to use it. Setting up the environment to “cue” us to exercise will increase activity. Review examples.
- **Get rid of cues for inactivity.** Sometimes learning to be “less efficient” can be a good thing! Our environment is full of time-saving and step-saving devices that promote inactivity (examples include fax machines and remote controls).

Discuss ways to get rid of inactivity cues.

VI. PROBLEM FOOD CUES AND ACTIVITY CUE PLACE

(Participant Manual – Page 5)

If time allows, have participants complete the plan for getting rid of one problem cue and adding a positive cue for activity. The plans should be as specific as possible. Participants should identify what they will do, when they will do it, and how they will remember to do so.

If time does not allow, this exercise can be assigned as homework.

VII. HOMEWORK

(Participant Manual – Page 4)

The homework assignments for this session are as follows:

- A. Keep Track of weight, calories, fat grams, minutes of activity
- B. Be active – 100 minutes per week minimum
- C. Complete Activity Plan
- D. Complete page 5 – Problem food cue and activity plan (if not completed during session)
- E. Answer questions on page 5 regarding whether the plan was implemented

VIII. CLOSING

- A. Food and activity cues can work to promote weight management. It is very important, in the home or workplace, to create an environment that will support healthy eating and physical activity.

- B. PRIDE program will continue to reinforce the importance of creating a supportive environment because it will help allow you make the necessary habit changes to achieve your goals.
- C. Answer questions. Wish participants good luck and thank them for attending the session.

Session 7: Healthy Eating

Objectives

In this session participant will:

- Learn healthy eating is the result of how and what a person eats
- Recognize the importance of a healthy eating for weight management and diabetes control
- Learn how the Food Guide Pyramid can function as a model for low-calorie, low-fat eating

Get material ready:

- Coupons for meal replacements
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens
- Basket or box (for collecting Keeping Track books)

I. WEIGH PARTICIPANTS

II. WELCOME AND HOMEWORK REVIEW

A. Keeping Track of Weight, Calories, and Fat Grams

Assess the participant's adherence to Keeping Track of their weight, calories and fat grams by a show of hands or brief report from each of the participants. If needed, briefly address problems and provide encouragement.

B. Use of Meal Replacements and PRIDE Meal Plan

Assess adherence issues to the meal replacements and meal plans. If this session falls near the holidays, seasonal celebrations (graduations) and/or vacation season, spend some additional time discussing strategies to stick with the program during these events.

Changing cues to promote healthy eating and activity

Review last week's session on changing cues. Emphasize the importance of increasing cues for behaviors you want to increase (healthy eating and physical

activity) and decreasing cues for behaviors you want to decrease (unhealthy food choices; TV or other sedentary activities). Inquire about participant's efforts to get rid of one problem food cue. Discuss any problems they encountered and how they solved those problems. Then inquire about their efforts to increase cues for physical activity; and any difficulties they encountered.

C. Session 7 Overview

Today's session will focus on healthy eating. This includes an introduction to the Food Guide Pyramid (FGP) and how to use the FGP as a model for healthy, low-calorie, low-fat eating.

The other important topic for this session is how eating patterns (or the way we eat) relate to weight loss. Strategies that can help to control eating will be covered.

III. HEALTHY EATING

(Participant Manual – Page 1)

A. Introduction

Although the participants are largely using the meal replacements at this time, the framework for low-calorie, low-fat eating and healthy eating patterns should be established now. Explain to the participants that it is important to cover these topics because they are eating one meal per day and that meal should be a balanced, healthy meal. Also discuss that their current pattern of eating may be slightly different because of the meal replacements, but that this is still a good time to become aware of eating patterns and establish good habits.

There are two components to healthy eating which will affect the participants' ability to lose weight and improve their overall health. These components include the way a person eats (eating patterns) and what a person eats (quantity and quality).

IV. THE WAY YOU EAT

You may only consider "what" you eat when trying to eat a healthy diet, however, the way you eat can be as important as what you eat. When we talk about "the way" you eat, we are referring to several behaviors.

These behaviors include: how often you eat, how fast you eat, and your food traditions. Explain each of the following:

A. How Often You Eat

When attempting to lose weight, it is tempting to skip meals to save calories. This often backfires because the resulting hunger can lead to eating larger quantities (or bingeing), which more than makes up for the skipped meal.

Indicate that a regular pattern of meals will help keep hunger under better control. A regular pattern of meals does not mean eating only 3 meals at exactly the same time each day. It does, however mean that there is some consistency from day to day. A pattern of five smaller meals may be helpful for hunger control. The alternative of 3 moderate meals and one snack is sometimes better for participants who have difficulty controlling portions each time they are faced with food.

The message to convey is “a regular pattern of meals is important.” Participants should have already gotten this message but reiterate it.

B. How Fast You Eat

One way to determine whether participants are “fast eaters” is to time a meal. Ask the participants how long they feel it takes them to complete a meal. Explain that if it takes a person fewer than 20 minutes to complete a meal, slowing down may be a helpful weight control strategy.

Review the reasons why eating more slowly is desirable.

- **Digestion.** Eating too quickly can cause indigestion. Slowing down may decrease the likelihood of the symptoms of indigestion.
- **Awareness.** Many people are so used to loading the fork while chewing, and putting more in as soon they swallow, that the rhythm becomes almost automatic. It is difficult to know how much is eaten when eating in this fashion.
- **Satiety.** Just as it takes time for the stomach to digest and process food into the nutrients the body needs, it takes time for the stomach to send a message to the brain saying, “I’m full.” By eating too rapidly, the body has not had a chance to send the “full” signal to the brain and therefore overeating is more likely.
- **Control.** Eating slowly provides a sense of self-control. It provides more time to think about what you are eating, more time to help you make good food choices.
- **Enjoyment.** Eating food slowly provides more time to enjoy it, to savor each bite.

C. Recommended Strategies to Slow Down Eating

Explain some of the possible strategies to slow the eating process and elicit suggestions from the participants.

- **Pausing.** Introducing a pause between bites or even in the middle of a meal can slow the meal down considerably. This “pause” can take the form of

sitting back in the chair from time to time, talking with fellow diners, or cutting food into smaller pieces.

- Putting utensil down. Putting down the fork or spoon between bites will automatically slow the rate of eating.

D. Food Traditions/Culture

Talk about how past traditions and cultural upbringing can affect eating patterns. Ask the participants about their own traditions and cultural background that influence their eating style.

Use the example of someone raised to “clean the plate”. This may have made sense when food was scarce, but today the issue is how to cope with an over-stuffed plate.

V. WHAT YOU EAT

(Participant Manual – Page 2-4)

- A. A discussion of the Food Guide Pyramid (FGP) will provide the opportunity for participants to recognize that the PRIDE recommendations reinforce the recommendations of health organizations and experts.
- B. Background on the FGP. The FGP illustrates recommendations for a healthy diet developed by USDA and supported by the Department of Health and Human Services (HHS). The FGP is an update of the old basic four food groups and is designed to emphasize an eating plan that is low in fat, saturated fat, and cholesterol.

For providers not familiar with the FGP, consult with your site's nutritionist or refer to the USDA's website.

- C. The participants are obviously not eating the FGP's recommended servings because of the meal replacements. Suggest that this information will be reviewed again when conventional foods are consumed for more meals of the day.
- D. Provide an overview of how the FGP is structured including the following:
 - The three food groups filling the largest space in the FGP and with the most suggested servings are plant foods that naturally contain little or no fat –the Bread, Cereal, Rice, and Pasta Group; the Vegetable Group; and the Fruit Group.
 - There are fewer serving of the food groups containing animal foods – the Milk, Yogurt, and Cheese Group and the Meat, Poultry, Fish and Eggs Group.
 - USDA allowed the smallest space on the FGP for the Fats, Oils, and Sweets Group.

- The suggestion to use these foods sparingly is consistent with heart-healthy eating.
- E. Using page 2 and 3, discuss each food group. Highlight the low-fat and high-fat choices within each group.
- F. Emphasize the importance of “serving size”. Use page 3 to point out the amount or weight of serving sizes within each group. For example, one serving of bread is one slice of bread or one-half of a bagel and a serving of meat, poultry, and fish refers to a 3 oz. portion. Stress the importance of using measuring utensils and a food scale.

VI. RATE THE PLATE

(Participant Manual – Page 4-5)

Ask the participants to select one day from their Keeping Track book. Participants using meal replacements will need to use their one meal of conventional foods to check the overall balance of their meal. Explain that their goal for their one meal of conventional food should be the same as the overall model of the FPG – less emphasis on fats and meats, more emphasis on grains, vegetables and fruits.

Note: Participants on Slim Fast may be provided with the nutrient breakdown of the Slim Fast product to determine how many servings of carbs, fat, etc. are included in 1 Slim Fast. See Pamela Coward (Providence) for this information. With this information, participants will be able to count the Slim Fast towards their total servings of food groups from the Food Guide Pyramid.

Using the handout provided, have a group discussion about ways to better match the Food Pyramid Guide.

IX. HOMEWORK

(Participant Manual – Pages 6-9)

The homework assignment for this session is as follows:

- A. Use the “Rate Your Plate” handouts to determine how meals fit into the FGP recommendations. Remind participants they will be below the recommended servings due to the meal replacements.
- B. Answer the Food Guide Pyramid questions on page 7
- C. Continue to keep track of weight, calories, fat grams, activity minutes and step
- D. Be active for 75 minutes this week.

X. CLOSE

- A. The way a person eats – their meal patterns, the speed, and their traditions can all influence how a person eats. Over the next week, try to think about your

own eating patterns and use some of the behavioral strategies for slowing down your eating and eating on a regular schedule.

- B. The Food Guide Pyramid reinforces the importance of healthy eating. There are many food choices that fit within the framework of a healthy diet.
- C. Answer questions and thank participants for attending the session.

Session 8: Goal Setting

Objectives

In this session participants will:

- Learn how to set goals. They will review the principles for setting helpful goals and then set a specific behavioral goal related to diet or physical activity that they will try to achieve during the next week.

To do before the session

Get materials ready:

- Keeping Track book.
- Coupons for meal replacements
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)

I. WELCOME AND DISCUSS HOMEWORK

Welcome participants and review homework. The assignments to review are as follows:

- A. Record Weight
- B. Keep Track
- C. Meal Replacements/Meal Plans
- D. Physical Activity

A. Record Weight

Review this material as discussed previously. If participants have adhered to the assignment in previous weeks, it may not be necessary to discuss it.

B. Keep Track

Participants were to record calories and fat grams for all foods and beverages. Call on a few participants to report total number of calories they consumed for the week. Reinforce participants for keeping records and problem solve with those who did not.

C. Use of Meal Replacements/Meal Plans

Ask participants to describe their adherence to the meal replacements and PRIDE meal plans. Reinforce patients for their hard work. Ask participants if they have noticed any cues or triggers that are associated with diverging from their plans. Reiterate the importance of adhering closely to the meal plans, including having all three meals per day.

D. Physical Activity

1. Participants were asked to engage in a minimum of 100 minutes of physical activity.
2. Have several participants report their number of minutes of activity for the week. Praise participants who met the 100-minute goal.

E. Rate the Plate

1. Participants were asked to rate their plate, i.e. to compare their meal to the Food Guide Pyramid recommendation. Stress that they will be eating fewer portions than prescribed in the FGP, but inquire how their meals compared to the FGP in the types of foods consumed. Emphasize the goal of increasing fruits and vegetables and decreasing fats, oils and sweets.

II. GOAL SETTING

The topic for this session is goal setting. During this session, participants will learn the principles of setting helpful goals and then actually set a goal for themselves for the following week.

The first part of this session uses the worksheet “Learning to Set Helpful Goals” to examine the key principles of helpful goals. Helpful goals are positive, specific, under the person’s control, time-limited, achievable, and broken into small steps. A reward should be identified for meeting the goal. Each of these principles should be discussed, using examples provided on the worksheet but also by the group.

Depending on the size of the group, worksheet 2 “Goal Make-Over”, might best be done in small groups of approximately 3 people. Alternatively, the entire group could discuss ways to modify the not-so-helpful goals to make them more helpful.

Finally, each participant should set a goal for herself for the following week. Again, doing this in small groups may work well. The participants should check to see whether the goal they set is positive, specific, etc. If not, they should reverse the goal to meet these criteria. Participants should identify a reward that they can give themselves for achieving the goal.

Following this, it would be helpful to ask several participants to read their goal (or all participants if time allows). The leader should make sure that the goal is specific and achievable; patients often set goals that are too global (“eat better this week”). The other typical problem is in identifying rewards. Patients will often say they have everything they want and don’t need to reward themselves with tangible products. Sometimes it is helpful to illustrate the impact of rewards by noting how good participants feel when we put “stickers” on their Keep Track book (if counselors have been doing this). Participants should be helped to identify small rewards that they can provide to themselves if and only if they actually achieve the goal they set.

Their homework (in addition to Keep Track, etc.) is to try to achieve the goal they have set and if successful to actually give themselves the reward they identified.

III. ASSIGN HOMEWORK

(Participant Notebook-Page 4)

A. Keep Track

The participants should Keep Track of weight, calories, fat grams, minutes of activity, and come as close to calorie and fat gram goals as possible.

B. Be Active

Walk (or do a similar activity) for at least 100 minutes a week.

- Make and follow an activity plan.

IV. CLOSE

- A. Address any remaining questions.
- B. Collect Keeping Track books.
- C. Thank the participants for attending the session.

Session 9: Problem Solving

Objectives

In this session participants will:

- Learn the five steps to problem solving
- Practice solving a problem using the PRIDE Problem Solver

To do before the session

Get materials ready:

- Coupons for meal replacement
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens
- Basket or box (for collecting Keeping Track books)

I. WEIGH PARTICIPANTS

If weight loss begins to slow for some participants, provide encouragement to continue using the meal replacements and the PRIDE meal plan. Remind participants that the scale will eventually reflect their efforts. Inquire about the participant's keeping track efforts and physical activity.

II. WELCOME AND HOMEWORK REVIEW

Welcome participants and review homework. The new assignment from last week was to set a specific behavioral goal and to reward themselves if they achieved the goal.

- A. Ask the participants to share with the group their success in achieving their goal, and whether they gave themselves their planned reward. Provide positive feedback and reiterate the importance of setting helpful goals in order to successfully lose weight.

- B. Participants have been using meal replacements and the PRIDE meal plan for approximately 6 weeks. The novelty may be wearing off so spend time discussing any adherence issues. Remind participants of the many benefits.
- C. Do a quick survey to determine if the participants are continuing to record weight, keep track of calories, fat grams and activity. Congratulate them for sticking to these important strategies for weight loss.

III. PROBLEM SOLVING

A. Introduction

1. The ability to solve problems is often determined by whether or not a person feels a particular problem can be solved.
2. A positive “frame of mind” is extremely helpful in approaching a problem.
3. Ask the group about their problem solving experiences related to other areas of life – work, school, family, friends, financial. Ask about problems they experienced in trying to achieve the goal they set last week.
4. Despite possible problem solving success in these areas, many people feel problems related to eating and exercise are too hard, too complicated, or too time consuming to solve.
5. The good news is that the ability to solve problems is a process that can be learned and easily applied to eating and physical activity problems.

