

# PROMOTOR(A) COMMUNITY HEALTH MANUAL

Instituto Familiar  
para la Prevención y Control de la  
Diabetes



DEVELOPING A  
COMMUNITY BASED  
DIABETES SELF-MANAGEMENT PROGRAM



*Campesinos  
Sin  
Fronteras*

**PROMOTOR(A) COMMUNITY HEALTH MANUAL**  
**Diabetes Self Management**

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## The Purpose of this Manual

The purpose of this manual is to serve as a guide and support to *promotores/as de salud* (community health workers), their supervisors, and their organizations in creating or refining a community-based diabetes self-management program. To this end, the manual is a compilation of experiences, testimonies, and tools from nine *promotoras* engaged in designing and sustaining a program of community support to farmworkers and their families in an Arizona-Mexico border community. The *Campesinos Diabetes Management Program*, originally funded by the Robert Wood Johnson Diabetes Initiative, continues to respond to the needs of the community in addressing the devastating impact of diabetes. While this manual was designed within the context of a Latino, migrant community on the U.S.-Mexico border, we believe that the lessons learned are relevant to diverse communities and programs.

This manual provides a conceptual framework for a community program that is based in the Community Health Worker, or *promotor/a*, model. The **objectives** of this manual are:

- 1) To provide a general orientation to the philosophy and preparation of *promotores/as* dedicated to providing diabetes education and support services to their communities.
- 2) To explore specific aspects of diabetes self management that may not be addressed in clinical care such as: managing stress and depression, the inclusion of the family in promoting self management, and the role of spirituality in caring for diabetes.
- 3) To provide *promotores/as* and programs with practical strategies, tools, and suggestions that will assist them in working effectively with their community.
- 4) To consider programmatic aspects of a clinical versus a grassroots setting for a *promotor/a* diabetes self-management program.

## **The Effectiveness of the Approach**

Campeños Sin Fronteras in collaboration with the Mel and Enid Zuckerman College of Public Health at the University of Arizona conducted program evaluation designed to measure the effectiveness of the CDMP program described in this manual in improving self management behaviors and health status among program participants. The purpose of the evaluation study was to understand the impact of the *promotor/a*-driven intervention in developing social support which then facilitated self management behaviors and improved diabetes control among members of a farmworker community on the U.S.-Mexico Border.

CDMP, based on the *promotor/a* model, developed over time to include support groups, home and hospital visits, telephone follow up, and advocacy for people with diabetes. The evaluation design utilized pre/post questionnaires that were administered upon entry into the program and at one-year follow up to investigate the relationship between *promotora* activities, participants' perceived support, and clinical results. The clinical data was compiled from participants through their routine visits with their medical providers.

Pre/post clinical data was available for 70 participants. Results showed that Hemoglobin A1C had decreased by 1% among high risk participants (HbA1C levels greater than 6.9) over the one year period. This improvement was associated with two *promotora* activities, participation in support groups and individual advocacy. The participants reported increased support from their family members and friends, as well as greater confidence in talking to them about the impact of the illness on their lifestyle and emotional wellbeing. Evaluation results provide evidence for the effectiveness of a culturally sensitive approach such as the *promotor/a* model in the management and control of diabetes among Mexican American farmworkers.

The information in the following pages was developed through evaluation interviews with the *CDMP promotoras*, who then reviewed, compiled and augmented the manual to include what they felt are the essential elements of their success.

## **The Intended Audience for this Manual.**

As we began talking to members of our community about the development of the *Campeño Diabetes Management Program (CDMP)* we became aware that many of our assumptions about what it meant to help people self manage diabetes needed to be reconsidered. First, we realized what a tremendous challenge we had undertaken. Everyone we met had diabetes or had a family member with diabetes. Second, it seemed that very few people had any idea how to prevent or control diabetes, and as a result those with the disease often lived in a state of fear or denial. Third, we became aware of the overwhelming impact of depression among our participants and the inadequacy of local resources to respond in a timely and culturally competent manner. The CDMP *promotoras* thus became aware of the enormous and complex needs of their community, as well as their dedication to serving those needs. Over the course of three years, the CDMP *promotoras* developed and refined strategies to provide a system of community support for diabetes. It is our desire to share the lessons we learned with other community health workers and those engaged in similar work. Specifically, the intended audience for the manual includes:

- ◆ *Promotores/as*, also known as community health promoters, community health workers, lay health workers, community health representatives, and community health advocates, as well as others who offer their services to their community.
- ◆ Those responsible for supervising *promotores/as* and/or developing *promotor/a* programs.
- ◆ Those responsible for designing and running programs with a health, social service, or community focus.
- ◆ Community leaders who seek to promote the development and improve the health of migrant workers.
- ◆ Other people and groups with an interest in the *Promotor/a* Model.

This manual is not designed to be a comprehensive source of information about diabetes self care for *promotores/as*. Rather the goal is to share our experience with *promotores/as* and those who work with *promotores/as* to inform the development of their own programs. We also hope to motivate *promotores/as* who are dedicated to this difficult work to continue to address this disease and improve living conditions in their communities. This manual does not include didactic techniques to build *promotor/a* skills in group facilitation, although we do provide

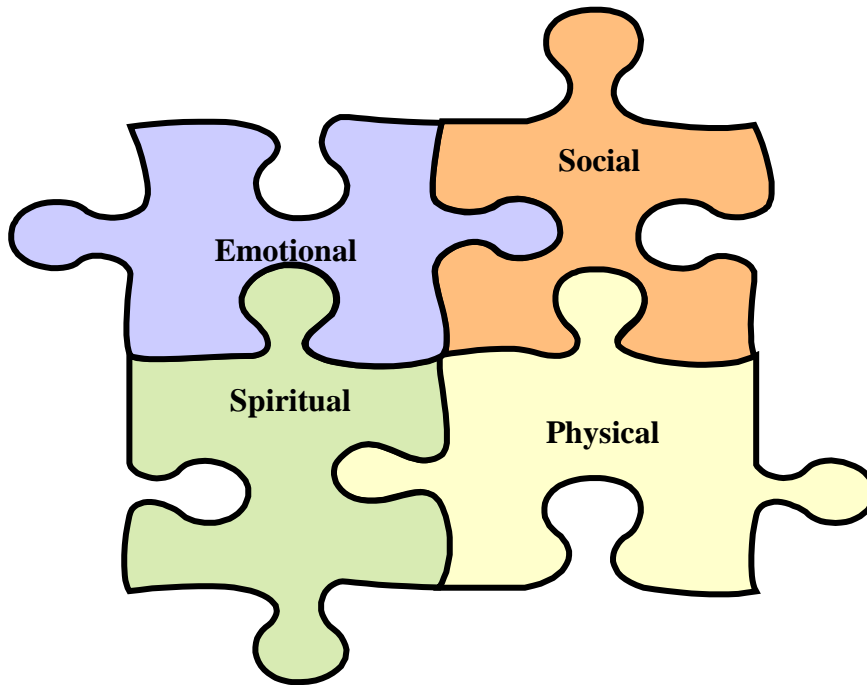
examples of the techniques that we use. We recommend that the following pages be used in combination with many other complementary educational materials.

We hope this manual will be useful to novice *promotores/as* in recognizing and taking pride in the unique gifts they bring to their work. The manual will also serve experienced *promotores/as* who may benefit from our experience in addressing the severe physical and emotional impact of diabetes, not only on those with diabetes, but on members of their families and the community as a whole.

