Whole Health for Mental Health: Crossing the Mind-Body Divide

There is no health without mental health.

David Satcher, M.D., Ph.D, 16th Surgeon General of the United States

Prepared Under Contract to the VHA by Pacific Institute for Research & Evaluation with the University of Wisconsin-Madison.

March 2020
# AGENDA

## DAY 1 MORNING

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<th>Time</th>
<th>Topic/Title</th>
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<tbody>
<tr>
<td>7:30am – 8:00am</td>
<td>Registration</td>
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<tr>
<td>8:00am – 8:30am</td>
<td><strong>1. Welcome and Course Overview</strong></td>
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<td>• Leadership Welcome</td>
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<td>• Who’s in the Room?</td>
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<td>• Introductions</td>
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<td>• Course Materials</td>
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<td>• Community Agreements</td>
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<td>8:30am – 9:30am</td>
<td><strong>2. Why Are We Here?</strong></td>
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<td>• Learning Objectives: What This Course is, What it is Not</td>
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<td>• What is Whole Mental Health?</td>
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<td>• Challenges</td>
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<td>• The Scope of the Problem</td>
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<td>• Points of Tension in Mental Health Care</td>
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<td>9:30am – 9:40am</td>
<td><strong>Break</strong></td>
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<tr>
<td>9:40am – 10:55am</td>
<td><strong>3. Interconnections: Self-Care</strong></td>
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<td>• Molecular and Genetic Connections</td>
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<td>• The Gut Connection</td>
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<td>• Group Activity: Interconnections and Self-Care for Mental Health</td>
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<td>• Connecting Power of the Mind with the Other Areas of Self-Care</td>
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<td>10:55am – 11:00am</td>
<td><strong>Movement</strong></td>
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<td>11:00am – 11:40am</td>
<td><strong>4. Interconnections: Professional Care</strong></td>
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<td>• Complementary and Integrative Health (CIH) and Mental Health</td>
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<td>• Choosing the Right CIH Approaches for Your Patient</td>
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<td>• Research on List 1 Approaches</td>
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<td>11:40am – 12:00pm</td>
<td><strong>5. Introducing...Tony and Melissa!</strong></td>
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<td>12:00pm – 1:00pm</td>
<td><strong>Lunch</strong></td>
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# Whole Health for Mental Health: Crossing the Mind-Body Divide

## DAY 1 AFTERNOON

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<th>Time</th>
<th>Topic/Title</th>
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<tr>
<td>1:00pm – 1:20pm</td>
<td><strong>6. Thinking and Cognition, Part 1: Whole Health and Your Brain</strong></td>
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<td>• Your Amazing Brain</td>
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<td>• Whole Health for Memory</td>
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<td>• Whole Health for Attention and Concentration</td>
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<td>1:20pm – 1:50pm</td>
<td><strong>7. Thinking and Cognition, Part 2: Thinking Healthy Thoughts</strong></td>
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<td>• Cognitive Distortions</td>
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<td>• Group Discussion: Psychotherapies</td>
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<td>• Whole Health for Thought Disorders</td>
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<td>1:50pm – 2:05pm</td>
<td><strong>8. The Power of Meditation and Clinical Hypnosis</strong></td>
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<td>• Meditation Experience</td>
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<td>2:05pm – 2:15pm</td>
<td><strong>Break</strong></td>
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<td>2:15pm – 2:45pm</td>
<td><strong>9. Our Emotions, Part 1: Feelings Have Power</strong></td>
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<td>• Emotions: What are They?</td>
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<td>• Studying Emotions and Health</td>
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<td>• Activity: RAIN Practice</td>
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<td>2:45pm – 2:50pm</td>
<td><strong>Movement</strong></td>
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<td>2:50pm – 4:00pm</td>
<td><strong>10. Implementation, Part 1: Your Personal Mental Health Plan</strong></td>
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<td>• Care of the Caregiver</td>
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<td>• Toward Resilience and Engagement</td>
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<td>• Elements of a Whole Mental Health Visit</td>
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<td>• Mapping to the MAP Intro and Demo</td>
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<td>• Whole Health Visit Demo</td>
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<td>• Whole Health Visit Group Debrief</td>
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<td>• Partner Exercise: Your Whole Mental Health Self-Care PHP</td>
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<td>4:00pm – 4:30pm</td>
<td><strong>Local Site Presentation</strong></td>
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<td>4:30pm</td>
<td><strong>End of Day 1—Wrap Up, Pulse Checks, and Adjourn</strong></td>
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### Whole Health for Mental Health:
**Crossing the Mind-Body Divide**

