



The Diabetes Prevention Program's
Lifestyle Change Program

Section 3: Role and Training of the DPP Intervention Staff

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3.1. Case Managers (Lifestyle Coaches)

At randomization, each DPP participant will be assigned a Case Manager (also called a “Lifestyle Coach,” for those participants randomized to the lifestyle intervention). The Lifestyle Coach will have primary responsibility for conducting the intervention with that participant. Although it is expected that the same Lifestyle Coach will continue to work with the participant throughout the DPP, a participant may be assigned a different Coach if it seems appropriate, for example, if conflicts arise between a particular participant and Coach or if a change is viewed as potentially beneficial in helping the participant achieve the DPP goals.

All Lifestyle Coaches must receive either central training from the Lifestyle Resource Core (LRC) or, if that is not possible, local training from another DPP staff member who has been trained by the LRC. If local training is necessary, the LRC has identified four steps, outlined below, that should occur before a new Lifestyle Coach is assigned a randomized participant. These steps mirror the central training provided by the LRC and are similar to those in place for training interventionists in other large, multi-center clinical intervention trials. All four steps should occur before the Lifestyle Coach works with randomized participants, but it may be necessary for Step 4 to occur with actual study participants rather than with practice or pilot participants.

1. *Required Reading*

All new Lifestyle Coaches should be given their own copy of the Lifestyle Balance Manual of Operations, the Participant Notebook, the Manual for Contacts After Core, and the book chapters and journal articles which were distributed at the lifestyle training sessions. (See “Recommended Reading for Lifestyle Coaches” in Appendix D.1 of the Lifestyle Manual of Operations.) A specific schedule for reading the materials should be arranged as well as an opportunity to discuss it with previously trained lifestyle staff.

2. *Videotapes*

Each DPP center has a set of videotapes from the lifestyle training meetings. As with the reading materials, a specific schedule for viewing the tapes should be arranged as well as an opportunity to discuss them with previously trained lifestyle staff. Ideally, the local behavioral scientist or other key lifestyle intervention experts will meet with the Coach trainee to discuss key elements of the intervention. If no one is available, the new coach may contact the Lifestyle Resource Core for this review. Each trainee should have their own copy of the Participant Notebook available while viewing the tapes, for reference and note-taking. It is **not** recommended that the trainees be handed all ten tapes at once and asked to “take a look at them” (the first central training meeting occurred over four days with ample time for interaction and discussion).

3. *Observation of Centrally Trained Personnel*

Each new Coach should observe actual core curriculum sessions begin conducted, or listen to a tape of such sessions. This “modeling” of the intervention can be accomplished in one of the three following ways:

1. Sitting in on two or more core curriculum sessions with a centrally trained Coach;
2. Listening to audiotapes of two or more core curriculum sessions being conducted by a centrally trained Coach; or if neither is possible,
3. Requesting tapes of core curriculum sessions from the Lifestyle Resource Core.

4. *Audio Taped Practice Sessions and Lifestyle Resource Core Review*

It is recommended that, if time permits, a new Coach submit at least one or two audiotapes of a core curriculum session conducted with practice participants (more can be submitted if desired). If this is not possible, all new Lifestyle Coaches should submit audiotapes of sessions with actual randomized participants. Nearly all current centrally trained Coaches have done this and commented that the feedback has been extremely helpful.

3.2. Home Health Care Workers and Participant Peers

We anticipate that at some clinical centers, home health care workers and participant peers will take part in implementing the intervention. These individuals may present up to four of the last eight sessions of the core curriculum and may help maintain contact with participants between the bi-monthly visits in subsequent years. These individuals must receive training and supervision by a staff member who has been trained by the LRC and must function as part of these individuals’ case management team.

3.3. Local Experts

Many clinical centers have identified local faculty and staff members with expertise in areas of relevance to the lifestyle intervention, including behavioral psychology, motivational interviewing, nutrition, and physical activity. These individuals should be consulted by the Lifestyle Coaches on an “as needed” basis or at regularly scheduled case conferences. If deemed helpful or appropriate, an individual participant can be scheduled to meet with these local experts for help in dealing with a specific problem area. More chronic or more severe problems should be discussed with the LRC (see Section 3.4.).

3.4. Outside Referrals

If a participant presents ongoing problems outside of the expertise of the Case Manager, such as a significant clinical depression, anxiety, or a clinical eating disorder, the Case Manager should consult with the local DPP behavioral psychologist and discuss the participant’s case with the LRC. If the problem/issue is within the realm of expertise of the local DPP behavioral psychologist, a decision between the local center and the LRC may be made to provide more

intensive counseling by the DPP professional. Or, if deemed appropriate, a referral to a non-DPP professional in the community may be made.

3.5. Local Supervision and Support of Lifestyle Staff

The LRC strongly recommends that each DPP center set up a regularly scheduled consultation team meeting, at least biweekly, throughout the trial, during which the adherence of all lifestyle participants is reviewed in detail. The purpose is to anticipate and manage the challenges related to the long-term maintenance of weight loss and physical activity, including coping with lapse and relapse. At these meetings, supervision should be provided by the local behavioral scientist or senior-level lifestyle intervention expert, such as a senior nutritionist. For example, in Pittsburgh, the lifestyle consultation team meets biweekly for 45 minutes to collaborate on cases, review selected audiotapes, role-play difficult intervention scenarios, and generally support one another in the long-term follow-up of participants.

It is important to recognize that although the LRC intends to remain very involved and available to the local Coaches, this should not be seen as a substitute for ongoing local supervision.

3.6 Recommended Location for Conducting Lifestyle Sessions

Each Lifestyle Coach needs adequate space and privacy to conduct lifestyle sessions, phone participants, and store and display lifestyle materials. It is recommended that Coaches have a dedicated office. If that is not possible, Coaches need at minimum a location in which a door can be closed during lifestyle sessions or phone calls to ensure privacy and where posters and lifestyle materials can be stored and displayed.