B. Five Steps to Solving a Problem

(Participant Manual – Pages 1-6)

1. Describe the problem in detail. It is important to define a specific problem. The events leading up to problem eating are known as “links”. These links form an “action” chain in which the end result is eating.

Review the sample action chains, noting the various links.

2. Brainstorm your options. Brainstorming should lead to as many options as possible. By looking at each link of the action chain, it is easier to see numerous options for solving the problem.

Review the list of options for each of the links in the sample action chain.

3. Pick one option. The best option is going to be the one most likely to work for the individual. It is important to weigh the pros and cons of each option. Breaking a link in

the action chain as early as possible will increase the likelihood of success, as will breaking as many links as possible.

4. Make a positive action plan. After selecting one of the options, make a plan. This plan should include the specifics of who, what, where, and when. It should also include ideas about how to handle roadblocks and how others can help.

A reasonable “reward” should be identified and implemented for any changes made toward solving the problem.

5. Try it. See how it goes. The initial option and action plan may work just fine or it may require a little tweaking or a complete overhaul. Regardless, it is a process that can be learned and can work to solve eating and physical activity problems.

D. Practice Problem Solver

(Participant Manual – pages 7-8)

Allow time for the participants to work individually or in pairs to practice problem solving. Offer assistance if participants have difficulties with the 5-step process.

IV. HOMEWORK

The homework assignment for this session is as follows:

- A. Follow the Action Plan developed during this session (page 8)
- B. Plan to do 100 minutes of activity this week.
- C. Keep Track of weight, calories, fat grams, minutes of activity
- D. Continue to use the meal replacements and PRIDE meal plan.

V. CLOSE

- A. Solving eating and physical activity problems is possible. The five-step process to solving a problem will help participants reach weight loss goals.
- B. Wish the participants success in implementing their action plan.
- C. Answer questions and thank the participants for attending the session.

Session 10: Healthy Eating Part 2

Objectives

In this session participant will:

- Learn further strategies for improving the quality of their diet
- Recognize the importance of a healthy eating for weight management and overall health

To do before the session:

Plan to have a cooking demonstration that illustrates one of the concepts being discussed (e.g. stir-fry cooking; using herbs or salsa for seasoning or increasing fiber by consuming more beans), or taste test some new products or unusual fruits and vegetables to help participants add variety to the healthy foods they consume.

- Coupons for meal replacement
- Get material ready:
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens
- Basket or box (for collecting Keeping Track books)

I. WEIGH PARTICIPANTS

II. WELCOME AND HOMEWORK REVIEW

A. Keeping Track of Weight, Calories, and Fat Grams

Assess the participant's adherence to Keeping Track of their weight, calories and fat grams by a show of hands or brief report from each of the participants. If needed, briefly address problems and provide encouragement.

B. Use of Meal Replacements and PRIDE Meal Plan

Assess adherence issues to the meal replacements and meal plans. If this session falls near the holidays, seasonal celebrations (graduations) and/or vacation season, spend some additional time discussing strategies to stick with the program during these events.

C. Problem Solving

The last 2 sessions were goal setting and problem solving -both anticipating what the barriers will be and planning how these will be addressed. Both involve being positive and specific. Also both involve giving yourself a reward for your success. Ask participants how they are doing with these. Emphasize that these are skills (like eating or exercise) and that they need to keep practicing these skills.

D. Session 10 Overview

Today's session will focus on healthy eating. The counselor might want to review the Food Guide Pyramid (FGP) and then show how the specific strategies being discussed today can help achieve the FGP goals.

III. HEALTHY EATING

(Participant Manual – Page 1)

The participant manual identifies a variety of different strategies for reducing fat in the foods consumed. Review these with participants and have them add other examples of the principles. Use the cooking demonstration or taste test to highlight these principles.

VIII. HEALTHY EATING IS IMPORTANT FOR WEIGHT LOSS AND OVERALL HEALTH

(Participant Manual – 3-5)

These pages provide nutritional information related to the following:

- Reducing risk of heart disease
- Managing blood pressure

Additional information on alcohol consumption is also given. Review the information regarding calories in alcohol and in mixed drinks. Discuss strategies for limiting alcohol. In reviewing these pages, it is important to make sure that participants can identify:

- Foods that they should limit because they are:
 - High in saturated fat
 - High in cholesterol
 - High in transfat
 - High in sodium
- Foods that they should increase because they are:
 - High in fiber
 - Low fat dairy products

Review the information as provided and encourage questions.

IX. HOMEWORK

(Participant Manual – Page 6)

The homework assignment for this session is as follows:

- A. Try a new low fat product or a low calorie, low fat flavoring or add some variety to the diet by trying a new fruit or vegetable.
- B. Continue to keep track of weight, calories, fat grams, and activity minutes.
- C. Be active for 125 minutes each week. This is the new activity goal for the next 4 weeks.

X. CLOSE

- A. Lowering fat will help you lose weight and improve your overall health. There are many ways you can lower the fat in your diet. It is important to try these approaches and see which ones work best for you.
- B. Answer questions and thank participants for attending the session.
- C. **Wear comfortable clothing to next session**

Session 11:

Being Active: A Way of Life

Objectives

In this session participants will:

- Discuss time as a barrier to activity
- Learn ways to find the time to be active
- Learn about the difference between usual and structured activity
- Learn more about how to use the pedometer
- Learn how to treat an injury
- Learn how to do muscle stretches

To do before the session

Get materials ready:

- Bring pedometers to session
- Dress for stretching exercises
- Coupons for meal replacements
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)
- Print and distribute weight and exercise graphs

I. WEIGH EACH PARTICIPANT

- A. If participants have lost weight, congratulate them. Ask the participants what behaviors they changed to facilitate weight loss.
- B. If participants have not lost weight, and seem surprised because they worked hard, emphasize the importance of continuing their behavior changes. They should see the results on the scale the following week. If participants are not surprised, ask how they understand their lack of weight loss. Problem solve as time allows.

II. WELCOME AND DISCUSS HOMEWORK

Welcome participants and review homework. The assignments to review are as follows:

- A. Record Weight
- B. Keep Track
- C. Meal Replacements/Meal Plans
- D. Physical Activity

III. BARRIERS TO BEING ACTIVE

(Participant Notebook-Page 1)

A. Invite participants to discuss barriers to being active. They may include:

1. **Feeling embarrassed about their weight and being seen by others.** Ask participants to discuss whether they really believe that others are looking at them. In most cases, other people are focusing on their own exercise program.
2. **Having little experience or unpleasant associations with exercise, which makes it unappealing.** Remind participants that just a little activity makes a big difference. They don't have to go to extremes. As a matter of fact, a good rule of thumb is that they should be able to talk to a friend while exercising, and if they can't they are pushing too hard.
3. **Not being in the mood to exercise.** Ask patients to discuss what happens to their mood when they exercise. It usually improves.
4. **Weather.** Discuss ways to exercise in inclement weather.
5. **Time.** Emphasize again that every bit of activity helps. Participants should grab 10 minutes of exercise whenever they can.
6. **Not having a good place to be active.** Ask other members of the group to share experiences with finding good places to be active.

B. Discuss additional barriers, as participants raise them.

C. Have participants use their problem solving skills to work on these barriers. Write possible solutions on the board.

D. Time Barrier

1. Possible solutions for the time barrier include:
 - Set aside one block of time on 5 days a week to do an activity they like.
 - Look for short periods of free time (at least 10 minutes) during the day. Use the

time to be active.

2. Have participants answer the questions regarding setting aside time and using free time for activity. Discuss responses.

Encourage participants to urinate before exercising and use a pad while exercising if necessary.

IV. USUAL ACTIVITY AND STRUCTURED ACTIVITY

(Participant Notebook-Page 2)

- A. "Usual activity refers to making active choices throughout the day. An example of an inactive choice is parking your car as close as possible to the entrance to the store when going shopping. An active choice is to park the car further away and walk the extra distance. Another example of an inactive choice is to take the elevator up only one or two flights. An active choice would be to walk up the stairs. This may only take a minute or so to do, but every minute of activity has an impact on overall health and adds up to more activity."
- B. "If you burn 20 calories per day you lose 2 pounds in a year and 4 pounds over 2 years. You can see that all activity, no matter how small, counts and adds up."
- C. Discuss "usual" and "structured" activity (review tables to contrast the activity types)
- D. Query the participants about inactive vs. active choices; discuss making active choices. Ask several participants to name an active lifestyle choice that they will incorporate in their lives.

STEP YOUR WAY TO SUCCESS

(Participant Manual – Page 3)

A. THE PEDOMETER

1. *PRIDE is providing pedometers to participants at this session. The primary reason is that the pedometer will provide participants with valuable information and reinforcement for activity beyond the exercise (minute) goal.*
2. *The pedometer should not distract participants from the structured exercise minutes. Use of the pedometer should focus on and encourage "lifestyle" or "usual" activity (i.e., taking the stairs, parking farther from the destination point).*

3. The pedometer will count all of the participant's steps. Having this information will let them know just how active they have been. A comparison of steps from day to day will allow participants to see any patterns in their activity schedule.
4. The pedometer is fun and provides the participant with feedback that can be motivating. Participants can have bragging rights when they walk 10,000 steps in one day!

B. How to Use the Pedometer

Review the mechanics of wearing the pedometer as listed in the Participant Manual.

C. Important Reminders

1. The pedometer should be worn everyday.
2. The number of steps should be recorded in the Keeping Track book.
3. Minutes of activity should still be recorded.
4. The pedometer must be reset daily.
5. The pedometer case should not be opened. Batteries will be changed at the site.
6. The pedometer should not get wet.

V. STEP GOAL – 10,000

(Participant Manual – Page 5)

- A. Review the data which suggests that the “most active” people take at least 10,000 steps per day compared to the least active (2,000-4,000 per day) and moderately active (5,000-7,000 per day).
- B. The PRIDE goal is to have participants be in this “most active” group by slowly increasing to 10,000 steps on most days.
- C. Ask participants to calculate their “Step Goal” by using their average steps per day (previously calculated on Page 4) and adding 250 steps.

Example: Average steps per day last week = 3,200
Add 250 steps 250
New Step Goal 3,450

- D. Remind participants again that the step goal is in addition to the goal for activity minutes each week.

VII. STEP PROGRESSION CHART

(Participant Notebook- Page 5)

Discuss that this chart shows how to increase steps by 250 each week. The participants need to add 250 steps to their average steps per day from the previous week.

The step goal of 250 steps per week approximates a schedule of 1,000 additional steps each month – 1,000 steps by week 12; 2,000 by week 16; 3,000 by week 20; and 4,000 by week 24.

This chart can be kept at session 11 and referred to each week or if the participant prefers, it can be pulled out and kept with their weight chart.

Participants can be encouraged to average their steps prior to each session or you can allow a few minutes during the homework assignments for the coming week.

VIII. KEEP IT SAFE

(Participant Notebook-Page 6)

- A. Review Medical Care handouts with participants. These handouts discuss how to prevent low blood sugar during exercise. Ask participants if they have any questions.
- B. Instruct participants on how to prevent sore muscles or cramps
 - 1. Increase activity slowly
 - 2. Wear comfortable shoes
 - 3. Drink plenty of water
 - 4. Wear good socks
 - 5. Warm up and cool down
- C. Instruct the participants how to warm up and cool down. Warm up and cool down consists of:
 - 1. Starting and ending your activity program at low intensity (walking slowly for a few minutes)
 - 2. Stretching prior to and after activity.

IX. MUSCLE STRETCHES

(Participant Notebook – Page 7)

Practice these stretches prior to the group session. Demonstrate stretches and have participants join in.

X. STRETCHING GUIDELINES

(Participant Notebook-Page 7)

A. Discuss first-aid for muscle cramps. Stress the need to contact their physician in case of significant pain. Remedies for sore muscles may include:

1. Stretch muscle, massage
2. Ice for a few minutes
3. Repeat massage and stretching

B. Discuss the necessity for stretching. “As you get older, your muscles will become less flexible. Your muscles also become less flexible if you are not active. Therefore, it is important for you to stretch them out before engaging in physical activity. By doing so, you will probably prevent muscle soreness, cramps, and injury.”

C. Discuss rules for stretching

1. Short warm-up before stretching
2. Move slowly to feel the muscles stretch, this should not hurt.
3. Hold each stretch for at least 15 to 30 seconds. **NO BOUNCING!**
4. Relax and repeat stretch. Do the same stretch 3 to 5 times
5. Stretch within your own limits
6. Breathe slowly and naturally
7. Relax

D. Demonstrate all stretches.

E. Allow participants to try stretches, provide feedback on correct positioning

IX. ASSIGN HOMEWORK

(Participant Notebook-Page 8)

A. Keep Track

The participants should Keep Track of weight, calories, fat grams, minutes of

activity, and come as close to calorie and fat gram goals as possible.

B. Be Active

Walk (or do a similar activity) for at least 75 minutes a week.

- Warm up, cool down and do stretches.
- Add 250 steps
- Increase “usual activity”
- Make and follow an activity plan.

IX. CLOSE

A. Address any remaining questions.

B. Collect Keeping Track books.

C. Thank the participants for attending the session.

Session 12: Eating Healthy at Holidays and Special Events

Objectives:

NOTE: This session may need to be moved to coincide with holidays. If so, homework and behavioral goals may need to be modified.

In this session, the participants will:

- Learn tips for managing calories and staying active during the holidays and special events

To Do Before the Session:

Gather materials

- Keeping Track books
- Coupons for meal replacements
- Pages for participant notebook
- Scale
- White Board/Pens
- Pen/Pencils
- Basket or box (for collecting Keeping Track books)

I. WEIGH PARTICIPANTS

Weigh participants as described in earlier sessions. Even the most successful participants are unlikely to lose more than 1 lb a week at this point in the program. Address probable concerns that weight loss has slowed.

II. WELCOME AND HOMEWORK REVIEW

A. Keep Track of Pedometer Use

In Session 11 participants were given pedometers. Discuss their reactions to wearing pedometers. How many steps did they average last week? What patterns did they see? Remind them that they will continue wearing pedometers every week from now on. Next week they should try to add 250 more steps each day to their daily average from last week. For example, if this week they got 4000 steps per day (on average), next week they should reach 4250 steps per day (on average).

B. Keep Track of Eating and Activity

Review participants' adherence to their calorie, fat gram, and activity goals. Call on a few participants to review each of these items, as in earlier sessions. Problem solve with participants who report difficulties. Remind participants that they should continue to record minutes of activity as well as steps.

C. Session Overview

Today's session will cover tips and strategies on how to stay within calorie and activity goals during holidays and special events. Depending on the season, explain that the strategies will particularly focus on _____ (fill in the blank with the nearest holiday season or seasonal activities).

III. WAYS TO HANDLE HOLIDAYS AND SPECIAL EVENTS

A. Introduction

Begin by asking the group to generate reasons why they feel holidays, and special events are potentially difficult times for weight management. Supplement their responses with the following:

- Busy schedules including cleaning, shopping, and socializing
- The abundance of "special" seasonal foods and drinks
- The pressure for the holiday or event to be "perfect"
- Possible sleep deprivation
- An easy excuse for "going off" the program

Indicate that all of these factors make it more challenging to manage weight, but none are true obstacles. Participants already possess many of the skills needed to "make it through" these times.

