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| **Study title** | **Social support components**  |
| **Tangible**  | **Informational**  | **Emotional**  | **Appraisal**  |
| Community-based peer support significantly improves metabolic control in people with Type 2 diabetes in Yaoundé, Cameroon    Assah et al., (2015)   | N/A - Nothing stated in the description of the intervention  | 6 Monthly Group meetings that covered the following: (Diet and healthy eating, physical exercise, observance to treatment, feet and body care, complications of diabetes and living with diabetes).  | N/A- Nothing stated in the description of the intervention  | 5 Personal encounters + Phone calls. The following components were included with the aim of implementing peer support. However, the rationale behind this was not stated and its components were not specified. - were included in the appraisal section as they were and addition to the group meetings.  |
| Impact of family support improvement behaviours on anti-diabetic medication adherence and cognition in type 2 diabetic patients.  Khosravizade Tabasi et al. (2014)  | N/A - Nothing stated in the description of the intervention  | 3 educational sessions for the patients’ family members In each session, every 15 min is allocated to for answering questions and exchanging views between family members. \*Content of the educational sessions was not disclosed   | N/A- Nothing stated in the description of the intervention  | N/A- Nothing stated in the description of the intervention  |
| Effectiveness of a Community Health Worker Intervention Among African American and Latino Adults with Type 2 Diabetes: A Randomized Controlled Trial.Spencer et al. (2011)    | N/A - Nothing stated in the description of the intervention  | Group education sessions: The diabetes education classes were culturally tailored group classes in both English and Spanish. Eleven 2-hour group sessions of 8 to 10 participants were held every 2 weeks at community locations. The curricula, The Journey to Health for African American participants and El Camino a la Salud for Latino participants, were designed to reduce risk factors associated with diabetes complications by increasing participants’ diabetes self-management understanding, self-efficacy, and autonomous motivation. Building on culturally relevant knowledge and activities, the program sought to help participants gain knowledge and skills related to healthy eating, physical activity, and stress reduction.  | No emotional support aspect was described to be offered - Family health advocates were trained in empowerment-based approaches to inform their approach to each component on the intervention. They also used empowerment theory in the diabetes education classes by eliciting participants’ experiences and requests for information to be provided during the sessions. In home visits, family health advocates assisted participants in setting patient specific goals and supporting their progress. In addition, family health advocates helped participants improve their patient---provider communication skills and facilitated necessary referrals to other service systems.  | Home visits to help patients with goal setting and supporting their progress. Additionally, family health advocates helped with patient-provider communication to improve their access to services. Phone call once every two weeks. Clinic visits with a primary care provider  |
| Impact of Peer Health Coaching on Glycaemic Control in Low-Income Patients With Diabetes: A Randomized Controlled Trial.     Thom et al. (2013)  | N/A - Nothing stated in the description of the intervention  | N/A - Nothing stated in the description of the intervention  | Peer coaches were trained on providing social and emotional support - there was no activity assigned to this, the assumption is that it was delivered during the intervention.  | The target goals for coaching sessions were telephone contact at least twice a month and 2 or more in-person contacts over 6 months. Coaches helped patients design action plans to achieve goals chosen by the patient.  |
| Family intervention to control type 2 diabetes: a controlled clinical trial.Garcı´a-Huidobro et al. (2010)     | To reinforce the importance of the family, during home visits, families received a recipe book for diabetes and during family meetings, they received a framed family picture.  | Interdisciplinary family meetings or home visits where providers talked about family or other psychosocial factors that could interfere with their diabetes control. During the 12-month intervention period, patients and relatives were encouraged to attend multifamily group sessions, where health behaviours and control strategies were discussed.  | Nothing was explicitly mentioned about emotional support in this intervention, but one can speculate that this was offered as part of the counselling sessions.  | The activities of this intervention were guided through semi-structured interviews, and at the end of the activities, patients and relatives signed an agreement making a commitment to change. One individual counselling session One counselling session with relatives where the importance of family support was discussed. As part of the intervention, the organization of the clinic changed towards a family-oriented health centre. All members of the health care team promoted family participation in the care of T2DM patients. As example, medical assistants, pharmacists and administrative staff counselled patients and family members when measuring vital signs, dispensing medications or making appointments.  |