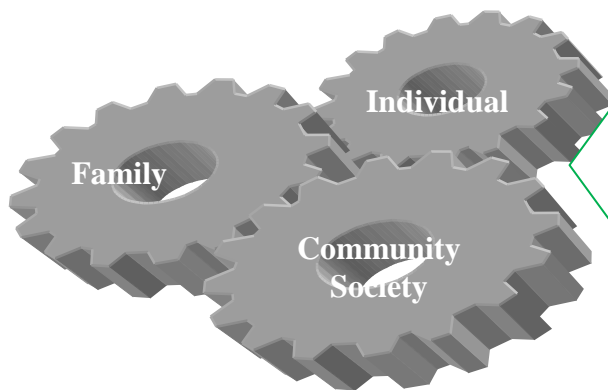
*...Floribella Redondo, Emma Torres, Idolina Castro, Angélica Villaseñor, Maia Ingram*

## Ecological Model.

CDMP is project based on the *promotor/a*-model. In our *promotor/a* model a person is conceptualized as a being shaped by multiple influences (emotional, social, spiritual, physical). We consider it of great importance to attend to each of these areas in an integrated way to achieve a state of being that is complete and transcends the physical state of having diabetes.



### Integration of a Person



We also visualize a person as one of a series of gears through which we are interconnected with other people. Therefore, it is important to develop support for diabetes self management that includes the family and the entire community.



## Chapter I. *Promotores/as*

### What is a Promtor/a?

A *promotor/a* is a person who educates their community about health issues or social wellness in order to prevent and control illness. He or she is a person who represents the economic, educational and social status of their community and understands the culture, language and needs of community members. The *promotor/a* has a commitment to the community, knows the community intimately, has the heart, the readiness, the compassion, and understanding to help people in need. The *promotor/a* knows the culture and uses it to positively influence people to succeed in making changes that have the potential to greatly impact their health, that of their families, and the people that surround them.



### The Mission

The mission of a *promotor/a* in diabetes self management is to educate, capacitate and motivate his or her clients to accept and value themselves. *Promotores/as* can support community members in discovering that although they have a chronic disease, they can control

the quality of their lives, not only physically but emotionally. Finally, by always valuing their worth, *promotores/as* help clients to recognize their importance as human beings in our society.

### **The Role**

The role of the *promotor/a* is to educate and transmit information in a way that improves communication between health institutions, doctors and nurses, and the participant. In or out of a clinical setting, the *promotor/a* plays an important role as part of a medical team that cares for a patient or participant with diabetes. He or she is among those that regularly: 1) Identifies and channels a participant to initiate medical care; 2) Secures the means through which participants are successfully cared for; 3) Informs participants about their rights as patients; 4). Ensures that participants understand their medical information; 5) Has the means to help patients acquire their medication and glucometers; and 6) Conducts continuous follow up in order to monitor participant progress in controlling diabetes.

### **Qualities of a Promotor/a**

It is said that a *promotor/a* has natural qualities that enables them to do this work such as compassion and empathy. In addition to being born with certain qualities, other qualities can be learned in order to be a good *promotor/a*.

- ☉ **Understanding** – This quality is very important since in understanding the problems of others a greater empathy, communication, and respect is achieved between *promotor/a* and participant.
- ☉ **Prudence and confidentiality**– These are indispensable qualities because a *promotor/a* always must be careful not to offend anyone and keep in complete confidentiality all that is shared by a participant. He/she is an example for others, and prudence helps him/her do his/her work better and be respected in his/her community and among the population with whom he/she works.
- ☉ **Persistence** – A *promotor/a* must be persistent in the sense that he/she tries any and all means to get people to participate in the groups and makes changes in their self management practices. He/she will provide ongoing follow up so with those who participate. Persistence is indispensable in *promotor/as*, because if they gave up easily they would not achieve their objective with their clients.
- ☉ **Patience** – Patience is essential. In many occasions, the *promotor/a* is confronted with situations that they did not plan for. Having patience is influential in many ways, especially when the *promotor/a* must use patience as a tool that helps him or her to understand his/her participants and not to judge them if they don't make the changes that he/she is hoping they will make. A *promotor/a* has to understand that each person has a

different perspective when it comes to changing their lifestyle, and be ready to respond to whatever is needed.

- ☉ **Trustworthy** – The *promotor/a* must know how to gain the trust of the participants; when the participants see that a person is trustworthy, they open their hearts and share their problems, doubts, fears, worries, and in this manner it is possible to help them make the changes that be beneficial to them.
- ☉ **Know how to Listen** – This is one of the most important skills in the work of a *promotor/a*. People who are seeking help see that the *promotor/a* really gives them their attention and is interested in their health and emotional problems. Upon feeling heard they will know that they will receive the help that they need.
- ☉ **Friendly** – A friendly person is adaptable and capable of being sociable with all people, accepting them as they are. Being friendly is also part of a good leadership with participants.
- ☉ **Visionary** –To be visionary means to always seek what is most appropriate for the participants, to know intuitively what is going to help them control their illness, not only in the present, but also in the future.
- ☉ **Enthusiastic and Innovative** – The *promotor/a* must be enthusiastic and innovative to be able to transmit energy and joy and to motivate the participants to continue to achieve positive changes.
- ☉ **Leader-** Every person who wants to be a *promotor/a* will benefit from leadership qualities. It is difficult to be a *promotor/a* if you are not able to maintain the attention and respect of a group of people that you hope to motivate to change their lifestyle behaviors. A good leader teaches by their example and not only by their words, so it is very important that the promotora is a good example.
- ☉ **Versatility** – This is required in order to come up with creative presentations such as dramatizations, to have the capacity to speak or to act in front of a group, and to have control over the group dynamic in order to ensure that the information is communicated effectively to all participants.
- ☉ **Spirit of Service** – Having a spirit of service is to have the humanity to work with people to the extent that they need it and in the appropriate manner, all the while with enthusiasm, knowledge and motivation.
- ☉ **Self Esteem** – A *promotor/a* ought to love herself and convey a healthy self esteem that enables her to be compassionate with others. By modeling a healthy self esteem, she is able to demonstrate to the participants that they, too, should care

**You can never give what you don't have, therefore, it is indispensable that the promotora has or cultivates a strong sense of self esteem.**

for and love themselves, and that this is done through personal action, such as taking care of one's health. (If we don't love ourselves, how can we teach others to love themselves.)

- ☉ **Stay Updated**– Those with a chronic disease, such as diabetes, need to be informed about their illness and how to control it and avoid complications. The *promotor/a* is in many situations the only source of information for the participants, therefore, they must be up to date regarding available resources to aid in the care of participants. Every day they discover new things which can be useful in the achieving the growth of the participants. To be up to date also refers to having interest in learning how to improve your work. Furthermore, the *promotor/a* must offer the participants new information and techniques in order to capture their ongoing attention and in order for the new information available to improve their quality of life.
- ☉ **Compassionate** – To be conscious of human pain is to put yourself in the place of a participant, to want to help others with compassion and commitment to fellow human beings, without judgment and with sole aim of helping, not only receiving a salary, but because one feels this desire to understand and to help.



- ❖ **Creative** – Creativity is a very important quality for a *promotor/a*, being creative implies that he/she is able to come up with new ideas of how to help a participant and to implement new techniques, to apply knowledge that the participants already know, but in a way that awakens their interest. Being creative is often a challenge that must be mastered in order for a *promotor/a* to be effective in the work that he/she does.
- ❖ **Flexibility** – Having the disposition to work flexible hours and in non-traditional work sites is an important quality. To be accessible means being able to adapt to the needs of the participants. For example, there may be a person that needs a home visit after 5:00 in the afternoon. The *promotor/a* is committed to making the visit or finding another way to respond to this need. A *promotor/a*'s work is not limited to an office, but rather is in the community in which he/she serves, and it is not limited only in helping participants in the places where they meet as a group, but also to be ready to help them inside and out of the office or place where they work.
- ❖ **Initiative** – The ability to take initiative means that the *promotor/a* is not waiting for her supervisor to tell her what she has to do or what her participants need. Taking initiative reflects the concern that the *promotor/a* has for her community, that is to say, she observes the needs and tries to find what is the best for that population, looking for resources, asking for help when necessary and acting before problems appear.