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<td><strong>Registration</strong></td>
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<td>8:00am – 8:15am</td>
<td><strong>Settle In, Pulse Check Review, Q&amp;A</strong></td>
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<td>8:15am – 8:45am</td>
<td><strong>11. Our Emotions, Part 2: Whole Health for Mood Disorders</strong></td>
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<td>• Tony’s Depression</td>
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<td>• Small Groups: What Would Help Tony?</td>
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<td>8:45am – 9:15am</td>
<td><strong>12. Our Behaviors and Choices, Part 1: Healthy Patterns</strong></td>
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<td>• Why Clinician Behaviors Matter</td>
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<td>• What We Know About Habits and Addiction</td>
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<td>9:15am – 9:30am</td>
<td><strong>13. The Power of Biofeedback and Guided Imagery</strong></td>
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<td>• Guided Imagery Experience and Debrief</td>
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<td>9:30am – 10:00am</td>
<td><strong>14. Our Behaviors and Choices, Part 2: Unhealthy Patterns</strong></td>
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<td>• Back to Tony: Addiction and Substance Use Disorders</td>
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<td>• Whole Health and Substance Use</td>
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<td>10:00am – 10:15am</td>
<td><strong>Break</strong></td>
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<td>10:15am – 11:00am</td>
<td><strong>15. Finding Peace and Ease, Part 1: Working With Stress</strong></td>
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<td>• Partner Exercise: Peace and Ease</td>
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<td>• Perspectives on Stress</td>
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<td>• Melissa’s Anxiety</td>
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<td>• Debrief</td>
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<td>• Guided Exercise: Breathing Meditation</td>
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<td>11:00am – 11:05am</td>
<td><strong>Movement</strong></td>
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<td>11:05am – 12:00pm</td>
<td><strong>16. Implementation, Part 2: Your Practice, Your Team</strong></td>
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<td>• The Final Element of Whole Health Care: Integration</td>
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<td>• The Power of Community</td>
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<td>• Group Discussion: Successful Teams</td>
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<td>• Breakout Session: Trans-Professional Collaboration</td>
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<td>• Panel Discussion: Successful Mental Health Collaborations</td>
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<tr>
<td>12:00pm – 1:00pm</td>
<td><strong>Lunch</strong></td>
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# Whole Health for Mental Health: Crossing the Mind-Body Divide

## DAY 2 AFTERNOON

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<thead>
<tr>
<th>Time</th>
<th>Topic/Title</th>
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| 1:00pm – 1:30pm | **17. Finding Peace and Ease, Part 2: Trauma**  
|               | - Back to Tony: Trauma  
|               | - Adverse Childhood Experiences and Trauma-Informed Care  
|               | - Whole Health for PTSD                                                   |
| 1:30pm – 1:45pm | **18. Mindful Awareness: Just Like Me**                                    |
| 1:45pm – 1:50pm | **Movement**                                                               |
| 1:50pm – 2:15pm | **19. Finding Vitality and Wholeness, Part 1: Suicide Prevention**          |
|               | - An Unflinching Look at Suicide                                           |
|               | - Back to Tony: Suicide Prevention                                         |
|               | - Whole Health to Save Lives                                              |
| 2:15pm – 2:30pm | **Break**                                                                  |
| 2:30pm – 3:15pm | **20. Finding Vitality and Wholeness, Part 2: Meaning and Purpose**        |
|               | - Partner Exercise: The Most Vital Person You Know                         |
|               | - The Power of Meaning and Purpose                                         |
|               | - Small Group Activity: It’s Alive! It’s Alive!                            |
| 3:15pm – 4:30pm | **21. Implementation, Part 3: The Next Level**                             |
|               | - Tony and Melissa: Wrap Up                                                |
|               | - Whole Health for Mental Health: Systemic Changes                         |
|               | - Brainstorming                                                            |
|               | - Sharing Your Ideas                                                       |
| 4:30pm        | **Wrap Up and Final Evaluation**                                           |