| Promotora diabetes intervention for Mexican Americans.Lujan et al. (2007)        | Visual audio teaching aids such as flip charts, food models, food product labels, and handheld mirrors to enhance their teaching. The class handouts used.  | 8 weekly group education classes Content of the course: - Diabetes: causes, diagnosis, incidence and prevalence - Blood glucose testing, hypoglycaemia, and hypoglycaemia - HbA1c definition, reference range, and foot care - Eye care, how to read food labels - Dental care and sick-day guidelines - Long-term complications of diabetes: nephropathy and neuropathy - Hypertension and diabetes – Cardiovascular complications of diabetes  | N/A - Nothing stated in the description of the intervention  | During phase 4, a diary for weekly monitoring of body weight and food intake was distributed as homework to be collected during phase 1 of the following session. Relatives were instructed in the procedure to help patients with literacy problems. During the group sessions: The patients were encouraged to report their personal experiences, if they so desired. If patients related examples of unintentionally incorrect behaviour, this was not criticised but was used as a source of positive learning for the group. The emergence of group leaders was encouraged, while maintaining the full involvement of all other members. Less extroverted patients were helped, but never forced, to participate during all phases. To reinforce cohesion and interpersonal relationships, the same patients and facilitators took part in the same groups over time.  |
| Family-based intervention by pharmacists for type 2 diabetes: A randomized controlled trial.    Withidpanyawong et al. (2018)  | A booklet covering information on diabetes as presented in the educational sessions was given to the participants and their family members.  | 3 Group education sessions (Patients and a family member) covering the following topics: Diabetes, the importance of adherence to medications, appropriate nutrition for diabetes, hypertension and dyslipidaemia, and proper physical activity.  | Participants were offered counselling sessions – nothing mentioned about receiving emotional support through family members.  | The group sessions served as a mean to identify issues in relation to diabetes management. In case of non-compliance, the intervention was tailored for the family member individually to take an active role in the care of their relative particularly in improving adherence to treatment and healthy lifestyle including diet and physical activity.  To ensure continuity of family support, follow-up visits with their family members were supplemented with two phone calls at one month after the second and the third visits.  |
| Effect of a group adherence intervention for Mexican-American older adults with type 2 diabetes     Haltiwanger (2012)    | Bridges Diabetes Support Group Manual (BDSGM) facilitates a mentee’s adjustment to and acceptance of diabetes, key issues such as spirituality, health care beliefs, values clarification, changing habits, developing goals, stages of adaptation, and social assertiveness were explored introspectively and later in support group discussions led by peer mentors. The manual was designed to be easily adapted and tested for other chronic diseases in the future by altering content to match a different chronic illness, culture, ethnic group, or age group. Pedometers and pedometer logs were distributed with instruction for participants.  | Peer mentoring groups This group-based intervention approach for people with diabetes focused on discussion of emotional issues, relationship issues, communication skills, and behaviour changes that were reinforced by the inter-connections of people with a similar illness. To facilitate a mentee’s adjustment to and acceptance of diabetes, key issues such as spirituality, health care beliefs, values clarification, changing habits, developing goals, stages of adaptation, and social assertiveness were explored introspectively and later in support group discussions led by peer mentors. Each BDSGM chapter uses a story method to teach concepts; introspective questions at the end of each chapter challenge readers to question their motivations and self-preservation behaviours, trial-and-error problem- solving skills, and social skills that enable them to follow the daily diabetes regimen. Chapters were routinely distributed 1 wk before each corresponding session. \* Support was provided at informational, appraisal, tangible, and emotional levels within the group setting.  | Emotional support was offered in form of discussion around emotional issues.  | Peer mentors made weekly calls to remind mentees to read and answer the questions in the next chapter before the ensuing discussion.  |
