

Session 1:

Welcome to the Look AHEAD Lifestyle Program

Objectives

In this session participants will:

- Learn more about the goals and objectives of the Look AHEAD 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
- Monitor blood sugar levels

To do before the session

Have materials ready:

- Name tags
- White board/Pens
- Scale
- Keeping Track books
- Pages for participant notebooks

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 Look AHEAD 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 Look AHEAD 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 and diabetes. My background is_____.

I would like to introduce some of the Look AHEAD 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 15 other universities or clinics across the United States. Overall, there will be 5,000 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 long-term health.

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 effect your health, you will receive medical testing that will check your heart health and diabetes. 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 first year schedule of weekly group sessions and individual sessions. 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.

Provide an overview of Years 2-4 and the remaining years of the program. 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. This will consist of meeting both in an individual and in a group format. Once a month you will meet one-on-one with your Individual Counselor. This will provide an opportunity to review your progress and receive more individual attention.

You will have group sessions during the other weeks of the month. The group sessions will last about 90 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. Our program combines the strengths of both individual and group treatment.

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 second 6 months, you will come to the clinic three times per month. Once a month you will meet with your Individual Counselor. In addition, two group meetings will be offered, every other week. We hope you will attend both of the monthly group sessions, but will understand if you must occasionally miss a meeting.

During the second, third, and fourth years of the program, you will continue to meet with your Individual Counselor at least once a month. The program is designed to help you maintain the improvements in weight and diabetes management that you will achieve during our first year together. We'll also have an opportunity to meet together as a group from time to time. As I hope you can see, together we are making a long-term commitment to helping you lose weight and improve your health. We'll talk more about the program for Year 2 and beyond as we get closer to it.

During the remaining years, we will meet on-site at least twice a year and stay in frequent touch with newsletters, phone calls, or e-mail.

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.**
A. 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 Look AHEAD 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 Look AHEAD you are making a commitment to yourself to improve your health by changing your eating and exercise habits. This will not only make you feel better, it will also help you control your diabetes. The changes you will make will be gradual and manageable.

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. This information is on page 1 of session 0. 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.

You also may remember from your first visit that 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 control blood sugar and reach and maintain weight loss goals. Remind the group that the goal is to gradually increase activity to 175 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 26, to 175 minutes per week of moderate physical activity, like brisk walking.

How many of you have ever been physically active for 175 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 175 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 26 you will have progressed to 35 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 improve your diabetes management and 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 his or her Individual Counselor to adjust his or her diet and/or activity. This is a key purpose of the once-a-month individual meetings.

Keep in mind that the Look AHEAD 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. Graphs

Use overhead to show examples of graphs

Use an overhead graph to show how weight and physical activity will be charted.

Here is another way for us to track your effort. This is a weight and activity graph. At least once a week, we will document your weight and physical activity. Please bring your graphs with you every week and keep them up to date.

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. Most of you have been recording your physical activity while waiting for these group sessions to start. Please continue to write down all of your physical activity. 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 Look AHEAD 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 Look AHEAD 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. If applicable to your site, remind participants of group activity sessions.

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.

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 Look AHEAD.

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 weigh yourself at least once a week. However, feel free to weigh yourself as often as you would like.

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 back of the Keeping Track book.

Show on overhead.

4. Fasting Blood Sugar

Participants should be encouraged to monitor blood glucose on a regular basis. Most optimal times are before breakfast, prior to any meal, and before bedtime.

Chapter 21 Safety Management contains a hypoglycemia management algorithm that you should be familiar with.

Keep track of your blood sugar during the next week. Put this information in the column of your Keeping Track labeled "Blood Glucose Measure".

Show an 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 at least one time 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
- Monitor fasting blood sugar__ times this week

Your assignments for this week are to weigh yourself at least once per week 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. Also remember to measure your blood sugar __ times a day this coming week.

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:

B. 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:

- Record Weight
- Keeping Track
- 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 at least once during the week.

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 20 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]

Note that blood sugar levels may drop due to reducing calories. This can occur even before weight loss takes place.

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.

Please be aware that your blood sugar levels are likely to drop when you reduce your calories. This can happen even before you lose one pound. Therefore, it is important that you report any symptoms of hypoglycemia to the medical staff. The symptoms of hypoglycemia are included in the information that you received in this diabetes 101 session.

*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.

I. 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*

**Note: Measuring cups and spoons will be given out next week. Encourage the participants to weigh and measure if possible. If not, do their best to estimate.*

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. We will talk more about this next week and provide you with measuring cups. For now, do your best at figuring out portions and looking up the calories and fat.

*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 at least once 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 at least once 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.

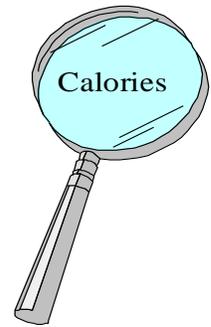
II. VII. CLOSE

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!

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:

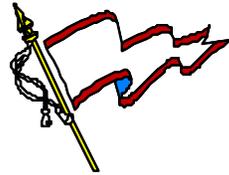


	Calories	Fat grams
Sugar-free ice cream (½ cup)	90	3
Nonfat frozen yogurt (½ cup)	100	0
Regular ice cream (10-12% fat) (½ cup)	143	7

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 Glucerna

1200-Calorie Plan



Meal	Foods	Average Calories
Breakfast	1 Glucerna shake	220
Lunch	1 Glucerna shake	220
Dinner	Meal plan (attached)	500-600
Snack	1 Glucerna bar	140
	1 piece of fresh fruit or ½ cup canned in juice	60
	Total Calories:	1140-1240

1500-Calorie Plan

Meal	Foods	Average Calories
Breakfast	1 Glucerna shake	220
	1 piece fresh fruit or ½ cup canned in juice	60
Lunch	1 Glucerna shake	220
	1 piece fresh fruit or ½ cup canned in juice	60
Dinner	Meal plan (attached)	500-600
Snacks	1 Glucerna shake and 1 Glucerna bar	360
	*Vegetables	25
	Total Calories:	1445-1545

1800-Calorie Plan

Meal	Foods	Average Calories
Breakfast	1 Glucerna shake	220
	1 piece fresh fruit or ½ cup canned in juice	60
Lunch	1 Glucerna 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 Glucerna shake and 1 Glucerna bar	360
	2 pieces fresh fruit or 1 cup canned in juice	120
	*Choice of fruits and vegetables	170
	Total Calories:	1732-1832

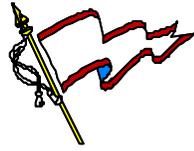
* Can be added to meals or used as a snack



Here is an **example 1200-calorie plan using Glucerna.**

	Where	When	Plan	Other Options
Breakfast	Home	7:00 am	1 Glucerna shake	Cold cereal Milk Fruit juice
Lunch	Work	12:00 noon	1 Glucerna shake	Turkey breast sandwich with mustard, lettuce, tomato Apple
Snack	Work	3:00 pm	1 piece of fresh fruit	½ cup canned fruit in juice
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 Glucerna snack bar	Nonfat yogurt with aspartame

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

Look AHEAD 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 \leq grams of fat			

Look AHEAD 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 Look AHEAD activity goal
- Learn how to take their heart rate and how to use the Borg scale
- Learn their target heart range
- Review the importance of wearing appropriate shoes while walking
- Learn when to stop exercising

To do before the session

Get materials ready:

- **Sign-up sheet for individual sessions**
- **“How Are You Doing” Worksheet (see session 5)**
- **“Progress Summary” Worksheet (see session 5)**
- **Stop watch or clock**
- **Heart rate ranges for each participant (as determined by treadmill test)**
- **Wear a good pair of walking shoes (and provide extras for participants to evaluate)**
- Meal replacement products or coupons
- Keeping Track book
- Pages for participant notebook
- Overhead projector
- Overheads (pages ____)
- 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 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 once during the week. Provide positive feedback and address any questions or concerns.

How many of you weighed yourself 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 Look AHEAD 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, target heart rate, and Borg scale will also be introduced. Begin by having the participants complete the two questions on page 1.

Today we will review the Look AHEAD physical activity goals and address barriers and benefits of physical activity. We'll also introduce the F.I.T.T. principle, determine your target heart rate and help you figure out if your physical activity is at the right 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?

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 lowering blood sugar.

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? The top two on the list are very important for you in the Look AHEAD study.

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.

Physical activity is also very helpful in lowering your blood sugar by making your body more sensitive or able to use insulin.

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 Look AHEAD, we recommended 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. Look AHEAD ACTIVITY GOAL

(Participant Manual- Page 3)

This will serve as a review of Look AHEAD 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 175 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 175 minutes per week of moderate physical activity by week 26 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 175 minutes per week. As you can see, we increase the minutes every month.

Always check with the Look AHEAD 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. HEART RATE (Participant Manual-Page 5)

Discuss importance of knowing how to figure out heart rate. Review and demonstrate the steps for taking a heart rate and discuss target heart rate ranges.

When you do structured activity, you should work as hard or harder than when you are taking a brisk walk. One way to measure how hard your body is working during activity is to take your heart rate or pulse. Has anyone ever done this before?

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. The idea is to stay within what's called your "target heart rate," which is about 50 to 70% of the maximum number of times your heart can beat in a minute for someone your age.

A. How to Take Your Heart Rate

Have you ever taken your heart rate or pulse? [Elicit group response.]

You will need a clock, watch or stopwatch with a second hand.

Take your pulse while being active for 15 seconds. Take it again, within the second or two after you have stopped your activity.

Demonstrate where to find the radial or carotid arteries.

Use your index and middle fingers. Don't use your thumb because it has a pulse. (Demonstrate on your wrist.)

Put them on your wrist, just above the base of your thumb. Or you can find it on your neck, on either side of your Adam's apple, like this (demonstrate on your neck). Count the number of beats for 15 seconds. Multiply this number by 4 to get your heart rate in beats per minute.

Note: Allow participants to practice if time allows.

B. Target Heart Rate Range

Review that target heart ranges were determined at the beginning of the study via the treadmill test.

You were tested on a treadmill at the beginning of the study; this was used to provide a target heart rate range just for you. I will now give each of you your personal target heart rate ranges. Please write them down in the table on page 5 of your participant manual.

You should use your target heart rate range to monitor how your heart responds to your physical activity. It will help you measure if you are working too hard during your physical activity or not working hard enough. Basically you should stay above

the lower limit during your activity and stay under the upper limit for safety. Any questions?

VIII. BORG SCALE
C. (Participant Manual-Page 6)

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

There are other ways to tell if you are working hard enough during your physical activity. 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. Think back to the treadmill test you were given during your screening for the study? Do you remember how you were asked about how hard you felt you were working? The scale you see on this page is the same scale. 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 can see that it is based on how hard you are breathing.

You should try to rate yourself on this scale while you're being active. How hard are you working?

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.

As we discussed earlier, 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.

As always, talk with your Individual Counselor to tailor your activity to you. Over time, you will more than likely progress to where you will be able to move into the “somewhat hard” to “hard” range.

IX. DISCUSS THE IMPORTANCE OF GOOD SHOES
(Participant Manual-Page 7)

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 foot care and preventing low blood sugar.

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.

Take a look at your Medical Care handouts for more information on foot care and preventing low blood sugar.

XI. HOMEWORK (Participant Manual-Page 9)

I.

A. Keeping Track

This week's assignment are:

- Keep track of weight, calories, fat grams, and activity
- Continue to use meal replacements and the Look AHEAD meal plan
- Complete the "How Are You Doing" worksheet prior to session 5
- Complete the "Progress Summary" worksheet prior to session 5

II.

III. Let's talk about your homework assignments for the next two weeks. As always, weigh yourself at least once 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 cover 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.

C. Worksheets

Ask participants to complete the "How Are You Doing?" worksheet before next week's individual session.

The "Progress Summary" (from session 5) should also be given to participants. The purpose of the Progress Summary is to facilitate a productive session which addresses the individual's needs. Each site can decide how to instruct participants on the completion of this handout. Ideally, participants should write out their answers. Minimally, participants should be instructed to read and think over the questions prior to the session.

Remind participants that the individual sessions are designed to provide additional support beyond the group sessions. Attendance at these sessions is critical for continued success.

Please take some time before your individual session to complete these worksheets. This will help to make your session meaningful. We want to focus on individualizing your treatment as much as possible.

III. XII. CLOSE

- Participant sign-up for Individual Session 5
- Collect Keeping Track books
- Thank the participants for attending the session

Before you leave, please sign up for your individual session next week. Please hand in your Keeping Track book. Remember, your individual session is your opportunity to tailor the program to your own needs. So attend, be timely and come ready to talk about what's going well and where you are having challenges.

Session 5: How Are You Doing?

Objectives

In this session the participant will:

- Review reasons for joining the program
- Review weight, activity and Keeping Track records
- Discuss challenges and how he/she overcame them
- Discuss maintaining the lifestyle changes
- Establish new goals for the next month
- Address other issues as identified by participant or Individual Counselor.

To do before the session

Get materials ready:

- Weight loss and activity graph
- Review participant's chart
- Meal replacement products or coupons

OVERVIEW OF THE INDIVIDUAL SESSION

This individual meeting is designed to help you get to know participants better, to congratulate them on completing the first month of the program, to review their progress to date, and to provide individual attention where needed. Ensure that this is a positive meeting; praise participants' efforts to change their eating and activity habits and give them plenty of time to talk.

Preparing for meeting. To prepare for the meeting, briefly review any materials participants completed for the week 0 visit. These may have included their reasons for joining Look AHEAD, as well as information on their weight and dieting histories and related issues. Identify a couple of topics to talk about. In addition, prepare the monthly graphs of the participants' weight and physical activity. These are created from the laptops on which weekly data are collected.

This session will be relatively relaxed if you are the participant's group leader, as well as Individual Counselor. If you are not the participant's group leader, take a few minutes to speak with the provider who is. Get a sense of the individual's participation in group and success with weight loss and behavior change. Ask the group leader if the participant needs assistance in any areas. Most will not at this early stage of the program.

Worksheets. All participants should have completed the a minimum of two worksheets before the individual meeting. These include a first page, titled "How Are You Doing?," as well as the "Look AHEAD Lifestyle Progress Summary." The individual session should be structured by reviewing these two forms, as well as the participants' weight and activity graphs.

Additional worksheets may be used in the session if the participant is having difficulties in a particular area. These include "Learning to Set Helpful Goals," "Goal Make Over," "Decision Balance," "What if the scale doesn't budge?" and related forms. These probably will not be needed at this session.

IV. I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session.

V. II. WELCOME

Welcome the participant to the individual session. Indicate how pleased you are to see him/her. Note that you will meet individually once a month for the next year. Individual meetings will replace group meetings once each month during the first 6 months. Inform participant that you will continue to meet individually once a month throughout the 4 year program.

Explain the purpose of the individual meetings. They provide an opportunity to: 1) get to know each other better; 2) to review the participant's progress; and 3) to provide participants an opportunity to ask questions and get some individual attention. Such attention helps to make sure they get the greatest benefit from the program. Indicate that you are always available if the participant has questions or concerns. They do not have to wait until the monthly session. Make sure the participant has your phone number, or e-mail.

Ask the participant how s/he likes the program so far. This can include thoughts about the diet, activity program, or the group sessions. Listen and respond appropriately.

VI. III. HOW ARE YOU DOING?

Ask the participant if s/he completed the "How are you doing" handout. If yes, proceed by discussing how the participant feels s/he is progressing. If the handouts were not completed, note that they should always be completed before the monthly individual sessions. Invite the participant to respond to the question about his or her progress to date.

VII. IV. REVIEW "PROGRESS SUMMARY"

A. Reasons for Joining Look AHEAD

Briefly review participant's reasons for joining the program. Discuss the extent to which participants feel they are meeting their goals.

B. Weight Goal

Review weight loss for the first month and provide participant the weight loss graph. Determine whether participant has lost approximately 1 lb a week for the first 4 weeks or at least 1% of initial body weight. Congratulate participants who have met the goal. Assess their satisfaction with progress. Identify behavioral strategies they are using to meet their goal.

Be supportive with participants who have not met the weight loss goal. Discuss the "challenges" that they have identified. Review their adherence to the meal replacements and Look AHEAD meal plan. As discussed later, develop an eating schedule, grounded in what they will eat (i.e., meal replacements), when, and where. Identify barriers to adhering to the schedule.

C. Activity Goal

Review in a similar manner participants' success in meeting the activity goal. Congratulate those who have been successful, identifying planning and

behaviors that have contributed to success. Problem solve with those who have not met the goal. Identify specific barriers and ways to surmount them.

D. Changes in Eating or Activity

Working from the “Progress Summary,” identify any changes that participants wish to make to their eating or activity goals. Help them develop a plan (what, where, when, and how) for adopting the desired behavior.

V. REVIEW KEEPING TRACK

A. Dietary Adherence

Review participant’s adherence (for the past week) to the meal replacements, Look AHEAD meal plan, or a self-selected diet. Optimally, the participant is consuming meal-replacements in lieu of two meals and 1 snack a day. (It may be 2 snacks for heavier individuals.) Review the participants eating schedule; the more regular (predictable), the better.

Ask how participant likes the meal replacements. Offer suggestions for enhancing taste or enjoyment if these are a problem. Determine if consuming meal-replacements at work is a problem and again offer suggestions. Provide suggestions for eating out, as well as with others. The Look AHEAD meal plan can be used at such times. Determine family members reactions to the use of meal replacements. Is it affecting meals with family or friends?

Review also participant’s use and enjoyment of Look AHEAD meal plan. Determine that participants have found meals they like or have created their own. Note whether these meals total about 500-600 calories. That is the desired range.

For participants following a self-selected plan, review adherence to calorie and fat gram goals closely. Emphasize the importance of portion control and nutritional balance.

B. Non-Adherent Participants

Some participants will report that they are trying to follow the meal plan but are not successful. Praise them for the occasions on which they did follow the plan and identify how they managed to do so. Then identify barriers to adherence which may include dislike of taste, inadequate satiety, lack of comfort (food), concerns about safety, or disruption of home or office eating plan. Identify solutions to these problems.

During the session, help participant develop a detailed schedule for the next 3 days of when and where they will consume their meals. Assess participants’ belief that they can adhere to the schedule. Invite participant to call or e-mail you every day to report on their success.

C. Elected Not to Use Meal Replacements

A minority of participants will have elected not to follow the meal-replacement plan. They should, however, be consuming the Look AHEAD meal plan (i.e., structured meals) or a self-selected diet within their calorie and fat gram goal. Ask how participants like the meal plan and whether they have added some of their own meals. Ensure that they have a meal plan that is tailored to their preferences. Determine that they are following a structured plan that facilitates adherence to the calorie and fat goals. Problem solve as appropriate.

D. No Skipping Meals

Determine that all participants are having 3 meals a day and at least one snack. They should be discouraged from skipping meals, either intentionally or inadvertently. Those who are cutting out meals to lose weight should be warned of possible problems with hypoglycemia, poor nutrition, and possible overeating the next day.

E. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to their meal plan.

VI. SUPPLEMENTAL HANDOUTS

As noted previously, additional handouts may be used in this session if other problems are discovered.

VII. 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 Look AHEAD 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. This is an increase of 25 minutes over the previous week's goal. This will be the new goal for the next 4 weeks. 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:

- Meal replacement products or 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)

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:

F. Record Weight

G. KEEP TRACK

H. Meal Replacements/M meal Plans

I. Physical Activity

B. Record Weight

Ask for a show of hands and encourage continued weighing.

C. 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 monitor their heart rates and meet the goal of 75 minutes per week. Ask about their intensity according to the subjective scale. How do their heart rates match this?

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 Look AHEAD 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 – 75 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. Look AHEAD 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: Problem Solving

Objectives

In this session participants will:

- Learn the five steps to problem solving
- Practice solving a problem using the Look AHEAD Problem Solver
- Begin using a pedometer

To do before the session

Get materials ready:

- **Pedometers**
- Meal replacement products or coupons
- 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 Look AHEAD 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 eliminate one problem food cue and add one positive cue for being more active.

- A. Call on participants to report on their progress regarding food and physical activity cues. Ask the participants to use the worksheet from session 6 (page 5) to share with the group their problem food and activity cues, their plan for changing these cues, and any problems they may have had.

Provide positive feedback and reiterate the importance of cue control in order to successfully lose weight.

- B. Participants have been using meal replacements and the Look AHEAD meal plan for approximately one month. The novelty may be wearing off so spend time discussing any adherence issues. Remind participants of the many benefits. Ask if they have seen improvements in their blood sugar levels.
- 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.
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.

VIII. 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. STEP YOUR WAY TO SUCCESS

(Participant Manual – Page 9)

A. THE PEDOMETER

1. Look AHEAD 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. HOMEWORK

(Participant Manual – Page 10 &11)

The homework assignment for this session is as follows:

- A. Begin wearing the pedometer and record the number of steps in your Keeping Track book.
- B. Follow the Action Plan developed during this session (page 8)
- C. Answer the questions regarding how the action plan worked (page 11)
- D. Keep Track of weight, calories, fat grams, minutes of activity
- E. Continue to use the meal replacements and Look AHEAD meal plan.

VI. 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 and using the pedometer.
- C. Answer questions and thank the participants for attending the session. Encourage participants to call if they have any questions regarding the use of the pedometer.

Session 8:

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 two muscle stretches

To do before the session

Get materials ready:

- **Sign-up sheet for individual session**
- **Several calculators for participants to total “steps”**
- **“How Are You Doing” worksheet (see Session 9)**
- **“Progress Summary” worksheet (see Session 5)**
- Meal replacement products or coupons
- Keeping Track book
- Pages for participant notebook
- Overhead projector
- Overheads (pages ____)
- White board
- White board pens
- Scale
- Pencils or pens (one per participant)
- Basket or box (for collecting Keeping Track books)

VII. 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.

VIII. WELCOME AND DISCUSS HOMEWORK

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

- J. Record Weight
- K. Keep Track
- L. Meal Replacements/Meal Plans

M. Physical Activity

D. 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.

E. 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 Look AHEAD 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 75 minutes of physical activity. They also were to use their pedometer and record how many steps they took each day. A detailed discussion of pedometer use follows in this session.
2. Have several participants report their number of minutes of activity for the week. Praise participants who met the 75-minute goal. For those who did not, mention that barriers to exercise is a topic of discussion during today's meeting.

IX. 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.** Emphasize that once participants start exercising the anxiety about being seen by others will decrease. 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. Brainstorm possible solutions. Tell patients that no idea is a bad idea. 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.

X.

XI. 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.

V. PEDOMETER USE

(Participant Notebook-Page 3)

A. Discuss difficulties with recording usual activity. Note that it is best to record activity immediately after engaging in it to prevent memory slips.

B. Discuss using a pedometer to measure usual activity. Ask participants "what do you think of the pedometers?" Ask participants what types of usual activities contributed most to their pedometer steps.

C. Ask them to record steps and minutes of activity on handout.

D. Have participants total steps for the week and divide by 7 for average steps per day.

E. Query participants about which days they were least and most active.

F. Have patients calculate their step goal and discuss ways to increase steps taken per day. Possible ideas

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 8)

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 two leg stretches.

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

IX. ASSIGN HOMEWORK

(Participant Notebook-Page 9)

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
- Stay within target heart rate range
- Increase “usual activity”
- Make and follow an activity plan.

C. Worksheets

Ask participants to complete the “How Are You Doing?” worksheet before next week’s individual session.

The “Progress Summary” (from session 5) should also be given to participants. The purpose of the Progress Summary is to facilitate a productive session which addresses the individual’s needs. Each site can decide how to instruct participants on the completion of this handout. Ideally, participants should write out their answers. Minimally, participants should be instructed to read and think over the questions prior to the session.

Remind participants that the individual sessions are designed to provide additional support beyond the group sessions. Attendance at these sessions is critical for continued success.

IX. CLOSE

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

Session 9: How Are You Doing?

Objectives

In this individual session participants will:

- Review “How Are You Doing?” and the monthly “Progress Summary”
- Review weight, activity and Keeping Track records
- Discuss challenges and how they overcame them
- Discuss maintaining the lifestyle changes
- Establish new goals for the next month
- Examine other issues as identified by participant or Individual Counselor.
- Have an optional meeting with the Clinic's Psychologist

To do before the session

Get materials ready:

- Weight loss and activity graph
- Review participant's chart
- Review behavioral goals and/or behavioral contracts from Session 5
- Meal replacement products or coupons.

OVERVIEW OF THE INDIVIDUAL SESSION

During Session 9, participants will probably report some problems with adherence to the Lifestyle Program, though in most cases, the problems will not be accompanied by poor weight loss. Before discussing such problems: congratulate the participant on completing the second month of the program, review their progress to date, and provide individual attention to life events, etc. where needed. Ensure that this is a positive meeting; praise participants' efforts to change their eating and activity habits and give them plenty of time to talk.

Preparing for meeting. To prepare for the meeting, briefly review any materials participants completed during week 5-8. These may include their Keeping Track records, other homework assignments, and attendance. Prior to the session, identify one or two important topics to talk about. In addition, prepare the monthly graphs of the participants' weight and physical activity. These are created from the laptops on which weekly data are collected.

If you are the participant's group leader, as well as Individual Counselor, you will have met with the person eight times and will probably know the person fairly well. If you are not the participant's group leader, speak with the provider who is. Get a sense of the individual's participation in group sessions and the person's success with weight loss and behavior change. Ask the group leader if the participant needs assistance in any areas.

In this session, or in session 13, you also may wish to introduce participants to the team's psychologist. This meeting is recommended as an “ice breaker” in the event that participants one day need to meet with the psychologist because of problems with behavior (i.e., adherence) or mental health (i.e., depression, life stress, etc). Perhaps the easiest way to facilitate this meeting is to have the psychologist join the participant and Individual Counselor for the last 5-10 minutes of the individual visit. The counselor can note that “the psychologist who works with our team is going to join us briefly at the end of our meeting. S/he is an expert in behavior change and wants to have a chance to say hello to all participants in the program.”

This meeting is recommended but is an optional part of the Look AHEAD Program. If the group leader or Individual Counselor is a psychologist, this meeting is not necessary. Similarly, if a psychologist interviewed all participants during the recruitment/screening phase of the study, the psychologist may need to do no more than

quickly re-introduce him or herself. The goal here is simply to have someone in place for participants to speak with when they have significant personal difficulties. There are, however, other ways to arrange a referral to a mental health professional.

Worksheets. All participants should have completed a minimum of two worksheets before the individual meeting. These include a first page, titled "How Are You Doing?," as well as the "Look AHEAD Lifestyle Progress Summary." The individual session should be structured by reviewing these two forms, as well as discussing the participants' weight and activity graphs.

Additional worksheets may be used in the session if the participant is having difficulties in a particular area. These include "Learning to Set Helpful Goals," "Goal Make Over," "Decision Balance," "What if the scale doesn't budge?" and related forms. These forms can be found in Session 5 of the Participant manual.

XIII. I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Compare today's weight with weight changes that have occurred over the past 8 weeks in order to provide feedback about the "trend" of weight loss (i.e., steady weight loss, recent weight gain, or weight plateau).

XIV. II. WELCOME

Welcome the participant to the individual session. Indicate how pleased you are to see him/her. Remind participants that you will meet individually, once a month throughout the program. Indicate that individual counseling sessions are a very important part of the Look AHEAD Lifestyle Program and that regular attendance of these sessions is considered essential for long-term success.

Briefly review the purpose of the individual meetings, which is to: 1) review the participant's progress; 2) provide participant an opportunity to ask questions and get some individual attention; and 3) provide an opportunity to solve unique problems and to develop strategies for "staying on track." Such attention helps to make sure they get the greatest benefit from the program. Indicate that you are always available if the participant has questions or concerns. They do not have to wait until the monthly session. Make sure the participant has your phone number, or e-mail.

Ask participants how they are liking the program. This can include thoughts about the diet, activity program, or the group sessions. Listen and respond appropriately.

XV. III. HOW ARE YOU DOING?

Ask participants to take out the "How Are You Doing" handout. If they did not complete the handout, determine what prevented them from doing so. Urge them to complete appropriate handouts before the next individual meeting.

Have participants respond to the two questions, regardless of whether they have prepared written responses. Have them discuss their general satisfaction with their progress since the last individual meeting. Help clarify the source of participants' dissatisfaction if, in fact, they are dissatisfied. It is critical to identify solutions to any significant dissatisfaction.

Invite participants to ask questions they have for you, as discussed on the form.

XVI. IV. REVIEW “PROGRESS SUMMARY”

A. Reasons for Joining Look AHEAD

Briefly discuss the extent to which participants feel they are meeting their goals. You probably already touched on this topic in discussing their “satisfaction.”

B. Weight Goal and Adherence to the Dietary Program

Review the rate of weight loss for the last two months and provide participant the weight loss graph. Determine whether participant has lost approximately 1 lb a week for the first 8 weeks or a minimum of 2% of initial body weight. This is the minimum weight that must be lost or additional intervention is needed. To meet the study goal of 10% reduction of initial weight by six months, the participant should have lost about 3% to 5% of initial weight by Week 9. Congratulate participants who have met the goal. Assess their satisfaction with their weight change. Identify behavioral strategies they are using to meet their goal.

Be supportive with participants who have not met the weight loss goal. Discuss the “challenges” that they have identified. Review their adherence to the meal replacements and/or Look AHEAD structured meal plan, or a self-selected diet. As discussed later, develop an eating schedule that specifies what they will eat (i.e., meal replacements, prepared foods, etc), and when and where eating will occur. Identify barriers to adhering to this schedule of eating.

C. Activity Goal

Review the participant's success in meeting the current activity goal (i.e., a minimum of 75 minutes per week). Congratulate those who have been successful, identifying planning and behaviors that have contributed to success. Problem solve with those who have not met the goal. Identify specific barriers and ways to surmount them.

D. Changes in Eating or Activity

Working from the “Progress Summary,” identify any changes that participants wish to make to their eating or activity goals. Help them develop a plan (i.e., what, where, when, and how) for adopting the desired behavior.

V. REVIEW KEEPING TRACK

A. Dietary Adherence

Review participant's adherence for the past week to the meal replacements and Look AHEAD meal plan, or a self-selected diet. Ask how participant likes the meal replacements. Determine if meal replacements are easier or harder to stick to than they were a month ago. What has changed positively or negatively. Offer

suggestions for enhancing taste or enjoyment if these are a problem. The individual meeting provides time to review this material in greater detail than does the group meetings. Optimally, the participant is consuming meal-replacements in lieu of two meals and 1 snack a day. (It may be 2 snacks for heavier individuals.) Review the participants eating schedule; the more regular (predictable), the better.

Determine if consuming meal replacements at work is a problem and again offer suggestions. Provide suggestions for eating out, as well as with others. The Look AHEAD meal plan can be used at such times. Determine the reactions of family members to the use of meal replacements. Is it affecting meals with family or friends?

Ensure that participants have found meals they like or have created their own meals. Note whether these meals total about 500-600 calories. That is the desired range for the meal (usually in the evening) to accompany the meal replacement program. Provide appropriate feedback if the person is eating too much or too little at this meal.

NOTE: If the Individual Counselor is a psychologist, consultation with the nutritionist may be beneficial at this session.

B. Non-Adherent Participants

Some participants may report that they are trying to follow the meal plan but are not successful. Praise them for the occasions on which they did follow the plan and identify how they managed to do so. Then identify barriers to adherence, e.g., dislike of taste, inadequate satiety, lack of comfort (food), concerns about safety, or disruption of home or office eating plan. Use problem solving strategy to find solutions to these problems.

During the session, help participant develop a detailed schedule for the next 3 days of when and where they will consume their meals. Assess participants' belief that they can adhere to the schedule. Invite participant to call or e-mail you every day to report on their success.

C. Elected Not to Use Meal Replacements

A minority of participants will have elected not to follow the meal-replacement plan. They should, however, be consuming the Look AHEAD meal plan (i.e., structured meals) or a self-selected diet within their calorie and fat gram goal. Ask how participants like the meal plan and whether they have added some of their own meals. Ensure that they have a meal plan that is tailored to their preferences. Determine that they are following a structured plan that facilitates adherence to their calorie and fat goals. Adherence to these goals is particularly important because participants are eating more conventional "table foods" and are, thus, more likely to underestimate their calorie intake.

D. Exercise

Discuss participants' success during the past week in meeting the activity goal of walking (or engaging in other aerobic activity) for a minimum of 75 minutes. For participants who are meeting the goal, assess their enjoyment of their activity and the schedule they have developed. How do they remind themselves to exercise? Ensure that the 75 minutes is comprised of bouts of activity of at least 10 minutes duration.

For participants who are not meeting the activity goal, cover some basics. Do they think increased activity is important? Would they like to be more active? If the answers to both questions are "yes," then identify barriers participants are encountering. Problem solve issues concerning lack of time, concerns for safety, embarrassment, or expectations that are too high. During the session, have participants plan out their activity for the next 3 days. If possible, communicate with the participant by phone or e-mail each day to help them get started.

Review also participants' experiences with the pedometers. Ask whether they like using the pedometer and understand the reasons for including it in addition to counting minutes of activity. (The reason is to help participants measure their lifestyle activity in a manner that requires the least effort.) Have participants identify new target goals for the week, as they move toward the 10,000 step goal. Use problem solving strategy with participants who are having difficulty with the pedometer.

E. Summary

Conclude this review by congratulating participants on their efforts. Summarize any changes to their eating or activity goals.

VI. SUPPLEMENTAL HANDOUTS

As noted previously, additional handouts may be used in this session if other problems are discovered.

VII. ASSIGN HOMEWORK

A. Keep Track

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

B. Be Active

The activity goal for the next four weeks is to increase walking (or similar activity) to 100 minutes per week, 20 minutes on 5 days per week. This is an increase of 25 minutes over the previous week's goal. They can use the chart on

the homework page to plan their activity for the next week, if greater structure is needed.

VIII. CLOSE

Ask if participants have any final questions or comments. Ask them to complete the "How Are You Doing?" and "Progress Summary" worksheets prior to the next individual session at week 13. Indicate how much you enjoyed meeting with them. Remind them that you will see them in group next week.

IX. CASE EXAMPLE

The following case example illustrates the use of three forms: "How Are You Doing?", "Lifestyle Progress Summary", and "Problem Solver." The case example also illustrates the use of an algorithm for tailoring the program to address a "significant attendance problem." The tailoring algorithm is discussed in detail in another section of the Provider Manual.

Case Example Nathan - Attendance Problem

The following case example demonstrates the intervention steps in the decision-making process for tailoring treatment for an attendance problem, as described in Lifestyle Intervention: Tailoring Treatment.

Nathan is a 52-year-old white male with a height of 6 ft., 3 in., weight of 270 lb. and BMI of 35.6 kg/m². He is unemployed and divorced with 2 children. Nathan was diagnosed with type 2 diabetes two years prior to enrollment in the Look AHEAD trial. He does not take insulin, but is prescribed oral glycemic medication. During the first five weeks of the intervention, Nathan came to all of the group and individual counseling sessions. He lost six pounds in the first five weeks and was having no significant problems with the program. However, at week 6 and at week 8, he missed group sessions and the following progress notes were recorded.

Week 6

Nathan missed session due to car trouble. He expects to have the car repaired by tomorrow. Scheduled a makeup session with him for Friday. Discussed the importance of getting to the meetings to help him successfully complete the program.

Week 8

Contacted Nathan after he missed the scheduled meeting. He had a job interview scheduled in the late afternoon and he was unable to get to the meeting on time. Reinforced the importance of attendance at the meetings. Scheduled a makeup meeting for Thursday.

Prior to Session 9, Nathan completed the "How Are You Doing?" and "Lifestyle Progress Summary" forms and his responses were reviewed in session. These forms are illustrated on the next few pages. This information illustrates a few important observations:

- 1. Nathan has lost 11 pounds in nine weeks. His weight at baseline was 270 pounds. To**

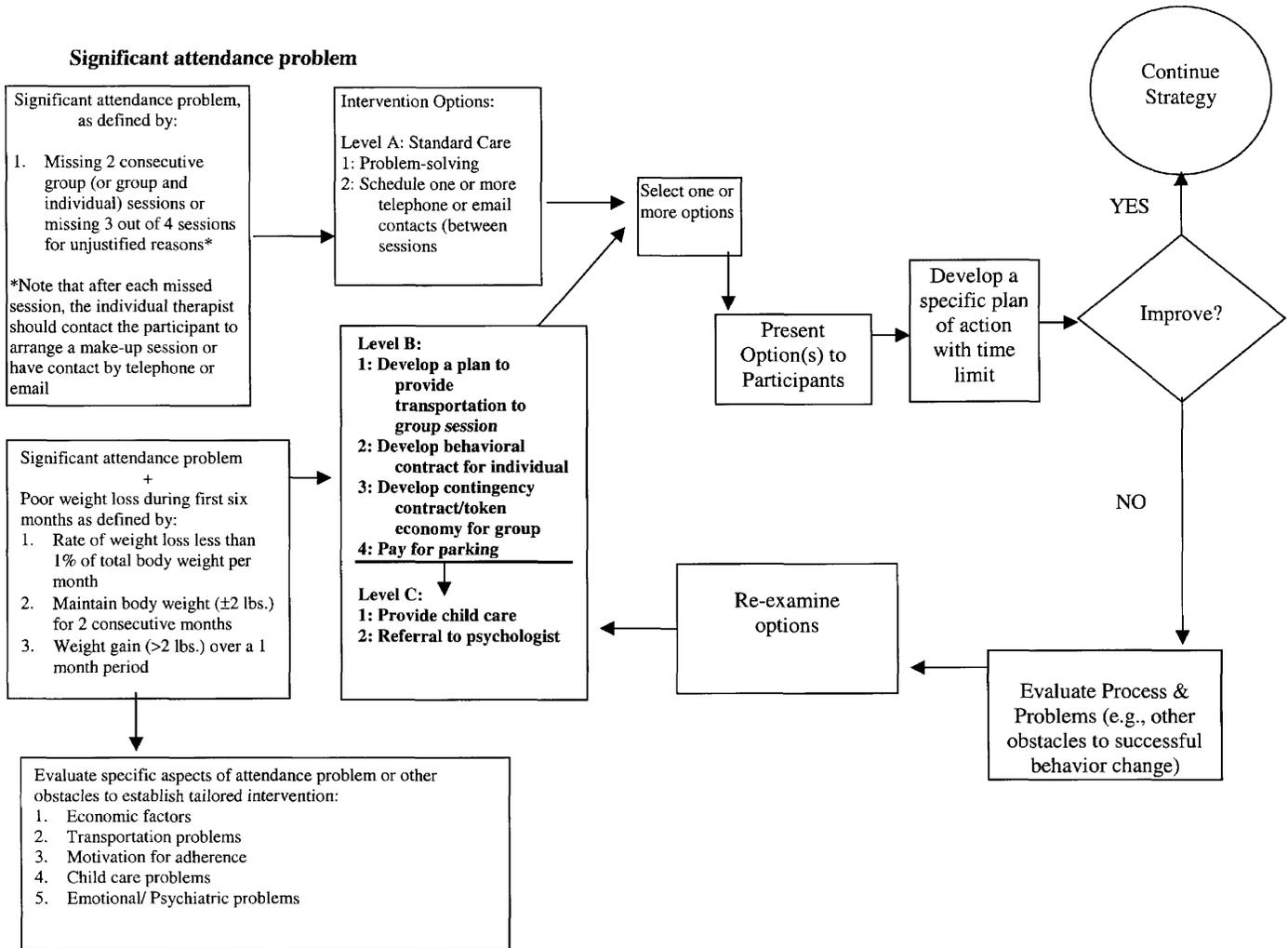
meet the minimal weight loss goal of 1% reduction of total body weight per month, Nathan needs to lose 2.7 pounds per month or about 6 pounds in nine weeks. He has lost 11 pounds so he is doing well with respect to the minimal weight change goal.

2. With regard to the study goal of losing 10% of total body weight, Nathan will need to lose 27 pounds. If he is to accomplish this goal in the first six months, he will need to lose about 4.5 pounds per month. Since he has lost 11 pounds in nine weeks, he is progressing at a satisfactory rate for meeting the study goal weight.
3. Nathan is reporting doing well with the Look AHEAD dietary and physical activity programs, though he does not have great confidence in his ability to adhere to these programs over a longer period of time.
4. The issue that is of greatest concern is that he is having "car problems" and may not "be able to come every week."

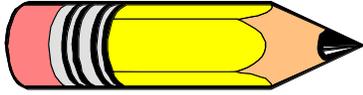
In the context of the algorithm for addressing a "significant attendance problem," illustrated on the next page, Nathan does not meet the criteria for use of Level B or C toolbox options, but he is at risk for developing a significant attendance problem. The lifestyle counselor recognized the following observations:

- Nathan is unemployed
- Nathan is seeking a job
- He is having car problems
- He may have difficulty paying for repairs
- He is reluctant to ask for help

Given these considerations, the counselor engaged Nathan in problem solving, using the "Problem Solver" form, which is illustrated below. Using this process, Nathan selected "getting his car fixed" as the first solution. Recognizing that alternative plans might be needed, the counselor suggested asking for help from the group in the next session and if the problem persists, and is not improved, left open the option of providing cab fare funds from the toolbox.



Session 9: How Are You Doing?



Before the next one-on-one session,
answer the following:

X I feel my progress since the last one-on-one session has been:

I have been following the meal replacement program.

I have walked for 10 to 20 minutes almost every day.
I have lost 11 pounds!

X Questions to ask my Counselor:

I may have had problems with my car. That is why I missed

Sessions 6 and 8. I am worried that I will not be able to come every
week.

Look AHEAD Lifestyle Progress Summary

Today's date 11-19-01 (Session 9)

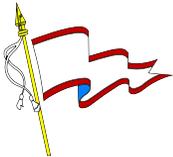
1. Reasons for joining Look AHEAD To stop taking medication for my diabetes and to lose weight and be more fit.

2. Progress toward goals (review graphs)

	Weight (lbs)	Activity (min/week)
Session 1 (Date: _____)	270	0
Most Recent Visit (Date: _____) (Week since randomization: _____)	259	80 min/week
Look AHEAD Goal	243	75 min/week
Personal Goal	210	75 min/week

Calorie goal 1800 Fat gram goal 60

Usual calorie intake 1600 Fat grams 55



3. Major challenges

To reaching the weight loss goal I have never been able to stay on a diet for more than a few months; I crave chocolate and sweets.

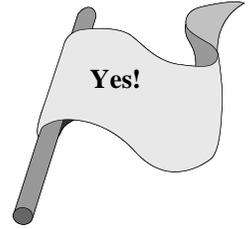
To reaching the physical activity goal I get tired very easily.

4. Changes made

In eating I eat three meals per day most days and follow meal plan.

In activity I walk almost every day.

Other



5. What has helped

With weight loss Walking and following meal replacement program.

To increase activity Scheduled walking sessions with a friend.

6. What are your thoughts about your progress so far?

I am afraid I will not be able to keep it up.

7. How important is it to you to make any new changes?

In eating Important

In physical activity Important

8. How sure are you than you can make any new changes?

In eating Not sure

In physical activity Not sure



Name Nathan Date Nov 12, 2001

Remember to keep your goals:

- X Positive
- X Specific
- X Related to something under your control
- X Time specific
- X Small enough so you can reach them
- X Broken into steps
- X Related to a reward

Between today, Nov 12, 2001, and Dec 10, 2001,

I will:

Attend all three group sessions

Walk 100 minutes per week, and follow the meal replacement program.

Lose 4 more pounds for a total of 15 pounds.

Before I can reach this goal, I need to:

Get my car fixed.

My reward for reaching this goal will be:

Buy a book for myself.

Signed Nathan S.

Before returning, please answer the following:

Do I believe I reached my goal? ___ yes ___ almost ___ did not

Next time I need to:

I feel my progress has been:

The Look AHEAD Problem Solver

1. Describe a problem you have reaching or maintaining your Look AHEAD goals.

Attending Look AHEAD sessions

2. Brainstorm your options. Write down the costs and benefits of each option.

Option	Costs	Benefits
<i>Get car fixed.</i>	<i>About \$400</i>	<i>Reliable transportation.</i>
<i>Take cab</i>	<i>\$20 (for both ways)</i>	<i>Will not get "off track"</i>
<i>Catch ride with someone</i>	<i>Inconvenient for someone else.</i>	<i>Will not get "off track"</i>

3. Pick one option to try. Is it very likely to work? Can you do it?

Get car fixed.

4. Make a positive action plan.

I will: Save \$400 over next month

When? Take car to shop in one month.

I will do this first: Ask group for help this month.

Roadblocks that might come up and how I will handle them: Embarrassment;
Will call anyway

I will do this to make my success more likely:
I will call group members who might help.

How can we help you?

Provide cab fare if needed.



- 5. Try it. See how it goes.**

Session 10: 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

To do before the session:

- **Review and practice stretching exercises for demonstration during session**
- Meal replacement products or coupons
- 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

Ask the participants if the previous week's individual session addressed their weight loss progress. Prior to this weigh-in, it may be helpful to check with the individual counselor or their notes regarding participant's weight loss progress. Try to use this time to reinforce the messages provided during the individual session.

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 Look AHEAD 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. Physical Activity – 75 minutes, Pedometer use and additional 250 steps, Target Heart Rate, More “usual activity”

The focus of session eight was how to make being active a way of life. Inquire as to the success in adding additional steps, using the pedometer, and monitoring heart rate. If there are local events that promote activity (walk-a-thons), suggest participants consider these. If possible, provide written information or contact phone numbers. Discuss how participants were able to do more “usual” activity.

D. Session 10 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.

Some additional warm up “stretches” will also be demonstrated.

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 manage diabetes. 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. This pattern of eating is also not helpful for good blood sugar control. Blood sugars may drop too low from skipping meals and then go too high after overeating.

Indicate that a regular pattern of meals will help keep hunger and blood sugars 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 and blood sugar 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 Look AHEAD 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 5-7)

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.

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

VII. THE FOOD GUIDE PYRAMID AND EATING LOWER-CALORIE FOODS

(Participant Manual – Page 8-9)

This handout illustrates how lower-calorie foods fit into FPG. You may have already discussed these points, so briefly review the main points as noted.

VIII. HEALTHY EATING IS IMPORTANT FOR DIABETES MANAGEMENT

(Participant Manual – 10-14)

These pages provide nutritional information related to the following:

- **Blood sugar control**
- **Reducing risk of heart disease**
- **Managing blood pressure**

Additional information on fiber and alcohol consumption is also give. Review the information as provided and encourage questions.

IX. HOMEWORK

(Participant Manual – Pages 15-18)

The homework assignment for this session is as follows:

- A. Bring in a favorite recipe that can potentially be modified for calories and fat content. Next week's session will address recipe modification.
- B. Bring in print advertisements for weight loss programs or products.
- C. 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.
- D. Answer the Food Guide Pyramid questions on page 17
- E. Continue to keep track of weight, calories, fat grams, activity minutes and step 5
- F. Be active for 100 minutes each week, aim for their step goal.

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 11: More About Healthy Eating

Objectives:

In this session, the participant will:

- Learn how to substitute low-fat, low-calorie ingredients for high-fat, high-calorie ingredients in recipes
- Understand that the popularity of high-protein, low-carbohydrate diets and other fad diet is based on reported claims, not scientific truth

To Do Before the Session:

Get materials ready:

- **PRINT ADVERTISING EXAMPLES OF FAD DIETS AND GIMMICKS**
- Keeping Track book
- Pages for participant notebook
- White board
- White board pens
- Scale
- Pencils or pens
- Basket or box (for collecting Keeping Track books).

IX. Weigh each participant

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

X. WELCOME AND DISCUSS HOMEWORK

A. Rate Your Plate

Refer to session 10 (pages 10-12) to review how the participant's food intake fit into the Food Guide Pyramid. Ask participants to report on one day from their "Rate your plate" activity and to note any changes they made and any problems they may have had. Participants using meal replacements will be "rating their plate" based on one meal of conventional food each day. In this case, look for overall balance within the meal.