**Thank You for Joining Us!**
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Welcome to the Whole Health for Mental Health course! This course is brought to you by the Veterans Health Administration (VHA) Office of Patient Centered Care and Cultural Transformation (OPCC&CT), which was established in 2011 to lead one of the most massive changes in the philosophy and process for care delivery ever undertaken by an organized health care system. Whole Health is included within VA’s strategic goals for 2019-2024, and Whole Health Systems are now under development in all 18 VISNs, with rapid and successful spread to all VA sites being the ultimate goal.

The Whole Health approach for any given Veteran is built around his or her values. What matters most? Why do they want to be healthy in the first place? Focusing on someone’s mission, aspiration, and purpose engages them. Teams can empower and equip Veterans with the tools they need to reach their goals. The Whole Health approach builds on the successes of other programs and offers an overarching philosophy that can inform any type of patient care. It applies to inpatient and outpatient, for acute and chronic conditions. This is true whether those conditions are considered “mental” or “physical”; in fact, this course focuses on how that divide may not be useful when it comes to optimally taking care of people.

Incorporating the Whole Health framework requires a paradigm shift from problem-based, disease-focused care to Whole Health Care, which is a more expansive and inclusive model. This course is designed to help you, someone who participates in mental health care for Veterans, to take part in that paradigm shift. VA defines Whole Health as patient-centered care that affirms the importance of the partnership between the clinician and the patient. The focus is on the whole person. It involves co-creating a personalized, proactive, and patient-driven experience. It is informed by evidence and makes use of all appropriate therapeutic approaches, health care professionals, and disciplines to achieve optimal health and well-being.

As they move through the Whole Health System, Veterans are encouraged to complete a Personal Health Inventory (PHI), a tool that helps them reflect on their values, priorities, self-care goals, and their vision of what it means to live life fully. Using information from the PHI and other assessment tools, and based on shared patient and clinician goals, a Personal Health Plan (PHP) is co-created by the Veteran and their care team. The plan is evidence-based. It is built upon self-care and empowerment for the individual; it enlists both conventional and complementary approaches as appropriate; and it leverages support systems inside VA and in the community. The PHP follows Veterans through the system and, ideally, can draw Whole Health into every aspect of their care.

We wish you well as you explore how the Whole Health approach can support you in your practice, your broader team, your department, your facility, and even the health care system in general. The intent is that this course can also support you with your own self-care and connect you back to why you chose to be a health care professional in the first place. Thank you for joining us!
ABOUT THE COURSE

Whole Health for Mental Health explores how Whole Health can support mental health care in the VA. This two-day course shifts the perspective away from mind-body dualism and toward a system of care where mental health is seamlessly incorporated as a core aspect of whole-person care. The course highlights the connections between mental health (and Power of the Mind) and each of the components of the Circle of Health, including mindful awareness and the various aspects of self-care (e.g. Food and Drink, Moving the Body, Surroundings, Spirit and Soul, Personal Development, Recharge, and Family, Friends, and Co-Workers). It focuses on the importance of professional care provided by well-informed, carefully-coordinated transdisciplinary teams. Course participants discuss the latest research in complementary and integrative health (CIH) related to mental health care within a broader context. They learn about resources that can inform “Whole Mental Health,” and they explore how to overcome the stigma that often surrounds mental health conditions and their treatment. In short, this course is designed to help clinicians bridge mental health care with every other aspect of Veterans’ lives.

Whole Health for Mental Health is designed for clinicians who support Veterans who have mental health conditions. It is intended to support anyone who would like to focus more on “Power of the Mind” as they are helping Veterans create PHPs, including Whole Health Partners. The course focuses on prevention of mental health problems as well as their treatment. Whole Health for Mental Health draws from the group wisdom of participants and gives them the opportunity to network, share their successes and challenges, and explore how to make care in VA even better.