| A Family-Based, Culturally-Tailored Diabetes Intervention for Hispanics and Their Family Members    Hu et al. (2016)   | A variety of teaching methods and pictorial food/activity logs, ethnic food models, pictorial food books, video, self-monitoring demonstrations, use of modified ethnic food recipes and culturally relevant activities were used.  | \*This intervention was designed to increase knowledge of diabetes and self-efficacy, promote family support, decrease barriers to self-management, enhance self-management, improve glycemic control, and improve health-related quality of life. The intervention consisted of eight weekly group sessions in clinics and churches for participants with diabetes and family members. The eight weekly interactive modules, total of 12 hours (1.5 hours each week). The intervention components included information on diabetes risk factors, symptoms and complications, facilitation of family values and beliefs and family support on diabetes, identification of barriers to diabetes self-management, discussion of the relationships among physical activity, food choices, medications, diabetes control, problem-solving skills, and goal setting for health behaviours . | Family members. However, the author states that the intervention was designed to promote family support. It is not clear if this aspect was focused/included emotional support.  | The intervention did not state to induce any extra activities that will help to reinforce behavioural change.  |
| A Culturally Sensitive Diabetes Peer Support for Older Mexican Americans.     Haltiwanger and Brutus (2011)   |  Each chapter had educational tutorials with illustrative stories depicting people with diabetes whose behaviour was considered maladaptive or adaptive when dealing with the content that was covered.  | Educational tutorial from the BDSGM. The BDSGM is a workbook that guided group discussions with questions to be answered that triggered self-appraisal on topics important to developing adherence such as support, spirituality, health care beliefs, values, personal goals, stages of adjustment to the condition, assertiveness issues and mentoring others. There were three intervention groups: 1) the Sus- taining Group was composed of bilingual speakers who were led by two experienced peer mentors with no contact from the PI for 10 weeks to determine if the programme was self-sustainable, and 2) there were two Spanish-speakers groups led by one experienced mentor and one novice mentor. | N/A - Nothing stated in the description of the intervention  | Self-appraisal was promoted though the BDSGM by answering question in the relation to the topics it had to guide the group discussions. After the group sessions, the PI discussed group management issues and furthered leadership skills.  |
| Effect of social networks intervention in type 2 diabetes a partial randomised study.   Shaya et al. (2013)    | N/A - Nothing stated in the description of the intervention  | Group educational session delivered by a nurse and was later turned into a supportive group. The education curriculum included medical, nutrition, pharmacy and nursing, as well as non-smoking and exercise components. Information related to medications, the effects and the recognition and management of symptoms was also delivered.  | The group education was later turned into a supportive group. The intent was to consolidate social networking and reinforce group cohesion, with a central theme of improving health outcomes, as mediated by improved dynamics.  | Follow-up visits – However, the aim behind the visits was not shared – was classed as appraisal as it was an addition to the group sessions.  |
| A demonstration of peer support for Ugandan adults with type 2 diabetes.    Baumann et al., (2014)   | All participants were given a packet of materials that contained the following: a consent form, the Diabetes Self-Care Questionnaire, Screening Data Form, Take Care of Your Feet poster, Peer Champion Contact Logbook, Peer Champion Training Booklet, and “The ABC’s of Diabetes” brochure.  | Two weeks before the intervention, all participants completed premeasures and received 5 hours of education on diabetes self-care. - The curriculum addressed areas of diabetes self-care that included healthy eating, being active, taking medications, monitoring blood sugar, problem solving, reducing risks, and problem solving. | Emotional support was provided by champions who were trained in supportive communication skills such as active listening and helping with daily management.  | After the education phase, partners and champions were matched by age and gender and agreed to make telephone or personal contact weekly throughout the trial period. The structure of the calls was not described.  |
| Group Visits Improve Metabolic Control in Type 2 Diabetes.     Trento et al., (2001)  | Simple support material was developed, including visual aids, food (real, models or packages, as applicable), graduated containers, and a flip chart. Concepts such as “glycated haemoglobin,” “calories,” and “sensorial nervous fiber” were described using images, metaphors, and examples so the patients could develop vivid mental representations.  | Group sessions had the following objectives: -Reach desirable body weight -Learn to shop for food (reading labels for contents, energy value, etc.) -Choose appropriate quality and quantity of food at home or restaurant -Increase physical activity, when feasible -Take medication properly and regularly -Know the meaning of the main laboratory tests of metabolic control -Recognize early symptoms of and be able to react to hypoglycemia -Take appropriate action in the case of intercurrent illnesses -Care for feet and buy appropriate footwear -Regularly attend the clinic and screening checks for complications  \* Each group session was structured into four phases: 1) welcome and introduction to the subject to be discussed; 2) interactive learning; 3) discussion of some of the patients’ experiences; and 4) conclusions, with directions for follow-up “homework,” information about the next appointment, and where necessary, individual visits with the physician. The four-session cycle was repeated for a second year.  | No emotional support was explicitly stated but Group members or relatives were able to join the group sessions  | During phase 4, a diary for weekly monitoring of body weight and food intake was distributed as homework to be collected during phase 1 of the following session. Relatives were instructed in the procedure to help patients with literacy problems. During the group sessions: The patients were encouraged to report their personal experiences, if they so desired. If patients related examples of unintentionally incorrect behaviour, this was not criticised but was used as a source of positive learning for the group. The emergence of group leaders was encouraged, while maintaining the full involvement of all other members. Less extroverted patients were helped, but never forced, to participate during all phases. To reinforce cohesion and interpersonal relationships, the same patients and facilitators took part in the same groups over time.  |
| Effects of a Family-based Diabetes Intervention on Behavioural and Biological Outcomes for Mexican American Adults.     McEwen et al., (2017)  | N/A - Nothing stated in the description of the intervention  | Six 2-hour educational and “social support group” sessions conducted weekly for 6 weeks. The educational and support sessions included information about managing diabetes to improve glycemic control and prevent complications through food consumed, physical activity, and stress management.  | Offering emotional support was not explicitly mentioned in the intervention description but group education session also served as a “Social support group”.  | Three 2-hour home visits scheduled weekly for 3 weeks. The home visits built on and tailor knowledge and skills acquired in the group sessions tailored to the family context. Three 20- minute telephone calls scheduled weekly for 3 weeks to follow-up on target achievement.  |
| Effects of Face-to-Face and Telephone-Based Family-Oriented Education on Self-Care Behavior and Patient Outcomes in Type 2 Diabetes A Randomised Controlled Trial.   Hemmati Maslakpak et al., (2017)   | N/A - Nothing stated in the description of the intervention  | Education program: The educational session included appropriate diet and exercise, blood glucose monitoring, foot ulcer prevention, and adherence to medication. Diet education included subjects such as healthy fats, fruits and vegetables, high-fibre cereals and breads, fish and shellfish, and high-quality protein. A ten-point education specific to diabetic foot care, given to prevent foot ulcers, consisted of footwear use for outdoors, footwear use for indoors, washing and drying of feet daily, healthy nail trimming, daily foot inspection, daily footwear inspection, toe space examination, oil/moisturizer use, change of footwear when damaged/ill fitting, and comfortable fit of footwear. With empowerment-based diabetes patient education, the first two authors listened to patients’ concerns and engaged them in collaborative problem solving providing them with extra information to address their concerns. The same program was delivered to the two intervention group conditions, except that the delivery was different for each. Face-to-face family-oriented education Sessions were run twice a week in the first month, and once a week during the second and third months. Telephone-based family-oriented education Educational sessions were delivered through phone calls.  | N/A - Nothing stated in the description of the intervention  | Face-to-face family-oriented education N/A Telephone-based family-oriented education After the educational calls, patients had separate calls in case any nonadherence was detected, the instructor tried to analyse the patient’s source of problem through interviewing the patient and the family member and suggest solutions for his/her problem in another call.  |
| Peer-Led, Empowerment-Based Approach to Self-Management Efforts in Diabetes (PLEASED): A Randomised Controlled Trial in an African American Community.Tang et al., (2015)     | Ongoing Diabetes Self-Management Support (DSMS) The use of the 5-step behavioural goal-setting model during the Ongoing Diabetes Self-Management Support sessions.  | 3-Month Diabetes Self-Management Education Program The program was offered to both the control and intervention group delivered by a certified diabetes educator and 2 peer leaders (PLs) 12 Weekly 90-minutes group sessions. The diabetes educator was responsible for delivering diabetes education while the 2 PLs directed behaviour change activities. During the 3-month program, PL-participant teams were expected to schedule 2 face-to-face meetings to explore motivation for making changes, identify a self-management goal, and develop an action plan. Ongoing Diabetes Self-Management Support (DSMS) The program was not curriculum-driven, each session addressed 5 core components: • Reflecting on recent self-management challenges or evaluating action plans from the previous week • Sharing feelings about these challenges and other aspects of living with diabetes  • Engaging in group-based problem-solving • Raising questions about diabetes and its care • Setting self-management goals and developing action  | Ongoing Diabetes Self-Management Support (DSMS) The 12-month ongoing DSMS component (the “PLEASED intervention”) was designed to provide ongoing emotional and behavioral support delivered by PLs through weekly group sessions and follow-up telephone contacts.  | 3-Month Diabetes Self-Management Education Program PLs were expected to make 3 follow-up telephone support calls per participant to assess participants’ progress. Ongoing Diabetes Self-Management Support (DSMS) Peer Leaders made a telephone support call to any participant who had not attended a DSMS session in 3 consecutive weeks.  |
| Peer support for patients with type 2 diabetes: cluster randomised controlled trial.     Smith et al., (2011)  | N/A - Nothing stated in the description of the intervention  | 9 Peer support sessions that covered the following topics: Introduction (meeting peer supporters + discussion on course content), heart disease and vascular disease, Blood and sugar levels, Healthy eating, Medication, exercise, Foot care, Eye and kidney complications, living diabetes.  | Peer support - Although the peer support sessions emphasised on social support, emotional support being offered to participants was not explicitly mentioned in the description intervention.  | Frequently asked question (FAQ) system that enabled patients to ask questions at the were raised at the end of each peer support session. Questions were answered in the following peer support session.  |
| Comparison of family partnership intervention care vs. conventional care in adult patients with poorly controlled type 2 diabetes in a community hospital: a randomised controlled trial    Kang et al., (2010)    | All patients and family members also received diabetes handouts about diet, medication, physical activity and exercise, and eye and foot self-care at the first Individual Educational Sessions.  Handouts, videos, DVD’s, and other teaching aids were also used, such as food models, exchange tables, and oral medication illustrations.  | Individual educational sessions (Themes: Diabetes and family mechanisms, Eating habits, Physical activity and exercise, Awareness for my blood sugar levels, Take care of my feet). Group educational sessions (Themes: What is diabetes and medication control, The nutritionist and diabetic diet control, Diabetes cooking strategies and cooking demonstrations, Diabetes and exercise Diabetes and foot care, Diabetes control and complications, Diabetes and antidiabetes agents, Physical therapists and exercise, The foot therapist and foot care, Holistic diabetes care and resources, Diabetes sharing groups).  | N/A - Nothing stated in the description of the intervention  | Monthly calls with patients and their carers where they opportunity ask any questions.  |
| Health and Psychosocial Outcomes of a Telephonic Couples Behaviour Change Intervention in Patients With Poorly Controlled Type 2 Diabetes: A Randomized Clinical Trial.   Trief et al., (2016)  | Both groups received workbooks that included precall readings, content for discussion, goal-setting forms, and diet/blood glucose/activity self-monitoring logs.  | All groups participated in two telephone sessions (mean length of calls: 75 min) - content of the education sessions was not disclosed. Couples Calls: 10 additional calls (70 min) The CC intervention was also based on Interdependence Theory; partners were actively involved in calls and homework. Couples were encouraged to provide mutual support for change, using collaborative problem-solving techniques and recognizing their interdependence (i.e., reciprocal effects on one another). Two sessions were relationship focused, as follows: couples practiced the “speaker-listener technique” (partner shares concern, the other restates it until partner feels understood, then they switch roles) and communication/conflict management around a diabetes-related issue. Both techniques are based on a research supported behavioral approach to relationship enhancement. Individual calls: 10 additional calls (50 min) In the IC arm, the intervention was identical, except partners were not involved, and the two CC relationship-focused calls addressed individual problem solving. \*Calls occurred weekly and were led by a dietitians These behavioral interventions, based on social learning theory (which included knowledge development, goal setting, self-monitoring, and behavioral contracting), promoted changes in diet, activity, medication adherence, and blood glucose testing.  | Emotional support provided though the educational sessions.  | Physical exercise peer support group (physical outdoor activity facilitated by a physical education trainer during the first few sessions)  |
| Mobile-Enhanced Peer Support for African Americans with Type 2 Diabetes: a Randomised Controlled Trial. Presley et al., (2020)      | N/A - Nothing stated in the description of the intervention  | Community-based Diabetes Self-Management Education course provided by community health workers (CHW) CHW were trained to provide the key functions of peer support to intervention participants which included: assistance in applying diabetes self-management in daily life, emotional and social support, linkage to clinical care, and ongoing, as-needed support.  | CHWs were trained to provide this aspect throughout the intervention.  | Weekly phone calls made by CHW to patients Monthly support groups for participants Web-based application to connect to members of the healthcare team. The application had three core features: (1) contact tracking and call reminder system; (2) secure communication system which allowed CHWs to message members of the healthcare team; and (3) a progress report system. This enabled CHWs to generate reports with information on medication adherence, barriers identified by participants, and progress towards behavioural goals.  |
| Contribution of family social support to the metabolic control of people with diabetes mellitus A randomised controlled clinical trial. Gomes et al., (2017)  | Tools and materials such that can support the maps the themes of the educational program  | Group education that covered the following themes: - Map 1: “How the Body and Diabetes Work” - Map 2: “Healthy Eating and Physical Activity” - Map 3: "Medication Treatment and Blood Glucose Monitoring" - Map 4: “Reaching the Goals with Insulin” (Map 4).  | The intervention included family caregivers through phone calls where they advised to show emotional support when the participant achieved their goals.  | Phone calls to resume the goals set by the patient. Moreover, the interventions for family caregivers were implemented through telephone contact and included the topics covered in the patient's educational program following an established protocol in accordance with Motivational Interviewing, SCT and communication theory principles.  |
| Type 2 Diabetes Self-Management Social Support Intervention at the U.S.-Mexico Border.McEwen et al., (2010)   | During the group sessions, pedometers and pedometer logs were distributed with instruction for participants.  | Group sessions: - Certified Diebetes Educators (CDE) and promotoras delivered the six monthly 2-hour group sessions in Spanish. The first session included introductions, overview of the intervention and T2DM, refreshments, and a physical activity session. - The format of the group sessions in months 2–5 included summary of self-management skills from previous sessions, a CDE presentation.  As an example, the CDE provided informational support when reviewing the diabetes food pyramid and appraisal support when affirming participants’ use of the food pyramid for meal planning | Promotoras incorporated social support in each individually tailored session. Moreover, there was a dedicated session for Promotora-facilitated social support session between months 2 and 5. The Promotoras provided emotional and appraisal support to participants who reported challenges and successes related to managing DM-related distress.  | Individually tailored sessions: - Promotoras delivered three 60–90 minute individually tailored sessions in the participants’ homes. The promotoras scheduled the individual sessions within three weeks after the corresponding group session. - The CDE developed three modules for the individual sessions based on previous studies in which participants identified nutrition, physical activity, and distress management as the most challenging self- management behaviours.  |