## Chapter II - Recommended *Promotor/a* Training for Community-Based Diabetes Self Management Program

In order to become a *promotor/a* working in diabetes prevention and control, the CDMP *promotoras* feel it is important to have a strong foundation of knowledge about diabetes, to be well trained, and to have the correct information in order to be able to share it and help others. Below is a general list of important training themes for a *promotor/a* working in diabetes.

### **Basic Training**

- ▶ What and who is a *promotor/a*?
- ▶ What is diabetes? (Symptoms, types of diabetes, hypoglycemia, hyperglycemia)
- ▶ Control, management, and prevention of diabetes.
- ▶ Diabetes complications.
- ▶ What is hemoglobin A1c.
- ▶ Use, care and management of the glucometer.
- ▶ Healthy nutrition and portion-sizes.
- ▶ Cholesterol and diabetes.
- ▶ The importance of physical activity.
- ▶ Strategies and goals in diabetes self management.
- ▶ Communication: Management of family relationships.
- ▶ How to create intentions and goals to live a healthy life.
- ▶ Important advice on how to talk to your doctor.
- ▶ Diabetes and the family.
- ▶ Management of chronic disease.
- ▶ Relationship between diabetes and other chronic disease.
- ▶ Types of leadership.
- ▶ How to facilitate and manage groups.
- ▶ Outreach to the community.
- ▶ Available resources in the community.

## **Behavioral Health**

- ▶ Diabetes and depression.
- ▶ Managing your emotions.
- ▶ Stress and depression.
- ▶ Self esteem.
- ▶ Relaxation Exercises.
- ▶ Self help/Participation in support groups.

## **Other Suggested Themes**

- ▶ Growing old and loss of memory.
- ▶ Motivation.
- ▶ How to take care of your health.
- ▶ Family violence.
- ▶ Healthy heart.
- ▶ Osteoporosis.
- ▶ Smoking cessation.



## CHAPTER III.

### Program Strategies

When we begin to work with a person with diabetes, CDMP *promotoras* offers basic diabetes education classes that include the following topics:

- ✘ What is diabetes;
- ✘ Nutrition;
- ✘ Medication;
- ✘ Glucose control;
- ✘ Care and use of your glucometer;
- ✘ Foot care;
- ✘ Diabetes complications;
- ✘ The importance of physical activity.

We also initiate regular phone calls and home visits. With these activities we hope that a majority of the participants will make changes. Nevertheless in many cases the classes are not sufficient in providing participants what they need to control their diabetes. Not only do they need classes, but also personal visits from CDMP *promotoras* in order feel encouraged and supported. This is partly because in many cases, participants report that their families are not helping them with their needs. Furthermore, participants have other problems that are a constant worry to them, such as how to contribute to the economic needs of the household when they are unable to work because their diabetes is out of control. The home visits are very important because in these visits the CDMP *promotoras* become part of the participants' lives and they feel safe in sharing their problems without reservation. Furthermore, the participants feel more comfortable asking questions, perhaps ask that the CDMP *promotora* read a letter for them, or that they make a telephone call.

### Support Groups and Home Visits

When they face difficult life situations, the participants are unable to pay the necessary attention to their diabetes self management which in turn causes them to become stressed out, which consequently has a negative impact on their glucose levels. Thus, the principal reason that



CDMP *promotoras* decided to form support groups was to give the participants the opportunity to share their worries and help each other and, as well as their ideas about how to control their illness and live a normal life.

The CDMP support groups were initiated as a means to provide information to participants, to learn, and at the same time to share with other people who had the same illness about their thoughts, experiences, and challenges related to having diabetes. Today the support groups are the heart of the program. Below are specific activities to conduct successful support groups and home visits identified by the CDMP *promotoras*.

- ▶ **Establish a relationship with the participant** –Develop a friendship in which participants are willing to share information about problems they have. The *promotor/a* takes on the role that is the most useful to the participant at any point in time. Many times this implies being present and providing support in a crisis so that the participant does not give up.
- ▶ **Help them to develop life skills** – Present themes that help participants manage stress, deal with depression, build self esteem, make and maintain personal goals, and problem solve.
- ▶ **Motivate participants** - Ensure that they continue to care for themselves and their illness. Remind them of the importance of physical activity, taking medication and following other medical recommendations, and not missing medical appointments.
- ▶ **Reinforce and follow up on information that participants receive from the clinic**– At time this means a review of what is nutrition, portion sizes and complications. Other times it means taking the time to explain that doctors are very busy and that they will talk quickly and in a language that they probably don't understand. For this reason they ought to write down and bring their questions and worries to their medical visit so that the doctor does not forget to respond or respond too quickly.
- ▶ **Maintain telephone contact** – The *promotores/as* should call participants regularly to remind participants of the support group or their doctor appointments.
- ▶ **Home visits** – Depending on the necessity of the participant, the *promotor/a* can offer follow up until they have stabilized.
- ▶ **Peer Support** – This is achieved through the support groups. In some cases participants may start their own support group. In CDMP, a participant had to have her foot amputated and the other members of the group organized a visit to the hospital to encourage her, give their support and be with her.
- ▶ **Referrals to or help with community services** – A key role of the *promotor/a* model is

to build a bridge between community members and the broader network of medical and social services. This is the manner in which *promotores/as* help to fill the gaps between participants and community resources. Help includes helping a participant fill out a form, make an appointment, or find the right person who can help them. In addition, the CDMP *promotoras* actively sought out additional community resources that could help participants avoid complications associated with diabetes.

- ▶ **Work with the whole family-** The *promotor/a* should always try to include family members as part of the team that cares for the participant, as well as to encourage them to make changes in their own lives that will lower their risk for diabetes.

### Reflections

- The support groups provide a means of sharing and reinforcing information about diabetes self management.
- Participants have many problems more urgent for them than diabetes and thus they are under stress. In the support groups it is useful to include coping skills such as communication, stress management, self esteem and depression. (CDMP also offers workshop about depression and self esteem developed by invited psychologists from the community.)

*The support groups and house visits extend a friendly hand to those in need*



- Support groups are of major importance to people with diabetes, which, in addition to providing information, provide them with the opportunity to share with others and create a network of peer support that helps them to feel affiliated and important to others.
- The support groups, in collaboration with the clinic, have had a great impact on the health of participants. In CDMP, we have seen participants decrease HbA1C levels from 12.8 to 7.0 or less. In two cases, their doctor decided that participants no longer needed medication, and these individuals have used the support groups to help them control their diabetes for over a year.