The course is built upon innovative approaches that are already being used by some clinicians to support mental health and health in general. An individualized approach to care that is based on a person’s core values is central, and the course draws in positive psychology, the recovery model, psychotherapeutic approaches, posttraumatic growth, and the best that conventional care and CIH have to offer.

During this course, you are invited to:

- Help lead the charge with advancing Whole Health Care in VA.
- See why VA is specially suited to advancing Whole Mental Health in ways that will inform future directions for the entire U.S. health care system.
- Explore how you can make the care of Veterans even better, in terms of preventing and addressing mental health conditions, and in terms of whole-person care.
- Bridge, and perhaps even reconcile, the mind-body divide, exploring how care can shift if we reframe our perspectives on the interconnections between mental and other aspects of health.
- Receive evidence-based tools and information related to Whole Health for yourself, your patients, and your co-workers.
- Share your experiences and your wisdom with your colleagues as you join the ranks of your local—and national—Whole Health community.
• Take time to pause and focus on what you need to take care of yourself and others. What do you need for your Whole Health? How are you doing in terms of resilience, emotional well-being, and addressing stress? What would support your own mental health?

**Course Learning Objectives**

• Explore the power of the Whole Health approach when it comes to working with mental health conditions, moving beyond models that treat mind and body as separate.

• Demonstrate how all the areas of the Circle of Health are relevant for mental health. This may include preventing mental health challenges, building mental health skills, and addressing mental health conditions, such as PTSD, depression and other mood disorders, substance use, psychoses, suicide, and other mental health-related conditions.

• Focus on the importance of transdisciplinary teams for supporting mental health, including programs that integrate mental health professionals into primary care and other teams.

• Explore evidence-informed use of integrative care to support mental health.

• Gain familiarity with a number of tools and skills that can support Whole Mental Health.

• Explore how what you learn about Whole Health can benefit your own self-care and mental well-being.

• Confidently incorporate Whole Health into your clinical work, as appropriate for your scope of practice.

• Empower Veterans to build or elaborate upon their PHPs, both in relation to their mental health concerns as well as their overall health.

• Make care more values-driven, honoring what really matters to each Veteran and engaging them in their care as fully as possible.

ACCME, ACCME-NP, ACPE, APA, ANCC, ASWB, CDR, and NYSED SW accreditation (14 hours) is available. Attendance at the two days of training is a requirement of the course and for obtaining Continuing Educations (CEU) credits available through EES.
The Circle of Health

To learn more visit: https://www.va.gov/WHOLEHEALTH/
Key Elements of the Whole Health System

**THE PATHWAY (Empower)**

Partners with Veterans to discover their mission, aspiration, and purpose and begins to create an overarching personal health plan.

**WELL-BEING PROGRAMS (Equip)**

- Self-Care/Skill Building and Support
- Complementary & Integrative Health (CIH)
- Health Coaching & Health Partner Support

**WHOLE HEALTH CLINICAL CARE (Treat)**

Outpatient & Inpatient Health & Disease Management within a Whole Health Paradigm (i.e., Personal Health Planning, CIH, Health Coaching)
PRIMARY WHOLE HEALTH RESOURCES

**Passport to Whole Health:** The *Passport to Whole Health* is distributed in hard copy at courses and serves as a basic, yet comprehensive reference manual on the Whole Health System and approaches to Whole Health Care. The *Passport* is also available online. The manual begins with introductory chapters covering the system, the Circle of Health, Whole Health assessment tools, and personal health planning. Subsequent chapters cover each of the eight areas of self-care within the Circle of Health, as well as the fundamentals of complementary and integrative health. Whole Health Tools on a variety of specific topics are found throughout the manual to support the practicalities of application.

**Course Workbook:** This course workbook offers a summary of key points from course modules, and a variety of resources related to each module. The Whole Health for Mental Health course workbook also can be found online.

**Course PPTs and the Whole Health Library:** The course PPTs can be found on the Whole Health Library website, [https://wholehealth.wisc.edu](https://wholehealth.wisc.edu). The website offers extensive materials related to Whole Health implementation and Whole Health care, including a number of handouts for Veterans. Throughout this workbook, links to specific resources on the Whole Health Library are included.

Besides the Whole Health Library website, there are two additional primary and comprehensive Whole Health websites.

