SECTION III RESOURCES
Living Well with Chronic Conditions Leader Training
La Grande, Oregon
April 27-30, 2009
9:00 am-4:15 pm daily

Living Well with Chronic Conditions
Living Well with Chronic Conditions is the evidence-based Chronic Disease Self-Management Program (CDSMP) designed and evaluated by Stanford University. Living Well is a six-week workshop for people living with chronic conditions and their family or friends. Workshops are facilitated by two trained leaders. Evaluation has shown that the workshops help participants improve their health status and quality of life.

Subjects covered in the workshop include techniques to deal with frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and evaluating new treatments.

Who should become a Living Well leader?
Anyone with a commitment to helping people with chronic health conditions by leading two six-week workshops within the first year is eligible to become a trained leader. An individual must attend all four days of the training in order lead a workshop.

Leaders must be affiliated with an organization that has a license to offer Living Well through Stanford University. If your organization does not have a license, contact living.well@state.or.us or 1-888-576-7414 to learn about how a license can be obtained.

How do I apply for the training?
To participate in the leader training, complete the leader training application form, which is available online at http://oregon.gov/DHS/ph/livingwell/docs/leadertrainingappeng.pdf. Once completed, the application can be emailed, mailed, or faxed to Cara Biddlecom using the information included on page 1 of the application form.

What can I do to support Living Well leader trainings?
If you work at a county health department, AAA, or other local agency, please consider promoting these trainings to your partners, community health and aging networks, and other organizations you think might be interested. Help us get the word out and build local capacity to provide these programs to people living with chronic conditions!

Learn more
More information about Living Well in Oregon, including materials you can use to promote Living Well, can be accessed at www.healthoregon.org/livingwell.
Hello,

The Chronic Disease Self-management Program (CDSMP) workshop Leader training will be held on:

**Wednesdays & Thursdays  9AM to 4PM**

**April 22\textsuperscript{nd}, 23\textsuperscript{rd}, 29\textsuperscript{th}, 30\textsuperscript{th}, 2009**

at the, **OSU Extension Center, 569 Hanley Road, Central Point, Oregon.** We will gather at 8:30 AM and start promptly at 9:00 AM. Each day will end at 4:00 PM.

Arlene Logan and Paul Jacob will be your co-trainers. They are certified by Stanford University as Master Trainers for this program.

The training and the CDSMP are designed to involve participants; so it is not a "sit and listen" class. The process is very important. Indeed, as you will come to see the process or way the CDSMP is taught is as important, if not more important, than the subject matter that is taught. In part that is why you need to be there for the **FULL 4 days**.

At the end of the 4 days you will have not only participated in the program yourself, but you will also have gained experience in doing the training. You will be ready to co-lead workshops with small groups in the community.

This leader training is supported in part by a grant from the National Council on Aging to the Oregon Department of Human Services.

In closing let me also convey our sincere thanks and appreciation in advance for the contribution you will be making in your community.

**Call today and reserve your Leader Training place:  541-864-9611**

Program Coordinator
Organization
Address
Phone number
Email address
Chronic Disease Self-Management Program (CDSMP) Volunteer Lay Group Leader
“Job” Description

Purpose & Responsibilities:

To act as a co-leader/facilitator for CDSMP groups (Living Well with Chronic Conditions and/or Tomando Control de su Salud). To provide modeling of skills and activities according to the Stanford CDSMP manual.

Major responsibilities included but not limited to:

- Successfully complete the four day leader training required for the English and/or Spanish programs, and lead first program no later than six months after completing training.
- Facilitate at least one CDSMP workshop (2.5 hours per week for 6 weeks) per year.
- Attend refresher course as recommended by Program Coordinator.
- Adhere to the guidelines, content, and time frames set by Stanford Patient Education for facilitation of the CDSMP. Does not introduce additional content or materials that are not part of the Stanford program.
- Collect data collection forms (Participant Information and Program Summary). These are shared with the Oregon Department of Human Services in support of the state-wide effort to track the use and growth of the CDSMP.
- Arrive at least 10 minutes before the start of each session, and start and finish program sessions on time.
- Set up classrooms and clean up after sessions. Leave classrooms neat and in condition as required by the host site.
- Maintain all class materials and equipment throughout the 6 week program.
- Provide adequate notice (at least 24 hours) to program coordinator if necessary to miss a session due to illness, and make effort to find a replacement leader.

The job may have additional responsibilities as assigned. All job duties must be performed in a manner that demonstrates the values of the sponsoring agencies.

MINIMUM REQUIREMENTS

- Successful completion of 4 day training as required by Stanford Patient Education standards. It is a preferred attribute to have been a participant in “Living Well with Chronic Conditions” prior to becoming a leader.
- Experience managing own chronic condition or being a support person to someone with a chronic condition.

Additional Skills:

- Fluency in the language of the program (either English or Spanish).
- Communicate skillfully with a variety of individuals in different environments, including disabled individuals and older adults. Good listening skills.
- Ability to work comfortably with groups, to read aloud and follow a script, and to write clearly on charts.
- Respectful of differing opinions, and ability to guide discussions non-judgmentally.
• Ability to encourage others, be a positive role model, be optimistic about a person’s ability to make step by step changes.
• Open to trying new approaches.
• Willingness to share some personal information and experience with the group.
• Dependable and on time.
• Reliable transportation arrangements. Valid Oregon Driver’s license and valid insurance if using private car.
• Demonstrates a caring, respectful and compassionate attitude towards all people.

**Physical Abilities:**

• Able to safely perform the physical requirements of leading the program
Living Well with Chronic Conditions Leader Training
Stanford’s Chronic Disease Self-Management Program

Leader Training is by various organizations in Oregon, with regular training offered through the regional Training Centers listed below.

<table>
<thead>
<tr>
<th>Portland Metro</th>
<th>Central/West</th>
<th>Southern Oregon</th>
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<tbody>
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<td>Central Point, OR 97502-1251</td>
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<td><a href="mailto:bcridland@peacehealth.org">bcridland@peacehealth.org</a></td>
<td><a href="mailto:bmaziarski@charter.net">bmaziarski@charter.net</a></td>
</tr>
<tr>
<td>(971) 673.2284</td>
<td>(541) 687.6234</td>
<td>(541) 864.9611</td>
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</tbody>
</table>

For a list of upcoming Leader trainings, please go to [www.healthoregon.org/livingwell/](http://www.healthoregon.org/livingwell/) and check under “Leader Training and Support”. Organizations interested in offering the 6-week Living Well with Chronic Conditions program are invited to apply to send teams to a 4-day Leader Training. **Applications must be received at least three weeks prior to training start dates.**

For more information on Living Well with Chronic Conditions in Oregon, please refer to [www.healthoregon.org/livingwell/](http://www.healthoregon.org/livingwell/).