## CHAPTER IV. Motivating Participants to Practice Self Management

In our experience, the ability to self manage diabetes depends upon having ongoing stability and support. The support groups and home visits provide that stability even when participants encounter difficult life events. We have found that ongoing involvement in program activities motivate participants to maintain self care. Participants feel motivated to engage in group activities when they feel respected in the group setting. In the support groups and home visits, the CDMP *promotoras* have strategies to encourage participation:

### CDMP Strategies

- ✘ **Create good relations between participants** – This begins the moment that they arrive as a new member at the support group. They are welcomed and asked that they present themselves in order to encourage them to participate in the group, making sure that they feel important from this moment on.
- ✘ **Encourage them to take initiative** – Group members are invited to participate in presenting information on the day's theme of the support group with the CDMP *promotoras*. They help them to prepare and give ideas about what they would like to talk about in the group.
- ✘ **Provide new information** – Without a doubt, the fact that they are given new information continuously is a way of instilling the desire to attend the support groups, which would otherwise be boring and routine.
- ✘ **Participatory techniques** – Everyone is always encouraged to be interactive with the CDMP *promotoras* and the participants.
- ✘ **Use creativity** – As part of the motivation, CDMP *promotoras* constantly use creativity to surprise participants with activities, new ideas, and bits of information that motivate and exploit their own creativity
- ✘ **Recognize important dates** – We make a point of celebrating birthdays, mother, father, and grandparent's day and other festive days.
- ✘ **Support them in times of crisis** – Being with them when they experience a loss, such as the death of a family member, a serious illness, or some other type of loss.
- ✘ **Inspirational messages and reflection** – Beginning the sessions with a positive thought for reflection is a way to motivate participants, many of whom come to receive their message for the week and take it to their families.

- ✘ **Use diverse forms of communication** – Different teaching skills are used in the group meetings, since people’s interest is captivated in different ways, some visual, others auditory, and some by other ways of learning.
- ✘ **Using goals** – It is helpful to the learning process to help participants make and meet new goals each week.
- ✘ **Constant positive reinforcement** -Remembering their own value, the value of their families, the group, their community, and of course the *promotoras*.
- ✘ **Incentives** – Offering small incentives that are motivating, such as books that are interesting to them, pencil holders, etc. (generally, these are donated by other agencies or institutions).
- ✘ **Advocacy** – Facilitating additional support such as referrals to community agencies, health services and other resources participants may need is a way to provide additional security, confidence and hope that they will be able to solve whatever problems they are facing.



## CHAPTER V. How to Include the Whole Family

### The Importance of Including Family

The orientation of family members towards the person diagnosed with diabetes is extremely important. Any member of the family that is involved in the care of that person is in need of education, just as the patient is, so that they can facilitate the lifestyle changes that are necessary to control the disease. It is especially important that the members of the family who live with the family understand the demands of self management practices.

There are many ways to work with the family in a diabetes program. For example, home visits provide the *promotor/a* with the opportunity to encounter family members and include them in their talks. Family members should also be included in the basic diabetes education classes because it is important for everyone to understand how diabetes affects one's health, their state of mind, as well as how they can take care of themselves. Another option is to involve the family in a program or curricula designed for the family, such as "Diabetes and the Family". CSF collaborated in the creation of this tool to work help families in both caring for the family member with the disease, as well as to learn how to prevent the disease among those at risk. The curriculum can be found in Spanish and English at the following website:

[http://www.crcphp.publichealth.arizona.edu/borderhealthsi/family\\_familia.aspx](http://www.crcphp.publichealth.arizona.edu/borderhealthsi/family_familia.aspx)

### Things to Consider When Working with Families

- ◆ **How diabetes affects the whole family** - Without a doubt, a person with diabetes needs all the support that a family can offer, particularly since their relationship with their family will be determined by the level of control they have over their illness and vice versa.
- ◆ **How to include the whole family** – A diabetic person needs to be able to share their worries with others, to laugh, relax, redefine their situation, accept the inevitable, be spontaneous, and look for alternatives. Family members can have a central role in helping them fill all of these needs.
- ◆ **Communication between family members** – The family can create a feeling of closeness, express a positive outlook both physically and verbally, and offer warmth and affection that only a family can offer.

- ◆ **How the family can participate in a healthy lifestyle** – Family members influence each other's health, and therefore if the whole family makes changes in their nutrition and physical activity it can have a positive impact on diabetes self management. Family members can eat together at the same time every day, and they can plan activities together both to relax, and be physically active.



## Chapter VI – Depression, Stress and Diabetes Self Management

While many programs focus on providing diabetes self management education, the CDMP *promotoras* found that successful self management was much more complex than they first realized. The number of support group participants experiencing depression and the severity of their depression was overwhelming. When they tried to connect their participants with behavioral health services, they were faced with further difficulty. Waiting times for initial appointments were long, those who had received services were dissatisfied with their cultural competence, and above all, the community stigmatized mental health issues making it difficult for their participants to ask for help. In the CDMP *promotoras*' view, many of their clients were caught in a vicious cycle in which depression negatively impacted their capacity to manage their disease, which, as it grew out of control, was further debilitating to their mental health. For this reason, managing stress and depression in the support group setting became central to our program.

### **Depression in People with Diabetes**

The CDMP *promotoras* have encountered many patients in their program who express suicidal emotions. Many of them believe they do not matter to anyone, and they ask themselves, “Why am I here?” They feel that they are not worthy of anything. It was not easy to realize that the great majority of the program's participants were suffering from depression related to their illness.

Worsening the problem is the fact that in many communities the behavioral health system does not reach the population. In our community there is a great lack of knowledge and education about the experience of depression in people with diabetes. They find themselves in a hole and cannot find someone to give them a hand to get themselves out. The support groups that are offered by the CDMP *promotoras* have been the hand that helps them get out of the hole that they are in.

### **Typical Characteristics of a Depressed Person with Diabetes**

- **They don't practice self management** – When a person is depressed, they have lost energy, they have lost interest in everything, sometimes they have even lost their capacity to love. A depressed elderly person with chronic disease is not going to have a good attitude, does not even want to think about taking their medications, exercising, and



eating well. A depressed person loses the capacity to think positively, they lose their love for themselves, and frequently their family does not know how to help them.

- **They have fatalistic thoughts**– They think that there is nothing to be done. “What is the point of taking care of me, what is the point of eating so little when I am just going to die anyway?”
- **They feel isolated** – Although they have family members, they feel as if they are alone. Many women say, “I have so many children and nobody comes to visit me”. Many times the lack of communication in a family creates a feeling of isolation for the person with diabetes.
- **They don’t have skills to help them overcome the disease**– They have negative thoughts such as “I am not worth anything, it would be better to die.” Any incident can bring them down and they don’t know how to react positively to events in their lives.
- **Their depression affects the whole family** – Family members should also be informed and involved in how to treat depression in the depressed person because it affects the whole family.



## How can the *Promotor/a* help a person with Depression?

*Promotores/as* ought to be well informed and educated about what depression is, how it manifests itself, and how to identify when a person is depressed and needs medical help. One option is that the *promotores/as* evaluate the participant using a diagnostic tool entitled the Patient Health Questionnaire 9 (PHQ9). This evaluation is very short but provides an indication of whether the person would benefit from referral to a doctor. One commonly encountered barrier is that the participant has to wait a long time to receive mental health services even when he/she is demonstrating symptoms of depression. In other cases, the participant may not want to go to a mental health professional because they feel ashamed or that “they are not crazy”. There is much that the *promotores/as* can do for these individuals through weekly support groups.

The *promotores/as* can help....

- ✿ **Make sure that the person understands that diabetes is controllable** and that diabetes is a common experience among those with diabetes.
- ✿ **Listen and show compassion** – What makes a *promotor/a* most effective is the compassion that she has for the people she works with. It should be recognized that many times a person with diabetes or other chronic disease desires no more than to be heard by someone.
- ✿ **Recognize those with the most need** – When a depressed person is identified, it is possible to give them more attention, calling or visiting them frequently. What they need most is a friendly hand.
- ✿ **Let them know how important they are** – Letting them know that the *promotores/as* are their friends, their confidants, and that they are here to help.
- ✿ **Facilitate referrals and medical services** – The *promotor/a* should develop relationships with the mental health providers so that they are able to refer their participants to receive mental health services in an adequate and timely manner.
- ✿ **Teach the participants the capacity to manage the stress that accompanies diabetes** – People with diabetes can learn to live a normal life but they need to know how to manage situations that occur in daily life in an effective manner. Many of those people who learn to manage their disease re-establish control very quickly and their depression is alleviated. They realize that their lives are better, and that the changes they have made have a positive effect on their whole life. They also learn not to focus on what they cannot fix.