**VA Whole Health.** Internet site for Veterans and their families, as well as for clinicians. [https://www.va.gov/WHOLEHEALTH/](https://www.va.gov/WHOLEHEALTH/)

KEYS TO PERSONAL HEALTH PLANNING

THE JOURNEY TO WHOLE HEALTH CLINICAL CARE

Whole Health Clinical Care

Integrate

Equip

Map to the MAP

Mission/Aspirations/Purpose

Fundamentals

PERSONAL HEALTH PLANNING

ENPOWER
SHARED GOAL SETTING
IMPORTANT BIOCHEMICAL PATHWAYS

Amino Acids, Serotonin, and SAMe

- **Dietary Proteins**: B1, B6, Zinc, Stomach Acid
- **Niacin (B3)**
- **Fe, C, B12, Folate, Mg, Ca**
- **B6, Zn, Mg**

- **Tryptophan**
- **5-HTP**
- **5-Hydroxytryptophan**
- **Serotonin**
- **Melatonin**
- **Homocysteine**
- **S-adenosylmethionine (SAMe)**

- **Beans, dairy, eggs, soy, fish/shellfish, cheese, meats, Brad/nuts**
- **Light Level**
- **Tomatoes, olives, barley, rice, walnuts, coffee, beans, wine**

*The exact mechanism for SAMe and depression is unclear. It affects serotonin, dopamine, and norepinephrine levels.*
Amino Acids, Dopamine, and Norepinephrine
Omega 6 and Omega 3 Pathways

**Omega 6 Pathway**
- **Linoleic Acid (LA)**
  - $\Delta_6$-Desaturase
  - Mg, B6, Zn, C, B3
- **Gamma Linolenic Acid (GLA)**
  - Dihomo-GLA
  - **Arachidonic Acid (AA)**
    - Leukotrienes Series 4
      - ↑Inflammation
    - Prostaglandins Series 2
      - ↑Inflammation
    - Others – e.g., Thromboxane A2
      - ↑Inflammation
  - Cyclooxygenase (COX)

**Omega 3 Pathway**
- **Alpha-Linolenic Acid (ALA)**
  - Flax, walnuts, hemp, pumpkin seed, green leafy veggies
- **Stearidonic Acid**
  - Short Chains
- **Eicosatetraenoic Acid**
  - Long Chains
- **Eicosapentaenoic Acid (EPA)**
  - Seafood: Salmon, Herring, Mackerel, Sardines
- **Docosahexaenoic Acid (DHA)**

*Some omega-6’s can tie into anti-inflammatory pathways. Both pathways are essential to good health. A healthy ratio is key.*
PATIENT VIGNETTES—TONY & MELISSA

Tony Lopez

Tony Lopez is a 36 year-old Army Veteran. He served for four years, but did not see combat. He established primary care in VA six months ago. He has multiple chronic problems, including:

- Feeling more down for the past year. Previously diagnosed with major depressive disorder. Denies suicidal thoughts
- Insomnia. This has been going on since he was a teen. He sleeps 5-6 hours per night, with multiple awakenings
- Low back pain, which has been present on and off since basic training 17 years ago. Imaging studies are normal
- Headaches, tension type, which have been more severe in the past year. Has tried assorted medications, including several that are typically used for migraines, with no success
- Impaired fasting glucose. His last fasting glucose was 120
- Drinks “a few beers” most days of the week
- Tobacco use. Has smoked ½ packs per day for 20 years

Tony works as an insurance adjuster. He has been married to his wife, Amy, for eight years. They have two children, Liza age 8, and Ricky 6. His marriage has been strained, and he and Amy have considered separating. His family history is noteworthy for a mother and brother with memory problems, depression in his mother and maternal grandmother, and his father dying at age 62 from a heart attack.

