

My Action Plan

Self-Management Skills



Your success in making changes depends on how you think about it. If you think the task is hopeless and cannot be done it will be much harder to make changes.

Thinking of diabetes as a journey may help. Like any journey, this one has ups and downs. Sometimes the road is smooth and at other times the road becomes rough. To complete the journey one must make changes and overcome barriers.



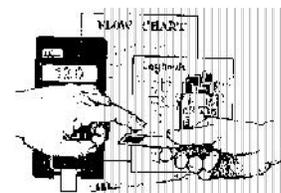
Skills that may help you on your journey.

1. Skills you need to deal with the illness:

When you have diabetes, there are many things you must do to manage and control your blood sugar.

Why do we call these skills? They are **behaviors** you may need to **practice**.

- You may need to practice making meal plans and practice making and using a shopping list!
- You may need to practice eating breakfast or eating three meals a day.
- Practicing new ways to remember to take medicine can become a common everyday activity.



Adapted from "Living a Healthy Life with Chronic Conditions" by Kate Lorig, RN, DrPH

2. Skills you need to continue to live a normal life:

Just because you have diabetes does not mean that life does not go on. You still need to:

- maintain relationships with family and friends
- grocery shop
- do household chores
- go to work
- participate in hobbies and sports

You may have to learn new skills or

make changes in your daily routine to continue to do the things you need to do and the things you enjoy doing.



3. Skills you need to deal with emotions:

With any chronic illness come many emotions - anger, denial, frustration, and depression. You may feel isolated and alone. Having high and low blood sugar can change your emotions and how you react to people and problems. Here we focus on coping skills.

First learn the signs of anger, denial and depression. Next, learn and practice things to do to keep from getting angry or not letting your anger get the best of you like meditation or breathing exercises. The **TAKE ACTION** program in Module 4 will help you to learn more about dealing with emotions.



This course will provide you with information about self-management skills. You can make changes to live a healthier and happier life.

Action Plans

ACTION PLAN- the Take Action program uses a form or tool called an Action Plan. This form is a contract or agreement you make with yourself to practice positive health behaviors to meet goals.

Goals: these are major changes that may take a few steps or many steps to reach.



The short term Action Plan is your contract with yourself. When you write your Action Plan make the goal(s) something you can and **WANT** to do. Make the steps something you can do in the next week.

"My Action Plan" is a tool to help you. Do not write your Action Plan as something to please your provider, family or friends. Most of us can do things to be healthier but we do not make everyday plans for change.

Steps to an Action Plan

Step 1: Decide What You Will do

Look at the Ready for Change worksheet you did. Are there some things that you checked under column 3. One of these might be a good place to start. Remember to make sure you plan is a behavior that can be observed.



TIP! It is a big help if you look at the big picture first. Then, write the steps down in the order you would do them.

Keeping track of when you do your action plan will help you know where you started and how far you have come. Use your "Goal Tracker" it has three months of weeks.



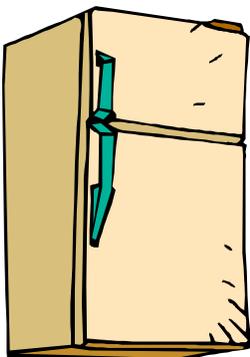
1. Write your action plan behavior in the first space

2. Circle the days of the week you will work on the action plan

3. Put an "X" in the circle when you do the activity

| Action item | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------|-------------|---------|-----------|----------|--------|----------|
| I will walk 15 minutes 3 times a week after breakfast | | ○ rained | | ○ X | | ○ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

4. If you did not work on the action plan make a note why



When you are happy with your plan:

➤ Post it where you can see it every day.

- **Carry out your Action Plan**
Ask family and friends to check your progress. Reporting to someone else is good motivation.



- **Make changes if needed**
If something is not working, **DO NOT** give up. Try to make the steps easier. Try to find out what the problem is so you can come up with a list of ways to solve the problem. Sometimes the problem cannot be solved right now.