*If a person is depressed and doesn't want or is unable to attend the support groups, one way to help them manage their depression and control their diabetes is to suggest that they hold the group in their house.*

✿ **Encourage them to talk with their doctors** - The *promotor/a* can suggest that the participant make a list so that when they visit their doctor they don't forget what they wanted to ask. For example, what they have been feeling and reactions that they have had to new medication.

✿ **Use the support group as way to help them talk and share their experiences** – As part of the groups the *promotoras* can develop different activities that address different themes. For

example, at the beginning of each group, the *promotora* reads a positive message. This can also be a time of reflection for the participants and help them understand that they are not the only ones who have problems. In addition, they motivate the participants to keep trying to find positive solutions to their problems.

*Participants often share with the support groups or with promotoras that “I felt bad when I arrived today, but now I feel really good.”*

*The participants feel that the support groups is theirs, that it is their space, their two hours to say, “I love myself”, share their experiences, how they feel, and the changes they have had, and to encourage other members.*

## CHAPTER VII - Spirituality

Spirituality was not originally a focus of the CDMP *promotoras* who were concentrating on educating participants on nutrition, physical activity and medication. The support group participants were responsible for initiating conversations about the role of spiritual support in diabetes self management. Members of the group began conversations about the importance of faith, sometimes offering advice to others in the group about seeking God's support when they were in pain or feeling depressed. Seeing the shared faith of the group regardless of religious orientation and the comfort that participants were both giving and receiving led the *promotoras* to use spirituality as a specific approach in dealing with mental health issues related to diabetes.

### **Spirituality as a Theme of Self Management**

The *promotoras* began formalizing the use of spirituality as a motivational force in diabetes self management by starting off each support group with a spiritual message. While careful to not promote any one religion, the messages emphasized the importance of caring for one's own body, or the body that has been given to you, as an aspect of faith. These messages became a motivating force in the support groups.

Furthermore, spirituality offered an avenue to discuss difficult life events. What could they say to a person who had just lost a loved one or been diagnosed with a chronic disease? Or worse, a terminal illness? What could you say to a person who in addition to having diabetes finds themselves in a situation of being separated from their family, domestic violence, loss of employment, or family members with substance abuse problems? The CDMP *promotoras* realized that it was necessary to incorporate spirituality into their work in order to comfort and give support to those who found themselves at an impasse, or "in a box with no exit".

In order to help people with these types of problems to maintain control of their diabetes, it is not sufficient to provide information about chronic disease, how to be physically active, and other practical suggestions that should be applied in daily life. The CDMP *promotoras* knew that in order for the participants to have a foundation from which to apply all of these recommendations they have to resort to their spiritual strength. They recognized that they needed another way of encouraging people, something that gives them strength so that they can succeed in making changes, something that motivates them to move forward with their illness

and all that is affected by it, and this is often their spiritual orientation. In this program we have learned that spirituality occupies an important place in the population that we serve, and is often vital in the recuperation of the health of our participants.

### Reflections

- A person's faith may make a difference; the power of spirituality makes a crucial impact on the health of people and therefore re-enforces the work of the *promotor/a*. Spiritual belief motivates individuals to manage and control their illness.
- We ought not to leave spirituality to one side because of bureaucratic or institutional barriers because faith is a vital part of the lives of many of our participants.
- The *promotor/a* has to create a balance between their participants and the religious denominations of the participants; creating a neutral atmosphere.
- Through the intimacy that the *promotoras* have achieved they have come to serve as a spiritual support to participants.
- Spirituality has to start with oneself in order to be able to transmit it to the participants.
- Spirituality does not need to be a defined concept, rather it can be used in a universal manner.
- The use of positive messages in the support group is one strategy to share spiritual ideas and give participants the opportunity to self reflect and become conscious and in some way feel inner peace.
- When a person is in crisis, passing through a difficult moment there is no better thing than offering spiritual support.

### Lupita's Story

*Lupita arrived in one of the support groups with a very low self esteem due to the fact that her husband had left her for another woman. She asked herself why, since she didn't understand what the other woman had that she did not. She asked herself this question over and over. They had lived so many years together there was no explanation that helped her to understand. In addition to leaving her, he had left her feeling bad as a person and as a woman.*

*After some time in the support group, a moment arrived in which Lupita decided to do something for herself. She began to recuperate her love for herself and she realized that she was worth a lot. She became a catechism volunteer in the church and she felt very satisfied when they called her teacher.*

*In her first three support groups, Lupita spent the whole time crying. When people shared that they were in similar situations as she was she cried inconsolably. But when she began to see that other people had problems greater than hers, this gave her motivation to value herself more as a person and to motivate herself to move forward. .*

*Her life took a big turn when she was told that her youngest daughter had had a serious automobile accident.*

*This was something very difficult for Lupita, but she shared with us that in this moment one of the positive messages that had been shared in the group gave her the support she needed to be able to bear the pain of seeing her child so gravely injured. She also shared that she read one of the messages to her daughter as an encouragement, which helped her to move forward as well. Having the support of the group, knowing that many people were worried about her and her child and that they were praying for her helped her to move forward.*

## CHAPTER VIII. Integrating the Promotor/a Model within a Community Health Center

Given the evidence that demonstrates that *promotores/as* can be effective in helping people with diabetes to self manage their disease, many community health centers are considering the use of the *promotor/a* model to conduct outreach with their patients and improve their health. It is an excellent strategy for insuring that services reach the community and that they respond to the real needs of the community. But there are also numerous barriers to carrying out an effective *promotor/a* program within the context of a clinical environment. In our experience, the ideal program will include collaboration between *promotores/as* located in the community with *promotores/as* in the clinic. The clinic-based *promotor/a* is able to respond to the needs of the patient, but not those outside of the clinic. However, in many cases a community-based *promotor/a* program is not available in the community. Thus, the intention of this section is to share the lessons that we have learned from this program in the planning of a program within the context of a community clinic.

Before beginning, the clinic must consider what kind of program they would like to develop. There are key differences between health educators and *promotores/as*, and those initiating a program should consider if they are ready and able to create a program that truly reaches into the community.

### **Requirements:**

- ✘ Flexible scheduling for staff, including working early or late in the day, and weekends, as well as the option of spending substantial time with one person.
- ✘ Able to respond to whatever needs of patients that might emerge, although they might not be directly related to clinical services.
- ✘ Able to focus on providing the emotional support required by a person with diabetes to practice self management practices in their daily life.
- ✘ Has the liberty to create and provide diverse activities that respond to the needs that see among their clients.
- ✘ Has the liberty to work with people they find in the community, although they may not be patients of the clinic.

- ✘ Has the opportunity to work not only with patients, but also with family members to promote the necessary support of the patient and the health of all the family.
- ✘ Is able to conduct home visits.
- ✘ Has a broad vision of health that includes social and environmental factors that affect the health of the whole community.

The flexibility and ability to respond to the diverse needs of the patient affords the *promotor/a* the opportunity to learn about the context in which the patient lives which could facilitate their capacity to control their diabetes. One outstanding example of this is a patient who is not taking their medication for some reason of which the doctor is unaware, which is very common.

