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SESSION 1

THE COMPONENTS OF PROACTIVE HEALTH AND WELL-BEING

- **Power of the Mind**
  - Relaxing & Healing
- **Spirit & Soul**
  - Growing & Connecting
- **Family, Friends & Coworkers**
  - Relationships
- **Moving the Body**
  - Energy & Flexibility
- **Surroundings**
  - Physical & Emotional
- **Personal Development**
  - Personal Life & Work Life
- **Food & Drink**
  - Nourishing & Fueling
- **Recharge**
  - Sleep & Refresh

Me + Self Care + Professional Care + Community = Whole Health
YOUR PERSONAL HEALTH INVENTORY (PHI)

1. What is my Mission, Aspiration or Purpose (MAP) in life?

2. What REALLY matters to you in your life?

3. What brings you a sense of joy and happiness?

4. On the following scales from 1-5, with 1 being miserable and 5 being great, circle where you feel you are on the scale.

   **Physical Well-Being:**
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Miserable</td>
<td>Great</td>
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   **Mental/Emotional Well-Being:**
   
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   **Life: How is it to live your day-to-day life?**
   
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## WHERE YOU ARE AND WHERE YOU WOULD LIKE TO BE

For each area below, consider where you are now and where you would like to be. All the areas are important. In the “Where you are” box, briefly write the reasons you chose your number. In the “Where you want to be” box, write down some changes that might make this area better for you. Some areas are strongly connected to other areas, so you may notice some of your answers seem the same. Try to fill out as many areas as you can. You do not have to write in every area or in all the areas at one time. You might want to start with the easier ones and come back to the harder ones. It is OK just to circle the numbers.

### Moving the Body: “Energy and Flexibility”
Includes movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.

<table>
<thead>
<tr>
<th>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</th>
<th>Where would you like to be?</th>
</tr>
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<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</table>

What are the reasons you choose this number?  
What changes could you make to help you get there?

### Recharge: “Sleep and Refresh”
Getting enough rest, relaxation, and sleep.

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<tbody>
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</table>

What are the reasons you choose this number?  
What changes could you make to help you get there?
### Food and Drink: “Nourish and Fuel”
Eating healthy, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.

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<tbody>
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</table>

What are the reasons you choose this number?  
What changes could you make to help you get there?

### Personal Development: “Personal life and Work life”
Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.

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What are the reasons you choose this number?  
What changes could you make to help you get there?

### Family, Friends, and Co-Workers: “Relationships”
Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends and people you work with.

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What are the reasons you choose this number?  
What changes could you make to help you get there?
**Spirit and Soul:** "Growing and Connecting" Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.

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What are the reasons you choose this number?  
What changes could you make to help you get there?

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**Surroundings:** "Physical and Emotional" Feeling safe. Having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.

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What are the reasons you choose this number?  
What changes could you make to help you get there?

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**Power of the Mind:** "Strengthen and Listen" Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.

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What are the reasons you choose this number?  
What changes could you make to help you get there?
PROFESSIONAL CARE

**Prevention:** On a scale of 1-5, circle the number that best describes how up to date you are on your preventive care such as a flu shot, cholesterol check, cancer screening, and dental care.

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<td>A little bit</td>
<td>Somewhat</td>
<td>Quite a bit</td>
<td>Very much</td>
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**Clinical Care:** If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

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☐ I am not working with a healthcare professional.

REFLECTIONS

1. Now that you have thought about all of these areas, what is your vision of your best possible health? What would your life look like? What kind of activities would you be doing?

2. Are there any areas you would like to work on? Where might you start?
GROUP GUIDELINES

- **Honor confidentiality**
  Maintaining every group member’s confidentiality is a key part of the Whole Health Facilitated Group Program. Everyone needs to feel safe and trust that what happens in the group stays in the group. This means not sharing what you hear in the group with anyone outside the group. It also means that if you see another group member in the hallway, you won’t ask them how they’re doing on group-related activities. You should obviously feel free to share any of your own learning experiences throughout the program to anyone at any time. But you should do so without talking about others in the group.

- **Speak honestly**
  Each session will involve some discussion, practices, and some paired activities. Your active participation will help you to get as much as possible out of this group, and your honesty, with yourself and the other members of the group, will support that.