Participants probably have already "weathered" at least one holiday or vacation prior to this session. Ask for volunteers to talk about how they coped and which skills they relied on to get them through. Hopefully, participants will relate that they used some of the skills learned through PRIDE including:

- Eating fewer calories by watching portion sizes or making lower-calorie choices
- Setting up an environment conducive to weight management
- Decreasing barriers to physical activity
- Problem solving
- Eating out tips

Provide positive feedback on their efforts thus far. Let participants know that if they did previously experience a difficult time, today's session should help.

B. Eating Healthy at Holidays and Special Events

(Participant Notebook – Page 1 &2)

This lesson presents strategies for handling buffets and receptions/picnic/dinner with friends or relatives/if you are the hostess. It also discusses tips for alcoholic beverages and meal makeovers. Specific supplemental handouts are available for Thanksgiving and Halloween.

The timing of this session may be altered to fit with upcoming holidays. In addition, depending on the season, you may choose to focus on Thanksgiving or outdoor picnics.

What is important is that participants recognize that these are problem situations that can be dealt with effectively. A key step to handling any of these situations is to plan ahead.

Review the specific strategies that are suggested in these handouts, but also encourage participants to share ways that they deal with these situations. Help them recognize that the ideas given under one type of event may well apply to other eating events as well.

Buffets and Receptions – You want to stress stimulus control techniques. Have group members practice/role play. Responding to a waiter or friend who is encouraging them to have an appetizer.

Picnics – It is important to stress doing other activities at the picnic. Also specific food items to avoid.

Dinner with friends/relatives – Bringing a low calorie item to the meal may be particularly helpful. The group may want to discuss the fact that “wanting to please family and friends” and be a “good guest” makes this situation particularly hard.

If you are the hostess – An important point is that as the hostess, you are in charge of planning the meal. Using your recipe modification techniques may help you prepare a healthy low calorie meal.

Tips for alcoholic beverages – Not only does alcohol have calories, it also lessens will power.

Meal makeover

This section can lead into the Thanksgiving meal makeover or other items can be substituted to help participants see that they can enjoy the holidays and still stay within their calorie and fat goals.

V. SUPPLEMENTAL MATERIALS

The provider can choose from a variety of handouts to review depending on the season and needs of the group. Provide and review only those appropriate to the season.

- Thanksgiving
- Halloween

VIII. HOMEWORK

(Participant Notebook – Page 5)

- A. Follow the Action Plan on page 4 for planning ahead for holidays or special events.
- B. Continue to keep track of weight, calories, fat grams, minutes of activity and steps.

IV. CLOSING

- A. Getting through the holidays or special events will get easier over time. The most important strategy is to plan ahead as much as possible. If for any reason, things do not go as planned, then the goal is to simply get back on track as soon as possible.
- B. Getting back on track requires using the strategies we have covered over the previous weeks – problem solving, taking charge of your environment. In the next few sessions we will also learn some important strategies for dealing with negative thoughts and recovering if you do lapse from your plan.
- C. Address any questions.
- D. Thank participants for attending.

Session 13:

Talk Back to Negative Thoughts

Objectives

In this session participants will:

- Recognize that negative thoughts are normal
- Learn how and why negative thoughts can impact eating and physical activity behaviors
- Learn strategies to counteract negative thoughts

To do before the session

Get materials ready:

- Keeping Track book
- Coupons for meal replacements
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)

I. WEIGH EACH PARTICIPANT

Respond to participants' weight change, as discussed in previous sessions. Briefly determine participants' satisfaction with their weight loss to date.

II. WELCOME AND DISCUSS HOMEWORK

A. Physical Activity

If participants were unable to meet the activity goal, identify what prevented them from doing so. Make an activity plan for the coming week. Also, consider providing the participants any new information about upcoming charity walks, walking groups, etc.

B. Record Weight

Some participants may not be weighing themselves as regularly as in earlier weeks. This may be due to lack of weight loss, forgetfulness, or the fact that the novelty has worn off. Ask, by a show of hands, how many participants are continuing to record their weight daily. Identify barriers and generate a group discussion of possible solutions.

Indicate that the scale is a useful tool for providing corrective feedback. If participants weigh themselves regularly, it is easier to correct a small weight gain. If they do not weigh regularly, it is more likely that a small gain may become a large gain. Reinforce that it is always easier to handle a one pound weight gain than a 10 pound weight gain. Numerous studies have shown that regular weigh-ins promote weight loss and the maintenance of loss.

C. Use of Meal Replacements/Meal Plans

Ask participants about their adherence to the meal replacements and meal plans. This may include asking how many meal replacements they used, as well as how many calories they consumed during the week. If problems are identified, use individual and group problem solving. Highlight the positive comments participants make about the plans.

D. Follow Positive Action Plan

Ask participants to raise their hands if they had any special events last week. For those who did, discuss whether they used the strategies for eating out and implemented their “action plan” from session 12.

E. Session 13 Overview

Today's session will discuss negative thoughts. The discussion will cover types of negative thoughts that commonly occur when trying to change eating and physical activity behaviors. Methods of dealing with negative thoughts will be covered.

III. NEGATIVE THOUGHTS

A. Introduction

Begin by discussing how different types of negative thoughts can undermine weight loss efforts. Use the following key points to generate a group discussion.

1. It is entirely “normal” and even expected that at some point, all people trying to lose weight will have some negative thoughts regarding their weight loss efforts. Stress that negative thoughts are normal and that a person’s response or reaction to the thoughts are what is really important.
2. Present the following scenario (or one of your own) to illustrate how negative thoughts and subsequent negative behaviors can create a cycle of self-defeat and undermine self-confidence.
 - A person is working very hard using the meal replacements and the meal plans and is reaching their weekly physical activity goal. Despite these efforts the weekly weigh-in showed no weight loss.

Have the group generate a list of possible thoughts the person might be having.

3. Using the negative thoughts the group identified, ask how these thoughts might affect the person’s behaviors. Explain that if the negative thoughts are not dealt with, it is likely a person’s behaviors will be negative. It is most often the case, that negative thoughts equal negative behaviors.
4. In the above case, this may mean the person decides to eat whatever they want and not be physically active. Ask how the person might feel in this situation. Explain that feelings of guilt and failure commonly follow and these feeling and thoughts lead to further negative behaviors.

This is a “cycle of self-defeat” that begins with a few negative thoughts and can lead to abandoning positive eating and physical activity behaviors.

III. COMMON NEGATIVE THOUGHTS (Participant Manual – Page 1)

Review the common negative ways of thinking. For each category ask the participants if they can identify with this type of thinking and think of other examples.

A. “Good or Bad”

Sometimes this is called “all or nothing” thinking or “light bulb” thinking. This translates into either being “on or off” a diet, foods are either “good or bad” or and I am a “success or failure”

Ask for a show of hands of how many people have ever vowed not to eat a particular favorite food ever again. Ask the group how they felt when they did eat that particular “bad” food again.

The reason this is a negative thought is that it is unrealistic that any person can realistically eliminate a favorite food entirely. Sometimes the food becomes even more desirable because it is forbidden. Once a person “gives in” and has the food again, it is likely that feelings of guilt and failure follow and the cycle of self-defeat begins.

B. Rationalization (or Excuses)

Indicate that people who “rationalize” tend to blame an external event, or another person, for difficulties they may have with their eating or activity. This event or person is blamed by the individual, rather than his or her taking responsibility. These people, unlike the others previously described, are not critical enough of themselves.

Ask participants, “Can you think of a time when you went to a restaurant with a friend and he ordered some high-calorie/high-fat food and persuaded you to do the same? Who was responsible for what you ate?”

C. “Should” Thoughts

“Should” thoughts are a set-up for disappointment. Telling yourself that you “should never” eat ice cream or brownies or another favorite is asking for an invitation to fail. They also lead to anger and resentment because “should” assumed that someone is standing over us, forcing us to do what we don’t want to do. Ask the group the following questions:

- What kinds of things do you think you “should” or “should not” do to lose weight and be more active? How realistic vs. rigid are these “shoulds”?
- What do you expect yourself to do perfectly (for example, self-monitoring)? What happens when you expect perfection of yourself and you do not achieve it? How do you feel? How does it affect your future decisions and choices?

Stress that effective weight control is a matter of balance, not perfection. There will always be times when we are not as successful as we would like. The goal should be to be successful more times than you are not.

D. Not As Good As

Many people compare themselves to others and then blame themselves for not “measuring up.” This may be because many people believe society’s negative stereotypes about the personal characteristics of overweight people. Ask the participants the following questions:

- Is there anyone you compare yourself to?
- 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? Do you blame yourself for not measuring up?

E. Giving Up

Indicate that some people are troubled by thoughts of giving up, of not trying anymore. Thoughts about giving up are often the end result of not counteracting or dealing with the good/bad thinking, the excuses, the “should have’s”, and the “not as good as” thinking.

Stress that the desire to sometimes want to give up is normal. The good news is that there is a strategy that can reverse the negative thoughts and allow for successful weight management. Ask participants:

- Do you ever want something yummy to eat (high in fat and sugar) and think, “I’m sick of this PRIDE program?” What are the options at such times?
- Have you ever gained weight after a week of sticking to your diet? That can be very demoralizing and make you want to quit.

IV. TALKING BACK TO NEGATIVE THOUGHTS

(Participant Notebook-Page 2)

A. As children, we are taught to “not talk back”. When trying to lose weight, it is necessary to learn to talk back to negative thoughts in order for these thoughts to not cause negative behaviors.

B. Review the three steps on “How to talk back to a negative thought”

1. **Uncover the negative thought and/or the goal that is out of reach.** It can be difficult for some participants to even identify when they are engaging in negative thinking because this is “normal” thinking for them.

Let them know it takes practice to “catch yourself” in this process.

2. **Using “STOP!”** Encourage participant to picture a big stop sign and shouting “Stop”.
3. **Talk back with a positive thought.** The positive thought should relate to a goal that can be reached. This participants may find a little difficult as well. Let them know it takes practice, practice, practice.

C. Review Example B, which begins with a common negative thought and ends with a positive thought based on a reasonable goal.

D. Using Example A, ask the participants to come up with a positive thought to counteract the unrealistic goal of expecting to lose a pound *every* week and the subsequent negative thought of feeling like a failure.

V. POSITIVE WAYS OF THINKING

(Participant Manual – Page 3)

Review the categories and the examples. Examples of how to present the material are given below.

1. **“Good or Bad” Thoughts:** Talk back with “Work Toward Balance.” Don’t expect perfection of yourself, but don’t indulge yourself either. Work toward an overall balance.
2. **Rationalization:** 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” Thoughts:** Talk back with “It’s My Choice.”
You are in charge of your eating and activity. No one else is responsible for your choices, and no one is standing over you with unrealistic expectations. Select realistic rather than rigid goals.
4. **“Not As Good As” Thoughts:** Talk back with “Everyone’s Different.”

- 5. Thoughts about Giving 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. Whenever you learn something, you have succeeded.

Practice

(Participant Handout-Page 4)

Complete handout. Any imagery that is significant to the participants may help make the process of “talking back” more meaningful and fun. For example, the 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.

VI. HOMEWORK

(Participant Notebook-Page 5)

Homework assignments for this session are:

- A. Keep Track of weight, calories, fat grams, minutes of activity and steps taken
- B. Be active a minimum of 125 minutes per week.
- C. Make and follow activity plan
- D. Page 6- Questions regarding talking back to negative thoughts
- E. Encourage participants to bring in a menu from a local restaurant they like. Next week's session will focus on eating out.

VII. CLOSING

- A. Everyone has negative thoughts; it is how we respond to them that makes the difference. Stop negative thoughts and replace them with positive ones. It will take practice but it is well worth the effort.
- B. Questions.
- C. Thank participants for attending the meeting.

Session 14:

Four Keys to Healthy Eating Out

Objectives:

In this session, the participants will:

- Learn four basic principles for healthy eating out
- Practice making a meal selection from an appropriate menu.
- Learn how to ask for a menu substitution.
- Practice problem solving.

To Do Before the Session:

Get materials ready:

- **Sample menus from local restaurants.**
- **Optional handouts appropriate for the participants (for example, booklets on the nutrient content of fast foods).**
- **Distribute booklet Nutrition in the Fast Lane**
- Coupons for meal replacements
- Keeping Track book.
- Pages for participant notebook.
- White board.
- White board pens.
- Scale.
- Pencils or pens
- Basket or box (for collecting Keeping Track books).

I. WEIGH EACH PARTICIPANT

At this point participants have completed three and a half months of the program. If participant's rate of weight loss begins to slow down, let them know this is not unusual. If the participant was losing 2 pounds a week, the rate may slow to 1 pound a week or less. Likewise, participants losing one pound per week may lose less. Empathize with participants' possible disappointment. Reiterate, however, that adhering to the meal replacements, meal plans, and physical activity will ensure optimal weight loss, even if slower.

This may also be a good time to point out that it is not uncommon to have a pattern of losing two pounds one week followed by a week of little to no weight loss. Again, the message is

that the scale will eventually reflect the behaviors.

II. WELCOME AND DISCUSS HOMEWORK

A. Talking back to negative thoughts

Participants were to have recorded negative thoughts in their Keeping Track book and to have answered the questions in Session 13 (page 6) on talking back with positive thoughts.

Ask a few participants to report any negative thoughts they had over the past week and their success with using positive talk. Praise their efforts and provide a reminder that the process of positive thinking can be learned and will help them in their weight loss efforts.

B. Use of Meal Replacements/Meal Plans

Participants may be experiencing flavor fatigue and in need of suggestions for improving the flavor. Ask them if they have had any good ideas for adding variety. Consider having samples of frozen replacements, fruit-supplemented replacements, and flavor options. This may help participants who are not as willing to experiment.

C. Keeping Track of Weight, Calories, Fat Grams and Physical Activity

Spend time on these only if you determine there is a need to review or reinforce.

D. Session 14 Overview

Today's session will focus on four basic strategies for healthy eating-out.

An "eating-out exercise" will allow for the opportunity to practice making healthy choices.

III. HEALTHY EATING OUT

(Participant Notebook-Page 1)

A. Introduction

Although the participants remain on the meal replacements and meal plans, it is likely that they will eat out at some point. It is important to address this topic for these

occasions and for the future when they return to a diet of just conventional foods.

Eating out (restaurant or take-out) presents a special type of challenge for anyone trying to change eating habits. These challenges include restaurants with few low-fat, low-calorie choices, the trend towards “biggie” portion sizes, menus featuring specialty appetizers and desserts (who hasn't heard of the Bloomin Onion and Chocolate Decadence?), and the social pressure to eat.

The good news is that it possible to learn strategies that will allow for eating out while staying within a calorie and fat gram goal.

B. Four Basic Keys to Healthy Eating Out (Participant Manual – Page 1)

1. Planning ahead.

The first and most important step in learning to cope with restaurants is to plan ahead. The more participants plan ahead, the better they will stay within calorie and fat gram goals.

Begin by asking participants what they could do in advance to make eating out easier. The participants may share some ideas that will be helpful to others.

Review and discuss how the suggestions on page one will help increase the likelihood of staying within their calorie and fat gram goals while eating out.