**Benefits:**

To be inside the clinic facilitates the work of the *promotor/a* in many different ways:

- ✘ They can insure that a patient in great need receives an appointment as soon as possible.
- ✘ They are able to conduct follow up with patients to ensure that referrals are successful.
- ✘ They can increase the sensitivity of all clinical staff to the conditions and situation of the people who live the community they serve and thus ensure that the patients are treated with respect and understanding.
- ✘ They can sensitize the health providers to the effectiveness of the *promotor/a* model in helping patients to control their diabetes.
- ✘ They can work directly with doctors when they have a specific question about a patient or need information, for example the significance of exam results to the health of a patient.
- ✘ They can speak directly with a health provider to clarify a frustration that a patient may have over their medical care.
- ✘ They can help a patient who feels uncomfortable communicating with their doctor to get their questions answered.
- ✘ They are trained within a clinical environment and thus understand the medical perspective of diabetes care as well as the perspective of their patients.
- ✘ When the *promotor/a* knows that a patient does not want to follow medical recommendations for some reason, they can confer with their doctor and explain clearly to the patient the necessity of the medication or change in medication.



## Suggestions

In light of these considerations and our experience, we recommend the following to a clinic that is planning a promotora-based diabetes self management program.

- ✘ Make sure you have sustainable resources for the program.
- ✘ Have a well-defined role for the *promotor/a* within the health service delivery system of the clinic in which they are part of a medical team.
- ✘ Develop a protocol that provides flexibility in the *promotoras'* schedule and allows them to make home visits.
- ✘ Integrate the clinical aspect of diabetes care with the work of the *promotores/as* to ensure good communication between these approaches. This may include having a doctor be the supervisor of the *promotores/as*.
- ✘ Make sure that the *promotores/as* are trained in how to work in a clinical setting as well as trained as *promotores/as*. The roles of all medical staff should be clear and protocol should be established so that the *promotor/a* knows the limits of their expertise and when and how to refer a patient for immediate medical intervention.
- ✘ Clinical training includes teaching the *promotores/as* how to read and effectively utilize medical records in the care of the patients. Ensure that they follow clinic protocol to protect the confidentiality of patients when conducting community referral and follow up.
- ✘ Promote communication between the medical providers and the *promotores/as*. Medical records are a means to chart *promotor/a* activity so that providers can see the impact that they are making.
- ✘ Medical records are the most useful and integrated way for *promotores/as* to document their work. In addition, *promotores/as* should set up a system to document referral and to follow with the patient to confirm that they have accessed the referred service.
- ✘ *Promotores/as* in the medical setting have access to tools that are unavailable in the community. In conducting community outreach they can provide health screenings direct referral to a doctor. Community outreach is most effective when community-based *promotores/as* and clinical *promotores/as* work together.
- ✘ Recognize the *promotores/as* value in helping patients self manage their diabetes by making sure there is an avenue for them to share their problems and worries with other clinical staff.

# APPENDICES

## **Ideas for Support Groups**

# Support Group

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## Themes

1. Diabetes
2. Diabetes and Complications
3. Working in a team
4. Depression
5. Spirituality
6. Forgiveness

## Group Format

Welcome:	5 minutes
Message and Reflection:	25 minutes
Presentation and Activity:	75 minutes
Physical Activity:	15 minutes

Closing

# Support Group

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## Diabetes

### **Objective:**

The objective is that the participants learn to control diabetes and if they already controlled how to manage it.

### **Materials:**

Poster board, markers, scissors, sheets of paper.

### **Welcome:**

Welcome new participants.

### **Message and Reflection: “You are Special”**

Read the message below with the objective that they learn not to worry so much about everything because this can make it difficult to control glucose levels.

#### **YOU ARE SPECIAL**

One day someone thought about you, thought about the parents that you needed to be able to be formed, not those you love.

He took the time to imagine you, each cell in your body, your heart, brain, and your size, the color of your skin, eyes, hair and smile. But most importantly, he made an effort to create you in his image and likeness.

He made you a being with your reason to be able to decide for yourself.

Accept yourself how you are and don't ask for more. Enjoy your life and think not about the bad but the good that you have received: love yourself, encourage yourself, strive, and think of all that was involved in forming you. Imagine the love invested in creating you! You are a work of priceless value; don't let anyone damage you.

Don't take the errors of others as your own. If someone hurts you forgive them, don't tie them on your back. Remember whose child you are, who created you. Don't let anyone tell you that you don't have value, that you don't have a purpose, what is important is what you believe. Live each moment as if it were your last.

## Support Group

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Enjoy your family and your friends. Love them while you have them. Don't be bitter, but think about how marvelous it is to be alive and many would give all they had to have the opportunity for life that you have.

Give thanks to God for having made you so special.

**Presentation:** What is Type 2 Diabetes?

This is given as a simple talk.

### What is Type 2 Diabetes?

Diabetes is a sickness that raises glucose levels in your body, which makes it difficult for your body to convert it into energy.

The majority of what we eat is converted into glucose when it reaches our stomachs. The pancreas, one of the organs near to the stomach, is responsible for producing a hormone called insulin which in turn is responsible for making sure that the body can use glucose the right way. We depend upon this balance between insulin and glucose to be able to function adequately.

When we have diabetes, the pancreas for some reason does not produce sufficient insulin. For this reason, the doctor might prescribe medication or insulin. A person with diabetes must also do their part to control their diabetes and in this way can avoid or delay diabetes complications associated with vision (retinopathy), the kidneys (nephropathy) and the nervous system (neuropathy). The teeth and gums can also be affected. Diabetes could be caused by the following:

The pancreas doesn't produce enough insulin, overweight, poor nutritional habits, lack of exercise, or genetic causes.

There are three types of diabetes

Type 1 (Juvenile diabetes): Generally this occurs in children and adults less than 30 years of age.

Type 2: Generally this occurs in adults over 40 years of age, although recently it is found in children of many ages.

Gestational diabetes: This occurs in pregnant women during the second trimester of their pregnancy. It usually goes away when the pregnancy is over. Women

## Support Group

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with gestational diabetes are at higher risk for contracting Type 2 diabetes later in life.

We encourage you to eat healthily and using portion sizes and to exercise 3 or 4 times a week at least half an hour a day.

### **Activity:**

We imagine the human body in a way that the participants can recognize the organs most affected by diabetes.

- Draw the human body and tape it on the wall.
- Draw the organs and cut them out.
- Have the participants become familiar with those organs that are most effected by diabetes.

### **Physical Activity**

### **Closing**

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## Support Group

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### Diabetes and Complications

#### Objective:

By the end of this session, participants will have learned to recognize the capacity that each has to control their glucose levels and thus avoid complications caused by poor control. In this way they can attain a better quality of life.

#### Materials:

Information about diabetes, for example:

- What is diabetes?
- Carbohydrate portions
- Foot care
- Diabetes complications: eyes, heart, brain, nervous system, and teeth.

#### Welcome:

Welcome new participants.

#### Message and Reflection: I love my body

Read the message below to the group. The purpose of the reflection is that participants recognize the capabilities and skills they have been given that will help them to achieve whatever they set out to do.

#### **I Love My Body**

1. I love each cell in my body because it is a unique gift.
2. I love my brain because it is the most perfect machine created to date.
3. I love my heart because it gives me the capacity to live and to love and although it is an organ the size of a fist, it is maybe the strongest.
4. I love my eyes because they permit me to see the marvelous things that God has made.
5. I love my mouth because it helps me enjoy exquisite tastes with wisdom.
6. I love my ears because they allow me to identify marvelous sounds.
7. I love my nose because it permits me to smell exquisite fragrances.
8. I love my hands because with them I can sustain my family and myself.
9. I love my feet because with them I can walk, run, and move myself.
10. I love my skin because it protects my organs.