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 11

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.

A discussion of popular diets, particularly the high-protein, low-carbohydrate diet plans will show participants why these diets work and why they continue to be popular.

XI. BUILD A BETTER RECIPE

(Participant Notebook-Page 1)

A. Introduction

Last session 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

IV. POPULAR FAD DIETS

(Participant Notebook-Page 4 and 5)

A. Introduction

Begin the discussion by asking the participants if they were able to find any print advertisements for weight loss programs or products. (Have several examples of current weight loss ads as a backup.)

- Ask the participants about their experiences with these or similar diets or weight loss products.
- Have the group generate a list of reasons why these diets and weight loss products are appealing.
- Point out some commonalities in the ads – words and phrases such as guaranteed, miraculous, breakthrough, new discovery, scientific, phenomenon, secret, eat all you want, just minutes a day, etc.

Most likely, the group will identify two key reasons that fuel the diet industry- people want to lose weight 1) quickly and 2) without much effort. This is why the diet industry is a \$33 billion dollar business.

Summarize that the bottom line is there are no “magic bullets” for weight loss. The tried and true method of a healthy, balanced diet and regular physical activity really does provide the best chance of long-term weight loss success. This sounds like the Look AHEAD program!

B. High-Protein, Low-Carbohydrate Diets

Some fat 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.

Ask group members if they or someone they know has ever tried or considered this type of diet. Inquire about the experience.

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

C. 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. The information on insulin resistance may be confusing to participants. Try to provide a simple explanation of this syndrome using the information below or consult with your site's physician for further explanation.

- The role of insulin is to bring glucose (energy) into the tissues of the body.
- The condition of insulin resistance occurs when the tissues of the body are not as

- “sensitive” or resist the insulin.
- When insulin resistance exists, the body tries to overcome this resistance by producing more insulin from the pancreas.
 - The pancreas eventually cannot keep up these increased levels of insulin secretion. Typically, this is when a person develops type 2 diabetes.

V. MUSCLE STRETCHES

(Participant Notebook-Page ?)

- A. Ask participants if they are incorporating the stretches into their activity routine
- B. Demonstrate arm circles and sitting toe touches
- C. Allow participants to try stretches

VI. homework

(Participant Notebook-Page X)

Homework assignments for this session are:

- A. Bring in menus from area restaurants. Next week's session will focus on eating out.
- B. Keep Track of weight, calories, fat grams, minutes of activity and steps taken
- C. Be active- minimum of 100 minutes per week of activity
- D. Use the stretches that have been demonstrated over the past several sessions
- E. Page ?-Answer questions regarding making changes to follow Food Guide Pyramid

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.

Session 12:

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.
- Learn how to manage their diabetes when eating out.
- Practice problem solving.
- Learn two new stretches.

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).**
- **Sign up sheet for individual session**
- **“How Are You Doing?” worksheet (see Session 13)**
- **“Progress Summary” worksheet (see Session 5)**
- Keeping Track book.
- Pages for participant notebook.
- White board.
- White board pens.
- Scale.
- Pencils or pens
- Basket or box (for collecting Keeping Track books).

XII. Weigh each participant

This week marks the end of the third month 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.

XIII. WELCOME AND DISCUSS HOMEWORK

A. Food Guide Pyramid (Session 11, page 9)

Ask each participant to report on any changes they made to better match the Food Guide Pyramid and comment on any problems they encountered. Depending on the season, you might want to bring in a different type of fruit (kiwi, a different variety of melon) or vegetable (grape tomato) for sampling. Encourage the group to try different varieties of fruits and vegetables.

B. Build a Better Recipe

Session 11 addressed substituting low-calorie, low-fat ingredients for high-calorie, high fat ingredients in recipes. Ask the participants if they had the opportunity to modify any of their own recipes. Encourage participants to bring in recipes that they may need help in modifying.

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 12 Overview

Today's session will focus on four basic strategies for healthy eating-out, particularly as this concerns managing diabetes.

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

Additional warm-up stretches will be demonstrated.

XIV. 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

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

(Participant Notebook-Page 6-7)

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.

VI. MANAGING DIABETES WHEN EATING OUT

(Participant Notebook-Page 8)

For diabetics taking blood sugar control medication it is important to know what to do if a meal is delayed. Ask participants if they have ever gone out to eat and had the meal delayed. Ask them what they did. Review the list of suggestions stressing the following:

1. Wait until just before the meal to take medication that may cause low blood sugar.
2. Or if medication has already been taken, eat a snack of 15 grams of carbohydrate to help prevent low blood sugar. Review examples.
3. Limit alcohol use. Review suggestions as listed in the manual
4. As much as possible avoid situations where overeating is likely to occur.
Try to learn what caused the overeating and plan on how to avoid the situation in the future.
Mention walking as one way to deal with overeating if it does occur.

VII. PROBLEM SOLVING

(Participant Handout-Page 9)

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.

VIII. MUSCLE STRETCHES

(Participant Handout-Page 10)

- A. Demonstrate back press and back stretch

- B. Allow participants to practice

IX. homework

(Participant Notebook-Page 11)

Homework assignments for this session are:

- A. Keep Track of weight, calories, fat grams, minutes of activity and steps.
- B. Be active – minimum of 100 minutes per week of activity
- C. Follow Action Plan if participants eat out and answer questions on page 12 regarding following the plan.
- D. Ask participants to complete the “How Are You Doing?” worksheet before next week’s individual session.

The “Progress Summary” (from session 5) should also be given to participants. The purpose of the Progress Summary is to facilitate a productive session which addresses the individual’s needs. Each site can decide how to instruct participants on the completion of this handout. Ideally, participants should write out their answers. Minimally, participants should be instructed to read and think over the questions prior to the session.

Remind participants that the individual sessions are designed to provide additional support beyond the group sessions. Attendance at these sessions is critical for continued success.

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 13: How Are You Doing?

Objectives

In this session the participant will:

- Review weight, activity and Keeping Track records
- Discuss challenges and how the participant overcame them
- Discuss maintaining the lifestyle changes
- Establish new goals for the next month
- Review other issues identified by participant or Individual Counselor.
- Optional- Introduce the clinic psychologist for a brief meeting

To do before the session

Get materials ready:

- Weight loss and activity graph
- Review participant's chart
- Review behavioral goals and/or behavioral contract from session 9
- Meal replacement products or coupons

OVERVIEW OF THE INDIVIDUAL SESSION

By session 13, rate of weight loss may begin to slow down. Also, participants who are using the meal replacement program may be getting tired of eating the “same foods”. At the beginning of the session, praise the participant for completing three months of the program, review progress to date, and provide individual attention where needed. Set the tone for a positive meeting; praise the participant's efforts to change eating and activity habits and give them time to talk about life events.

Preparing for meeting. To prepare for the meeting, briefly review any materials participants completed during weeks 9 through 12. Prepare the monthly graphs of the participants' weight and physical activity. If the person has not met with the psychologist, you can arrange a brief meeting during the session. As discussed at session 9, this meeting is optional.

Worksheets. During session 13, you can anticipate the following issues to arise:

- Rate of weight loss may start to slow
- Problems related to adherence with the dietary program will be more likely
- For participants who were very sedentary, they may begin to have difficulty achieving the physical activity goal of 125 minutes per week (25 minutes on 5 days per week)
- Participants who are consistently late for group sessions, or who frequently miss sessions will have developed a pattern of attendance problems

After allowing the person to describe recent social events (e.g., birthdays, graduation of children or grandchildren, holiday plans, etc.), review the “How Are You Doing?” worksheet, which should have been completed prior to this session. If the participant has not completed this worksheet, provide about 3 minutes to allow them to do so. Next, review the worksheet to assess current progress. The session should be structured to praise the participant for all successful attempts to follow the program and to use problem-solving to develop a plan of action (and behavioral contract) to address any areas of sub-optimal adherence. The lifestyle counselor should be prepared to discuss any of the four issues that was described earlier.

Additional worksheets may be used in the session if the participant is having difficulties in a particular area. These include "Learning to Set Helpful Goals," "Goal Make Over," "Decision Balance," "What if the scale doesn't budge?" and related forms. These forms can be found in session 5.

XVII. I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Respond to weight change as described previously.

XVIII. II. WELCOME

Welcome the participant to the individual session. Remind the participant of the purpose of the individual meetings (i.e., to review the participant's progress and to allow an opportunity to solve problems as they arise). The individual sessions are designed to make sure they get the greatest benefit from the program. Note that you are available if the participant has questions or concerns. Ask the participant how s/he likes the program so far, e.g., the diet, activity program, or the group sessions.

XIX. III. HOW ARE YOU DOING?

Ask participants if they completed the "How Are You Doing?" handout. If yes, proceed by discussing how participants feel they are progressing. As noted earlier, if the handouts were not completed, note that they should always be completed before the monthly individual sessions. Invite participants to respond to the question about their progress to date.

XX. IV. REVIEW "PROGRESS SUMMARY"

A. Motivational Assessment

Briefly review participant's reasons for joining the program. Discuss the person's confidence concerning adherence to the lifestyle behavior change program. Evaluate how the person measures personal success (e.g., is the focus on weight loss, behavior change, change in appearance, or improved health and fitness). Understanding the unique factors that motivate each person will allow you to tailor the discussion to match that person's goals and expectations.

B. Weight Goal

Calculate progress toward achieving minimal weight goal (at least 1% weight loss per month) and the study goal (10% weight loss in the first six months of the intervention). This calculation can be easily accomplished. For example, if the person weighed 250 pounds at the beginning of the program, they will need to lose 2.5 pounds per month to meet the minimal goal of 1% weight loss per month. Therefore, after 12 weeks (3 months) the person should have lost 7.5 pounds. To meet the study goal, the person should have lost at least 12.5 lb. by session 13. Review the trend of weight loss for the first three months and provide participant the weight loss graph. Congratulate participants who have

met the goal. Assess their satisfaction with progress. Identify behavioral strategies they are using to meet their goal.

Be supportive with participants who have not met the weight loss goal. Discuss the “challenges” that they have identified. Review their adherence to the meal replacements and Look AHEAD meal plan. As discussed later, develop an eating schedule, grounded in what they will eat (i.e., meal replacements), when, and where. Identify barriers to adhering to the schedule.

C. Activity Goal

Review the participant’s success in meeting the activity goal (i.e., a minimum of 100 minutes per week during Weeks 9 through 12). Congratulate those who have been successful; identify planning and behaviors that have contributed to success. Problem solve with those who have not met the goal. Identify specific barriers and ways to surmount them.

D. Changes in Eating or Activity

Working from the “Progress Summary,” identify any changes that need to be made regarding eating or activity goals. Help them develop a plan (what, where, when, and how) for adopting the desired behavior.

V. REVIEW KEEPING TRACK

A. Dietary Adherence

Review participants’ adherence (for the past week) to the meal replacements and Look AHEAD structured meal plan. Participants following the meal replacement program should be consuming meal-replacements in lieu of 2 meals and 1 snack a day. (It may be 2 snacks for heavier individuals.) Reinforce the participant for eating on a regular schedule.

Ask how participant likes the meal replacements. Offer suggestions for enhancing taste or enjoyment if these are a problem. Assess the reactions of family members to the use of meal replacements. Is it affecting meals with family or friends?

For participants who are following the structured meal plan, review adherence to the program. Ask if participants have found meals that they like and check to see that the meals contain about 500-600 calories per meal.

B. Non-Adherent Participants

For participants who are not successful with the dietary program, praise them for the occasions on which they followed the plan and identify how they managed to be successful. Then identify barriers to adherence and use the problem solving strategy to identify and implement solutions to these problems.

In this session, develop a clearly defined behavioral contract that if followed, would result in better adherence to the dietary program. Also, you can ask the person to call or e-mail you as often as every day on their adherence to the behavioral contract. If the person is also failing to meet weight loss goals, then the procedures for using the tool box should be employed. The case example, discussed later, illustrates the process.

C. Elected Not to Use Meal Replacements

A minority of participants will have elected not to follow the meal replacement plan. They should, however, be consuming the Look AHEAD meal plan (i.e., structured meals). Ask how participants like the meal plan and whether they have added some of their own meals. Examine self-monitoring records to assess whether the participant is meeting the calorie and fat goals. If the person failed to bring in self-monitoring records, emphasize that these records are the best method for evaluating adherence to the structured meal plan. Determine what prevented them from keeping their records and make a plan to improve adherence.

D. Review of Physical Activity

Evaluate adherence to the prescribed physical activity program. Assess whether the person is consistently meeting the goal of at least 100 minutes of exercise each week for the past four weeks. Use problem solving and behavioral contracting to assist the person in meeting the new goal of 125 minutes per week, if they are having problems with this aspect of the program.

E. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to their meal plan.

VI. SUPPLEMENTAL HANDOUTS

As noted previously, additional handouts may be used in this session if other problems are discovered.

VII. 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 Look AHEAD meal plan to meet their calorie and fat goals.

B. Be Active

The activity goal for the next four weeks is to increase walking (or similar activity) to 125 minutes a week. This is an increase of 25 minutes over the previous week's goal. This will be the new goal for the next 4 weeks. Suggest that

participants engage in 25 minutes of activity each of 5 days. They can use the chart on the homework page to plan their activity for the next week.

VIII. CLOSE

Ask if participants have any final questions or comments. Remind them how to complete the “How Are You Doing?” form before the next individual session. Indicate how much you enjoyed meeting with them. Remind them that you will see them in group next week, if you are the person's group counselor.

IX. Case Example

The following case example demonstrates the intervention steps in the decision-making process for tailoring treatment for a dietary problem as described in the Lifestyle Intervention: Tailoring Treatment which can be found in Appendix —.

Case Example Beth – Dietary Problem

Beth is a 55-year-old divorced African American female with three grown children. She is 5 ft. 6 in. tall and weighs 280 lb. For the last 10 years since her divorce, she has been employed as a retail clerk at the downtown K-Mart. Her current weight is making her job more difficult because she is on her feet all day. She would like to lose weight, but has been unsuccessful on her own, so decided to enroll in the study. She has tried lots of different diets, but she usually only loses a few pounds. Her motivation dwindles; she gains back her weight, and is even heavier, leading to her current BMI of 45.4. Beth was diagnosed with Type II diabetes when she was 49 years old, six years ago. Her mother was obese and had diabetes. She died of cardiovascular illness when she was 61 years old. At entry into the study, Beth was very concerned that she might be at risk for heart disease and this was a strong motivation for involvement in the study.

Week 3

During Session 3 each participant is presented with the food plans and asked to decide which one to use. Although the meal replacement/meal plan option is strongly suggested, Beth decided not to follow these recommendations, and chose the structured meal plan. She thought using a structured meal plan for all her meals and snacks would allow her to continue to eat the foods she liked rather than drinking a product such as SlimFast or Glucerna.

Week 9

When her lifestyle counselor reviewed Beth's food records, she noticed that she seldom followed the prescribed structured meal plan. On four of the days she had exceeded her calorie

limit of 1800 calories. To comply with the dietary program at a rate of 75%, she would have to stay below 1800 calories on 6 out of 7 days. Weight loss at Session 9 was 7 lb, which was only slightly more than the required 1% of weight loss per month. Using the algorithm for sub-optimal compliance with the dietary program (shown on the next page), a Level A intervention, problem-solving, was initiated.

Level A Intervention: Problem Solving

Problem Identification: Beth discussed with her counselor what had happened on the four days she had exceeded her calorie limit. She had gone out to lunch with her co-workers and had ordered a high fat, high calorie meal. She could have chosen from some healthier menu selections, but was tempted by the sight and smell of some of her favorite foods. Plus, she hadn't told her friends about being in the weight loss program. It became clear that Beth needed to develop a plan to handle going to lunch with her co-workers.

Brainstorming: Some possible solutions were:

- Not go out to lunch with her co-workers
- Tell her friends she isn't hungry
- Work a different shift
- Explain to her co-workers that she is on a meal plan and ask for their support

Cost Benefit Analysis: After 10 years of service working a retail store, Beth did not want to change to the evening shift, and she enjoyed spending her lunch break with her friends. Telling them she wasn't hungry would only work temporarily. Although she felt embarrassed initially about telling her co-workers about her dietary program, she realized they could be supportive of her efforts.

Selection of a Plan: Beth decided to tell her friends about her dietary plan and to ask for their support. She would ask them to select restaurants that had healthier food choices that would fit into her calorie level. Also, she would ask them to help her resist the temptation of ordering her old high calorie favorites. It was agreed that the lifestyle counselor would call Beth on Wednesday to provide support and encouragement, check in with her at the group sessions and reevaluate the plan at session 13.

Week 13

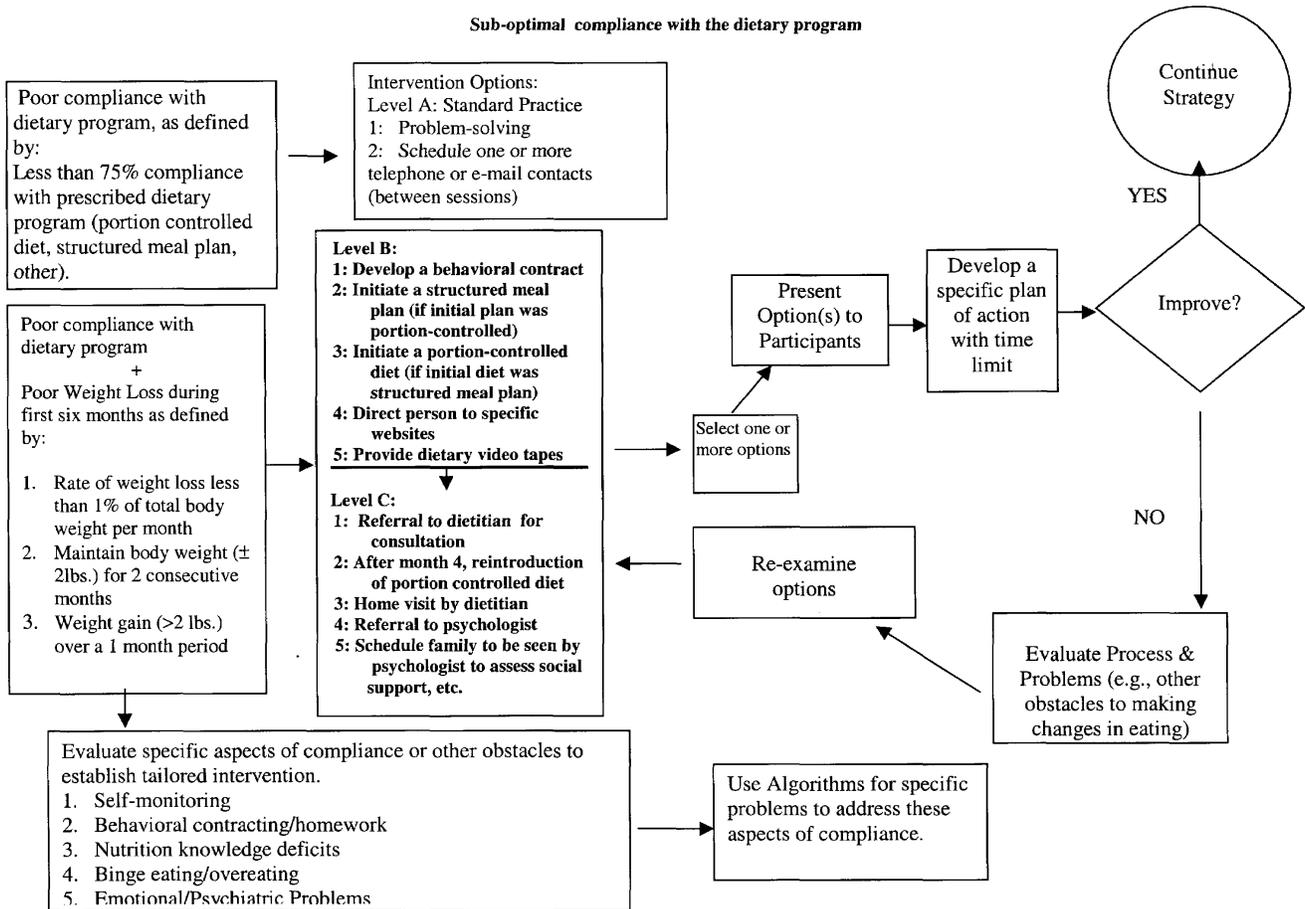
Beth was still having difficulty following her meal plan and again had not reached the 75% compliance level with the dietary program. She had exceeded her calorie level on approximately three days per week during the previous month. Examination of Beth's food records revealed that she was still having some difficulty controlling her calorie intake at lunch, and now was running into problems in other social situations. For example, on Sundays she exceeded her calorie intake due to doughnuts served during morning services at church. Previous Level A interventions had been tried over the last few weeks, but new situations continued to crop up which interfered with her success. In addition, her weight loss at week 13 totaled only 6 lb, which reflected a gain of 1 lb from the previous month. To meet the minimally acceptable weight loss goal she needed to have lost 8.4 lb. at 12 weeks. Based on the algorithm for sub-optimal compliance with the dietary program, shown on the next page, consideration of a Level B intervention is appropriate.

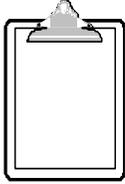
Level B Intervention: Initiate a Meal Replacement Diet

Beth agreed with her counselor that exposure to tempting foods was a major recurring problem affecting her dietary compliance. Using the problem-solving approach, Beth concluded that one of the benefits of the Meal Replacement Program is reduced exposure to tempting foods. Beth considered the pros and cons of utilizing the Meal Replacement Program (using the Decision Balance Worksheet shown below) and agreed that it was a reasonable step towards improved weight loss. Beth and her counselor decided that she should switch to the meal replacement program. Her counselor helped her plan a schedule of meals for each day, including times and places she would eat. This meal plan is illustrated at the end of this section. Beth was provided

with the meal replacements at the end of the session so she could begin the new program in the morning. Beth also agreed to eliminate any tempting foods from her kitchen when she went home that evening. Beth's counselor planned to check in with her at the next group session and to evaluate this meal replacement intervention at session 17.

Sub-optimal compliance with the dietary program





Make a **plan for how you will use the meal replacements and meal plan.** Include options for when you can't use a meal replacement.

	Where	When	Plan	Other Options
Breakfast	<i>Home</i>	<i>6:30am to 7:30 am</i>	<i>Drink meal replacement</i>	<i>2 pieces of toast and fruit juice</i>
Lunch	<i>Work or home on weekends</i>	<i>Noon</i>	<i>Drink meal replacement</i>	<i>Bring turkey sandwich to work</i>
Snack	<i>Work or home on weekends</i>	<i>3pm</i>	<i>Drink meal replacement or eat snack bar</i>	<i>Eat an apple, orange, or grapes</i>
Dinner	IV. Home	<i>6-7:30pm</i>	<i>Prepare entrée of chicken, fish, or shrimp and one starch and two vegetables for entire family</i>	<i>Prepare an extra entrée if family insists</i>
Snack	<i>Home</i>	<i>9pm</i>	<i>Eat snack bar</i>	<i>Eat berries as a dessert</i>

The Decision Balance

If you were to Follow the Meal Replacement Program _____ :

	Pros of <u>following the meal replacement program</u>	Cons of <u>following the meal replacement program</u>
<u>Impact on yourself</u>	<i>I might lose weight more consistently</i>	<i>I would not eat the foods I like the most. I would have to prepare two meals-one for my family and one for me</i>
<u>Impact on others</u>	<i>Not much impact, might be "proud of me"</i>	<i>Would hate to see me have to prepare two dinner meals and two breakfast meals</i>
<u>Your own reactions</u>	<i>I would like to lose weight and control my diabetes</i>	<i>I would hate to prepare an extra meal and not eat the foods I like</i>
<u>Reactions of others</u>	<i>They might help me</i>	<i>They would feel like they are not supporting me</i>

Remember, Look AHEAD is asking you to reach and maintain the goals for weight loss and physical activity because these goals:

- X May prevent heart disease.
- X Will improve your diabetes management.
- X Will help you look and feel better and be healthy.
- X Will set a good example for your family, friends, and community.

Think about the pros and cons you've listed above. **What's your next step?**
Don't forget, we believe you can do it. Your Counselor is always here to help.



Session 14:

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

X. Weigh each participant

Respond to participants' weight change, as discussed in previous sessions. You may want to ask participants if they discussed their weight progress with their counselor at last week's individual session. (This is not necessary if you are the participant's counselor.) Briefly determine participants' satisfaction with their weight loss to date.

XI. WELCOME AND DISCUSS HOMEWORK

A. Physical Activity

Physical activity has not been addressed as a session topic since session 8. Additionally, at session thirteen, the activity goal was increased by 25 minutes (total weekly goal is now 125 each week).

Ask several participants to report how they added 25 additional minutes of activity over the past week. If participants were unable to meet this 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.

D. 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 weekly. 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 went out to eat last week. For those who did, discuss whether they used the strategies for healthy eating out and implemented their “action plan” from session 12 (page 9).

E. Session 14 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.

Note: If any participants appear to be having disruptive negative thoughts, or you suspect depression or anxiety, you should consult with their Individual Counselor and your site's Behavioral Psychologist.

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.

XII. 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. "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.

C. 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?

D. 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 Look AHEAD 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.

E. 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?”

IV. TALKING BACK TO NEGATIVE THOUGHTS

(Participant Notebook-Page 2)

E.

- 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:

- E. 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

VII. CLOSING

- D. 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.
- E. Questions.
- F. Thank participants for attending the meeting.

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
- Keeping Track books
- Pages for participant notebooks
- Scale
- Pencils or pens
- Basket or box for collecting Keeping Track books

XIII. Weigh Participants

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

XIV. 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 14 (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. 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 sessions 18 and 19, we will begin to address the transition to adding more conventional foods.

XV. 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.

XVI. 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.

XVII. 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 Look AHEAD 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.

XVIII. 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.

XIX. 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.

XX. 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: 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:

- **Sign-up sheet for individual sessions**
- **“How Are You Doing?” and “Progress Summary” worksheets (to be completed prior to session 17)**
- White board
- White board pens
- Keeping Track books
- Pages for participant notebooks
- Scale
- Pencils or pens
- Basket or box for collecting Keeping Track books

XXI. WEIGH PARTICIPANTS

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

XXII. WELCOME AND DISCUSS HOMEWORK

XXI. A. Action Plan 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. 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 16

Introduce today's topic that will provide an opportunity for a continued discussion on how eating behaviors are affected by thoughts and emotions. Last week's session talked specifically about negative thoughts. 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.

XXIII. 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 Look AHEAD 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 one month 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. Ask participants to complete the “How Are You Doing?” worksheet before next week's individual session.

The “Progress Summary” (from session 5) should also be given to participants. The purpose of the Progress Summary is to facilitate a productive session which addresses the individual's needs. Each site can decide how to instruct participants on the completion of this handout. Ideally, participants should write out their answers. Minimally, participants should be instructed to read and think over the questions prior to the session.

Remind participants that the individual sessions are designed to provide additional support beyond the group sessions. Attendance at these sessions is critical for continued success.

VIII. CLOSING

- A. Last week's session and 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 17: How Are You Doing?

Objectives

In this session the participant will:

- Review weight, activity and Keeping Track records
- Discuss how the participant managed challenges during the last month
- Discuss maintaining changes in behavior
- Establish new goals for the next month
- Other issues as identified by participant or Individual Counselor.

To do before the session

Get materials ready:

- Weight loss and activity graph
- Review participant's chart
- Review behavioral goals and/or behavioral contracts from session 13
- Meal replacement products or coupons

OVERVIEW OF THE INDIVIDUAL SESSION

During session 17, it is likely that the person will report some problems with adherence to the Lifestyle Program. Before discussing such problems: congratulate the participant on completing the fourth month of the program, review their progress to date. Make this a positive meeting; praise efforts to change eating and activity habits.

Preparing for meeting. To prepare for the meeting, briefly review any materials participants completed during week 13 through week 16. Identify a couple of topics to talk about. Prepare the monthly graphs of the participants' weight and physical activity.

If you are not the participant's group leader, take a few minutes to speak with the provider who is. Get a sense of the individual's participation in group and success with weight loss and behavior change. Ask the group leader if the participant needs assistance in any areas. In this session, the participant can be introduced to the team's psychologist, if this introduction has not occurred in sessions 9 or 13.

Worksheets. All participants should have completed the "How Are You Doing?" worksheet prior to coming to the session. The individual session should be structured by reviewing this form, and the "Progress Summary," as well as the participants' weight and activity graphs.

By session 17, there will often be a noticeable slowing of weight loss. Be prepared to discuss this. At Week 20, participants will decrease the use of meal replacements from 3 to 1 a day. They will consume more conventional foods, using a structured meal plan. Assess how the person feels about this change (i.e., does not want to use a self-selected meal plan or is eager to begin eating "normal foods"). Also, the goals for physical activity will be much greater. The activity goal for week 12 through 16 was 125 minutes per week. The new goal will be 150 minutes per week (30 minutes on 5 days per week). Other common problems that you may anticipate are:

- Sub-optimal compliance with self-monitoring of diet and/or physical activity
- Increased moodiness or irritability
- Patterns of consistent adherence problems should start to become evident

- Family support concerns

In the past weeks, the focus of group sessions has been upon emotions and eating. You may want to review the content of these sessions as they pertain to this participant, since these topics are sometimes not easily discussed in a group context. Also, the focus of Session 15 was relapse prevention. You may want to discuss the distinctions between a lapse and a relapse. Identify potential “high-risk” situations for poor adherence and discuss strategies that the person can use to prevent relapse.

Additional worksheets may be used in the session if the participant is having difficulties in a particular area. These include “Learning to Set Helpful Goals,” “Goal Make Over,” “Decision Balance,” “What if the scale doesn’t budge?” and related forms. These forms can be found in Session 5 of the participant manual.

XXII. I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Compare today's weight with weight changes that have occurred over the past sixteen weeks in order to provide feedback about the "trend" of weight loss (i.e., steady weight loss, recent weight gain, or development of a weight plateau).

XXIII. II. WELCOME

Welcome the participant to the individual session and emphasize the importance of regularly attending the individual and group meetings. Remind participants that you are available to answer questions or concerns. They do not have to wait until the monthly session if they are having problems.

XXIV. III. HOW ARE YOU DOING?

Ask if the participant has completed the “How are you doing” handout. If yes, proceed by discussing how the participant feels about current progress. If the handouts were not completed, note that they should always be completed before the monthly individual sessions. Invite the participant to respond to the question about his or her progress to date, using the "How Are You Doing?" form.

XXV. IV. REVIEW “PROGRESS SUMMARY”

A. Reasons for Joining Look AHEAD

Discuss the extent to which participants feel they are meeting the goals that led them to enroll in the Look AHEAD study.

B. Weight Goal

Review the participant’s weight loss over the past month and provide the weight loss graph. Determine whether the participant has met the minimal weight loss goal of 1% weight loss per month and is “on track” for achieving the study goal of losing 10% of initial weight in six months. To achieve the study goal, the person should have lost at least 6% to 8% of initial weight by Week 17. Congratulate participants who have met the weight goals. Assess the participant’s satisfaction with progress. Identify behavioral strategies they are using to meet the dietary and physical activity goals.

Be supportive with participants who have not met the weight loss goal. Discuss the “challenges” that they have identified. Do not blame the individual for failure; instead

identify obstacles for success. Review their adherence to the meal replacements and Look AHEAD meal plan. As discussed later, develop an eating schedule, grounded in what they will eat (i.e., meal replacements), when, and where. Identify barriers to adhering to the schedule.

C. Activity Goal

Review in a similar manner participants' success in meeting the activity goal. Congratulate those who have been successful, identifying planning and behaviors that have contributed to success. Problem solve with those who have not met the goal. Identify specific barriers and ways to surmount them.

D. Changes in Eating or Activity

Identify any changes that participants wish to make to their eating or activity goals. Help them develop a plan (i.e., what, where, when, and how) for adopting the desired behavior.

V. REVIEW KEEPING TRACK

A. Dietary Adherence

Review participant's adherence to the meal replacement diet, with emphasis on the most recent week. Some participants will be consuming meal replacements in lieu of two meals and 1 snack a day. (It may be 2 snacks for heavier individuals.) Others will be following a self-selected meal plan. Review the participants eating schedule; the more regular (predictable), the better. The participant should be discouraged from skipping meals. Those who are cutting out meals to lose weight should be reminded of possible problems with hypoglycemia, poor nutrition, and possible overeating the next day.

Indicate that participants will consume 3 meal replacements a day for another 3 weeks. After that, they will decrease to 1 meal replacement daily and increase their consumption of conventional foods. Invite participants to discuss their reaction to decreasing the meal replacements in 3 weeks. Indicate they will discuss this further in group in the coming weeks.

B. Non-Adherent Participants

Some participants will report that they are trying to follow the meal replacement or structured meal plan but are not successful. Praise them for the occasions on which they did follow the plan. Also, identify barriers to adherence and use the problem solving strategy to find solutions to these problems.

During the session, help participant develop a detailed schedule for the next 3 days of when and where they will consume their meals. Assess participants' belief that they can adhere to the schedule. Invite participant to call or e-mail you as often as every day to report on their success with the eating schedule.

C. Elected Not to Use Meal Replacements

A minority of participants will have elected not to follow the meal replacement plan. They should, however, be consuming the Look AHEAD meal plan (i.e., structured meals). Ask how participants like the meal plan and whether they have added some of their own meals. Ensure that they have a meal plan that is tailored to their preferences. Determine that they are following a structured plan that facilitates adherence to the calorie and fat goals.

D. Physical Activity Goals

The physical activity goal for the past four weeks has been a minimum of 125 minutes per week. Also, participants will have set “step goals” using pedometers and these goals should be steadily increases from Session 8 to this Session. Evaluate whether the person is meeting these goals and whether there is a preference for the goal being specified in terms of “minutes” versus “steps”. Use the problem solving strategy and behavioral contracting to modify obstacles for achieving these activity goals.

E. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to their meal plan and activity plan.

VI. SUPPLEMENTAL HANDOUTS

As noted previously, additional handouts may be used in this session if other problems are discovered.

VII. ASSIGN HOMEWORK

A. Keep Track

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

B. Be Active

The activity goal is to increase walking (or similar activity) to 150 minutes per week, 30 minutes on 5 days per week. This is an increase of 25 minutes over the previous goal. This will be the new goal for the next 4 weeks. Suggest that participants engage in 25 minutes of activity each of 5 days. They can use the chart on the homework page to plan their activity. Also, remember to increase the “step” goal by at least 250 steps per day. Ideally, the person should reach 10,000 steps per day by the end of the first six months.

VIII. CLOSE

Ask if participants have any final questions or comments. Indicate how much you enjoyed meeting with them. Remind them to attend the next three group sessions. These sessions are very important because one focus is modification of the meal plan to a self-selected diet.

IX. CASE EXAMPLE

The following illustrates the use of toolbox options for tailoring the program to address sub-optimal compliance with the physical activity program.

Case Example

Eve – Physical Activity Problem

The following case example demonstrates the intervention steps in the decision-making process for tailoring treatment for an exercise problem as described in Lifestyle Intervention: Tailoring Treatment Protocol.

Eve is a 60-year-old married white female with four adult children. She is 5 ft 2 in tall, weighs 180 lb, and has a BMI of 33. She and her husband, Richard, are both retired and recently moved to a warmer climate. Not too long after the move, Richard realized he wasn't ready to totally retire so he took a job at Home Depot to keep busy, stay active, and earn a little extra cash. At first they were delighted with the warm winters, but they had difficulty adjusting to the long, hot summer. Unfortunately, the summer heat and humidity really bother Eve. It is April when Eve began the Look AHEAD program. She was enthusiastic about the program because she has heard that weight loss will help her diabetes and she's hopeful that her husband, who is also overweight but not diabetic, will lose weight along with her. During the first month, Eve was able to comply with the program and walked 10 minutes 5 days per week. By Week 9, Eve was having difficulty meeting the activity goals. Problem solving was used to help her find a walking partner and to join a health club. She joined the health club, but never found an exercise partner, claiming that she was a newcomer and did not know anyone well enough to ask them to walk with her.

Week 17

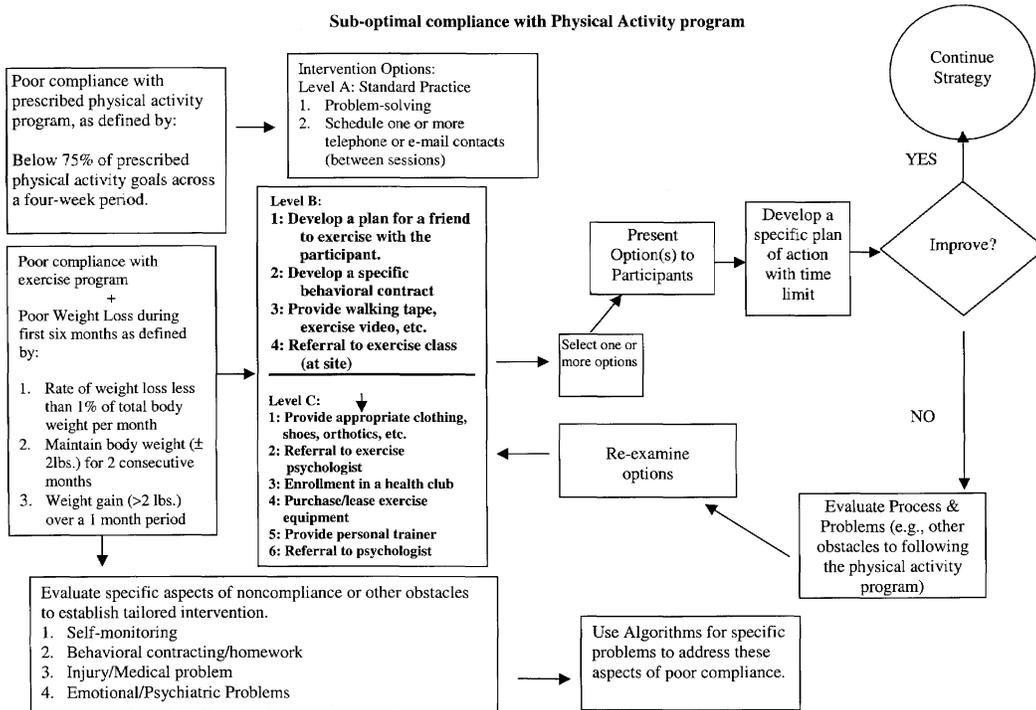
After 16 weeks in the program, Eve's adherence to the exercise component decreased. She only walked 15 minutes three days per week for a total of 45 minutes/week during the previous week. To comply with the exercise component of the program, she should be exercising 25 minutes five days per week for a total of 125 minutes/week. In addition she has lost only 8 lb., which is below her minimum weight loss requirement of 11.9 lb. Based on the algorithm for sub-optimal compliance with the physical activity program this situation warrants a Level B intervention (see algorithm on the next page).

Level B Intervention: To address the problem of poor weight loss, the counselor asked Eve to complete the "What if the Scales Don't Budge? Form. On this form, Eve acknowledged that she is not self-monitoring food intake, is eating too many calories and is not meeting the physical activity goals. Of these problems, Eve chose to work on increasing exercise. Eve reports that as the weather has gotten warmer, walking during the day really bothers her. By the time Richard arrives home in the evening, his feet are tired from working all day. She doesn't like to walk alone, particularly in the evening due to safety concerns. She's also noticed that her feet get sore when she walks too long. Eve admits she's having a difficult time planning when to take her walk.

Develop a Plan for a Friend to Exercise with the Participant: The lifestyle counselor again asked Eve if having someone to walk with would be helpful. They discussed the possibility of a friend or neighbor, another study participant, or Richard (on the weekends) or walking at the indoor mall. Eve plans to speak with her neighbor, Joan, to see if they could walk together in the neighborhood in the mornings. Also, although Richard is not an early morning person, Eve will see if he is willing to walk with her on the weekend mornings.

Develop a Specific Behavioral Contract: Using the activity planning sheet shown below, Eve established a goal of walking on Monday and Thursday mornings for 30 minutes each day. Also, she agreed to attend an aerobics class on Tues and Saturday mornings during the next two weeks. The counselor asked Eve to list the roadblocks that might

interfere with her meeting her goal: difficulties finding someone to walk with, rain, and foot pain. Eve made a list of five people she will contact about walking together. In case of rain, they will walk at the mall. If her feet still bother her, she will buy some insoles to help cushion her feet. They agree that Eve will contact people on her list during the next two days, and begin walking the following day. The lifestyle counselor asked Eve to determine a reward for meeting her goal and Eve decides she'd like a manicure. They decide that by the next session she will have begun walking with someone and she must follow the activity program specified below in order to receive the reward. The contract, shown below, was signed and dated by both parties.





What if the scale doesn't budge?

Even if you're eating less and being more active, your weight might stay about the same for a while. This is called a "plateau."

What are your thoughts and feelings when the scale doesn't budge?

Frustration and Anger

If you're frustrated or discouraged by a weight loss plateau, ask yourself these questions:

	Yes	No
Am I writing down my calorie/fat intake right?		X
Are my portion sizes correct?	X	
Based on my current weight, am I cutting my calories enough to lose weight?		X
Am I keeping my calorie intake to less than my calorie goal?		X
Am I meeting my weekly activity goal?		X

Did you answer "no" to any of the questions?

If so, **what could you do to tighten up your weight loss program?**

Reduce calories

Increase physical activity

Did you answer "yes" to all of the questions? If so:

What could you do to stay motivated while the plateau lasts?

How could you measure your progress other than by your weight?

To do next week:

Keep Track

- Keep track of your **weight, calories, fat grams, and minutes you are active.**
- Stay under your **calorie and fat gram goals** by using the **meal replacements and Look AHEAD meal plan.**

Be Active

- Increase your activity to **at least 150 minutes per week.**
We suggest you **spread this over 5 days for 30 minutes each day.**
This will be your new activity goal for the next four weeks.
- When you are active, stay within your **target heart rate range.**
- Plan things you **LIKE** to do that are like brisk walking.

Make a plan for how active you will be next week:

	What I will do	When	Minutes
Monday	<i>Walk with friend</i>	<i>After work</i>	<i>30 minutes</i>
Tuesday	<i>Go to aerobics class</i>	<i>After work</i>	<i>60 minutes</i>
Wednesday			
Thursday	<i>Walk by myself</i>	<i>After work</i>	<i>30 minutes</i>

Friday			
Saturday	<i>Go to aerobics class</i>	<i>Morning</i>	<i>60 minutes</i>
Sunday			
Total minutes for the week (75 minutes or more):			<i>180 minutes</i>

Cutting Calories Worksheet

What are some of the foods you eat that are high in calories?

Ice cream and sweets

Choose one of the foods: *ice cream*

Pick one of the four ways to eat fewer calories (see Session 3) for that food:

- Eat the food less often.**
- Eat a smaller amount of the food.**
- Eat a lower-calorie food instead.**
- Use a meal replacement.**

Write what you will do next week. (Be sure it is **something you can do**.)

Eat ice cream only once when I eat out on the weekend.

What will you need to do to reach this goal? *Not purchase ice cream*

Problems you might have and what you will do to solve them:

Talk to my husband and son to convince them that we do not need ice cream at home.

Before we meet again, answer these questions:

- X **Did you follow your plan** to eat fewer calories? ___ Yes ___ No
Almost
- X What problems did you have following your plan?

X What could you do differently next week?

Session 18: Handling Holidays, Vacations, and Special Events

Objectives:

In this session, the participants will:

- **Learn tips for managing calories and staying active during the holidays, vacations and special events**
- **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**
- **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 16 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 two more weeks. Beginning at week 20, they will discontinue the meal replacement and eat more conventional foods. Persons who wish may continue to replace one meal per day with a liquid shake, which the program will continue to provide (for up to 4 years). Some sites may also elect to use “tool box” resources if any participants want to remain on meal replacements for 2 meals per day. We will also provide structured meal plans for breakfast, lunch, and dinner. These are similar to the Look AHEAD meal plan that participants have been following.

Discuss participants' reaction to discontinuing the meal plan in two weeks. 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 2 more weeks. Explain that the more compliant they are, the better the blood sugar improvements and weight loss results. Mention that additional Look AHEAD 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, vacations and special events. Depending on the season, explain that the strategies will particularly focus on _____ (fill in the blank with the nearest holiday or seasonal activities).

III. WAYS TO HANDLE HOLIDAYS, VACATIONS, AND SPECIAL EVENTS

A. Introduction

Begin by asking the group to generate reasons why they feel holidays, vacations, 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 Look AHEAD 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 Special Events
(Participant Notebook – Page 1 &2)***

Review the 8 tips and engage participants in a discussion of why these strategies may be helpful.

1. *Plan pleasures other than food or drink.*

Indicate that the temptation to focus on food/drink is significant. It 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.*

IV. PROBLEM SOLVING
(Participant Manual – Page 3)

Ask the participants to complete the exercise on problem solving. Try to identify the nearest upcoming holiday, special event or seasonal activity such as vacation. Have a few volunteers discuss their problems and possible solutions.

Explain that question 4 regarding rewards should be something reasonable and based on a goal that is attainable. Indicate that the goals should be “behavior” focused as opposed to “weight” focused. An example would be a goal of being physically active for 30 minutes each day of vacation. The reward could be a subscription to a fitness magazine or a new pair of sneakers.

V. SUPPLEMENTAL MATERIALS

The provider can choose from a variety of handouts (refer to supplements for session 18) to review depending on the season and needs of the group. Provide and review only those appropriate to the season.

- *Thanksgiving*
- *Halloween*
- *Tips for Picnics*
- *Handling buffets and receptions*
- *Handling Weekends*

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 and managing diabetes.

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, vacations, and special events. 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 & 7)

- A. Wear comfortable clothes for physical activity next week.*
- B. Follow the Action Plan on page 3 for planning ahead for the holidays, vacations or special events.*
- C. Answer Action Plan questions on page 7.*
- D. Continue to keep track of weight, calories, fat grams, minutes of activity and steps.*

IV. CLOSING

- A. Getting through the holidays, vacations, 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 17 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 19:

Jump Start Your Activity Plan: Muscle Training

Objectives:

In this session, the participants will:

- Review the long-term Look AHEAD 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)**
- **Look AHEAD Meal Plans**
- White board
- 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. Action Plan for Holidays, Vacations, or Special Events

The participants may not have had a chance to implement their action plan unless a holiday, vacation or special event occurred over the last week. If they had the opportunity to use their Action Plan, spend a few minutes reviewing how the plan worked.

Encourage participants to use their Action Plan for upcoming holidays, vacations or events.

B. Meal Replacements and Meal Plans

Remind participants that the upcoming week will be the final week for using a meal replacement for 2 meals each day. Look AHEAD 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. Sites can elect to provide meal replacements for both meals via the toolbox resources.

Inform participants that next week's session will address concerns about using fewer or no meal replacements.

At the end of the today's session, the additional Look AHEAD meal plans should be provided to participants. Explain that these meal plans are being provided in order to allow time for adequate planning and shopping. The participants should not use them until after session 20.

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 week. 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. Look AHEAD 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. LOOK AHEAD 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 two weeks away from reaching the final goal of 175 minutes each week (35 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 Look AHEAD Activity Goal

XXVI.

XXVII. 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 18 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:

- Possible improvement in blood sugar levels resulting from the body's ability to better utilize insulin
- Improved ability to perform the tasks of daily living—housework, yard work, carrying groceries, etc.

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 with 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 Look AHEAD 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 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

- **Sign up sheet for individual session**
- **“How Are You Doing” and “Progress Summary” worksheets**
- Meal replacements or coupons (as needed)
- Keeping Track books
- Pages for participant notebook
- Scale
- Pens/Pencils

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. 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. Inform participants that at the end of today's session, additional strength exercises will be demonstrated.

Reinforce that these exercises are designed to add something new and beneficial to overall physical fitness. They are not intended to replace the Look AHEAD activity goal. Determine if participants had any problems reaching the current 150 minutes of activity over the past week.

B. 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 Look AHEAD 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.