For more information about the Stanford Chronic Disease Self-Management Program (CDSMP), please refer to [http://patienteducation.stanford.edu/programs/cdsmp.html](http://patienteducation.stanford.edu/programs/cdsmp.html)

**Who May Apply**
Each Living Well program held in the community must be led by two trained Leaders. Stanford strongly recommends that Leaders be individuals living with a chronic condition, and that at least one of the two Leaders be a peer Leader and not a health or social service provider. It is also very helpful if Leaders have attended a workshop as a participant prior to being trained. Participants must attend the full 4 days of training and facilitate a program to become a Leader. Organizations offering this program must do so under a license from Stanford University (see below).
Organizational & Leader Commitment
Organizations sending participants are committing to the initial 4 days of training, plus the time for coordinating and providing at least 2 six-week community programs within the following 12 months, with the first program being held within two months of training. Organizations also commit to sending DHS follow-up information about workshops and participants on a regular basis, using forms provided by DHS. Other potential program costs that organizations should consider include program coordination, participant materials and program licensing (see below).

Leader Training
Participation is limited to 20 people, with priority offered to registrants demonstrating the following capacities:
- Commitment to offer at least two 6-week programs within one year of being trained.
- Organizational ability to support promotion and implementation of the program.
- Organizational teams of two or more, including peer leaders with chronic conditions.
- Ability to reach diverse audiences including low income and high-risk populations.

Training Costs
Currently, the 4-day Leader Training is offered at regional training centers at no cost due to organizational support from the regional training organizations and grant support from various sources. As part of the training, trainees receive training materials, a leader’s muscle relaxation CD, as well as 10 participant books that can be used in offering the program. Additional books can be purchased by the supporting organization (cost $18.95; with discounts available for quantity orders), or a small book fee can be charged to program participants. For more information on how to obtain participant books, contact living.well@state.or.us.

Scholarships
A limited number of scholarships are available to individuals planning on leading Living Well with Chronic Conditions programs in Oregon, with funding provided by Oregon’s Department of Human Services. Scholarships will be awarded to lay leaders (community volunteers) to help offset the costs of attending the 4-day Leader Training.

Lay leaders wishing to apply for a scholarship need to complete the attached scholarship application form (found on page 7) and submit the form with this application.
Program License
Living Well with Chronic Conditions is the Chronic Disease Self-Management Program, a licensed program of Stanford University, and Stanford retains ownership of the copyright to the program. Leaders agree that they will not alter the program.

Agencies or organizations offering CDSMP must be licensed. **A 3-year organizational license from Stanford is $500** for organizations that will offer up to 10 programs per year. For further information on licensure, please see [http://patienteducation.stanford.edu/licensing/](http://patienteducation.stanford.edu/licensing/) or call Stanford directly at (650) 723-7935.

There are a number of licensed organizations and agencies within Oregon (see list at [http://patienteducation.stanford.edu/organ/cdsites.html#OR](http://patienteducation.stanford.edu/organ/cdsites.html#OR)). If a group is offering the program in collaboration with one of these currently licensed organizations, they may be covered by an existing license. It also may be possible for small non-profit organizations to request a reduced license fee from Stanford. Organizations or agencies wishing to offer the program on their own must purchase their own license.

Application Checklist

To apply for an upcoming Leader Training, please submit the following documents to the regional Training Center hosting the training you are applying for (Training Center and contact information on page 1).

- 1. Program Licensure from Stanford University
- 2. Organizational Questions (pages 4-5)
- 3. Applicant Information (pages 4-6)
- 4. Scholarship Application (page 7, if applicable)
1. Program Licensure

In order to participate in this training, you must be affiliated with an organization that is licensed by Stanford to deliver the Chronic Disease Self-Management Program (CDSMP). Please indicate your organization’s status below.

☐ My organization holds a current Stanford CDSMP license.  
☐ My organization is partnering with an organization that holds a current Stanford CDSMP license, a letter of agreement describing our partnership is attached to this application.  
☐ My organization has applied for a Stanford CDSMP license and expects to complete paperwork before the leader training.

For detailed information regarding program licensure, please visit [http://patienteducation.stanford.edu/licensing/](http://patienteducation.stanford.edu/licensing/) or contact the Stanford University Patient Education Research Center at (650) 723-7935.

Please note that training cannot be provided to individuals who are not affiliated with a licensed organization.

2. Organizational Questions  
Please answer the following questions about your organization.

1. How does Living Well fit into your organization’s long-range plans for supporting people with chronic conditions in your community?
2. Describe staff roles within your organization and how staff can dedicate time to promote and coordinate Living Well programs twice a year, and support lay leaders (community volunteers).

3. Newly trained Leaders should deliver their first program within two months of this training. Please indicate the date and location for the first program your newly trained Leader(s) will be involved in leading.
3. Applicant Information (please duplicate this page as needed)

Name of Leader applicant: __________________________________________________________

Leader Training you are applying for? Location: ______________ Date: __________

Will you be a Lay Leader (non health/social service professional)?  Yes  No

Are you living with a chronic condition?  Yes  No

Have you attended a Living Well program as a participant?  Yes  No

Sponsoring Agency: ____________________________________________________________________

Title/Position: _________________________________________________________________________

Address: ________________________________________________________________________________

Phone: _________________________  Email: _____________________________________________________

Briefly describe your interest in participating in this program and how this relates to the licensed organization.

Do you anticipate any barriers to leading two workshops a year (work or family obligations, transportation, health, etc.)?  If yes, please explain.

____________________________________________________  ______________  __________
Applicant Signature  Title  Date

Accommodations requested:

☐ Sign language interpreter  ☐ Wheelchair-height tables
☐ FM System (for hearing impairment)  ☐ Large print training materials
☐ Other (please specify): ____________________________________________________________

____________________________________________________  ______________  __________
Sponsoring Agency signature  Title  Date
4. Oregon Living Well with Chronic Conditions Leader Training Scholarship Application

Thank you for your interest in the Living Well with Chronic Condition program. A limited number of scholarships are available from the Oregon Department of Human Services to lay Leaders who agree to lead Living Well programs in Oregon.

