Training facilitators of group-based diabetes prevention programs: recommendations from a public health intervention in Australia

Prasuna Reddy, Clare Vaughan and James Dunbar

Greater Green Triangle University Department of Rural Health, Flinders University & Deakin University, Australia

Developing and delivering a training program for facilitators of a large-scale diabetes prevention program is a challenging task. The aim of this chapter is to describe practical aspects of this training, drawing on the experience of the Australian Life! Taking Action on Diabetes program (Life!) (1). An overview of the Life! facilitator training structure and content are presented, followed by recommendations for health organisations.

Results of successful clinical trials for prevention of type 2 diabetes (2,3) have been integrated with health psychology theories to develop methods for a group-based program suitable for delivery in the ‘real world’ of primary care (4). These methods underpinned the Good Ageing in Lahti Region (GOAL) lifestyle implementation trial, conducted in Finland (5) and the Australian Greater Green Triangle Diabetes Prevention Program (GGT DPP) (6). GOAL and GGT DPP were both successful interventions that studied the effectiveness and feasibility of a six-session group program for people identified at high risk of type 2 diabetes. Components of both programs were designed using the Health Action Process Approach (HAPA) (7) and self-regulation theory (8). The HAPA model constructs health behaviour change around setting goals and sequential planning, starting with attention to self-efficacy, outcome expectancy and perceived individual risk. The lifestyle intervention imbeds the HAPA model within the overall structure of the group program, but individuals are guided by trained facilitators to set their own goals and action plans. The group format encourages discussion of both general motivational factors and specific activities such as barriers to lifestyle change.

The Life! program
The Life! program evolved from the GGT DPP and is a Government funded diabetes prevention program conducted in the State of Victoria, Australia commencing in 2007. The non-government organisation, Diabetes Australia–Victoria, is the lead agency in implementation of the program. The Greater Green Triangle University Department of Rural Health (GGT UDRH) developed the program materials and conducted the facilitator training. Life! aims to recruit 25,000 adults aged 50 years and over, who are at high risk of developing type 2 diabetes, and reduce this risk through lifestyle modification. An overview of the Life! program is shown in Figure 1.

Potential participants are first screened for entry using the AUSDRISK test (9); a ten-item questionnaire used to determine type 2 diabetes risk. Those who are eligible to join the Life! program must have a minimum score of 15 on the AUSDRISK. They are referred into the program after their doctor (general practitioner or family physician) confirms they have a high score and they take an oral glucose tolerance test to exclude type 2 diabetes. Anthropometric measurements and biochemical tests are performed and results are sent to
the program administrators for use in evaluation. Participants also receive the results of these tests at the start of the program.

![Figure 1. Overview of the Life! Taking Action on Diabetes Program](image)

The Life! diabetes prevention program comprises six structured group sessions of 1½ to 2 hours each. The first five sessions are conducted fortnightly and the sixth session is held eight months from the first session. The content of the Life! sessions is shown in Figure 2. Participants are provided a manual that includes materials for use in the group sessions as well as take-home tasks related to nutrition and physical activity recording and planning. A specially trained program facilitator conducts all six sessions. Sessions 1 and 2 focus on risk perception, outcome confidence, and self-efficacy. Sessions 3 and 4 include creating an implementation plan for physical activity and eating behaviour change goals. Experts in physical activity and diet attend Sessions 3 and 4 respectively. Sessions 5 and 6 are review sessions to assist long-term maintenance of behaviour change.

The group format encourages discussion and problem-solving that directly addresses motives and barriers faced by group members in making lifestyle changes. The facilitator guides the group to identify goals and implement individual plans to improve nutrition and physical activity. Problem-solving techniques are used by the group to plan for motivational and behavioural lapses. Group sessions (maximum size 15 participants) are held in local community centres.
Life! facilitators are trained to support group participants in the behaviour change process. The aim of the Life! training is to assist facilitators to acquire the knowledge and skills to help participants make lifestyle changes, specifically to improve their physical activity and diet according to the program goals. A schematic of the model used for planning the Life! facilitator training program is presented in Figure 3.
All stages of planning the Life! training program, from setting learning objectives, establishing competencies, assessing skills and needs, developing the curriculum, and delivering the training and evaluation, are underpinned by adult learning principles. Adult learning is more effective when it is self-directed, builds on prior experience, is collaborative and learning activities are varied to cater for different learning styles (10).

Health professionals from a range of disciplines including nursing, dietetics, physiotherapy, exercise physiology and psychology were identified by the training team as suitable for the facilitator role. As a result, the training caters for their different levels of knowledge and experience in group facilitation. Specific training objectives and outcomes (facilitator competencies) are based on ten training topics (see Table 1).