C. Session Overview

Today's session will address the process of moving from three 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 6), 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 Look AHEAD 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 3 meal replacements a day (which replaced 2 meals and 1 snack) 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 and a snack each day. Look AHEAD will provide one meal replacement (if asked, this is for the first four years of the program) 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, Look AHEAD 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 Look AHEAD 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 12, 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. It may work best to have participants complete these for homework in order to allow time for the muscle training exercises.

X. MUSCLE TRAINING EXERCISES

(Participant Notebook – Pages 10 & 11)

Do a brief warm up for 5 minutes and introduce the new exercises as provided. If time is running short, save this for the next session.

XI. HOMEWORK

(Participant Notebook – Page 11 & 12)

- A. Use one meal replacement each day and the Look AHEAD 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.
- E. Ask participants to complete the "How Are You Doing?" worksheet before next week's individual session.

The "Progress Summary" (from session 5) should also be given to participants. The purpose of the Progress Summary is to facilitate a productive session which addresses the individual's needs. Each site can decide how to instruct participants on the completion of this handout. Ideally, participants should write out their answers. Minimally, participants should be instructed to read and think over the questions prior to the session.

Remind participants that the individual sessions are designed to provide additional support beyond the group sessions. Attendance at these sessions is critical for continued success.

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. Check that all participants have signed up for an individual session.
- C. Address questions
- D. Thank the participants and wish them well.

Session 21: How Are You Doing?

Objectives

In this session the participant will:

- Review weight, activity and Keeping Track records
- Discuss challenges and how the participant overcame them
- Discuss maintaining the lifestyle behavior changes
- Establish new goals for the next month
- Review the content of group sessions 18 through 20
- Examine other issues as identified by participant or Individual Counselor.

To do before the session

Get materials ready:

- Weight loss and activity graph
- Review participant's chart
- Review behavioral goals and/or behavioral contract from session 17
- Meal replacement products or coupons if participant elects

OVERVIEW OF THE INDIVIDUAL SESSION

By session 21, rate of weight loss will be fairly slow for most people. At Session 20, participants will have changed from the meal replacement plan to a more self-selected diet. At this point, most participants will probably be tired of eating the “same foods”, and will welcome this change. There will be some people who will want to continue with the meal plan and you can discuss the pros and cons of this option. Remember to congratulate the participant for completing five months of the program. At this point, participants will need encouragement to complete the final month of the initial six months with enthusiasm. Talk about the change of meeting schedule that will occur after the initial six months. There will be bi-weekly group meetings, but the individual sessions will continue to be scheduled once per month. Emphasize the importance of attending regularly these group and individual sessions.

Preparing for meeting. To prepare for the meeting, briefly review any materials participants completed during weeks 18 through 20. Recall the person's reasons for joining Look AHEAD and determine if participants have met their goals. Prepare the monthly graphs of the participants' weight and physical activity.

Worksheets.

During session 21, you can anticipate the following issues to arise:

- Rate of weight loss will be slow and the person may be somewhat frustrated
- Problems related to adherence with the dietary program will be more likely
- For participants who were once very sedentary, they may begin to have difficulty achieving the next physical activity goal of 175 minutes per week (35 minutes on 5 days per week)
- Participants who are late for group sessions, miss sessions, or fail to complete homework assignments may not have achieved the minimal weight loss goal (i.e. the participant should have lost 5% of initial weight).

After talking about any “news”, review the “How Are You Doing?” worksheet, which should have been completed prior to this session. Next, review the worksheet to assess The Progress Summary. The session should be structured to praise the participant for all successful attempts to follow the program and to use problem-solving (and behavioral contract) to address any areas of sub-optimal compliance. The lifestyle counselor should be prepared to discuss any of the four issues that were described earlier.

Additional worksheets may be used in the session if the participant is having difficulties in a particular area. These include “Learning to Set Helpful Goals,” “Goal Make Over,” “Decision Balance,” “What if the scale doesn't budge?” and related forms. These forms can be found in session 5. If the person does not meet the weight goal and is having other problems related to compliance, be prepared to use toolbox strategies to modify sub-optimal compliance.

XXVIII. I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the participant and measure weight before beginning the individual session. Provide feedback about weight changes. Help the person interpret weight changes (e.g. steady loss followed by a weight plateau or initial weight loss with some regain of weight).

XXIX. II. WELCOME

Welcome the participant to the session. Remind the participant that you will meet individually once a month for the next year. This would be a good time to discuss the fact (research findings from many studies) that regular provider-participant contact after the initial six months of intensive treatment is one of the best predictors of long-term weight loss and maintenance.

XXX. III. HOW ARE YOU DOING?

Ask participants if they completed the “How are you doing” and “Progress Summary” handouts. If yes, proceed by discussing how participants feel they are progressing. As noted earlier, if the handouts were not completed, note that they should always be completed before the monthly individual sessions. Invite participants to respond to the question about their progress to date.

XXXI. IV. REVIEW “PROGRESS SUMMARY”

A. Reasons for Joining Look AHEAD

In this session, it would be useful to have a discussion about the person's original reasons for joining the Look AHEAD trial, which were covered in Session 0. Assess whether the person's stated motivation has changed. Incorporate this information into the rest of the discussion of this session.

B. Weight Goal

Calculate progress toward the minimal weight loss goal. If the person weighed 250 pounds at the beginning of the program, they will need to lose 2.5 pounds per month to meet the goal of 1% weight loss per month. Therefore, after 20 weeks (5 months) the person should have lost 12.5 pounds. To achieve the study goal of 10% weight loss in six months, the 250 lb. person should have lost at least 8% of body weight, (i.e., 20 lb) by now. Review the history of weight loss for the first five months and provide a weight loss graph. Congratulate participants who have met either of the goals. Assess their satisfaction with progress. Identify behavioral strategies they are using to meet the weight goals.

Be supportive with participants who have not met the weight loss goal. Discuss the “challenges” that they have identified. Use the tool-box strategies to assist the person in making appropriate behavioral changes so that they can “get on track” to achieve at least the minimal weight loss goal of 1% per month.

C. Activity Goal

Review in a similar manner participants' success in meeting the activity goal. Congratulate those who have been successful, identifying planning and behaviors that have contributed to success. Problem solve with those who have not met the goal. Identify specific barriers and ways to surmount them. The activity goal for the past four weeks was 150 minutes per week. The new activity goal will be walking 175 minutes per week. Also, assess whether the person is meeting the “step goal” established in the last individual session.

D. Changes in Eating or Activity

Next ask the participant to review the “Progress Summary” form. Identify any changes that participants wish to make to their eating or activity goals. Help them develop a plan (what, where, when, and how) for adopting the desired behavior.

V. REVIEW KEEPING TRACK

A. Dietary Adherence

The change to consuming conventional table foods, after Week 20, will be a major challenge for some participants. Participants were provided structural meal plans for breakfast, lunch, and dinner which they may wish to follow. It is important to help people identify meals that they like. Discuss the benefits of following a structured meal plan.

Meal preparation using conventional table foods will require more planning and greater cooperation from other family members. Review the participant's adherence to the self-selected meal plan for the past week. Evaluate the types and quantities of foods consumed using the Keep Track records. Review the participant's eating schedule. Reinforce eating at least three meals per day. Participant's calorie and fat gram goals should be approximately the same as they have been the rest of the program.

Determine if consuming healthy lunches at work is a problem and again offer suggestions. Provide suggestions for eating out, as well as eating during social events. These issues were the focus of Group Sessions 18 and 20. Discuss the strategies that are used to manage eating during holidays or other social occasions.

Spend a few minutes reviewing materials for Session 10 and 11 that concern eating a healthy, well-balanced diet. These include the Food Guide Pyramid, exercise, or having participants “rate their plate”. These materials are more relevant to participants now that they have completed the meal replacement plan and are eating more conventional foods.

Discuss with participants the option of continuing to use one meal replacement a day. They can use it to replace which ever meal or snack they wish. It is often useful to replace the most difficult or challenging meal of the day.

B. Non-Adherent Participants

Some participants will report that they are trying to follow the structured meal plan but are having problems. The most common problems will be: control of portion sizes, selection of foods that are high in calories or dietary fat, or preparation of foods (e.g., frying rather than baking or broiling). Praise participants for times when they successfully followed the self-selected meal plan and identify how they managed to do so on those occasions. Then identify barriers to adherence and solutions to the problems that are leading to sub-optimal compliance. Remind the person that they will be provided one meal replacement per day, if this option might help them manage “difficult meals”.

During the session, help participants who are struggling with their diet by developing a detailed schedule of eating for the next three days. Specify what they will eat and when and where they will consume their meals. Assess participants' belief that they can adhere to this plan. Invite participant to call or e-mail you every day to report on their success. If the person is also failing to meet weight loss goals, then the procedures for using the tool-box should be employed. The case example later in this session illustrates this process.

C. Meal Replacements

Most participants will no longer be following the meal replacement plan and should be self-selecting foods that meet the calorie and fat gram goals. For those participants who elect to continue the meal replacement program, remember to provide meal replacements for the next seven days. The amount of meal replacement provided depends upon the participant (using meal replacements at 1 or 2 meals) and whether the site is using tool box money for additional meal replacements beyond one meal per day.

D. Physical Activity

Assess whether participants are meeting the physical activity goal of at least 150 minutes per week and whether the “step” goal is being achieved. Evaluate the pattern of exercise. Check to see if the participants are employing the strength (muscle) training program that was introduced in Session 19. If appropriate, discuss strategies for making the physical activity program more enjoyable and less boring by changing participants' routines.

E. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to the prescribed meal plan and physical activity program.

VI. SUPPLEMENTAL HANDOUTS

As noted previously, additional handouts may be used in this session if other problems are discovered.

VII. ASSIGN HOMEWORK

A. Keep Track

Indicate that participants are to record all foods eaten and their calories and fat grams. Emphasize the importance of self-monitoring food intake and activity. Self-monitoring enhances awareness of habits and provides an objective means of assessing caloric intake and fat intake, as well as the pattern of eating.

B. Be Active

The activity goal for the next four weeks is to increase walking (or similar activity) to 175 minutes a week. This is an increase of 25 minutes over the previous week's goal. This will be the new goal for the next 4 weeks. Suggest that participants engage in 35 minutes of activity each of 5 days. They can use the chart on the homework page to plan their activity. Also, increase the "step" goal by 250 steps per day to result in achieving at least 10,000 steps per day by the end of the six-month initial intervention.

VIII. CLOSE

Ask if participants have any final questions or comments. Remind them how to complete the "How Are You Doing?" form before the next individual session. Indicate how much you enjoyed meeting with them. Remind them that there are three more group sessions before the end of the first six months of the lifestyle behavior change program.

Case Example Nathan - Attendance Problem

The following case example demonstrates the intervention steps in the decision-making process for tailoring treatment for a chronic attendance problem. In Session 9, the case of Nathan was discussed. The following information is provided to review Nathan's history

Nathan is a 52-year-old white male with a height of 6ft. 3in., weight of 270 lb. and BMI of 35.6. He is unemployed and divorced with 2 children. He was diagnosed with diabetes two years ago. Nathan began having attendance problems at Week 6, as shown in the following progress notes.

Week 6

Nathan missed session due to car trouble. He expects to have the car repaired by tomorrow. Scheduled a makeup session with him for Friday. Discussed the importance of getting to the meetings to help him successfully complete the program.

Week 8

XXXII. Contacted Nathan after he missed the scheduled meeting. He had a job interview scheduled in the late afternoon and he was unable to get to the meeting on

time. Reinforced the importance of attendance at the meetings. Scheduled a makeup meeting for Thursday.

During the individual session at Week 9, problem solving was used to establish a plan to help him regularly attend treatment sessions. He planned to save \$400 to have his car repaired and agreed to ask other group members to bring him to and from group meetings. The following progress notes follow his progress.

Week 11

Nathan missed his third session, bringing the total number of missed sessions to 3 out of 11 sessions. Nathan reported several days later that he was unable to make it to the meeting due to traffic problems. He got stuck on the interstate after the road was closed following a major traffic accident. By the time he got off, he decided to go home since it was so late. Scheduled a makeup meeting for Thursday.

Again reinforced the importance of getting to the meetings. Provider asked if he could allow some extra time to insure he could make the meetings despite the traffic problems. He said he would leave 15 minutes earlier from now on.

Follow up: *Make a note if Nathan arrives at the next 2 meetings a little early and give him some positive feedback.*

Week14

Contacted Nathan after he missed his fourth session. Said that he had car trouble again. Asked him if he had any other way to get to the meeting if his car broke down and he said no. Asked if he thought he could take a bus and he said he did not know. Stated that his car would be repaired by Friday. Scheduled a makeup meeting for Saturday. (No Show)

Called Nathan on Monday about missing the Saturday meeting. He said his car was still not fixed. He said his son had borrowed the car and had an accident and that he was currently without transportation. He said he was looking for a new car and would get a good friend to bring him to the next meeting.

Week 15

Contacted Nathan after he missed his fifth session. He said that his friend never showed up to pick him up. Since weight loss and exercise targets are on track, decided to conduct Level A intervention to help resolve Nathan's attendance problems.

Problem Solving: *Nathan agreed he was having problems getting to the meetings. His biggest problem is transportation. His car is operating, at this time. Another potential problem is Nathan's lack of commitment to making the meetings. He does not feel this is a real issue at this time.*

Brainstorming: *Together we came up with the following possible solutions:*

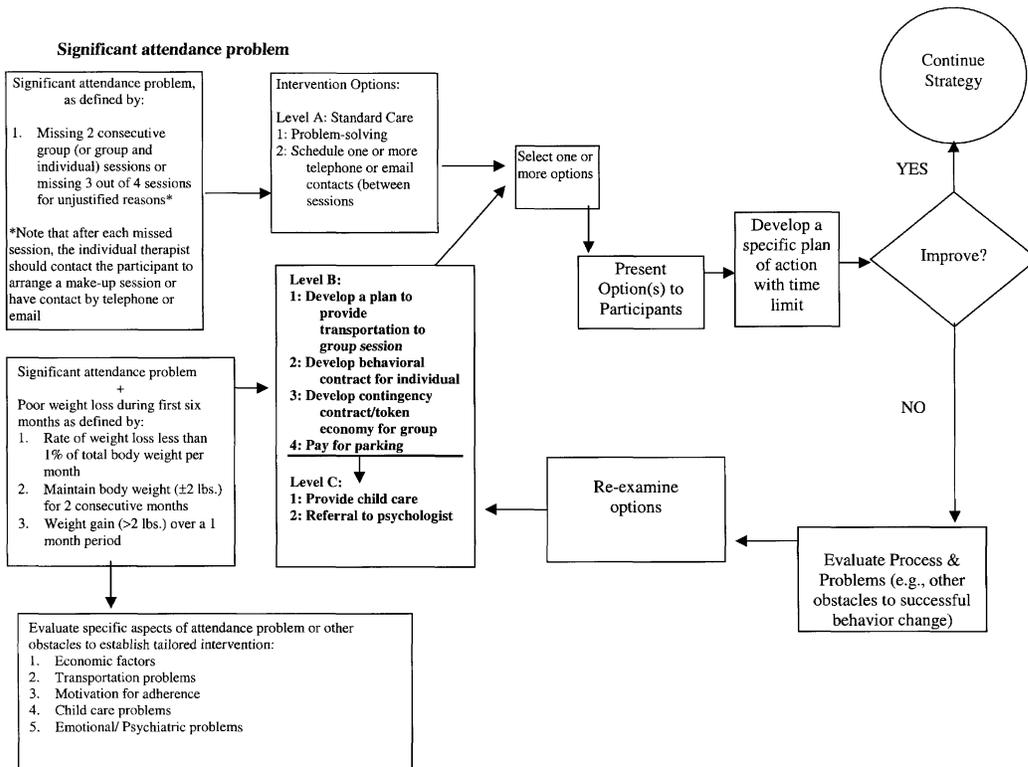
- ***Take the bus***
- ***Take a cab***
- ***Get a ride with a reliable friend***

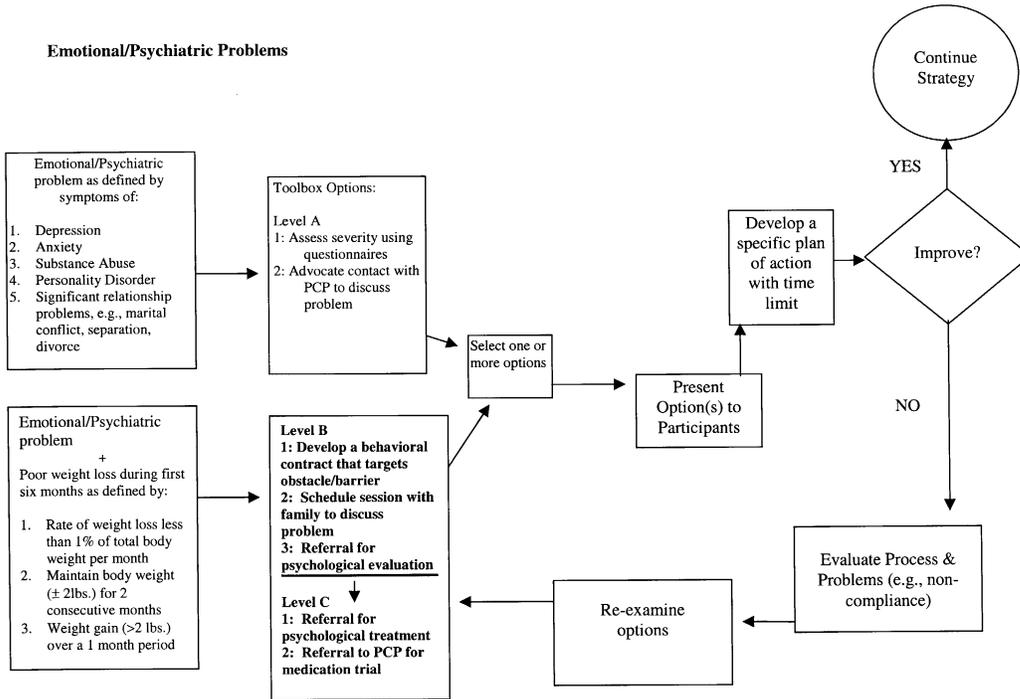
- *Carpool with another group member*
- *Repair his car*
- *Buy a more reliable car*

Cost Benefit Analysis: *We discussed the pros & cons of each option. Nathan was not excited about the bus option because it might not run on schedule & would take a long time each way, depending on the route followed. The round trip cab fare is \$20 which he cannot afford on a regular basis. Nathan is uncomfortable asking a group member to give him a ride. He doesn't have the \$400.00 to have his car repaired right now. It would take time and a lot more money to purchase a new car.*

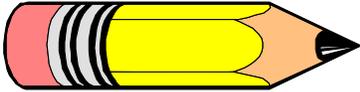
Selecting a Plan: *Nathan decides he would like to have his car repaired to resolve his transportation difficulties and will save the \$400.00 this month. If the bus isn't going to be feasible, Nathan agrees to take a cab to the next meeting, but this is only a temporary solution as he cannot afford it on a regular basis. At the next group session we will attempt to arrange a carpool/backup for Nathan in the future. We will reassess the situation after the next session considering the carpool option.*

By the individual session at Week 17, Nathan had lost a total of 11 pounds which was just enough to meet the minimal weight loss goal of 11 pounds. The lifestyle counselor examined the "How are you Doing?" form and it indicated that he was having motivational problems (see form below). The counselor engaged in the exercise of improved goal setting Using the "Goal Make Over" form. He was able to develop realistic goals, suggesting that this was not a major problem. During Session 21, Nathan completed the "Lifestyle Progress Summary" form. In the discussion that followed, Nathan acknowledged that he was depressed about not finding a job and having severe financial problems. He indicated that he wanted to drop out of the trial because he was a "failure and was wasting everyone's time." He had lost a total of 12 pounds at this point, which did not meet the minimal weight loss criterion (i.e., 13.5 pounds). During Session 13, Nathan had met briefly with the team psychologist and recalled having a positive experience. Using the algorithm below, Nathan and his counselor concluded that he should see the staff psychologist and an appointment was scheduled for the next day.





Session 21: How Are You Doing?



Before the next one-on-one session,
answer the following:

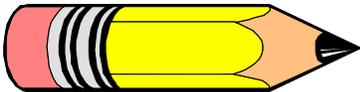
X I feel my **progress since the last one-on-one session** has been:

Pretty good; I have not lost as much weight as I would have liked

X **Questions to ask my Counselor:**

How can I motivate myself to do better?

To get the most out of our meetings, please do the following:



Write down any questions or ideas that occur to you during the group meetings. Bring them in when you meet with me.

Before our meetings, **review the handouts for the previous group sessions.** Bring any related questions or ideas to our meeting.

Learning to Set Helpful Goals

Some goals are helpful. Some are not so helpful.
Here are some ideas to help you set helpful goals.

Helpful goals are:	Example
Positive	<i>I will plan dinner menus with no more than 500 calories. (Instead of negative: I will stop eating so much.)</i>
Specific	<i>I will walk 40 minutes on Tuesday after work. (Instead of vague: I will get more exercise.)</i>
Something under your control	<i>I will stop buying cartons of ice cream and ask my husband to only eat ice cream when he eats out. (Instead of what you can't control: I will get my husband to stop eating ice cream.)</i>
Time limit	<i>I will lose 2 pounds by June 15. (Instead of open-ended: I will lose 2 pounds.)</i>
Small enough so you can reach them	<i>I will walk 30 more minutes this Wednesday night. (Instead of: I will walk 60 more minutes every night of the week.)</i>
Broken into small steps	<i>I will buy carrots and celery at the grocery store, cut them into sticks, and put them in the refrigerator in small plastic bags for my lunches this week. (Instead of not broken down: I will eat carrots and celery sticks for lunch.)</i>
Related to a reward	<i>I will buy a copy of my favorite magazine if I pack my lunch three times this week. (Instead of: I will pack my lunch three times this week.)</i>

Goal Make Over

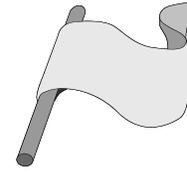
Take this not-so-helpful goal	Make it:	Example of a more helpful goal
I will stop watching so much TV after dinner.	Positive	<i>After dinner I will go for a walk instead of watching television</i>
I will stop eating dessert.	Positive	<i>I will eat some fruit or a low calorie dessert</i>
I will walk more.	Specific	<i>Every day after work I will walk for 30 minutes</i>
I will eat less bread.	Specific	<i>I will eat fewer high calorie breads, such as muffins and garlic bread</i>
My kids will stop eating cookies for snack.	Under your control	<i>I will buy healthy snack for the kids, such as fruit and vegetables, if they need a snack</i>
My boss will stop bringing doughnuts in for everyone on Friday mornings.	Under your control	<i>If it is too tempting for me, I will start to bring myself a healthy alternative, such as toast, half a bagel, or some fruit</i>
I will take the dogs for a walk in the park.	Time specific	<i>I will take the dogs for a walk in the park on Mondays, Wednesdays, and Fridays at 5pm after I get home from work</i>

I will eat salads with low-calorie dressing.	Time specific	<i>When I choose to have a salad at home or when I am out to eat, I will choose a low calorie salad dressing. If I am out to eat, I will ask for the salad dressing on the side</i>
I will start swimming again.	Small enough	<i>I will start swimming for 25 minutes every Saturday starting this weekend</i>
I will never eat ice cream again.	Small enough	<i>I will only have ice cream twice per month, instead, I will try to choose a healthier alternative</i>
I will go swimming after work on Tuesdays.	Broken into small steps	<i>On Monday night, I will pack my bathing suit and a towel in a bag and put it in my car. When I get off from work on Tuesday, I will go to straight to the pool for a 30 minute swim</i>

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I will go to restaurants that have more low-calorie choices on the menu.	Broken into small steps	<i>I will look at restaurant choices and options ahead of time, so that when I go out to eat I know where I can go to get a healthier meal. I will also look at which restaurants offer lower calorie meals and broiled or baked instead of fried foods</i>
I will walk the dogs for 30 minutes tomorrow.	Related to a reward	<i>If I walk the dogs for 30 minutes tomorrow I will treat myself to the new book I want</i>
I will eat fruit for a bedtime snack tonight.	Related to a reward	<i>If I eat fruit for a bedtime snack, I will buy myself a copy of my favorite magazine tomorrow</i>

Look AHEAD Lifestyle Progress Summary



Today's date 1/14/02

1. **Reasons for joining Look AHEAD** lose weight, feel better, manage diabetes with diet and exercise, stop taking insulin, be more fit

2. **Progress toward goals** (review graphs)

	Weight (lbs)	Activity (min/week)
Session 1 (Date: <u>6-11-01</u>)	270	20
Most Recent Visit (Date: <u>11-05-01</u>) (Week since randomization: <u>20</u>)	258	80
Look AHEAD Goal	243	150
Personal Goal	170	150

Calorie goal 1800 Fat gram goal 60

Usual calorie intake ???? Fat grams ??

3. **Major challenges**

To reaching the weight loss goal eating high fat foods and portions that are too large

To reaching the physical activity goal too busy to exercise

4. **Changes made**

In eating eat breakfast most days

In activity exercise three days per week

Other count calories

5. What has helped

With weight loss coming to group and individual sessions

To increase activity ????????????????

6. What are your thoughts about your progress so far?

Somewhat discouraged

7. How *important* is it to you to make any new changes?

In eating very important

In physical activity very important

8. How *sure* are you than you can make any new changes?

In eating not confident

In physical activity ????????????

V. Reach for Your Goal

Name Nathan Date 2-11-02

Remember to keep your goals:

- X Positive
- X Specific
- X Related to something under your control
- X Time specific
- X Small enough so you can reach them
- X Broken into steps
- X Related to a reward

Between today, 11-12-01, and 11-19-01,

I will:

- 1) *Eat three meals per day*
- 2) *Self-monitor eating and exercise*
- 3) *Take out all candy and sweets from home*

Before I can reach this goal, I need to:

Talk with the psychologist

My reward for reaching this goal will be:

Special award from my group in the next session

Signed

Before returning, please answer the following:

Do I believe I reached my goal? ___ yes ___ almost ___ did not

Next time I need to:

I feel my progress has been:



Session 22: 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:

- Meal replacements or coupons (if needed, for one meal per day)
- Keeping Track book
- Pages for participant notebook
- Overhead projector
- Overhead pages (pages ___)
- 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. If you are the participant's Individual Counselor, you probably discussed at last week's individual session how 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. (If you are not the participant's Individual Counselor, speak with the person who is to determine whether this issue was reviewed.) 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

G. 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 Look AHEAD 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 10 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 Look AHEAD 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 22 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.

Some additional muscle training exercises will also be demonstrated.

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.

Indicate that stress can also raise blood sugar. If you are a person who tends to eat when you feel stress, your blood sugar may increase because you're eating more.

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:

C. Practice Saying "No"

Have participants discuss whether any of them have trouble saying yes to everything that is asked of them, 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?"

D. 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 22 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 7 of Look AHEAD. 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)

F. 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 breathe deeply.

G. What are ways that the Look AHEAD 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

H. Have participants complete worksheet on p. 4 of their manual. Select a few patients to discuss their stress associated with Look AHEAD and the action plan.

VI. MUSCLE TRAINING EXERCISES (Participant Manual – Page 5)

Demonstrate the four additional muscle training exercises and have participants practice.

VII. 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. 7 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. Participants should alert their Lifestyle Counselor if they are having a hard time with this new eating plan.
- F. Encourage participants to use the new muscle training exercises they learned this week.

VIII. CLOSE

- D. 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.
- E. Answer questions and thank participants for attending the session.

Session 23: 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

- Meal replacements or coupons (if needed, for one meal per day)
- Keeping Track books
- Pages for participant notebook
- Whiteboard/pens
- Overhead projector
- Overhead projector pages
- Scale
- Pens/Pencils

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 third 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 22, page 4). Using the homework questions (Session 22, page 7), 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.

This is a good time to remind participants that next week's session will be the last weekly session. After session 24, the schedule for group meetings will change to bi-weekly (i.e., every other week). More information will be provided at session 24.

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. When people engage in certain behaviors, they are not consciously thinking of the reward. It is more the reward is the outcome or result. This outcome or result can be very pleasing or not so pleasing.

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.

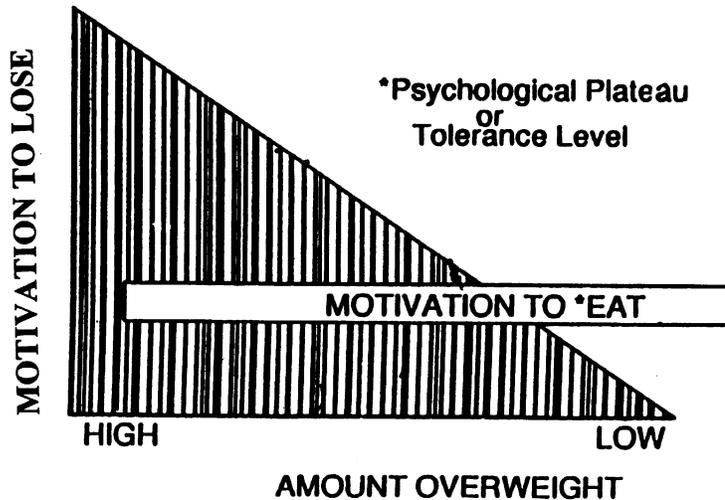
Use an example such as making a decision to choose fruit instead of chocolate cake from the buffet table. Ask which would be more rewarding in the short term. Most people know that the fruit is a better choice for their future nutritional and physical well-being. This knowledge is typically not enough 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 others 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 LOOK AHEAD

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.

SECOND SIX MONTHS OF LOOK AHEAD

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 Look AHEAD 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

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 Look AHEAD 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 or individual counselor.
- C. Address questions
- D. Thank participants for coming.

Session 24: Becoming A Weight Loss Expert

Objectives:

In this session, the participants will:

- Learn about the session schedule for the second six months of Look AHEAD
- 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

- 6 month diplomas or certificates for participants
- Meal replacements or coupons
- Keeping Track Books
- Pages for participant notebooks
- Scale
- Pens/Pencils

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 second six 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 Look AHEAD 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 23, 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 second six months of the Look AHEAD Lifestyle 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.

D. 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 the important research question of whether long-term weight loss decreases cardiovascular health problems.

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.

III. THE LOOK AHEAD LIFESTYLE PROGRAM: MONTHS 7 - 12

(Participant Notebook – Page 1)

A. Schedule for Months 7-12

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 6 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 – 12:

- Individual session once each month
- Group sessions twice each month. Participants are encouraged to come to both group sessions to achieve the best results.

NOTE: Consider polling the participants regarding their ideas for future session topics. This information should be forwarded to the Lifestyle Committee for consideration.

B. Purpose of the One-on-One and Group Sessions

The meetings between months 7 –12 will focus on reinforcing the behavior changes already made, helping to reach or maintain the Look AHEAD weight and activity goals.

IV. WEIGHT HISTORY SCENARIO FOR “BILL”

(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. Bill's Weight Loss History Over 1 ½ Years

Review Bill'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 Bill was experiencing. Point out the relationship between how Bill felt and what Bill 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 Bill might have done differently at each interval to prevent regaining his 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 Look AHEAD 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.

Look AHEAD 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
- Keeping participants involved for 12 years!

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, 3,200 people participate in the registry (as of Jan. 2001) (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 (24% 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 Look AHEAD 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 Look AHEAD 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 25: The Transition Visit

Objectives

In this individual session participants will:

- Review their progress in multiple areas during the first 6 months
- Discuss activity and weight management goals for the next 6 months
- Review the worksheet on “Weight Management Goals and Strategies”
- Discuss the use of more intensive toolbox options (if appropriate)
- Examine other issues identified by the participant or Individual Counselor

To do before the session

- Prepare graphs of physical activity and weight loss for first 6 months
- Review participants' attendance and adherence to program for first 6 months
- Identify individuals who have lost < 5% of initial weight
- Meet with treatment team to review participants' progress and discuss options

OVERVIEW OF THE INDIVIDUAL SESSION

The principal focus of Session 25 is to review participants' progress during the first 6 months and to identify goals for the next phase of treatment (i.e., month 7 and beyond). This is a milestone session that marks the transition from participants attending four treatment sessions a month to only three. During months 7 – 12, they will attend two group sessions (every other week) and one individual session. This visit also marks the point at which the toolbox will be expanded to include the use of orlistat (Xenical) and a variety of other more intensive options (described in section VI of this chapter), which will be offered to participants who have not lost 5% of initial weight. The session will also address whether individuals who have lost $\geq 10\%$ of initial weight want to lose more or, instead, focus principally on maintaining their weight loss.

This should be a very positive, upbeat session, particularly for individuals who have not met the weight or activity goals for the first 6 months. Congratulate them on completing the first phase of the program and for their commitment to improving their health. Everyone should leave the visit feeling proud that they have attended meetings regularly, even if they have not met all of their personal goals (or the study goals). Remember that one of your principal tasks as a lifestyle counselor is to ensure that participants simply remain in the study. This will increase their odds of eventually being successful, as well as ensure that they attend annual study visits (that are critical to the completion of Look AHEAD).

Preparing for the meeting. To prepare for the meeting, briefly review any materials participants completed during the last month. These may include their Keeping Track records and other homework assignments. In addition, prepare graphs for the last 6 months of the participants' weight and physical activity. Graphs are created from the Tracking System. As discussed in section VI, you will want to review each participant's progress with the treatment team. This will help to identify more intensive toolbox options for participants who have not lost 5% of initial weight.

Worksheets. Prior to this session, participants should complete the "Survey of Weight Management Goals and Strategies." It asks participants whether they want to lose more weight or, instead, focus primarily on maintaining their weight loss. It also asks participants to identify behaviors that they will practice in the coming months to reach their weight management goals.

Additional worksheets may be used in the session if the participant is having difficulties in a particular area. These include "Learning to Set Helpful Goals," "Goal Make Over," "Decision Balance," "What if the scale doesn't budge?" and related forms. These forms are included in Session 25 of the Participant manual.

XXXIII. I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Compare today's weight with weight changes over the past few weeks in order to provide feedback about "trends" (i.e., steady weight loss, recent weight gain, or weight plateau).

XXXIV. II. WELCOME

Welcome participants to the individual session and thank them for coming. Indicate that the session marks the completion of the first phase of the program and the beginning of the second, which lasts 6 months. Congratulate participants on completing the first 6 months. Indicate that you will continue to meet individually, once a month, during the next 6 months. Participants, however, will attend two group sessions a month rather than three. Fewer group sessions are required because participants have learned many of the skills they need for long-term weight management. In the next 6 months, they will continue to practice these skills, as well as learn additional behaviors needed to help them maintain their physical activity and weight loss.

Determine participants' reactions to coming to clinic less frequently during the next 6 months. Most will welcome the reduced schedule of visits, although some may miss the weekly support. Listen to any concerns and reassure participants as appropriate.

III. ACCOMPLISHMENTS OF PAST 6 MONTHS

A. Past 6 Months

Review participants' accomplishments during the first 6 months in: 1) increasing their physical activity; 2) losing weight; 3) improving their health and quality of life; 4) adhering to the different aspects of the lifestyle intervention (including Keeping Track); and 5) attending treatment sessions. This will include reviewing graphs of their physical activity and weight loss for the first 6 months. Before the individual session, you will want to review this and other information (Keeping Track records, sessions attended, use of meal replacements, etc.) captured in the tracking system.

You can review the above topics by describing the participants' changes in weight, physical activity, and other areas and asking them to share their feelings about each change. (What are they pleased with, what additional changes would they like to achieve?) Alternatively, you can use a more open-ended approach, asking, "You've made a lot of important changes during the past 6 months. Tell me which are most pleasing or exciting to you." In either case, review the several areas described above. For each area, congratulate participants on their accomplishments and identify strategies they used to reach their goals.

Indicate that participants will continue to use the skills they learned during the first 6 months. They will use these and additional strategies to help maintain their weight loss or lose more.

B. Past Week

In reviewing the past 6 months, quickly examine the participants eating and activity habits for the past week. Determine if they have had any difficulties. Problem solve as appropriate.

V. ACTIVITY GOALS FOR NEXT 6 MONTHS

A. 175 Minute/Wk Activity Goal

Met goal. Congratulate participants who have met the goal and determine their goal for the next 6 months. Optimally, they will continue to increase their activity; the more activity, the better. Participants in the National Weight Control Registry, who have maintained a weight loss of 30 kg for approximately 5.5 years, report exercising the equivalent of about an hour a day. For persons who want to increase their activity, identify how they can work it into their day. Also discuss the possibility of participants trying a new leisure activity/sport, particularly if they are tired of walking. They may want to join a health club, try tennis or swimming, or buy some new audio or video tapes to learn new at-home activities.

Not met goal. For participants who have not met the activity goal (which is ≥ 175 minutes), assess their motivation to do so and identify barriers. For those below 100 minutes a week, you may want to try one of the more intensive toolbox options (described later). Even if participants have met the 10% weight loss goal, increased physical activity will be critical for maintaining their weight loss. In addition, increased fitness may reduce the risk of cardiovascular disease, independent of body weight.

B. 10,000 Steps Goal

Review participants' step goals for the next 6 months, in the same manner as minutes of activity, discussed above. The goal for the next 6 months is for all participants to reach 10,000 steps. Determine motivation to do so and factors that will facilitate or hinder achievement of this goal.

For participants who have reached the goal, discuss the importance of maintaining steps at this level. Encourage participants to increase steps further if they can do so in a reasonable manner.

V. WEIGHT MANAGEMENT GOALS FOR NEXT 6 MONTHS

Return to the participant's 6-month weight loss, noting the percentage reduction in initial weight. Review the participant's weight loss in relation to the three categories described below. Congratulate all participants on their weight change to date, even if they have only achieved weight stability during the past 6 months. Reinforce participants for remaining in the program, even if they have not lost weight. They need to hear your support and approval, not criticism.

A. Lost $\geq 10\%$ of initial weight

Participants who have lost 10% or more of initial weight have met the study goal and should be applauded. "You've done a great job! You must be proud and pleased. Congratulations." Determine the participant's goal for weight management during the next 6 months. You can ask, "What are your weight goals for the next several months?" Refer to the worksheet on "Weight Management Goals and Strategies" or prompt with, "You could focus on maintaining the weight you have lost or try to lose more weight. What are your thoughts?"

Maintain weight loss. The participant's choice is likely to depend, in part, on the body mass index (BMI) s/he has achieved. Thus, an individual who has lost 11% of initial weight and now has a BMI of 24.0 kg/m² understandably may not be interested in losing more weight. Reiterate that the participant has been very successful and that the new goal is to maintain the weight loss. "As we'll discuss at our next group meeting, maintaining a weight loss requires the same effort as losing it. Maintenance is a very active process."

Lose more weight. Individuals who have lost 10% or more, but are still substantially overweight or obese, may want to lose more weight. Support their desire to do so. Larger weight losses are generally associated with greater improvements in cardiovascular risk factors (i.e., blood pressure, blood sugar, lipids, etc). In addition, people who lose the most weight during the first 6 to 12 months tend to have the largest weight losses several years later.

Indicate that while it is fine for participants to lose more weight, they will lose more slowly than they did during the first 6 months. (Explain the reasons for this, which concern the individual's lower calorie requirements, resulting from weight loss.) Discuss the importance of setting realistic expectations for future weight loss. A loss of 1 to 2 lbs a month is a successful rate (after a 10% loss the first 6 months). Indicate that participants are likely to become frustrated if they expect to lose 1 lb a week, week in and week out. They should focus on the large loss they have already achieved rather than on the last few lbs they cannot seem to lose.

B. Lost 5% to 9.9% of initial weight

Participants with weight losses in this range also have been successful and should be congratulated. Focus on what they achieved, rather than on their not having met the 10% individual weight loss goal. Take the participant's weight-loss temperature. You might say, "So, how do you feel about your weight loss?" You can prompt them about whether they wish to lose more or remain weight stable.

As a general rule, persons in this category should be encouraged to lose more weight, particularly if they are below a 7% loss, which is the official study goal (i.e., to achieve a mean loss \geq 7% of initial weight). With individuals who want to lose more weight, encourage them and caution that they will probably lose at a slower rate than during the first 6 months. With persons who want to focus on maintaining their weight loss (rather than losing more), identify the factors behind this decision. They may have reached a relatively low BMI, despite not losing 10%, or may be tired of dieting (i.e., restricting calories) after 25 weeks. If the latter is the case, suggest that the participant aim for weight stability (i.e., maintenance) for the next few weeks and then return to dieting when ready. Tell participants that they will need to continue to track calories and activity, even if their goal is weight loss maintenance.

Individuals in this group who strongly wish to lose more weight are eligible for more intensive toolbox options, as described in section VI.

C. Lost < 5% of initial weight

As with individuals in the above categories, assess these participants' satisfaction with their weight loss and their goals for the next 6 months of treatment. While you definitely want these individuals to lose more weight, you need first to determine what they want. Make sure you do not explicitly or implicitly criticize them for not losing more. Some are already likely to feel discouraged or disappointed. Help them see the positive things they have accomplished.

Lose more weight. The great majority of these individuals will probably want to lose more weight. Presumably, you have already tried a number of toolbox options with these individuals, particularly

level B and C options that involve using behavioral contracts or referring participants to a psychologist, dietitian, or exercise specialist for further evaluation.

Inform participants that several more intensive treatment options are available, after the first 6 months, to help them meet their weight loss and activity goals. These options are described in section VI and include the weight loss medication orlistat (Xenical), as well as support for more intensive dietary or activity interventions.

Maintain weight loss. A small minority of participants in this group may not want to lose more. They may be satisfied with their small loss or be so frustrated that they do not feel like trying further. For those who are satisfied, ensure that they understand that larger weight losses are associated with greater health benefits. “Look AHEAD researchers think that larger weight losses potentially will provide greater protection against complications of diabetes.” Also assess participants’ motivation and self-efficacy; are they worried that they cannot lose more? Indicate that if participants do not wish to lose now, they should focus on maintaining their weight loss. They may want to lose more at a later time.

For individuals who are discouraged and disappointed, listen to their concerns and acknowledge their frustration. Explain that it is ok for them to take a break for a few weeks, but that you will be available to help them lose more weight when they are ready to try again. You can describe some of the more intensive options in the toolbox.

VI. THE TOOLBOX: MORE INTENSIVE OPTIONS

For individuals who have not lost an average of 1% of initial weight per month, during the first 6 months, the Look AHEAD Toolbox has provided a variety of options to facilitate their progress. The Toolbox is found in the Lifestyle Counselor's Manual in the section entitled, “Lifestyle Intervention: Tailoring Treatment.” You should have used suggestions from the Toolbox with any individual who, to date, has not lost 5% of initial weight.

A. More Intensive Options

Additional toolbox options are available after the first 6 months of treatment for participants who have not lost 5% of initial weight. These include the weight loss medication orlistat (Xenical), as well as more intensive (and costly) dietary or activity interventions.

Diet. An example of a more intensive dietary intervention could include providing participants all meals and snacks for several weeks. You could provide a meal replacement (such as SlimFast or Glucerna) to replace breakfast and lunch and a frozen food entree (with fresh fruits and vegetables) for dinner. Funds to purchase foods would come from the toolbox. Alternatively, you could pay for participants to take a class in stir-fry or low-fat cooking or to provide access to an internet-based nutrition program.

Activity. More intensive activity interventions could include providing participants (for several months) a personal trainer or membership at a neighborhood health club. Alternatively, you could rent home-exercise equipment (i.e., treadmill, stationary bicycle, etc.) or purchase clothing (shoes, etc.) for participants.

A “more intensive” diet and exercise option is defined as one that will require a one-time cost of \$100 or more or is expected to cost \geq \$25 a week for 4 or more weeks. Given the costs involved, these options must be reviewed and approved by the treatment team, as described later.

Orlistat. Orlistat is a pancreatic and gastric lipase inhibitor that blocks the absorption of about one-third of the fat calories contained in a meal. The nonabsorbed fat is excreted as oil in stool. Orlistat has been shown to significantly improve the induction and maintenance of weight loss. The use of orlistat is described in a separate chapter of the Lifestyle Counselor's Manual; review it before discussing the

medication with participants. Information is also provided on a video tape that can be shown to participants. (Orlistat costs approximately \$100 a month but is being donated to Look AHEAD by its manufacturer.)

B. Eligibility for More Intensive Toolbox Options: Weight Loss or Maintenance

Participants who have lost less than 5% of initial weight are eligible for the more intensive toolbox options. Describe the use of orlistat, as well as appropriate diet and exercise options, to all persons who have lost less than 5% of body weight. Encourage participants to consider these options, but do not push them on participants who are not receptive.

Individuals who have lost 5% - 9.9% of initial weight, and who strongly wish to lose more weight, may request one of the more intensive options. Describe appropriate options, including orlistat, in response to the participant's stated desire for further weight loss.

Participants who have lost $\geq 10\%$ of initial weight are not eligible for the above options. This is because orlistat (as well as a diet or exercise option) is unlikely to increase weight loss substantially in persons who have already lost $\geq 10\%$ of initial weight. In a study, for example, in which participants had achieved an 11% weight loss by taking sibutramine (MERIDIA), the addition of orlistat for 4 months did not significantly increase weight loss. Look AHEAD cannot afford to spend large amounts of money on interventions that are unlikely to have a clinically significant impact.

Individuals who regain 2 percentage points or more from their maximum weight loss (after week 25) are eligible to use orlistat or the more intensive diet and activity interventions to prevent further weight regain. Thus, a participant who had lost 13% of weight at week 26, but had a loss of only 11% at week 40, would be eligible to start orlistat or one of the diet or exercise options.

C. Eligibility for More Intensive Toolbox Option: Physical Activity

Individuals who do not exercise an average of least 100 minutes per week (over a 4-week period) are eligible for more intensive toolbox options to increase physical activity. They are eligible, regardless of how much weight they have lost. Thus, an individual who, at week 30, had lost 15% of initial weight, but had only exercised 75 minutes a week for the last month, would be eligible for a more intensive activity option. High levels of exercise are critical to maintaining weight loss and to improving fitness, both of which are goals of Look AHEAD.

D. Selecting and Implementing a More Intensive Toolbox Option

More intensive toolbox options should be selected in consultation with the entire treatment team. Members of the team include the lifestyle interventionists, Program Coordinator, and medical or nursing staff who would provide orlistat (if it were selected). Team members are encouraged to meet weekly or every other week to review participants' progress. The team should meet before participants have their week-25 visit to identify individuals who may require more intensive options. The Program Coordinator (or Principal Investigator) must be consulted to authorize expenditure of the funds.

There are no rules or algorithms concerning which of the more intensive toolbox option should be tried first. That decision is left to the treatment team at each site. Lifestyle counselors, however, are asked to do two things:

1. Notify your Lifestyle Resource Core (LRC) team leader in all cases in which you plan to implement a more intensive diet or exercise option (i.e., \$100 cost). Your LRC leader may have suggestions or feedback based on experiences at other sites. Consult with your LRC team leader if you need suggestions about intensive diet or exercise options.
2. Be sure to record the more intensive option in the tracking system. Using the tracking system will allow LRC members to determine, over time, which of the more intensive toolbox

options are most effective. This would provide an empirical basis for recommending more intensive options.

E. Evaluating the Effectiveness of More Intensive Options

Inducing weight loss. The effectiveness of more intensive toolbox interventions should be evaluated at monthly intervals (at a minimum). The treatment team and participant should identify criteria, in advance, concerning what they consider to be an effective outcome. With diet or exercise interventions to induce further weight loss, a successful outcome might be a mean loss of 0.5 lb a week for 4 weeks. Some sites might consider a loss of 0.25 lb a week a success. However, the cost of success must be considered. Given the limited resources of Look AHEAD, it might be difficult to justify spending an extra \$100 a month for a participant to lose 1 lb. The treatment team, in discussion with the Program Coordinator (and Principal Investigator) must decide how best to allot funds from the toolbox.