Scholarships of $300 are available to lay Leaders only (individuals who are not leading programs as part of their paid work), and are designed to help offset costs incurred while attending a four day Living Well with Chronic Conditions or Tomando Control de Su Salud Leader training. To request a scholarship, please complete this form and submit along with your application for the Living Well or Tomando Control training.

**Scholarship terms:**
1. Complete the four-day Leader Training.
2. Agree to lead at least two Living Well or Tomando Control workshops in the community.
3. Please indicate a month for your first planned workshop: _________________________

If you agree with the terms above, please complete the following:

Training Location & Date: _________________________ ______________________________

Name: __________________________________________________________

Lay Leader? __ yes __ no

Email: ______________________________ Fax number: ________________

Address: _________________________________________________________

Home Phone: __________________________ Work Phone: __________________

County where you will be leading programs: ___________________________

Licensed organization that you will be offering programs for: ______________

Signature: _____________________________ Date: _________________________

__________________________
Regional Training Site Approval (to be completed by regional training center)
Social security number of individual receiving scholarship: __________________

__________________________
Approval signature: ___________________________ Date: _________________________

DHS Approval (to be completed by DHS)

Approved For Payment:

Program Manager

Accounting Code: Index ________ PCA ____________

Program Support Manager
Tomando Control de su Salud - Capacitación del Líder
Programa de Stanford acerca de Autogestión en Enfermedades Crónicas

La Capacitación de Liderazgo es proporcionada por varias organizaciones en Oregon, con capacitación regular ofrecida en los Centros Regionales de Capacitación enlistados a continuación

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Para una lista de las capacitaciones ofrecidas en el futuro, por favor visite www.healthoregon.org/livingwell/ haga clic en “Leader Training and Support”. A las organizaciones interesadas en ofrecer el programa de 6-semanas de Tomando Control de su Salud se les invita a aplicar para enviar equipos a la Capacitación de Liderazgo de 4-días. Las solicitudes deben ser recibidas por lo menos tres semanas antes de la fecha de inicio de la capacitación.

Para más información en Tomando Control de su Salud, por favor visite www.healthoregon.org/livingwell/.

Para más información del Programa de Stanford acerca de Autogestión de Enfermedades Crónicas (CDSMP, por sus siglas en inglés), por favor visite http://patienteducation.stanford.edu/programs/cdsmp.html

Quién puede Aplicar
Cada uno de los programas de Tomando Control de su Salud deben ser presentados por dos líderes capacitados. La Universidad Stanford recomienda firmemente que los Líderes sean personas con una condición crónica latente, y que uno de ellos sea compañero del Líder y no un proveedor de servicio social o de salud. Es también muy útil que los Líderes hayan asistido a los talleres como participantes antes de empezar a capacitar a otros. Para ser Líderes, los participantes deben atender los 4 días de capacitación completos y presentar un programa. Las organizaciones que ofrecen este programa deben hacerlo bajo licencia de la Universidad Stanford (ver más adelante).
Compromiso de la Organización & del Líder
Las organizaciones que envían participantes se comprometen a la capacitación inicial de 4 días, además del tiempo para coordinar y proveer al menos 2 programas comunitarios de seis semanas dentro de los siguientes 12 meses, con el primer programa para ser impartido dentro de dos meses de la capacitación. Las organizaciones se comprometen también a enviar información de seguimiento de DHS acerca de los talleres y de los participantes en forma regular, utilizando formas provistas por DHS. Otros costos potenciales del programa que las organizaciones deben considerar incluye la coordinación del mismo, materiales para el participante y licencia del programa (ver más adelante).

Capacitación del Líder
La participación es limitada a 20 personas, con prioridad ofrecida a las personas registradas con las siguientes capacidades:
- Comprometidos a ofrecer cuando menos dos programas de 6-semanas dentro de un año de ser capacitados.
- Tener habilidad organizacional para apoyar la promoción e implementación del programa.
- Contar con equipos en la organización de dos o más personas, incluyendo compañeros de líderes con condiciones crónicas.
- Capacidad de llegar a audiencias diversas incluyendo poblaciones de bajo ingreso y de alto riesgo.

Costos de la Capacitación
Actualmente, la Capacitación de Liderazgo de 4-días se ofrece en los centros regionales sin costo alguno debido al apoyo de las organizaciones de capacitación regional y al de las becas provenientes de varias fuentes. Como parte de la capacitación, los aprendices reciben material de capacitación, un CD de relaxación muscular para el líder, así como 10 libros participantes los cuales pueden ser utilizados cuando presenten el programa. Se pueden comprar libros adicionales de parte de la organización secundaria (costo $18.95; con descuentos disponibles para órdenes de mayoreo), o un pequeño honorario de libro puede ser cargado a los participantes en el programa. Para más información en cómo obtener libros del participante, comuníquese con living.well@state.or.us.

Becas
Un número limitado de becas están disponibles para las personas que planean dirigir en Oregon el programa de Tomando Control de su Salud, con la financiación proporcionada por el Departamento de Servicios Humanos de Oregon. Las becas serán concedidas a los líderes propuestos (voluntarios de la comunidad) para ayudar a sustentar los costos de la Capacitación de Liderazgo de 4-días.
Los líderes propuestos que desean solicitar una beca necesitan completar la solicitud de beca adjunta (encontrada en la página 7) y entregarla con esta solicitud.

**Licencia del Programa**
Tomando Control de su Salud es un Programa de Autogestión de Enfermedades Crónicas, un programa con licencia de la Universidad de Stanford, y Stanford retiene la propiedad de los derechos registrados del programa. Los líderes están de acuerdo a no alterar el programa.

Las agencias y organizaciones que ofrecen el CDSMP deben tener licencia **Una licencia organizacional de parte de Stanford tiene un costo de $500** para las organizaciones que ofrecerán hasta 10 programas por año. Para más información acerca de la licencia, por favor visitar [http://patienteducation.stanford.edu/licensing/](http://patienteducation.stanford.edu/licensing/) o llamar a Stanford directamente al (650) 723-7935.