- **Respectful listening**
  Respectful listening means:
  - Listening with an open mind and an open heart
  - Letting everyone have a turn speaking
  - Not interrupting each other
  - Not giving advice, but rather
  - Letting each group member come to his or her own answers
  - Respect differences – we are not all going to agree and that is okay

- **Start and finish on time**
  We all have various responsibilities and time commitments beyond this group. I want to respect your time and the other commitments you have. I will make every effort to begin and end each session on time. This means I will begin at the scheduled time (STATE TIME) even if not everyone is present, and I will end at (STATE TIME). It can be disrupting to have someone enter or leave when you are speaking or in the middle of an exercise. Please respect your fellow group members by arriving on time for every session and remaining until the session is complete.

- **Turn off your personal electronic devices (phone, PDA, pager, etc.)**
  Unexpected beeps, rings, and other noises are distracting and take away from the learning environment. Please turn off your cell phone, PDA, pager or other electronic devices during sessions. If there are issues for which you need to leave your phone on vibrate, please let me know and step outside to take any calls.

- **Additional guidelines added by the group**

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
MINDFUL MOMENTS

Below are some easy ways to add “mindful moments” into your daily routine.

1. Mindful Awareness While Brushing Your Teeth

_The Old Way:_ Not paying close attention when you pick up your toothbrush and move it around your mouth. On autopilot, as you brush and walk through your house, trip over the cat, look for your keys, get ready for your first meeting of the day, and think about where you’ll get lunch today.

_The New Way:_ Notice what it feels like to have your feet on the floor, how hot or cold it feels, what the carpet or tile or wood feels like on the soles of your feet; paying attention to the feel of the toothpaste in your mouth and on your teeth. Notice the smell, the flavor, the grit. Notice how your arm moves from side to side and the sound of the brush against your teeth, being aware of how the brush feels on every tooth and on your gums.

_Bonus:_ Not only will you feel calm and collected afterward, your dentist will be happy with you, too!

2. Mindful Awareness While Taking a Shower

_The Old Way:_ Turn on the water and hop in. Wash your hair and body while making plans for the day. Think about the big sports game that night, as you sing your favorite tune into the showerhead.

_The New Way:_ Paying attention as your hands turn the faucet. Being mindful of the need to set the temperature before getting into the shower; mindful of the feeling as the warm water washes over you; aware of the smell of the shower gel, soap or shampoo; noticing the mind racing, imagining conversations that have yet to happen; mindful of the amount of water you’re using; and mindful of the sound of the water coming to a stop.

_Bonus:_ You’ll end up with a much clearer mind for the day ahead.

3. Mindful Awareness While Commuting to Work

_The Old Way:_ Standing and feeling crowded on a train or bus, wishing you had a seat, thinking about the day ahead of you, or sitting in your car and being frustrated in bumper-to-bumper traffic.

_The New Way:_ Being mindful of your environment and noticing details of your commute; noticing the emotions as they rise and fall, come and go; aware of all the different senses. The sights, sounds, and smells of your commute, but rather than thinking about them, judging them, just notice them; mindful of wanting to be somewhere else, of wishing time away; and mindful of wanting to scream out loud or put your foot down in the car.

_Bonus:_ You will probably be a safer, calmer driver. You might even show up to work with a smile on your face.
4. Mindfulness While Washing the Dishes

_The Old Way:_ Trying to avoid the sharp knife, hidden beneath the plates in the water, as you stare out of the window and think about the mess in the living room you need to clean up, or the big meeting at work the next day.

_The New Way:_ Being mindful of the very first moment when your hands meet the water; feeling the warmth; mindful of picking up one thing at a time and taking just an extra second or two to clean it; aware of the passing thoughts and of letting them go; mindful of seeing people come and go through the window without judgment or attachment; mindful of wanting to get on and do something else; and mindful of feeling satisfied when you’ve finished.

_Bonus:_ OK, so you might have a dishwasher, but you get the picture. And if the dishwasher ever breaks down, you’ll know that it is possible to practice mindfulness while washing the dishes.

5. Mindfulness While Waiting in Line

_The Old Way:_ As you stand there tapping your foot, arms crossed and jaws clenched, you wonder why everyone else has chosen the exact same time as you to come to the bank. As you check your phone, searching for something, anything, to do to escape your own impatience.

