Topics, constructs, and health behaviors covered in weekly group-format psychoeducation sessions of Targeted Training in Illness Management (TTIM)

Session	Topic(s)	Constructs*/ Practices**
1	Orientation and introductions, Emphasize ground rules, Establishment of a therapeutic relationship, Discuss facts and misconceptions about serious mental illness, An introduction to DM	SMK, DK, SS
2	The challenge of having both serious mental illness and DM, Stigma of serious mental illness and strategies to cope with stigma, Relationship of serious mental illness symptoms and functioning in response to stress and DM, An introduction to personal goal-setting	SMK, DK, SE, OE, SR, SS
3	Personal serious mental illness profile (what does worsening illness look like for you), Triggers of serious mental illness relapse, Personal action plan for coping with serious mental illness relapse	SMK, SE, OE
4	Diabetes complications and benefits of change, Blood sugar monitoring, Symptoms of high/low	DK, SE
5	Problem-solving skills and the IDEA approach (Identify the problem, Define possible solutions, Evaluate the solutions, Act on the best solution), Talking with your medical and your mental health care providers, Role play of communication	SE, OE, SS, A
6	with care providers Nutrition for best physical and emotional health, Reading labels	SMK, DK, N
7	Replacing unhealthy sugar and fat, Substance use and its effects on serious mental illness and on DM, Problem-solving to feed your body healthfully	SMK, DK, SE, N
8	Effects of exercise on physical and emotional health, The importance of daily routine and good sleep habits	SMK, DK, E, SR, A
9	Medications and psychological treatments for serious mental illness, A personal care plan to take care of the mind & body	SMK, SE, OE, A
10	Social supports and using your available supports, Types of physical activity and your community	SE, OE, E, SS
11	Taking care of your feet, Staying on track with medication treatments	DK, SE, OE, A
12	Illness management as a life-style, Acknowledgement of group progress, Setting the stage for ongoing Illness management and recovery (Step 2)	SE, OE, SS

^{*}Primary constructs addressed: Serious mental illness Knowledge (SMK), DM Knowledge (DK), Self-Efficacy (SE), Outcome Expectancy (OE). All sessions address interaction between teachers and learners

^{**}Primary Health Practices addressed: Nutrition (N), Exercise (E), Adherence with medications (A), Stress Reduction (SR), Social Support Seeking (SS)

Enrollment Assessed for eligibility (n= 358) Excluded (n=158) ◆ Did not meet diagnostic inclusion criteria (n=37) Too mentally or physically ill (n=31) • Too busy (n=29) Declined to participate (n=22) Logistical barriers (n=15) Language barriers (n=10) Had disease under control (n=8) Not interested due to format of intervention (n=6) Randomized (n=200) Allocation Allocated to Intervention (n=100) Allocated to Treatment as Usual (n=100) Received TTIM intervention (n=84) · Received treatment as usual (n=100) Did not receive allocated intervention (n=16) – these participants did not attend any TTIM sessions Follow-Up Lost to follow-up (n=26) Lost to follow-up (n=24) Unable to contact (n=23) + Unable to contact (n=21) Deceased (n=1) Withdrew (n=2) • Deceased (n=2) Withdrew (n=1) Retained = (n=74) Retained = (n=76) Analysis Analysed Analysed 13-week; n=79 13-week; n=76 30-week; n=81 30-week; n=74 60-week; n=74 60-week; n=76

TTIM Study Site Characteristics and Usual Care:

The safety-net primary care system, where the TTIM study was conducted, is one of the largest healthcare systems in Northeast Ohio and has a core mission of providing services regardless of an individual's ability to pay. There are over 6,500 employees, an urban flagship teaching medical center, a rehabilitation center, and 2 skilled nursing facilities as well as community health centers in 9 urban and 14 suburban locations. As part of standard care, practitioners can refer their patients to both specialty care (endocrinology, ophthalmology, renal, podiatry) and to educational resources (DM nurse access, nutrition clinic, standard DM self-management, DM group-based management).