Hay varias organizaciones y agencies con licencia en Oregon (ver la lista en [http://patienteducation.stanford.edu/organ/cdsites.html#OR](http://patienteducation.stanford.edu/organ/cdsites.html#OR)). Si un grupo ofrece el programa en colaboración con uno de estas organizaciones con licencia actual, podrían estar cubiertos con una licencia existente. También es posible para pequeñas organizaciones no lucrativas que soliciten un honorario reducido de licencia a Stanford. Las organizaciones o agencias que deseen ofrecer el programa independientemente deben comprar su propia licencia.

**Lista de verificación de la solicitud**
Para presentar una solicitud para la Capacitación de Liderazgo próxima, por favor entregue los siguientes documentos al Centro regional de Capacitación donde se lleve a cabo la capacitación que está usted solicitando (Centros de Capacitación e información de contacto página 1).

- □ 1. Programa de Licenciatura de la Universidad Stanford
- □ 2. Preguntas de la Organización (páginas 4-5)
- □ 3. Información del Solicitante (página 6)
- □ 4. Solicitud de Becas (página 7, de aplicarse)
Tomando Control de su Salud
Capacitación de Liderazgo de Cómo Vivir Bien con Condiciones Crónicas
Solicitud

1. Licenciatura del Programa

Para poder participar en esta capacitación, usted debe estar afiliado con una organización que esté licenciada por Stanford para presentar el programa de Autogestión de Enfermedades Crónicas (CDSMP, por sus siglas en inglés). Por favor indique a continuación el estatus de su organización.

☐ Mi organización cuenta con una licencia CDSMP de Stanford.
☐ Mi organización está asociada con una organización que cuenta con una licencia CDSMP actual de Stanford, se adjunta a esta solicitud una carta describiendo nuestra sociedad.
☐ Mi organización ha solicitado a Stanford la licencia CDSMP y se espera completar el papeleo antes de la capacitación de liderazgo.

Para información detallada acerca de la licencia a este programa, por favor visite http://patienteducation.stanford.edu/licensing/ o comuníquese al Centro Educativo de Investigación del Paciente de la Universidad de Stanford al (650) 723-7935.

Note por favor que esa capacitación no puede ser proporcionada a personas que no estén afiliadas a una organización con licencia.

2. Preguntas de la Organización

Por favor conteste las siguientes preguntas acerca de su organización.

1. ¿Cómo se compagina la capacitación de Tomando Control de su Salud en los planes de largo alcance de su organización para apoyar a las personas con condiciones crónicas en su comunidad?
2. Describa la ocupación del personal dentro de la organización y cómo podrán dedicar tiempo para promover y coordinar los programas de Tomando Control de su Salud dos veces al año, y apoyar a los líderes propuestos (voluntarios de la comunidad).

3. Los nuevos Líderes deberán presentar el primer programa en dos meses después de esta capacitación. Por favor indique la fecha y la dirección del primer programa que su(s) Líder(es) estarán encargados de llevar a cabo.
3. Información del Solicitante (favor de copiar esta página si se necesita)

Nombre del Líder que solicita: ____________________________________________________________

¿Para cuál capacitación de liderazgo está usted solicitando? Dirección: _____ Fecha: _____

¿Será usted un Líder Propuesto (no un proveedor de servicio social profesional o de salud)?
Sí    No

¿Vive usted con una condición crónica?    Sí    No

¿Ha asistido a algún programa de Tomando Control como participante?    Sí    No

Agencia Patrocinadora: _________________________________________________________________

Título/Posición: _________________________________________________________________

Dirección: _______________________________________________________________________

Teléfono: ___________________________  Correo electrónico: ____________________________

Describa brevemente su interés en la participación de este programa y cómo se relaciona a la organización licenciada.

¿Anticipa usted cualquier barrera para dirigir dos talleres al año? (obligaciones de trabajo o familiares, transportación, salud, etc.)?  Si la respuesta es sí, por favor explique.

____________________________________ __________________ __ _____________________
Firma del Solicitante     Título    Fecha

Acomodaciones solicitadas:

☐ Intérprete de lenguaje en señas  ☐ Materiales impresos en texto de tamaño grande
☐ Sistema FM (para impedidos del audio)  ☐ Mesas altas para sillas de ruedas

____________________________________ __________________ __ _____________________
Firma de la Agencia Patrocinadora     Título    Fecha
Gracias por su interés en el programa de Tomando Control de su Salud. Un número limitado de becas de parte del Departamento de Servicios Humanos de Oregon están disponibles para las personas que se comprometan en presentar los programas de Tomando Control de su Salud en Oregon.

Becas de $300 para los Líderes Propuestos únicamente (individuos que no dirigen programas como parte de sus trabajos pagados), y están designados a ayudar a sustentar los costos de la capacitación mientras participa en la capacitación de Liderazgo de cuatro días de Tomando Control de Su Salud. Para solicitar una beca, por favor complete esta forma y entregue junto con su solicitud de la capacitación de Tomando Control de su Salud.

Términos de la beca:
1. Completar la Capacitación de Liderazgo de 4-días.
2. Comprometerse a presentar a la comunidad por lo menos dos talleres de Tomando Control.
3. Por favor indique el mes planeado para su primer taller: _________________________

Si está de acuerdo con los términos arriba mencionados, por favor complete lo siguiente:
Dirección de la Capacitación y Fecha: ______________ ______________________________
Nombre: _________________________________________________________________
¿Líder propuesto? __ sí  __ no
Correo electrónico: ________________________ Número de Fax: ________________________
Dirección: ____________________________________________________________

Teléfono del domicilio: ________________________ Teléfono del trabajo: ______________
Condado donde presentará los programas: ______________________________________
Organización con licencia por la que usted ofrecerá los programas:____________________
Firma: _____________________________  Fecha: ________________________________

Regional Training Site Approval (to be completed by regional training center)
Social security number of individual receiving scholarship: _____________________________
Approval signature: _____________________________  Date: ____________________________

DHS Approval (to be completed by DHS)
Approved For Payment: _____________________________  Accounting Code: Index _______  PCA ________
Program Manager
Program Support Manager
Major Objectives for the Training

At the end of the Chronic Disease Self Management Workshop Leaders Training, participants will be able to:

1. Conduct the Chronic Disease Self Management (CDSM) workshop with one other trained co-leader.


3. Understand the concept of self-efficacy and the strategies to enhance self-efficacy.

4. Use the four efficacy-enhancing strategies with their groups: skills mastery through making an action plan, sharing and feedback, modeling, reinterpretation of symptoms and persuasion.