_The New Way:_ Being mindful of the rush that you are in when you enter the bank; aware of how you respond when you first see the line; mindful of how you stand there waiting; mindful of your breath as you focus on the physical sensations in the body; noticing your response each time the line creeps forward; mindful of the tendency to keep looking at your watch, or checking your phone; mindful and present for your conversation with another human being when you finally get served.

_Bonus:_ You can see the line as an irritating inconvenience, or as time to take a break.
THE SEVEN ATTITUDES OF MINDFULNESS

*(Full Catastrophe Living by Jon Kabat-Zinn)*

- **Beginner’s Mind**—Being curious and not thinking that you already know something. Asking questions and being excited about how your mind works, asking questions like: Who is seeing? Who is thinking?

- **Non-judging**—A gentle state of non-judgment, being kind to yourself, and allowing what is. Trying not to compare, label, or find fault.

- **Patience**—*Let things happen as they need to and in their own time.* Letting go of the idea that you have to “get somewhere, do something, or make something happen.”

- **Non-striving**—Mindful awareness is about being, not doing, if it feels like you’re working too hard you probably are. It’s a way of being, being awake to what’s happening in your life rather than what is happening in your mind.

- **Acceptance**—*Seeing things as they are.* It is what it is. Try to be with things as they are. Let go of the stories the mind creates and accept the present moment for what it is.

- **Letting go**—*Not having a set agenda for what “should” happen.* Being open to all possibilities and outcomes.

- **Trust**—As awareness grows, so does trust in one’s emotions; be yourself in every way. Have faith in how you move through the world. Trust yourself and what you know.
SESSION 2

VALUES-CONFLICT WORKSHEET

Values = Anything that is important to us
Ideal Values = those values that are important to us in the long run
Operational Values = those values that are important to us in the moment

Some examples might be:
- My value of health vs eating a second piece of pie;
- My value of relationship with family vs spending the weekend fishing;
- My value of Integrity vs telling a little ‘white’ lie;
- My value of saving for my retirement vs having a fancy new car;
- My value of getting rest vs staying up for one more TV show

Describe a situation where your behaviors were not totally consistent with your highest values:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What two values were in conflict?

Value 1: ___________________________ Value 2: ___________________________

What did I gain from the behaviors I did?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What did I not gain?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What value was I honoring the most at that moment?

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
In the future, is there a way you might honor both values?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Is one value more important than the other? If yes, describe how.
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
SESSION 3

SMART GOAL AND ACTION STEPS WORKSHEET

Area of Focus________________________

What outcome would I like to achieve? __________________________________________
(Examples include: Lose weight, reduce stress, improve my relationships, look better, get another job, have more energy.)

Timeframe (circle one) 3 months   6 months   Other___________________

SMART Goal and Action Steps Criteria
  • Specific—clear and concise
  • Measurable—clear way for knowing if the goal is met
  • Action-Oriented—action that is in direct control of the person
  • Realistic—based on what is possible or the person thinks they can do
  • Timed—contains a time line for steps along the way to the final goal

Goal:
________________________________________________________

Action Steps:

Action Steps are steps that help you work toward your goal that (1) can be done in the following week or two and (2) meet the same SMART criteria. Action steps can be planned out over time or made after the first week’s action steps are attempted.

Action Step 1
________________________________________________________

Action Step 2 (Optional)
________________________________________________________

Action Step 3 (Optional)
________________________________________________________

Who is going to help make sure I do my action steps? (Accountability)
________________________________________________________
BARRIERS WORKSHEET

There will be different challenges to completing your action steps and larger health goals, and you will need to find ways to work around these barriers.

**Internal barriers:**
When you do not have the knowledge or skills to make a change, or when negative beliefs about yourself get in the way.

**Interpersonal barriers:**
When our roles in, and responsibilities to, family, work, friends, and the community get in the way of us doing our action steps and meeting our goals.

**External barriers:**
When things outside of our control (i.e. money, weather events, or an injury) get in the way.

What are some barriers that you may encounter and what will be your strategy, or back-up plan, for success?

For example, do you need to work out family or work agreements to support your goals?

What will you do if there is bad weather, family vacations, parties and events that interrupt your schedule?

**Barrier 1:**

Strategies/Back-up Plan:

**Barrier 2:**

Strategies/Back-up Plan:

**Barrier 3:**

Strategies/Back-up Plan:
SMART GOAL AND ACTION STEPS WORKSHEET

Area of Focus __________________________

What outcome would I like to achieve? __________________________________________

(Examples include: Lose weight, reduce stress, improve my relationships, look better, get another job, have more energy.)