Some points to cover include:

- ✓ Calling ahead to a restaurant allows for advance planning—planning what to order or changing plans to go to another restaurant with healthier food choices.
- ✓ By anticipating a restaurant meal, calories can be “banked” a few days ahead. Remind participants that this means within reason. It would not be wise to drastically cut calories and then binge. This would have a negative effect on blood sugar levels.
- ✓ Ordering first and not lingering over the menu choices will increase chances of making a better choice. Menus are typically designed to make everything sound irresistible.

- ✓ Drinking alcohol will add empty calories. Recognize that if calories are “used up” on alcohol, a trade off of something else should occur.
- ✓ The host of a party or dinner usually appreciates an offer to bring something and this will allow for at least one healthy food choice.
Parties are a time to socialize, so try to anticipate and enjoy the non-eating aspects of the event.

2. Asking for what you want.

(Participant Notebook-Page 2 and 3)

Some participants are uncomfortable asking questions or making special requests in restaurant. They may feel that they are being nuisances or that their wishes may not be accommodated. Remind participants that it's the restaurant's business to keep the customers happy, and most restaurants are accustomed to special requests.

Review the types of requests (page2) that would be appropriate to make in a restaurant. Ask the group if they can think of any other type of requests.

It is important to stress that it takes practice in order to feel comfortable making special requests and that there is a “technique” for sounding assertive but not aggressive.

Review “How to ask for what you want” as listed on page 3.

- Begin with “I”, not “You.”
“I would like,” “I need,” “I will have.” Using “I” statements show that a person is taking responsibility for their own feelings and desires.

“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, but be nice.
- Look the person in the eye.
Eye contact says a lot. Avoiding eye contact often means you don't feel strongly about what you are saying.
- Repeat needs until heard. Use a calm voice.

Sometimes it may take several tries. Repeat the request if necessary using a low but firm voice. A loud voice can be threatening to others.

Practice Eating Out Exercise

Allow participants to practice ordering from a menu. Use a menu from a local restaurant and have a few participants role play. Ask for volunteers to be the waiter, the customer, and the friend of the customer.

The customer should order food requiring modifications (broiled not fried, etc).

The waiter should be somewhat difficult and make the customer really work to get the message across.

The friend should act a bit embarrassed but in the end be very proud of the way the customer is persistent and gets the food the way he ordered it.

Allow the scene to develop. Have the group give feedback about the way the role-play developed and give suggestions for how to improve the communication between the customer and waiter.

If time allows, role-play a second scenario at a fast food restaurant:

The customer should try to order a meal with modifications (i.e., no mayonnaise, no cheese, etc)

The waiter should place the order incorrectly.

The customer should then return the meal because it is not what was ordered.

Allow the scene to develop. Have the group give feedback about the way the role-play developed and give suggestions for how to improve the communication between the customer and waiter.

3. Work with what's around you.

Open up a discussion of eating cues (covered in session 6) and ask the participants about the eating cues they have noticed in restaurants and possible solutions on how to handle these eating cues. Some examples

include:

- ✓ Eating cue: "Table tents" in restaurants that feature pictures of desserts. Possible solution: Put the tent under the table or out of sight.
- ✓ Eating cue: A dessert cart or tray that is brought to the table. Possible solution: When ordering the entrée, request the cart/tray not be brought to your table. If others want dessert, possibly excuse yourself while they order and ask someone to order fruit for you.

4. Be careful about the foods you choose

(Participant notebook page 4)

Review the menu terms and tips for making low-calorie, low-fat choices.

IV. WHAT'S ON THE MENU

(Participant Notebook-Page 5)

Ordering a low-fat meal can be easy. Review table for low-calorie choices and compare to foods that are high calorie choices. For each of the categories, ask participants if they are aware of any local restaurants that feature healthy choices.

V. FAST FOOD

Eating at fast food restaurants can present new challenges due to limited menu selections. However, most fast food places now have lower fat selections.

Suggested activity: Select several fast food restaurants and review the lower fat food options and/or review from booklet Nutrition in the Fast Lane.

VII. PROBLEM SOLVING

(Participant Handout-Page 8)

To better prepare the participants for eating out, ask them to choose one of the four keys to healthy eating out and make a positive action plan. Assign this as homework if time is limited.

IX. HOMEWORK

(Participant Notebook-Page 11)

Homework assignments for this session are:

Look AHEAD
Counselor's Manual

- A. Keep Track of weight, calories, fat grams, minutes of activity and steps.
- B. Be active – minimum of 150 minutes per week of activity
Follow Action Plan if participants eat out and answer questions on page 9 regarding following the plan.

X. CLOSING

- A. Eating out can be a challenge. The challenge can be met by using the four key strategies to help stay closer to calorie and fat gram goals while still enjoying the experience of eating out.
- B. If you plan ahead, ask for what you want, think about the eating cues you can change, and make careful selections, it is possible to eat out and manage your weight and diabetes.
- C. Answer questions and thank participants for attending the session.

Session 15:

The Slippery Slope of Lifestyle Change

Objectives:

In this session, the participants will:

- Identify things that cause slips from healthy eating and exercise
- Learn how to recover after a slip

To Do Before Session:

Have materials ready:

- White board
- White board pens
- Coupons for meal replacements
- Keeping Track books
- Pages for participant notebooks
- Scale
- Pencils or pens
- Basket or box for collecting Keeping Track books

I. WEIGH PARTICIPANTS

Weigh participants and respond to weight change as discussed in previous sessions.

II. WELCOME AND DISCUSS HOMEWORK

A. Eating out

Ask participants if they had a chance to eat out last week. For those who did, ask about their success in following their plan for eating out.

B. Keep Track of Calories, Fat Grams, Minutes of Activity, and Steps

Ask generally about the participant's success with keeping track of the above. Address any problems as needed.

C. Use of Meal Replacements/Meal Plan

Focus on the meal replacements and meal plans only if you feel it is necessary. You may want to let the participants know that they have just one month to go on the meal replacements. During session 19, we will begin to address the transition to adding more conventional foods.

III. LAPSE AND RELAPSE PREVENTION

A. Introduction

The “slippery slope” is a “participant friendly” way to introduce the theory of lapses, how to prevent lapses, and how to deal with relapses if they occur.

A lapse or a slip is a single episode of uncontrolled or inappropriate eating or lack of exercise. The number of calories consumed or not burned off during the episode does not usually lead to much (or any) weight gain.

Similar to negative thoughts, it is the “after-thoughts” of lapses that potentially lead to a problem. The thoughts following a lapse tend to be negative and self-defeating. People usually feel guilty and blame themselves after a lapse.

The feelings of guilt, blame, and self-defeat may lead to more overeating, feeling worse, more negative feelings, and more overeating. In this situation, the single lapse or slip has now created a cycle of relapse.

IV. THE SLIPPERY SLOPE OF LIFESTYLE CHANGE

(Participant Manual – Page 1)

- A. Begin by defining slips as occasions in which a person does not meet their calorie and fat gram goals or their plan for being active.
- B. Stress that nearly all people experience episodes of overeating or “under” exercising.
- C. These episodes are normal and should be expected. The analogy of learning to ski may help underscore this point and introduce the strategy for getting back on track.

Explain that experiencing slips while trying to make lifestyle changes is much like falling down when learning to ski. The *expectation* is that people will fall down when learning to ski, it is a natural part of the learning process (if the skiing analogy is not appropriate for your participants, substitute and carry the discussion through with a different analogy such as learning to ride a bike, dance, or any activity that

requires practice). The process of making lifestyle changes presents a similar case. The *expectation* is that people “will fall” or slip from their plans to make healthy eating and activity changes. This is a natural part of the process of learning to make long-term lifestyle changes.

- D. The good news is that slips do not necessarily decrease the chances of succeeding or undo the progress that has been made. Falls on the “bunny hill” do not mean that the “black diamond” trails will be impossible. It simply means that more practice and learning are necessary. Similarly, one too many appetizers or desserts at a family celebration will not cause a 5, 10, 15, or 20 pound regain. It simply means that better planning and practice are needed.
- E. Ask the group what they think would happen to the novice skier whose thoughts after several falls on the bunny hill were—“this is too hard, I am not coordinated enough, I am cold and tired”. Chances are good, the skier might decide not to try again.

Ask the group what they think would happen to the person trying to make lifestyle changes whose thoughts after overeating at a family celebration were—“I knew I would blow it, I don’t have the willpower, the food was just too good to resist”. These negative thoughts might lead the person to “blow” the rest of the day.

The bottom line is that a person’s *reaction* to the slip is what matters. The slip itself never really does much harm.

- F. Ask participants to complete the sections on common things that cause slips from healthy eating and being active. Although there are many reasons for slipping, try to find commonalities in their responses. Some examples may include stress, a busy schedule, celebrations, tiredness, and boredom.

V. WHAT TO DO AFTER A SLIP

(Participant Manual – Page 2)

A. Summarize:

- Slips are normal and expected.
- No single slip will ruin everything
- The slip is not the problem. It is the reaction to the slip that matters.

B. Steps To Take After A Slip

Review the five steps:

- 1. Talk Back.** Remind participants of the need to recognize negative thinking after a slip, say “STOP”, and counter with a positive thought.
- 2. Ask Questions.** Asking questions provides an opportunity to evaluate the situation and plan how to handle it in the future. Ask the group what kind of questions they would ask themselves in the previously described slip that occurred at a family celebration. What kind of plan might be effective?
- 3. Regain Control.** Getting back on track is very important. It is best to get back on track as soon as possible. Participants should try to regain control at the very next meal, not the next day.
- 4. Talk To Someone Supportive.** Better to talk through it than eat through it. Encourage participants to ask for help from PRIDE staff members and the group—that’s what we are here for. Family and friends can also provide additional support.
- 5. Focus on Positive Changes.** The same person who “blew it” today is the same person who has been successful during the previous weeks. Slips are part of the process in making long-term lifestyle changes.

VI. MAKING ACTION PLANS FOR HANDLING SLIPS (Participant Manual – Pages 3-6)

- A. Preparing for the possibility of overeating or lack of activity does not make it more likely to occur. It does, however, help identify the best possible way of handling it.

Explain that this is very similar to having a fire drill. Fire drills do not make a fire more likely to occur. Rather, the drills help reduce the likelihood of injury or damage.

This is why having a plan is important.

- B. Allow time for the participants to work on the Actions Plans for slips from healthy eating and slips from physical activity (pages 3 and 5). The participants can review the samples (pages 4 and 6) if they need help. If time allows, review these with participants prior to beginning this exercise.

Ask for a couple of volunteers to review their plans. Provide positive feedback.

VII. HOMEWORK

(Participant Manual—Pages 7-8)

- A. If participants did not complete both Action Plans, ask that they finish at home.
- B. Answer questions on page 8 regarding following the Action Plan.
- C. Continue to Keep Track of weight, calories, fat grams, minutes of activity and steps.
- D. Remind participants that the activity goal is a minimum of 125 minutes/week.

VIII. CLOSING

- A. Despite all efforts, slips are inevitable. But slips do not mean failure. Slips are temporary setbacks. By following the steps for recovering from a slip (talking back to negative thoughts, evaluating, regaining control, seeking support, and focusing on the positive) the “slip will just be a blip” on the big screen of lifestyle change.
- B. Address any questions.
- C. Thank the participants for their attendance.

Session 16: Recipe Modification

Objectives:

In this session, the participant will:

- Learn how to substitute low-fat, low-calorie ingredients for high-fat, high-calorie ingredients in recipes

To Do Before the Session:

- Prepare a fat modified food recipe for patients to taste; pass out copies of the new recipe.
- Bring any low-fat cookbooks available at the center to show to participants.
- Print and distribute weight and exercise graphs

Get materials ready:

- Keeping Track books
- Coupons for meal replacements
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens
- Basket or box (for collecting Keeping Track books).

I. WEIGH EACH PARTICIPANT

Continue to address the participant's weight loss concerns and provide appropriate feedback.

II. WELCOME AND DISCUSS HOMEWORK

A. Action Plans for Slips

Ask for volunteers to discuss any eating or activity slips from the past week. Discuss whether their Action Plan was utilized and helpful. Praise their efforts and help participants fine-tune or revise their plans as necessary.

The Action Plan may have been helpful if the slip was caused by something that commonly occurs or was expected. However, people are sometimes caught "off guard" by slips. The example below might help participants recognize that every-one slips at some point.

Someone who never slips when eating out, slips because they were overly hungry and the restaurant was “all you can eat”. This type of slip sometimes “feels worse” because the participant is accustomed to not slipping when eating out.

Review the use of the “after a slip” steps on page 2 of session 15.

B. Use of Meal Replacements/Meal Plans

Encourage participants to share situations in which they were tempted to diverge from the meal replacement or meal plan. Inquire about any strategies participants may have used to facilitate adherence. Praise participants' efforts to stay on the plan.

C. Keeping Track of Weight, Calories, Fat Grams, and Physical Activity

Address these issues briefly as in previous weeks. If any individuals are struggling with adherence, you may want to speak with them on an individual basis after group. This is always an option.

D. Overview of Session 16

Today's session will continue the focus on healthy eating by discussing ways to modify the calorie and fat content of recipes. A recommended list of cookbooks will also be provided.

Optional: A “taste test” may help participants recognize that low-calorie, low-fat foods taste good. Select a recipe that has been or can be modified. Make the modified version ahead of time for the participants to taste test during the session. A good source of “before and after” recipes appears in the magazine publication “Cooking Light” (available at newsstands 10 months of the year) or check out their on-line features at www.cookinglight.com.

III. BUILD A BETTER RECIPE

(Participant Notebook-Page 1)

A. Introduction

Previously we discussed the importance of eating healthy and how the Food Guide Pyramid can be used to construct healthier diets. This session will focus on learning how to build a better recipe.

Review the list of suggested substitutions on page 1 and ask the participants if they have ever used these substitutions. Inform participants that the process of modifying recipes is

sometimes “experimental.” For example, some no-fat cheeses do not melt. If cheese is used in cooking, it may be best to use a “part-skim” cheese and use the no-fat cheeses for recipes that do not require cooking or baking.

During session two, participants circled high-fat, high calorie foods in their Keeping Track records; this same concept can be used to build better recipes. If participants brought in recipes from home, ask them to circle the high-calorie, high-fat ingredients that can be substituted.

Optional: Have the participants taste a food that is made from a modified recipe.

Keep in mind that some participants may never cook or someone might do the cooking for them. Encourage participants to share this handout with the person who prepares their food.

B. Cookbooks

(Participant Notebook-Pages 2-3)

Refer participants to listing of low-calorie, low-fat cookbooks. Indicate that they are good sources of healthy recipes

VI. HOMEWORK

(Participant Notebook-Page X)

Homework assignments for this session are:

- A. Keep Track of weight, calories, fat grams, minutes of activity and steps taken
- B. Be active- minimum of 125 minutes per week of activity
- C. Try to make a new low calorie meal, try a new low calorie item, or taste a new fruit or vegetable to add variety to your eating habits.

VII. CLOSING

- A. You don't need magic to lose weight. Adhering to the meal replacement and meal plans carefully and staying active are the keys to reaching weight loss goals.
- B. Address questions.
- C. Thank participants for their attendance.
- D. Ask participants to wear comfortable clothes to next week's session because we will be learning resistance training exercises.