5. Utilize the following training techniques: lecture with discussion, brainstorming, demonstration, practice, feedback, problem solving and making action plans.

6. Handle problems that arise in the group learning situation.

7. Ask for and use assistance as needed.

8. Provide constructive feedback about both the content and process of the workshop to the program coordinator.

9. Utilize other course leaders as resource people and/or assistance as necessary and appropriate.

10. Understand and maintain the evaluation requirements for the workshop as determined by your organization.
Greetings,

Living Well Leader Training is only two weeks away. We have registered and confirmed nine applications and are looking forward to meeting everyone. Here are a couple reminders I hope will be useful.

Parking  
The OSU Extension has ample parking. Signs for Living Well Leader Training will be posted at entry to direct you to training room. The Administration building is located on Hanley Road with the Educational Center located at the end of the driveway.

Training Times and Dates  
The Chronic Disease Self-management Program (CDSMP) workshop Leader training will be held on **Wednesdays and Thursdays, April 22, 23 & 29, 30** at the OSU Extension Education Center (see enclosed map for directions).

Drinks and snacks will be provided. You may bring your lunch or purchase lunch at local restaurants. We gather at 8:30 AM and start promptly at 9:00 AM. **Please be on time.** Each day will end at approximately 4:00 PM.

Attire  
Dress in comfortable attire. Feel free to bring a favorite cushion or whatever you might need. Leader Manuals, note paper and pencils will be provided.

Attendance  
Participation and attendance for the 4 full days of training are required to be certified by Stanford University as a CDSMP Workshop Leader.

Hotels  
Several hotels of your choice are available in the Central Point area for overnight stays.

Please call me if you have any concerns or questions  
Again, we are all looking forward to opening day...see you soon!

Coordinator name  
Address  
Phone number  
Email address  
Web site
Living Well/CDSMP Leader Training Logistics Checklist
The following checklist may be helpful for Master Trainers during the process of planning a Leader Training. Some of the duties may not apply to your planning style or your organization; feel free to use this as you see fit!

Leader training dates:  Master Trainers:

Location:
- □ Main meeting area (seat up to 24)
- □ Breakout room (up to 12) days 2 & 4
- □ Building contact: _____________________
- □ CONFIRM 3 weeks prior!

Registration:
- □ Budget: travel reimbursement, food, venue fees, master trainer fees?
- □ Get official approval for expenditure
- □ Set application deadline & notification date
- □ Distribute application forms

Publicity:
- □ Press release
- □ Community contacts
- □ Health system contacts
- □ Review applications – double check licensing/partner info
- □ Choose participants
- □ Take care of ADA accommodation requests
- □ Send confirmation letters
  - Include dates, location, map, parking, food, agenda?
- □ Finalize roster

Logistics:
- □ Send Notification of Planned Leader training form to DHS
- □ If at all possible, arrange for observation/fidelity checklist use for one half-day segment of your training
- □ Arrange coffee/tea/water service & healthy snacks
- □ Lunch (or list of available lunch venues)
- □ Room setup/ seating plan
- □ Accessibility & ADA accommodations – pre-workshop checklist
- □ Master Trainers meet to break up teaching assignments
- □ Travel reimbursement forms
- □ CEU paperwork (if applicable)
Participant Materials:
- Manuals (DHS will supply these if you give enough notice)
- Agendas (handouts)
- Books
- Relaxation Tapes/CDs – long and short versions
- DHS support info sheets, reporting forms and explanation of reporting

Training Materials:
- Master Trainer manuals
- Sign-in sheet
- Chart pack (pre-made flip charts)
- Easels
- Flip charts or white boards
- Markers, dry-erase markers, erasers
- Weekly session agendas (flip charts)
- Tape/CD player
- Pens
- Pads of paper
- Kleenex
- Workshop evaluations
- Name tags
- Practice teaching assignment sheets
- Practice teaching feedback forms
- Role play cards
- Master trainer hats
- Watch that marks seconds
- Copies of chart #2
- Rosters (draft to correct, then final version on last day)
- Digital camera for group photo?
- Copies of local brochures, state brochure

Afterward
- Review evaluations & create report (please send a copy to DHS!)
- Send participant roster to DHS
- Debrief training, logistics, etc. and record lessons learned
- Send certificates of completion (if not passed out on last day)
- Arrange for mentorship/observation of new leaders
Training Agenda

Chronic Disease Self-Management Program

Month date, year • Portland, Oregon

DAY, MONTH, DATE

9:00 am: Introductions and Project Overview
9:30 am: Workshop Introductions
10:00 am: Workshop Overview and Responsibilities
10:10 am: Differences Between Acute and Chronic Conditions
10:25 am: BREAK
10:40 am: Using Your Mind to Manage Symptoms and Distraction
11:00 am: Introduction to Action Plans
11:50 am: Session One Review
12:10 pm: LUNCH
1:10 pm: Dealing with Difficult Emotions
1:50 pm: Introduction to Physical Activity and Exercise
2:20 pm: Session Two Review
2:40 pm: BREAK
2:55 pm: Review of Training Techniques
3:25 pm: Practice Teaching Assignments, Questions and Day One Closing
4:00 pm: Adjourn for the day

DAY, MONTH, DATE

9:00 am: Questions and Answers
9:15 am: Feedback, Problem-Solving, and Making an Action Plan
10:15 am: Better Breathing
10:30 am: Muscle Relaxation
10:45 am: BREAK
11:00 am: Pain and Fatigue Management
11:20 am: Endurance Activities: How Much Enough?
11:45 pm: LUNCH
12:45 pm: Session Three Review
1:20 pm: Future Plans for Health Care
1:35 pm: BREAK
1:50 pm: First Practice Teaching
3:35 pm: Practice Teaching Assignments, Questions and Day Two Closing
4:00 pm: Adjourn for the day
DAY, MONTH, DATE

9:00 am: Questions & Answers
9:15 am: Healthy Eating
9:40 am: Communication Skills
10:05 am: Problem Solving
10:30 am: BREAK
10:45 am: Session Four Review
11:05 am: Medication Usage
11:25 am: Making Informed Treatment Decisions
11:35 am: Depression Management
11:50 am: LUNCH
12:50 pm: Positive Thinking
1:15 pm: Guided Imagery
1:35 pm: Session Five Review
1:55 pm: BREAK
2:10 pm: Working With Your Health Care Professional and the Health Care System
2:45 pm: Looking Back and Planning for the Future (discuss)
3:00 pm: Session Six Review
3:20 pm: Discussion, Questions and Day Three Closing
4:00 pm: Adjourn for the day