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Action Step 1

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Action Step 2 (Optional)

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Action Step 3 (Optional)

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**Barrier 1:**

______________________________________________________________

**Strategies/Back-up Plan:**

______________________________________________________________

**Barrier 2:**

______________________________________________________________

**Strategies/Back-up Plan:**

______________________________________________________________

**Barrier 3:**

______________________________________________________________

**Strategies/Back-up Plan:**

______________________________________________________________
### SMART GOAL AND ACTION STEPS WORKSHEET

**Area of Focus**

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(Examples include: Lose weight, reduce stress, improve my relationships, look better, get another job, have more energy.)

**Timeframe (circle one)** 3 months 6 months Other

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**Action Step 1**

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**Action Step 2 (Optional)**

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**Action Step 3 (Optional)**

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BARRIERS WORKSHEET

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**Strategies/Back-up Plan:**

___________________________________________________________________________________

**Barrier 2:**

___________________________________________________________________________________

**Strategies/Back-up Plan:**

___________________________________________________________________________________

**Barrier 3:**

___________________________________________________________________________________

**Strategies/Back-up Plan:**

___________________________________________________________________________________
POSSIBLE FOOD AND DRINK CHOICES

You may want to consider the following when enhancing your health through food and drink choices:

I eat because:
- I’m bored
- Others are eating
- I’m hungry
- I’m stressed
- Out of habit
- Other

You may want to change your food and drink intake to impact:
- Mood
- Energy level
- Weight
- Sense of pain
- Quality and length of life
- Allergies
- Other

You may want to consider reducing:
- Sugar
- Salt
- Processed Foods
- Sugary drinks such as sodas and fruit juice
- Red meats
- Alcohol, tobacco or other drug use
- Amount of food intake
- Other

You may want to consider adding:
- More fruits and/or vegetables
- Real food, unprocessed
- More water
- More whole grains
- Other

Note: These are general guidelines. Before making major changes please consult with your physician or nutritionist.
POWER OF THE MIND

You may want to consider the following when thinking about your health through the power of your mind:

Why would you want to enhance the power of your mind?

- Reduce stress in my life and relax a little more
- Think more positively about my life and relationships
- Have more courage to try new things
- Reduce my focus on negative things
- Improve how I feel in my body and mind
- Other________________________

You might want to decide if there is a mind-body approach that you would like to try. These may be available in your VA or in your community.

- Psychological approaches including hypnosis, imagery, biofeedback and Cognitive Behavioral Therapy (CBT)
- Art Therapies including painting, music, dance or other forms of creativity
- Breathing Exercises
- Journaling may be helpful in being mindful about your day-to-day life
- Meditation and/or mindful awareness. There are many types.
- Progressive Muscle Relaxation (PMR) and Progressive Relaxation (PR)
- Yoga, Tai Chi or other movement activities that include a mind component

You might consider increasing the power of your mind through some of the following:

- First, recognize that I have a choice about how I want to view my life and the world
- Second, recognize that how I view my life has an impact on my health and well-being
- Choose one of the therapies above and work with a professional to practice it
- Think about what causes you stress and what you can do to best manage that stress
- Pay attention to your emotions. How often do you feel angry, sad, happy or at ease?
- Keep your mind active with puzzles, reading or other creative outlets

Note: These are general guidelines. Before making major changes, please consult with your physician, a mental health provider, or other qualified medical team member.
SESSION 5

FAMILY, FRIENDS, AND COWORKERS – IDEAS TO CONSIDER

Why would you want to enhance your Relationship(s)?