Session 17:

Jump Start Your Activity Plan: Muscle Training

Objectives:

In this session, the participants will:

- Review the long-term PRIDE activity goal
- Understand the health benefits of aerobic exercise and strength training
- Know how to start a simple muscle (strength) training program

To Do Before the Session:

Have material ready:

- **Exercise band (practice using the exercise band prior to session unless fitness specialist is demonstrating)**
- White board
- Coupons for meal replacements
- White board pens
- Keeping Track Books
- Pages for Participant Notebooks
- Scale
- Pens/Pencils

I. WEIGH PARTICIPANTS

Weigh participants as described previously. Discuss satisfaction with their progress, if time allows.

II. WELCOME AND HOMEWORK

A. Recipe Modification

The participants may not have had a chance to try a new recipe, but ask if anyone has tried a new fruit, vegetable, or low fat/low calorie product. Encourage participants to experiment with new recipes and products.

B. Meal Replacements and Meal Plans

Remind participants that there are only 3 more weeks for using a meal replacement for 2 meals each day. PRIDE will continue to provide a meal replacement for one meal each day. If participants ask about remaining on the meal replacements for 2 meals each day, this is acceptable.

Inform participants that session 20 (in 3 weeks) will address concerns about using fewer or no meal replacements.

C. Review Keeping Track Books

Determine how many meal replacements participants used during the past week. This can be done by asking, “How many people used three meal replacements a day?” “How many used two a day, etc?” Emphasize the benefits of continuing to adhere to the meal replacement for the last several weeks. Have several people review their calories for the week to determine if they met their goal.

D. Session Overview

Today's session will focus on physical activity. PRIDE activity goals and the benefits of physical activity will be reviewed. This session will also introduce the participants to the potential benefits of muscle (strength) training and teach some basic muscle training exercises.

NOTE: This session includes a demonstration (and group participation) of strength training using exercise bands. Each site should have an exercise or fitness specialist with experience in using the exercise band. This person should do the demonstration unless the group counselor has (or acquires) sufficient knowledge of exercise bands.

III. PRIDE ACTIVITY GOAL

(Participant Notebook – Page 1 & 2)

A. Current Goal and Long-term Goal

Review the current goal of 150 minutes each week (30 minutes, 5 days per week) of moderate physical activity. Remind participants that moderate activity is activity that is equivalent to a brisk walk.

Ask the participants if they are now at the point where they actually enjoy physical activity. Provide positive reinforcement. Indicate that they are only five weeks away from reaching the final goal of 200 minutes each week (40 minutes on 5 days per week). Some participants may have already met this goal or

surpassed it. Again, congratulate participants and remind them that this goal is a minimum goal. They are encouraged to exceed the goal if they wish.

B. Reaching the PRIDE Activity Goal

Discuss that the best way to know if these goals are being met is to use the two tools provided—the Keeping Track book and the pedometer. Both of these provide a basis for knowing if the activity goal is being met.

C. Benefits of Being More Active (Participant Manual – Page 2)

Review the benefits of being more active as listed on page 2. Ask the participants which benefit(s) they are most motivated by. Provide positive feedback.

D. Review Strategies For Becoming More Active

Indicate that there will always be barriers to being more active, but the strategies covered in previous sessions can always come to the rescue. Review these strategies and ask for a few volunteers to talk about how these strategies may have helped them.

- Working with what's around you
- Solving Problems
- Talking Back to Negative Thoughts

IV. STRENGTH TRAINING (Participant Notebook – Page 3)

A. Adding Something New

Ask participants if they have stuck to the same type of activity for the last 17 weeks and if so, have they experienced any boredom. Explain that boredom is a common reason why people abandon their efforts to be physically active.

Ask participants if they have tried anything new to remedy the boredom. Suggest that sometimes the solution could be as simple as changing a walking route or getting some new music to listen to while walking. Other times, the level of boredom is such that a new activity needs to be incorporated

Inform the participants that this session will include an opportunity for everyone to try some muscle (strength) training.

B. Definition

Strength training is exercising a specific muscle against a resistance (a weight or tube with tension such as the exercise bands) to build strength in that muscle and to make the muscle more firm and toned.

C. Benefits

Discuss the benefits as listed. Suggest the type of strength training covered tonight is not aimed at creating “muscle bound” participants. The main reasons are health-related, including:

- Improved ability to perform the tasks of daily living—housework, yard work, carrying groceries, etc.
- Helps you lose weight and keep it off.

Remind participants that strength training burns fewer calories than brisk walking and does not improve heart fitness.

Strength training should be used in addition to current activity, not as a replacement.

V. STRENGTH TRAINING INSTRUCTION/DEMONSTRATION

(Participant Notebook – Page 4 & 5 plus supplemental demo pictures at the end of the session)

The instructions and guidelines for muscle training can be given during the group participation component. This will help participants understand how to follow the instructions and use the exercise bands.

Consider using some upbeat music to make this fun.

VI. HOMEWORK

(Participant Notebook – Page 8 & 9)

- A. Do the muscle training exercise three days this week and record in the Keeping Track Book. This can just be recorded as “exercise band”. It is not necessary to write the specific exercise or number of minutes. Muscle training exercises are in addition to the weekly exercise goal (in minutes).
- B. Continue 150 minutes of activity this week.
- C. Continue to use the meal replacements for 2 meals each day and Keep Track of calories and fat grams.
- D. Look over the sample PRIDE meal plans in order to plan appropriately.

VII. CLOSING

- A. Enjoy using the xertubes. This is just one way to increase variety and improve fitness. In the future, please share any new ideas about how you beat boredom with the group.
- B. Address questions.
- C. Thank the participants for their attendance.

Session 18: Emotions and You

Objectives:

In this session, the participants will:

- Identify what type of eaters they are.
- Review things that get in the way of healthy eating and being active.
- Connect negative thoughts to emotions that trigger overeating and inactivity.

To Do Before the Session:

Have materials ready:

- White board
- White board pens
- Coupons for meal replacements
- Keeping Track books
- Pages for participant notebooks
- Scale
- Pencils or pens
- Basket or box for collecting Keeping Track books

I. WEIGH PARTICIPANTS

Weigh participants and respond to weight change as discussed in previous sessions.

II. WELCOME AND DISCUSS HOMEWORK

A. Muscle/Strength Exercises

Ask participants to report on their success with using the exercise bands. Congratulate them and address any questions related to use of the bands.

Reinforce that these exercises are designed to add something new and beneficial to overall physical fitness. They are not intended to replace the PRIDE activity goal. Determine if participants had any problems reaching the current 150 minutes of activity over the past week.

B. Physical Activity

Ask group members how they are doing with minutes of activity and steps. Participants should provide specific number of minutes they exercised or number of steps. Suggest that a good way to “get back on your feet” after a slip is to literally “get back on your feet”. After overeating, physical activity is good way to help regain control, focus on the positive, and burn calories!

C. Keeping Track and Meal Replacements/Meal Plans

Determine by show of hands how many people kept food records this week. Call on a few people to review their calories for the week. If adherence to record keeping is declining, spend a few minutes addressing this issue. Reiterate the importance of continuing to adhere closely to the meal replacement plan and to record food intake.

D. Overview of Session 18

Introduce today's topic that will provide an opportunity for a continued discussion on how eating behaviors are affected by thoughts and emotions. This week's session will address how both positive and negative emotions can lead to overeating. Strategies for dealing with emotions that do not involve eating will also be covered.

III. WHAT KIND OF EATER ARE YOU

(Participant Notebook-Page 1)

A. Introduction

Begin by discussing that eating habits develop over many years. Explain that most people do not spend much time thinking about how they eat or if they are a certain “type” of eater. Their style of eating is usually a function of many factors such as culture, traditions, lifestyle, preferences, and the environment.

The process of Keeping Track over the past four months has provided the opportunity for participants to develop an important key to changing eating and activity habits. The key is *awareness*. Ask the participants if Keeping Track has made them aware of their eating style and if they feel any of the following describe their past or current eating style.

Describe the following types of eaters:

1. Trying to eat less, but ending up eating too much because meals were skipped.
Ask the participants if they have ever fallen into the pattern of eating too little for breakfast and lunch, only to overeat later in the day. This type of eater is also likely to overeat at the end of the end of the day due to feeling good or bad about something.
2. Trying to eat less and succeeding most of the time
Ask participants if they think this sounds familiar. They have a plan and stick to it most of the time. If a slip occurs, they get back on track and don't let negative emotions get in the way.
3. Not trying and eating too much.
Ask participants if they have ever had days when they simply did not want to try because they were thinking about past failure(s) at weight loss and were feeling deprived and stressed.

Explain that options 1 and 3 obviously are not conducive to long-term success. Option 2 is the best approach because it is the most flexible—there is a plan for healthy eating and activity, but the plan is not overly strict and provides for correction when a slip occurs.

Ask the group what types of feelings or emotions might get in the way of a person adhering to option 2. Write these on the board. They will serve as an introduction to the next section. (The list should include a variety of responses such as happiness, sadness, boredom, anger, anxiety, frustration, guilt, and stress.)

IV. IDENTIFYING EMOTIONS (Participant Notebook-page 2)

A. Introduction

Explain that their responses represent very common emotions, which cause many people to overeat and be less active. Discuss that overeating and not being active are not necessarily a natural reactions to these emotions. They are simply how some people have learned to respond to negative emotions.

Have participants think of a specific, recent time when they ate more food or were less active than usual and to complete the questions on page 2.

Ask a few participants to volunteer their answers to the questions. Elicit group input by asking if other participants have experienced a similar situation.

B. The Vicious Cycle
(Participant Notebook –Page 3)

Illustrate on the board how emotions can lead to overeating and being inactive and how this creates a vicious cycle. Use the example identified on page 3 or use a similar scenario.

The key points to include are:

- The cycle begins with good intentions
- Something (good or bad emotion) gets in the way
- Overeating or inactivity occurs in response to the emotions
- Negative thoughts and feelings ensue
- More overeating and/or inactivity follow

The important message is that there are ways to avoid getting trapped in this cycle. Stress these key points:

- Never give up. Focus on the short term goals if the long- term goals seem too overwhelming.
- Recognize change takes time. As discussed in previous sessions, it takes time to truly change eating and activity behaviors.
- Learn new ways. People can learn to respond differently to their emotions. Each situation provides an opportunity to find a new non-eating response.

C. Negative Thoughts
(Participant Notebook – Page 4)

The chart on page 4 is a review of different types of negative thoughts. Ask participants if they can identify some of the emotions that may be associated with negative thoughts. Try not to spend too much time on this page, as this material is designed to summarize the connection between negative thoughts and emotions, which should be evident at this point.

V. FLEXIBLE WEIGHT LOSS STRATEGIES

(Participant Notebook – Page 5)

Ask participants to raise their hands if they have never felt anxious or frustrated about meeting the PRIDE goals for calories and fat grams. Explain that anxiety and frustration are emotions that very commonly lead to overeating and not being active.

Recommend that the “flexible approach” to weight loss may help to reduce some of the anxiety and frustration connected with making long-term eating and activity changes.

Discuss the strategies below:

- Avoid skipping meals, which leads to being overly hungry
- Eat moderate amounts of food
- If overeating occurs, get back on track as soon as possible

VI. PRACTICE EXERCISE

(No corresponding page in the participant notebook)

If time allows and you feel the group would benefit, divide the participants into groups of three to four. Have 4 to 5 scenarios on separate sheets of paper that present various challenges to staying on a healthy eating plan. Each group will take one scenario and discuss the emotions that may be present and the possible positive solutions to the situation. Afterwards, have each group report on their ideas for how to deal effectively with the emotions presented.

1. *You are at the home of your friend with other friends from work. You are relaxed and enjoying yourself. It's time to eat and the table is filled with all kinds of food, both high and low-calorie. Everyone has brought a dish to share and they are anxious to know what you think about the dish they brought. What do you do?*

Emotions: Positive emotions related to the special occasion; concern or ambivalence about social pressure to eat.

Possible solution: Eat small portion sizes of most dishes and let others know how much you enjoyed a small taste of everything.

2. *You just got a raise at work and you want to celebrate your success. How do you celebrate? Does it involve food?*

Emotions: Positive emotions related to rewarding accomplishments and

celebrating.

Possible solutions: Identify other types of rewards such as going for a massage, buying a new outfit or going on a walk with a friend.

- 3. It has been a long week and you are feeling tired and down. You used to get together with your friends on Saturday mornings for donuts and coffee but now you are trying to stay away from donuts. You really love donuts. What do you do?*

Emotions: Negative emotions related to feeling socially deprived and disappointed.

Possible solutions: Have coffee and a bagel; eat just one donut and make adjustments in your calories later that day or the day before

- 4. Some of the low-calorie recipes you have tried have not been well-liked by family. On Monday, you mention that you're going to try a new low-calorie fish dish. Your family members are upset; they want pizza with the works. You try to quietly discuss other options but it does not work. Everyone is angry. How do you deal with this situation?*

Emotions: Negative emotions related to being frustrated and stressed.

Possible solutions: Negotiate with family members. Order the pizza for Monday night and have a moderate portion. On Tuesday ask for your family to support you by trying the fish dish.

VII. HOMEWORK

(Participant Notebook – Page 6)

- A. Explain that it is possible for people not to know what emotions lead them to overeat. Because the first step in making changes in eating and activity behaviors is identifying the behaviors, this week's homework will include an additional Keeping Track activity.

Ask participants to keep track of their feelings and moods when eating a meal or snack by noting a plus (+) sign for positive emotions and a minus (-) sign for negative emotions.

- B. Continue to use the meal replacements—just 2 more weeks to go on using the replacements for 2 meals.

- C. Continue to Keep Track of weight, calories, fat grams, minutes of activity and steps.

D. Practice the muscle training exercises that you learned.

VIII. CLOSING

A. This week's session tried to identify several keys for successful long-term weight loss. These include: the need to recognize that our thoughts and emotions play a big role in determining our eating and activity behaviors; the benefits of learning how to turn negative thoughts and emotions into positive ones; how to recover from slips that are normal and to be expected and how to be flexible in order to increase the likelihood of success.

B. Address questions.

C. Thank participants for their attendance.

Session 19: Handling Holidays, Vacations, and Weekends

Objectives:

In this session, the participants will:

- Learn tips for managing calories and staying active during the holidays, vacations and weekends
- Complete an exercise on planning ahead and setting priorities in order to successfully stay within program goals

To Do Before the Session:

Gather materials

- Keeping Track books
- Coupons for meal replacements
- Pages for participant notebook
- Scale
- White Board/Pens
- Pen/Pencils

I. WEIGH PARTICIPANTS

Weight participants as described in earlier sessions. Even the most successful participants are unlikely to lose more than 1 lb a week at this point in the program. Address probable concerns that weight loss has slowed.

II. WELCOME AND HOMEWORK REVIEW

A. Keeping Track – Positive and Negative Emotions

Session 18 homework included keeping track of feeling and moods when eating a meal or snack. Ask participants to discuss their experiences including identifying emotions that may have lead to overeating or being less active, identifying patterns of overeating or decreased activity, and whether possible solutions were identified.

Participants may report that there were times when they did not feel particularly positive or negative. Explain that this is possible and they may have just been hungry. The point is to determine if there is a pattern of overeating or underexercising that correlates to specific feeling or moods.

B. Use of Meal Replacements/Meal Plans

Inform participants that they will consume the meal replacement plan for only one more week. Beginning at week 20, they will discontinue the meal replacement and eat more conventional foods. Participants will be encouraged to continue to replace one meal per day with a liquid shake, which the program will continue to provide. We will also provide structured meal plans for breakfast, lunch, and dinner. These are similar to the PRIDE meal plan that participants have been following.

Discuss participants' reaction to discontinuing the meal replacement next week. Some may be delighted and others disappointed. For those who are disappointed, reiterate that they will be able to continue to use the meal replacement once a day. They may also purchase product if they wish to replace more than one meal a day.

Indicate that it may be tempting to "stray" from the meal replacements because it is so close to the 4-month goal. Encourage the participants to "stick with it" for 1 more week. Explain that the more compliant they are, the better weight loss results. Mention that additional PRIDE meal plans will be provided next week.

C. Keep Track of Eating and Activity

Review participants' adherence to their calorie, fat gram, and activity goals. Call on a few participants to review each of these items, as in earlier sessions. Problem solve with participants who report difficulties.

D. Session Overview

Today's session will cover tips and strategies on how to stay within calorie and activity goals despite holidays and vacations.

III. WAYS TO HANDLE HOLIDAYS, VACATIONS, AND WEEKENDS

A. Introduction

Begin by asking the group to generate reasons why they feel holidays, vacations, and weekends are potentially difficult times for weight management. Supplement their responses with the following:

Holidays

- Busy schedules including cleaning, shopping, and socializing
- The abundance of "special" seasonal foods and drinks
- The pressure for the holiday or event to be "perfect"

- Possible sleep deprivation
- An easy excuse for “going off” the program

Weekends

- Lack of structure
- Desire to “treat yourself”
- Different types of foods available

Vacations

- Departures from usual routine
- More frequent eating out
- Time to relax equated with time to “go off” the program

Indicate that all of these factors make it more challenging to manage weight, but none are true obstacles. Participants already possess many of the skills needed to “make it through” these times.

Participants probably have already “weathered” at least one holiday or vacation prior to this session. Ask for volunteers to talk about how they coped and which skills they relied on to get them through. Hopefully, participants will relate that they used some of the skills learned through PRIDE including:

- Eating fewer calories by watching portion sizes or making lower-calorie choices
- Setting up an environment conducive to weight management
- Decreasing barriers to physical activity
- Problem solving
- Eating out tips
- Talking back to negative thoughts
- Identifying and dealing with emotions which may lead to overeating

Provide positive feedback on their efforts thus far. Let participants know that if they did previously experience a difficult time, today's session should be helpful.

B. Tips to Handle the Holidays, Vacations, and Weekends (Participant Notebook – Page 1 &2)

Review the tips for handling holidays and weekends. Engage participants in a discussion of why these strategies may be helpful.

Weekends

1. Plan ahead, make a specific plan so that the lack of structure doesn't create a problem.
2. Plan pleasures other than food or drink (see below on vacations).
3. Don't skip meals. Skipping meals can leave you too hungry and make you vulnerable to impulse eating.

Again, it is important to plan ahead so that you make time for your meals.

Vacations/Holidays

1. Plan pleasures other than food or drink.

Indicate that the temptation to focus on food/drink is significant. To combat this requires planning a vacation or holiday where food is not the main event. Inform participants that later in this session, they will complete an exercise that will help them set priorities for enjoying holidays/vacations without food as the main event.

Suggest participants not just ask themselves how they want to spend their holiday or vacation, but how they want to spend their time after the holidays or vacation. Post holiday and vacation “blues” are hard enough without the added pressure of regaining control.

2. Hold a family meeting ahead of time.

Enlisting family support will improve participants' chances of succeeding. Encourage participants to talk with family members. If a participant is experiencing significant resistance from family members, the provider may need to speak to the individual outside of the group to help problem solve.

3. Have reasonable expectations.

Remind the participants that a form of negative thinking is the “should have” thoughts. Suggest it may not be possible to lose weight during the holidays or while on vacation, but it is possible to maintain weight loss by being active and continuing to keep track of calories and fat gram goals.

Discuss that if they focus on making “smart” choices most of the time, there is no need to be “perfect.” An example of a smart choice would be to skip the bread and butter and alcohol at a special event and have a moderate portion of dessert. This prevents feelings of deprivation and will help control calories better.

4. Tension during the holidays, vacation, and special events.

Stress the importance of avoiding “overdoing it” or doing things you do not want to do. This usually leads to a cycle of negative feelings and potential overeating. Ask participants to think of something they do that they really do not want to do during holidays or on vacation. Ask them what would happen if they decided not to do this particular thing. (Example: What would happen if they did not bake 10 types of cookies this year?)

5. Decide what you want to do about alcohol.

Review that alcohol contains “empty” calories. It is reasonable to have a drink occasionally, but a calorie adjustment should be made (i.e. giving up dessert).

Remind participants that alcohol potentially lowers self-control, which may then significantly affect calorie consumption.

6. Build in ways to be active.

Being more active is always a positive way to buffer some of the additional calories over the holidays. Additionally, suggest that activity will help to provide stress release during busy seasons.

7. Prepare for friends or family you haven't seen in a while.

Indicate that participants are likely to receive attention from people they have not seen recently. Ask participants how they will handle compliments and questions about their weight loss. Positive remarks will be reinforcing for most participants, but intrusive questions can be irritating. Some participants may encounter an acquaintance who tries to "sabotage" their efforts by offering food. Discuss with participants different options of approaching or declining questions and food offers.

8. Plan for pleasures *after* holidays, vacations, or special events.

Participants may wish to plan a "down time" activity for themselves after a hectic holiday or vacation. Such an event may help reduce special event-induced tension and allow them to get back to the eating and exercise routine, which may have been disrupted. After-holiday pleasures could include getting a spa treatment, reading at the local library, or taking time to put together a special photo album.

VI. REFLECTING ON PRIORITIES

(Participant Notebook – Page 4)

Review that one reason for neglecting healthy eating and activity habits during the holidays or while on vacation is trying to do too much in too little time. Ask the participants to complete the questions on page 4. Reinforce that there are no "right" or "wrong" answers. This is designed to help participants reflect on their priorities and remind them of the long-term goal of staying healthy.

Ask for a few volunteers to share their answers. Provide positive feedback.

VII. SAVING TIME FOR A HEALTHY LIFESTYLE

(Participant Notebook – Page 5)

This handout will help participants summarize the challenges they face during holidays and vacations. Ask participants to check off the behaviors they have the most difficulty maintaining and to answer the questions regarding possible solutions for cutting back and streamlining

VIII. HOMEWORK

(Participant Notebook – Page 6)

- A. Answer the questions on page 5 to help you keep healthy eating and physical activity among your priorities during a holiday or vacation.
- B. Continue to keep track of weight, calories, fat grams, minutes of activity and steps.
- C. Practice the muscle training exercises.

IV. CLOSING

- A. Getting through the holidays and vacations will get easier over time. The most important strategy is to plan ahead as much as possible. If for any reason, things do not go as planned, then the goal is to simply get back on track as soon as possible.
- B. Getting back on track requires using the strategies we have covered over the previous 19 weeks – problem solving, taking charge of your environment, and talking back to negative thoughts and emotions.
- C. Address any questions.
- D. Thank participants for attending.

Session 20: Make Social Cues Work *for* You

Objectives:

In this session, the participants will:

- Evaluate the pros and cons of using meal replacements
- Plan how to incorporate one meal replacement each day
- Work on solving problems related to continued use of the meal replacement
- Understand how social cues affect eating and activity behaviors
- Identify problem social cues and helpful social cues
- Identify sources of social support

To Do Before the Session:

Gather materials

- Coupons for meal replacements
- Keeping Track books
- Pages for participant notebook
- Scale
- Pens/Pencils
- Baskets to collect Keeping Track books

I. WEIGH PARTICIPANTS

Use the weigh-in to individually congratulate the participant on sticking with the program for 4 months. Regardless of their weight loss, praise their efforts related to self-monitoring, increased physical activity, and use of the meal replacements and meal plans.

II. WELCOME AND HOMEWORK REVIEW

A. Keeping Track of Calories and Fat Grams

Acknowledge that the process of Keeping Track can feel like a burden after 20 weeks. Stress the importance of continuing to use this effective tool given that, beginning tomorrow, participants will eat more conventional foods and use meal replacements for just one meal each day (or not at all if participant chooses to use the PRIDE meal plans or self-select).

Discuss that adding more conventional foods to the plan allows for a greater margin of error. The meal replacements offered the security of a specific, standardized portion and specific number of calories and fat grams. Adding conventional foods will allow more “freedom of choice”; however, this freedom

can make it more difficult to control calories and fat grams. (This topic will be addressed later in the session.)

Ask participants to report on how they did with Keeping Track of calories and fat grams. Help participants identify specific barriers and problem solve as a group. Determine the number of days they met their goals.

B. Session Overview

Today's session will address the process of moving from two meal replacements a day to only one. As part of this discussion, it will be important to think about any potential problems and plan solutions.

Social cues and their impact on eating and activity behaviors also will be discussed. Participants will also work on identifying their problem social cues and sources of social support.

III. MEAL REPLACEMENTS

(Participant Notebook – Page 1& 2)

A. Pros and Cons

Begin by congratulating the group on using the meal replacements to replace two meals and one snack each day for the last 16 weeks.

Explain that we discussed previously the potential benefits of using meal replacements (refer back to session 3, page 2), but it is important to review how the meal replacements actually worked.

Elicit responses regarding the “good” and “not so good” aspects (pros and cons) of using meal replacements. Write these responses on the board and discuss each response. Recognize that individual experiences will vary and offer positive feedback regardless of the response.

Overall, end with a summary statement regarding the most important benefit is that meal replacements help people lose weight by providing portion- and calorie-controlled servings. That is why PRIDE used meal replacements.

B. Meal Replacement Options Past 20 weeks

Review the options for using meal replacements:

1. The program recommends that participants cut back from using 2 meal replacements a day (which replaced 2 meals a day) to only 1. Participants may replace whichever meal or snack they wish. It may be best to replace the “most difficult” meal of the day, at which the participant is most likely

to overeat. Participants will eat conventional foods in lieu of the meal replacements that they discontinue.

2. Another option is to continue to use meal replacements for 2 meals each day. PRIDE will provide one meal replacement and participants would need to purchase the other servings.
3. Participants may choose to stop all meal replacements and use the structured meal plans for all of their meals and snacks. Ideally, PRIDE recommends the continued use of one meal replacement. If participants raise this option (of no meal replacements), suggest this is acceptable; however, research suggests that the use of one meal replacement daily will facilitate better results.

C. Problem Solving

Give participants a blank Keeping Track book and ask them to write out for the next 3 days, what they will eat and how they will use the meal replacement. Assist participants who have difficulty deciding what to eat and when. Call on a few people to share their plans with the group.

IV. SOCIAL CUES

(Participant Notebook – Page 3)

A. Introduction

Briefly review how cues (session six) affect eating and activity behaviors.

Explain that social cues are really “people” cues. These people consist of everyone –they can be family, friends, neighbors, the PRIDE staff or just about anybody. Cues from other people can be either problematic or helpful.

Discuss that although social cues involve people instead of activities (the movies, watching TV or shopping at the mall), or the sight or smell of food, the same process occurs. If a person responds to a social cue over and over again in the same way, eventually a habit is formed.

In some cases, these habits are more difficult because the other person involved has also learned a habit. An example of this might be a family member who traditionally buys you a box of chocolate for every holiday. This person has developed the habit of giving you edible gifts and you have the habit of eating it.

B. Problem and Helpful Social Cues

Review the list of problem social cues and helpful social cues. Ask participants to write down and share their experiences with the different types of social cues.

V. CHANGING PROBLEM SOCIAL CUES

(Participant Notebook – Page 4)

Explain that the process of changing a problem social cue is similar to the process of changing a problem food or inactivity cue. There is one additional step, which is to be sure the cue is real. Social cues can be “assumed” because a person misinterprets the other person’s actions or statements. Refer to the example on page 4.

Review the additional steps as outlined:

- **Stay away from the cue.** This is not always possible, but it is a very effective way to deal with a problem cue of any kind.
- **Change the cue.** This involves communication. A person should not assume that a family member or friend knows what to do/not do or what to say/not say in order to help. It is important to inform family and friends that a key to success is praising efforts and ignoring slips.
- **Practice responding in a more healthy way.** It takes time to get in the habit of saying “no” after many years of saying, “yes” to food offers. It is important to say “no” in a nice, but firm manner. This process is similar to “How to ask for what you want” as defined in Session 14, page 3.

VI. ADDING HELPFUL SOCIAL CUES

(Participant Notebook – Page 5)

Suggest that there are many ways to add social cues. Review the list as provided and ask participants to share their thought about how they think these would work. Ask the participants to think of other helpful social cues.

VII. IDENTIFYING SOURCES OF SUPPORT

(Participant Notebook – Page 6)

Ask participants to think about people who would offer helpful social support. Let the participants know it is acceptable to have just a few people who are a source of support to a whole bunch of people who are supportive.

Explain that some people prefer their weight loss efforts be kept quiet. They do not want to answer questions or talk about their efforts with all of their family or friends. Either way is fine. The best approach is to use what works best for the individual.

VIII. SOCIAL CUES AT SOCIAL EVENTS

(Participant Notebook – Page 7)

Discuss how social events present particular challenges and strong social cues. Review the examples as provided and encourage participants to offer additional suggestions.

IV. ACTION PLANS FOR CHANGING A PROBLEM SOCIAL CUE AND ADDING A POSITIVE SOCIAL CUE

(Participant Notebook – Page 8 & 9)

If time allows, ask the participants to work on these Action Plans.

XI. HOMEWORK

(Participant Notebook – Page 11 & 12- CHECK)

- A. Use one meal replacement each day and the PRIDE meal plans for the other meals and snacks.
- B. Follow (or complete and follow) the Action Plans for solving problem social cues and adding positive social cues.
- C. Enlist the help and support of family and friends to the degree you wish.
- D. Keep Track of calories, fat grams, activity minutes, steps, and muscle training exercises.

XII. CLOSING

- A. Responding to a problem social cue repeatedly forms a habit. Changing habits takes time. Once the problem social cue is clearly identified, the cue can be changed by planning ahead, staying away from the cue, or responding in a more healthy way.
- B. Address questions
- C. Thank the participants and wish them well.

Session 21: You Can Manage Stress

Objectives

In this session participants will:

- Learn what makes people feel stressed
- Learn how to prevent stress and develop an action plan for coping with it
- Learn additional muscle training exercises.

To do before the session:

Get materials ready:

- Coupons for meal replacements (if needed, for one meal per day)
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens
- Basket or box (for collecting Keeping Track books)

I. WEIGH PARTICIPANTS

Weigh participants and determine their reaction to their weight change. Weight loss slows significantly after the first 16-20 weeks of treatment. Continue to reinforce this message at weigh-ins. Participants should not be told that they cannot lose additional weight. But they may have to adjust expectations to anticipate a loss of only 1-2 pounds per month, rather than a week. Encourage participants to discuss their possible disappointment or frustration with the slower rate of loss. Help them understand the transition in the program from weight loss to weight maintenance. Underscore that their continued efforts to modify their eating and activity habits will help them maintain their improved weight and health.

II. WELCOME AND HOMEWORK REVIEW

A. Keeping Track of Weight, Calories, and Fat Grams

Note that participants changed their meal plans at Session 20. They are now eating conventional foods (1200 kcal- 1500 kcal per day). They were also provided

PRIDE meal plans to assist them in developing daily eating plans. Participants may still be consuming 1 meal replacement per day, which they can continue to do for the rest of the study.

Discuss how the transition to conventional foods is going for the participants. Determine how many are still using 1 meal replacement per day. Have participants report whether they are staying within their recommended calorie ranges and if they are eating on a regular schedule. Determine how many people are using the structured meal plans for breakfast, lunch, and dinner.

You may want to briefly review the Food Guide Pyramid with the participants. Emphasize that the Food Guide Pyramid provides a model for a health, balanced diet. Refer participants back to Session 7 in which this material was first covered.

If participants are having difficulty with measuring portion sizes and counting calories, reassure them that this will get easier in the next few weeks. Encourage them to follow the PRIDE meal plans, which assist them in learning how much food they can consume each day.

B. Physical Activity – 175 minutes, Pedometer use

The focus of session 20 was social support. Call on a few participants to discuss whether they were able to use their support system to assist them in becoming more active. Determine whether participants are meeting their goal of 175 minutes.

C. Session 21 Overview

Today's session will focus on managing stress. Participants will learn how to identify situations that are stressful for them. They will also learn ways to cope with stressful situations that can't be avoided and ways to prevent stressful situations from occurring.

III. DEFINING STRESS

(Participant Manual – Page 1)

Introduce the topic of stress by asking participants “What is stress?” Elicit responses from the group. Note that stress is defined as a negative emotional experience accompanied by physical, psychological, cognitive, and biochemical changes. Stress is not being able to sleep the night before an exam. Stress is missing the last train to work on the morning that is packed full with meetings. The stressful events themselves are called stressors. Unfortunately, most of us have more experience with stress than we would like.

Indicate that for years researchers have been studying stress and its impact on psychological and physical health. Studies have shown that some events are more likely than others to produce stress. The perception of a potential stressor determines

whether a person will experience it as stressful. For example, one person might be devastated by losing his job, while another person might see job loss as an opportunity to do something different.

Ask participants to identify some symptoms of stress. Stress is associated with increased blood pressure, heart rate, labored breathing, and sweating. Indicate that if you experience stress over a long period of time, your immune system, which fights off the stress, can be compromised. As a result, you are more susceptible to illness.

Call on a few participants to discuss situations or events in their lives that make them feel stressed. How do they know that they are feeling stressed? Have participants complete the worksheet on p. 1.

IV. PREVENTING STRESS

Go to the board. Have patients brainstorm suggestions for preventing stress. Remember that no idea is a bad idea. Examples include:

A. Practice Saying “No”

Have participants discuss whether any of them always respond “no” to requests made of them (i.e., have trouble saying “no”), even if they don’t have the time. Indicate that taking on too much responsibility can be very stressful. Call on a few participants to comment on whether or not they need to practice saying no to requests?”

B. Share Some of Your Work With Others

Discuss whether any participants need to delegate some of their workload. Indicate that by asking others to help you out, you may be able to decrease your stress. Also, it’s highly possible that the final product will end up being better than if you had worked on it alone.

C. Set Goals You Can Reach

Emphasize the importance of setting goals that are attainable. Indicate that they can set mini-goals that will lead to completion of their ultimate goal. For example, to lose weight, they have been setting mini-goals for 21 weeks. Examples of such goals include exercising, food monitoring, keeping food records, and slowing their eating. Call on a few participants to report ways they can break down their stressful tasks into mini-goals that will lead to completion of the task?

D. Use Problem Solving

Tell participants that we are going to review problem solving, which was discussed in Lesson 9 of PRIDE. The steps to problem solving are as follows:

- Describe the problem in detail
- Brainstorm options, as we are now
- Pick an option to try
- Make an action plan
- Try the plan and see how it works.
- If it does not work, pick another option to try.

E. Take Charge of Your Time

Call on a few participants to discuss whether making a “to-do” list helps them reduce stress.

F. Plan Ahead

Indicate that just as participants plan ahead with eating, they need to think ahead about situations that are stressful for them. By anticipating stressful situations, they may be able to prevent them from happening.

G. Keeping Things in Perspective

Indicate that keeping things in perspective may help to reduce stress. Have participants think of all the positive things that are going on in their lives at this time, and the progress they have made in this program so far.

H. Reach Out to People

I. Relaxation

Indicate that there are many techniques to help people relax. Most of them focus on deep breathing exercises that help them focus on the inner, more tranquil world rather than the outer, more hectic one. Indicate that these breathing exercises are similar to those done in yoga programs. Also, people who play wind instruments are familiar with deep breathing. Tell participants that you are going to review the 7 steps to deep breathing. After reviewing them, indicate you are going to practice them in session for 5 minutes. The steps include:

- Sit quietly in a comfortable position
- Close your eyes.
- Breathe through your nose. Become aware of your breathing. Each time you breathe out, say the word “one” or “relax” to yourself, or use a special word of your own choosing.
- Deeply relax all of your muscles, beginning at your forehead and progressing down to your feet. Keep them deeply relaxed.
- Do not worry whether you are successful in achieving a deep level of relaxation. Maintain a passive attitude and permit relaxation to occur at its own pace.

- Expect distracting thoughts and images to occur, but when they do, ignore them and continue concentrating on the word “one”, or another word of your choosing.
- Continue relaxing for 20 minutes.

Indicate that the relaxation response has two important effects. Ask participants to indicate if they know the effects of relaxation. Indicate that first, the relaxation response reduces the state of physical arousal associated with stress. It reduces heart rate, blood pressure, and respiration, all of which combine to produce a feeling of physical calm. Second, if you practice regularly, it allows you to turn off your concerns and worries. It interrupts the sequence of stressful thoughts that may replay endlessly in your mind. Thus, the relaxation response quiets your mind as it quiets your body.

Spend 5 minutes having the group practice the relaxation response. It may be helpful to dim the lights and have people loosen any tight clothing. People should have both feet on the floor with legs uncrossed.

Have people close their eyes and begin the breathing techniques. Those who do not want to participate can simply sit quietly.

After 5 minutes, have participants briefly discuss their experiences. Most should report positive feelings.

Indicate that now that we have practiced relaxing in our meeting, we encourage people to practice at home. Tell participants that they should try deep breathing every other day for 20 minutes. They need to select an appropriate time and place to practice. Tell them not to do it immediately after eating because digestive processes prevent full relaxation. Have them try to practice the techniques for at least 2 weeks so that they can really judge if it helps them to reduce stress.

V. WHEN YOU CAN'T AVOID STRESS

(Participant Manual – Pages 2-4)

- A. If time allows, have group members discuss other things that they can do when they feel stressed. One suggestion is to take a 10-minute “time out.” They can take 10 minutes to pamper themselves or just take some time to breath deeply.
- B. What are ways that the PRIDE program causes stress? Have patients name possible sources of stress and ways that they can manage the stress. Examples include:
 - Source – extra time spent in cooking food and shopping
 - Ways to manage – share some of the workload, take charge of time
 - Examples – ask spouse to help shop, make double recipes and freeze

- Source – feel uncomfortable in social activities where high-calorie foods are served
Ways to manage – practice saying “no,” reach out to people, plan ahead
Examples – turn down unimportant invitations, call ahead and ask if you can bring a low-calorie dish, plan foods will eat before going to party
 - Source – finding time to exercise
Ways to manage – plan ahead, problem solve
Examples – make time to be active, combine activity with events that you are already planning such as walk to your meeting
- C. Have participants complete worksheet on p. 4 of their manual. Select a few patients to discuss their stress associated with PRIDE and the action plan.

VI. HOMEWORK

(Participant Manual – Page 6)

The homework assignment for this session is as follows:

- A. Develop a plan for being active next week. Remember the goal is to be active for at least 175 minutes and to reach for the step goal.
- B. Follow the action plan for handling stress. Have participants answer the questions on p. 6 of the manual.
- C. Encourage participants to practice the deep breathing techniques every other day for 20 minutes. They will get more benefit with more practice.
- D. Participants should continue to keep track of weight, activity minutes, and steps
- E. Participants should pay close attention to calories and fat grams now that they have reduced the number of meal replacements used per day.
- F. Encourage participants to use the new muscle training exercises.

VII. CLOSE

- A. Stressful situations can affect a person's eating. Over the next week, participants should think about how stress influences their eating patterns, as well as ways to prevent and cope with stressful situations.
- B. Answer questions and thank participants for attending the session.

Session 22: Ways to Stay Motivated

Objectives:

In this session, the participants will:

- Understand how motivation affects weight loss and weight maintenance efforts
- Review their progress in reaching weight loss and activity goals
- Learn strategies to increase and/or maintain motivation

To Do Before the Session:

Gather materials

- Coupons for meal replacements (if needed, for one meal per day)
- Keeping Track books
- Pages for participant notebook
- Whiteboard/pens
- Scale
- Pens/Pencils
- Basket to collect Keeping Track books
- Print and distribute weight and exercise graphs

I. WEIGH PARTICIPANTS

Provide positive feedback for participants who continue to lose or maintain weight loss. For those who have not, invite them to problem solve during the group session.

This is the second week of using meal replacements for one meal each day. Inquire about the use of the meal replacements and meal plans if the participant has gained weight. If there are adherence issues, arrange to speak with the participant as soon possible.

II. WELCOME AND HOMEWORK REVIEW

A. Keep Track

As participants are now eating more conventional foods, it is important to spend more time reviewing the Keeping Track records.

Ask participants to briefly summarize their progress in meeting calorie, fat gram and meal replacement goals. Address adherence problems and provide encouragement.

Review in a similar manner progress in meeting activity goals.

B. Action Plan for Handling Stress

Participants completed an Action Plan for handling stress (Session 21, page 4). Using the homework questions (Session 21, page 6), ask participants to report on the use of their plan and whether any problems were encountered.

C. Session Overview

This session begins with a discussion of how motivation affects weight loss and weight maintenance efforts. Participants will then review their progress in meeting their weight loss and activity goals. Strategies to stay motivated will also be covered.

III. MOTIVATION

A. Introduction

Explain that this session is designed to deal with one of the major obstacles facing people who are trying to lose weight or maintain weight loss: motivation. Discuss that at almost 6 months into the program, they have a lot of knowledge of what to eat, how to eat, how to deal with problems related to eating and how much to exercise.

This knowledge is very necessary, but not enough to allow a person to “go the distance” when it comes to making long-term lifestyle changes. The big question is how does a person “get” the motivation and “keep up” the motivation when it comes to losing and maintaining weight.

This discussion of motivation will address two aspects of motivation as they relate to weight loss and weight maintenance efforts. The first is how motivation is linked to rewards and the other is how psychological plateaus affect motivation.

The sixth month marks an important time to talk about the differences between the reinforcement associated with weight loss versus weight maintenance. Discussing how goals and expectations need to change over time may help promote motivation for continued eating and activity changes.

B. Rewards

It is often useful to think of motivation in terms of rewards. Most behaviors, including eating, have rewards.

Ask the group to respond to the questions below and write responses on the board. The questions in parentheses may be used to help the participants more easily understand the question.

1. What are the short term or immediate rewards of eating? (How do you feel shortly after eating or what does eating do for you in the short term?)

Answers may include food tastes good, it relieves hunger, it can be calming and provides stress relief, and is usually accompanied by pleasant social interactions.

2. What are the short-term or immediate rewards of not eating, eating less, or eating a more healthy diet? (How do you feel shortly after not eating, eating less, or eating a healthy meal?)

Answers may include feelings of hunger, deprivation, dislike for healthy foods, and less pleasant social interactions.

3. What are the short-term or initial rewards of physical activity? (What are the immediate results of exercise? Put feelings of accomplishment aside).

Answers may include it causes shortness of breath, makes you sweat, and it takes time away from other activities that need to be done or that are desirable.

4. What are the initial rewards of not engaging in physical activity? (What are the immediate results of not exercising or being sedentary?)

Answers may include more time to do other things, more relaxation, no sweating due to physical exertion, and possible pleasant social interactions.

Ask the participants to look at the responses and think about which is more desirable in the short-term –eating and not exercising or not eating/eating less and being sedentary.

Ask the participants to now think about the long-term results of overeating and being sedentary. Summarize that the outcome or result of overeating and being sedentary is obesity, with all its unpleasant social and medical complications.

Discuss that humans are more sensitive and motivated by the short-term effects than long term effects. Explain that a prime cause of obesity is that the act of eating and being sedentary provide immediate satisfaction which outweighs the concern about the long-term effects or the future.

Use an example such as making a decision to choose fruit instead of chocolate cake from the buffet table. Ask which would be more rewarding in the short term. Most people know that the fruit is a better choice for their future nutritional and physical well-being. This knowledge is typically not enough and the immediate pleasure of the chocolate cake is very powerful.

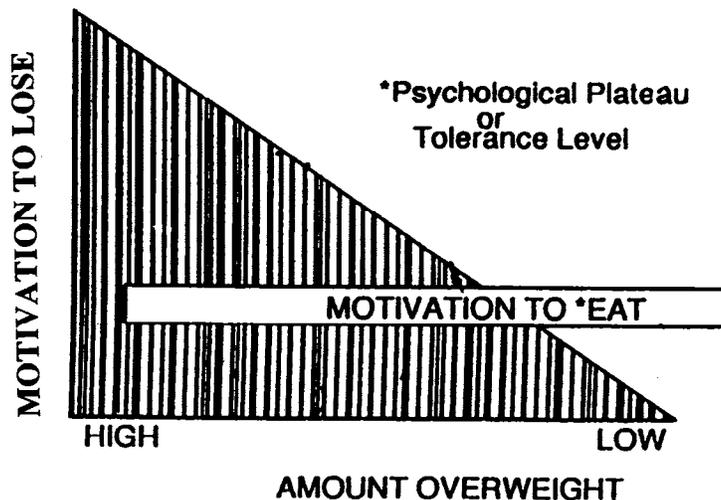
Discuss that the challenge is how to reverse this normal state of affairs so that over-eating and being sedentary is less pleasurable, and sensible eating and exercise is

more pleasurable. Strategies to accomplish this will be covered later in this session.

C. Psychological Plateaus

Ask the participants if they find it difficult to stay motivated when they are not losing as much as they did earlier in the program. Explain that motivation to lose weight as well as the actual weight loss itself can reach a “plateau”.

Introduce the “psychological plateau” and how it impacts on motivation. The following points and chart below (draw on the board) will help illustrate this relationship.



1. Several factors are involved in weight loss: how overweight a person is, the level of motivation, and how hungry a person feels (degree of hunger is the motivation to eat)
2. The motivation to eat stays fairly constant whether a person is a little overweight or very overweight but the desire to lose weight will vary depending upon how overweight a person is.
3. The more overweight people feel, the more distressed they feel. This distress provides part of the motivation to say “no” to food. The thinner people become, the less distress they may feel and the motivation to say “no” to food may begin to drop.
4. Eventually, the motivation to say “no” can drop until it equals the motivation to eat and this is the “psychological plateau”
5. This plateau can be described as a “tolerance level” for being overweight. This

level differs for different people. This explains why some people are very distressed and motivated to lose 10 pounds and other do not become distressed or motivated until they are 50 pounds overweight.

6. The bottom line is that it is difficult to “hold on to motivation” when the motivation was being driven by the distress about being overweight. When the distress decreases, the motivation also decreases.

D. Goals and Expectations—Weight Loss versus Weight Maintenance

Explain to participants that another factor impacting motivation is that there are many positive reinforcements for weight loss compared to weight maintenance.

The following scenarios may help the participants to understand why it is more difficult to stay motivated for the long-term.

FIRST 6 MONTHS OF PRIDE

Goal: Weight loss

Efforts: Calorie and fat gram goals were achieved by carefully keeping track and using the meal replacements (2 meals each day) and meal plans. The activity goal was also reached by making a concentrated effort to walk everyday.

Outcome: Weight loss of 1-1 ½ pounds each week

Reinforcements: Personal feelings of achievement, physician acknowledges weight loss and improvements in blood sugar, family and friends provide support, clothing fits better, physical appearance and condition improved.

NEXT TWELVE MONTHS OF PRIDE

Goal: Weight maintenance (if goal is reached) or possibly further weight loss

Efforts: Calorie and fat gram goals are approximately the same with the meal replacement being used (one meal each day) and meal plans for the other meals. Keeping track continues. Activity level increases a little beyond the PRIDE goal.

Outcome: Weight remains the same or weight loss slows to 1 pound every month.

Reinforcements: Personal feeling of stagnation or hitting a plateau, physician no longer comments on improvements, family and friends seem

less interested, clothing fits the same, and physical condition seems unchanged.

Ask participants to compare the goals, efforts, outcome and reinforcements of the first and second six months. Note that despite the same efforts, the outcome is weight maintenance or very gradual weight loss. The same efforts are not producing many positive reinforcements either. The lack of reinforcements can potentially decrease motivation to continue putting forth the effort.

This is why it is necessary to develop methods to keep motivation going. It becomes very important to adjust expectations and set new, small, achievable goals. (Page 4 and 5 of this session will focus on goal setting and making a plan to stay motivated.)

IV. PROGRESS REVIEW

(Participant Notebook – Page 1)

Explain that being aware of motivation problems is important. If motivation problems do exist, it is important to begin by reviewing progress and establishing new behavior change, weight loss, and exercise goals.

Have the participants list the changes they have made to be more active and eat fewer calories and less fat. Suggest they think about all of the behaviors they are doing differently now than at the beginning of the program. Remind them to praise themselves and not let their progress go unnoticed.

Have the participants complete the section on how to improve progress. Help participants to think about specific behaviors they want to improve.

V. WAYS TO STAY MOTIVATED

(Participant Notebook – Pages 2 –4)

Indicate that the questions and suggestions (i.e., Page 3 – Keep a Record of Progress, Keep Track, etc.) posed on pages one to four are designed to help increase motivation and help overcome psychological plateaus. These strategies take effort. Suggest that it is better to make the effort now rather than wait until it is too late.

Proceed by having the participants complete each question separately. After completing the question, ask for volunteers to discuss their responses. Provide positive feedback.

For sections which simply provide suggestions (i.e., Page 3 – Keep a Record of Progress, Keep Track, etc.), ask the participants about any ideas they may have. For example, ask if participants have used different types of record to record their progress.

Consider spending more time on the section that covers setting goals (page 4 – set

new goals) and rewards. Remind participants that in any motivational project it is important not to set goals too high. The idea is to reinforce often and not fail very much. Achieving goals and receiving rewards will increase self-confidence. Help participants define goals that provide “just enough” of a challenge.

VI. POSITIVE ACTION PLAN TO STAY MOTIVATED

(Participant Notebook – Page 5)

As time allows, have participants complete the Action Plan to stay motivated. If time does not allow, ask participants to complete it for homework.

VII. HOMEWORK

(Participant Notebook – Page 6 & 7)

- A. Complete Action Plan to stay motivated (if not already completed).
- B. Answer questions on page 7 regarding following the Action Plan.
- C. Continue to use meal replacements for one meal each day and the meal plans for the other meals
- D. Keep Track of weight, calories, fat grams, activity minutes, steps, and muscle training
- E. Note that this week exercise increases to 200 minutes for remainder of program.

VIII. CLOSING

- A. Praise participants for their attendance and efforts in the program—it is a good sign of motivation. Suggest that the strategies discussed in this session may not be necessary at this time; however, they are critical if a “motivational slump” occurs.
- B. In addition to using the strategies in this session, encourage participants to seek help from the PRIDE staff if motivation is a problem. It may feel like the least likely time to seek contact, but it is the most important time to contact the group counselor.
- C. Address questions
- D. Thank participants for coming.

Session 23:

Becoming A Weight Loss Expert

Objectives:

In this session, the participants will:

- Learn about the session schedule for the second six months of PRIDE
- Recognize and learn strategies to meet the challenges of weight maintenance
- Become aware of research data that supports the use of behavioral methods to maintain weight loss

To Do Before the Session:

Gather materials

- Coupons for meal replacements
- Keeping Track Books
- Pages for participant notebooks
- Scale
- Pens/Pencils
- Basket to collect Keeping Track books

I. WEIGH PARTICIPANTS

Some participants may have met or exceeded their 10% weight loss goal. Congratulate them on their success and encourage them to keep up the eating and activity behaviors that helped them reach their goal.

A greater number of individuals will probably have met the official study goal of losing 7% of initial weight. Congratulate them on this achievement as well.

For participants that have not met their 10% goal (or lesser goal of 7%), let them know that that the next twelve months of the program will provide an opportunity for them to work on fine tuning their skills. Remind participants that this is not a race and the PRIDE staff will be available to support them.

II. WELCOME AND HOMEWORK

A. Keeping Track

Congratulate participants on Keeping Track for the past 6 months! Ask participants to share their experiences about Keeping Track.

Possible questions to pose include:

- Did Keeping Track get easier over time?
- Did Keeping Track increase awareness of particular eating or activity behaviors
- Were there periods when they stopped Keeping Track? If so, why did this occur and what happened?
- Are there any tips for making Keeping Track easier?

Try to highlight the positive aspects of the participants' responses. Use this time to remind participants that this is one of the best tools for weight loss and weight maintenance.

B. Action Plan to Stay Motivated

Ask participants to report on the use of their Action Plan for staying motivated. The questions in session 22, page 7 can serve as a guide.

Remind participants that motivation will be one of the most important keys to successfully maintaining their weight loss.

C. Session Overview

This session will provide an opportunity to review the next twelve months of the PRIDE Program. A discussion of two "weight histories" will highlight possible treatment outcomes during the next 6 months. Data from the National Weight Control Registry will also be covered.

This is a good time to remind participants that this week's session will be the last weekly session before the celebration party which is next week. After next week, the schedule for group meetings will change to bi-weekly (i.e., every other week).

III. THE PRIDE PROGRAM: MONTHS 7 - 18

(Participant Notebook – Page 1)

A. Schedule for Months 7-18

Indicate that meeting every week for the first 6 months was necessary to support participants. Participants have made great efforts to change their eating and activity habits.

Now that they have made these major changes and lost weight, it is not necessary to meet every week but continued contact over the next 12 months is still critical for long-term success.

We will support them in doing so by meeting every other week rather than weekly.

Review the schedule for months 7 – 18:

- Group sessions twice each month. Participants are encouraged to come to both group sessions to achieve the best results.

B. Purpose of the Group Sessions

The meetings between months 7 –18 will focus on reinforcing the behavior changes already made and helping to reach or maintain the PRIDE weight and activity goals.

IV. WEIGHT HISTORY SCENARIO FOR “JANET”

(Participant Notebook – Page 2 & 3)

A. Introduction

Discuss that whether or not participants have reached their weight loss goal, the challenges of maintaining their weight loss lies ahead. Stated simply, it's tough to keep off lost weight. Indicate that despite the challenges, they can keep their weight off and potentially lose more weight.

Positive research data suggest these challenges can be met. Discussion of these data will follow later in the session.

B. Janet's Weight Loss History Over 1 ½ Years

Review Janet's history which highlights how easily healthy behaviors can “slip” and result in a relapse. The following may help facilitate discussion:

1. Ask participants if they have had any similar experiences.
2. Ask the participants to identify the type of negative feelings Janet was experiencing. Point out the relationship between how Janet felt and what Janet did in response to these feelings. Suggest this scenario is a “classic” example of how people's thinking affects behaviors.
3. Discuss ideas for what Janet might have done differently at each interval to prevent regaining her weight loss.

V. KEYS TO WEIGHT MAINTENANCE

(Participant Notebook – Page 4)

Ask the participants to think about someone they know who lost weight and then regained. Ask them the following questions regarding this person:

- Was the weight lost quickly over a short time period? (More than 3 pounds/week)
- Were food records kept?
- Was a popular “fad” diet used?
- Was there a physical activity component that was maintained?
- Was there any attention to changing behaviors or were calories simply cut?
- Was there any source of on-going support? (meetings or weigh-ins)

Emphasize that it is likely that the lack of maintenance was due to several factors.

Point out that because weight may have been lost quickly via a fad diet or one too low in calories, the likelihood of maintenance would be low. It is very difficult to stick to a fad or restrictive diet for the long-term.

A lack of self-monitoring is another probable reason for lack of maintenance. Self-monitoring is essential to increasing awareness of behaviors. If behaviors have not changed, permanent weight loss is unlikely.

Another factor contributing to lack of maintenance is lack of sustained physical activity. Data supports that people who maintain weight loss are very physically active.

Lack of continued support or contact, whether from a professional or commercial source, will also contribute to the likelihood of regaining weight.

The good news is

The PRIDE program is designed to promote weight maintenance. Ask the participants to think about all the things they are doing that are different from the above and different from what they may have done in the past.

PRIDE facilitates weight maintenance by:

- Promoting gradual weight loss via moderate calorie and fat intake (no fad diets)
- Requiring self-monitoring to facilitate behavior changes
- Building in a strong physical activity component

Suggest that participants will be able to maintain their weight loss by sticking with the program.

Discuss that research indicates the key to keeping weight off is maintaining the behaviors that allowed weight loss to begin with:

- Support
- Self-monitoring
- Low-calorie eating
- Physical activity.

VI. WEIGHT HISTORY SCENARIO FOR “SUE”

(Participant Notebook – Page 5)

Review Sue's weight history, which highlights the key behaviors for continued success and weight maintenance. Discuss some of the following:

1. Ask the participants to identify which feelings and subsequent behaviors allowed Sue to not only maintain but also gradually lose more weight.
2. Emphasize that Sue continued to go to meetings (support), keep track (self-monitor), watch calories (low-calorie eating) and exercise (physical activity).

VII. RESEARCH FINDINGS

(Participant Notebook – Page 6)

A. National Weight Control Registry

Discuss that the National Weight Control Registry was started by researchers who

wanted to find out if there were people who successfully lost weight and kept it off.

Suggest the registry provides the **good news** that there are people who successfully lose weight and maintain weight loss.

Review the following:

1. Nationally, over 5000 people participate in the registry (These registry participants have to have lost at least 30 pounds and maintained the loss for at least one year).
2. The participants have kept off at least 30 pounds for an average of 5 ½ years.
3. A full 89% report that they have changed *both* their eating and activity habits.
4. The participants in the registry indicate a high level of physical activity (72% burn 1,000 calories or more per week), low-calorie and low-fat eating habits, (less than 30% of calories coming from fat) and self-monitoring weight (75% weigh themselves at least once a week).

Review other research finding as listed on the bottom of page 6. Again, emphasize that the recommended PRIDE behavior changes are supported by research.

VIII. ACTION PLAN FOR BEHAVIOR CHANGE

(Participant Notebook – Page 7)

Ask participants to look at the key behaviors and assess their progress over the first six months. Stress that perfection in each category is not necessary. Focus on small specific changes that are moving in the right direction.

Have participants complete the Action Plan as provided. The goal is to have participants choose one behavior change they have made and plan for how to maintain that behavior.

IX. HOMEWORK

(Participant Notebook – Page 8 & 9)

- A. Follow the Action Plan for maintaining one key behavior. Answer the questions on the bottom of page 8 related to the Action Plan.
- B. Keep Track of weight, calories, fat grams, activity, steps, and muscle training exercises.

X. CLOSING

- A. Stress again that weight maintenance is very likely if the basics of the PRIDE program are continued—self-monitoring, moderate calories, physical activity and continued attendance!
- B. Remind participants of the change in the session schedule and when the next meeting will be.
- C. Address questions.
- D. Thank participants and wish them well. Encourage them to call if they have any problems.

Session 24: Party to Mark Completion of First 6 Months

Objectives:

In this session, the participants will:

- Celebrate the completion of the first 6 months of PRIDE
- Participate in a game of PRIDE Jeopardy

To Do Before the Session:

Gather materials

- 6 month diplomas or certificates for participants
- Healthy refreshments for celebration
- Props for game of PRIDE JEOPARDY (list of categories, cue cards with trivia items)
- PRIDE prizes
- Schedule of meetings for upcoming 6 months
- Coupons for meal replacements
- Keeping Track Books
- Pages for participant notebooks
- Scale
- Pens/Pencils
- Basket to collect Keeping Track books

I. WEIGH PARTICIPANTS

Weigh participants as described in earlier sessions. Address participant concerns regarding a wish to continue losing weight despite entering the maintenance phase. Reassure these participants that they may continue losing weight if they choose to do so. Encourage participants who have reached a plateau to continue following the meal plan and activity prescription as this will eventually promote further weight loss.

II. WELCOME AND HOMEWORK

A. Keeping Track

Congratulate participants on Keeping Track for the past 6 months!

Use this time to remind participants that this is one of the best tools for weight loss and weight maintenance.

Remind participants that motivation will be one of the most important keys to successfully maintaining their weight loss.

III. PRIDE JEOPARDY

Engage participants in a game of Jeopardy, using trivia questions based on the PRIDE program. These may be tailored to the specific group. So, for example, in addition to trivia items related to the content of the first 6 months of the intervention, items may also pertain to most active group member, most comical, most supportive, etc. Participants are divided into teams and points are scored based on the team which “rings in” first. PRIDE prizes will be awarded to all teams.

IV. Congratulations

1. Thank the participants for their attendance and efforts over the past 6 months. Indicate that participants have many accomplishments of which to be proud. They have lost weight and improved their eating and activity habits.
2. Thank them for also participating in our study which will answer important research questions.

NOTE: Each site should develop a participant “diploma” or “certificate” for completing the first 6 months. A presentation of these can take place at this point or at the end of the session.

V. HOMEWORK

(Participant Notebook – Page 1)

- A. Follow the Action Plan for maintaining one key behavior (from Session 23). Answer the questions on the bottom of page 1 related to the Action Plan.
- B. Keep Track of weight, calories, fat grams, activity, steps, and muscle training exercises.

IV. CLOSING

- A. Stress again that weight maintenance is very likely if the basics of the PRIDE program are continued—self-monitoring, moderate calories, physical activity and continued attendance!
- B. Remind participants of the change in the session schedule and when the next meeting will be.

- C. Emphasize the importance of attending all upcoming sessions and the continued commitment to helping participants' meet their weight loss goals.
- D. Address questions.
- E. Thank participants and wish them well. Encourage them to call if they have any problems.