DAY, MONYH, DATE

9:00 am: Questions & Answers
9:15 am: Feedback/Problem-Solving
10:15 am: Handling Situations in Groups
11:00 am: BREAK
11:15 am: Practice Teaching
12:00 pm: LUNCH
1:00 pm: Practice Teaching Continued
2:15 pm: What Are You Afraid Might Happen?
2:45 pm: BREAK
3:00 pm: Looking Back and Planning for the Future
3:45 pm: Questions about Logistics/Closing
4:15 pm: Adjourn
This is to certify that

**Living Well Leader**

Successfully completed 24 hours

January 27th, 28th February 11th, 12th, 2009

Chronic Disease Self-Management Leader Training

_________________________________________  _______________________
Master Trainer                           Master Trainer
Oregon Living Well

Recommended Use of Leader Training Fidelity Checklist

When asked about program quality, Kate Lorig at Stanford University has stated that the training of Leaders models the program and facilitation that will then be replicated by the new Leaders in all the workshops they lead. Ensuring quality and fidelity of programs begins with the training of program Leaders. The recommendations below propose how the Living Well Leader Training Fidelity Checklist can be used to help ensure the fidelity and effectiveness of training.

A. Fidelity observation process

1. Observation and completion of checklist should be done by a T-Trainer or Master Trainer, or an experienced Leader if other options are not possible. The observer should be experienced with the program and able to provide constructive feedback in a positive way. Trainings that do not have access to an observer can email the Oregon Living Well team at living.well@state.or.us to see if there are individuals in their area who might be able to observe the training.

2. If there is no observer available, co-trainers may use the checklist together as a review to ensuring quality and fidelity of their training. If trainers are using the checklist without an external observer, they are encouraged to use the entire checklist (all 4 days) and to set aside time at the end of each day to review the checklist sections for that day.

3. It is recommended that every Leader training be observed for one half day. If possible, the half-day segments that would be most useful for an external observer to monitor are:
   - Day 2 morning (action plan reporting)
   - Day 2 afternoon (1st practice teach)
   - Day 4 morning (2nd practice teach & fishbowl/handling difficult situations session)

B. Fidelity observation logistics

4. The observer should let the Master Trainers know at least one week before the training begins when he/she plans to attend & observe the training, and should share a copy of the checklist with the Master Trainers in advance. Master Trainers should ask their group if they would be willing to be observed, and explain to the group how observation helps ensure that programs are as
effective as possible. This also provides an opportunity for the Master Trainers to discuss (and model) the process for fidelity observation of community programs. The group should be informed that the observer is held to the same standard of confidentiality as the Master Trainers and the group members. If there is real concern about observation, Master Trainers should discuss this with the observer and consider not observing this particular group.

5. The observer should arrive before the program begins, or at the lunch break, and stay through the full half-day session. If this is not possible, the observer should plan to arrive or leave during the break, but not during other parts of the session. The observer should be introduced briefly to the group, and should sit in the back of the room, not joining in as a participant.

6. The observer should use one checklist for each Leader. The checklist helps to identify program logistic issues, and Leader strengths and possible areas for improvement. The observer is also encouraged to provide comments that will help the Leader – positive feedback on strong areas, and suggestions for possible improvements.

C. Fidelity observation follow-up

7. If possible, the observer should follow up with Master Trainers immediately after observation to share the feedback – using the feedback process used in Leader training and asking the Master Trainers to speak first about how they felt the session went. If it is not possible for the observer to talk immediately with the Master Trainers, feedback should be provided by the observer or coordinator as soon as possible in person or by phone. The checklist should be returned to the coordinator or lead contact at the licensed organization, and a copy of the checklist should be provided to each Master Trainer.

8. Effective and appropriate Leader training is critical to the success of the Living Well program. If there are real concerns with the role of a Master Trainer, steps need to be taken immediately to ensure future trainings are improved. Potential steps that the observer, Master Trainer, and coordinators may consider include:
   - Discuss concerns directly with the Master Trainer, and determine if there are specific steps the Master Trainer can take to address the concerns.
   - Have the Master Trainer re-observed again soon (if possible, observing another segment of the same Leader training) to ensure that recommended changes have been made. If it’s not possible to observe another portion of the same training, it may be helpful to observe the
Master Trainer leading a community workshop, since this involves similar skills and tasks as are involved in Leader training.

- Have the Master Trainer work with two other experienced Master Trainers (as a 3rd trainer) in facilitating a Leader training before being asked to co-train again.
- Consider not using this Master Trainer for future Leader trainings.
# Leader Training Fidelity Checklist

Please evaluate the Leader training on the following criteria by marking the appropriate column that best corresponds to your response:

**Master Trainer’s Name:** ___________________________  **Date:** ___________________________

**Location:** ______________________________________

**Day/Time Observed:** ___________________________  **Observer’s Name:** ___________________________

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrived on-time for set up, start time &amp; prepared to lead session with appropriate materials. Materials include: Name tags, hats (or alternative), easels and markers (or whiteboard), clock, printed agendas, roster of attendees, Leader Manuals, books, pens</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
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</tr>
<tr>
<td>Has available and posts appropriate charts. Each day posts #'s 3, 5, 6, 7, 8, session agenda Day 1 charts 1 through 10 Day 2 charts 11 through 15 Day 3 charts 16 through 24 Day 4 charts 3, 5, 6, 7, 8, and chart from session 1</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
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</tr>
<tr>
<td>Followed the Master Trainer’s Manual content and process</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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</tr>
<tr>
<td>Uses the ‘hats on/hats off” (or alternative) appropriately. Explains clearly</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Modeled session activities correctly</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Worked as partner with co-master trainer</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Adhered to timelines</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Limits personal stories that can disrupt both the timelines and detour away from the program as written</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
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</tr>
<tr>
<td>Used brain storming techniques correctly (repeated comment, used silence, offered own response only at end of brainstorm)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
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</tr>
<tr>
<td>Encouraged group participation</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
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<tr>
<td>Modeled action planning correctly</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Positively reinforced trainees</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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</tbody>
</table>