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11. But most I love the creator of all these things. I love God.

**Activity:** Diabetes and complications

Form groups of 5 or according to the number of participants attending. Allow each group to choose the material about diabetes that they want to talk about and give them 20 minutes to study the information and then present it to the larger group. In this way all the information about diabetes is covered and they also learn more by studying and discussing an issue related to diabetes between them. In addition, they learn to stand in front of the group and have more confidence in themselves. At the end of the presentations they applaud each other and congratulate themselves for the good job that everyone did.

**Physical Activity.**

**Closing.**



# Support Group

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## Working in a Team

### **Objective:**

At the end of this session participants will have learned the importance working in a team and in the same way will recognize that it is easier to do any task if it is done in a team. Furthermore, it provides an enjoyable time with their peers.

### **Materials:**

Envelopes with photos of different electrical appliances.

**Welcome:** New participants are welcomed to the group.

**Message:** Useless insects

Read the message below to the group. The purpose of the reflection is for each of us to recognize our role in the world and recognize that only with all of us can we succeed in what we set out to do.

### Useless insects

In a country very far away there lived a prince who continuously complained about the fact that God had created insects so useless and bothersome as spiders and mosquitoes. His father cautioned him that God had not created any useless creature and that even the mosquitoes and the spiders that bothered him so much, like all creation had their opportunity to serve in something.

When the prince was 20 years old, his country entered into a war in which he had to fight. One day, in full battle, he saw an enemy soldier coming toward him aiming at him with a weapon. He began to tremble like a leaf thinking his end had arrived. In this moment, a mosquito arrived and bit the enemy on the hand, distracting his attention and ruining his aim. The prince, taking advantage of the confusion, fled and hid himself in the forest of trees. At nightfall already tired he hid himself in a cave thinking it would be a good place to pass the night. He let his horse go and there he remained, although he couldn't sleep all night. On the following morning he heard voices and steps, and knowing that they were his enemies he remained very quiet and almost without breathing. One of them said: The prince is probably in this cave. –No, said the other, -he can't be here; he would have broken this spider web when he went in. That's true agreed the others and they moved away. The prince went down on his knees giving thanks to God

## Support Group

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for these insects that had saved his life asking his pardon for having complained in so many occasions that they bothered him. The war ended and he returned to his country a grateful man. From that time forward, he never complained about what God had created. On the contrary, he told everyone the service done him by the spider and the mosquito, these insignificant creatures created by God, who had with their humble service saved his life. Many times we question what God does and at times we say that it does not serve us. But in this world, everyone has a reason for being, and no one that God made is unnecessary. Let us learn to live with the world that we have and not reject what God does. For us.



**Activity:** Creating an electrical appliance.

Form groups of 4 or 5 depending on the size of the group and talk to them about the importance of working in a team with their families because in this way they will share the work as well as be more unified and have more communication with each other. Explain the activity to each group and have them choose a leader. The leader will choose an envelope with the photo of an electric appliance. They will have to demonstrate what this appliance is by miming it to the other groups without talking so that the rest of the groups can guess what it is. At the end of the exercise the groups will award the best group with a small prize and applause. The participants will realize how good they are at improvisation and learn what they can do when they work in a group.

### **Physical Activity**

**Closing.**

# Support Group

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## Depression

### Objective

That the participants recognize the symptoms of depression and be able to identify if they feel depressed or if someone near to them feels depressed. The activity is done so that each participant can share their experience, which risk factors that they might have, and they learn to decrease the risk among themselves and others.

### Materials:

A ball of yarn

### Message: The Genius of an Ant

Read the message below to the group. Facilitate a reflection with the purpose of having the participants think about how we can turn our problems in to opportunities.

#### The Genius of an Ant



Some time ago I began to closely observe the life of an ant and I must confess I was surprised to see them working with so much order and persistence. But one ant in particular caught my attention. Black and of medium size, the ant was carrying a piece of straw six times his size.

After advancing almost a meter with this heavy load, he arrived at a crack in his pathway, thin but deep, between two big rocks. He tried crossing in one way and another, but all of his efforts were in vain. Until finally he did something unusual. With extreme skill he placed the ends of the straw on both sides of the crack and in this way constructed his own bridge, over which he was able to cross the abyss.

## Support Group

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Upon arriving at the other side, he picked up his load again and continued his trip without further inconvenience.

The ant knew how to convert his load into a bridge and thus continue his trip. Not having this load how difficult it would have been for him to continue on his road....

**Ask Participants:** Do we get the moral?

How many times have we complained of our problems, the burdens and they tests that we have to put up with! But without realizing it, these same loads, carried well, can be turned into bridges and steps that help us to triumph.

A heart deficiency turned a doctor into a famous cardiologist. A physical impediment turned a young man into a great writer. A timid student turned out to be an outstanding investigator.

How many other examples could we mention! We can all show the same truth, that we must often suffer the bad in order to enjoy better times; that we ought to carry our load with bravery in order to convert it into bridges of success and prosperity.

Are you experiencing some problem or adversity at this time? Remember that nothing is achieved by complaining and worrying.

**Presentation:** Signs and Symptoms of Depression

Given as a simple talk.

### Signs and Symptoms of Depression

That which for another is a pleasant perspective can deepen the malaise of a person experiencing depression. A person with depression lives in a state of unreality, he lives comparing himself with others and generally considers himself lacking of good things, he has blocked his source of happiness.

Symptoms: (While reading the symptoms ask participants to consider if they have felt this way on occasion.)

- What I do doesn't interest me.
- I have dark negative thoughts day and night.

## Support Group

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- Getting up in the morning is unbearable.
- I feel slow and the opposite of hyperactive.
- I feel a bit guilty and as if I am not worth anything.
- I'm not hungry and have lost weight, or I feel bad and gain weight.
- I think about death and suicide a lot. I have turned into a pessimistic person.
- I expose myself to dangerous situations.
- I have difficulty concentrating, thinking or remembering.
- I am not able to make decisions. This causes me anxiety.
- I am not able to sleep, or on the contrary I am always sleepy and sleep day and night.
- I have not energy and feel tired all the time.
- I have sexual problems: lack of desire, importance, anxiety, or guilt.
- I am having problems in my relationship.

Physical Symptoms that can become chronic:

- Headaches or pain in the back and or stomach.
- Digestive problems, burning in the stomach, ulcer, diarrhea, chronic constipation, nausea.
- Allergies.

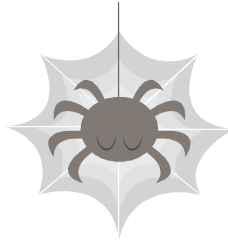
All these health problems, even without being accompanied by a lasting sadness, could signal depression that we don't want to admit.

If you know someone who has these symptoms, encourage them to see a professional.

## Support Group

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### **Activity:** The Spiderweb



The participants form a circle. They pass around a ball of yarn and begin to share the risk factors of depression and what can be done to help lower the risk of depression among their loved ones. At the end, the last person unravels the ball of yarn to another person and begins to share their own experiences. As the yarn is unraveled a spiderweb is formed by the yarn. The last participant should be the facilitator who will give a closing thought and asking how they feel and if they have learned something new in this session and if they is something they can apply to their own life.

### **Physical Activity**

### **Closing.**

## Support Group

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### Diabetes and Spirituality

#### Objective:

At the end of this section, participants will have learned that when we are talking about the relationship between God and Man, we are talking about spirituality. Through faith we can have the strength to fight against sickness and other problems. In addition, it is very important not to feel alone in the world.

#### Materials:

Pictures with spiritual messages, thin cardboard, scissors, glue stick, thin ribbon in pastel colors, and magnetic tape.