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Table 1. Ten Life! training topics

These topics were also used to develop other aspects of the training program such as the facilitator manual and DVD, the workshop activities, and the training evaluation tools.

The Life! training program

The Life! training program consists of three parts:
- Part 1: Orientation day
- Part 2: Self-learning period
- Part 3: Two-day workshop

Figure 4 depicts an overview of the training program. Each part is described in more detail below.

Part 1: Orientation day
Six weeks before the orientation day, health providers are invited to nominate health professionals to be trained as Life! facilitators. The orientation day, which is conducted by Diabetes Australia–Victoria, focuses on operational aspects of delivering the program, including the provider service agreements, referral pathways and recruitment. Information about web resources, database record-keeping procedures and social marketing are also presented. At the end of the orientation day, the self-learning tasks and pre-training questionnaires are distributed to the trainees. The completed questionnaires and self-learning documents are returned to the training team by mail prior to the training workshop.
Figure 4: Life! Training Program design and administration
Part 2: Self-learning period
Health professionals wanting to become Life! facilitators are required to successfully complete a set of self-learning tasks as a pre-requisite to attending the training workshop. The self-learning tasks included:

- Reading the facilitator manual and completing an open-book multiple-choice test; and
- Completing an assignment containing some of the Life! program participant activities, such as the AUSDRISK test (9), 7-day physical activity and diet diaries, and goal-setting plans. They are asked to provide written comment on their experience of doing the activities, and the support that Life! participants might need as they use each tool and progress through the program.

The self-learning tasks provide trainees with the opportunity to improve their knowledge of type 2 diabetes prevention and become familiar with some of the key program tools. Three weeks is a suitable time-frame for the trainers to assess performance on the self-learning tasks, notify trainees of their results, and finalise workshop attendance.

Part 3: Two-day workshop
On achieving a satisfactory standard in the self-learning tasks, trainees are invited to attend the two-day workshop. The workshop focuses on practising facilitation skills and rehearsing Life! sessions. Trainees work on activities in small groups (six or seven trainees with a trainer), in pairs, and as a whole training group (maximum group size of 30). Workshop activities are largely interactive and topics include group facilitation, effective communication, behaviour change, goal setting and structured problem solving. Workshop content includes presentation of evidence for successful diabetes prevention programs overseas and in Australia. The practical skills and delivery of the program are anchored in psychosocial theories of behavioural change. The underlying Health Action Process Approach and self-regulation processes are explained in relation to program content. See Figure 4 for a summary of the workshop program.

Training review and quality assurance
An integral component of the Quality Assurance process for the Life! program is the implementation of an annual professional development and review day for program facilitators. On completion of the training workshop, facilitators are given provisional accreditation and can conduct the six-session program. All facilitators are required to attend an annual review day to maintain their certification. The review day provides feedback to facilitators about the programs they have conducted, including a summary of session evaluations by participants and performance measures, and encourages discussion about their experience of conducting the sessions. It is designed to enable the process of facilitators learning from each other and improving their work. Ideally, facilitators attending the review day have conducted at least four full group programs and are confident in openly discussing their experiences as facilitators. See the chapter on scaling up diabetes prevention programs in Australia for details of the built-in quality assurance.

Recommendations for training facilitators
The recommendations presented here are intended to assist health organisations to develop their training for facilitators of group-based diabetes prevention programs. The recommendations are based on the experience gained from training conducted for Life! program facilitators.
1. Apply adult learning principles to the design of the training.
Adults benefit from being able to direct their own learning and build on their prior knowledge and experience. They expect to enjoy learning, to collaborate and be engaged in activities and practise skills in a supportive learning environment. In the Life! training, having an orientation day, self-learning period and two-day workshop caters for different learning style preferences and enables trainees to take some control over their learning. Participants from many health disciplines attend the Life! training and it was important to provide an environment where they could access information for themselves as well as learn from the training team and from one another. When adults achieve some success, motivation for further learning increases. Achieving a satisfactory standard in the Life! self-learning tasks provides a tangible measure of success for trainees prior to workshop attendance.

2. It is helpful to schedule a program orientation day and self-learning period before the training workshop.
After attending the orientation day and receiving the self-learning tasks, about 15 percent of the Life! trainees withdrew from the training program. It is possible that the Life! program did not suit their organisation, or they were not able to continue the training, or they did not have time to complete the self-learning tasks. Regardless of the reason for withdrawal, commencing the Life! training with the orientation day and stipulating the self-learning tasks as a prerequisite to workshop attendance contributed to self-selection of suitable trainees.

By having the background reading and some of the group session activities included in the self-learning tasks, trainees could use the reference materials according to their individual needs. Valuable workshop time can then be dedicated to facilitation skill development and session rehearsal rather than presenting factual information that can be learned outside of the training time, be read independently and kept as reference. The self-learning assignment requires trainees to use some of the tools used in the intervention and comment on the support that participants would require in the group sessions. Trainees are then better prepared to rehearse sessions in the workshop.