- Reduce stress in my life
- Feel better about myself and my relationship with others
- Be more connected to my family
- Relationships are linked to lower death rates
- People with a supportive partner have better outcomes with heart disease
- Healthy marriages lower anxiety
- Not being lonely correlates with a longer life
- Helping others increases the chance that you will have help when you need it
- Other reasons: _____________________________________________________________

Some possible ways for strengthening your connections with other people:

- Ask yourself who really matters to you
- Take time to visit or call the people you care about
- Connect with other Veterans by joining a class or a support group
- Join a social media group
- Volunteer, which has many health benefits
- Attend sporting events, go to the theater, attend community events, or join a club
- Consider having a pet or receiving animal-assisted therapy
- Build your communication skills
  - Practice being a good listener
  - Try to see others’ points of view
- Have a healthy relationship with yourself. Loving Kindness Meditation can help.
- If you are having relationship challenges, ask for professional help
- Other ideas: ________________________________________________________________

Note: These are general guidelines. Before making major changes, please consult with your physician, a mental health provider, or other qualified medical team member.
SURROUNDINGS

Consider the following ways you might improve your health through working with your surroundings. These surroundings include 1) where you live, 2) where you work and 3) your emotional surroundings:

Some ideas to consider when thinking about where you live. I could possibly:

- Improve my lack of heat, electricity, or air conditioning
- Look into getting a home or living space. I could work with the VA around housing options.
- Improve my safety where I live (Consider domestic violence/elder abuse resources)
- Reduce my exposure to toxins, like carbon monoxide or tobacco smoke, radon and asbestos
- Get rid of clutter (If you are hoarding, there are services that can help)
- Deal with any pests in my home, like roaches or bedbugs
- Think of small things I might do, like buying a plant, painting, or adding some art
- Change things that impact my senses of sight, smell, touch, or sound
- Do home repairs, or have my landlord do them
- Spend time outdoors as I am able (Spending time in nature increases life span)
- Change my environment by moving
- Have conversations with others who may be impacting my living space
- Other

Ideas for improving your work environment. I could possibly:

- Reduce what I do, over and over again, that may result in injury
- Improve my ergonomics
- Take breaks at work. Take vacations too.
- Improve my opportunities for employment if unemployed or dissatisfied with my job
- Reduce my exposure to anything harmful at work – loud noises, chemicals, dust, etc.
- Change things that impact my senses of sight, smell, touch, or sound
- Get rid of clutter and organize my spaces
- Be aware of health issues with my work, like pain or fatigue, and ask my healthcare team for support
- Other

Ideas for improving my emotional surroundings. I could possibly:

- Deal differently with any emotional violence I am experiencing
- Consider getting a pet (See if your VA offers animal-assisted therapy)
- Reduce how much media (TV, magazines, newspapers, radio) I am exposed to. Take a break from news for a few days.
- Address some issues I’m having with my boss or co-workers
- Other

Note: These are general guidelines. Before making major changes, please consult with your physician, a mental health provider, or other qualified medical team member.
SESSION 6

MOVING YOUR BODY – SOME IDEAS TO CONSIDER

Why would you want to move your body more?
- Live Longer
- More Energy, less fatigue
- Slower aging
- Better sleep
- Better brain function
- Lose Weight
- Look Better
- Prevention of heart disease, diabetes, obesity, dementia, cancer, or other health issues
- Other

What keeps me from moving my body more (value conflicts)?
- Not enough time
- Not enough energy
- Doesn’t feel good
- Don’t see the value in it
- It hurts
- Not sure what to do or how to begin
- Other
- Consider choosing an activity you enjoy, or one you may be willing to do regularly.
  - What might this activity or activities be? _____________________________
  - How much, and how often? _____________________________________

How might you get additional information or support?
- Work with a recreational therapist
- Join a gym. (Some VA’s work closely with the YMCA’s in their area)
- Find a good trainer
- Join an exercise class (More and more VA’s have Tai Chi and Yoga available)
- Find a friend or family member with whom to exercise
- Talk with friends about what they do and how they do it
- If there are health issues, like pain or fatigue, ask your healthcare team for support

Note: These are general guidelines. Before making major changes, please consult with your physician, a mental health provider, or other qualified medical team member.
RECHARGE – SOME IDEAS TO CONSIDER

What do you think prevents you from getting good rest?