Review: Do this activity if you did not accomplish your action plan:

1. Ask: What were the problems?
2. Brainstorm: What are the possible ways to solve these problems?
3. Ask for help. This may be the group at education class, the support group, your educator, provider or family and friends.

4. Write down the ideas

Check the ones that might work

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Now rewrite your action plan. Good luck!

- **Reward yourself**
Do something special like visit a friend or see a movie.



Using the steps let's write an action plan

Step 1.

Look at the Ready for change work sheet, under column 3 what things are you interested in changing, List them and choose 1 to start working on.

Example:

- * 1. Exercise
- 2. Drink less Coke
- 3. Eat smaller portions
- 4. Check my feet

Write some of the things you can do to meet your goal and choose 1 to start working on.

- * 1. Walk
- 2. Swim
- 3. Ride bike
- 4. Exercise with Sit n Be Fit

Now you are ready to write your Action Plan!

This week I will walk (what)
for 15 minutes (how much)
after breakfast (when)
3 times this week (how often)

If you have trouble coming up with an Action Plan, there are examples on the last page of each section. You can use one of them or use them for ideas.

How confident are you that you can do your plan? Score ____

0 1 2 3 4 5 6 7 8 9 10

totally unsure

totally confident

Your Turn...

Using your **Ready for Change Worksheet**, pick a goal to work on. Take a few minutes to think of some of the things about your diabetes care you would like to change, write some goals down.



1. _____
2. _____
3. _____
4. _____

Put an * beside the one you would like to start on.

Write down some of the things you can do to meet your goal.

1. _____
2. _____
3. _____
4. _____

Put an * beside the one or two you would like to work on.

This week I will _____ (what)
_____ (how much)
_____ (when)
_____ (how often)

How confident are you that you can do your plan? Score: ____

Explain: _____.



Write your Action Plan in your Goal Tracker

TIP!

A successful Action Plan includes:

- Choosing something that you **WANT** to do
- Choosing something that you will be able to do.
- Starting where you are or start slowly (not too hard and not too easy)
- A behavior (something someone can watch you do)

Write your Action Plan (contract) to include:

- ✓ What you are going to do
- ✓ How much you are going to do
- ✓ When you are going to do it
- ✓ How often or how many days a week you are going to do it

In the next several classes, you will learn how to make changes in your lifestyle and take control of your diabetes.

When you complete the **Take Action A Diabetes Self-Management Program**, you will receive a certificate.





Here are some ideas for your action plan. Pick things you are willing to try. Good luck and share with your educator and provider!

- WHAT you are going to do
- HOW MUCH you will do
- WHEN you will do it
- HOW OFTEN you will do it

| | |
|----------------------------|---|
| HbA1c | I will call (when) to make an appointment with my provider to check my HbA1c. |
| My Diabetic Record | I will take My Diabetic Record with me to each provider visit and write in the new information. |
| | Using My Diabetic Record I will make an appointment to see my provider when I need to have tests done. |
| Food Mood Diary | I will fill out the Food Mood Diary on (day) and (day) and bring it to class next week. |
| | I will look at my Food Mood Diary (when) and see where I can start to make some changes (how often). |
| Blood sugar checks | I will check my blood sugar (how often) (when). I will write the results in my logbook. |
| Blood sugar level | I will lower my blood sugar (when, example at meals) I will (what example eat smaller portions) (how often) starting (when) for (how long). |
| | I will take my logbook with me to each provider visit and review the numbers with my provider. |
| Classes | I will come to class every (day) for the next five weeks. |
| Support Group | I will come to the Support Group every _____ |
| Look at your diabetes care | I will (what example, use the Ready to change worksheet to look at my current diabetes care), (when) once |
| Make plans for change | I will (what example, decide which of the parts of my diabetes care I am ready to work on to move to the next stage?) (how much) (when) |