Summary of the WE*CAN manage diabetes intervention

Grounded in social cognitive theory, self-regulation models, and systems theory, the "WE*CAN manage diabetes" intervention was designed to help families improve diabetes management by facilitating problem solving skills, communication skills, and appropriate responsibility-sharing. Intervention contact included a preparation telephone call prior to clinic visits, in-person contact during clinic visits, and telephone follow-ups. Specially trained personnel, called health advisors, delivered these components.

In-clinic sessions were structured by the WE*CAN problem-solving approach, an acronym representing the problem-solving process. Families collaboratively identified a goal for improved diabetes management and developed a behavior plan. The problem-solving structure offers a flexible, individualized approach. As such, each session targeted family-specific needs and priorities and focused on the issues and strategies most relevant to each family.

The approach is iterative in that the family is taught to examine the results of their behavior and revise future actions to improve outcomes.

WORKING TOGETHER
- ✓ Identify strengths and areas of difficulty
- ✓ Collaboratively determine goal to work on
- ✓ Identify benefits of identified behavior change

EXPLORING BARRIERS
- ✓ Explore environmental or situation issues that increase the difficulty of the behavior
- ✓ Identify unrealistic expectations or maladaptive coping strategies
- ✓ Identify maladaptive parent-child interaction patterns

CHOOSING SOLUTIONS
- ✓ Explore solutions to overcome barriers and achieve goal
- ✓ Evaluate solutions to maximize potential for success
- ✓ Solidify into a concrete action plan

ACTING ON OUR PLAN
- ✓ Review goal and strategies
- ✓ Clarify roles and expectations
- ✓ Determine a future time to discuss progress

NOTING RESULTS
- ✓ Review strategies tried and degree of goal achievement
- ✓ Identify barriers encountered
- ✓ Evaluate effectiveness of strategies
- ✓ Revise plan as needed

One week prior to each scheduled visit, the health advisor contacted families to help them prepare for the visit, guiding them to consider an issue to discuss. In-clinic sessions were structured to be approximately 30 minutes in length with flexibility to conform to families' needs and schedule. Application of the WE*CAN approach in each session was guided by a set of modules designed to address common diabetes management issues. The application of problem solving to a specific topic was facilitated by a worksheet designed for developing and documenting the plan. Supplementary handouts addressed widespread issues likely to come up during any module, such as adaptive communication skills. Health advisors contacted families two and six weeks following the visit to assess progress, identify new issues or problems, provide additional ideas, facilitate progress, and provide support.

Health advisors received extensive on-site training in diabetes management and the intervention process. They participated in a two-day workshop with staff from all clinical sites during which intervention skills were further taught, modeled, and practiced. Continued on-site practice occurred until adequate proficiency was demonstrated, and periodic review of session audiotapes was used to provide feedback and ensure fidelity. Weekly conference calls and annual in-person trainings were conducted to address issues, ensure maintenance of skills, and facilitate consistency across sites.