3. Utilise existing health education materials as training resources where possible.
The Life! facilitator manual includes health education resources prepared by reputable organisations to complement the program specific materials. The physical activity and healthy diet information are from the Australian Government and National Heart Foundation of Australia, diabetes fact sheets come from Diabetes Australia, and stress management and problem solving information from beyondblue, the national depression initiative. The resources are readily available so that facilitators can easily obtain copies from the web or in hard copy format from the organisations for their own use and distribution to participants.

4. Provide a comfortable and supportive workshop environment.
Key considerations for selection of the Life! workshop venue include having a central location that is accessible by public transport, a suitable room size, appropriate furniture and audio-visual facilities, having natural light and access to refreshments. Circular tables with a maximum of eight people at each table are placed in a large room. Each table has materials for the day, and is managed by a separate trainer for the duration of the training. The layout of tables encourages interactive learning and small group discussion.

A supportive training environment is one where participants feel safe, valued and able to contribute freely. Brief introduction activities are used to create a relaxed atmosphere for
effective group work. One of the activities used in the Life! workshop is a ‘speed-dating’ style ice-breaker activity which is a light-hearted and time efficient way for introducing participants to each other. Group discussion is enhanced by having trainers first coordinate introductions within each small group and then provide a summary for the larger group.

5. Use group processes appropriately.
When conducting workshops, group size matters. It impacts on the level of participation and types of interactions that take place. Having the self-learning period in the Life! training program minimises teaching factual knowledge. Lecture-style presentations are an efficient way to disseminate information and provide demonstrations for a large group, but this approach limits learning because it is passive. The Life! workshop uses powerpoint presentations for key information required by the large group but most of the workshop time is spent on small group activities that are experiential and interactive.

When working in small groups, the number of people with whom any one individual can observe, communicate actively, and be involved, is limited to seven or eight (11). The small group format optimises active participation and the exploration of ideas. Working in small groups allows trainees to collaborate and act as resources for one another. Having a trainer with each group means that ideas and expertise can easily be shared with the larger workshop group.

It is important that those responsible for the design and delivery of facilitator training ‘know the group’. This ensures that activities are appropriately targeted and the prior experience of trainees can be utilised where appropriate. Life! trainees complete a training registration form before they come to the workshop, which includes demographic information such as profession and geographic location. Information on trainee knowledge of type 2 diabetes prevention and previous experience and training in facilitating groups is collected in a pre-training questionnaire. The training team have access to these data prior to the workshop.

It is worth negotiating guidelines for how a group will operate, as this also helps with group cohesion and productivity. In the Life! training, each small group discusses how they would set group behaviour rules at the start of the program. Practical issues such as use of mobile phones in sessions, and coming to agreement on starting and finishing times are discussed, as well as the issue of confidentiality. Particular mention is made of the responsibility of group members to not only respect and listen to others but also to contribute to the group.

6. Demonstrate high-quality facilitation skills in the workshop.
Trainees should be able to observe high quality facilitation in action when they attend a facilitator training workshop. The facilitator role requires sophisticated inter-personal skills for group management, high-level communication skills, and some key personal qualities. Facilitators need to be able to create a supportive learning environment and monitor group dynamics in order to keep groups productive and effective. The communication skills of attending behaviour and active listening are important for facilitators to encourage others to speak freely and to explore situations either in more depth or from different perspectives. The personal qualities of confidence, being able to think quickly and show a sense of humour assist facilitators in managing the many concurrent demands that exist during a workshop.
It is particularly useful for facilitators of groups to practise what to do when things don’t go according to plan. Difficult group dynamics result in an ineffective group and, therefore, a facilitator needs to have structures and processes for helping group members overcome problems in communicating with one another and in managing emotion (11). The workshop content should include suggestions for managing difficult situations, such as using protective interruption to prevent disclosure of confidential information in the group. Demonstration of effective non-verbal communication skills are useful, as well as a discussion of cultural factors that might influence communication.

A workshop where excellent group facilitation skills are modelled is a powerful and memorable learning experience for participants. When Life! trainees were asked to provide feedback on ‘the best thing about the workshop’, a frequent response was ‘the lead trainer’. The post-training evaluation feedback from trainees has been, overall, very positive, with high satisfaction scores. There has also been significant improvement in measures of both knowledge and confidence in conducting a group program when assessed pre- and post-training.