• Worry
• Not tired at night
• Environmental issues (noise, light, etc.)
• Pain or discomfort
• Other _______________________________________________________________________

To improve sleep, some have found that these practices may help:

• Going to bed and getting up at the same times every day
• Practice Mindfulness
• Pay attention to daytime napping and how it impacts my sleep
• Minimize drinking alcohol and eating before bed
• Pay attention to what I eat and drink and how it affects my sleep
• Reduce looking at lit screens such as TV or computer before going to bed
• Stay active during the day
• Consider earplugs or a sleep mask
• Improve sleeping environment (noise, comfort, light, temperature, mattress)
• Rule out sleep disorders and other health problems that compromise your sleep
  o If you snore a lot, or you stop breathing in your sleep
  o Make sure you are managing pain and doing it safely
  o Get help for posttraumatic stress disorder (PTSD) and mood problems
  o Try not to overdo sleep medications
• Ask for information or support from your VA providers

You might also consider other ways to recharge your energy

• Take breaks during the day at work
• Ask your healthcare provider if light therapy would help
• See if relaxation practices help
• Find time for vacations, hobbies, and non-work interests

People who get over 7-8 hours of sleep a night have a lower risk of:

• Death from all causes
• Being overweight
• High blood pressure
• Diabetes
• Cholesterol problems
• Stroke and heart attacks

Note: These are general guidelines. Before making major changes please consult with your physician or nutritionist.
SESSION 7

SPIRIT AND SOUL

Consider the following ways you might improve your health through spirituality:

Reflect on what spirituality means to you.

- What do you believe?

- What gives you a sense of meaning and purpose?

On a scale of 1 to 10 (1=not at all, 10=very much so):

- How religious are you?
  1 2 3 4 5 6 7 8 9 10

- How spiritual are you?
  1 2 3 4 5 6 7 8 9 10

- How much do you think your spirituality (religiosity) is related to your health and well-being?
  1 2 3 4 5 6 7 8 9 10

- How satisfied are you with your religious or spiritual practice?
  1 2 3 4 5 6 7 8 9 10

You might choose to explore ways to enhance your life or heal through spirituality:

- Start a spiritual practice. It may be:
  - Meditation
  - A prayer group
  - A church
  - A group like a twelve-step program
  - Spending time in nature
  - Practice gratitude or forgiveness
  - Other ________________________________

- Consider talking with a chaplain or other spiritual advisor. Chaplains are available at all VA hospitals.

*Note: These are general guidelines. Before making major changes, please consult with your physician, chaplain, or other qualified medical team member.*
CHOICES: PERSONAL DEVELOPMENT

You may want to think of two ways of enhancing your health through personal development. These two ways are ‘doing’ enhancements and ‘being’ enhancements. You may also want to think about which enhancements would best support your Mission, Aspiration or Purpose (MAP):

Some ideas on ‘Doing’ enhancements:

- Continue learning new things throughout my life
- Balance career goals and work with other interests as well
- Align my career with what really matters to me
- Do random acts of kindness. Help others just for the sake of doing it.
- Develop my creative side, such as art, music, or poetry
- Add a hobby to my life that I’ve wanted to do
- Do some volunteer work that supports my Mission, Aspiration or Purpose
- Focus on doing things for which I feel excited and energized
- Set limits on how much I expect I should get ‘done’ in life
- Allow myself some more time just to ‘be’ and relax – not always having to be doing something
- Join a group of people with like-minded interests
- Make a financial plan, or enhance my finances in some way
- Other

Some ideas on ‘Being’ enhancements:

- Add activities, practices or relationships that contribute to my happiness
- Change my thinking or perspectives on life to be more optimistic
- Figure out ways to add more laughter and humor in my life
- Adapt a more forgiving and accepting attitude toward others
- Practice being more grateful for life and what I do have
- Be more compassionate with myself, as well as others
- Work on not letting ‘bad things’ that happen in life get me down
- Be more social
- Learn to live with less
- Other

Note: These are general guidelines. Before making major changes, please consult with your physician or other qualified medical team member.
SESSION 8

PARTNERING WITH YOUR PHYSICIAN

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Become a Partner with Your Clinician to Improve Your Health
## MY OWN PERSONALIZED HEALTH PLAN

<table>
<thead>
<tr>
<th>Name____________________________</th>
<th>Date________________________</th>
</tr>
</thead>
</table>

### 1. What really, really matters to me, and what I want my best health for is: (Note: You may also want to think about this in terms of my Mission, Aspiration, or Purpose in life)

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

### 2. In support of ‘what really matters to me,’ I am focusing on the following area(s) to enhance my health: (Circle one or more)

<table>
<thead>
<tr>
<th>Working my Body</th>
<th>Surroundings</th>
<th>Personal/Professional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and Drink</td>
<td>Sleep and Refresh</td>
<td>Family, Friends and Coworkers</td>
</tr>
<tr>
<td>Spirit and Soul</td>
<td>Mindfulness</td>
<td>Power of the Mind (relaxing/healing)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. I have set the following Goal(s) and Action Steps to help me achieve better health in my focus area above: (Note: If you have a second goal, list it on the back of this page)