| Effectiveness of a Peer Support Programme versus Usual Care in Disease Management of Diabetes Mellitus Type 2 regarding Improvement of Metabolic Control A Cluster-Randomised Controlled Trial.      Johansson et al., (2016)  | Participants were offered instruction sheets explaining and showing exercises for mobilisation, coordination, and strength training. Participants received a newsletter addressing the corresponding topic including the latest scientific findings prior to every group session.  | Once a month groups held conversational and educational meetings focusing on personal, social, and emotional topics in the context of diabetes. The meetings were moderated alternately by peer supporters and health professionals and offered the opportunity to ask particular questions and expand and consolidate knowledge about diabetes. The group sessions were guided by curriculum: -Healthy diet: Dietary change step by step -Self-motivation and group motivation -Lifestyle changes -Daily self-management, medical checks -Diabetes: therapy, blood glucose measurement -Sweeteners -Weight loss, weight control -Physical activity in daily routine -Physical activity and motivational problems -Cardiovascular risk management -Prevention of diabetic complications -Glycaemic index and glycaemic load -Prevention of weight gain at Christmas -Diabetes and depression -Diabetes and alcohol; smoking cessation  | Emotional support provided though the educational sessions.  | Physical exercise peer support group (physical outdoor activity facilitated by a physical education trainer during the first few sessions)  |
| Peer Coaches to Improve Diabetes Outcomes in Rural Alabama: A Cluster Randomized Trial.     Safford et al., (2015)  | Participants received a diabetes report card showing their own baseline glycated haemoglobin (HbA1c), BP, low-density lipoprotein cholesterol (LDL-C) | 1-hour group diabetes education class at enrolment covering diabetes basics, healthy eating, stress reduction, physical activity, social support, and how to get the most out of doctor visits.  | Peer coaches were trained on providing social and emotional support - there was no activity assigned to this, the assumption is that it was delivered during the intervention.  | 5-minute counselling session. Peer coaches telephoned participants weekly for the first 2 months, then at least monthly for an additional 8 months; coaches were allowed to contact their clients more frequently. Contacts were made before each primary care visit to plan for the encounter, including asking questions and encouraging the participant to reach back out to the office if needed. Contacts were largely unstructured and highly individualized to focus on the goals selected by the participants. |
| Community-Based Peer-Led Diabetes Self-management.    Lorig et al., (2009)    | All participants received a copy of the book Living a Healthy Life with Chronic Conditions to use as a reference.  | Group education sessions that covered 19 topics across a period of 16 weeks. Topics included the following: Overview of self-management and diabetes, Making an action plan, Nutrtition/Healty Eating, Feedback/problem-solving, Preventing low blood glucose, Preventing complications, Fitness/exercise, Stress management, Relaxation techniques, Difficult emotions, Monitoring blood glucose, Depression, Positive thinking, Communication, Medications, Working with your health care professional, Working with the health care system, Sick days, Skin and foot care, and Future plans. | Emotional support was offered by peer supporters  | N/A - no appraisal aspect was mentioned to be included in this intervention. No behavioural reinforcement activities were added as an addition to the group sessions.  |
| A Family-Based Diabetes Intervention for Hispanic Adults and Their Family Members.     Hu et al., (2013)  | Picture illustrations, seminar discussions, educational flipcharts and games, video tapes, visual aids, demonstrations, and self-monitoring demonstrations.  | 1 family sessions to explain the purpose of the intervention 8 group educational sessions where participants were asked to bring one family member to join the sessions. Group discussions were facilitated in the first and last group sessions Content of the sessions: - Introduction to diabetes, - Exercise and food - Eating Healthy - Blood sugar levels and glucometers - Diabetes medication - Taking care of your body - Coping strategies, problem solving and action plans. - Summary and action plans for you and your family  | Family member or care provided. However, the extent of their involvement was not clearly stated.  | N/A - no appraisal aspect was mentioned to be included in this intervention. No behavioural reinforcement activities were added as an addition to the group sessions.  |
| The Effectiveness of an eHealth Family-Based Intervention Program in Patients With Uncontrolled Type 2 Diabetes Mellitus  (T2DM) in the Community Via WeChat: Randomised Controlled  Trial.Feng et al., (2023)  | Assisting with **foot care** (which showed a significant improvement). | Family members received structured health education, which improved their knowledge and risk perception of T2D.Articles were developed based on the Knowledge-Attitude-Practice (KAP) model and the Health Belief Model (HBM), covering:* Diabetes knowledge
* Complications and risk factors
* Self-care activities (diet, exercise, medication, glucose testing)
 | The intervention emphasised the role of family members in providing encouragement and emotional reassurance. | The WeChat platform acted as a tangible tool for families to monitor and provide reminders for self-management tasks. |