While the training workshop provides opportunities for discussion and demonstration of facilitation skills, it is through conducting the group sessions that trainees practise the skills. If there is too long a gap between the training workshop and actually conducting a group, workshop learning experiences may fade. Having detailed information on facilitation and communication in the facilitator manual is useful because it can be accessed as part of the self-learning as well as after the workshop when it is of heightened relevance.

7. Include a variety of interactive activities in the workshop.
Learning experiences that are interactive are likely to inspire trainees to find out more about a topic or try something new. Interaction with others in the workshop is more comfortable after being involved in some structured introductory activities. Other activities suited to workshops include brainstorming sessions, role-plays, debates, quizzes, games and panel sessions. The activities should challenge participants to use high order thinking skills such as reflecting, analysing, problem solving and creating rather than passive listening. At each workshop, the Life! training team presents a role-play of a group where they assume roles such as a ‘story-teller,’ ‘quiet-one’, ‘co-facilitator’ and ‘joker’. The facilitator in the role-play demonstrates some techniques for managing the group in order to use group time equitably. Examples include using summarisation to contain the dialogue of a ‘story-teller’, providing tasks for the ‘co-facilitator’ to directly contribute to group activities, and using non-verbal strategies to invite comment from a ‘quiet’ participant. Role-plays tend to provide some amusing moments which are often memorable learning experiences.

At the Life! workshop trainees participate in small group activities that use music and acronyms to practice attending behaviour and active listening which are important communication skills for group facilitators. All trainees have the opportunity to give and receive feedback on the communication skills used in the particular activities and this approach tends to provide powerful learning experiences for those involved. The acronym OARS (Open questions, Affirm, Reflect, Summarise) (12) assists with active listening and enhancing motivation for behaviour change.

The OARS ideas are:
- Open questions enable an active listener to elicit details to progress a conversation.
- Affirmation is re-assuring and encourages further discussion.
• Reflecting content and feelings by restating what has been said by another person helps establish a common understanding. Reframing a problem helps someone to look at a problem differently and perhaps find another solution.
• Summarising helps to provide clarity in lengthy and complex discussions (12).

Lectures are useful for disseminating information to a large group and for highlighting important information, but deeper learning occurs when learners are active and more self-directed. Overviews of the behaviour change theories (HAPA and self-regulation theory) that underpin the Life! program are presented lecture-style, followed by discussion and skill-building activities. Trainees need to understand the principal theories that guide the Life! program because effective facilitation of groups depends on facilitators supporting behaviour change. Later in the workshop when trainees rehearse the Life! sessions they are encouraged to make connections to the theory.

8. Manage workshop time carefully.
Trainees can easily become annoyed if time is wasted. It is important to start and finish a workshop on time and consult with the group before finishing earlier or later than advertised, or making other time changes to the schedule.

9. Evaluate the facilitator training.
Monitor the change in knowledge and confidence of trainees by using pre- and post-training questionnaires. The evaluation process is helpful for trainees to reflect on their strengths and areas where they would benefit from further reading or practise. Evaluation data are useful for training program development and quality control.

The Life! training evaluation questionnaires contain knowledge and confidence items that relate directly to the ten training topics presented in Table 1. Trainees are also asked to reflect on their satisfaction with the training overall, as well as the usefulness of the workshop and self-learning components separately.

10. Make sure that facilitators commence conducting courses soon after they complete the training.
Facilitation skills are like any other skill; they require practise to become proficient. Minimise the time between training and when facilitators commence their first diabetes prevention course by making sure organisations have procedures for referral and recruitment of participants in place before their facilitator attends the workshop. It is crucial that recruitment provides adequate numbers of groups for facilitators to maintain their skills. Based on the Life! experience, it is recommended that each facilitator should conduct about four to six courses a year.

11. Ensure a comprehensive system is developed to standardise facilitator training for large scale programs.
Scaling up from small implementation trials to State or National roll out programs requires the development of a system for delivery, of which training is one part. Standardisation of the intervention becomes ever more difficult with larger numbers of facilitators. Training contributes towards standardisation but also good manuals, continuous quality improvement, checking fidelity of the intervention, and well-designed formative and summative evaluation, are required to demonstrate that the program is running optimally. (More information is provided in the chapter on scaling up diabetes prevention programs in Australia.)
Conclusion
A contemporary training program for facilitators of group-based diabetes prevention programs requires careful integration of evidence from several health disciplines, adult education and group facilitation literature, plus a touch of creativity. We trust that the description of the Life! training and the recommendations presented here are useful foundations on which to build effective facilitator training programs that contribute to prevention of type 2 diabetes.

Correspondence:
Professor Prasuna Reddy, Director of Research, GGT University Dept of Rural Health, Deakin University Burwood campus, Building F, Burwood Victoria Australia 3125.
E: director.research@greaterhealth.org
T: +61 3 9244 3049, Fax: +61 3 9244 6624

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