Read the message below to the group. Conduct a reflection on the fact that we are all valuable and that we must recognize this in order to have energy and will to make the changes necessary to control diabetes.

Dear child:

You, who are a human being, you are a miracle. You are strong, capable, intelligent and full of gifts and talents. Count them and be happy with them. Recognize yourself, accept yourself and encourage yourself. And realize that from this moment you can change your life for the better if you set out to do so and you do so enthusiastically. And above all if you realize how happy you can be in just pursuing it. You are my greatest creation. You are my miracle. Don't fear to begin a new life. Don't regret anything. Don't complain. Don't torment yourself. Don't be depressed. How can you be afraid if you are my miracle? You have been given all the power like all creatures of the universe. You are unique; no one is equal to you. It is only in you to accept the road to happiness and to move towards that end. Simply because you are free.

In you is the power not to tie yourself to things. Things don't give happiness. I made you perfect so that you could take advantage of your capacity, and not to destroy yourself with superficial things. I gave you the power to think, to love, to decide, to laugh, to imagine, to create, to plan, to speak, to pray. I gave you the power to choose your own destiny by your own will. What have you done with the tremendous strength I gave you? From today onward, forget your past wisely using this power you have to choose.

## Support Group

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Choose to love rather than hate, choose to laugh rather than cry, choose to act rather than appease, choose to grow rather than conform, choose to bless rather than curse, choose to live rather than consume.

And learn to feel my presence in every act of your life. Grow each day a little more optimistic and hopeful. Leave behind your fears and feelings of defeat. I am always at your side. Call me, look for me, and remember me. I live in you always and always I am here to love you. Every instant that you live without me is an infinite moment without peace.

Try to go back to being a child, simple, innocent, generous, giving and with capacity.

**Presentation:** How spirituality can help us to control diabetes.

Given as a simple talk.

Spirituality is a secret key that opens the doors to the divine. The key is faith. Spiritual life is not a bed of roses; neither is it a bed of nails. It is a bed of reality, we have free will to decide.

Prayer is a divine gift. It is direct communion with God. We can feel his presence in those moments that we feel the most exposed, most alone, when we don't know how to help ourselves or our loved ones, when we feel that we don't have anything to fight for, there he is with open arms waiting for us to feel his presence.

Recent studies from Duke University found an association between faith and prayer and a longer healthier life among older adults. Another study from the University of Texas, demonstrated that Mexican Americans that go regularly to church experienced a 32% reduction in risk of mortality during a period of 8 years over those that did not go. A second study at the same University discovered that people who regularly go to church have a lower rate of memory loss or ability to concentrate than those did not go.

**Activity:** Message Picture

At the end of the Reading, the participants cut out the messages and paste them on the cardboard. They put a piece of magnetic tape on the back and decorate it with a piece of ribbon. They can take them to their home and put them on the refrigerator.



*The Lord is my  
Shepard, I shall  
not be in need.*

Salmos 23:1

*In him place all  
your worries, for  
he takes care of  
thee.*

*Trust in thee those  
who know your  
name*

Salmos 9:10

*Angel of the lord  
encamps around those  
who fear him, on thy  
side remains to free  
you*

Salmos 34:7

*I lie down and sleep,  
and wake again  
because the Lord  
sustains me.*

Salmos 3:5

*He who dwells in the  
shelter of The Most  
High*

Salmos 91:1

*Blessed are those  
who work for peace,  
because they are  
the chosen children  
of the Lord.*

*How can I?  
Because for he that  
believes, everything  
is possible.*

Marcos 9:23

*Hatred is the cause of  
all dissensions, but  
love covers all sins.*

Proverbios 10:12

*The salvation of the  
righteous comes from  
the Lord; he's their  
stronghold in times of  
distress.*

Salmos 37:39

*The great love of the  
Lord never ends, and  
his compassion never  
runs out.*

Lamentaciones 3:22

*Look at the birds; they  
do not sow or reap yet  
your heavenly Father  
feeds them. Are you  
not much more  
valuable than they?*

Luc12:24

## Support Group

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### Forgiving...

**Objective:**

At the end of this session, the participants will have learned the importance of forgiving and will liberate themselves from these feelings of resentment that is so harmful to us.

**Materials:**

Sheets of paper, pencils, and a trash can.

**Message:** The burden of resentment

Read the message below to the group. Facilitate a reflection with the objective of recognizing that the resentment that each of us carry is harmful to us and that in learning how to leave it behind we will free ourselves to pursue what is really valuable to us.

#### **The weight of resentment**

The theme of the day was resentment, and the teacher had asked us to bring some potatoes and a plastic bag. Now that we were in class we chose a potato for each of the person that we held resentment against. We wrote their name on it and put it in the bag. Some bags were really heavy. The exercise required us to carry around our bag of potatoes everywhere we went for a week.

Naturally, the condition of the potatoes deteriorated with time. The annoyance from carrying around this bag everywhere showed me clearly the spiritual burden of having so much resentment and that as long as I put my attention in the bag so that I didn't forget it anywhere, I neglected the things that were really important to me. We all have these potatoes rotting in our sentimental backpacks. This exercise was a great metaphor for the price we pay daily in being resentful for things that happened in the past and can't be changed. I realized that when I filled myself with resentment it raised my stress, I didn't sleep well, and my attention was unfocused.

To forgive and forget fills me with peace and calm, feeding my spirit. The inability to forgive is like a poison that we take daily in drops until finally we end up poisoned. Many times we think that forgiveness is a gift to another, without realizing that the true beneficiaries are ourselves.

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Forgiveness is an expression of love. Forgiveness frees us from ties that make our soul bitter and sicken the body. It doesn't matter whether you agree with what happened, or that you approve it. To forgive does not signify that what happened no longer matters, nor to justify someone who hurt you. It simply means to put aside those negative thoughts that hurt us our make us angry. By not forgiving, you bind yourself to others with resentment. It has you in chains. Not forgiving is a destructive poison for your spirit, and neutralizes your emotional resources. Forgiveness is a declaration that you can and should renew daily. Many times the most important person to forgive is yourself for all the things that were not the way you thought they were.

A declaration of forgiveness is the key to freedom.

Who are you resentful of? Who are you unable to forgive? Are you infallible that you cannot forgive the errors of others? Forgive so that you can be forgiven; remember that with the stick you measure with you will be measured...

Lighten your load and you will be free to pursue your objectives.

### **Presentation:**

Given as a simple talk.

Forgiveness is the road to freedom and he who forgives is the one who is liberated, throwing out of his soul the resentment and vengeance that only poisons and consumes.

Forgiving in spite of the reasons and thousand justifications for not doing so is daring to pronounce the intensity of the heart to forgive. To forgive when you have been offended and humiliated is a manifestation of the greatness of the human heart.

Let go of your resentment, your vengeance to see those who have offended you on their needs begging clemency, let go today of this fire which fires your anger and burns your being with rage and resentment.

God I know of your greatness, your most sublime expression of love is to forgive. Give me your wisdom, understanding and strength to convert myself in love and, without giving either space or truce to hatred, to pardon those who offend me.

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Today I will pardon forever and throw out of my soul all the resentments that poison me and tie me to the past. Today I am ready to forget, today I will demonstrate to myself the capacity TO LOVE.

**Activity:** The wastebasket

Pass out sheets of paper and pencils and explain the activity in which each person will write their resentments, hatred, anger, and misunderstandings that have not allowed them to live fully. At the end of the exercise, they will destroy their papers by angrily ripping them up and stepping on them, rolling them into a ball and throwing them into the wastebasket.

**Physical Activity:** Stretching is a good form of physical activity.

**Closing.**