Preventing weight regain. It is even more difficult to set criteria for effective prevention of weight regain. Ideally, participants would not gain any weight. In reality, intensive toolbox options may only slow the rate of weight regain. A recent study of individuals who had lost 8% of initial weight by diet and exercise alone found that those who received orlistat in the year following treatment regained 32% of their weight loss, compared with a 56% regain for those treated by placebo. (Neither group received intensive lifestyle modification as provided in Look AHEAD.) Thus, orlistat slowed weight regain but did not prevent it. Thus, in the Look AHEAD study, you might elect to maintain a woman on orlistat if she regained 1% of weight during the month, if during the prior month, when not on orlistat, she had regained 2%. Success is clearly relative in such cases.

Decisions concerning whether to maintain an individual on a more intensive toolbox option must consider several factors, including the participant's and the treatment team's assessment of benefit, as well as the cost. Orlistat, in some cases, may prove to be preferable to diet and exercise options (for preventing weight regain) simply because it costs less for Look AHEAD to provide.

Activity interventions. The effectiveness of more intensive options to increase physical activity should be evaluated in a similar fashion. You might, for example, expect walking to increase by at least 30 minutes a week, by the end of the first month, for a participant who had been supplied a treadmill. Evaluation of progress must be based on the individual's starting point (e.g., no walking at baseline, increased to 40 min/week at month 1), as well as the cost of the intervention. These issues should be reviewed with the treatment team, and the LRC leader, at monthly intervals.

F. Getting Started

It may take several weeks to initiate the more intensive toolbox interventions. This is particularly true if orlistat is selected, since the participant will need to be assessed by a physician or nurse practitioner prior to beginning the medication. As noted previously, meeting with the treatment team before the week-25 visit should expedite delivery of the desired options. In closing out this section of the individual session, inform participants of the next steps (and timetable) for them to receive the more intensive toolbox option.

XXXV.

VII. Weight Management Goals and Strategies

You will have already reviewed participants' weight management goals for the next 6 months (i.e., weight loss or weight maintenance). Use the homework sheet on Weight Management Strategies to review behaviors that participants plan to use in the coming months.

This review should reveal that participants will need to continue to record their food and calorie intake, as well as maintain high levels of physical activity, even if their goal is only to maintain their weight loss. They should have checked the great majority of items listed. Use the worksheet to educate participants about the behavioral requirements of further weight loss or weight maintenance.

VIII. Conclusion and Homework Assignment

- A. Thank participants for attending the meeting, congratulate them again on their successes, and schedule their individual visit for next month.
- B. Review assignments for the next group session which include recording food and calorie intake in Keeping Track books, as well as recording physical activity and daily steps. The activity goal for all participants is to engage in ≥ 175 minutes of activity per week and to increase daily steps to 10,000 or more.
- C. With individuals who will receive an intensive toolbox option, discuss next steps and the timetable for starting the intervention.

Weight Management Goals and Strategies

Congratulations on completing the first 6 months of the Look AHEAD Program. Take a moment to review your progress and to consider your weight management goals for the next 6 months.

What was your weight at the start of the Look AHEAD Program? _____ lb

What was your weight at the last Look AHEAD meeting (week 24)? _____ lb

Weight loss for the first 24 weeks: _____ lb

What are your weight management goals for the next 6 months? Do you want to lose more weight or focus primarily on maintaining the weight loss you have achieved? You can change your mind at anytime during the next few months but what is your principal goal at this time? (Complete A or B.)

- A. **Weight Loss:** I want to lose ___ lb in the next 6 months. This would take me to a weight of ___ lb.
- B. **Weight Maintenance:** I want to keep my weight stable between ___ lb and ___ lb in the next 6 mos.

Survey of Weight Management Strategies

INSTRUCTIONS:

For each of the weight management strategies listed below, circle the response that best describes your plans for using this strategy for weight control (i.e., to lose more weight or to maintain your weight loss).

- 1 = I do not plan to use this strategy in the next month
- 2 = I plan to start using this strategy in the next month
- 3 = I am currently using this strategy and plan to continue using it

Also, for each strategy, circle the number that best represents your **confidence** that you *could successfully use this strategy* to manage your body weight. Note: Please answer all of these questions, even if you are not currently using this strategy.

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Confidence Don't Know/Unsure Complete Confidence

*** Remember -- each question has the above 2 parts**

1. I will eat *three meals a day* in order to structure my eating.

- 1 = I do not plan to use this strategy in the next month
- 2 = I plan to start using this strategy in the next month
- 3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Confidence Don't Know/Unsure Complete Confidence

2. I will cut back on the *amount* of food that I eat during meals.

- 1 = I do not plan to use this strategy in the next month
- 2 = I plan to start using this strategy in the next month
- 3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Confidence Don't Know/Unsure Complete Confidence

3. I will cut back on the *amount* of food I eat between meals.

- 1 = I do not plan to use this strategy in the next month
- 2 = I plan to start using this strategy in the next month
- 3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Confidence Don't Know/Unsure Complete Confidence

4. I will record each day (in my Keeping Track book) the foods and beverages I consume and their amounts. calorie

- 1 = I do not plan to use this strategy in the next month
- 2 = I plan to start using this strategy in the next month
- 3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Confidence Don't Know/Unsure Complete Confidence

5. I will use *portion controlled meal replacements* to manage my weight (ie., substitute a shake or bar for one or more meals or snacks).

- 1 = I do not plan to use this strategy in the next month
- 2 = I plan to start using this strategy in the next month

3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Don't Know/Unsure Complete
Confidence Confidence

6. I will continue to increase my *physical activity (e.g., walking, jogging, swimming, aerobics, etc)* so that I engage in 175 minutes or more of activity per week.

1 = I do not plan to use this strategy in the next month
2 = I plan to start using this strategy in the next month
3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Don't Know/Unsure Complete
Confidence Confidence

7. I will continue to increase my daily steps, as measured by the pedometer, to reach a goal of 10,000 or more steps a day.

1 = I do not plan to use this strategy in the next month
2 = I plan to start using this strategy in the next month
3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Don't Know/Unsure Complete
Confidence Confidence

8. I will record each day (in my Keeping Track book) my minutes of physical activity and steps walked.

1 = I do not plan to use this strategy in the next month
2 = I plan to start using this strategy in the next month
3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Don't Know/Unsure Complete
Confidence Confidence

9. I will regularly attend **group** *counseling* sessions to help manage my weight.

1 = I do not plan to use this strategy in the next month
2 = I plan to start using this strategy in the next month
3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Don't Know/Unsure Complete
Confidence Confidence

10. I will regularly attend **individual** *counseling* sessions to help manage my weight.

1 = I do not plan to use this strategy in the next month
2 = I plan to start using this strategy in the next month
3 = I am currently using this strategy and plan to continue using it

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
No Don't Know/Unsure Complete
Confidence Confidence

Based upon this assessment, I plan to use the following strategies for the next several months. (Check all that apply.)

Strategies I will use

Eat three meals a day _____
Reduce eating at meals _____
Limit snacks between meals _____
Record each day foods and calories eaten _____
Use meal replacements _____
Engage in ≥ 175 min of physical activity/wk _____
Increase daily steps to $> 10,000$ /day _____
Record each day activity and steps _____
Attend group sessions regularly _____
Attend individual sessions regularly _____

Session 26: Maintaining Energy Balance

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions. In general, knowledge of each participant's goal (e.g. still losing, maintaining) will help you react appropriately to their weight. For example, a weight gain of a half a pound is of more concern for a person still trying to lose weight than someone trying to maintain. As you know, participants tend to focus on their weight and how it changed. It is a very good time to remind them that the best place to focus their thinking and efforts is on their behavior, not on their weight, because behavior is something they can control.

II. WELCOME AND HOMEWORK

A. 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 difficulty. Reinforce those who are achieving their goals.

B. Session Overview

This session will be presented as the first group session after participants have transitioned to less than weekly group or individual sessions. Previous sessions have focused on this transition period. This session will focus on factors of energy balance that can affect further weight loss and weight maintenance.

III. THE CONCEPT OF ENERGY BALANCE

This session reviews the components of energy balance (energy intake and energy expenditure) to help participants understand may impact weight loss and weight maintenance. Counselors should begin by asking the participants to

reflect on the goal of the Look AHEAD intervention and components of the intervention that impacted this goal. The counselor should ultimately work towards having the participants indicate that to achieve successful weight loss they need to expend more calories than they consume. Below are example questions that may assist the counselors in achieving this goal.

1. The Look AHEAD study is working with you to achieve weight loss. Why do you feel that weight loss is important? Participants will express different reason ranging from health, to appearance, to functional improvements.
2. What is the weight loss goal of the Look AHEAD study? Participants should respond that the minimal weight loss goal is to achieve 10 percent of their baseline body weight. It is important to acknowledge that some members of the group may have achieved or exceeded this goal, while other are still working towards this goal. Encourage those that may have struggled to achieve this goal that the Look AHEAD staff will continue to work with them to achieve this goal. Be sensitive to differences in progress towards achievement of this minimal goal.
3. What are some things that you may have done over the previous 6 months that have helped you as you work towards achieving this goal? Participants will list a number of strategies that they have used such as not eating out in restaurants, recording their food in their diaries, etc. This discussion should conclude with subjects understanding that all of the strategies that have been used were implemented to assist them with reducing the energy that they consume and increasing the energy that they expend.

IV. UNDERSTANDING THE CALORIE DEFICIT NECESSARY FOR WEIGHT LOSS

Once participants have identified that the key to weight management is to expend more calories that they consume, it is important for participants to understand how much the deficit needs to be to result in significant weight loss. Ask participants if anyone knows approximately how many calories are in one pound. The correct response is approximately 3500 calories. Explain to participants that a deficit of 3500 calories will reduce body weight, whereas an increase of 3500 calories will increase body weight. The deficit is dependent on the difference between the number of calories that you eat and the number of calories that you expand. By participants knowing how many calories they expend they will then be able to determine the number of calories that they can eat to either lose or maintain their body weight.

This section of the lesson will focus on the ways that individuals burn calories. While one component of energy expenditure is the thermic effect of a meal, this lesson will focus primarily on the resting metabolic rate and energy expenditure during routine activity and structured activity/exercise.

V. UNDERSTANDING AND ESTIMATING RESTING METABOLIC RATE

Introduce resting metabolic rate (RMR) to the group by having them describe the different ways in which they expend calories. Ultimately at least one participant will indicate that they expend calories just to maintain normal physiological functions, and this is the RMR. It is estimated that this accounts for approximately 75% of the energy expended each day.

A few participants that may have struggled to lose weight will probably indicate that this is a result of their metabolism being slow. However, while possible, the metabolism being so low that it is the sole reason for weight gain is very rare. Thus, use the charts provided with this lesson to help participants estimate their resting energy expenditure. The directions and examples for using these charts are explained on pages 2-3 of the participants' lesson.

It is important for participants to understand the factors that can influence RMR. For example, RMR decreases with age, RMR is lower in women compared to men, and RMR is lower for smaller people. Use examples from the RMR charts provided with the lesson to make this point.

Another key point is to help participants to understand that as they lose weight their RMR will also start to decrease. Use the example of the women that lose weight, which is provided in the lesson to make this point. The key is to use this point to help participants understand why continued weight loss becomes harder and harder overtime. This small but significant reduction in RMR with weight loss may also help to explain why weight can be regained

quickly when individuals are non-adherent to their dietary intervention such as the one prescribed for Look AHEAD. Complete the exercise found on page 3 and 4 of the participants' lesson.

VI. ADDITIONAL METHODS OF EXPENDING ENERGY

Even though the RMR significantly contributes to total energy expenditure, the RMR is difficult to change. Thus, ask participants to identify other ways that they can expend more calories. The response should be through different forms of daily activity.

Most participants perform very common activities as part of their daily routine. Have participants identify the different activities that are part of this daily routine. This can range from housework to occupational work. For most individuals, these forms of routine activity will increase the total daily energy expenditure by approximately 30%. Have participants compute this by completing the exercise on page 5 of the lesson. (Note: Counselors should have calculators available to assist the participants.)

The other method of increasing energy expenditure is through exercise. Remind participants that the goal of Look AHEAD is to progress to a minimum of 175 minutes of aerobic forms of exercise. This provides an ideal opportunity to review the components of the activity program for Look AHEAD and to distinguish between desired forms and intensities of activity and those that may not adhere to the Look AHEAD guidelines. Refer to sessions 5 and 8 in the Participant's Manual for these guidelines. Have participants estimate the energy they expend in exercise using the information provided on page 6 of the participants' lesson.

Using the information provided in the lesson, review how activity and exercise can significantly impact weight loss and weight maintenance efforts. Have the participants complete the "Determining Your Energy Balance Needs" worksheet. This worksheet is designed to accomplish the following:

1. Help participants understand the total number of calories they expend on average each day.
2. Help participants understand realistic weight loss goals based on their current energy expenditure and intake.
3. Help participants to understand that if they are not losing weight, yet it appears that they have an energy deficit, that this lack of weight loss is typically a result of the difficulty in estimating energy intake accurately. This provides an opportunity to review the importance of portion sizes and the need to weigh and measure food intake.

VII. DEVELOPING YOUR OWN PERSONALIZED MAINTENANCE PLAN

Starting now, sessions are moving to a less frequent schedule. Some will welcome this change and others will find it challenging. Since everyone has moved into or will move to a maintenance goal in the next few months, we're introducing a number of procedures that will help participants do a "check up" on themselves now that they'll be having less contact with us now.

When people are losing weight, they tend to maintain an awareness of their food intake, exercise, and other weight control strategies. However, as their efforts become more routine, and especially when their goal shifts to weight maintenance, their weight control behaviors can gradually "fade into the background." Sometimes the first indication of this is when they step on the scale and see that their weight has unexpectedly gone up. Starting now we want them to develop a routine of regular "check up" skills to avoid such surprises. Just as the owner manual of a new car advises us to bring the car in for routine maintenance to avoid expensive repairs later, the same strategy will help participants spot emerging problems early, while they are far easier to solve.

Therefore, we'd like participants to pick the same specific time each week that they'll be able to review all aspects of their weight control efforts. The purpose of this is to spot any emerging trends of concern. If feasible, this weekly review is best done with a friend, relative or a buddy from group either in person, on the phone, or via e-mail. By making a date with someone else, it is less likely that participants will neglect doing their weekly review. Furthermore, just as meeting with others for group sessions can act as a motivator for ongoing weight control efforts, so can sharing one's maintenance efforts with another. An option for group leaders to suggest is to "pair up"

participants and encourage them to contact their buddy in the “off week.” If the group leader elects to do this, care must be taken in arranging the pairs so that participants who are equally committed and likely to follow through are put together. It can be frustrating and demoralizing for a participant who wants to have a “buddy” to be paired with a “buddy” who consistently fails to live up to the role. Therefore, if you elect to use this often very successful strategy, care must be taken to re-evaluate and possibly re-organize the pairings. The re-evaluation of the selection of a “buddy” at some later session is a good idea, whether that individual is another group member or someone the participant selected for him/herself.

Another part of the weekly check in is comparing one's weight with a “early warning weight.” This early warning weight should be represented on participants' weight charts by a horizontal red line drawn 2-4 lbs. above the participant's current weight. (For participants who are still trying to lose weight, this line should be drawn 1 lb. above their current weight (and will have to be re-drawn as more weight is lost). If a participant's weight approaches or reaches these red lines, it should be a clear signal that immediate action needs to be taken. The participant will need to make a plan for further reductions in the caloric intake and energy density of the diet, increasing the number of structured meals or snacks, and/or increasing physical activity to reverse the weight gain trend.

VIII. HOW WILL ALL THE PIECES OF THE MAINTENANCE PROGRAM FIT TOGETHER?

This brief topic reviews the three parts to participation in the Look AHEAD program - group sessions, individual sessions and developing personal maintenance programs - and how they fit together. Explain how all the pieces can work together and reinforce one another. For example, participants are encouraged to bring in any difficulties they are having with their personal maintenance program to the group and/or to their individual sessions.

It is important for you to reinforce this three-prong approach in group sessions by drawing from the individual sessions and participants' personal maintenance plans when appropriate. (If you are not conducting the individual sessions for some of the participants in your group, this will require that you regularly familiarize yourself with the participants' individual sessions held with another counselor.) For example, let's say you or the other individual therapist had a session where the person discussed exercise as a problem. Then, two weeks later in group, that person mentions her husband doesn't want to change his eating habits, which is problematic for her. In discussing the problem with her husband, it is sometimes desirable to draw on the knowledge that this person is working on another specific goal, which is improving exercise. The group can problem-solve the husband situation. You can suggest (or support this idea if given by another group member) that if her husband participates in some physical activity with her, he may better appreciate what she's trying to accomplish in terms of food intake and be more supportive, if not adjust his own eating habits.

IX. HOMEWORK

- A. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps)
- B. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight
- C. Continue to walk for at least 175 min/week

X. CLOSING

1. Review the key points of dealing with energy balance and why this is important for weight control. Reinforce that everyone has periods where they may struggle with their eating and activity behaviors. However, implementing many of the strategies that have been taught over the previous 6 months can effectively get the individual back on track as quickly as possible.
2. Also review how developing new goals for the maintenance period can breathe fresh energy into their weight control efforts and help them stay motivated to continue with their dietary and activity behavior changes.
3. Remind them about how important it will be to implement their Personalized Maintenance Plan.
4. Address questions.
5. Thank participants and wish them well. Invite them to call if they have questions or any problems.

Session 27: How Much Physical Activity SHOULD I Do?

Session Objectives:

In this session, the leader will:

- Discuss recent evidence from successful weight losers suggesting that they maintain their weight loss in part by becoming very physically active. Their self-reported levels of activity are close to 2800 kcal/week, or about 60-90 minutes/day.
- Encourage participants to achieve the 175-minute activity goal and then to try to move higher to levels of 200 or 225 minutes/week.
- Launch a motivational campaign “Strive for 35” to add 5 minutes/day to their daily activity or 35 minutes/week.

To do before the session:

- Calculate the minutes of activity/week each participant reported during the prior month. Average across all 4 weeks or as many weeks of data as you have.
- Complete the Strive for 35 worksheet for each participant by indicating their past months activity/week and a new goal (35 minutes higher).
- Calculate the average minutes/week for the whole group. (If you have 2 groups, use this to create some healthy competition).
- Decide on a prize that can be given to all participants who at the end of the month have achieved the extra 35 minutes/week of activity. Prizes should be approximately \$10 - \$20/participant (use toolbox funds). Suggestions: Gift certificate, sweatshirt, Look AHEAD hat, sunscreen and chap stick, massages.
- Review the attached Background Information.

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions. In general, knowledge of each participant's goal (e.g. still losing, maintaining) will help you react appropriately to their weight. For example, a weight gain of a half a pound is of more concern for a person still trying to lose weight than someone trying to maintain. As you know, participants tend to focus on their weight and how it changed. It is a very good time to remind them that the best place to focus their thinking and efforts is on their behavior, not on their weight, because behavior is something they can control.

II. WELCOME AND HOMEWORK

A. 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 difficulty. Reinforce those who are achieving their goals.

B. Improving accuracy of your Keeping Track

Go around the group and ask participants to share how their efforts to improve the accuracy of Keeping Track went. What did they discover was most effective? What challenges did they find? How did they solve these challenges? Problem solve those strategies that need to be refined and encourage participants to continue with their efforts to increase their accuracy.

C. Selecting Reduced Calorie Density Food Choices

Ask a few group members to share how they did at selecting Reduced Calorie Density food choices. Ask them to review some of the reduced calorie density things they recorded in their Keeping Track. What were some of the surprising high calorie density foods that slipped in? What are some lower calorie density options that might be substituted?

D. Session Overview

The goal of this session is to present participants with recent evidence about how people have successfully maintained substantial weight loss.

III. PHYSICAL ACTIVITY IN SUCCESSFUL WEIGHT MAINTENANCE

Recent research indicates that successful weight loss maintainers may, on average, do higher levels of activity than the 175 minutes we have recommended. It is important to make sure that those who have not yet achieved 175 minutes/week recognize that the 175 goal is still an important goal to achieve. This session is NOT saying that 175 minutes won't help with maintenance of weight loss; any increase in activity is potentially important. However, it is important for those who have achieved the 175 minutes to recognize that reaching even higher levels of physical activity even more beneficial for long-term maintenance of weight loss.

The message for those who are still not reaching 175 minutes/week of activity should be to continue to try to reach this goal.

The message for those who are already at 175 minutes/week of activity should be to try to reach 200 or 225 minutes/week.

IV. WHY DOES IT TAKE SO MUCH PHYSICAL ACTIVITY?

Participants may be resistant to trying to achieve this higher goal. They may respond as follows:

- Why do I need to do so much physical activity?
Possible answer—The data suggest that the best way to maintain your weight loss is with the combination of diet and physical activity. It appears that the more physical activity the better. Successful weight losers report doing significant amounts of physical activity which may help them compensate for occasional overeating.
- How can I fit more physical activity into my schedule?
Possible answer—In order to increase your activity, it is best to go slowly. Can you find 5 or 10 minutes in your day when you can take an extra walk? Maybe an extra walk before or after lunch or dinner? Or perhaps you could add 5 minutes to each of your current walks.

V. STRIVE FOR 35 PHYSICAL ACTIVITY CAMPAIGN

Periodically the Look AHEAD intervention committee will launch motivational campaigns. We will encourage all centers to join these campaigns so that we create a little healthy competition and participants in Look AHEAD feel part of a bigger whole. However, since only a few centers have reached the 6-month mark, we felt that the first motivational activity should be conducted within the local center.

To prepare for this campaign you will need to have done the following:

- Calculate the number of minutes of activity each participant averaged last month.
- Fill out a Strive for 35 Campaign Worksheet for each participant that indicates that their personal goal for the next month is to increase their current activity by 35 minutes/week and what that goal will be.
- Calculate the average for the group as a whole so you can announce it.

During the session you will need to:

- Discuss the campaign goals;
- Explain that the reason for the campaign is to increase motivation for physical activity;
- Pass out individual charts, and
- Make sure that participants understand the goal is 5 minutes more per day (over their past activity level) using activities similar in intensity to brisk walking.
- Give participants an idea of what types of Look AHEAD prizes they might obtain by increasing their activity by 35 minutes each week.

After the session you will need to:

- Collect physical activity information at each contact over the next month, average minutes of physical activity over the month, and plan to award prizes at next months group meeting to all who exceeded their physical activity goal.

VII. HOMEWORK

- A. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps)
- B. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight
- C. Continue to walk for at least 175 min/week and Strive for 35 more minutes.

V. CLOSING

6. Review the key points of dealing with the role of physical activity in long term weight control. Reinforce that increases of 35 minutes per week will help participants achieve the Look AHEAD Lifestyle Program Goal of weight loss and maintenance.
7. Remind them about how important it is to continue to implement their Personalized Maintenance Plan.
8. Address questions.
9. Thank participants and wish them well. Invite them to call if they have questions or any problems.

Background Information

Wing, R.R. & Hill, J.O. Successful Weight Loss Maintenance. Annual Review Nutrition, 2001, 21; 323-41.

Data from National Weight Control Registry, a registry of over 3,000 individuals. These individuals (mean age = 45; 97% Caucasian; 67% married) have lost over 60 lb and kept it off 6 years.

To lose weight, 89% of NWCR members modified their diet and their physical activity. About half lost weight on their own—the others used some type of program or received help from a nutritionist, etc.

To maintain their weight, registry members report continuing to consume a low calorie, low fat diet, to self-monitor their weight at least once/week, and to be physically active. Only 9% of registry members report maintain their weight loss without physical activity. The attached pages of the article describe the physical activity habits of NWCR members in more detail.

The following are reprinted from: Wing, R.R. & Hill, J.O. Successful Weight Loss Maintenance. Annual Review Nutrition, 2001, 21; 323-41.

Physical Activity

Regular physical activity has been found in many studies to be associated with long-term weight loss maintenance (20,37). Most subjects in the NWCR report engaging in regular physical activity to lose weight as well as to maintain the weight loss. Only 9% of registry subjects report maintaining weight loss without regular physical activity. Using the Paffenbarger Physical Activity Questionnaire (33), we determined current levels of physical activity. Women in the registry report expending an average of 2545 kcal on physical activity per week and men report an average of 3293 kcal/week. This amount of physical activity is comparable to about 1 h of moderate intensity physical activity, such as brisk walking, per day. This is much higher than physical activity recommendations for the general public. The Surgeon General recommends that adults engage in 30 min of moderate intensity physical activity at least 3 day/week (46). Among registry subjects, 52% expend more than 1000 kcal and 72% more than 2000 kcal on physical activity per week.

Physical activity experts now recommend that rather than only planned exercise, people increase “lifestyle physical activity,” which involves being more active in daily life (e.g. increase walking, taking stairs, etc) (46). Most registry subjects report efforts to increase both lifestyle activity and regular planned exercise. As noted above, only 9% report that they do no physical activity for weight loss maintenance. Among registry members, 49% report using a combination of walking and another form of regular exercise, 28% report only walking, and 14% report only another form of regular exercise. Thus, the combination of lifestyle and programmed exercise is used by almost half the participants, and walking is an important aspect of the exercise for over 75%.

Table 1 shows the six most frequently reported physical activities of subjects in the registry (45). It is interesting that a high proportion of subjects report weight lifting. In the registry, 24% of men and 20% of women regularly engage in weight lifting. A representative national population, the National Health Interview Survey, conducted in 1991, reported that 20% of men but only 9% of women regularly engage in weight lifting. Thus, women in the registry engage in weight lifting to a much greater extent than do women in the general population. The extent to which this contributes to their success in weight loss maintenance is not clear.

Table 1 The six most common activities reported by National Weight Control Registry subjects

Activity	% Reporting engaging in activity
Walking	76.6
Cycling	20.6
Weight lifting	20.3
Aerobics	17.8
Running	10.5
Stair climbing	9.3

Table 2 Effect of weight loss on other areas of life^a

Determinant	Improved	No difference	Worse
Quality of life	95.3	4.3	0.4
Level of energy	92.4	6.7	0.9
Mobility	92.3	7.1	0.6
General mood	91.4	6.9	1.6
Self-confidence	90.9	9.0	0.1
Physical health	85.8	12.9	1.3
Interactions with			
<i>opposite sex</i>	65.2	32.9	0.9
<i>same sex</i>	50.2	46.8	0.4
<i>strangers</i>	69.5	30.4	0.1
Time interacting with others	59.1	39.6	1.3
Job performance	54.5	45.0	0.6
Other hobbies	49.1	36.7	0.4
Interaction with parents	32.8	65.0	2.2
Interactions with spouse	56.3	37.3	5.9
Time spent thinking about			
<i>food</i>	49.1	36.7	14.2
<i>weight</i>	51.0	28.6	20.4

^a N= 784. Results indicate percentage.

Session 28: How Are You Doing?

Objectives

In this session participants will:

- Review weight, activity and Keeping Track records
- Complete the “Monthly Progress Report”
- Update on Participant’s Strive for 35 Campaign Progress
- Discuss challenges and how the participant overcame them
- Discuss maintaining the lifestyle behavior changes
- Establish new goals for the next month
- Review the content of group sessions 26 and 27
- Discuss other issues as identified by participant or Individual Counselor
- Remind participant to bring their Volumetric book to the next session (29)

To do before the session

Get materials ready:

- Review participant’s chart
- Print graphs for weight and physical activity
- Review behavioral goals and/or behavioral contract from session 25

OVERVIEW OF THE INDIVIDUAL SESSION

By session 28, rate of weight loss will be fairly slow for most participants. Many will have changed from the meal replacement and structured meal plan programs to self-selected diets. If they are struggling with following a self-selected diet, encourage them to try a modified-meal replacement plan. Remember to congratulate participants for completing 7 months of the program. Talk about the new meeting schedule that will be in place for the next 5 months. There will be bi-weekly group meetings, and the individual sessions will continue to be scheduled once per month. Emphasize the importance of regularly attending the group and individual sessions.

Preparing for meeting. To prepare for the meeting, briefly review the participant's responses to the “Survey of Weight Management Strategies” that was completed in the last individual session. You will assess the participant's progress using the “Monthly Progress Report.” The form should be completed before the individual session (either at home or while waiting before the individual session). Prepare the monthly graphs of the participant’s weight and physical activity.

During session 28, you can anticipate the following issues to arise:

- Rate of weight loss will be slow, and participants may be somewhat frustrated.
- Most participants will want to continue to lose weight because weight loss is gratifying.
- Problems related to adherence with the dietary program will be more likely.
- Participants who were very sedentary before the program may have difficulty achieving the physical activity goal of 175 minutes per week (35 minutes on 5 days per week). They may have concerns about how their performance will fit into the overall group Strive for 35 campaign.
- Participants who are late for group sessions, miss sessions, or fail to complete homework assignments be less likely to have met the minimal weight loss goal (i.e., loss of at least 5% of initial weight by now).

XXXVI. I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet participants and measure their weight before beginning the individual session. Provide feedback about weight change. Help participants interpret weight changes (e.g., steady loss followed by a weight plateau or initial weight loss with some regain of weight).

XXXVII. II. WELCOME

Welcome participants to the session. Remind them that attending sessions regularly after the initial six months of intensive treatment is one of the best predictors of long-term weight loss and maintenance.

Spend several minutes chatting with participants, inquiring about satisfaction with program, family members, and other topics of interest. Then review the "Monthly Progress Report," which should have been completed prior to this session. Praise participants for all successful attempts to follow the program and to use problem-solving skills to improve adherence.

XXXVIII. III. REVIEW MONTHLY PROGRESS

Most of the session should be devoted to reviewing participants' progress during the past month and identifying goals for diet, physical activity, and behavior change for the next month. The Monthly Progress Report should provide a general overview of participants' behavior for the last month. You should, however, also review Keeping Track records for the past week to obtain the most recent information about calorie intake, physical activity, and related matters.

Progress can be reviewed by covering the broad areas described below. In covering each area, you can review what participants accomplished during the past month and then select goals (and behaviors) for the coming month. For example, you can review participants' weight change for the previous month and conclude this discussion by determining the goal for the next month.

Alternatively, you can review the participants' performance in all of the areas first (i.e., weight loss goal, diet, physical activity, etc.) and then return to set goals for the next month. See what works best for you and participants.

Address the participation in the Strive for 35 Campaign for individuals who are actively participating and those who are physically able to participate. Specifically encourage individuals with very low levels of physical activity to become engaged in the campaign.

A. Weight Goal

Review participants' weight change since last month's individual session. Determine if they met their goal for the month (whether weight loss or weight stability). Discuss participants' satisfaction in this area.

Calculate participants on their progress toward losing $\geq 10\%$ of initial weight (as based on their starting weight). Congratulate those participants who have met this goal and identify the strategies they are using.

Be supportive with participants who have not met the weight loss goal. Discuss the "challenges" that they have identified. Use the toolbox strategies to assist participants in making appropriate behavioral changes so that they can "get on track" to achieve at least the minimal goal of a 5% weight loss. Consider using weight loss medication or other more intensive toolbox options with participants who have been unsuccessful.

Weight gain. Participants who have gained weight over the month will need extra attention. Listen to their disappointment, if they are discouraged, and reassure them that they can reverse the gain. More important, identify the specific meal and physical activity plans they will adhere to for the next week. These should be described in detail.

Weight goal for next month. Have participants identify (either at this point in the session or later) their weight management goal for the next month. Help them evaluate whether the goal is realistic.

B. Physical Activity Goal

Review participants minutes of physical activity and number of steps for the past week, as reported in Keeping Track records. Congratulate those who have reached the Strive for 35 goal of 35 additional minutes of activity. Reinforce the campaign and continued efforts to find opportunities for the modest increases that accumulate over the week. Assess their enjoyment of their activity and the strategies they use to maintain regular adherence. Determine also whether participants are progressing toward their goal of 10,000 steps a week.

Problem solve with those who have not met the goal. Identify specific barriers and ways to surmount them. You may want to use a more intensive toolbox option for individuals who have not been physically active at least 100 minutes a week (for the last 4 weeks).

Activity goal for next month. Have participants identify their activity goals (i.e., minutes of activity and steps) for the next week, as well as the next month. Ensure they have a specific plan anchored by “what, when, where, and how,” (i.e., what they’ll do, when they’ll do it, etc.)

C. Dietary Goals

Review participants’ calorie goal for the past month and success in meeting it. Review several days of food intake (from Keeping Track) for the past week and determine calorie intake for the week. Determine if the calorie goal needs to be adjusted (to correct for weight gain). Ensure that participants continue to keep records of their food intake; this remains a critical part of the program. Discuss ways to deal with “recording fatigue” if participants report they are tired of Keeping Track.

Meal preparation using a self-selected diet of conventional foods will require more planning and greater cooperation from other family members. Review participants’ food choices and eating schedule. Reinforce eating three meals a day, with snacks when needed.

The change to a self-selected diet of conventional foods will be a major challenge for many people. Make sure that participants are aware of the Look AHEAD meal plan, which offers suggestions for breakfast, lunch, and dinner meals. In addition, all participants may continue to replace one meal or snack a day with SlimFast. Encourage them to do so, given the evidence that meal replacements facilitate weight maintenance. Participants may replace more than one meal per

day, either by purchasing additional products on their own or by qualifying for a toolbox intervention.

Determine if consuming healthy lunches at work is a problem and again offer suggestions. Provide suggestions for eating out, including at social events.

Meal plan for next month. Have participants clearly describe the meal plan that they will follow for the next week (and next month) to meet their weight management objectives. Identify their daily calorie intake and the number of meal replacements (if any) they will use.

Sub-optimal dietary adherence. Participants who have gained weight during the month are likely to have overeaten, whether in small amounts at each meal or through excessive snacking between meals. While increased physical activity facilitates weight control over the long term, controlled dietary intake is the most important short-term intervention for stopping or reversing weight gain. If you feel that the participant can only focus on one behavior, it is usually more important to try to control food intake.

The most common problems will be: control of portion sizes, selection of foods that are high in calories or dietary fat, or preparation of foods (e.g., frying rather than baking or broiling). Praise participants for times when they successfully followed the self-selected meal plan and identify how they managed to do so on those occasions. Then identify barriers to adherence and brainstorm solutions to the problems that are resulting in sub-optimal adherence. Remind participants that they are provided one meal replacement per day, if this option might help them manage “difficult meals.”

During the session, help participants who are struggling with their self-selected diet by developing a detailed schedule of eating. Specify what will be eaten and when and where they will consume their meals. Assess participants' belief that they can adhere to this plan (i.e., self-efficacy). Invite participants to call or E-mail you every day to report on their success. If participants are also failing to meet weight loss goals, then the procedures for using the tool-box should be employed.

D. Toolbox Intervention/Other Behavioral Goals

In this part of the meeting, discuss the outcome of any special interventions participants were prescribed. If, for example, orlistat was initiated last month, discuss participants' response to the medication. Evaluate adherence (to orlistat), changes in dietary intake resulting from the drug (i.e., less fat intake), concerns participants may have, and plans for the next month. Help participants identify criteria to assess the benefit of the medication (e.g., improved food intake, weight loss, weight stability, etc.). This discussion should conclude with a plan for the next month (e.g., “continue to take the medication”).

The same review should be conducted with any of the more intensive behavioral interventions. For example, if participants were to replace all meals with portion-controlled servings (i.e., meal replacements and frozen food entrées), carefully assess participants' adherence to the plan, including whether any additional meals or snacks were consumed. If participants did not lose weight satisfactorily, determine where more structure is needed and how it could be obtained. Given that this intervention could cost \$30 to \$40 a week (from the toolbox), you will need to set criteria for success. Weight stability (i.e., stopping weight gain) might be an acceptable criteria for the first month or two. However, given the financial cost, the intervention could not be continued for several months with a goal of only weight stability.

Regular weigh-ins. This is an appropriate time to determine whether participants weighed themselves weekly (or more frequently) during the past month. Reiterate the importance of regular, at-home weigh-ins for maintaining weight loss. Seventy-five percent of participants in the National Weight Control Registry weigh themselves weekly or more often. Make sure that participants have picked a day and time to weigh-in and keep a record of their weight.

Other behavioral goals. You can also discuss other behavioral goals that participants have set. These might include efforts to prepare for a 10 K walk, to stop snacking while watching television, or to reduce stress by practicing relaxation techniques.

Toolbox/behavioral intervention for next month. Discuss participants' plan, if appropriate, for the toolbox intervention (or other behavioral goals) for the next month.

E. Attendance of Treatment Sessions

Review participants' treatment attendance for the past month. Reinforce those who have attended all possible sessions, noting that the better the attendance, the better the weight loss and maintenance of weight loss. With individuals who have missed numerous sessions over the past two months, evaluate factors responsible. Be alert to the possibility participants may not find the sessions as enjoyable as they once did, in part, because they are no longer losing weight. Listen non-defensively to participants' complaints and try to find new ways to engage them.

Attendance for next month. Determine if participants plan to attend all sessions during the next month. Ask them to announce in group any anticipated absences during the month. This makes attending group sessions more salient to group members.

F. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to the prescribed meal plan and physical activity program.

IV. Review of Group Session 26 and 27

Inquire if participants have any questions about the materials that were reviewed in the last two group sessions. In session 26, they were asked to discuss quality of life and motivation to manage weight and diabetes. Review their thoughts about the changes in quality of life that they have experienced thus far, or changes that they anticipate with additional weight loss. Clarify any questions they have about the different challenges associated with weight maintenance versus weight loss. Ask what they have done to create their “personalized maintenance plan.”

In Session 27, the role of physical activity in weight maintenance was discussed and the month-long Strive for 35 Campaign was introduced. Ask if participants have any questions about physical activity and long term weight control or about the campaign.

V. SUPPLEMENTAL HANDOUTS

Additional handouts, (i.e., those used in Months 1 to 6), may be used in this session if other problems are discovered.

VI. ASSIGN HOMEWORK

Participants probably will have reviewed their goals and assignments for the next month while discussing their progress. Briefly summarize this information. Participants will continue their usual assignments, as listed below:

A. Keeping Track

Indicate that participants are to record all foods eaten, as well as calories and fat grams. Emphasize the importance of self-monitoring food intake and activity. Self-monitoring enhances awareness of habits and provides an objective means of assessing calorie and fat intake, as well as the pattern of eating and physical activity variations.

B. Be Active

The activity goal for the next four weeks is to walk (or similar activity) a minimum of 175 minutes a week. The Strive for 35 Campaign will continue for another week or two (depending upon how your center has scheduled the group meetings). Remind participants about the benefits of small but sustained increments in physical activity. Review prizes that will be available for those who achieve the goals. If participants' are unlikely to be able to achieve this goal, set a lower goal and use problem solving to modify obstacles to success and/or use the tool-box approach to provide motivation for enhanced physical activity. Identify the number of steps participants will walk, as recorded on their pedometer.

VII. CLOSE

Ask if there are any final questions or comments. Review completion of the “How Are You Doing?” form before the next individual session. The form is shown below. Indicate how much you enjoyed meeting with participant. Remind participant of upcoming group meeting schedule.

Session 28: Monthly Progress Report

1. The weight management goal I selected last month was: (Complete A or B only.)

- A. **Weight Loss:** I wanted to lose ___ lb during the next 6 months. This would take me to a weight of ___ lb.
- B. **Weight Maintenance:** I wanted to keep my weight stable between ___ lb and ___ lb during the next 6 mos.

2. What is your evaluation of the progress that you made in achieving this weight management goal over the last month? Check one:

- _____ Made no progress
_____ Made some progress
_____ Made good progress
_____ Made excellent progress

3. Please check the behavior change strategies you used last month to meet your weight management goals. Check (on the left hand side of the page) all behaviors that you followed regularly.

Behaviors I Tried Last Month		Behaviors I Will Try Follow This Month
_____	Eat three meals a day	_____
_____	Reduce eating at meals	_____
_____	Limit snacks between meals	_____
_____	Record daily foods and calories eaten	_____
_____	Use meal replacements	_____
_____	Engage in ≥ 175 min physical activity/wk	_____
_____	Increase daily steps (to $\geq 10,000$ /day)	_____
_____	Record daily activity and steps	_____
_____	Weight myself weekly or more often	_____
_____	Attend group sessions regularly	_____
_____	Attend individual sessions regularly	_____

4. How successful were you in practicing these behaviors?

5. Which behaviors have you practiced the most?

6. Which behaviors have you changed the least?

7. Please describe your success with any special weight management plans you practiced last month.

FOR NEXT MONTH:

1. Please indicate your weight management goal for the next month.

My weight management goal for the next (one) month is: (Complete A or B only.)

- A. **Weight Loss:** I want to lose ___ lb during the next month. This would take me to a weight of ___ lb.
- B. **Weight Maintenance:** I want to keep my weight stable between ___ lb and ___ lb during the next month.

2. Please check all of the behaviors (on the right hand side of the previous page) that you plan to use in the next month to meet your weight management goal.

3. Please describe the special problems that you will work on during the next month and your plans for tackling it.

Counselor's Manual Tailoring Treatment: Weight Maintenance

Using the algorithms shown below, the counselor can use the Lifestyle tool-box to help participants maintain weight that has been lost. The tool-box includes funds provided to each site that can be used to provide incentives for behavior change or to purchase equipment, services, etc that may remove obstacles that are preventing good adherence to various aspects of the program. This approach is based upon a problem-solving conceptualization of the process of behavior change. In individual sessions, you will routinely discuss various problems that the person is experiencing in their efforts to improve healthy eating and be physically active. Three behaviors have been select to be primary targets of treatment: attendance to therapy session, adherence to the dietary program, and adherence to the physical activity program. Five secondary behaviors/problem areas have also been identified: self-monitoring, behavioral contracting/homework, nutrition knowledge deficits, emotional/psychiatric problems, and binge eating/overeating. These secondary behaviors/problems are added because they may be obstacles that are preventing optimal compliance with the three primary behaviors.

Use of the tailoring/tool-box approach

As noted earlier, it is important to engage the participant in the problem-solving method, so that the participant learns to solve problems, as opposed to exclusively relying upon the lifestyle counselor to solve problems for them. This means that you should coach the person to: 1. Identify the problem, 2. Brainstorm to identify potential solutions to the problem, 3. Conduct a cot-benefit analysis for each solution, 4. Develop a plan of action, and 5. Evaluate the effectiveness of the plan after a specified period of time. If the plan is effective, continue the plan. If the plan is not effective for behavior change, another plan should be developed. This process is illustrated in the algorithm called "General Conceptual Framework". There are three levels of solutions: A, B, and C. Generally speaking, Level B solutions require greater resources than Level A solutions, and Level C solutions require greater resources than Level B solutions. In most cases, you will try Level A solutions before, Level B solutions, and Level C solutions are generally employed after using Level B solutions without success. Some of the Level C solutions are quite costly and could deplete the tool-box fund at your site, if they are used without discretion. **With this concept in mind, you are required to contact your Lifestyle Resource Core leader to obtain permission to employ tool-box options with a cost that exceeds \$100.** Some of these costly solutions are discussed below. As a general rule, you would have tried several less costly tool-box options without success, before considering these costly options. In such cases, you should call your Lifestyle Resource Core leader to present the case and to weigh the various options that might be considered, as your next step.

Poor Weight Maintenance

One new feature of the algorithms shown below is that they refer to poor weight maintenance, rather than poor weight loss. Therefore, these algorithms refer specifically to participants who have selected weight maintenance as their weight management goal. **Poor weight maintenance is defined as meeting either of these criteria: 1. Overall weight status < 5% weight loss from baseline or 2. Weight gain >2% of initial body weight from lowest weight achieved during the trial.** Two examples are provided. A person who weighed 200 lb. at baseline (randomization weight), who is above 190 lb. (<5% weight loss) at any time during the trial would meet the first criterion. A person who weighed 200 lb. at baseline (randomization weight), who lost 20 lb. (which is a 10% weight loss) and then gained 4 lb. or more (>2% weight regain), would meet the second criterion. **Participants who meet the criteria for poor weight maintenance should be considered for use of Level B or Level C tool-box options.**

Costly tool-box options

The following options are described in more detail since they may require greater resources from the tool-box fund.

Baby-sitting funds. For participants who have significant problems with attendance to individual or group sessions, and who report that a primary barrier for optimal attendance is they cannot afford baby-sitting fees, and they have no other viable child care options, provision of funds for baby-sitting may be considered. Since this option may require frequent use of funds, it should be considered carefully, with a limited time frame before evaluation of success or failure of the tool-box strategy.

Provision of foods. For participants who cannot afford healthy food options that might lead to better success with modification of dietary habits, provision of foods for a limited time could be considered to assess whether removal of this barrier resulted in improved food selections and better weight maintenance.

Home-delivered meal service. In some locations, there are companies that prepare and deliver healthy meals to a person's home. For individuals who report considerable difficulty with shopping and preparing healthy meals, use of this option for a limited time period could assist you in determining whether removal of this barrier resulted in improved eating habits and better weight maintenance.

Lease or purchase of physical activity equipment. It is possible to lease home physical activity equipment such as treadmills or stationary bikes. For individuals who are unable to be physically active outside the home or at a facility, leasing this equipment may allow you to evaluate the effectiveness of this option for increasing physical activity and achieving better weight maintenance. If this solution is effective, you may consider purchasing this equipment using tool-box funds.

Membership in Health Clubs. Some individuals could benefit from memberships in local health clubs to set the occasion for increased physical activity. In such cases, assistance with the cost of membership may be considered.

Group Session 29

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions. In general, knowledge of each participant's goal (e.g. still losing, maintaining) will help you react appropriately to their weight. For example, a weight gain of a half a pound is of more concern for a person still trying to lose weight than someone trying to maintain. As you know, participants tend to focus on their weight and how it changed. It is a very good time to remind them that the best place to focus their thinking and efforts is on their behavior, not on their weight, because behavior is something they can control.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating and Activity

Review with participants how they did implementing their physical activity campaign. How did people increase the amount of time they were physically active? Update on the group progress towards the physical activity goal for the campaign. Recognize and reinforce participants who have made progress toward the goal of an extra 35 minutes/week and problem solve for the weeks ahead how to make sure that the momentum will continue. Give some attention to problem solving for people who are not yet starting to make small activity increases on a daily basis, using other group members as models or to help in the problem solving.

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 difficulty. Reinforce those who are achieving their goals.

Review with participants how they did implementing their personalized maintenance plan during the previous week when there was no Look AHEAD meeting. Survey the group to see who weighed themselves and when in the week. Ask about how the "weekly check in" went, focusing on who did it, when they did it and whether they did it alone or with a support person. Inquire about what helped them remember to do it or take the time out of their day. Allow participants who successfully implemented the check in discuss how they did it so that they can be reinforced for their success, as well as so they can serve as models for the participants who may not have successfully implemented any or all aspects of the maintenance check in. For participants who failed to weigh themselves or to conduct a review of their performance last week, review with them the importance of building in some structure and review as a critical step in maintenance. Problem solving to refine the personalized plan to reflect difficulties encountered in the previous week should occur, using as many suggestions from other group members as possible.

B. Session Overview

This session focuses on the role of structured meals in maintenance and introduces the first of seven nutrition education modules. Explain to participants that they will be presented with seven sessions focusing on eating patterns designed to maximize their feelings of fullness without over consumption of calories. These sessions are based on the same low-fat eating and healthy eating patterns they are already familiar with from previous Look AHEAD sessions, but with greater emphasis on using foods to maintain satiation. The participants should continue tracking their total calorie intake daily. We will soon be recommending that they supplement their recording of calories and fat grams with recording of foods that were chosen specifically because they are lower in Caloric density.

III. Reduced Caloric Density Eating: Eating to maintain your current weight

A. How to eat fewer calories without going hungry

Going hungry can set you up for weight control challenges. Avoiding weight regain requires a balance between caloric intake and output. In order to reduce caloric intake, many people restrict the amount of food they consume. However, recent studies indicate that people tend to

eat the same weight or volume of food daily. It appears that the amount of food in the stomach helps to regulate satiety, irrespective of caloric or fat intake. Thus, simply restricting the amount of food eaten results in feelings of hunger; ultimately, food intake increases back to habitual levels, resulting in increased caloric intake. In order to avoid feelings of hunger, it is important to maintain the habitual amount of food consumed but alter the caloric content. Increasing the amount of low calorie, bulky foods in the diet while also reducing the amount of high fat foods, produces a satiating diet with a lower overall calorie content.

B. Caloric Density

Caloric density is defined as the number of kilocalories in a given weight or volume of food. Number
of calories

Weight (gm)

Two examples of caloric density are provided for the participants in their materials: a medium apple (Caloric Density = 0.4), and a slice of apple pie (Caloric Density = 2.6). These examples illustrate how the two foods would provide quite different feelings of fullness for the same amount of calories. Participants may comment that they would rather have the pie than 6 apples. It is important to stress that eating a low Caloric Density diet doesn't mean removing all higher Caloric Density food items. By ensuring that the BULK of the diet comes from lower Caloric Density foods, with only occasional high Caloric Density foods, they will be less likely to consume excess calories that can result in weight regain.

C. Categories of Caloric Density

It is possible to group food items on their Caloric Density. Below is a table of the four categories of caloric density, which can be used for handouts or for overheads for the group sessions. You have been provided with photographs illustrating the types of foods that fit into each category. Use these photographs to further illustrate these four categories.

Very low	Low	Medium	High
CD less than 0.6	CD 0.6 - 1.5	CD 1.5 – 4.0	CD > 4.0
Includes: Most fruits and vegetables Skim Milk Broth based soups	Includes: Many cooked grains, breakfast cereals with skim milk, low fat meats, beans and legumes, low fat mixed dishes, salads.	Includes: Meats, cheeses, salad dressings, high fat mixed dishes, some snack foods	Includes: Crackers, chips, chocolate candy, cookies, nuts, butter and full fat condiments

To achieve a filling, satisfying diet that doesn't provide excess calories, the bulk of the food consumed should come from the very low and low Caloric Density categories, fewer foods from the medium category and only occasional foods from the high Caloric Density category. Encourage participants to think about how frequently they consume very low and low Caloric Density foods, discuss ways they could incorporate more low Caloric Density foods in their diets.

D. Determinants of Caloric Density

Determine if participants can identify factors that influence the caloric density of foods. Foods with a low caloric density contain a high water and low fat content. Decreasing the water content and increasing the fat content increases caloric density. To a lesser extent, the amount of fiber also determines caloric density. In general, increasing the amount of water in the diet will produce a lower calorie density diet. The notion that decreasing the fat content in the diet produces a lower calorie density diet is not new to Look AHEAD participants. However, the focus on increasing the water content while maintaining a low fat content will be a new concept and this should be highlighted.

E. Volumetrics Book

All participants have been given a copy of the Volumetrics book by Barbara Rolls. This is to be a supplement to the intervention materials for interested participants and is to be presented as a resource rather than required reading. However, the book will be helpful in providing further details on Low Calorie Density Eating and in offering some listings of the Calorie Density of some common foods (pages 118-148). Encourage those participants who are interested to use the book, but it is not a mandatory component of the program.

F. Practice in Identifying Caloric Density

Have participants work together in small groups to use their Volumetrics and their calorie count books to look up the caloric density of the foods listed on their worksheets. If time is short, it can be helpful to break the assignment into sections, giving each group one section of the assignment and then asking everyone to report back to the larger group. Some of the items on the chart may require calculation (remember its number of calories divided by weight in a single serving for the calorie density). Be prepared with the materials to facilitate this.

IV. The Role of Structured Meals in Weight Maintenance

Most people eat most of their food in an unstructured way. This means that there are no pre-existing limits or guidelines on what or how much we “should” eat. For example, nearly all meals and snacks eaten at home are chosen from a wide variety of foods that are available in amounts far greater than could be consumed at one sitting. The situation is the same when eating outside the home. For example, at restaurants, and at entertainment and sporting events, there are a variety of delicious foods, usually served in large portions. Research has shown very clearly that as *portion size, palatability, and food variety* increase, caloric intake also increases. Therefore, the typical context in which people chose foods to eat makes it extremely difficult to consistently limit caloric intake to a level that will support weight loss or maintenance.

If people who have a demonstrated vulnerability to weight problems regularly eat in traditional eating contexts, over-consumption of calories and eventual weight regain is likely. When portion size, palatability, and food variety are uncontrolled (or are controlled by others), it is unreasonable to expect that vulnerable people will be able to consistently avoid their powerful allure. This does not mean that we should not help participants develop skills such as monitoring their food intake, slowing their eating rate, etc. It does mean that the most successful weight control plan will both limit exposure to tempting foods and enhance skills for controlling intake in all eating contexts.

Structured meals are a way of controlling exposure to the three characteristics (portion size, palatability, and variety) that makes over-consumption more likely. As shown in the participant's manual, degree of meal structure exists along a continuum. In Look AHEAD, the most highly structured meals are those we offer to participants (Slim Fast, Glucerna, or Optifast). Portion size is predetermined and reasonable, and food variety is eliminated. Slightly less structured meals (or components of meals) are frozen dinners or cans of soup. Typical meals at home are usually unstructured. Perhaps the least structured meal setting of all is an all-you-can-eat buffet served at a restaurant.

When choosing how much structure they should create with their diet, we want participants to find a balance between comfort and effectiveness. Someone might be uncomfortable with liquid or solid meal replacements, but may be more willing to adhere to a written meal plan. On the other hand, for the reasons we have outlined, greater structure usually produces greater control and, over time, better weight maintenance. Therefore, it is important to discuss these dimensions and make it clear that the safest path to take is to use as much structure as someone feels comfortable with.

Look AHEAD recommends for best weight maintenance that participants continue to use one liquid replacement and a bar to replace one meal per day and one snack per day. If participants have discontinued use of meal replacements or are adamant that they will no longer continue, encourage them move to the next most structured option with which they are comfortable. The bottom line is that weight maintenance is most likely to be successful if participants will use the greatest degree of structure they can tolerate for at least one of their meals per day.

The best way to raise these points about the value of structured meals is to ask the group to tell you what some of the advantages they have noticed in the past using the meal replacements or other structured meals. Probe and prompt them so that they volunteer as many of these points as possible. The role of the group leader should be to facilitate this discussion and reinforce when desired points are raised by the group members. Only after participants have run out of ideas about how structure helps should the group leader “fill in” the points that were not raised. In summary, this discussion of structured meals for maintenance will be most effective if it is not a lecture, but rather a discussion among participants about how structure can help in weight control efforts. The group leader can reinforce points that participants raise by echoing the research that supports the point or expanding upon the points raised by a group member. This is preferred over a more didactic presentation.

V. Homework

- D. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps)
- E. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight
- F. Eat foods that are primarily very low, low and medium calorie density, with only limited high calorie density foods.
- E. Continue to walk for at least 175 min/week and to Strive for 35 more minutes in the upcoming week.
- F. F. Identify time and day next week that will do weekly “check in” and compare weight with “early warning” weight to adjust behavior as needed

VIII. Closing

- A. Review the key points of reduced calorie density eating. Specifically, the goal to eat sufficient food so that you feel full by eating the majority of your foods from among those that are low calorie density. Stress the benefits of this include not only a healthy diet that will help them maintain their weight (or continue to lose) but also that it will help they feel full and satisfied. Encourage them to start looking at what they typically consume and evaluating whether the foods are low or high in caloric density.
- B. Also review how structured meals can be effective in efforts to maintain weight loss successfully. Encourage participants to set a goal to increase (or continue) the highest level of structure they are comfortable with at one meal and for one snack.
- C. Review the Strive for 35 Campaign and remind participants that next group session will be the end of the campaign
- D. Address questions.
- E. Thank participants and wish them well. Invite them to call if they have questions or any problems.

Group Session 30: TO DO BEFORE THE SESSION

- If you are not familiar with Reduced Calorie Density Eating, you can review pages 40-98 and 105-133 in "Volumetrics: feel full on fewer calories" Barbara Rolls, R Barnett, Harper Collins Publishers, NY, NY 2000.
- Select "breakfast cereal" and "sandwich" from the supporting material (photographs in power point) OR purchase the following items to re-create the demonstration

Whole wheat bread	regular cheese
Regular mayonnaise	low fat cheese
Low fat mayonnaise	Unsweetened cheerios
Lettuce	Skim Milk
Tomato	Whole milk
Green pepper	Frosted mini wheats
Low fat roast beef	
bologna	

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions. If you are not the participant's individual counselor, you should ask them if discussed their weight goals with their counselor at last week's individual session (and if so, what conclusions they reached). Briefly comment (as appropriate) on the correspondence (or lack thereof) between the participant's recent weight change and the weight goal they listed in Session 26. If they are losing weight and that was their weight goal, briefly reinforce this effort. If they are maintaining weight and that was their goal, briefly reinforce. If they failed to lose weight with a continued weight loss goal or if they failed to maintain with a maintenance goal, briefly inquire about thoughts about this and plans for making any behavior changes (and encourage that this be brought up in the group if appropriate). If participant has exceeded his/her early warning weight, note this and briefly address relapse prevention plans. Again encourage discussion within group.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity and Weight

Review participants' adherence to their calorie and activity goals as well as any examples of food choices consistent with reduced caloric density eating (selection of different foods, preparation methods, alterations in ingredients, etc.). Call on a few participants to review each of these items, as in earlier sessions. Problem solve with participants who report difficulty. Support and reinforce accomplishments, reinforcing small steps in the desired direction. Also check and see if people are weighing themselves on their "off weeks" and are comparing their weights to their "early warning" weights. Ask the group how efforts to monitor on "off weeks" are going, exploring any barriers or urges to skip doing it. Engage group in problem solving on how to establish and maintain this behavior.

Strive for 35 Campaign: This should be 4 weeks after the introduction of the campaign (if not, tailor to your individual group and do this section when appropriate). Review the rules of Strive for 35. Participants who increased their activity by 35 minutes or more/week (averaged over the month – that is an increase of 140 minutes in the past month compared to the month before starting the campaign) should receive a Look AHEAD prize. Recognize the contribution toward effective weight maintenance (or continued weight loss) that this increase in physical activity is expected to produce and encourage continued activity at this level even when the campaign is over. Award prizes to all who qualify.

B. Review Caloric Density Homework

Key Points:

- * Important to increase the amount of low Caloric Density foods in your diet to maintain low caloric intake.
- * Four categories of CALORIC DENSITY
 - Very Low: Fruits, vegetables, broth based soups
 - Low: Grains, beans, legumes, skim milk, some lean meats
 - Medium: Meats, cheese, high fat mixed dishes.
 - High: Crackers, chips, candies, butter, nuts.
- * **A satisfying, lower calorie diet is achieved by consuming plenty of foods from the very low and low Caloric Density categories.**

Prompt participants for answers to the following questions. This will help to determine how well they have understood or remembered the information covered in the last nutrition session.

What helps to control our feelings of hunger?
The amount or volume of food consumed.

What is calorie density?
The amount of calories divided by the weight of the food

What are some examples low Caloric Density foods?

What are some examples high Caloric Density foods?

Using the physical activity homework that had participants classify the caloric density of some common foods, ask participants to vote on the category in which they put each food: “Very low,” “Low,” “Medium,” or “High.” Guide a discussion of participants’ answers leading to the correct answer. For example, if there is a split in votes for a food, have people explain why they put it where and then review why a particular choice is correct. For the second part in which participants identified and classified some of their own favorite foods, ask participants to share a couple examples from different categories and why they listed the foods as they did.

Ask participants to review their Keeping Track records to determine what where they could have added more low Caloric Density foods. Stress that the Keeping Track record can be very helpful in pointing out where they can make substitutions to increase their own Low Caloric Density Eating patterns. Look particularly for times between meals where they could add some fruit or vegetables to help them to feel full during the day.

C. Session Overview

This session introduces new strategies for Keeping Track and looks at Caloric Density using the Food Pyramid, allowing participants to think about this approach using a concept with which they are already familiar.

III. Making Keeping Track Records More Accurate

This section is a reiteration of the importance of “Keeping Track” but is also meant to show that even when people do keep track, their food records will often be inaccurate.

As the group members move toward weight maintenance, the mental focus on eating and activity that members had during weight loss often begins to lessen. Since Look AHEAD is based on developing “early warning” skills, a very most important early warning is changes in food intake. Therefore, maintaining a daily record of ongoing food intake is critical. Start off by explaining the importance of having any early signs of developing problems to come from the “Keeping Tack” records, rather than from the scale. Remember that it is important to maintain an attitude in this discussion that inaccurate recording or slipping in accuracy over time can be common and does not reflect a lack of motivation per se, a character flaw, an intention to deceive, etc.

Ask the group to go through the multiple choice question by asking for a show of hands for each item. Explain the answer by saying that research generally finds that most people with weight problems into category C or D. Briefly explain that older research suggested that overweight people do not eat more than normal weight people, suggesting

that overweight people suffered from a “slow metabolism.” However studies conducted with doubly-labeled water (a technique that allows very accurate measurement of total calories burned in everyday life) has proven that overweight people usually do eat more than people of normal weight. These doubly-labeled water studies have also shown that most people report eating less than they actually eat, and that this tendency is more pronounced in overweight individuals.

Briefly review the bullet points. Note that the number of calories that overweight women who are weight stable consume each day ranges from approximately 1,500 (for women weigh less) to 2200 calories (for women weighing more). Comparable figures for men are roughly 600-800 calories higher. Explain that food records often reflect a caloric intakes that are several hundred calories lower than these figures. For example, if Sheila is trying to maintain her weight and consumes 500 calories more than is in the foods she writes down, she would expect her weight to be remain stable. But, at her next weigh-in two weeks later, Sheila learns that she actually gained two pounds (500 calories per day x 14 days = 7000 calories or two pounds). Sheila would probably feel shocked and very frustrated. She thought she was doing well but her weight went up “for no good reason.”

Ask group members if they've experienced this kind of unpleasant surprise at the scale. Such surprises are not entirely due to underreporting of food intake, but this is one common source of unexpected weight gains (or the absence of expected weight losses).

Review the next two bullet points. The point is that underreporting can lead to feelings of helplessness because people end up feeling that their weight “has a mind of its own.” This can undermine confidence in their ability to control their weight and their motivation to continue doing so.

Now have the group do the second multiple-choice on their paper. Ask members which answer of answers they think are correct. The correct answer is “all of the above.” Particularly emphasize #3 as a significant reason for underreporting. Clinical experience indicates that individuals start out recording all their food intake right after they eat it (which is the correct procedure) but gradually shift to recording their eating retrospectively (e.g., only once or twice a day). This practice contributes to overlooking or forgetting about some food intake. The “take-home” point is that Keeping Track is the foundation of most everything else we teach in this program, because self-control ultimately depends on self-awareness. Therefore, the better their foundation of eating self-awareness, the more effective they can be in responding to any problems as soon as they arise.

Discuss the suggestions for improving the Keeping Track process and encourage members to adopt as many of these suggestions as possible. Have group members go to the goal setting form at the end of the lesson materials and identify a strategy that they will implement to improve the accuracy of their Keeping Track. Share some of the strategies each have picked within the group.

IV. Using the Food Guide Pyramid to Create a Diet Low in Caloric Density

Participants should be familiar with the food guide pyramid from Session 10. It is important to stress that a low Caloric Density eating pattern follows the recommendations for healthy eating outlined in the food guide pyramid; the bulk of the diet should come from breads, cereals, rice, and pasta combined with fruits and vegetables. However, within each of these food groups it is possible to choose both low and high Caloric Density foods. Today's session is focused on low (or lower) Caloric Density choices within each food group. Choosing a lower Caloric Density food option within each category will result in small but important decreases in caloric consumption. These small but important decreases can help make the difference between successful weight maintenance and gradual weight regain.

For the comparisons below, it is important to note that even small decreases in Caloric Density can, overtime, significantly contribute to a lower caloric intake and decrease the likelihood of weight regain.

i. Breads, Cereals, Rice and Pasta: 6-11 servings daily

This group is very important in a low Caloric Density diet. There are many good food choices in the low Caloric Density category; however, there are also plenty of foods that fall into the high Caloric Density category. Typically

lower Caloric Density options have a higher fiber content (whole wheat bread vs white bread, brown rice vs white rice) and higher water content (soup versus a thick stew).

Some examples of LOWER caloric density choices:

Cooked grains: rice, couscous, pasta
Unsweetened high fiber breakfast cereals
Whole wheat bread products

Some examples of HIGHER caloric density choices:

Pretzels, crackers (including saltines, Graham, wheat thins etc)
Granola, sweetened breakfast cereals.
Doughnuts, waffles.

ii. Vegetables 3-5 servings and Fruits 2-4 servings per day.

Both these food groups should be eaten in abundance. Stress to your participants that while fresh fruits and vegetables are a great addition to their diets, canned (in water) or frozen products are just as beneficial. The canned or frozen products may be more affordable and provide a convenient alternative.

The higher the water content, the lower the caloric density. Therefore vegetables and fruits such as watermelon, cucumber, and lettuce have a very low caloric density. Other fruits and vegetables such as bananas, potatoes, corn, and sweet potato have a higher Caloric Density but still fall in category 2: low caloric density. Dried fruits fall into the medium Caloric Density category and should be consumed less frequently. Within this food group it is important to be careful with high Caloric Density additions, such as salad dressing, sour cream, and food preparation techniques such as deep frying. If participants choose to consume these, they should do so infrequently and be cautious of portion size.

iii. Milk, yogurt, & cheese: 2-3 servings per day

This is a food group with a large range in caloric density. Choosing low fat options as well as controlling portions of high fat options is extremely important. Even low fat varieties can have high Caloric Density (part skim milk mozzarella, for example, still has an Caloric Density of 2.8 but is a better alternative to full fat). Products such as Parmesan and Feta cheeses can be used in a low Caloric Density diet as an alternative to regular cheddar cheese (despite their higher Caloric Density), provided smaller portions are used.

Some examples of LOWER caloric density choices:

Non fat, or 1% milk
Sugar free, reduced fat yogurt
Plain fat free yogurt
Fat free frozen yogurts
Fat free sour cream

Some examples of HIGHER caloric density choices:

Parmesan cheese
Cheddar cheese
Sour cream
Half and half, cream
Specialty cheese: brie, blue

iv. Meat, poultry, fish, dry beans, eggs and nuts group 2-4 servings

This is another food group with a very wide range in caloric density. Encourage participants to try new foods with low caloric density. For example, beans, legumes and products made from them (black bean spread, tofu, hummus) have a low Caloric Density and can readily substitute for red meats occasionally. Fish, turkey, and chicken can also

serve as lower Caloric Density alternatives. Incorporating more beans and legumes and lean meats can lower the Caloric Density of mixed dishes.

Some examples of LOWER Caloric density choices: Some examples of HIGHER caloric density choices:

Tofu
Fat Free refried beans
White Fish, broiled, steamed
Extra lean ham
Ground turkey
Ground tenderloin

Bratwurst
Salami
Bratwurst
Bologna
Chicken wings
Bacon

V. **The Pyramid tip: Fats, oils and sweets: Use sparingly**

This category is almost all high caloric density foods. Participants will already have knowledge from the previous Look AHEAD sessions on how to use lower calorie substitutes for these food items. Prompt participants for lower caloric density alternatives to the foods listed below.

High sugar soda drinks or fruit drinks

(This is one exception to the rule. Due to volume, regular soda has a low caloric density despite its high caloric content. It is preferable to drink diet soda or other low calorie beverages, such as sugar-free flavored seltzer, Crystal Lite, herbal iced tea, etc.)

Mayonnaise, Salad dressing
Cream cheese
Sugar, jams, jellies
Butter
Oil
Candy

D. Demonstrations

Using either the photographs provided (in Powerpoint file) or using real food models, illustrate to the participants how choosing low Caloric Density options within these food groups can result in either the consumption of more food for the same number of calories, or more food for less calories. In both examples, ask participants which dish would leave them feeling fuller, and if they could adapt some of these changes in their own diets. The visual impact of the choices is often more compelling than simply discussing the choices.

Breakfast cereals:

Low Caloric Density

1.75C unsweetened Cheerios
6oz skim milk
4 oz Fruit cup in extra light syrup

Calories: 306

Caloric density: 0.9

Higher Caloric Density

1 C Frosted mini wheats
6oz whole Milk

302

1.3

Sandwiches:

Low Caloric Density

2 slices whole wheat bread
2 oz low fat roast beef
1 oz reduced fat cheese
1 piece lettuce
2 slices tomato, 2 rings green pepper
1 tsp light mayonnaise

Higher Caloric Density

2 slices whole wheat bread
2oz beef bologna
1oz cheese
1 piece lettuce
1 tablespoon Mayonnaise

Calories:	429	626
Caloric density:	1.7	3.2

VI. Homework

- F. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps) and **start to record when you CHOOSE REDUCED CALORIC DENSITY FOOD CHOICES in the blank column of your Keeping Track**
- G. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight
- H. Continue to walk for at least 175 min/week
- I. Identify time and day next week that will do weekly “check in”
- J. Address questions.
- K. Thank participants and wish them well. Invite them to call if they have questions or any problems.

Session 31: How Are You Doing?

Objectives

In this session participants will:

- Review weight, activity, and Keeping Track records
- Review the content of group sessions 29 and 30
- Discuss other issues as identified by participant or Individual Counselor

To do before the session

Get materials ready:

- Review participants' chart
- Print graphs for weight and physical activity
- Review content of Group Sessions 29 and 30

OVERVIEW OF THE INDIVIDUAL SESSION

By the time that you have reached Session 31, the participant will be in Month 8 of the Look AHEAD program. Most participants will have a slow rate of weight loss or will have hit a "plateau". In the last two individual sessions, the participant selected either weight loss or weight maintenance as goals. Review this decision again and set a new weight goal for the next month. You can use the Monthly Progress Report for establishing and reviewing the person's weight goals and behavioral goals.

Preparing for the meeting. Remember to acknowledge the success that the person has experienced and keep the tone of the session very positive. Emphasize the importance of regular attendance of group and individual sessions. Prepare the monthly graphs of the participant's weight and physical activity.

By Session 31, you can anticipate that the following issues may arise:

- Rate of weight loss will be slow.
- Participants may be somewhat frustrated because they have not met their personal weight goal, which may be lower than the study goal.
- Participants may want to continue to lose weight.
- Problems related to adherence with the dietary program are likely.
- Participants who were very sedentary before the program may have difficulty achieving the physical activity goal of 175 minutes per week (35 minutes on 5 days per week).
- Participants who are late for group sessions, miss sessions, or fail to complete homework assignments will be less likely to have met the minimal weight loss goal (i.e., loss of at least 5% of initial weight by now).

I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Provide feedback about weight changes. Help the person interpret weight changes (e.g. steady loss followed by a weight plateau or initial weight loss with some regain of weight).

II. WELCOME

Welcome the participant to the session. Remind the participant that regular therapeutic contact after the initial six months of intensive treatment is one of the best predictors of long-term weight loss and maintenance.

Spend several minutes chatting with participants, inquiring about satisfaction with program, family members, and other topics of interest. Then review the "Monthly Progress Report," which should have been completed prior to this session. Praise participants for all successful attempts to follow the program and to use problem-solving skills to improve adherence.

XXXIX. REVIEW MONTHLY PROGRESS

III.

Most of the session should be devoted to reviewing participants' progress during the past month and identifying goals for diet, physical activity, and behavior change for the next month. The Monthly Progress Report should provide a general overview of participants' behavior for the last month. You should, however, also review Keeping Track records for the past week to obtain the most recent information about calorie intake, physical activity, and related matters.

Progress can be reviewed by covering the broad areas described below. In covering each area, you can review what participants accomplished during the past month and then select goals (and behaviors) for the coming month. For example, you can review participants' weight change for the previous month and conclude this discussion by determining the goal for the next month.

Alternatively, you can review the participants' performance in all of the areas first (i.e., weight loss goal, diet, physical activity, etc.) and then return to set goals for the next month. See what works best for you and participants.

A. Weight Goal

Review participants' weight change since last month's individual session. Determine if they met their goal for the month (whether weight loss or weight stability). Discuss participants' satisfaction in this area.

Calculate participants on their progress toward losing $\geq 10\%$ of initial weight (as based on their starting weight). Congratulate those participants who have met this goal and identify the strategies they are using. If the strategies that have

been tried are not working, use the problem-solving approach and encourage the participant to use new strategies.

Be supportive with participants who have not met the weight loss goal. Discuss the “challenges” that they have identified. Use the toolbox strategies to assist participants in making appropriate behavioral changes so that they can "get on track" to achieve at least the minimal goal of a 5% weight loss. Consider using weight loss medication or other more intensive toolbox options with participants who have been unsuccessful.

Weight gain. Participants who have gained weight over the month will need extra attention. Listen to their disappointment, if they are discouraged, and reassure them that they can reverse the gain. More important, identify the specific meal and physical activity plans they will adhere to for the next week. These should be described in detail. Use behavioral contracting forms (from the first six months) to write a specific plan of action that specifies a time period for evaluating the success of this plan.

Weight goal for next month. Have participants identify (either at this point in the session or later) their weight management goal for the next month. Help them evaluate whether the goal is realistic.

B. Physical Activity Goal

Review minutes of physical activity and number of steps for the past week, as reported in Keeping Track records. Congratulate those who have reached the target goal of 175 or more minutes per week. Assess their enjoyment of their activity and the strategies they use to maintain regular adherence. Determine also whether participants are progressing toward the goal of 10,000 steps a week.

Use problem solving with those who have not met the goal. Identify specific barriers and ways to surmount them. You may want to use a more intensive toolbox option for individuals who have not exercised at least 100 minutes a week (for the last 4 weeks).

Activity goal for next month. Have participants identify their activity goals (i.e., minutes of activity and steps) for the next week, as well as the next month. Ensure that they have a specific plan anchored by “what, when, where, and how,” (i.e., what they’ll do, when they’ll do it, etc.)

C. Dietary Goals

Review participants’ calorie goal for the past month and their success in meeting it. Review several days of food intake (from Keeping Track) for the past week and determine calorie intake for the week. Determine if the calorie goal needs to be adjusted (to correct for weight gain). Ensure that participants continue to keep records of their food intake; this remains a critical part of the program.

Discuss ways to deal with “recording fatigue” if participants report they are tired of Keeping Track.

Meal preparation using a self-selected diet of conventional foods will require more planning and greater cooperation from other family members. Review participants’ food choices and eating schedule. Reinforce eating three meals a day, with snacks when needed.

The change to a self-selected diet of conventional foods will be a major challenge for many people. Make sure that participants are aware of the Look AHEAD meal plan, which offers suggestions for breakfast, lunch, and dinner meals. In addition, all participants may continue to replace one meal or snack a day with SlimFast. Encourage them to do so, given the evidence that meal replacements facilitate weight maintenance. Participants may replace more than one meal per day, either by purchasing additional products on their own or by qualifying for a toolbox intervention.

Determine if consuming healthy lunches at work is a problem and again offer suggestions. Provide suggestions for eating out, including at social events.

Review the use of lower energy density foods. Assess whether the participant might be responsive to this "new approach".

Meal plan for next month. Have participants clearly describe the meal plan that they will follow for the next week (and next month) to meet their weight management objectives. Identify their daily calorie intake and the number of meal replacements (if any) they will use.

Sub-optimal dietary adherence. Participants who have gained weight during the month are likely to have overeaten, whether in small amounts at each meal or through excessive snacking between meals. While increased physical activity facilitates weight control over the long term, controlled dietary intake is the most important short-term intervention for stopping or reversing weight gain. If you feel that the participant can only focus on one behavior, it is usually more important to try to control food intake.

The most common problems will be: control of portion sizes, selection of foods that are high in calories or dietary fat, or preparation of foods (e.g., frying rather than baking or broiling). Praise participants for times when they successfully followed the self-selected meal plan and identify how they managed to do so on those occasions. Then identify barriers to adherence and brainstorm solutions to the problems that are resulting in sub-optimal adherence. Remind participants that they are provided one meal replacement per day, if this option might help them manage “difficult meals.”

During the session, help participants who are struggling with their self-selected diet by developing a detailed schedule of eating. Specify what will be eaten and when and where they will consume their meals. Assess participants’ belief that they can adhere to this plan (i.e., self-efficacy). Invite participants to call or E-

mail you every day to report on their success. If participants are also failing to meet weight loss goals, then the procedures for using the tool-box should be employed.

D. Toolbox Intervention/Other Behavioral Goals

In this part of the meeting, discuss the outcome of any special interventions participants were prescribed. If, for example, Orlistat was initiated last month, discuss participants' response to the medication. Evaluate adherence (to Orlistat), changes in dietary intake resulting from the drug (i.e., less fat intake), concerns participants may have, and plans for the next month. Help participants identify criteria to assess the benefit of the medication (e.g., improved food intake, weight loss, weight stability, etc.). This discussion should conclude with a plan for the next month (e.g., "continue to take the medication").

The same review should be conducted with any of the more intensive behavioral interventions. For example, if participants were to replace all meals with portion-controlled servings (i.e., meal replacements and frozen food entrées), carefully assess participants' adherence to the plan, including whether any additional meals or snacks were consumed. If participants did not lose weight satisfactorily, determine where more structure is needed and how it could be obtained. Given that this intervention could cost \$30 to \$40 a week (from the toolbox), you will need to set criteria for success. Weight stability (i.e., stopping weight gain) might be an acceptable criterion for the first month or two. However, given the financial cost, the intervention could not be continued for several months with a goal of only weight stability.

Regular weigh-ins. This is an appropriate time to determine whether participants weighed themselves weekly (or more frequently) during the past month. Reiterate the importance of regular, at-home weigh-ins for maintaining weight loss. Seventy-five percent of participants in the National Weight Control Registry weigh themselves weekly or more often. Make sure that participants have picked a day and time to weigh-in and keep a record of their weight.

Other behavioral goals. You can also discuss other behavioral goals that participants have set. These might include efforts to prepare for a 10 K walk, to stop snacking while watching television, or to reduce stress by practicing relaxation techniques.

Toolbox/behavioral intervention for next month. Discuss participants' plan, if appropriate, for the toolbox intervention (or other behavioral goals) for the next month.

F. Attendance of Treatment Sessions

Review participants' treatment attendance for the past month. Reinforce those who have attended all possible sessions, noting that the better the attendance, the better the weight loss and maintenance of weight loss. With individuals who have missed numerous sessions over the past two months, evaluate factors responsible. Be alert to the possibility participants may not find the sessions as enjoyable as they once did, in part, because they are no longer losing weight. Listen non-defensively to participants' complaints and try to find new ways to engage them.

Attendance for next month. **Determine if participants plan to attend all sessions during the next month. Ask them to announce, in the next group session, any anticipated absences during the month. This makes attending group sessions more meaningful to group members and creates some social pressure for the continuation of regular attendance.**

F. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to the prescribed meal plan and physical activity program.

IV. Review of Group Session 29 and 30

In Session 29, participants were introduced to strategies for coping with stress and negative emotions pertaining to weight maintenance. Participants were educated about "negative thoughts" and were taught strategies to reframe them (e.g., overeating or "lapsing"). Participants were provided with additional strategies, such as distraction or the use of social support. Clarify any questions participants may have about reframing negative emotions.

In Session 29, participants were instructed to record in their Keeping Track book their negative thoughts, as well as their positive thoughts, achieved with cognitive restructuring. Review the participants' Keeping Track book. Identify instances in which participants effectively reframed their negative thoughts, highlighting any improvements in mood or motivation that resulted from the exercise.

Review the Keeping Track book for weight, food intake, and physical activity information. Review the information from Session 29 regarding the accuracy of food records. Provide encouragement and problem-solve as needed to ensure accurate reporting.

In Session 30, participants were introduced to motivational strategies for weight maintenance. They were asked to identify life areas in which they would like to make some changes, and these were tied to the psychological and physical benefits associated with weight loss and maintenance. Review the participants' Personal Rescue Plan and improve/add suggestions as needed. Review the Staying Motivated assignment and improve/add suggestions as needed.

V. Supplemental Handouts

Review the "Coping With Lapses" handout that is shown on the next page. This handout can be used as a worksheet and training guide for identifying lapses before relapse occurs. It will be important to have participants complete this handout and to insert the completed form into their Look AHEAD notebook. This exercise will help participants recognize high-risk situations so that, together, you can develop a relapse prevention program that is tailored to their individual needs. You can use this exercise to initiate a discussion of the influence of negative emotions on overeating and inactivity and as a "trigger" for lapses that precede relapse. It might be useful to have participants recall circumstances that resulted in relapse/weight gain in the past when they tried to lose or maintain weight. You can also use this topic in a discussion of motivation. Inform participants that having a relapse prevention plan can often result in maintenance of higher motivation and enthusiasm. Failure to establish a relapse prevention program can allow a minor lapse to result in loss of motivation and ultimately to relapse and weight gain.

Additional handouts, e.g., those used in Months 1 to 6, may be used in this session if other problems are discovered.

VI. ASSIGN HOMEWORK

A. Keeping Track

Indicate that participants are to record all foods eaten and their calories and fat grams. Emphasize the importance of self-monitoring food intake and activity. Self-monitoring enhances awareness of habits and provides an objective means of assessing caloric intake and fat intake, as well as the pattern of eating.

B. Be Active

The activity goal for the next four weeks is to walk (or similar activity) a minimum of 175 minutes a week. Suggest that participants engage in 35 minutes of activity each of 5 days. If the participant has not achieved this goal, set a lower goal and use problem solving to modify obstacles to success and/or use the tool-box approach to provide motivation for enhanced physical activity.

VII. CLOSE

Ask if participants have any final questions or comments. Remind them to complete the "How Are You Doing?" form before the next individual session. A copy of the form is shown below. Indicate how much you enjoyed meeting with them. Remind them that there are two group sessions before the next individual session.

Session 31: Monthly Progress Report

1. The weight management goal I selected last month was: (Complete A or B only.)

C. **Weight Loss:** I wanted to lose ___ lb in the next month. This would take me to a weight of ___ lb.

D. **Weight Maintenance:** I wanted to keep my weight stable between ___ lb and ___ lb in the next month.

2. What is your evaluation of the progress that you made in achieving this weight management goal over the last month? Check one:

- _____ Made no progress
- _____ Made some progress
- _____ Made good progress
- _____ Made excellent progress

3. Please check the behaviors you followed regularly last month to meet your weight management goals. Check (on the left hand side of the page) all behaviors that you followed regularly.

Behaviors I Followed
Last Month

Behaviors I Will
Follow This Month

- | | | |
|-------|---|-------|
| _____ | Eat three meals a day | _____ |
| _____ | Reduce eating at meals | _____ |
| _____ | Limit snacks between meals | _____ |
| _____ | Record daily foods and calories eaten | _____ |
| _____ | Use meal replacements | _____ |
| _____ | Engage in ≥ 175 min physical activity/wk | _____ |
| _____ | Increase daily steps (to $\geq 10,000$ /day) | _____ |
| _____ | Record daily activity and steps | _____ |
| _____ | Weight myself weekly or more often | _____ |
| _____ | Attend group sessions regularly | _____ |
| _____ | Attend individual sessions regularly | _____ |

4. How successful were you in practicing these behaviors?

5. Which behaviors have you practiced the most?

6. Which behaviors have you changed the least?

7. Please describe your success with any special weight management plans you practiced last month.

FOR NEXT MONTH:

1. Please indicate your weight management goal for the next month.

My weight management goal for the next (one) month is: (Complete A or B only.)

C. **Weight Loss:** I want to lose ___ lb in the next month. This would take me to a weight of ___ lb.

D. **Weight Maintenance:** I want to keep my weight stable between ___ lb and ___ lb in the next month.

2. Please check all of the behaviors (on the right hand side of the previous page) that you plan to use in the next month to meet your weight management goal.

3. Please describe any special problems that you will work on during the next month and your plans for tackling it.

COPING WITH LAPSES

Maintenance of weight loss is often a challenge. If you have tried to lose weight before, you may be familiar with the yo-yo phenomenon of losing weight, then regaining the weight. For some dieters, this is a cycle that can repeat many times. It is a cycle that can be avoided with continued effort and dedication.

The secret to breaking these dieting cycles and maintaining weight loss has to do with preventing "SLIPS" from occurring and responding appropriately when they do occur. A SLIP is another name for what researchers call a LAPSE. In the discussion of Relapse Prevention, we will make a distinction between what we call a LAPSE and what we call a RELAPSE.

A Relapse is defined as falling back into a former condition. Thus, in terms of weight loss endeavors, a relapse may be defined as a *total* return to *old* eating and exercise habits. A relapse can occur as a result of a string of lapses.

A Lapse is defined as a small slip or error. It is of much less significance than a relapse. In terms of weight loss, a lapse may consist of eating a forbidden food, failing to exercise for a week, or gaining a few pounds. However, the important thing to remember is that a Lapse does not have to lead to a Relapse! We can think of a Lapse as a learning experience. That is, whenever you have Lapse you can formulate a plan of action to help prevent it from happening again. The dieter who can view a lapse for what it is, a temporary set back, will be prepared to respond in a constructive way, and will be a successful dieter.

In order to respond effectively to lapses, you will need to set some objective criteria to define what constitutes a lapse for YOU. Some examples, might include eating forbidden foods, not exercising for a few days in a row, or gaining a few pounds.

What would define a LAPSE or SLIP for you?

A Lapse from my healthy eating program may be defined as:

A Lapse from my exercise program may be defined as:

In dealing with Lapses there are two basic issues that need to be addressed.

First, we need to talk about PREVENTING Lapses, and later we will need to talk about RESPONDING TO and COPING WITH Lapses, once they have occurred.

PREVENTING Lapses:

The best way to prevent lapses is to identify a set of personal RISK Factors that may lead to lapses, for YOU. We can define these risk factors as HIGH-RISK SITUATIONS. Remember that these high-risk situations will vary from person to person. They may also include a large variety of situations.

In order to identify your own set of high-risk situations, think carefully about when you are most likely to find your diet or exercise program threatened. It could be when you are feeling depressed, lonely, intimidated, frustrated, etc. It could be when you interact with some particular person. It also could be when you are put into a certain situation, such as a party, or buffet line at a restaurant. By this point in the program, you should be able to identify these situations with out too much trouble. Look back over your monitoring forms and to previous chapters to confirm your hunches. It may be helpful to list your high-risk situations under three general categories.

High-risk situations can usually be grouped into these three categories:

1. Situations associated with negative emotional states (e.g., depression, loneliness, frustration, etc.).
2. Situations involving conflicts with other people (e.g., problems at work, problems with spouse, children, friends, etc.). These are referred to as interpersonal conflicts.
3. Situations involving social pressure (e.g., parties and holidays).

MY HIGH RISK SITUATIONS ARE:

<u>Negative emotional states:</u>	<u>Social Pressure:</u>
<u>Interpersonal conflict:</u>	<u>Other:</u>

HOW TO GET BACK ON TRACK

There are 6 steps that can help us to overcome a lapse and get back on track. These are:

1. Stop and Examine the Situation.
2. Remain Calm.
3. Restate Your Goals and Renew Your Diet / Exercise Vows.
4. Be wise and Analyze the Lapse Situation.
5. Take Control Immediately.
6. Ask Others for Support and Help.

Session 32: Body Image and Self Esteem

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity & Personalized Maintenance Plans

Review participants' adherence to their calorie and activity goals as well as their selection of foods lower in caloric density. Call on a few participants to review each of these items, as in earlier sessions. Ask the group what modifications they have made to their physical activity routine or goals after last week's discussion. Check in with participants about whether they are following their personalized maintenance plans.

B. Exercise Campaign

Review with participants how they did implementing their exercise campaign. How did people increase the amount of time they exercised? Update on the group progress towards the exercise goal for the campaign. Recognize and reinforce participants who have made progress toward the goal of an extra 35 minutes/week and problem solve for the weeks ahead how to make sure that the momentum will continue. Give some attention to problem solving for people who are not yet starting to make small activity increases on a daily basis, using other group members as models or to help in the problem solving.

C. Selecting Reduced Calorie Density Food Choices

Ask a few group members to share how they did at selecting Reduced Calorie Density food choices. Ask them to review some of the reduced calorie density things they recorded in their Keeping Track. Generate a discussion about eating low density foods, focusing on aspects that might reinforce the desirability of following this eating plan. For example, discussions could focus on what foods in particular have helped them "feel full" or how they have applied low caloric density eating when eating out at restaurants. Or participants could share tips they found to be most helpful in the *Volumetrics* book. Try to keep the discussion upbeat and productive, with a goal of maintaining or increasing enthusiasm for trying this style of eating out. Problem solve situations in which participants have had difficulty sticking with reduced calorie density eating and answer any questions that participants have.

D. Session Overview

In this session we will review how weight, body image, and self esteem can relate to one another and how these factors can influence your success in your weight management efforts.

III. WEIGHT AND SELF-ESTEEM

A. History of Weight and Body Image

The purpose of this session is to consider how body weight can influence people's self-esteem in addition to their physical well-being. We start by tracing the history of how society has viewed weight. Then, we discuss how our society's viewpoint – that "thin is in" - may cause some people to feel negatively about their bodies and themselves. We offer ways to challenge such views.

The ideal body weight has obviously varied considerably throughout history. Shapes that were once thought of as attractive (fleshy and curvaceous) are now typically frowned upon. For most Americans, the current "ideal" body shape is quite unrealistic.

However, the negative portrayal of overweight people in our society has the potential to be internalized. However, we recognize that only some overweight people will have a significant problem with body image. Many men and some women, while acknowledging their overweight status, are not affected in terms of self-esteem. But the unrealistic ideal of thinness has encouraged some overweight people to develop goal weights that are simply unattainable. If any group members do have a negative body image, we want to make it clear it is not all in their head. Research studies have found that some people draw conclusions about others' characteristics and personalities based simply on their body weight.

B. Self Esteem and Social Messages

It is very important for group members to learn the difference between scientific findings and cultural beliefs. Research has shown that one's weight in reality has nothing to do with their personality of competence. Nor is there an absolute standard that one must be thin to be attractive. As much as possible, participants' weight, activity and eating goals should be based on improving health, not reaching a particular weight.

C. Countering Prejudice

Nonetheless, the cultural stereotypes about overweight people still exist. It is important to try to respond to these messages in a way that doesn't undermine your sense of self-worth. Go around and ask the group to share beliefs they've encountered and ways they can suggest for disputing these erroneous thoughts. Mention that this week's homework will include practicing this outside of the group.

IV. BODY IMAGE AND SELF IMAGE

Now we shift to specifically how the cultural stereotypes that exist can influence ways overweight people think and feel. Begin by explaining that body image is a combination of thoughts, feelings and behaviors related to the size and shape of our bodies. One's body image results from a combination of one's actual body size and shape, our history of experiences related to our bodies (e.g., teasing about weight), and societal messages about weight (from movies, magazines, etc.). If people repeatedly have negative thoughts about their bodies, they can experience feelings of anxiety, anger, depression, or shame.

A. Body Image Errors

Many negative feelings about one's body are based on beliefs or assumptions that don't reflect distortions or exaggerations in thinking. In reviewing body image errors, it is helpful to pick out a few to focus on. Your role during the discussion is to point out in all the examples given (in our material or by participants) how participants may be distorting or exaggerating some aspect of experience (e.g. especially when aspects of one's body are used to make character judgments). For each error that you discuss, ask the group to share if they have thought of their bodies in this way and to provide examples.

B. Corrective Thinking

Once you have reviewed the types of errors, present the "A-B-C-D-E Sequence". To begin corrective thinking about body image, it is important to clarify that negative thoughts are detrimental when they lead to irrational inferences, but that there are some kinds of negative thoughts that might be constructive. We want to target the irrational inferences that people may be drawing from these thoughts. For example, a man who thinks he has a large stomach may actually be motivated by this to adhere to a healthy lifestyle program. However, this perception of his stomach becomes irrational when he decided he is not likeable because of it.

The first step towards using this model effectively is for participants to catch themselves when they make a body-image error. This step should be emphasized. These thoughts have a way of escalating and being falsely linked to unrelated attributes, so the earlier participants catch them, the more likely they will be able to prevent this snowball effect.

Review the practice example on "Unfair-to-compare." Here is another practice example if it seems your group needs further instruction on the concepts. Feel free to use this one or make up one of your own.

Type of error: "The Magnifying Glass"

Mark just got complimented by his wife on the progress he has been making in Look AHEAD. Instead of accepting the compliment, he is focusing on the weight he still has to lose.

Ask the group what Mark's body image might be like.

He may think other people are viewing him the same way he is viewing himself. For example, "gee that Mark still has a long ways to go." Mark is seeing the glass as half empty rather than half full. His negative body talk implies that any remaining flaw is more significant than any improvements. He is assuming that that other people are also focusing on what he would like to lose rather than what he did lose. He is also assuming that having a stomach that protrudes is as important to other people as it is to him.

Corrective Thinking by "Talking Back"

Pick a type of body-image error that you often commit:

"THE MAGNIFYING GLASS"

Activators (A):

Compliments, what he assumes other people are thinking

Beliefs (B):

Despite losing weight, he has so much more to go, therefore he is not a success and other people feel the same way.

Consequences (C):

Feeling sad, discouraged, and hopeless about his progress

Disputing by Corrective Thinking (D):

Mark's been working really hard and it's noticeable that he's lost weight. He's feeling more energetic, he's improved his health and he's proven to himself he can do this. Other people likely think the same thing!

Effects of Corrective Thinking (E):

Instead of feeling like he has a ways to go, Mark is aware of all he has accomplished already and that he's capable of continuing to lose weight and keep it off.

Now invite participants to work on their own example and then share a few with the group. Mention that as part of their homework you'd like them to practice corrective thinking using the "A-B-C-D-E Sequence" when they commit body-image errors as well as to try countering prejudice and discrimination exercises.

V. HOMEWORK

- A. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps) and record when you choose reduced caloric density food choices in the blank column of your Keeping Track.
- B. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight.
- C. Continue to walk for at least 175 min/week, increasing by 25 min/week if they have already met this goal and are able (and willing).
- D. Identify time and day next week that will do weekly “check in.
- E. Practice correcting negative thoughts about your body using the A-B-C-D-E Sequence to modify these thoughts. Write down the body image error thoughts in the Keeping Track, as well as any corrective thinking that you use.
- F. Practice countering prejudice and discrimination that you hear or notice around you. Record your countering response in your keeping track – and if you feel comfortable, do it out loud...talk back to the TV.

Session 33: Annual Tune Up

To Have Ready in Preparation:

- ❑ Broad range of liquid meal replacement flavors and small paper cups for taste testing (using more than one or two flavors)
- ❑ Tune UP Start UP Kits for each participant, which include (1) enough liquid meal replacement cans and snack bars for substituting meal replacements for 2 meals per day and 1 snack (with the participant having some choice in the flavors or using the preferred flavors they used in the beginning of the program), (2) coupons or product for the following week's meal replacements; (3) fruit or vegetables for snacks for the week ahead; and (4) bottled water
- ❑ Map of country for the "Tuned Up Miles" campaign
- ❑ List of prizes that can be "purchased" with Tuned UP Miles (examples of the prizes would be even better)

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions. If you are not the participant's individual counselor, you should ask them if discussed their weight goals with their counselor at their last individual session (and if so, what conclusions they reached).

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity & Personalized Maintenance Plans

Review participants' adherence to their calorie and activity goals as well as their selection of foods lower in caloric density. Call on a few participants to review each of these items, as in earlier sessions. Ask the group what modifications they have made to their physical activity routine or goals after last week's discussion. Check in with participants about whether they are following their personalized maintenance plans. If not, problem solve ways to make sure that they are weighing themselves on the "off weeks," recording their weight and identifying slips and lapses early on. Reward participants who are doing this consistently by praising them for their efforts and reinforcing the positive outcome expectations that we know are associated with these behaviors.

Strive for 35 Campaign: This should be 4 weeks after the introduction of the campaign (if not, tailor to your individual group and do this section when appropriate). Review the rules of Strive for 35. Participants who increased their activity by 35 minutes or more/week (averaged over the month – that is an increase of 140 minutes in the past month compared to the month before starting the campaign) should receive a Look AHEAD prize. Recognize the contribution toward effective weight maintenance (or continued weight loss) that this increase in physical activity is expected to produce and encourage continued activity at this level even when the campaign is over. Award prizes to all who qualify.

B. Body Image and Self Esteem

Ask the group what thoughts they had after they left the last group session and had a chance to think more about cultural stereotypes, body image thinking errors and prejudice. What kinds of body image errors they found themselves thinking in the past 2 weeks and how did they correct the errors? What were the most effective ways to counter the body image errors? Review what examples of prejudice and discrimination they encountered. What ways to counter these examples did they try? How did they feel when they stood up to the prejudice and talked back?

C. Session Overview

This session will introduce a return to full meal replacements (2 meals per day replaced as well as a snack) for a month (4 weeks) in order to achieve several pounds of weight loss for each participant prior to the annual visit. It is presented as an opportunity to tune up weight management and eating habits and recommended as an annual undertaking to protect against the gradual drift upwards in weight that is often seen. All participants are to be encouraged to undertake this “tune up,” including those who may have experienced a relapse, those who are successfully maintaining their weight losses but remain overweight, and those you have yet to achieve their 10% weight loss. All participants are to be encouraged and supported in this undertaking, with efforts made to reduce any barriers that participants’ encounter and reinforcement and support provided. Adherence to a second bout of liquid meal replacement can sometimes be problematic (and therefore weight losses can be disappointing). Group leaders are counseled to be creative in devising methods and strategies to promote successful adherence to the resumption of 2 meal replacements plus a snack replacement.

NOTE: For individuals who have lost at least 10% of their initial body weight and who are successfully maintaining, the focus can be on fine tuning their Keeping Track (especially assuring that portion sizes are accurate). However, if they have achieved their Look AHEAD weight loss goal and wish to participate in the Tune UP, they may (to get a little additional weight loss) **only if they are still above a BMI of 22**. If they have lost sufficient weight that they have a BMI of 22 or lower, they should not be encouraged to engage in further weight loss and should focus instead on fine tuning their Keeping Track. For those who are successfully maintaining their weight loss, the advisability of further weight loss can be considered collaboratively between the treatment team and the participant. For those who have not reached their Look AHEAD goal or have regained any of their weight (regardless of whether they qualify for a toolbox strategy), this approach should be strongly encouraged.

In addition, to resuming an aggressive meal replacement pattern, participants will be encouraged to review the things in their lives that they value and wish to focus upon. A way of mapping out life goals will also be reviewed in this session. An exercise to evaluate how participants spend their time is provided in anticipation of reconciling valued activities and actual time management.

III. WEIGHT LOSS TUNE UP

Spend time with the group reviewing the rationale for doing a “tune up” as they approach their 1st year anniversary. Discussions can focus on the gradual regain that is common for many and the slow but steady drift in eating habits. Research supports that regular return to the more structured, controlled eating can have a beneficial effect on long term weight maintenance. The current timing for this is selected to correspond to their upcoming anniversary.

A. Advantages and Disadvantages

A worksheet is provided to allow review of the advantages and disadvantages of using the meal replacements to facilitate some additional weight loss. Use open ended questions and the Socratic method to elicit the advantages. You might be listening for advantages related to improved blood sugar control, less preparation time, feeling more in control of eating, feeling more energy, and successful weight loss. You might use an overhead projector or chalkboard to record the advantages that different participants articulate, soliciting greater detail to amplify the advantages. So, if participants say “I felt better,” get more details. “I slept better.” “I had more energy.” “I had more self confidence.” The more details the better.

Participants can complete the worksheet during the group session. Similarly disadvantages are to be elicited, although these do not need to be amplified in such great detail. The goal is to have participants remind themselves of all the many advantages without denying that there may be some disadvantages. Have participants reflect on their previous experience with the 2 meal replacements a day, as well as what they anticipate when they start again this week.

When participants raise concerns or note disadvantages, the group leader will want to ask the group how others have coped with this barrier. Use suggestions from the group members first. Only if there are few or inappropriate solutions from the group members will the group leader offer her or his suggestions for solving the problem. All participants should be encouraged to attempt problem solving their barriers or perceived disadvantages, with written plans preferred.

B. Things To Make The Tune Up Successful

All participants should be encouraged to think through what they will need for getting off to a good start. They should outline for themselves when they will consume meal replacements in the next week, how they will transport their supplies, what they will eat for their “free choice” meal and all other aspects of this planned return to more aggressive meal replacements that will be needed to be successful. In order to get participants off to a good start, with a minimum number of barriers, supplies should be provided for the first week. That is rather than coupons which participants will need to go out and exchange for product (and perhaps incur a significant delay in starting), actual product should be provided. In addition, appropriate snacks (fruit and vegetables) and some bottled water should be provided in the form of a “tune up” kit. Assorted flavors of liquid meal replacement can be available for taste testing and to increase variety.

Participants who are adamant that they do not wish to return to liquid meal replacement should be encouraged to plan a period of 4 weeks in which they use the most structured meal option that they can tolerate. For example, they might elect to use a single serving box of cereal for breakfast and frozen, pre-packaged meal for lunch. These participants should pay particular attention to accurate Keeping Track.

NOTE: In order to help participants who may have difficulty getting started with this month-long resumed liquid meal replacement period, **group leaders or other intervention staff should contact participants after the first week of the Tune Up to determine whether the participant has successfully engaged** in the program. For most participants, this should correspond with their individual session and will allow individualized and customized attention to their success and the problems that they may have encountered. For those who have been successful, praise and reinforce the efforts. For those who have faltered, praise efforts and identify stumbling blocks, which the two of you can then problem solve. For participants who do not attend an individual session for whatever reason, this contact to check up on how the resumption of meal replacements is should occur by phone. If participants have not resumed meal replacements and it is appropriate that they consider this strategy, revisit the pros and problem solve the cons with them at this interim contact.

C. “Miles for Cans” Campaign

This campaign has two aspects and is meant to support and encourage the successful resumption of meal replacements. Participants are invited to record meal replacements in exchange for “Tune up Miles.” They will be eligible for a total of 3 miles per day.

At Sessions 34 and 35, the total miles that the group has accumulated will be charted on the map to determine whether they have been able to accrue enough to get to a neighboring Look AHEAD center. The map should be introduced at this session so that the group sees where they are headed. Previous groups’ mileage can be posted to give some between group competition, if a center wishes to do this and has previous groups that have already reached this point (or contact another center to identify a “sister” group with which to compete).

At the end of the campaign (in 4 weeks), if participants were able to reach another Look AHEAD center, they will be able to celebrate with a post card to that center announcing that they arrived or a party with a theme that is tied to that city (ask the other center in advance – they may be able to send a message to your group). If the small size of the group or if the distance between your center and the next most proximal center is exceptionally long, it may not be possible to reach another center with the Tuned Up Miles. If so, select a city to strive to reach – one which requires relatively good compliance to earn enough miles, but is not impossible.

At the end of the campaign, a personal reward is also offered. The miles can be exchanged for gift cards (for example, gift certificates to Walmart, Barnes and Noble, Blockbuster, or other similar types of stores that participants enjoy) or for specific incentives or prizes. In this campaign we are targeting the behavior of using the meal replacements regularly for reward and reinforcement rather than weight loss per se. Each center will decide upon how many miles will be required to exchange for gift cards in certain amounts, but it is recommended that the incentives be substantial in order to provide sufficient motivation to achieve them.

IV. MAPPING OUT LIFE GOALS

In addition to tuning up weight control management, this session introduces an opportunity to “tune up” other aspects of participants’ lives. Have participants close their eyes and visualize where they would like to be in 10 years. Have them focus on what they like to have done between then and now, what they would like to have experienced, accomplished or have. Encourage them to think about relationships with family and friends, their work, their community, and their health. Use the worksheet to record their goals. Have them rank order these goals, listing the most important ones first (there may be some that are tied for first place, and that’s ok) and then the second tier items. The goal is to focus on just what is really important to participants. Then have participants think about what they will need to do to realize these dreams – what needs to happen to make the dreams come true. Have participants think about what role staying healthy and controlling their diabetes and weight plays in achieving these dreams.

V. HOW DO YOU SPEND YOUR TIME?

Now that participants have identified the things that they feel are most important to them, discuss whether they feel that they spend their time on the really important things or whether they spend time on things that “didn’t make their list” of important things. People usually don’t have a good idea of how they spend the minutes and hours of their days. Therefore, ask them to monitor how they spend their time for the upcoming week. (If participants are doing something in the next week which is very unusual and not reflective of their regular routine, this assignment can be deferred until a later week so that the monitoring is representative of how they usually spend their time.) Use the worksheet provided. The worksheet gives some categories to monitor and asks participants to circle areas that they think are a problem. For example, they may find that they spend a great deal of time watching TV but that this is not a valued activity. They may use this self-monitoring to re-focus how they spend their time.

VI. HOMEWORK

- L. Meal Replacement Tune Up: Use 2 liquid meal replacements and one snack replacement for each day for the upcoming two weeks and use foods with low caloric density at self-selected meals. Stay within your calorie goals. Record meal replacements and bring in records to individual session next week and to the next group session in 2 weeks to earn Tuned up Miles.
- M. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps).
- N. Continue to walk for at least 175 min/week. If participants have reached this goal, encourage them to try increasing their activity by adding 25 minutes to the number of minutes achieved last week.
- O. Identify time and day next week that will do weekly "check in."
- P. Monitor how they spend their time (sleep, work, physical activity, food-related, errands, time with family and friends, personal care, sedentary recreation, community, etc. --- adding any other categories that are relevant for the individual). Ask participants to monitor for the upcoming week and identify areas where they think they would like to make changes. Bring the self-monitoring worksheet to the next group session.

Session 34: How Are You Doing?

Objectives

In this session participants will:

- Review weight, activity, and Keeping Track records
- Complete the "Review of Progress" form
- Review the content of group sessions 32 and 33
- Review the Problem Solving Process, identify a challenge to adhering to Physical Activity goals, and use the Problem Solving process to come to a viable solution.
- Discuss the use of the full meal replacement program.
- Other issues as identified by participant or Individual Counselor

To do before the session

Get materials ready:

- Review participant's chart
- Print graphs for weight and physical activity
- Review Group Sessions 32 and 33
- Review goals from the Monthly Progress Report form of Session 31

OVERVIEW OF THE INDIVIDUAL SESSION

The primary objectives of Individual Session 34 are to review the content of Group Sessions 32 and 33 and to use the problem-solving process to facilitate adherence to the full meal replacement program.

Preparing for the meeting. To prepare for the meeting, briefly review any materials participants have completed for the past month. These should include their Keeping Track records and Monthly Progress Report. In addition, prepare graphs for the last 6 months of the participant's weight and physical activity. Graphs are created from the tracking system. In addition, review the toolbox options for increasing adherence to Physical Activity protocols.

I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Provide feedback about weight changes. Help the person interpret weight changes (e.g., steady loss followed by a weight plateau or initial weight loss with some regain of weight).

II. WELCOME

Welcome the participant to the session. Remind the participant that regularly attending group and individual meetings, after the initial six months of treatment, is one of the best predictors of long-term weight loss and maintenance.

XL. III. REVIEW MONTHLY PROGRESS

Most of the session should be devoted to reviewing participants' progress during the past month and identifying goals for diet, physical activity, and behavior change for the next month. The Monthly Progress Report should provide a general overview of participants' behavior for the last month. You should also review Keeping Track records and the participant's weight graph to obtain the most recent information about calorie intake, physical activity, and weight changes.

Meal replacements: At session 33, most participants will have resumed consumption of the full meal replacement plan (i.e., replacing 2 meals and 1 snack a day with a liquid supplement or a portion-controlled meal of conventional foods). Plan to spend much of the session discussing participants' adherence to the meal replacement plan and their reactions to returning to a more structured diet. You may want to ask how consuming the meal replacements at the end of the first year compares with experiences at the beginning of the program (from weeks 3-20). Participants may find that it is harder to adhere to the plan the second time around.

A. Weight Goal

Review participants' weight change since last month's individual session. Determine if they met their goal for the month (whether weight loss or weight stability). Examine weight change for the week since participants returned to the full meal replacement plan.

Be supportive with participants who have not met the weight loss or weight maintenance goal. Use the toolbox strategies to assist participants in making appropriate behavioral changes so that they can "get on track" to achieve at least the minimal goal of a 5% weight loss. Consider using weight loss medication or other more intensive toolbox options with participants who have been unsuccessful.

Weight gain. Participants who have gained weight over the month will need extra attention. Reassure them that they can reverse the gain. Identify the specific meal and physical activity plans they will adhere to for the next week. These should be described. Using the Monthly Progress Report form, write a specific plan of action that specifies a time period for evaluating the success of this plan. If the participant has gained weight, it may be helpful to review the advantages of using meal replacements. You can incorporate that aspect of the session

material at this point in the session if such a discussion would address the needs of the participant.

Weight goal for next month. Identify their weight management goal for the next month (i.e., either weight loss or weight maintenance).

B. Physical Activity Goal

Review minutes of physical activity and number of steps for the past week, as reported in Keeping Track records. Congratulate those who have reached the target goal of 175 or more minutes per week. Use problem solving with those who have not met the goal. Identify specific barriers and ways to surmount them. Remember that you can use a more advanced toolbox option for individuals who have not exercised at least 100 minutes a week (for the last 4 weeks).

Have participants identify their activity goals (i.e., minutes of activity and steps) for the next week, as well as the next month. Ensure they have a specific plan anchored by “what, when, where, and how,” (i.e., what they’ll do, when they’ll do it, etc.)

C. Dietary Goals

Review several days of food intake (from Keeping Track) for the past week and estimate calorie intake. In addition, determine the number of meal replacements participants consumed. Did participants meet their target for the week?

Review records to count the number of meal replacements each day. Determine how many miles they earned, if your site is using the walking campaign to visit the nearest Look AHEAD site.

Some participants will have elected not to follow the full meal replacement plan. Nonetheless, they should be using this month to “tune-up” their adherence to their diet and activity program. Have participants, whether following the full meal replacement or not, clearly describe the meal plan that they will follow for the next week (and next month) to meet their weight management objectives. Identify their daily calorie intake and the number of meal replacements, or portion-controlled meals of conventional foods, that they will use.

Sub-optimal dietary adherence. Praise participants for times when they successfully followed their meal plan and identify how they managed to do so on those occasions. Then identify barriers to adherence and brainstorm solutions to the problems that are resulting in sub-optimal adherence.

During the session, help participants who are struggling with their meal plan by developing a detailed schedule of eating. Specify what will be eaten as well as when and where they will consume their meals. Assess participants’ belief that they can adhere to this plan (i.e., self-efficacy). Invite participants to call or E-

mail you every day to report on their success. If participants are also failing to meet weight loss goals, then the procedures for using the toolbox should be employed.

D. Blood Sugar Monitoring

Participants who take insulin and other medications that may cause hypoglycemia should monitor their blood sugar several days of the week if they have returned to the full meal replacement plan. This practice is similar to that during the first few weeks of the program. Participants are not as likely to lose weight as rapidly during the last weeks of the 1-year program as they did during the first few weeks. Thus, their risk of hypoglycemic episodes is probably lower than it was early in the program. Nevertheless, you will need to discuss with the study's medical staff the need to review blood sugar in select patients.

E. Toolbox Intervention/Other Behavioral Goals

In this part of the meeting, discuss the outcome of any special interventions participants were prescribed. If, for example, orlistat was initiated last month, discuss participants' response to the medication. Evaluate adherence (to orlistat), changes in dietary intake resulting from the drug (i.e., less fat intake), concerns participants may have, and plans for the next month. Help participants identify criteria to assess the benefit of the medication (e.g., improved food intake, weight loss, weight stability, etc.). This discussion should conclude with a plan for the next month (e.g., "continue to take the medication").

The same review should be conducted with any of the more intensive behavioral interventions. If participants did not lose weight satisfactorily, determine where more structure is needed and how it could be obtained.

Regular weigh-ins. Evaluate whether participants weighed themselves weekly (or more frequently) during the past month. Reiterate the importance of regular, at-home weigh-ins for maintaining weight loss.

Other behavioral goals. You can also discuss other behavioral goals that participants have set. These might include efforts to prepare for a 10 K walk, to stop snacking while watching television, or to reduce stress by practicing relaxation techniques.

F. Attendance of Treatment Sessions

Review participants' treatment attendance for the past month. Reinforce those who have attended all possible sessions, noting that the better the attendance, the better the weight loss and maintenance of weight loss. With individuals who have missed numerous sessions over the past two months, evaluate stated reasons for poor attendance. Be alert to the possibility participants may not find the sessions as enjoyable as they once did, in part, because they are no longer losing weight. Listen non-defensively to participants' complaints and try to find new ways to engage them.

Attendance for next month. **Determine if participants plan to attend all sessions during the next month. Ask them to announce, in the next group session, any anticipated absences during the month. This makes attending group sessions more meaningful to group members and creates some social pressure for the continuation of regular attendance.**

G. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to the prescribed meal plan and physical activity program.

IV. REVIEW OF GROUP SESSIONS 32 AND 33

In Session 32, participants were introduced to the concept of body image as it relates to self-esteem. Renew appearance assumptions that are relevant to the participant. In Session 33, participants discussed the use of meal replacements for “tuning up” their weight management program and identified their personal goals. They also evaluated how they spent their time to determine how their time management matched their personal goals.

Use the problem-solving process to generate strategies for managing hunger and for increasing physical activity. Use the Problem-Solving worksheet and example to generate possible solutions for these problem areas. Review with participants the benefits of meal replacements that they identified on the worksheet in Session 33, if resumption of meal replacements has been problematic. Also review with participants their time management monitoring. Reinforce those who have done it by asking them what they discovered about how they spent their time, what surprised them the most, or what, if anything, they thought they would like to change. Explain that the group will discuss this in Session 35 and that sharing their observations would be valuable for the whole group. Request that they continue to monitor how they spent their time until the next group meeting (provide additional monitoring sheets if necessary) or encourage them to do it for the next session if they have not yet done it.

Review the Keeping Track book for weight, food intake, and physical activity information. Review the information from Session 29 regarding the accuracy of food records. Provide encouragement and problem-solve as needed to ensure accurate reporting.

SUPPLEMENTAL HANDOUTS

Additional handouts, e.g., those used in Months 1 to 6, may be used in this session if other problems are discovered.

ASSIGN HOMEWORK

A. Keeping Track

Indicate that participants are to record all foods eaten and their calories and fat grams. Emphasize the importance of self-monitoring food intake and activity. Self-monitoring enhances awareness of habits and provides an objective means of assessing caloric intake and fat intake, as well as the pattern of eating. Encourage all participants to adhere to the full meal-replacement plan. Expect some, however, who have met the 10% weight loss goal, to decline the diet. They should use this time to “tune up” their eating and activity habits. Remind them to record all meal replacements that they consume.

B. Be Active

The activity goal for the next four weeks is to walk (or similar activity) a minimum of 175 minutes a week. Suggest that participants engage in 35 minutes of activity each of 5 days. If the participant has not achieved this goal, set a lower goal and use problem solving to modify obstacles to success and/or use the toolbox approach to provide motivation for enhanced physical activity. If participants have already been incorporating 175 minutes per week of physical activity into their lifestyle, encourage them to consider increasing the amount of activity if they are willing and able. Emphasize the benefits for continued weight loss or successful weight maintenance, tailoring this emphasis to participants' current needs.

CLOSE

Ask if participants have any final questions or comments. Indicate how much you enjoyed meeting with them. Remind them that there are two group sessions before the next individual session.

SESSION 35: Fine Tuning Your Tune Up

Have Available for Demonstration

- Large glass jar with a wide mouth, several fist-sized rocks (more than will fit in the jar), some gravel, some sand, and a pitcher of water

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity & Personalized Maintenance Plans

Review participants' adherence to their calorie and activity and their use of meal replacements. Call on a few participants to review each of these items, as in earlier sessions. Ask some members of the group to share the strategies that they used to get started with the meal replacements and how they maintained their motivation for the Tune Up. Use the self-evaluation rating scale in the session materials to get participants to rate their Tune Up Performance. Focus on moving one or two steps to the right on the scale rather than on an all-or-nothing doing it versus not doing it. This will allow participants to set realistic and achievable goals. Have participants write down a strategy to improve their performance in the 2 weeks ahead.

B. Tuned Up Miles Campaign

Count up the miles that the group members have accumulated since the last group session (that is, the number of meal replacements that they have consumed) and identify how far they have traveled. Post the map in a prominent place and discuss how many more miles are needed to reach their destination. If you are mapping your current group's distance in comparison to the distance that previous groups have traveled, bring their attention to this. Also, remind participants about what Look AHEAD prizes will be available in two weeks for them to purchase. Incentives will be more effective if participants know what they are working towards (or are allowed to personally select their preferred incentive) rather than to surprise them at the end. It is recommended to have the prizes on display and available at the session to enhance the salience of them.

C. Session Overview

This session will focus on identifying the important things in the lives of participants and discussing how to manage time to increase the amount of time available to spend on these important activities.

III. WHAT'S MOST IMPORTANT TO YOU

Demonstration: Tell the group it's time for a quiz. Take out the glass jar and rocks (keep the gravel, sand, and water pitcher hidden) and ask the group, "How many of these rocks do you think we can get in the jar?" Take some guesses, then say, "Let's find out." Put as many of the rocks as will fit into the jar. Then ask, "Is the jar full?" After the group responds, pull out the gravel. Dump some gravel in and shake the jar. Ask again, "Is the jar full?" After the group responds, pull out the sand and shake the jar again. "Is the jar full?" After the group responds, pull out the pitcher and fill the jar with water. Then ask, "Well, what's the point?" Someone may say, "If you really work at it, you can always fit more into your life." But that's not the real point. The point that you want to focus the discussion upon is "If you hadn't put the big rocks in first, would you have ever gotten them all in?" If someone in the group brings this up, follow up on the point. If no one brings it up, then ask the group this question.

Move the discussion into what group members think their "rocks" are – what things do they want to put into their days first to assure that there is enough room (or time) in the day for those things. Have participants think about what they would like to spend more time on in the next 2 weeks and fill in their worksheet.

IV. FINE TUNING HOW YOU SPEND YOUR TIME

Review the time monitoring worksheets with participants. If participants did not complete their logs, distribute additional worksheets and have them briefly complete them from memory. Ask for volunteers to name some of the problem areas they circled. Ask for some details. For example, "I spent 10 hours this week watching television in the evening. I really want to cut back on this." "I spent 6 hours this week running around doing errands. A lot of that time was wasted, going back and forth to some of the same places over and over again. I'm going to start getting myself organized so that I don't have to backtrack all the time." What other things did they find they spent significant amounts of time on which they didn't think were all that important to them? Write these on the board.

What ways did they save time doing other things? Ask for some details. For example, "I asked my husband to sit with me while I rode my exercise bike so we had a chance to talk." Inquire if anyone has already made changes in how they spend their time based on their self-monitoring. Again, ask for details. Write these on the board also.

You can look for examples of two different approaches to time management and reinforce effective strategies that participants volunteer. Most strategies will fall into the following categories: 1) saving time by reducing the number of less important things being done or the decreasing the amount of time needed to do these less important activities; or 2) by making the less important activities more important by adding a more important activity to the less important one.

V. MAKING MORE TIME FOR THE IMPORTANT THINGS

Using the strategies in the handout as a foundation upon which to build, brainstorm with the group ways to streamline or to free up time. Generate a list for the board. Have participants think about one or two things they will do to streamline and free up time to allow them to spend more time on the important things.

VI. WAYS TO STREAMLINE PHYSICAL ACTIVITY

Continue the discussion of streamlining by focusing on ways to make physical activity more efficient. The strategies listed include ways to cut down on the amount of time needed and to combine physical activity with other activities that may be important to participants. Lead the discussion of ways to streamline physical activity while increasing the important things participants spend time on to discussing the advantages of getting double duty when it comes to the important activities, the "rocks." For example, spending time with spouses, children, or other important people and staying healthy. These two areas are likely to be important to many participants. These are a good combination. This association can be strengthened and can increase motivation for physical activity. If participants think of it as a way to strengthen their relationships in addition to promoting weight loss and diabetes control, this can increase the likelihood for staying motivated.

VII. WHAT WILL YOU DO WITH YOUR EXTRA TIME ON?

Use the worksheet to help participants make specific plans for what they want to spend more time doing in the upcoming 2 weeks. Help them be specific in their plans. For example, they might wish to be a better son or daughter. A plan to call their parent for a weekly catch up phone call would be a specific plan to help achieve this goal and would be a better choice to list for the upcoming 2 weeks than the more global and general plan.

Secondly, have participants identify what streamlining strategies they plan to use to free up enough time to accomplish the goal specified above. Provide another "How Do I Spend My Time?" Worksheet

VIII. HOMEWORK

- Q. Continue Meal Replacement Tune Up: Use 2 liquid meal replacements and one snack replacement for each day for the upcoming two weeks. Stay within your calorie goals. Two more weeks before the Tuned Up Miles Prize Awarding!
- R. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps).
- S. Continue to walk for at least 175 min/week. If participants have reached this goal, encourage them to try increasing their activity by adding 25 minutes to the number of minutes achieved last week.
- T. Identify time and day next week that will do weekly "check in."
- U. Implement streamlining plans and time management strategies. Monitor Time Management for another week or more, using log provided or the Keeping Track in order to see if strategies are helpful in producing more time for "the rocks".

XLI. Session 36: Making Reduced Energy Density Eating Work for You

TO DO BEFORE THE SESSION:

- Review participants manual, review pages 14-15 “Volumetrics: feel full on- fewer calories” Barbara Rolls, R Barnett, Harper Collins Publishers, NY, NY 2000
- Select a range of food labels to use in class.
- Have calculators available for participants to use in calculation of the caloric content.
- Assemble the following items for the demonstration (or other similar demonstration)
 - A.
 - B.

Lower caloric density	Higher caloric density
3 x 12” flour tortilla	3 x 12” flour tortilla
½C canned pink beans	½C refried beans
3 Tbsp corn	4½ Tbsp Sour cream
6 Tbsp salsa	2 oz cheddar cheese
3 Tbsp guacamole	3 Tbsp guacamole
¾ oz cheddar cheese	
Total kcals: 530, caloric density : 1.5	Total kcals: 820, caloric density: 2.3

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions.

II. WELCOME AND HOMEWORK

A. Keeping Track of Eating and Activity

Review participant's adherence to their calorie, fat gram goals, and continued use of meal replacements, as well as physical activity. Call on a few participants to review each of these items, as in earlier sessions. Provide support and recognition for positive accomplishments. Engage the group in problem solving for participants who report difficulty. Also problem solve with participants who have not been keeping track consistently or have brought in their diaries. Inquire how participants are finding their efforts to Keep Track more accurately are going. What are the things they have discovered that they underestimated? What are their thoughts about how this greater precision is helping them understand the relationships between their behavior and their weight? What are their plans for continued fine-tuning of Keeping Track?

B. Making Time for Important Things

Review with participants their worksheets on “How I Spend My Time” and ask about their efforts to streamline their activities to free up to spend on the important things. What did they do to streamline? What important things did they spend their extra time on? What strategies to streamline physical activity did they find the most effective? What about their plans for spending quality time that they developed in the last session? How did those go? What did they find most rewarding? How did they overcome barriers or challenges to spending more time on the important things?

C. Session Overview

This session will expand on ways to succeed at reduced caloric density eating by teaching participants to use food labels to get an indication of the caloric density of foods. They will learn how to select the lower Caloric Density (CD) option from among similar products and will be offered some methods to lower the caloric density of high CD products. In addition, strategies for increasing the volume of foods consumed without increasing calories (that is, how to get more low caloric density foods into the diet) and maintaining flavor and palatability. The session is intended to be very “hands on” with examples of food labels to review and opportunities to see how the modification of recipes can make a significant difference in the caloric density of foods without sacrificing flavor. If your center is not equipped to allow elaborate food preparation, use pre-packaged items that can be modified modestly to allow participants to see how they might lower caloric density with minimal effort. Use the food demonstrations as examples, adapting them or tailoring them to the unique needs of your participants and your surroundings but trying to maintain the interactive nature of the session.

III. MAKING REDUCED CALORIC DENSITY EATING WORK FOR YOU

A. What Makes A Food Low In Caloric Density?

Review with participants the qualities that make a food low in caloric density. Emphasize that any of the following characteristics will reduce caloric density: High water content, low fat content, high fiber content and high air content. Foods that have a combination of these factors will be ideal choices for a Reduced Caloric Density Eating Plan

B. Using Food labels to Determine Caloric Density

The nutrition facts panel on the food label provides all the necessary information to calculate the CD of a product. The exercises outlined in the participant's manual will guide them through how to calculate the CD of different products. This can enable them to choose between similar products to select the option with the lowest possible CD. It is important to point out that small changes can add up to significant differences in caloric intake over a long period of time. Even if the difference between different products is small, choosing the lower CD product whenever possible can have a significant impact on total caloric intake.

C. In Class Activities

In the first exercise in the participant materials, one breakfast cereal has a CD considerably lower than the other two. Cereal #1 has a caloric density of 3.6. Cereal #2 has a caloric density of 3.2. Cereal #3 has a caloric density of 2.0. The preferred choice, therefore, is Cereal #3. The participants should be able to conclude that it is a higher fiber cereal with less added fat and/or sugar.

Discuss addition of High Fiber Cereals

Some participants may not be able to tolerate a higher fiber product or may not like the flavor of high fiber cereals. Discuss some of the strategies outlined below for ways to increase their intake or acceptance of higher fiber cereals. Recommend the following strategies:

- **Start slowly: don't try and change to a high fiber cereal straight away. This may leave people feeling bloated and uncomfortable. Start by adding a small amount to their current breakfast, this will still help to lower the CD of the total breakfast**
- Drink plenty of water: this can help ease the intestinal discomfort some may feel.
- Spread their intake of high fiber products out over the day.
- Try different brands of cereals as they can vary in flavor quite a bit. Different people will prefer different brands.

- Try the product more than once; sometimes it takes a while for a new product to “grow on you”.
- If they prefer a sweetened cereal, adding fruit to the cereal can increase the sweetness.

The second exercise compares a low calorie yogurt (sweetened with aspartame) with a reduced fat yogurt. The low calorie yogurt has a lower CD and would be a better choice for a low CD diet. Ask the participants if any of them have tried low calorie yogurts, look for positive and negative feedback relating to acceptability, different methods individuals have used to increase acceptability, recommend techniques for increasing acceptability (use the same suggestions as given above: try different brands, try new products a few times). An alternative technique for lowering the CD is to use an unsweetened product and adding fruit for flavor.

More Calculating from Food Labels

Using the food labels the participants have bought along or some you have provided (bring some from food products that they have mentioned in the past, types of food that are particularly problematic to members of the group, and/or ones that offer a range of high and low caloric density rather than all high or all low caloric density foods). Ask participants to calculate caloric density and suggest alternatives to high caloric density products. You may break the group up into smaller working groups and have different members of the smaller groups do the calculations, if you do not have sufficient calculators to go around. Also, remember to use the quick estimation techniques.

IV. HOW DO YOU INCREASE THE VOLUME OF THE FOOD YOU EAT AND MAXIMIZE FLAVOR?

Lowering the caloric density of the diet can be achieved by adding water rich foods to the meal, incorporating more water in food preparation, and lowering the amount of high fat products used in meal preparation. The participant manual provides a fairly exhaustive list of ways to lower the caloric density of the diet. It is not anticipated that all points will be covered in this session. It is to serve as a reference for each participant. It is important to stress that small changes can have a big impact. For example, choosing low caloric density snack options is an easy way to lower total calorie intake.

A. Ways to Lower the Caloric Density of Your Diet

Familiarize yourselves with the information in the participant's manual, working with your own groups food preferences' suggest ways they can lower the caloric density of common meals that they consume. You might consider having different small groups review the four methods of decreasing caloric density and coming back to the larger group and discussing them. Notice that the first three methods (add plenty of vegetables, add plenty of fruits, and add water to the dishes you cook) have previously received less attention in group session than the last method (limit high fat foods) so make sure participants fully understand these principles. Discuss practical changes they can make to their diet: what foods can they change, what additions can they make to their meals. Look for barriers to change and use suggestions from other group members to attempt to remove those barriers.

B. Food demonstration: Burritos

The demonstration for today's session highlights the different CD of two burrito meals. The low CD meal is produced by choosing the lower CD option from similar products (using the nutrition facts panel) and by adding more low CD ingredients. Discuss these meals with the group, what would happen to the CD with some changes they suggest. For example: they may prefer a chicken burrito, how would the CD change if chicken was used instead of beans, what would you do to make sure the meal remains low CD.

Make burritos for taste testing for the demonstration. Have both recipes available to allow participants to see that the change in caloric density of the two recipes results from just by some simple changes in ingredients.

F. Lower caloric density

3 x 12" flour tortilla
½C canned pink beans
3 Tbsp corn
6 Tbsp salsa
3 Tbsp guacamole
¾ oz cheddar cheese
Total calories: 530, caloric density: 1.5

Higher caloric density

3 x 12" flour tortilla
½C refried beans
4½ Tbsp Sour cream
2 oz cheddar cheese
3 Tbsp guacamole
Total calories: 820, caloric density: 2.3

Alternatively, you can do a demonstration with pre-packaged Lean Cuisine and/or Jello.

Illustrate the effect of adding vegetables and grains to a meal. Compare a lean cuisine meal that has been heated 'as-is' (calories: 240, caloric density: 1.0) with a lean cuisine to which the following have been added: ½ C Rice (+80 calories); 1 ½C mixed vegetables (+45 calories) to the main dish. (calories 365, caloric density: ??)

Compare Jello prepared as directed (calories ??, caloric density ??) with Jello prepared with fruit added:

Combine 1 C strawberries (+43 calories), ¼ C blueberries (+20 calories) and ½C sugar-free jello (+10calories) as dessert. (calories ??, caloric density =??).

V. HOMEWORK

- A. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps)
- B. Add more fruits and vegetables to your diet. Increase by one serving of eat per day and mark in Keeping Track with a star.
- C. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight
- D. Increase number of steps by 250/day until reach 10,000/day
- E. Continue to walk for at least 175 min/week (try to increase if achieving that already)
- F. Identify time and day next week that will do weekly "check in"

VI. CLOSING

- a. Stress again that modifications to decrease caloric density should increase feelings of satiation and decrease overall calorie intake. Recommend that participants experiment and bring back to the group changes or products that they recommend and also changes or projects that they can “warn” other participants to steer clear of. Experimentation and feedback are the key aspects to the process.
- b. Address questions.
- c. Thank participants and wish them well. Invite them to call if they have questions or any problems.

Session 37: How Are You Doing?

Objectives

In this session participants will:

- Review weight, activity, and Keeping Track records
- Complete the "Review of Progress" form
- Review the content of group sessions 35 and 36
- Review the Problem Solving Process, identify a challenge to adhering to Physical Activity goals, and use the Problem Solving process to come to a viable solution.
- Discuss the return to more conventional foods now that the "tune-up is over.
- Other issues as identified by participant or Individual Counselor

To do before the session

Get materials ready:

- Review participant's chart
- Print graphs for weight and physical activity
- Review Group Sessions 35 and 36
- Review goals from the Monthly Progress Report form of Session 34.

OVERVIEW OF THE INDIVIDUAL SESSION

The primary objectives of Individual Session 37 are to review the content of Group Sessions 35 and 36 and to use the problem-solving process to generate improvements in time management and priority management. Adequate time should be devoted to discussing the return to more conventional foods.

Preparing for the meeting. To prepare for the meeting, briefly review any materials participants have completed for the past month. These should include their Keeping Track records and Monthly Progress Report. In addition, prepare graphs for the last 6 months of the participant's weight and physical activity. Graphs are created from the tracking system. In addition, review the toolbox options for increasing adherence to Physical Activity protocols.

III. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Provide feedback about weight change. Help the person interpret weight changes (e.g., steady loss followed by a weight plateau or initial weight loss with some regain of weight).

II. WELCOME

Welcome the participant to the session. Remind the participant that regular therapeutic contact after the initial 6 months of intensive treatment is one of the best predictors of long-term weight loss and maintenance.

XLII. III. REVIEW MONTHLY PROGRESS

Most of the session should be devoted to reviewing participants' progress during the past month and identifying goals for diet, physical activity, and behavior change for the next month. The Monthly Progress Report should provide a general overview of participants' behavior for the last month. You should also review Keeping Track records and the participant's weight graph to obtain the most recent information about calorie intake, physical activity, and weight changes.

A. Weight Goal

Review participants' weight change since last month's individual session. Determine if they met their goal for the month (whether weight loss or weight stability). Discuss participants' satisfaction in this area.

Be supportive with participants who have not met the weight loss or weight maintenance goal. Use the toolbox strategies to assist participants in making appropriate behavioral changes so that they can "get on track" to achieve at least the minimal goal of a 5% weight loss. Consider using weight loss medication or other more intensive toolbox options with participants who have been unsuccessful.

Weight gain. Participants who have gained weight over the month will need extra attention. Reassure them that they can reverse the gain. Identify the specific meal and physical activity plans they will adhere to for the next week. These should be described. Using the Monthly Progress Report form, write a specific plan of action that specifies a time period for evaluating the success of this plan.

Weight goal for next month. Identify the participants' weight management goal for the next month, i.e., either weight loss or weight maintenance.

B. Physical Activity Goal

Review minutes of physical activity and number of steps for the past week, as reported in Keeping Track records. Congratulate those who have reached the target goal of 175 or more minutes per week. Use problem solving with those who have not met the goal. Identify specific barriers and ways to surmount them. Remember that you can use a more advanced toolbox option for individuals who have not exercised at least 100 minutes a week (for the last 4 weeks).

Have participants identify their activity goals (i.e., minutes of activity and steps) for the next week, as well as the next month. Ensure they have a specific plan anchored by “what, when, where, and how,” (i.e., what they’ll do, when they’ll do it, etc.)

C. Dietary Goals

Review several days of food intake (from Keeping Track) for the past week and estimated calorie intake for the week. Determine if the calorie goal needs to be adjusted (to correct for weight gain).

Have participants clearly describe the meal plan that they will follow for the next week (and next month) to meet their weight management objectives. Identify their daily calorie intake and the number of meal replacements they will use.

Sub-optimal dietary adherence. Praise participants for times when they successfully followed the self-selected meal plan and identify how they managed to do so on those occasions. Then identify barriers to adherence and brainstorm solutions to the problems that are resulting in sub-optimal adherence.

During the session, help participants who are struggling with their self-selected diet by developing a detailed schedule of eating. Specify what will be eaten and when and where they will consume their meals. Assess participants’ belief that they can adhere to this plan. Invite participants to call or E-mail you every day to report on their success. If participants are also failing to meet weight loss goals, then the procedures for using the tool-box should be employed.

D. Toolbox Intervention/Other Behavioral Goals

In this part of the meeting, discuss the outcome of any special interventions participants were prescribed. If, for example, orlistat was initiated last month, discuss participants’ response to the medication. Evaluate changes in dietary intake resulting from taking the drug. Help participants identify criteria to assess the benefit of the medication (e.g., improved food intake, weight loss, weight stability, etc.). This discussion should conclude with a plan for the next month (e.g., “continue to take the medication”).

The same review should be conducted with any of the more intensive behavioral interventions. If participants did not lose weight satisfactorily, determine where more structure is needed and how it could be obtained.

Regular weigh-ins. Evaluate whether participants weighed themselves weekly (or more frequently) during the past month. Reiterate the importance of regular, at-home weigh-ins for maintaining weight loss.

Other behavioral goals. You can also discuss other behavioral goals that participants have set. These might include efforts to join a health club, purchase

exercise equipment, to stop snacking at the movies, or to schedule more time for personal enjoyment of life.

G. Attendance to Treatment Sessions

Review participants' treatment attendance for the past month. Reinforce those who have attended all possible sessions, noting that the better the attendance, the better the weight loss and maintenance of weight loss. With individuals who have missed numerous sessions over the past two months, evaluate stated reasons for poor attendance. Be alert to the possibility participants may not find the sessions as enjoyable as they once did, in part, because they are no longer losing weight. Listen non-defensively to participants' complaints and try to find new ways to engage them. Discuss the plan for attending to individual sessions and other special group meetings during the second year of Look AHEAD.

F. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to the prescribed meal plan and physical activity program.

IV. REVIEW OF GROUP SESSIONS 35 AND 36

In Session 35, participants were introduced to time management strategies. In session 36, participants received supplemental education for choosing low energy density and low calorie foods. Discuss how comfortable participants feel about returning to the meal plans. Initiate a discussion of everyday and chronic stressors, emphasizing the deleterious effects of stress on physical health. Ask how participants typically cope with these stressors. Many participants will report that they have problems with emotional eating. You may wish to have participants describe a specific incident in which they engaged in emotional eating. Review the ABC model (Antecedents, Behavior, Consequences) and emphasize that the antecedents are frequently perceived stressors.

Use the problem-solving process to generate alternative coping strategies. Start by framing the stressor as a problem to be solved rather than a chronic, unchangeable stressor. Use the Problem-Solving worksheet and example to generate possible solutions to one of the stressors that the participant has identified.

Review the Alternative Coping Strategies handout. Emphasize the role of physical activity in coping with stress.

Review the Keeping Track book for weight, food intake, and physical activity information. Review the information from Session 29 regarding the accuracy of food records. Provide encouragement and problem-solve as needed to ensure accurate reporting.

Problem Solving Worksheet

Step 1. Define the problem. Try to be as specific as possible.

My neighbor constantly plays loud music and keeps me awake.

Step 2. Brainstorm. Try to come up with as many possible solutions. Don't worry if they are good or bad. Make sure to record *all* of your possible solutions.

- 1. I could move.*
- 2. I could call the neighbor and ask him to turn it down.*
- 3. I could turn my music up even louder and leave the house.*
- 4. I could call my neighbor sometime and tell him that I would like us to reach some kind of compromise.*

Step 3. Consider the Options. Examine the realistic positive and negative consequences that might be expected for each possible solution that you came up with while brainstorming.

Solution #1 is not realistic; I do not want to move. Solution #2 is temporary; I've tried this before and he has turned it down, but I get even more annoyed the next time it happens. Solution #3 would be funny, but I don't want to start a "war." Number 4 is probably the "best," but I really don't like confrontation.

Step 4. Choose a course of action. Pick the best solution. From the possible solutions that you came up with, pick the solution that has the most positive and least negative consequences.

I'm going to do #4.

Step 5. Take Action. Design a plan to implement your new possible solution, and carry it out!

I will write out my points before hand. The next time I "bump" into my neighbor, I will ask him if it is a convenient time for us to talk.

Step 6. Evaluate the Outcome. Evaluate how successful your solution was. If it was successful, then the problem solving process ends here. However, if it was not successful, then you need to return to step 4 and choose another possible solution.

So far, so good. My neighbor was apologetic; he said that he didn't realize how early I had to get up for work. He asked what time is too late to play music. I told him that it doesn't bother me before about 9 p.m.

Problem Solving Worksheet

There are some basic steps to problem solving that will help you through the process:

Step 1. Define the problem. Try to be as specific as possible.

Step 2. Brainstorm. Try to come up with as many possible solutions. Don't worry if they are good or bad. Make sure to record *all* of your possible solutions.

Step 3. Consider the Options. Examine the realistic positive and negative consequences that might be expected for each possible solution that you came up with while brainstorming.

Step 4. Choose a course of action. Pick the best solution. From the possible solutions that you came up with, pick the solution that has the most positive and least negative consequences.

Step 5. Take Action. Design a plan to implement your new possible solution, and carry it out!

Step 6. Evaluate the Outcome. Evaluate how successful your solution was. If it was successful, then the problem solving process ends here. However, if it was not successful, then you need to return to step 4 and choose another possible solution.

Alternative Coping Strategies

Things that you can do to manage your Stress

- Find a friend to talk with and to help you solve the problem. You could have a friend or family member help you brainstorm your options to a particular problem. Having the support of others can often be useful. Research shows that people who are engaged in weight loss endeavors usually are more successful if they have support from others! This success also continues into the weight maintenance stage.
- Learn to relax with the use of relaxation techniques. Diaphragmatic Breathing and Progressive Muscle Relaxation techniques may work for you. Remember to breathe from your diaphragm and not your chest, and to be aware of your breathing. Deep breathing can help you to calm down and get a hold on your anxiety. It is also helpful to think relaxing thoughts while you engage in deep breathing. For example, you could simply repeat the word “Relax” over and over in your mind, or you could think of a relaxing scene in your mind. Many people enjoy thinking about themselves on a warm beach with the cool wind blowing on their body. In addition to deep (diaphragmatic) breathing, you can also engage in Progressive Muscle Relaxation (PMR) to relax and rid yourself of tension. PMR is a technique in which you first learn to relax your body through being aware of the differences between muscle tension and relaxation. This is achieved by progressively tensing, then relaxing certain muscle groups. This technique is one that requires practice, but once you have mastered it, it is a technique that can be used in a variety of situations to reduce stress and tension. Once you have practiced and mastered this technique, it will take less and less time to relax your whole body in a matter of seconds!
- Engage in Distraction. When you are feeling down or blue, do something to distract yourself. People who have good imaginations are often good at this. You could think about a dream vacation, or think about an upcoming event that you are looking forward to. You could also engage in a number of activities. You could call a friend, take a walk, read a book, go shopping, go to a movie, clean your home, etc. Try to have a plan in advance.
- Listen to Music. Have you ever noticed that hearing a song you like can put you in a good mood? Listening to music (and singing along!) is a great distraction. Also, dancing to your favorite music is a great way to increase physical activity!
- Use Reflection. Reflect on the situation. Don't let your emotions get a hold of you. Stop and think about the situation and try to figure out how to solve the problem. Brainstorming and help from friends may help.
- Be Assertive. Don't be afraid to stand up for your rights and ask for what you want. Remember that there is a difference between being assertive and being pushy. In fact there are three different ways of communicating and behaving. The first way is by being non-assertive or passive. Persons who engage in passive or non-assertive behavior are frequently thought of as being “doormats!” They meet others' needs first, are dependent, and helpless. These types of persons are also self-denying and inhibited. They put others' needs before

their own, and as a result they often feel hurt, anxious, and even angry. On the opposite end of the spectrum, are people who engage in aggressive behavior as opposed to passive and non-assertive behavior. Persons who engage in aggressive behavior have concern only for themselves and frequently attack the other person not the problem. These people are intimidating, hostile, and manipulative. They often feel superior to others and feel guilty as a result of their actions. In the middle of the spectrum are people who engage in behavior that is neither passive nor aggressive. These persons engage in assertive behavior. People who are assertive attack the problem, not the other person, and stand up for themselves! An assertive person is an effective communicator, is expressive, and is direct. The assertive person feels confident, and respects him / her-self as a result of his or her actions. So what can you do to engage in effective communication and behavior by being more assertive? The following are a list of techniques you can use to be more assertive:

1. Accept Compliments. You can accept compliments graciously. Thank someone for noticing your weight loss even if it is not enough to warrant success in your mind. You could say “Thanks for noticing, I have lost some weight,” rather than “Oh, I need to lose much more than this.”
 2. Ask Why. When you are asked to do something that does not make sense to you, don't be afraid to ask why.
 3. Express your disagreement. If you disagree with something or someone, you can express this by saying things like; “My opinion on the matter is different from yours...” or “I have a very different view....”
 4. Ask for clarification. If someone tells you something and you don't understand, ask them to clarify it, rather than walking away feeling confused and dumb. You could say, “Your explanation was not clear to me, could you go over that again with me.”
 5. Speak up for your rights. Don't let others take advantage of you. You can state your rights and ask to be treated fairly. You could say, “Excuse me, but I was next in line.”
- Use Self-talk. Challenge any negative thoughts. Remember that in Session 35, we spoke about common forms of twisted thinking, which may contribute to our negative emotions. Review the following forms of twisted thinking and remember that being able to identify and challenge these maladaptive ways of thinking can have an impact your emotions: Black And White Thinking (i.e., All Or Nothing Thinking); Overgeneralization; Catastrophic Thoughts (Making a mountain out of a mole hill); Emotional Reasoning; Should Statements (Perfectionism); Jumping To Conclusions (Mind-Reading And Fortune-Telling {Crystal Ball Effect}); Mental Filter (One Bad Experience Spoils Everything).
 - Physical Activity!! Research shows that regular aerobic exercise helps to lower stress levels.

SUPPLEMENTAL HANDOUTS

Additional handouts, e.g., those used in Months 1 to 6, may be used in this session if other problems are discovered.

ASSIGN HOMEWORK

A. Keeping Track

Indicate that participants are to record all foods eaten and their calories and fat grams. Emphasize the importance of self-monitoring food intake and activity. Self-monitoring enhances awareness of habits and provides an objective means of assessing caloric intake and fat intake, as well as the pattern of eating.

B. Be Active

The activity goal for the next four weeks is to walk (or similar activity) a minimum of 175 minutes a week. Suggest that participants engage in 35 minutes of activity each of 5 days. If the participant has not achieved this goal, set a lower goal and use problem solving to modify obstacles to success and/or use the tool-box approach to provide motivation for enhanced physical activity.

CLOSE

Ask if participants have any final questions or comments. Indicate how much you enjoyed meeting with them. Remind them that there is one group session before the next individual session.

Session 38: Mood and Hunger: Overeating and Inactivity

TO DO BEFORE THE SESSION

- Calculate the number of “Miles for Cans” each participant has earned in the Tune Up Campaign and have prizes ready to exchange for these miles. Participants will go “shopping” with their miles or points at the session so have a mix of prizes available, making sure that there is something that each participant can “afford” with their total points or miles. Alternatively, if you already had participants identify an item that they were working towards, make sure that you have those items available to hand out.

Weigh participants as described in earlier sessions. In general, knowledge of each participant's goal (e.g. still losing, maintaining) will help you react appropriately to their weight. For example, a weight gain of a half a pound is of more concern for a person still trying to lose weight than someone trying to maintain. As you know, participants tend to focus on their weight and how it changed. It is a very good time to remind them that the best place to focus their thinking and efforts is on their behavior, not on their weight, because behavior is something they can control.

II. WELCOME AND HOMEWORK

A. 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 difficulty. Reinforce those who are achieving their goals.

B. Reduced Calorie Density Eating Homework

Review with participants their efforts to increase their fruit and vegetable intake in order to lower the overall caloric density of their diet. What did they find worked well? Did this increase feelings of fullness and satiety? If not, what other types of fruits, vegetables and whole grains might they try? What did people find challenging and how did they cope with it? Also, focus on label reading homework. Did people find some major surprises? If so, what were they? What modifications to purchasing or eating did they make based on their review of the labels? You may need to review with participants how to do a “quick read” of the label to determine caloric density. You may also need to remind folks that this should become easier (and take less time!) after they have practiced it a bit. You want to reassure folks that if label reading made their shopping time double, that they should not expect it to take that long every time.

C. “Miles for Cans” Prizes

Have all the calculations of the “Miles” each participant earned in the “Miles for Cans” campaign that accompanied the Tune Up. Each participant is to be able to exchange these miles for valuable prizes. Have the prizes available and let participants select the item that they have been working towards. Congratulate each participant on their efforts to Tune Up and lose weight.

D. Session Overview

Previously presented material on talking back to negative thoughts will be extended to emotional eating and to issues relevant to weight maintenance. Participants should be reminded that they are developing a set of skills that can benefit from continued practice. So like a tennis or golf player who practices until he or she can take a swing without thinking about it – it's just automatic – we want them to practice identifying and responding to negative thinking without having to stop and deliberate. It should become automatic ... and that takes practice. First, you will discuss the link between emotions and unhealthy behaviors (overeating and skipping exercise), with a goal of helping participants recognize when emotions are driving the unhealthy behaviors. Second, you will review ways of thinking to change mood. You will also provide some other behavioral strategies to help people feel better without eating. Finally, some tips on separating hunger from a bad mood will be presented.

III. RECOGNIZING THE LINK BETWEEN EMOTIONS AND EATING AND ACTIVITY

Perhaps the most important step in trying to separate a link between emotions and unhealthy behaviors is recognizing when it happens. Some people are very aware of the impact of their emotions on their eating or their activity. Others are less aware. Using the checklist in the participant materials, help the group do a self-inventory of their own relationships between food, activity and emotions. There are two ways to encourage them to think both about what they typically do when they feel the uncomfortable moods listed on the checklist. First, what do they do when they feel angry, stressed, etc. Does this lead to overeating, eating special "comfort foods" that were not planned, eating irregularly, skipping exercise, etc? Second what emotions they are experiencing when they do any of those unhealthy behaviors? Sometime people recognize the relationship in one direction (e.g., depressed mood → overeating behavior) but don't see the association in the other direction (e.g., when skip exercise → usually stressed). Help participants discover the relationships they have between moods and overeating and inactivity. Group discussions or participatory exercises can be used effectively for this purpose.

Thinking Your Way Out of A Negative Mood

People who are prone to negative thinking may be so used to thinking this way that they may hardly be aware of it when it starts. Successfully challenging negative thinking entails awareness of such thoughts as soon as they occur. A good analogy you can use in the group is that monitoring negative thoughts is like the job of a computer virus checker. A computer virus checker always runs in the background following a set of rules that tells the computer to react as soon as it detects trouble. That kind of back up vigilance is required to recognize that one's thinking patterns are headed in a negative direction. A virus detector prevents the virus from spreading out of control and damaging the computer. Similarly, rapid detection of negative thoughts can help stop the vicious cycle that can lead to slips and slides in eating and physical activity control.

The group should first go around and review how they have talked back to negative thoughts thus far in Look AHEAD. Talk about how they identified problematic thoughts, how they challenged them and what kinds of more helpful or positive thoughts they substituted or how they challenged the negative thought. Between the example given in the participant manual and the examples the group generates, you should look for teaching opportunities that show how unmonitored negative thinking can become self-perpetuating.

For example, having eaten cake at an unexpected work or club party can elicit the negative thought "I've messed up the whole day. I'll never be able to succeed at maintaining my weight." This thought in turn prompts the person to eat without restraint for the remainder of the day and most of the week. Because this individual is so distressed about getting off track, he or she might become sporadic in doing the Keeping Track because he or she believes that there is no way to succeed, so why bother working so hard? The final result is that the participant may well slide into weight regain because of the relaxed use of techniques that are crucial to maintenance. You can easily see how one negative thought can snowball into another and end up with a serious adherence (and morale) problem.

After a brief review of the thinking styles discussed in the participant materials, again ask the group for their own examples that fit under the various categories. Once the concepts are clear, have a participant volunteer an example that the group can walk through. Or use one of the examples that are provided in the participant materials. The

group should first identify why the example is a dysfunctional thought pattern (e.g. what thinking style is being used). Next discuss what makes it problematic. And finally, work towards finding a more positive and helpful way of reframing. Try to use examples that are applicable to the most number of individuals. Also, remind participants that this skill takes practice to master.

IV. TURNING THE BLUES AROUND

There are ways of changing moods that don't involve directly modifying thinking styles. Some people are most comfortable in changing their thinking. Others are most comfortable changing their behavior. Most people find that a combination of strategies is the most effective for them. Review the strategies to behavioral deal with improving your mood. Ask participants for other behaviors that they find help them feel better, making sure that the behaviors that make the list are ones that truly make them feel better in the long run. For example, drinking a lot of alcohol sometimes makes people feel better in the short term, but the long term consequences are often to feel worse. Use the short term and long term consequences to help participants evaluate what is a good behavioral strategy to cope with negative emotions. For example, eating macaroni and cheese (or some other comfort food) may make you feel better in the moment but worse in the long run while calling your best friend can help you feel better in the moment and also feel good in the long term. Let the group members add to the list of behavioral strategies that are included in the session materials, using strategies that have both short and long term benefits (or at least no long term negative consequences!)

Know Your Pattern

Some scenarios are presented to help participants recognize some common patterns of emotions and behaviors, putting the associations between mood and weight loss behaviors in the context of larger behavior patterns. Use these scenarios as they are most helpful. That is to say, that group leaders do not need to follow the session materials in the order that they are written, if the flow of the group lends itself to a different order. So, in the section on identifying links between moods and weight loss behaviors, if you think the scenarios would be most helpful there, then you can use them there. On the other hand, if group leaders feel it would be better to address the scenarios as a separate issue, then that also would be fine. Use your clinical judgment about the timing of presentation to make the discussion of behavior patterns the most helpful to the largest number of participants in the group.

Are You Really Hungry or Are You in a Bad Mood?

Help participants distinguish between unpleasant emotions and hunger, which is an unpleasant state but not an emotion. Some individuals feel hungry when they experience unpleasant emotions. For example, when people who feel depressed, get hungry and crave chocolate --- that is probably more a sign of emotion than of true hunger. Use the tips to help people learn to distinguish true hunger (the body needs fuel) and an "emotional hunger", and then problem solve strategies to deal with the emotional state that do not involve eating. The consistent pairing of negative moods and eating high calorie, high fat foods reinforces inappropriate eating as a way of dealing with bad moods. Breaking the pairing helps remove the "mood altering" qualities of food. The more people can separate bad moods and eating, the easier it becomes to avoid eating inappropriately in response to moods. Behavioral strategies to cope with these moods are more healthy and functional in the long term. Problem solve with the group how they will cope with "emotional hunger" in ways other than eating.

VI. HOMEWORK

- V. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps)
- W. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight
- X. Continue to walk for at least 175 min/week

- Y. Identify time and day next week that will do weekly “check in” and compare weight with “early warning” weight to adjust behavior as needed.
 - Z. Identify times when overeat or skip activity (or are tempted to do that) and note in Keeping Track. If able to cope with a new behavior or by talking back to negative thinking, record what you did. Share the information at the next group session.
- IX. Closing
- A. Review the key points of dealing with negative thinking and how talking back to negative thinking is an important skill to develop as they grow into weight control experts. Reinforce that everyone has the blues now and again and everyone can have negative thoughts once in awhile that can get them off track, so that these are skills that will help everyone improve their maintenance efforts.
 - B. Also review how to cope with negative moods using behavioral coping strategies.
 - C. Address questions.
 - D. Thank participants and wish them well. Invite them to call if they have questions or any problems.

XLIII. Session 39: Social Support for Physical Activity

To Do Before The Session:

- Bring blank postcards or note cards, pens, markers, etc. for participants to use during the group to write a note to another participant
- Participants will pair up in this session to discuss barriers to activity. Have a plan devised ahead of time for how you would like them to pair up.

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity & Personalized Maintenance Plans

Review participants' adherence to their calorie and activity goals as well as their use of meal replacements for the Tuned Up Miles Campaign. Call on a few participants to review each of these items, as in earlier sessions. Ask the group what modifications they have made to their use of meal replacements or to their physical activity to get "tuned up." They will have been doing the tune up for a month now, so it is time to evaluate how effective it has been. Ask participants what benefits they see from doing this periodically and what drawbacks. Elicit input on what was similar to the first time they did 2 meal replacements per day and what was different this time around. Remind participants that you will be calculating the final number of "Miles for Cans" and at the next group session (session 38) the awarding of the prizes will occur.

Participants who feel that they have begun a routine that has been helpful and who would like to continue, may do so. For those who feel that the month-long bout was adequate for them, it is appropriate to return to a reduced calorie density, free choice eating plan. Review with the group the appropriate caloric goals and food choices for a reduced calorie density eating pattern and remind them of the relevant lesson materials from previous sessions that will help in resuming this eating pattern

B. Relationships between Mood and Eating

Review with participants what they discovered in their recording of mood and unanticipated eating, overeating and skipping exercise. What moods were most likely to be associated with getting off track? What was the chain of events? How did they attempt to change the sequence? Identify some negative thinking that participants noted (the more common a theme to multiple participants, the better) and have the participant walk through labeling and reframing the thought. Ask about the behavioral strategies people used to help break the link between negative mood and getting off track with Look AHEAD goals. Repeat and reinforce the need for continued practice to get these behaviors and ways of thinking to become more automatic. Problem solve with participants who were not able to implement behavioral or cognitive strategies or who need further refinement of these skills.

C. Session Overview

Social support for physical activity is an important predictor of continued activity. Social support can come from many different sources (group members, friends, family) and take different forms (for example, actually exercising with the person or doing activities for the person that will create more time for exercise). This lesson will help participants learn to give support and to ask for the type of support that would be most helpful to them.

III. SOCIAL SUPPORT FOR PHYSICAL ACTIVITY

The purpose of this session is to have participants recognize the importance of social support for activity and maintaining increases in physical activity. They should begin to see others in the group as a source of social support. Hopefully members can both see themselves as a source of support to others in the group and receive support from the group as well. Participants will identify friends and family members who are supportive of their activity and those who are not supportive and learn to ask for the types of support that would be most helpful to them. Participants will also learn ways to address nagging from others.

A. Using the Group as a Source of Support

Group members are a particularly good source of support for each other (often better than the group leader) because they share a lot in common.

A goal of this lesson is to get participants communicating with each other during class and outside of class on issues related to physical activity. Groups often look to the leader for all guidance and support. This lesson points out that others in the group can be another very good source of support.

Group members will design a postcard for another member of the group to encourage exercise. Leaders should give some examples – you could write a motivational message (JUST DO IT! or “Climbing a mountain begins with a single step”) or draw a picture that would motivate someone to be more active (sad face = before exercise/smiling face = after a nice walk). The card will be sent to someone (other than themselves) but they won't know who will receive it, so they need to write a “generic” motivational message. They can elect to sign their name or remain anonymous. The group leader will send the postcards out to participants a few days after the group session so that they will be received in the “off week” in between group sessions.

When participants receive a postcard from someone else, they should hang it on their refrigerator or their mirror so the postcard will be a cue or reminder to exercise. (Remind participants of the stimulus control lecture when we discussed positive cues for behaviors you want to increase. Hanging the postcard on their refrigerator may cue them to exercise.)

Group members will also work in pairs to discuss activity and the barriers they face to becoming more active. The group leader should think about how best to pair up participants or divide the group in order to assure the pairs activity is productive. The hope is that participants can help

each other come up with solutions to these barriers. Some pairs may wish to exchange phone numbers and call each other before the next meeting – encourage this but don't require it. (Sometimes people forget to call each other and this could be upsetting if one person is expecting a call from the other – if each person has the others' number, then either one can take the initiative). Note: this pair interaction could occur in the middle of the lesson or at the end, when they could also practice talking to friends and family members to increase their social support. We will plan to have the pairs reconvene at the beginning of the next lesson to see whether the strategies they tried were helpful in increasing their activity.

B. Obtaining Support from others Outside the Group

The second half of this lesson focuses on increasing support from friends and family outside the group. The message here is that participants may need to teach friends and family how to be supportive. First, participants need to figure out in what ways their friends and family members could be most helpful. Try to get participants to be specific – to think of a specific friend or family member who is or could be helpful and to identify exactly what that individual could do to be more supportive of their efforts to increase physical activity. Have participants complete the worksheet as a way to encourage them to think about different sources of support.

- Ask them to compare what the supportive and non-supportive people say and do.
- Have participants indicate the type of support (and the source of support) that would be most helpful to them.
- After completing the worksheet, encourage some participants to share their responses, moving around the group to get some participation from as many group members as possible.

Help participants see that there are many different types of people in their environment who could potentially provide support and that there are many different types of support that might help. If a participant says there is no one in their environment who is supportive, you may want to encourage them to create a source of support by joining a YMCA, an exercise class, or a walking club. Then practice (role-play) asking for the desired type of support. The role-playing could be done first in front of the entire group and then as part of the pairs activity described above. Have participants practice: (1) complimenting the other person on what they currently do; and (2) requesting further support in a manner that would be most helpful to the participant.

C. Decreasing Nagging

While positive approaches to support can increase the likelihood of a behavior, negative types of support such as nagging, can actually decrease the behavior. Ask group members if their friends and family nag at them about activity? How does that make the participant feel? Does it increase or decrease the chances that they will be active? Why do they think the “nagger” keeps nagging?

The leader should help group members recognize that the nagger often means well, and to appreciate that they can teach these naggers more constructive techniques. Again, role-play conversations between group members and naggers. Have group members practice: (1) acknowledging the naggers desire to be helpful; (2) telling the nagger how nagging makes the participant feel; and (3) asking the naggers to ignore the negative behaviors and to comment only when they see some positive behaviors (or suggesting some other positive type of support that the nagger could provide). Again, this role-playing should be done first as a group to make sure participants understand how to most effectively deal with the nagger. Then, further practice could be done in the pairs.

Note – if you save the pair activity for the end, you could have pairs do 3 things together:

- A) Discuss their current activity level and barriers to increase activity and problem solve with each other ways to address these barriers.*
- B) Role-play asking for support from friends or family.*
- C) Role-play asking naggers to provide a more positive type of support.*

Alternatively, you could divide into pairs in the middle of the lesson and just do A above. Then B and C could be done as a full group later in the session.

IV. HOMEWORK

- A. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps) and record when you choose reduced caloric density food choice in the blank column of your Keeping Track.*
- B. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight.*
- C. Continue to walk for at least 175 min/week, increasing by 25 min/week if you have already met this goal and are able (and willing).*
- D. Identify time and day next week that will do weekly “check in.”*
- E. Identify how your family and friends could help you increase your physical activity and improve your weight management. Ask them for their assistance and praise them for their support.*

Session 40: How Are You Doing?

Objectives

In this session participants will:

- Review weight, activity, and Keeping Track records
- Complete the "Monthly Progress Report"
- Review the content of group sessions 38 and 39
- Review the Problem Solving Process, identify a challenge to eating out, and use the Problem Solving process to come to a viable solution.
- Other issues as identified by participant or Individual Counselor

To do before the session

Get materials ready:

- Review participant's chart
- Print graphs for weight and physical activity
- Review Group Sessions 38 and 39
- Review the participant's goals that were specified in the Monthly Progress Report form of Session 37

OVERVIEW OF THE INDIVIDUAL SESSION

By the time you have reached Session 40, the participant will be in Month 11 of the Look AHEAD weight management program. The primary objectives of Individual Session 40 are to review the content of Group Sessions 38 and 39 and to use the problem-solving process to generate solutions for eating out. In this session, review the use of cognitive-behavioral strategies to cope with hunger, emotions, and negative thoughts pertaining to adherence to meal plan, physical activity goals, and rate of weight loss. This session should emphasize the use of identifying problematic thoughts and feelings and challenging thoughts and attitudes that are obstacles for success.

In addition, the biological and psychological factors pertaining to weight maintenance will be reviewed. Participants will review Relapse Prevention strategies. Finally, participants will review the Problem-Solving Process and will generate a personal challenge that they have faced or expect to face regarding eating out. Participants will use the Problem-Solving form to generate solutions to their anticipated challenges.

Preparing for the meeting. To prepare for the meeting, briefly review any materials participants have completed for the past month. These may include their Keeping Track records and other homework. In addition, prepare graphs for the last 6 months of the participant's weight and physical activity. Graphs are created from the tracking system. In addition, review the content of the Group Sessions addressing problem-solving, relapse prevention, and the Cognitive-Behavioral model of challenging negative automatic thoughts and emotions that may interfere with dietary adherence, physical activity goals, or efforts for weight maintenance.

I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the participant and measure weight before beginning the individual session. Provide feedback about weight changes. Help the person interpret weight changes (e.g. steady loss followed by a weight plateau or initial weight loss with some regain of weight).

II. WELCOME

Welcome the participant to the session. Remind the participant that regular therapeutic contact after the initial six months of intensive treatment is one of the best predictors of long-term weight loss and maintenance.

XLIV. III. REVIEW MONTHLY PROGRESS

The first 10 to 15 minutes of the session should be devoted to reviewing participants' progress during the past month and identifying goals for diet, physical activity, and behavior change for the next month. The Monthly Progress Report should provide a general overview of participants' goals for behavior change over the last month. You should, however, also review Keeping Track records for the past week to obtain the most recent information about calorie intake, physical activity, and related matters.

Progress can be reviewed by covering the broad areas described below. In covering each area, you can review what participants accomplished during the past month and then select goals (and behaviors) for the coming month using the Monthly Progress Report. For example, you can review participants' weight change for the previous month and conclude this discussion by determining the goal for the next month.

Alternatively, you can review the participants' performance in all of the areas first (i.e., weight loss goal, diet, physical activity, etc.) and then return to set goals for the next month. See what works best for you and participants.

A. Weight Goal

Review participants' weight change since last month's individual session. Determine if they met their goal for the month (whether weight loss or weight stability). Discuss participants' satisfaction in this area.

Calculate participants' progress toward losing $\geq 10\%$ of initial weight (as based on their randomization weight). Congratulate those participants who have met this goal and identify the strategies they are using. If the strategies that have been tried are not working, use the problem-solving approach and encourage the participant to use new strategies.

Be supportive with participants who have not met the weight loss goal. Discuss the "challenges" that they have identified. Use the toolbox strategies to assist participants in making appropriate behavioral changes so that they can "get on track" to achieve at least the minimal goal of a 5% weight loss. Consider using weight loss medication (Orlistat) or other more intensive toolbox options with participants who have been unsuccessful.

Weight gain. Participants who have gained weight over the month will need extra attention. Listen to their disappointment, if they are discouraged, and reassure them that they can reverse the gain. More important, identify the specific meal and physical activity plans they will adhere to for the next week. These should be described in detail. Use the Monthly Progress Report to write a specific plan of action that specifies a time period for evaluating the success of this plan.

Weight goal for next month. Have participants identify their weight management goal for the next month. Help them evaluate whether the goal is realistic.

B. Physical Activity Goal

Review minutes of physical activity and number of steps for the past week, as reported in Keeping Track records. Congratulate those who have reached the target goal of 175 or more minutes per week. Assess their enjoyment of their activity and the strategies they use to maintain regular adherence.

Use problem solving with those who have not met the goal. Identify specific barriers and ways to surmount them. For individuals who have not exercised at least 100 minutes a week (for the last 4 weeks), the use of advanced toolbox options should be considered.

Activity goal for next month: Have participants identify their activity goals (i.e., minutes of activity and steps) for the next week, as well as the next month. Ensure they have a specific plan anchored by “what, when, where, and how,” (i.e., what they’ll do, when they’ll do it, etc.)

C. Dietary Goals

Review participants’ calorie goal for the past month and success in meeting it. Review several days of food intake (from Keeping Track) for the past week and determine calorie intake for the week. Determine if the calorie goal needs to be adjusted (to correct for weight gain). Ensure that participants continue to keep records of their food intake; this remains a critical part of the program. Discuss ways to deal with “recording fatigue” if participants report they are tired of Keeping Track.

Meal preparation using a self-selected diet of conventional foods will require more planning and greater cooperation from other family members. Review participants’ food choices and eating schedule. Reinforce eating three meals a day, with snacks when needed.

Consumption of a self-selected diet of conventional foods will be a major challenge for many people. Make sure that participants are aware of the Look AHEAD meal plan, which offers suggestions for breakfast, lunch, and dinner meals. In addition, the participant may continue to replace one meal or snack a day with meal replacements. Encourage them to do so, given the evidence that meal replacements facilitate weight maintenance. Participants may replace more than one meal per day, either by purchasing additional products on their own or by using toolbox funds.

Determine if consuming healthy lunches at work is a problem and again offer suggestions. Provide suggestions for eating out, including at social events.

Review the use of lower energy density foods and lower calorie foods, as discussed in Session 39. Assess whether the participant was responsive to this "new approach".

Meal plan for next month. Have participants clearly describe the meal plan that they will follow for the next week (and next month) to meet their weight management objectives. Identify their daily calorie intake and the number of meal replacements (if any) they will use.

Sub-optimal adherence to the dietary and physical activity programs. Participants who have gained weight during the month are likely to have overeaten, whether in small amounts at each meal or through excessive snacking between meals. Increased physical activity facilitates weight control over the long term but decreasing food intake has a greater impact in the short-term in stopping or reversing weight gain. If you feel that the participant can only focus on one behavior, it will be important to target controlling food intake. Ideally, participants should target both behaviors if they have gained weight.

The most common problems will be: control of portion sizes, selection of foods that are high in calories or dietary fat, or preparation of foods (e.g., frying rather than baking or broiling). Acknowledge successfully following the self-selected meal plan and identify how the participant managed to select and prepare a healthy diet. Then identify barriers to adherence and brainstorm solutions to the problems that are resulting in sub-optimal adherence. Remind participants that they are provided one meal replacement per day, if this option might help them manage "difficult meals."

During the session, help participants who are struggling with their self-selected diet by developing a detailed schedule of eating. Specify what will be eaten and when and where they will consume their meals. Assess participants' belief that they can adhere to this plan (i.e., self-efficacy). Invite participants to call or E-mail you every day to report on their success. If participants are also failing to meet weight loss goals, then the procedures for using the tool-box should be employed.

D. Toolbox Intervention/Other Behavioral Goals

In this part of the meeting, discuss the outcome of any special interventions participants were prescribed. If, for example, orlistat was initiated last month, discuss participants' response to the medication. Evaluate adherence (to orlistat), changes in dietary intake resulting from the drug (i.e., less fat intake), concerns participants may have, and plans for the next month. Help participants identify criteria to assess the benefit of the medication (e.g., improved food intake, weight loss, weight stability, etc.). This discussion should conclude with a plan for the next month (e.g., "continue to take the medication").

The same review should be conducted with any of the more intensive behavioral interventions. For example, if participants were to replace all meals with portion-controlled servings (i.e., meal replacements and frozen food entrées),

carefully assess participants' adherence to the plan, including whether any additional meals or snacks were consumed. If participants did not lose weight satisfactorily, determine where more structure is needed and how it could be obtained. Given that this intervention could cost \$30 to \$40 a week (from the toolbox), you will need to set criteria for success. Weight stability (i.e., stopping weight gain) might be an acceptable criterion for the first month or two. However, given the financial cost, the intervention could not be continued for several months with a goal of only weight stability. Remember to contact your LRC representative if the cost of the toolbox exceeds \$100/month.

Regular weigh-ins: This is an appropriate time to determine whether participants weighed themselves weekly (or more frequently) during the past month. Reiterate the importance of regular, at-home weigh-ins for maintaining weight loss. Seventy-five percent of participants in the National Weight Control Registry weigh themselves weekly or more often. Make sure that participants have picked a day and time to weigh-in and keep a record of their weight.

Other behavioral goals: You can also discuss other behavioral goals that participants have set. These might include efforts to prepare for a 10 K walk, to stop snacking while watching television, or to reduce stress by practicing relaxation techniques.

Toolbox/behavioral intervention for next month: Discuss participants' plan, if appropriate, for the toolbox intervention (or other behavioral goals) for the next month. Incorporate this intervention into the Monthly Progress Report.

H. Attendance of Treatment Sessions

Review participants' treatment attendance for the past month. Reinforce those who have attended all possible sessions, noting that the better the attendance, the better the weight loss and maintenance of weight loss. With individuals who have missed numerous sessions over the past two months, evaluate factors responsible. Be alert to the possibility participants may not find the sessions as enjoyable as they once did, in part, because they are no longer losing weight. Listen non-defensively to participants' complaints and try to find new ways to engage them.

Attendance for next month. Determine if participants plan to attend all sessions during the next month. Ask them to announce, in the next group session, any anticipated absences during the month. This makes attending group sessions more salient to group members and creates some social pressure for people to attend regularly.

F. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to the prescribed meal plan and physical activity program.

IV. REVIEW OF GROUP SESSION 38 AND 39

In Session 38, participants were introduced to strategies to "talk back" to self-defeating negative thoughts and to strategies to help them stay motivated for weight loss. In session 39, the emphasis was social support and physical activity. Remind participants that physical activity plays an important role in the weight maintenance phase. Review physical activity goals and praise achievements. Identify problems (e.g., time management) in meeting physical activity goals and use the problem-solving process to identify strategies for overcoming challenges.

A major focus of this session will be to discuss the Cognitive-Behavioral model for unique problems associated with adherence to meal plan, achieving physical activity goals, and emotional eating.

The following example focuses on using the CBT model to analyze and overcome emotional eating. The first part of the analysis deals with identifying the Antecedents and Consequences associated with emotional overeating.

A- The Antecedents. These are the events that precede overeating. They include; situations, thoughts, and emotions.

B- The Behavior. Overeating.

C- The Consequence. The result of overeating, e.g., how you feel after engaging in overeating, weight gain.

Analysis of Emotional Overeating:

This analysis involves looking at 5 parts of emotional overeating:

1. **Situation.** What was the situation that preceded the emotion, What happened?
2. **Content of Thought.** What was the content of the thought?
3. **Emotion.** What was the emotion experienced (anger, sadness, etc.)?
4. **Behavior.** What was the behavior?
5. **Consequence.** What was the consequence of engaging in this behavior?

Identify distortions in the content of thought and assist patients in challenging this thought. Segue into a discussion of how the CBT model is similar to the Relapse Prevention that was discussed in session 31. Worksheets are provided for this session: 1) Relapse Chain, 2) Problem Solving Worksheet. Use either of these forms to help the participant develop a stronger relapse prevention program. Or if participants identify a situational, cognitive, or emotional problem (from Session 38) use the Problem Solving Worksheet to help them develop a plan of action to manage the problem.

Review the Keeping Track book for weight, food intake, and physical activity information. Review the information from Session 29 regarding the accuracy of food records. Provide encouragement and problem-solve as needed to ensure accurate reporting.

Review the challenges to eating out. Review the completed *Problem-Solving Worksheet* to teach participants how to use the process to generate solutions. Have participants identify personal challenges to dining out and assist them in completing a Problem-Solving Form for their unique problem.

Problem Solving Worksheet

Step 1. Define the problem. Try to be as specific as possible.

Co-workers invited me to lunch at a Mexican Restaurant. I was planning to pack my lunch, but I would like the social interaction.

Step 2. Brainstorm. Try to come up with as many possible solutions. Don't worry if they are good or bad. Make sure to record *all* of your possible solutions.

5. *I could skip breakfast and "go all out" at lunch.*
6. *I could "splurge" at lunch and then skip dinner that day.*
7. *I could eat in my office, then go with co-workers but not order anything.*
8. *I could not go at all.*
9. *I could scour the menu for low-calorie options.*
10. *I could plan in advance and ask for special preparations of the food I order.*

Step 3. Consider the Options. Examine the realistic positive and negative consequences that might be expected for each possible solution that you came up with while brainstorming.

Skipping meals is not advisable and is "risky." Choices 1 and 2 are out. I would feel uneasy if I didn't order anything, so I'm not so sure about #3. I don't want to do #4. I think I could do #5, but I'm not sure. I might feel uncomfortable doing #6.

Step 4. Choose a course of action. Pick the best solution. From the possible solutions that you came up with, pick the solution that has the most positive and least negative consequences.

I think that I could do #6. People make special requests all the time. At this point I have learned a lot about food preparation and serving sizes, so I think I will be able to order a low calorie, low fat option.

Step 5. Take Action. Design a plan to implement your new possible solution, and carry it out!

I will order a Mexican Chicken Salad but request no cheese, guacamole, or sour cream. I will be sure that I do not eat the shell, because I have learned that the shells have extra (hidden!) calories. Also, I will RESIST the temptation to eat the tortilla chips by moving the chips outside of arms length.

Step 6. Evaluate the Outcome. Evaluate how successful your solution was. If it was successful, then the problem solving process ends here. However, if it was not successful, then you need to return to step 4 and choose another possible solution.

It worked!!

Problem Solving Worksheet

There are some basic steps to problem solving that will help you through the process:

Step 1. Define the problem. Try to be as specific as possible.

Step 2. Brainstorm. Try to come up with as many possible solutions. Don't worry if they are good or bad. Make sure to record *all* of your possible solutions.

Step 3. Consider the Options. Examine the realistic positive and negative consequences that might be expected for each possible solution that you came up with while brainstorming.

Step 4. Choose a course of action. Pick the best solution. From the possible solutions that you came up with, pick the solution that has the most positive and least negative consequences.

Step 5. Take Action. Design a plan to implement your new possible solution, and carry it out!

Step 6. Evaluate the Outcome. Evaluate how successful your solution was. If it was successful, then the problem solving process ends here. However, if it was not successful, then you need to return to step 4 and choose another possible solution.

SUPPLEMENTAL HANDOUTS

Additional handouts, e.g., those used in Months 1 to 6, may be used in this session if other problems are discovered.

ASSIGN HOMEWORK

A. Keeping Track

Indicate that participants are to record all foods eaten and their calories and fat grams. Emphasize the importance of self-monitoring food intake and activity. Self-monitoring enhances awareness of habits and provides an objective means of assessing caloric intake and fat intake, as well as the pattern of eating.

B. Be Active

The activity goal for the next four weeks is to walk (or similar activity) a minimum of 175 minutes a week. Suggest that participants engage in 35 minutes of activity each of 5 days. If the participant has not achieved this goal, set a lower goal and use problem solving to modify obstacles to success and/or use the tool-box approach to provide motivation for enhanced physical activity.

CLOSE

Ask if participants have any final questions or comments. Indicate how much you enjoyed meeting with them. Remind them that there are two group sessions before the next individual session.

Case Study

The following case study illustrates how you might have to present the use of orlistat in several sessions before the person agrees to a trial of medication.

DeDee is currently in Week 34 of the Look AHEAD program. During the first 24 weeks of the program, she failed to lose 5% of her initial body weight. DeDee began the program weighing 220 pounds and over the course of the first 24 weeks had lost 7 pounds, for a 3% loss. The Lifestyle Counselor had informed DeDee that she may benefit from taking orlistat. DeDee did not choose to accept this recommendation.

At the next individual session (Week 28), DeDee's weight remained stable. At session 31, she had gained 3 pounds. DeDee attributed her weight gain to various "special circumstances" such as several social events in which she had not complied fully with the meal plan. She resolved to "get back on track." This week (Week 34), DeDee's weight had remained stable. The Lifestyle Counselor reminded DeDee that she may benefit from taking orlistat. At this point DeDee agreed and decided to begin taking the medication.

Session 41: – Preventing Relapse: An Ounce of Prevention is Worth Pounds

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions. Continue discussion with participants whether their weight for this week is consistent with their current weight goals (maintenance or continued weight loss) and if their behaviors since the last session were consistent with their goals. If participants are frustrated with their weight losses, encourage them to bring this up in the group for some support and shared problem solving. If participants are satisfied with their weight loss and efforts or are doing well, encourage them to bring up the things they think contribute to this success in the group meeting.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity & Personalized Maintenance Plans

Review participant's adherence to their calorie and activity goals as well as their selection of foods lower in caloric density. Call on a few participants to review each of these items, as in earlier sessions. Specifically, inquire about what they've found in looking at food labels to increase their intake of reduced caloric density foods. Also ask the group what modifications they have made to their physical activity routine to continue to Strive for 35 (extra minutes of physical activity). Are they continuing to increase? Maintaining their increases? Check in with participants about whether they are following their personalized maintenance plans. When do they do their review and weekly weigh in?

B. Social Support Homework

Inquire how their efforts to increase social support for their weight control efforts went. What did participants do to ask for greater social support? Whom did they ask? How did they reinforce or thank their friends and families for supporting their efforts? Were they able to implement their plans from the previous group session? Ask some participants to share their experiences – specifically asking for positive and negative or not-so-positive examples. Compliment and reinforce participant efforts to ask for social support and problem solve with the group how situations that were not totally positive might be further refined to be most effective.

C. Session Overview

This session focuses on identifying situations that are high risk for a lapse and developing strategies for preventing lapses and relapses. Participants will outline their personal plans for avoiding lapses and for coming back from a lapse to prevent a full relapse.

III. BREAKING THE RELAPSE CHAIN

A. Relapse Fears and Concerns

Many participants have lost weight in the past and regained some if not all of it. They may be concerned that they will regain the weight that they lost in Look Ahead. Some participants may also be noticing a bit of regain. Address these fears and concerns by acknowledging them and discussing how weight management skills require relapse prevention strategies, which will be the focus of the group session. Remind them that even though they've talked about relapse and slip prevention earlier (in Session 15), developing the skills for successful long term weight management requires continued attention, refinement and practice.

B. Definition of Lapses and Relapses

Define lapses and relapses. It can often be effective to have the group offer up their definitions of lapses and relapses before presenting the one that is in the materials. That way you get the vernacular that your participants use to discuss relapse. You are looking to reinforce the idea that a lapse is a small thing that is relatively easy to change or reverse while a relapse is a bigger thing that requires more effort to reverse.

The analogy with the potholder fire is a nice one. It is easy to smother a potholder fire by putting a pot lid on it or by dumping a pitcher of water on it. A kitchen fire is a little harder to put out – but it can still be done. It's never too late until the whole house has burned down. That is another key concept to get across in this session – that it's never too late to try to contain a relapse.

As you get the group to generate their definitions of lapses and relapses, you want to be listening for wording that suggests that participants think of lapses as a failure. This is a dangerous negative thought in response to a lapse because it often means that people give up their efforts. The group leader will want to reinforce the idea that we all make mistakes when learning a new skill. Effective weight management is a skill. As with other skills, making mistakes or not anticipating a problem are all part of the process and not something that indicates failure. The only failure is the failure to learn something from the lapse so that you can prevent it in the future.

Thus, you want to convey optimism about successful weight loss without relapse if participants learn from their lapses and get right back on track right away.

Walk through the example of Rose and her relapse process, having participants identify the links in her relapse chain. It can help to have each of the links on a chalkboard or overhead and ask the group to label what each one would be. For example, going on vacation was the high risk situation (or being pleased with your success and feeling as though you deserve a break). Then Rose has some lapses and some negative thinking. Outline these links as an example before asking participants to go through their own high risk situations and plans for lapses.

High Risk Situation → No Plan for Situation → Small Lapse Occurs → Negative thinking and no Plan for Lapse → Another Lapse & No Comeback Plan → Full Relapse

C. High Risk Situations

Identifying high risk situations is the first step in planning to handle them successfully. A worksheet with some common high risk situations is provided for use in the group session. Important points to make in going through the worksheet are:

- Both positive and negative situations can present a high risk (often people fail to recognize positive situations and focus primarily on the negative) ... the worksheet provides examples of each ... encourage participants to think of their own situations
- Different situations will be high risk at this point in the Look AHEAD program than were high risk for participants earlier in the program. Make the point that this is why we are revisiting "Slips." It is important and worth both repeating to assure that they have developed skills to cope with the high risk situations and because different situations may be high risk than were high risk for them back at Session 15.

Different Situations are High Risk for Different Weight Management Behaviors ... encourage participants to think individually about their high risk situations for overeating, sedentary behavior and skipping Keeping Track or Look AHEAD sessions. Which high risk situations apply to all these behaviors? Which are specific to one of the behaviors? Ask participants to circle all the high risk situations that apply to them. Ask them to indicate whether it is high risk for lapses in eating habits (E), physical activity (PA), doing Keeping Track (KT), or attending Look AHEAD sessions.

Both Positive and Negative Situations can Present Risk ... the situations listed are ones typically reported by individuals in weight management programs but the list is not exhaustive. Ask participants to add their own

personal high risk situations to their list. Have participants share some of their additions, because it is likely that other people in the group will also find their situation to be high risk.

Different Situations will be High Risk at this Point in the Program than Were High Risk Earlier in the Program... many participants will have confronted lapses earlier in the program and will have dealt with them. They may have already thought about their high risk situations and come up with plans to handle them. However, as you persevere with weight management behaviors they become integrated into your lifestyle and new challenges present themselves. For example, a rainy day may have been high risk for skipping walking when participants first started their physical activity program but they found a shopping mall to go walk in. Now, they might not think twice about skipping walking because they automatically go to the mall. The rainy day is no longer a high risk situation ... the plan has become automatic. But there may be new situations that make it high risk to skip activity, for example a lot of overtime at a new job that the participant recent began. That is why it is important to periodically revisit high risk situations to make sure that the coping plans are current.

D. A Plan for High Risk Situations

Use the worksheet to help participants outline their own personalized plan for handling their high risk situations so that they do not turn into a lapse. Develop a plan for each of the three areas – a plan for eating high risk situations, physical activity high risk situations, and self monitoring or attendance high risk situations. Make sure that plans are detailed and specific enough to be useful. For example, it is not the most helpful plan for a high risk eating situation to say that “I will eat healthy foods at the party.” A more helpful plan would be to say that “I will fill up on the raw vegetables and then move to a room away from the food table so that I will not be tempted.” A test that you can use to have participants evaluate if their plan is specific and detailed enough is whether there are enough details to permit a movie director to be able to direct an actor portraying the participant in that situation. If not, work with the participant to get that level of detail (remember you want an academy awarding winning performance in the high risk situation!)

IV. PREVENTING LAPSES FROM GROWING INTO RELAPSES

Reinforce again that lapses are a natural part of the change process. What matters is how participants respond to lapses. The goal is to learn from the experience and to get right back on track with weight management efforts. Lapses are never a real problem to a weight control program – they only become a problem if a string of them grow into a relapse. That is why it is important to have a **Comeback Plan** to keep lapses from escalating into relapse.

A. What Makes a Good Comeback Plan?

- ❖ Take charge immediately. Get back into action As Soon As Possible!
Encourage participants to think about immediately getting into action. Don't wait until the next day to get started. If you wait, there is danger of not getting back on track. Getting back on track should happen ASAP.
- ❖ Stay calm and listen to your positive self-talk
Participant's self talk can be their biggest obstacle to a successful comeback. Remind them to include a plan to talking to themselves so that they stay calm, avoid “failure talk” and have positive expectations from a good comeback plan.
- ❖ Remember that no short period of overeating or skipped activity will erase all of your progress
Reinforce positive outcome expectations

- ❖ Learn from your lapse by figuring out how to avoid it or manage it better in the future
A lapse should be a learning experience. Encourage participants to examine closely what was going on before the lapse, how they responded in the situation and what they did in response to the situation. Learn as much as possible and a lapse can be helpful!
- ❖ Be kind to yourself after a lapse.
Remind participants that the only way to fail following a lapse – no matter how big a lapse it is (and even if it is a relapse) -- is to give up all efforts at behavior change.

B. Developing a Comeback Rescue Plan

All participants will develop their personalized Comeback Rescue Plan. Some suggestions for things to include in the plan are outlined. Participants should be encouraged to employ the behaviors or strategies that they found most effective in their initial weight loss efforts in their Comeback Plans. Help them identify at least 2 strategies that they will use to get back on track with their weight management program after a lapse. It is important to have participants visualize themselves in the situation and make sure that they are selecting behaviors or strategies that they can truly visualize themselves putting into practice.

Have participants anticipate what negative thoughts they might have that will threaten to de-rail their comeback efforts. Ask them to write down these negative thoughts, and to write down a good response. It is easier to think of effective responses to negative thinking when sitting in the group with support and suggestions from other group members and the group leader than it can be to think of a good response on the spot in the middle of a lapse.

Also, have participants think about how they will reward themselves for an effective comeback. Often participants think to themselves that they should have been doing this all along and it is not worthy of reward. However, if behaviors are not reinforced they are less likely to be repeated in the future. Effective comeback from a lapse is definitely a behavior (or set of behaviors) that we want to reinforce. So help participants think through what would be an effective and appropriate reward for doing it. Remember that rewards don't have to be a material thing (although they can be). In addition to purchasing or being given a tangible thing, rewards can be doing something that participants enjoy or getting social recognition for a job well done. So, to make sure that the reward section of the plan is not omitted, the group leader may have to give some suggestions for rewards that participants may not have thought of. A group brainstorming session on how to reward yourself can be a positive addition to the session, if time permits. Beware of rewards that involve food!

V. *HOMEWORK*

- E. Continue to record in Keeping Track (weight, calories, fat grams (optional), minutes active, and steps) and record when you choose reduced caloric density food choices in the blank column of your Keeping Track.
- F. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight.
- G. Continue to walk for at least 175 min/week.
- H. Identify time and day next week that will do weekly “check in.”
- I. Take Plans for Handling High Risk Situations and Comeback Plans home and put in an easily accessible – and memorable -- place. Will report at the next session where they have put the plans so that they can find them in the heat of the moment.

SESSION 42: USING SOUPS AND GRAINS TO FEEL FULL AND SATISFIED

To do before the Session:

- Review participants manual, review pages 99-104 and 135-136 of “Volumetrics: feel full on fewer calories” Barbara Rolls, R Barnett, Harper Collins Publishers, NY, NY 2000
- Select ‘Soups’ from supporting material OR purchase a range of soups to reflect the range of caloric densities available

Some suggestions include:

			Caloric Density
Campbell's classic Vegetable	80kcal/cup		0.33
Progresso Turkey Noodle	90kcal/cup		0.38
Campbell's Chunky Baked potato	180kcal/cup		0.71
Progresso Potato with broccoli & cheese	160kcal/cup		0.63
Campbell's Chunky New England Clam Chowder	240kcal/cup		1.0

I. WEIGH PARTICIPANTS AND GRAPH WEIGHT

Weigh participants as described in earlier sessions.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity & Personalized Maintenance Plans

Review participants' adherence to their calorie and activity goals as well as their selection of foods lower in caloric density. Call on a few participants to review each of these items, as in earlier sessions. Ask the group what modifications they have made to their physical activity routine or goals after last week's discussion. Check in with participants about whether they are following their personalized maintenance plans.

B. High Risk Situations and Comeback Plans

Review with participants the high risk situations that they noticed or thought about in the 2 weeks since the previous session. Had anyone successfully handled one? If so, how did they do it? (The Group Leader should remember to ask how they rewarded themselves to make sure that this important step of feeling good about their accomplishment was not overlooked.) Did others have a slip or a lapse? Allow them to describe it a bit and discuss what they learned from it, how they would handle it differently in the future and how they prevented the single slip or lapses from growing into a lapse. Remember to focus on the positive to make sure that participants are not equating lapses with failure – what matters is what you do after a lapse more than that you had a lapse!

C. Session Overview

In this session we will discuss how soups can help you feel fuller and more satisfied and how grains and legumes can be key players in reduced caloric density eating.

III. USING SOUPS TO HELP YOU FEEL FULL

Objectives

In this portion of the session the participant will:

- Discuss the use of low calorie, high volume starters to help control hunger and caloric intake in a meal.
- Learn about soups with different caloric densities.

A. Using soups to help you feel full

One way to lower the overall caloric density of the diet is by incorporating low caloric density starters to a meal. This is in addition to increasing their overall intake of low caloric density foods, such as fruits and vegetables. Continue to encourage all positive changes participants have made, even small changes.

G. Using a low calorie, high volume pre-load

Several researchers have shown that consuming a high volume, low calorie item approximately 20 minutes prior to serving a meal decreases hunger and increases satiety. This decreased hunger and satiety results in a reduction in caloric intake during the meal, and no caloric compensation later in the day. An example of this type of research is given on page 99 of “Volumetrics”. In this example, women who consumed a chicken and rice ‘soup’ consumed fewer calories in a subsequent meal than when they consumed the same number of calories as chicken and rice, or chicken, rice and a glass of water. This research suggests that a helpful technique for controlling both hunger and caloric intake is to start the meal with a low calorie, high volume item. It is important to stress during this session that the same effect will not be achieved by simply drinking more water during or between meals. Water is emptied rapidly from the intestinal tract and does not appear to have a lasting effect on hunger.

Using soups as a preload

Many soups provide a low calorie, high volume (aim for 100 kcals/cup or less) starter for a meal.