**Goal 1:** By (date)__________, I plan to
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**The Action Steps** I am taking (or plan to take) to meet Goal 1 are:

**Action Step 1** ________________________________________________________________

**Action Step 2** ________________________________________________________________

**Action Step 3** ________________________________________________________________

### 4. As of now, I have achieved the following towards meeting my health goal(s):

________________________________________________________________________________
5. My health care team can support me in “What really matters to me” by providing: (use back of this page if necessary)

**Treatments, Medications and Interventions:** ______________________________________
______________________________________________________________________________

**Prevention and Health Promotion Strategies:** ______________________________________
______________________________________________________________________________

**Further Knowledge/Education:** ________________________________________________
______________________________________________________________________________

**Support Groups/Health Coaching (i.e. weight loss, movement, spiritual support):** ______
______________________________________________________________________________
APPENDIX
4 STAGE PROCESS MODEL FOR GROUP FACILITATION

Stage 1: Explore
- Mission
- Aspirations
- Purpose

Stage 2: Reflect, Assess & Focus
- Conduct PHI assessment
- Define focus
- Assess readiness

Stage 3: Plan for Action
- Goals & Actions
- Explore barriers
- Training & Support
- Accountability

Stage 4: Execute the Action
- Take further action
- Re-plan
- Learn lessons
- Assess action

Create vision
- Explore values and value conflicts
FIVE SIGNS OF SUFFERING

Five Signs of Suffering

Nearly one in every five people, or 42.5 million American adults, has a diagnosable mental health condition. Half of all lifetime cases of mental disorders begin by age 14.

Often our friends, neighbors, co-workers, and even family members are suffering emotionally and don’t recognize the symptoms or won’t ask for help.

Here are five signs that may mean someone is in emotional pain and might need help:

1. **Their personality changes.**
   You may notice sudden or gradual changes in the way that someone typically behaves. He or she may behave in ways that don’t seem to fit the person’s values, or the person may just seem different.

2. **They seem uncharacteristically angry, anxious, agitated, or moody.**
   You may notice the person has more frequent problems controlling his or her temper and seems irritable or unable to calm down. People in more extreme situations of this kind may be unable to sleep or may explode in anger at a minor problem.

3. **They withdraw or isolate themselves from other people.**
   Someone who used to be socially engaged may pull away from family and friends and stop taking part in activities he or she used to enjoy. In more severe cases the person may start failing to make it to work or school. Not to be confused with the behavior of someone who is more introverted, this sign is marked by a change in someone’s typical sociability, as when someone pulls away from the social support he or she typically has.

4. **They stop taking care of themselves and may engage in risky behavior.**
   You may notice a change in the person’s level of personal care or an act of poor judgment on his or her part. For instance, someone may let his or her personal hygiene deteriorate, or the person may start abusing alcohol or illicit substances or engaging in other self-destructive behavior that may alienate loved ones.

5. **They seem overcome with hopelessness and overwhelmed by their circumstances.**
   Have you noticed someone who used to be optimistic and now can’t find anything to be hopeful about? That person may be suffering from extreme or prolonged grief, or feelings of worthlessness or guilt. People in this situation may say that the world would be better off without them, suggesting suicidal thinking.

The Campaign to Change Direction is a collection of concerned citizens, nonprofit leaders, and leaders from the private sector who have come together to create a new story in America about mental health, mental illness, and wellness. Join us and make a pledge at www.changedirection.org.
IF YOU RECOGNIZE THAT SOMEONE IN YOUR LIFE IS SUFFERING, NOW WHAT?

You connect, you reach out, you inspire hope, and you offer help. Show compassion and caring and a willingness to find a solution when the person may not have the will or drive to help him- or herself. There are many resources in our communities.

It may take more than one offer, and you may need to reach out to others who share your concern about the person who is suffering.

If everyone is more open and honest about mental health, we can prevent pain and suffering, and those in need will get the help they deserve.

You can learn more at www.changedirection.org.

da collective effort led by:

Give an Hour
Giving help and hope since 2005

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1 Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Mental Health Findings. U.S. Department of Health and Human Services (as of 3/24/14).


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Notes: