Teens Helping Teens:  
A New Strategy for Group Diabetes Care

Disclosure to Participants

Notice of Requirements For Successful Completion
Please refer to learning goals and objectives. Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours.

Conflict of Interest (COI) and Financial Relationship Disclosures:
Presenter: Rosanna Hannum MS, RN, CNS, CDE – No COI/Financial Relationship to disclose
Presenter: Geneva Foncannon RD, CDE – No COI/Financial Relationship to disclose

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Getting to know you….

Who are you?
Why did you come here today?
What do you hope to get out of today’s class?
### Learning Objectives

At the completion of this presentation, the participant will be able to:

1. Describe the difference between a didactic class and group using the Centering approach.
2. Demonstrate different strategies that enable a group to become cohesive and trusting.
3. Discuss the basic framework of a group appointment including environment, time frame, and frequency of visits.

### Agenda

1. What is Centering?
2. Why Centering?
3. How did we decide to use this model in pediatric diabetes and create “Teens helping Teens”
4. Review the 13 concepts providing the framework of the centering approach that we have adapted into our “Teens helping Teens” groups
5. Outcomes, case studies
6. What we would like to continue to measure, indicators of a good program
7. Time for questions

### How we teach; how do we learn; what do we retain?

<table>
<thead>
<tr>
<th>Modality</th>
<th>How much do we retain?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture (class)- hearing</td>
<td>+10%</td>
</tr>
<tr>
<td>Handouts- reading</td>
<td>+20%</td>
</tr>
<tr>
<td>Motivational interviewing- discussion</td>
<td>+70%</td>
</tr>
<tr>
<td>Centering - discuss, do, teach</td>
<td>+90%</td>
</tr>
</tbody>
</table>

### What is Centering Healthcare™?

- Healthcare visits that occur in a group format.
  - The same group of people meet at regularly scheduled intervals which lends itself to developing a supportive community.
  - Initiates self-care habits as patient is responsible for tracking data
  - Educational activities designed to promote peer-to-peer networking and for the participant to educate others.
  - It is patient-centered and utilizes active learning principles to increase knowledge gained and retained.
  - It was created by the Centering Healthcare Institute. They focus on prenatal care and their CenteringPregnancy curriculum.

### Additional Benefits of Centering

- Increased return visits/reduced missed appointments
- Increased client knowledge
- Increased client self efficacy
- Decreased staff turnover
  TRIPLE AIM GOALS

### What The Data Says

- **33% reduction** in preterm births (PTB)
  - Saving the system 40 PTB for 1000 deliveries (1 PTB for every 2 groups) - Ickovics, et al 2007
- **47% reduction** in PTB
  - 12.7% vs. 7.9% - Picklesimer 2012
- Significant increase in patient satisfaction, breastfeeding initiation, knowledge - Ickovics, et al 2007

Annotated bibliography on www.centeringhealthcare.org
Our Journey to developing the Teens helping Teens groups
• Support from the hospital to explore this model of care
• Training – 2 days
• How could we use this modality in teens?
• Developed a pediatric diabetes curriculum
• Started our first group a few years ago and continue to evolve
• Our team will identify a teen that could benefit from Teens Helping Teens
• The group meets monthly for 6 months

The problem…
during our “traditional” team appointments
• Who is engaged in the appointment?
• What does body language show?
• Expected results?

Popcorn Activity
• When I think about caring for my teen patient
  I feel……
• When I think about caring for my teen patient
  I wonder…..

Popcorn Activity
When I think about Diabetes Complications
The Concepts of the Centering Approach

1. Health assessment occurs within group space
2. Participants are involved in self-care activities
3. A facilitative leadership style is used
4. The group is conducted in a circle
5. Each session has an overall plan
6. Attention is given to the core content, although emphasis may vary
7. There is stability of group leadership
8. Group conduct honors the contribution of each member
9. The composition of the group is stable, not rigid
10. Group size is optimal to promote the process
11. Involvement of support people is optional
12. Opportunity for socializing with group is provided
13. There is ongoing evaluation of outcomes

*Adapted from the Centering Pregnancy Implementation Guide

3. A facilitative leadership style is used

- Wear street clothes (no lab coats/scrubs)
- Refer to the group for answering questions
- Open style of leadership
- Ask permission to provide information