Demonstration: Either select the photograph from the supporting material “Soups” or display products that you have provided. There are several examples of soups with varying caloric density. Participants should be able to determine that the high caloric density soups have a greater proportion of high fat ingredients and a lower proportion of high water content ingredients. Prompt the participants for examples of lower caloric density soup (broth based) and higher caloric density soups (cream based and starchy soups). Suggest to participants that they try adding a cup or bowl of soup to the start of their meals several times over the next week to find out if they experience any increased sensations of fullness or feeling satisfied with less food.

Other low caloric density starters

Soups are not the only low calorie, high volume starter. Starting a meal with a salad, some fruit, or a vegetable juice can have a similar effect. Many participants may have already added salads to their diets as a technique for increasing the amount of food they eat without adding extra calories. Ask the group what how they think salads affect feelings of fullness. Remind members that it is best to literally consume the low caloric density “starter” food at the beginning of the meal because it is then most likely to displace other foods higher in caloric density.

Over the next week or so, encourage the participants to start their meals with a low calorie preload (a soup, salad, fruit, or vegetable juice) and to record their feelings of hunger at the end of the meal. This will be discussed in upcoming sessions.

IV. USING GRAINS TO FEEL FULLER

Review advantages of diets that include whole grains and legumes, focusing on increased feelings of fullness in addition to other health benefits outlined in lesson. Complete the worksheet identifying products that include legumes and grains, using examples that are common to the diets of your participants. Examine the caloric density of these products (Consult pages 118-122 & 130 in *Volumetrics* for some quick references). If possible have examples of the items for the group members to sample and examine the labels, allowing them to taste some products that might be new to them and to examine the caloric density of different selections. There is a list of products to consider at the end of the participant lesson materials.

Review High Caloric Density legume and grain choices to caution participants that not all grain and legume products are low in caloric density. Solicit suggestions about how to substitute lower caloric density items for the high caloric density selection. The Group Leader may need to provide some guidance on how to lower the caloric density of some of the choices.

V. HOMEWORK

- J. Continue to record in Keeping Track (weight, calories, fat grams, minutes active, and steps) and record when you choose reduced caloric density food choices in the blank column of your Keeping Track.
- K. Continue to use calorie goals and meal replacements and meal plan to lose or maintain weight.
- L. Continue to walk for at least 175 min/week.
- M. Identify time and day next week that will do weekly “check in.
- N. Start at least 5 or 6 of meals with a soup, a salad (with a low calorie dressing), some fruit or vegetables, or a vegetable juice.
- O. Circle the foods that are included as reduced caloric density “starters” and rate satisfaction at the end of each meal. Compare feelings of satisfaction at meals which included a starter and those meals which did not.
- P. Try 3 or 4 new grain or legume products. Some products that are quick to prepare (less than 30 minutes) are listed in lesson materials. You may not be able to find all of them at the local supermarket, but try looking for them (Group Leaders can give some locally available selections that can substitute if the products listed on homework are not locally available). Record opinions about how they taste. Remind participants that they may need to experiment some before they find ones that they find tasty and acceptable.

Session 43: How Are You Doing?

Objectives

In this session participants will:

- Review weight, activity, and Keeping Track records
- Complete the "Monthly Progress Report" form
- Review the content of group sessions 41 and 42
- Review the Problem Solving Process, identify a challenge to adhering to Physical Activity goals, and use the Problem Solving process to come to a viable solution.
- Other issues as identified by participant or Individual Counselor

To do before the session

Get materials ready:

- Review participant's chart
- Print graphs for weight and physical activity
- Review Group Sessions 41 and 42
- Review the participant's goals and behavior changes that were specified on the Monthly Progress Report form of Session 40.

OVERVIEW OF THE INDIVIDUAL SESSION

The primary objectives of Individual Session 43 are to review the content of Group Sessions 41 and 42 and to use the problem-solving process to generate improvements in adherence to the physical activity protocol. In this session, review the benefits of weight loss and weight maintenance (emphasize health-related as opposed to appearance-related outcomes).

Preparing for the meeting. To prepare for the meeting, briefly review any materials participants have completed for the past month. These may include their Keeping Track records and other homework. In addition, prepare cumulative graphs (since the start of the program) of the participant's weight and physical activity. Graphs are created from the tracking system. In addition, review the toolbox options for increasing weight loss or adherence to physical activity protocols.

I. WEIGH PARTICIPANT AND GRAPH WEIGHT

Greet the patient and measure weight before beginning the individual session. Provide feedback about weight changes. Help the person interpret weight changes (e.g. steady loss followed by a weight plateau or initial weight loss with some regain of weight).

II. WELCOME

Welcome the participant to the session. Remind the participant that regular attendance of treatment visits (after the initial six months of intensive treatment) is one of the best predictors of long-term weight loss and maintenance.

XLV. III. REVIEW MONTHLY PROGRESS

Most of the session should be devoted to reviewing participants' progress during the past month and identifying goals for diet, physical activity, and behavior change for the next month. The Monthly Progress Report should provide a general overview of participants' behavior for the last month. You should, however, also review Keeping Track records for the past week to obtain the most recent information about calorie intake, physical activity, and related matters.

Progress can be reviewed by covering the issues described below. In covering each area, you can review what participants accomplished during the past month and then select goals (and behaviors) for the coming month. For example, you can review participants' weight change for the previous month and conclude this discussion by determining the goal for the next month.

Alternatively, you can review the participants' performance in all of the areas first (i.e., weight loss goal, diet, physical activity, etc.) and then return to set goals for the next month.

A. Weight Goal

Review participants' weight change since last month's individual session. Determine if they met their goal for the month (whether weight loss or weight stability). Discuss their satisfaction in this area.

Calculate participants' progress toward losing $\geq 10\%$ of their initial weight. Congratulate those individuals who have met this goal and identify the strategies they are using. If the strategies that have been tried are not working, use the problem-solving approach and encourage participants to use new strategies.

Be supportive with those who have not met the weight loss goal. Discuss the "challenges" that they have identified. Use the toolbox strategies to assist participants in making appropriate behavioral changes so that they can "get on track" to achieve at least the minimal goal of a 5% weight loss. Consider using weight loss medication or other more intensive toolbox options with participants who have been unsuccessful.

Weight gain. Participants who have gained weight over the month will need extra attention. Reassure them that the weight gain can be reversed. Identify the specific meal and physical activity plans they will adhere to for the next week. These should be described in detail. Develop a specific plan that will reverse the weight that has been gained. Use the Monthly Progress Report form to write a specific plan of action that specifies a time period for evaluating the success of this plan. Review their use of the relapse prevention program that was discussed in Sessions 37 and 40.

Weight goal for next month. Have participants identify (either at this point in the session or later) their weight management goal for the next month. Help them evaluate whether the goal is realistic.

B. Physical Activity Goal

Review minutes of physical activity and number of steps for the past week, as reported in Keeping Track records. Acknowledge those who have reached the target goal of 175 or more minutes per week. Assess their enjoyment of their activity and the strategies they use to maintain regular adherence. Evaluate whether participants are achieving the goal of 10,000 steps per day. Set smaller step-goals for those who have not attained this goal and develop a plan to gradually increase their step-goals in upcoming weeks.

Use problem solving with those who have not met the goal. Identify specific barriers and ways to surmount them. Refer to the Problem Solving form of Session 40. You may want to consider a more advanced toolbox option for individuals who have not exercised at least 100 minutes a week (for the last 4 weeks).

Activity goal for next month. Have participants identify their activity goals (i.e., minutes of activity and steps) for the next week, as well as the next month. Ensure they have a specific plan anchored by “what, when, where, and how,” (i.e., what they’ll do, when they’ll do it, etc.)

C. Dietary Goals

Review participants’ calorie goal for the past month and success in meeting it. Review several days of food intake (from Keeping Track) for the past week and determine calorie intake for the week. Determine if the calorie goal needs to be adjusted (to correct for weight gain). Ensure that participants continue to keep records of their food intake; this remains a critical part of the program.

Meal preparation using a self-selected diet of conventional foods will require more planning and greater cooperation from other family members. Review participants’ food choices and eating schedule. Reinforce eating three meals a day, with snacks when needed.

Make sure that participants are aware of the Look AHEAD meal plan, which offers suggestions for breakfast, lunch, and dinner meals. In addition, all participants may continue to replace one meal per day. Encourage them to do so, given the evidence that meal replacements facilitate weight maintenance. Participants may replace more than one meal per day, either by purchasing additional products on their own or by using toolbox funds.

Discuss the reintroduction of the two meal replacements and one snack per day, especially for participants who are struggling to maintain weight loss. Have participants clearly describe the meal plan that they will follow for the next week (and next month) to meet their weight management objectives. Identify their daily calorie intake and the number of meal replacements they will use.

Sub-optimal dietary adherence. Participants who have gained weight during the month are likely to have overeaten, whether in small amounts at each meal or through excessive snacking between meals.

The most common problems will be: control of portion sizes; selection of foods that are high in calories or dietary fat; or preparation of foods. Identify barriers to adherence and brainstorm solutions to the problems that are resulting in sub-optimal adherence. Remind participants that they are provided one meal replacement per day, which might help them manage “difficult meals.”

D. Toolbox Intervention/Other Behavioral Goals

In this part of the meeting, discuss the outcome of any special interventions participants were prescribed. Evaluate adherence (to medication or the behavioral program). Discuss changes in dietary intake resulting from taking the drug (i.e., less fat intake). Make specific behavioral plans for the next month. Help participants identify criteria to assess the benefit of the medication (e.g., improved food intake, weight loss, weight stability, etc.).

Regular weigh-ins. This is an appropriate time to determine whether participants weighed themselves weekly (or more frequently) during the past month. Reiterate the importance of regular, at-home weigh-ins for maintaining weight loss.

Other behavioral goals. You can also discuss other behavioral goals that participants have set. These might include efforts to prepare for a 10 K walk, to stop snacking while watching television, or to reduce stress by practicing relaxation techniques.

I. Attendance to Treatment Sessions

Review participants' treatment attendance for the past month. Reinforce those who have attended all possible sessions, noting that the better the attendance, the better the weight loss and maintenance of weight loss. With individuals who have

missed numerous sessions over the past two months, evaluate factors responsible. Be alert to the possibility participants may not find the sessions as enjoyable as they once did, in part, because they are no longer losing weight. Listen non-defensively to participants' complaints and try to find new ways to engage them.

Attendance for next month. Determine if participants plan to attend all sessions during the next month. Ask them to announce, in the next group session, any anticipated absences during the month. This makes attending group sessions more salient to group members and creates some social pressure for people to attend regularly.

F. Summary

Conclude this review by congratulating participants on their efforts and on their success in adhering to the prescribed meal plan and physical activity program.

IV. REVIEW OF GROUP SESSION 41 AND 42

In Session 41, the topic of relapse prevention was discussed in group. In Session 42, participants were introduced to techniques and strategies for achieving satiety while adhering to the dietary program.

Use the Decision Balance Worksheet to enhance long-term motivation for weight maintenance (for those with weight maintenance as their goal). Have participants list the positive and negative consequences of weight maintenance. The goal of this exercise is for participants to increase their motivation to achieve weight maintenance.

For other participants, it will be necessary to remind them that physical activity plays an important role in the weight maintenance phase. Review physical activity goals and praise achievements. Identify problems (e.g., time management) in meeting physical activity goals. Using the completed Problem Solving Worksheet as an example, assist the participant in using the problem solving process to generate solutions to their unique challenges.

Review the Keeping Track book for weight, food intake, and physical activity information. Review the information from Session 29 regarding the accuracy of food records. Provide encouragement and problem-solve as needed to ensure accurate reporting.

Decision Balance Worksheet

The Pros and Cons of Changing your Diet to reduce calorie and fat intake

<p><u>Benefits of Not Changing your Diet</u></p> <p>Eat whatever I want!</p>	<p><u>Benefits of Changing your Diet</u></p> <p>Able to lose weight!</p> <p>Improve health!</p>
<p><u>Drawbacks of Not Changing your Diet</u></p> <p>Increased risk of health problems.</p>	<p><u>Drawbacks of Changing your Diet</u></p> <p>Need to learn a lot!</p>

The Pros and Cons of Engaging in Regular Physical Activity

<p><u>Benefits of Not Exercising</u></p> <p>More time to relax.</p>	<p><u>Benefits of Exercising</u></p> <p>Feel better!</p> <p>Improve health!</p>
<p><u>Drawbacks of Not Exercising</u></p> <p>Weight maintenance is more difficult.</p>	<p><u>Drawbacks of Exercising</u></p> <p>I get so bored with it.</p> <p>It takes time.</p>

Since joining the Look Ahead Program, what are the *health-related benefits* that you have experienced?

Since joining the Look Ahead Program, what are the *appearance-related benefits* that you have experienced?

How would you say these benefits have influenced your *quality of life*?

Problem Solving Worksheet

Step 1. Define the problem. Try to be as specific as possible.

I have a late meeting today and will therefore miss aerobics class.

Step 2. Brainstorm. Try to come up with as many possible solutions. Don't worry if they are good or bad. Make sure to record *all* of your possible solutions.

11. *I could skip physical activity altogether.*
12. *I could take a walk during lunch hour.*
13. *I could do some other form of physical activity after the meeting (walk after work, use an exercise video.)*
14. *I could plan to fit in an extra class later in the week.*

Step 3. Consider the Options. Examine the realistic positive and negative consequences that might be expected for each possible solution that you came up with while brainstorming.

Solution #1 is tempting, but I don't want to backslide. Walking during lunch is possible, but I really want to take that time to prepare for the meeting. Solution #4 is possible, but I could really use the stress release today.

Step 4. Choose a course of action. Pick the best solution. From the possible solutions that you came up with, pick the solution that has the most positive and least negative consequences.

I'm going to do #3, I will take a walk around the neighborhood when I get home.

Step 5. Take Action. Design a plan to implement your new possible solution, and carry it out!

It was dark by the time I got home...I was also tired. The meeting lasted longer than I expected. I didn't take a walk after all.

Step 6. Evaluate the Outcome. Evaluate how successful your solution was. If it was successful, then the problem solving process ends here. However, if it was not successful, then you need to return to step 4 and choose another possible solution.

That solution didn't work out very well. Now I will try to do Solution #6. There is another class offered on Saturday morning that I will be able to attend.

Problem Solving Worksheet

There are some basic steps to problem solving that will help you through the process:

Step 1. Define the problem. Try to be as specific as possible.

Step 2. Brainstorm. Try to come up with as many possible solutions. Don't worry if they are good or bad. Make sure to record *all* of your possible solutions.

Step 3. Consider the Options. Examine the realistic positive and negative consequences that might be expected for each possible solution that you came up with while brainstorming.

Step 4. Choose a course of action. Pick the best solution. From the possible solutions that you came up with, pick the solution that has the most positive and least negative consequences.

Step 5. Take Action. Design a plan to implement your new possible solution, and carry it out!

Step 6. Evaluate the Outcome. Evaluate how successful your solution was. If it was successful, then the problem solving process ends here. However, if it was not successful, then you need to return to step 4 and choose another possible solution.

SUPPLEMENTAL HANDOUTS

Additional handouts, e.g., those used in Months 1 to 6, may be used in this session if other problems are discovered.

ASSIGN HOMEWORK

A. Keeping Track

Indicate that participants are to record all foods eaten and their calories and fat grams. Emphasize the importance of self-monitoring food intake and activity. Self-monitoring enhances awareness of habits and provides an objective means of assessing caloric intake and fat intake, as well as the pattern of eating.

B. Be Active

The activity goal for the next four weeks is to walk (or similar activity) a minimum of 175 minutes a week. Suggest that participants engage in 35 minutes of activity each of 5 days. If the participant has not achieved this goal, set a lower goal and use problem solving to modify obstacles to success and/or use the toolbox approach to provide motivation for enhanced physical activity.

CLOSE

Ask if participants have any final questions or comments. Indicate how much you enjoyed meeting with them. Remind them that there are two group sessions before the next individual session.

Case Study

This case study follows DeDee, who decided to try using Orlistat in Session 34.

DeDee is currently in Session 37 of the Look AHEAD program. At the close of Session 34, DeDee had decided to begin taking Orlistat to assist in weight loss, as she had lost only 3% of her initial body weight by Session 34. However, in Session 37, DeDee had lost no additional weight. After reviewing DeDee's level of physical activity, her Lifestyle Counselor noted that DeDee seldom engaged in regular exercise. The Lifestyle Counselor asked DeDee about potential barriers to exercise, and DeDee stated that she frequently works until dark and therefore does not feel safe walking outside after work. The Lifestyle Counselor suggested that DeDee join a health club and gave her a pass for a one-month trial membership with a local gym.

Session 44 – Congratulations: You've Completed One-Year of the Look AHEAD Lifestyle Program!

TO DO BEFORE THE SESSION

- Prepare party games (e.g., paper chains or jars of beans with number of pounds lost by group, number of Keeping Tracks, other behavioral accomplishments) and prizes for these.
- Prepare party snacks.
- An optional suggestion is to ask each participant to bring in a favorite recipe modification and the group leader can assemble these recipes into a Group Recipe Book. Participant's names can be listed by their recipe. The book can be distributed as a party favor and a memory book for the group.

Weigh participants as described in earlier sessions. Continue discussion with participants whether their weight for this week is consistent with their current weight goals (maintenance or continued weight loss) and if their behaviors since the last session were consistent with their goals. If participants are frustrated with their weight losses, encourage them to bring this up in the group for some support and shared problem solving. If participants are satisfied with their weight loss and efforts or are doing well, encourage them to bring up with the group the things they think contribute to this success.

II. WELCOME AND HOMEWORK

A. Keep Track of Eating, Activity & Personalized Maintenance Plans

Review participant's adherence to their calorie and activity goals. Call on a few participants to review each of these items, as in earlier sessions. Have any of the participants continued with structured meals after the formal end of the "Tune Up" campaign? If so, how has it gone. If not, how have participants found the previous weeks to go as they reintroduced full self-selection of foods? What strategies from low caloric density eating have they resumed? What challenges have they had resuming "regular" eating that need to be problem solved? Check in with participants about whether they are following their personalized maintenance plans. When do they do their review and weekly weigh in at home?

B. Using Soups, Grains and Legumes to Feel Fuller and More Satisfied

Review with participants their success in including low caloric density "starters" like soups & salads. They were to try to find at least 4 or 5 days on which to experiment with this. Ask how it went. Ask for comparisons of ratings of fullness on the meals that low caloric density starters were eaten compared with those when they did not have a low density starter. Inquire about which soups they found to be both tasty and low in caloric density. Also ask about the grain and legume products that they sampled. Have them share with the group which ones they liked and discuss how they prepared them to maximize their feelings of fullness while minimizing the caloric density.

C. Session Overview

This session focuses on celebrating progress over the previous year and recognizing the transition to another phase of the Look AHEAD Lifestyle program. Participants will review their progress and identify how the group and the group members have contributed to this success. The session is meant to have a party atmosphere and include some activities that facilitate celebration and appreciation of the hard work that everyone has done over the year. Care

should be taken not to make the session seem like an end – since Look AHEAD has another 3 years of intervention for participants in the group. Rather, this is a transition.

III. CELEBRATE PROGRESS

Guide participants in a review of all that they have accomplished. You can use some fun activities to help the group recognize all the weight that they have lost. For example, a paper chain that represents each pound lost can be draped around the room and participants can be offered a prize to the individual(s) who correctly guess the total number of pounds lost by the group. Alternatively, a jar of beans with the number of beans matching the number of pounds can be used for the guessing game. If you would prefer (or in addition) you can use such things as the total number of Keeping Tracks turned in, or the number of group sessions with 100% attendance, etc. The goal in these “party” games is to help participants recognize the extent of the effort and time that the group has put into the program and to feel a sense of accomplishment.

Use the worksheet entitled “What This Year Has Meant to Me” to have participants identify their successes and the things of which they are most proud. The worksheet also provides participants with an opportunity to think about what they want to focus on in the next phase of Look AHEAD. After participants have a chance to think about their own achievements and goals by filling out the worksheet, lead the group through a discussion of their thoughts on what they have done, the things of which they are most proud, and what they plan to do in the future.

IV. SAYING GOOD BYE TO THE GROUP

The frequency that group members see one another will reduce because they will move to a more individualized contact schedule, meeting with individual counselors and attending refresher groups as relevant to them. Therefore, allow group members to say good bye to one another and discuss how the group has helped them. Ask participants to identify something that another group member did or said that helped them. You can have them put it on an index card and then collect the cards to read out to the group. Suggest that it might have been a particular problem solving suggestion, words of encouragement when they were discouraged, or something that the other group member did to inspire them. Use this exercise to recognize how valuable each member of the group has been to the other group members and how the group support has been an important part of much of the success. Suggest that they may want to keep in touch with one another. Make sure that they have an opportunity to provide a current address and phone number to be distributed if they want to do that. Remind them that writing or emailing can be an effective way to stay in touch, in addition to phoning. Let the group know that you plan to have annual reunions and how important it will be for everyone to attend so that everyone can touch base with each other.

If you elected to collect recipes from each group member and develop a group recipe book for this session, distribute it.

V. MAINTAINING PROGRESS

Review with participants the importance of continuing to maintain their “Personalized Maintenance Plan” as a way to maintain their weight and weight control behaviors. Included in the plan should be a regular weigh in, graphing their weight, and being vigilant for increases in weight above their own “early warning weight.” Also encourage the continued use of Keeping Track. Provide participants with Keeping Track books for the upcoming month so that they can continue to use them. If participants are doing well at weight maintenance and object to daily recording, negotiate with them for an objective criterion which they will use to alert themselves to resume recording. For example, they might elect to self monitor if a high risk situation was coming up (while on vacation, over the holidays, etc.) or after a modest weight regain. If participants have not yet met their weight loss goal or are regaining weight, they should be actively encouraged to self monitor as often as possible.

Have the group brainstorm steps they can take if they notice that their weight is creeping up. Look for suggestions that mirror the ones that are included in the participant materials (but there may be others that individuals have found to be helpful), including use of structured meals or greater attention to portion control, increased physical activity, and Keeping Track. You can write these on the board as participants provide suggestions to make this portion of the session more interactive and less like a lecture. Also reinforce the availability of Look AHEAD staff to help reverse weight gains, encouraging participants to call if they need support or assistance.

Remind individuals of the contact schedule for the next phase of Look AHEAD.

1. Continued monthly meetings with the individual counselor.
2. Another contact with the individual counselor (email, phone, etc.)
3. Periodic special interest meetings.

NOTE: Depending upon the available resources at your clinical center, the needs (or cohesiveness) of specific groups, the time of the year (for example around the holidays), or some other factors, a clinical center may elect to continue to have regularly scheduled group meetings after the first year. Look AHEAD protocol permits an ongoing “open” support group format as well as refresher groups. Therefore, continued group meetings (mixing Lifestyle cohorts or maintaining the initial group constellation) are an option that may be considered. You are advised to discuss your plans with your local intervention team and your principal investigator and with your Lifestyle Resource Core representative to make sure that the plans appropriately use available resources and are within the protocol. Be advised, however, that there can be no additional staff for any extra group sessions, all intervention staffing must come from within the regular Lifestyle FTE provided. Further, there will not be centrally-developed group materials for additional sessions that a specific center may elect to conduct. However, there will be refresher group materials available.

The participant manual is somewhat vague on the topic of what the format and frequency of additional group meetings will be in order to allow individual centers the latitude to decide how they wish to conduct their

intervention. Therefore, the group leader will need to be clear and specific in this session about what can be expected in the upcoming months during this session. You might even consider a supplemental handout for your group members which outlines in detail just what the upcoming group meeting schedule will be for them. If you have any questions about the merits of different approaches, please consult with your Lifestyle Resource Core representative.

VI. CELEBRATION TIME!

Have a party. Provide healthy and tasty snacks and beverages and let group members mingle with one another and Look AHEAD staff. If you wish, you can have other “party games.” You might also consider providing participants with certificates of accomplishment or do something else to applaud the efforts that group members have made over the previous year. The tone of the party is to celebrate accomplishments but be careful not to make the party appear like the “end of the program” because Look AHEAD participants have another 3 years of intervention yet to go.

VII. HOMEWORK

- Q. Continue to record weight, calories, fat grams (optional), minutes active, and steps in Keeping Track.
- R. Continue to use calorie goals and meal plan to lose or maintain weight.
- S. Continue to walk for at least 175 min/week.
- T. Identify time and day next week that you will complete your weekly “check in.”
- U. Attend individual session with individual counselor and bring your Keeping Track booklets and weight graphs with you.

Sessions 0A and 0B: Welcome to the Look AHEAD Lifestyle Program

NOTE: This individual session may be spread over two or more meetings, depending on when the first group session is scheduled. This first individual visit may last up to 50 minutes. Subsequent individual visits (at weeks 5, 9, 13, and so on) will last approximately 25 minutes.

SESSION 0A

Objectives

In this session the participant will:

- Meet the Individual Counselor
- Be given the Lifestyle notebook
- Receive an overview of the Lifestyle Program
- Review the two Lifestyle Program goals and why they are important
- Discuss meal replacements and meal plans
- Discuss key aspects of the Individual Counselor–participant relationship

To do before the session

Get materials ready:

- Participant notebook and handouts for this session
- Samples of SlimFast and Glucerna for taste testing
- Packets of OPTIFAST and HMR (shaker and/or blender, if prepared on-site)
- Plastic cups for taste testing
- Photographs of study team members (optional)
- Calculate participant's weight goal

VI. WEIGH PARTICIPANT

Weigh the participant at some point during the session. If you have previously met the participant and s/he is comfortable, you can weigh at the beginning of the session. If this is a “first time” meeting, it may be better to obtain weight at the end of the session.

VII. WELCOME AND INTRODUCTION

Greet the participant. This is the first individual session for participants waiting for the group session to begin.

Hello. It is good to see you. How are you?

VIII. INTRODUCTION TO LOOK AHEAD

The most important part of this session is to establish rapport with the participant. Encourage the participant to ask questions and express concerns. This session should be conversational rather than didactic. Use open-ended questions to facilitate the participant's speaking freely. Begin by covering the following:

- Greeting and your background/role in Look AHEAD
- Participant's background
- Program overview
- Lifestyle group assignment
- Lifestyle participant binder

A. Greeting/Background & Role in the Look AHEAD/Other Staff

Hello _____. My name is _____. It is great to meet you and to have this opportunity to introduce you to the Look AHEAD Lifestyle Program. We will talk today about what it means to be in the Lifestyle Program, but let me first tell you a little about myself. My role in Look AHEAD is _____. Other staff you may have met or will meet include _____. [Use staff photo here - optional.]

B. Participant's Background

Open-ended questions should be used to elicit information about participants and allow them to talk about the issues that are most important to them. Encourage participants to share information about their family, occupation, interests, and hobbies. In addition, determine what led them to join Look AHEAD. What benefits do they hope to achieve? Try to use information you already know about the participant to begin the conversation. For example, where he/she lives or works:

I would like to know more about you. Tell me about yourself.

*Additional probes: Tell me about your work.
Tell me a little about your family.*

C. Program Overview

Provide a brief overview of the program. Indicate that it is designed to help people lose weight and increase their physical activity. We hope this will improve diabetes management and overall health. Indicate that the participant is one of 2,500 people nationwide who is receiving the program. The program is sponsored by the National Institutes of Health.

Briefly review the structure of treatment:

- **First 6 months:** Once a month one-on-one with 25 minute meeting with Individual Counselor.
Other weeks of the month, 90-minute group sessions

The meeting schedule is frequent to provide more opportunity for learning and to help participant adopt the new eating and activity habits.

Indicate that attendance in this period is very important to his/her success and discuss your commitment to participant's improvements in weight and health.

- **Second 6 months:** Once a month one-on-one with Individual Counselor
Two group meetings per month

Sessions will continue to reinforce lifestyle changes from the first 6 months and begin to address how to maintain weight loss for the long-term.

- **Year 2, 3, and 4:** Once a month meet with Individual Counselor
Group sessions may be offered several times per year (i.e., Refresher Course designed to promote weight maintenance)
- **Year 5+:** At least 2 on-site sessions each year and contact via newsletters, phone, or e-mail

Let's talk about how the Look AHEAD program is designed. During the first 6 months, you will come to our clinic every week. One week of each month, you and I will meet individually to review your progress. The remaining weeks of the month, you will attend group sessions with other participants. So, it's one individual session and 3 group sessions per month.

For months 7-12, we will continue to have our individual monthly sessions. In addition, there will be two group meetings per month. We hope that you will attend both group meetings each month but will understand if occasionally you must miss a meeting. Research studies show that on average the more intervention sessions you attend, the greater the weight losses that you are able to achieve and maintain.

After the first year, we will focus on helping you maintain your weight loss and health habits. You and I will continue to meet individually once a month during years 2, 3, and 4. We will not need to attend group sessions regularly during this time, as we did during the first year. But, you will have a chance to meet with your group from time to time.

During the remaining years, we will have at least 2 on-site sessions each year and stay in touch by newsletter, phone, or e-mail.

D. Lifestyle Group Assignment

Discuss the components of the Lifestyle Program. Using open-ended questions, ask how participant feel regarding their assignment to this group.

Stress that the Lifestyle Program is state-of-the-art and that it has been carefully designed, based on many research studies about the best ways to help people make lifestyle changes.

As you know, you have been assigned to the Lifestyle Intervention group in Look AHEAD. This program will help you change your eating and activity habits in order to lose weight. Weight loss should improve your diabetes management and your overall health. That's the goal of the Lifestyle Intervention Program.

How do you feel about being in the lifestyle group? What questions do you have about being in this group? What do you see as the potential benefit of making lifestyle changes such as the ones we've discussed? What are the concerns or possible barriers that you anticipate might get in the way of making some of the lifestyle changes?

Tell me a little about any attempts you have made in the past to make lifestyle changes, like modifying your diet or increasing your activity. What have you found most successful? What has been the most challenging?

Some people who have been assigned to the Lifestyle Program wanted to be in this group from the beginning; some hoped they would be assigned to the usual care group.

What do you think about being in the Lifestyle Program? Are there some things about this group that seem appealing to you, some things you are not so excited about?

NOTE: Some participants may express disappointment about not being randomized to the usual care arm of the study, fears of failing at the lifestyle intervention, memories of past failures at weight loss efforts, and so on. Recognize concerns, promote confidence that the participant can succeed, and give support.

If the participant is very negative, help him or her to identify some positive things about being assigned to this approach. Stress that the Lifestyle Program is state-of-the-art and that it has been carefully designed, based on many research studies about the best ways to help people make lifestyle changes.

E. Lifestyle Participant Notebook

Discuss the purpose of the Look AHEAD notebook and give contact information for staff members.

NOTE: The notebook should contain just the week 0 session. Sessions should be handed out at each visit for the first month. After this time, some centers may wish to give participants the notebook including all of the sessions for the month. This is up to your clinic. For the sake of convenience, the provider manuals are being written as if the session materials are being distributed separately at each session.

This is your Look AHEAD notebook. At every session we will give you handouts to put into the notebook and we will go over them together. Feel free to write notes or questions on the handouts. The notebook is yours to take home; just be sure to bring it with you to every session. Here are staff names, telephone numbers, and email addresses [if

available] for your records. Please contact us with questions or concerns. It is also important for you to call me if you cannot come to a session.

Give other team members' phone numbers as appropriate.

IX. WEIGHT LOSS GOAL

(Participant Manual-Page 1)

A. Healthy Balanced Approach

Introduce the balanced approach of healthy food choices and physical activity.

Now let's talk about what the Look AHEAD Lifestyle Program has to offer you. The purpose of the program is to help you learn how to reach a healthy balance between two parts of your lifestyle: what you eat and how physically active you are.

To help you reach this goal we will help you eat fewer calories and less fat. You will also learn to keep track of the calories and fat you eat every day. Keeping track will help you stay under your calorie and fat goal.

B. 10% Weight Loss Goal

Use the participant's current weight to calculate the 10% weight loss goal. The participant's weight may be slightly different from randomization weight. Current weight will be more pertinent to the participant.

As you know, a principal goal of the Look AHEAD program is to help you lose weight to improve your diabetes management and your overall health. Research studies have shown that a loss of approximately 10% of body weight helps people achieve these improvements.

Your Lifestyle Program goals will be to lose 10% or more of your weight. You will need to lose about _____ pounds. This would reduce your weight to _____ pounds. Fill in the blanks.

- *If the participant wants to lose less weight than the study goal, you may respond by saying, We will work toward this goal slowly, one step at a time. You can decide what goals are best for you. Tell me why you would want to aim for a lower weight loss goal.*
- *If the participant wants to lose more weight than the study goal, you may respond by saying, Let's work toward this goal first. When you reach this goal, we'll talk about going further. You can certainly aim for higher goals if you wish.*

To lose weight, you will need to eat fewer calories and less fat. You will learn to keep track of calories and fat and to stay under your calorie and fat goals.

C. Participant's Weight Graph

Provide the participant with his/her weight graph and explain how to graph weight.

D. Healthy Balanced Approach

Introduce the balanced approach of healthy food choices and physical activity.

Now let's talk about what the Look AHEAD Lifestyle Program has to offer you. The purpose of the program is to help you learn how to reach a healthy balance between two parts of your lifestyle: what you eat and how physically active you are.

To help you reach this goal we will help you eat fewer calories and less fat. You will also learn to keep track of the calories and fat you eat every day. Keeping track will help you stay under your calorie and fat goal.

Have you ever tried keeping track of your calories or fat grams in the past? What was the experience like for you? In what ways did it help you? What kinds of difficulties did you encounter?

X. MEAL REPLACEMENT AND MEAL PLANS

(Participant Manual-Page 2)

A. How to Use Meal Replacements and Meal Plans

Discuss how meal replacements and meal plans will be used. Session 3 will provide more detailed information. You will want to be sure to probe for participant's reactions to the meal replacement plan. This will allow you to provide further reassurance and/or information to those individuals who have concerns and identify those participants who are eager to use this strategy.

To help you stay under your calorie and fat goals, you will be encouraged to replace your breakfast and lunch with a nutritious shake and then have a dinner of conventional table foods. We call the use of these shakes "meal replacement". There is some very impressive research that shows for many individuals using these meal replacements helps them to lose more weight. Perhaps even more importantly, individuals who use these meal replacements have been shown to have better long-term maintenance of weight loss. One of the critical aspects of the Look AHEAD program is that we are focused not only on helping you lose weight but also to keep the weight off. That is often the most difficult aspect for folks, and meal replacements have been shown to help achieve this.

For the first four months, starting with Session 3, this is how the meal replacements can be incorporated into your daily diet.

You will replace breakfast and lunch with a shake or have a nutritional bar. For dinner, you'll eat approximately 500-600 calories of conventional foods. We'll provide a meal plan that suggests low-calorie, balanced dinners. Or you can select your own. The meal plans are helpful in staying under your calorie and fat goals and make reaching your weight loss goal easier. You will be given a calorie goal at the first group meeting. Most people will be encouraged to eat approximately 1200-1800. This calorie goal is based on starting body weight.

After this four month period, you can choose to continue to replace one meal per day. And you will continue to follow a simple meal plan for the other meals and snacks.

What do you think about using meal replacements?

Have you tried something like this in the past? What was your experience like?

B. Benefits

We know from other studies that following this type of eating plan has many benefits:

- *It will help you manage your blood sugar.*
- *It will make it easy to shop for food and prepare meals.*
- *You will spend less on food.*
- *We provide the meal replacements at no cost to you.*
- *It will make it very easy to keep track of the calories and fat you eat.*
- *You will have very few decisions to make about what food you will be eating.*
- *There will be fewer food temptations.*

What do you think will be the most beneficial aspect of using this type of eating plan?

What concerns do you have about trying out an eating plan like this?

C. Taste Test

Have some chilled samples of SlimFast and Glucerna available.

If the participants do not like (or tolerate) either of these, you may offer them a packet of OPTIFAST or HMR to try at home. Alternatively, if your site has a blender or shaker you can mix the OPTIFAST or HMR on site.

Discuss the participant's reaction to the taste test. Reassure persons who worry that they will not be able to adhere to the product. Indicate that people lose weight more easily when following a meal replacement than when following a conventional reducing diet.

Each site will need to devise a system of recording participant preferences in order to have the proper quantity of meal replacements or coupons available.

XI. ACTIVITY GOAL (Participant Manual-Page 3)

Discuss activity goal and review the progression table of activity. Be prepared to address issues such as wanting to do more or less than 175 minutes of activity.

You will slowly build up to 175 minutes per week of moderate physical activity, like brisk walking, by week 26. We recommend you divide this over at least five days per week.

To help you reach this goal you will learn to keep track of the activity you do every day. Again, we will show you how to do this. (If your center will offer supervised activity sessions, provide details here.) You will also be given a pedometer later in the program. The pedometer will measure steps and provide you with feedback on your activity level. We will help you to reach these goals one step at a time and to maintain these behaviors over time.

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

XII. OVERVIEW OF LOOK AHEAD GOALS (Participant Manual-Page 4)

A. Achieving Lifestyle Goals

Assure the participant that lifestyle goals are gradual, healthy, and reasonable. Let participants know that you will be there to help them acquire the skills needed to make these changes and reach the goals.

The Look AHEAD Lifestyle Program goals are safe and can be reached. We will help you reach the goals by making:

- *gradual (taking one step at a time),*
- *healthy, and*
- *reasonable changes in your eating and activity.*

The actions you take as a participant in Look AHEAD will not be extreme. For example, you won't need to do very vigorous exercise, although you may if you want. "Being active" doesn't mean you need to be a marathon runner. Instead, you will gradually increase your general activity and develop a more active lifestyle.

B. Benefits of Reaching Lifestyle Goals

Review the benefits of reaching lifestyle goals and explore the participant's personal goals for participating in the intervention. Pay particular attention to goals that may be high priority for the participant but may not be addressed in our general overall benefits. You may want to make notations about participants' personal goals (and rank order their goals in terms of highest priorities) in their chart, in order to refer to these goals later in the individual sessions. Incorporate any benefits that participants have already mentioned in your discussion by summarizing these benefits prior to asking questions about any further health benefits. Your goal here is to have participants' say out loud in their own words, self-motivational statements about why they will benefit from participating. It is more important for participants to state these reasons for participating than it is for the interventionist to state the benefits, so anything that you can do to elicit the benefits rather than tell participants the benefits would be helpful.

Explore what benefits participants expect:

What do you think will be the primary health benefits to you from participating in the Look AHEAD program and achieving these goals that we have discussed?

Are there other benefits that you think you might get from achieving the weight loss and physical activity goals?

Benefits that can be expected include the following. The program:

*a. **May improve your diabetes management.***

Losing weight and being active can improve blood sugar levels and help the body use insulin more effectively.

*b. **May prevent heart disease.***

Discuss the fact that people who have diabetes are at increased risk for heart disease.

You may also have high blood pressure or high blood cholesterol, which put you at risk for heart disease

Research has shown that losing weight and/or being active can:

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

c. *May help you feel better and be healthier in general.*

Research has shown that losing weight and being active can:

- *Relieve tension, helping you relax and sleep.*
- *Give you more energy, make it easier to get around: for example, if you are more active on a regular basis, your joints will be more flexible and you will be less likely to injure your back.*
- *Reduce your risks of colon cancer, and maybe breast and prostate cancers as well.*

d. *Will set a good example for your family, friends, and community.* *Many of us live in a family or a culture that is inactive and eats a high-fat diet. You will face challenges as you work at doing things differently. But you will also set a good example of what it is like to live a healthier lifestyle, which can be inspiring and encouraging to everyone around you.*

I know that losing weight and being more active can be challenging. But we can help you acquire the skills needed to adopt a healthier lifestyle. You and I will work as a team to make sure you have everything you need to make the necessary lifestyle changes.

The project staff is here to help. I'll be meeting with you often, and I will do everything I can over the years to help you reach and stick to your Lifestyle Program goals. I am confident that you can do it!

XIII. BEHAVIORAL MODEL

(Participant Manual Page-5)

Discuss how the program has been designed to teach healthy eating habits and ways to become more active. Let the participant know the program is designed to teach facts about healthy eating and exercise but more importantly how to make lifestyle changes. Review some examples of lifestyle changes.

Changing behavior is challenging but rewarding. You can do it, and we are here to help. The Look AHEAD Lifestyle Program has been carefully designed. It is based on many research studies conducted to evaluate the best ways to help people change.

In this program we will help you learn the facts about healthy eating and being active. Our staff includes experts in nutrition, exercise, and helping people develop healthy habits. We will give you the most up-to-date and accurate information.

But knowing the facts or what to change is not enough. You also need to know how to change. So we will help you learn what makes it hard for you to eat healthy and be active, and learn how to change these things so they work for you, not against you.

For example, you will learn how to find the time to be active, how to ask for what you want when you eat out, or to stop pessimistic thoughts. All this plus you will get long-term support from the Look AHEAD staff to help you make and stick to those positive changes you make.

XIV. OVERVIEW OF SESSIONS

(Participant Manual-Page 6)

Review the session and topic schedule for the first 6 months.

This page shows you the topics for Sessions 1 through 26. During the first six months, as we previously discussed, you will meet once a week with other Look AHEAD participants in group sessions and we will meet together for five individual sessions (shaded on table).

XV. INDIVIDUAL COUNSELOR-PARTICIPANT RELATIONSHIP

(Participant Manual-Page 7)

Introduce the guidelines for establishing a “winning team” with the participant. Review the list of expectations in participant manual. Let the participant know they can count on you to help them reach goals, answer questions, be honest, and provide support. **NOTE: The “signed” agreement could offend or intimidate some participants. You may choose not to have the participant “sign” the agreement, simply review the list.**

I want to make sure that you achieve your best possible results in our program. I have found, in helping other people, that you will probably be most successful if you:

- ***Come to all the sessions.*** *If possible, and don't forget to bring your Lifestyle Program notebook with you.*
- ***Do your best to reach your calorie and activity goals.*** *That includes doing your home activities to practice what you learn.*
- ***Keep track of what you eat and keep track of your activity seven days a week.*** *We'll talk with you more about this in later sessions. It's always very important to be as accurate as possible in your record keeping.*
- ***Keep track of your weight at home.*** *We will also weigh you here at each session. By weighing yourself at home, you will be able to see the pattern of your weight from day to day and see how your changes in eating and activity affect your weight.*
- ***Let me know if you have any problems.*** *Ask questions when you don't understand something. I am here to help and I need to know when you are having any difficulties. There is no such thing as a “stupid” question. It's smart to speak up when you have a question.*
- ***Stay willing and open to change.***
- ***If possible, please call 24 hours ahead if you must miss a meeting.*** *For example, call before Monday afternoon if you must miss a Tuesday afternoon meeting.*

Some participants, because of their cultural heritage or personal history, may consider it rude to ask questions or to bring up difficulties. This is true, for example, of many

Hispanics. With these participants in particular, be sure to express your acceptance and appreciation when they voice their questions and concerns.

I will help you in any way that I can including:

- ***Going over your food and activity records.*** *Noticing what you are doing well and what can be improved upon. Noticing what you are doing well is one of my most important jobs. I will encourage you and support you and appreciate your efforts.*
- ***Answering your questions.*** *It is important that you feel free to ask me any questions you have, and I will get the answers for you. Please remember that the Look AHEAD staff are experts and our job is to teach skills and make our expertise available to you in any way we can.*
- ***Standing by you when you need me to support your changes.***
- ***Believing you can reach your eating and activity goals.*** *We all need someone to believe in us when we are making changes for the better. I know you can do it, and when you get discouraged, I will be here to provide feedback.*
- ***Supporting and helping you for all the years of the Look AHEAD study.***

Is there anything else you would like me to do to help you?

NOTE: You may choose to have some participants return for another individual visit prior to beginning the group program. This would be appropriate with participants who have a long wait prior to the first group session or with those you think need additional attention. If a second individual session is desired, follow session 0B of the manual. Otherwise, conclude this session and schedule participants for the first group session.

XI. FOR MY FAMILY AND FRIENDS

Participants may find this handout helpful when discussing the Look AHEAD program goals with family members and friends. Encourage participants to use this if they feel it will increase support from family and friends.

XII. HOMEWORK

Several supplemental handouts may be helpful for the participant to complete prior to the OB session.

The Individual Counselor can decide which handouts to use. It is not necessary to have the participants complete all of the handouts. Select the handout(s) which address topics most appropriate for the particular participant.

Information from these handouts will not be entered as data.

Example:

You mentioned you had some concerns about meeting the physical activity goal of 175 minutes. For our next session, it would be helpful if you could think about and answer a few questions on this handout.

The questions are related to your past experiences with physical activity and what you like and dislike about physical activity. We can talk about your thoughts during our next session.

XIII. CLOSE

- A. Address participant questions
- B. Provide a next session reminder
- C. Thank the participant

Do you have any questions I can answer for you?

Our next session will be _____

It was a pleasure to meet you and I look forward to seeing you next time. Thank you for coming in today.

SESSION 0B

Objectives

In this session the participant will:

- Receive additional individual attention
- Review program goals
- Review supplemental handouts (if assigned at 0A)

To do before the session

Get materials ready:

- Supplemental handouts

I. WELCOME AND INTRODUCTION

Greet the participant. This is the second individual session for participants waiting for the group session to begin.

Hello. It is good to see you again. How are you?

II. LIFESTYLE GOALS

Briefly review the lifestyle goals and address any questions.

We talked about the goals of the Look AHEAD program last time. Do you remember the two goals we discussed? Tell me what your thoughts have been about the program and the goals and that we discussed.

We talked about the benefits that you might achieve by losing 10% of your current weight and increasing your physical activity to 175 minutes each week. What have your thoughts been about the benefits of these changes now that you've had some time to think about it?

What concerns do you have about participating in the program, that is, making the dietary and physical activity changes in a gradual way?

Remember, we are going to work together to make the eating and physical activity changes necessary for you to achieve these goals.

III. SUPPLEMENTAL HANDOUTS

Review any handouts participants were asked to complete. If they forgot to complete the handouts, you can work on them together. The Individual Counselor should have blank

copies of the handouts to complete for the participant's chart. The information on these handouts will not be entered as data.

The following provides an overview of the supplemental handouts:

A. Remember Your Purpose Handout

Elicit from participants what they hope to gain from being in the program. Then, you can emphasize the positive aspects of the intervention, relating them whenever possible to issues of personal value to the participant. The benefits for the participant for participating in the Lifestyle Program may include the following:

- has the real potential to improve diabetes management
- will reduce the participant's risk of heart disease and stroke
- will help the participant look and feel better and have more energy
- will make the participant's family and friends proud
- will set a good example for children, spouse, friends, and community
- will contribute to scientific research findings that will then improve health care practices for the community

Encourage the participant to provide specific details, in images or words that can be recalled later as a source of motivation. One way to do this is to ask the question:

If you are totally successful in achieving the goals that you have for yourself, how will your day to day life be different? Please give me all the details you can think of that will be different if you achieve your goals.

Explain to participants that this worksheet can be very useful in helping them stay on track when motivation might lag in the future. Therefore, you will ask them to save it to refer to later when a "motivating" boost is needed.

B. Weight/Eating/Physical Activity Handout

This handout is designed to illicit information about the participants' past experiences and current feelings regarding weight, eating and physical activity. Use open-ended questions to find out what the participants expect will be similar and/or different from their previous experiences in weight loss and exercise programs.

C. How Ready Are You Handout?

This handout may be helpful if the Individual Counselor feels unsure about the participant's readiness. Use responses to address any barriers and provide encouragement. A useful approach can be to ask participants on a scale of 1-10 to rate how ready they are to make dietary and activity changes to produce weight loss. Whatever number they pick, ask them why they are not one number lower. Clarify and summarize why they think they are as motivated as they are. After you have summarized

using their own words why they are motivated, you can ask what they think it will take to get them to the next highest number. An example is printed below.

I would like to ask you to give me an idea of how ready you think you are to make the diet and physical activity changes we have discussed. Use a scale of 1 to 10, with 1 being not at all ready to make any changes and 10 being totally ready to make all changes to your diet and activity.

So, you think you are about a six, sort of in the middle of the scale. Tell me what makes you a six instead of a five or a four?

Tell me what you think it will take to move you to a seven in readiness.