**Continued**
<table>
<thead>
<tr>
<th>Master Trainer:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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</tr>
</tbody>
</table>

**Handled problem people appropriately**

**Room appropriate re:  seating, lighting, temperature, ADA, noise and distractions, ability of all trainees to see and hear**

**In review section explains the purpose of each activity**

**Is able to clearly explain and answer questions about the content and rationale of Stanford’s self-management program, and the requirements to ensure the program is offered with fidelity**

**Each day allows time for questions, and for sharing information about local program coordination (see day 4 afternoon addendum for complete list).**

**Comments:**

**Signature of Observer**

---

Oregon Living Well LW Leader Training Fidelity Checklist.doc
## Living Well Leader Training Fidelity Checklist
### Day 1 Morning Addendum

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modeling</strong></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
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</tr>
<tr>
<td>During introduction, models by stating name, position, and one interesting thing about self</td>
<td></td>
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<tr>
<td>Explains to trainees to introduce self, state what brought them to training, and share one interesting thing about themselves</td>
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<tr>
<td>Clearly explains the history, assumptions, and processes of the program, and methods for improving self efficacy</td>
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<tr>
<td>- goal setting and action plans</td>
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<tr>
<td>- modeling</td>
<td></td>
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<tr>
<td>- reinterpreting symptoms</td>
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<tr>
<td>- persuasion</td>
<td></td>
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<tr>
<td>Emphasizes the standardization of the program and the requirement that it is presented as written without changes</td>
<td></td>
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<tr>
<td>Clearly explains the “hats on/hats off” procedure (or other visible alternative) meaning and how it is used</td>
<td></td>
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<tr>
<td>Correctly models the introduction to session 1; briefly listing 2 or 3 problems</td>
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<tr>
<td>Relates problems identified by the trainees to the overview</td>
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<tr>
<td>Chart used to explain parts of an action plan</td>
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<tr>
<td>Reads the “lemon” exercise without rushing – slowly and clearly with appropriate pauses</td>
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<tr>
<td>Clearly explains the symptom cycle and tool box</td>
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<tr>
<td>Explains the brainstorm thoroughly, (using examples such as the popping of popcorn) if needed. No discussion, just tossing up ideas</td>
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</tbody>
</table>

**Continued**
## Checklist

<table>
<thead>
<tr>
<th>Master Trainer:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 Morning</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Master trainers have differing action plans prepared and modeled correctly:**
- related to behavior
- achievable and not intimidating
- action specific
- not every day
- correctly explains the meaning of confidence level and the purpose of having it 7 or greater

**Correctly models guiding trainees in developing action plans**
- uses chart to point out steps as trainees share their plans
- points out use of the word “will” if trainee uses try, should, want, think
- helps identify barriers if confidence level is less than 7
- asks the group for suggestions before the leaders

**Comments:**

**Signature of Observer**

---

Oregon Living Well LW Leader Training Fidelity Checklist.doc
# Living Well Leader Training Fidelity Checklist

## Day 1 Afternoon Addendum

<table>
<thead>
<tr>
<th>Master Trainer:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Checklist

<table>
<thead>
<tr>
<th>Specifies writing or journaling and physical exercise for dealing with difficult emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly explains dealing with difficult emotions and differentiates between the emotion itself and the cause of the emotion</td>
</tr>
<tr>
<td>Has practice teaching assignment prepared, 2 sets if for a large group</td>
</tr>
<tr>
<td>Clearly explains the purpose of the practice teaching activity and the expectations</td>
</tr>
<tr>
<td>• charts</td>
</tr>
<tr>
<td>• divide the activity but be prepared for the entire activity</td>
</tr>
<tr>
<td>• following the manual</td>
</tr>
<tr>
<td>• time frame</td>
</tr>
<tr>
<td>• role of other trainees during the activity</td>
</tr>
<tr>
<td>• evaluation forms</td>
</tr>
<tr>
<td>Explains the meaning of graphics in the leader’s manual and the use of special notes and italicized material</td>
</tr>
</tbody>
</table>

### Comments:

Signature of Observer________________________________________________
## Living Well Leader Training Fidelity Checklist
### Day 2 Morning Addendum

<table>
<thead>
<tr>
<th>Master Trainer:</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asks for questions and provides explanation with rationale</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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</tr>
<tr>
<td>Describes activities to be covered</td>
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<tr>
<td>Clearly explains the purpose and importance of feedback and problem solving process</td>
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<tr>
<td>Compliments appropriate action plan adjustment/ modification</td>
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</tr>
<tr>
<td>If action plan not achieved, asks if help wanted from the group</td>
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</tr>
<tr>
<td>Models problem solving steps</td>
<td></td>
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<tr>
<td>Correctly demonstrated pursed lip and diaphragmatic breathing technique</td>
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<tr>
<td>Creates an environment conducive to relaxation exercise</td>
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<tr>
<td>Color codes for fatigue and pain</td>
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<tr>
<td>Clearly explains establishing exercise baseline with time and/or distance examples</td>
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<tr>
<td>Correctly demonstrates exercise with one MT standing and marching and the other sitting and leading an orchestra</td>
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<tr>
<td>Assures that trainees demonstrate breathing correctly</td>
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<tr>
<td>Explains actions if participant objects to the relaxation exercise</td>
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</tr>
<tr>
<td>Uses the tape/CD or reads the relaxation exercise (use the opposite with Guided Imagery to demonstrate both methods)</td>
<td></td>
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</tr>
<tr>
<td>After the brain storming on pain and fatigue, informs of the actual depressant and sleep disturbing effects of alcohol if mentioned as a way to deal with pain or fatigue</td>
<td></td>
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</tr>
</tbody>
</table>

Continued
Comments:

Signature of Observer ________________________________________________
# Living Well Leader Training Fidelity Checklist

## Day 2 Afternoon Addendum

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Trainer:</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presents information on where to locate Advance Directives in the community, and points out chapter in the book for more detailed information</td>
<td></td>
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</tr>
<tr>
<td>Prepares practice teaching feedback forms for each trainee</td>
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</tr>
<tr>
<td>Explains the purpose of practice teaching</td>
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</tr>
<tr>
<td>Explains observation of:</td>
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<td>• adherence to content and process</td>
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<tr>
<td>• effective modeling</td>
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<tr>
<td>• use of problem solving</td>
<td></td>
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<tr>
<td>• handling problems</td>
<td></td>
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<tr>
<td>If the master trainer has concerns as a result of a trainee's first practice teaching, the master trainer finds a way to address it with the trainee (eg. personal discussion, telephone contact). This allows the trainee the opportunity to correct/change the area of concern in order to lead the program effectively</td>
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</tbody>
</table>