1. Health Assessment occurs within the group space

- Privacy maintained by playing music
- Opportunity to answer questions that the teen does not want to bring to group
- Medication, blood sugar, and goals review after their self-assessment in the teen binder

2. Participants are involved in self-care activities

- Teens document their own health data (average blood sugar, A1c, goals, and medication changes)
- They can track progress from month to month

4. The group is conducted in a circle

- Ensure that the space promotes privacy, and is large enough for everyone to fit within the circle.
- Circle time does not start until all of the participants are ready

5. Each session has a plan

Have an agenda for each group

Example: Self check-in, meet with clinician
- Opener
- Group activity
- Closer with plan for the next meeting
6. There is core content but allows for flexibility in what is discussed
   - We have adapted this element to allow the participants to drive the core content
   - Bean Activity or Topic Activity

8. Group conduct respects contributions from all
   - Group rules are created by the teens at the first session and displayed each time the group meets

7. Consistency in facilitator leadership
   - Have the same facilitators for all sessions
   - Have a plan for backup as needed
   - Observation of the group for training purposes is not allowed

9. The Group is Stable but not Rigid
   - Notify participants before joining that regular attendance is expected
   - Group rules include whether or not to allow for new additions
   - Visitors are only allowed if the group plans for them to come, i.e. boyfriends, friends, speakers

10. Group size is optimal to promote the process
    - Optimal group is >6 people.
    - Review show rate and space limitations to decide on how many to include.
11. Involvement of family support people is optional
   • We have not adopted this element
   • At our first session, the social worker meets with the parents to discuss the program, our expectations for participation, and answers any questions.
   • Consider in pregnancy programs or adult programs

12. Time to socialize within the group is provided
   • Food and music available at the start as participants are meeting 1:1 with a clinician
   • Wear a name tag (in the beginning)

13. Ongoing evaluations of outcomes
   • Meet with the team to debrief what worked and didn’t work with curriculum after each session
   • Continuum of comfort with education provided
   • Written evaluations are collected and summarized at the completion of all sessions
   • Outcomes are tracked. We collect A1c at sessions 1, 4, and 6

What has Worked Well with the Teens
   • Food
   • Music
   • Start with less intensive “warm up activity”
   • Activities with physical movement
   • Leave the room during a group activity
   • Intersperse facilitators within the circle. No more than 2/activity
   • Use of “talking stick” to encourage participation

Lessons Learned
   • Facilitators should not outnumber the participants
   • Guest speakers should be familiar with the Centering approach ahead of time
   • It’s ok to sit in silence…
   • Avoid direct questions that may call too much attention to any one person at a time
   • Know your audience

Questions To Elicit Group Participation…
   It is important for facilitators to not answer questions directly, but allow for group wisdom to be shared
   • “Does anyone else have any ideas about…?”
   • “Does the group have any suggestions of how…?”
   • “What do others think?”… “Did that answer your question?”
   • “How would you know if…”?
   • “Could I share what the recent research shows about…?”
Some Examples of Centering Approach Activities

Warm up Activities examples
- Diad/Triad Opening
- High, Low, Left

Main Activities examples
- Popcorn Activity…“I feel/ I wonder”
- Beam Activity
- Topic Activity
- A1c Activity
- Cooking Activity
- Sorting Activities

They said it best…
What did you like best about the group?
“Meeting new people that know what I’m going through.”
“I liked how we had many fun activities but were still able to learn.”

What were your expectations of this group before coming to the group?
“…that it was gonna be all about diabetes.”

Name something you learned about yourself or your diabetes.
“I was able to learn and understand that type 1 diabetes isn’t my fault.”

Program Indicators
What we will continue to measure:
- Clinical measures
  - A1c
  - Frequency of testing
  - Average blood sugar
- Patient engagement
  - Show rate
  - Evaluation surveys

Summary
- Discussed what Centering and how we have adapted those concepts to our “Teens helping Teens” groups
- What Centering activities did we model?
Resources and References

- https://www.centeringhealthcare.org
- Centering Pregnancy Instructional Workshop: A Model for Group Prenatal Care. Attended 4/18/14-4/19/14

Meet with a partner, discuss how you might use any of the concepts presented in their groups

“People shouldn’t be considered non-compliant, they just haven’t been “reached” yet.”

Anonymous Sutter diabetes social worker