## Comments:

Signature of Observer________________________________________________
## Living Well Leader Training Fidelity Checklist
### Day 3 Morning Addendum

<table>
<thead>
<tr>
<th>Checklist</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master Trainer:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Asks for questions and provides explanations with rationale</td>
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<tr>
<td>Describes activities to be covered</td>
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<tr>
<td>Describes healthy eating not as dieting but making small changes</td>
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<tr>
<td>Mentions both under and over weight</td>
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<tr>
<td>Clearly explains “I” messages</td>
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<tr>
<td>During problem solving activity mentions problems with communication</td>
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<tr>
<td>Keeps problem solving exercise reports concise</td>
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<tr>
<td>• statement of problem</td>
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<tr>
<td>• asks for up to 3 ideas</td>
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<tr>
<td>• states idea choice</td>
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<tr>
<td>• checks with partner for correctness</td>
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<tr>
<td>Includes italicized information for medication and informed treatment decisions (Evaluating Treatments)</td>
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<tr>
<td>Reminds trainees that participants should not be allowed to sell or share products, and that Leaders should stop it quickly if it occurs.</td>
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<tr>
<td>Points out to trainees that during the Treatment Decisions activity participants might try to urge specific treatments to others. This is not allowed during the session, and Leaders can suggest that such discussion occur only during the break.</td>
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<tr>
<td>Notes need for professional treatment for severe depression</td>
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<tr>
<td>Uses symptom cycle to describe impact and development of depression from different points on the cycle</td>
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</table>

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**Checklist**

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<tbody>
<tr>
<td>Day 3 Morning</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<td>---------------------------------------------------</td>
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<tr>
<td>In review of problem solving activity, emphasizes</td>
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<tr>
<td>that leaders offer suggestions only after the group</td>
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<tr>
<td>participation</td>
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</table>

**Comments:**
# Living Well Leader Training Fidelity Checklist

**Day 3 Afternoon Addendum**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Allows time for trainees to suggest changes for negative statements</td>
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<tr>
<td>Has prepared negative thoughts if needed</td>
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<tr>
<td>Uses the tape/CD or reads the Guided Imagery (used the opposite with relaxation exercise to demonstrate both methods)</td>
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<tr>
<td>Explains not allowing sharing of favorite medications or products, referring discussion to break time</td>
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<tr>
<td>Clearly explains the difference between positive thinking as a cognitive technique to change thinking, and distraction as an activity to keep our minds from thinking about symptoms</td>
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<tr>
<td>Explains the use of alternative Guided Imagery script in the book and emphasizes not using other scenarios that are not part of the Stanford program</td>
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<tr>
<td>Clearly defines the difference between health care organization and health care provider</td>
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<tr>
<td>Points out “doctor bashing” not allowed and names not be used</td>
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<tr>
<td>Clearly models 3 to 6 month plan</td>
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<tr>
<td>Has chart from session 1 readily available and identifies the differences in the problems listed now</td>
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**Comments:**
## Living Well Leader Training Fidelity Checklist
### Day 4 Morning Addendum

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<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>Explains the purpose of the feedback and problem solving activity</td>
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<tr>
<td>Compliments appropriate action plan adjustment/modification</td>
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<tr>
<td>If action plan not achieved, asks if help wanted from the group</td>
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<tr>
<td>Models problem solving steps</td>
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<tr>
<td>Has prepared the four full sets of cards for “Handling Situations in Group”</td>
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<tr>
<td>Clearly explains the purpose of the exercise</td>
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<tr>
<td>Clearly explains the roles of the leaders and participants in playing assigned roles, and the role of the observing group</td>
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<tr>
<td>Divides into 2 groups, sitting in inner and outer circles</td>
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<tr>
<td>Uses the action plan activity for group 1, feedback on action plans for group 2</td>
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<tr>
<td>Gives leaders time to coordinate and prepare</td>
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<tr>
<td>Times the activity for 5 minutes</td>
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<tr>
<td>Repeats the activity as time allows</td>
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<tr>
<td>Ask groups what they learned</td>
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<tr>
<td>Points out appendix III in manual</td>
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<tr>
<td><strong>Practice teaching conducted partly in the morning and completed after lunch</strong></td>
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<tr>
<td>Explains the purpose of practice teaching</td>
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<td>Prepares practice teaching feedback forms for each trainee</td>
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<td>Day 4 Morning</td>
<td>Yes</td>
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**Explains observation of:**
- adherence to content and process
- effective modeling
- use of problem solving
- handling problems

**Appoints a time keeper**

**Explains the role of the other trainees**

**Separates the group if needed due to size**

**Offers constructive feedback and completes the form. Shares the form if requested**

**Comments:**

**Signature of Observer**__________________________________________________
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**Practice teaching conducted partly in the morning and completed after lunch**

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<td>Separates the group as needed for size</td>
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<td>Offers constructive feedback and completes the form. Shares the form if requested</td>
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<tr>
<td>Congratulates all</td>
</tr>
<tr>
<td>Asks trainees to write down 2 things they are afraid might happen</td>
</tr>
<tr>
<td>Asks trainees to share one thing they are afraid might happen, discusses and deals with concerns</td>
</tr>
<tr>
<td>Writes down on board or easel any solutions developed in a brainstorm</td>
</tr>
<tr>
<td>Explains “Looking Back and Planning for the Future,” noting that in the program the review is over the six weeks (although now review is over the days of the training)</td>
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Local coordinator explains:
- specifics about the program
- responsibilities
- site selection
- publicity and recruitment
- registration and fees, if any
- how assignments are made, and authorization of new leaders after first program
- materials
- paperwork (participant information, program summary and importance of collecting these forms)
- state list serve
- state network and forum

- Distributes and collects evaluations
- Gives out completion certificates
- Offers thanks and congratulations

If the master trainers have doubts about the ability of a trainee to co-lead programs, concerns are documented and discussed with the local program coordinator

Comments:

Signature of Observer: ________________________________