Melissa (Mel) Gallagher

Mel is a 42 year-old Air Force Veteran who served for four years. She has been seen in VA for 18 years. Her team includes a nurse practitioner and a psychologist. Her diagnoses include:

- Anxiety disorder, with a most recent PHQ-9 Score of 15 and Audit-C score of 2
- Diagnosed as a child with ADHD
- Obesity, with Body Mass Index of 32
- Sleep apnea
- Binge eating
- Gastroesophageal reflux disease (GERD) and irritable bowel syndrome (IBS)

Melissa works from home. She is very close to her sister, who had a suicide attempt many years ago. She adores her nephew and niece. Her brother died in combat in Afghanistan. She has been encouraged by her primary care team to see a psychiatrist on several occasions, but refuses to, because she does not “want to be over-medicated” or judged.
Personal Health Inventory-Tony

Use this circle to help you think about your whole health.

- All areas are important and connected
- The body and mind have strong healing abilities.
- Improving one area can help other areas.
- The inner ring represents your mission, aspirations, or purpose. Your care focuses on you as a unique person.
- Mindful awareness is being tuned in and present.
- Your self-care and everyday choices make up the green circle.
- The next ring is professional care (tests, medications, supplements, surgeries, examinations, treatments, and counseling). This section includes complementary approaches like acupuncture and yoga.
- The outer ring includes the people and groups who make up your community.

Rate where you feel you are on the scales below from 1-5, with 1 being miserable and 5 being great.

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<td>Miserable</td>
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<td>Mental/Emotional Well-Being</td>
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What is your mission, aspiration, or purpose? What do you live for? What matters most to you?
Write a few words to capture your thoughts:

*I live for my wife and kids. I work hard to support them. I want to feel less stressed and sleep better.*

*I don’t want to have a heart attack like my dad. I’d like to be happy.*
Where You Are and Where You Would Like to Be
For each area below, consider “Where you are” and “Where you want to be.” Write in a number between 1 (low) and 5 (high) that best represents where you are and where you want to be. You do not need to be a “5” in any of the areas now, nor even wish to be a “5” in the future.

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Reflections
Now that you have thought about what matters to you in all of these areas, what is your vision of your best possible self? What would your life look like? What kind of activities would you be doing?

I have a hard time just getting through the day and night sometimes. I would be happier and able to relax. I would take better care of myself. I would have a job I like. No nightmares. Clear thinking. Would like to go back to school someday to get an MBA, but there is no way I could handle that right now.

Are there any areas you would like to work on? Where might you start?

With the pain and everything, it is hard. I hate my job. I want to get the spark back with my wife and exercise more. I stress eat. I smoke too much. I’d just like to feel good, for once.

After completing the Personal Health Inventory, talk to a friend, a family member, your health coach, a peer, or someone on your healthcare team about areas you would like to explore further.
Use this circle to help you think about your whole health.

- All areas are important and connected
- The body and mind have strong healing abilities.
- Improving one area can help other areas.
- The inner ring represents your mission, aspirations, or purpose. Your care focuses on you as a unique person.
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What is your mission, aspiration, or purpose? What do you live for? What matters most to you?
Write a few words to capture your thoughts:

*I want to feel safe leaving the house. I am afraid of everything – spiders, heights, evil clowns, regular clowns, other people. I love where I live, and I have a few online friends and I talk a lot to my nieces on the phone. I want to not be so afraid.*
## Where You Are and Where You Would Like to Be

For each area below, consider “Where you are” and “Where you want to be.” Write in a number between 1 (low) and 5 (high) that best represents where you are and where you want to be. You do not need to be a “5” in any of the areas now, nor even wish to be a “5” in the future.

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### Reflections

Now that you have thought about what matters to you in all of these areas, what is your vision of your best possible self? What would your life look like? What kind of activities would you be doing?

*Who else is going to be reading this? This is overwhelming. I would stop stress eating. I would be able to sleep instead of waking up worrying. I would have a dog, or maybe even a boyfriend. I would have “Power of my Mind” - don’t know what that is. I have wondered about getting more spiritual, but I don’t want to be kidnapped by a cult. I love to be active, but it is hard in my little apartment.*

Are there any areas you would like to work on? Where might you start?

*I want to reach a point where I can feel brave enough to go see my nieces in person instead of just Skyping. I would be in control of my fear and be able to trust that my body is as healthy as my nurse practitioner keeps saying it is. I would drive. I would leave the house to go shopping, instead of ordering everything online.*

After completing the Personal Health Inventory, talk to a friend, a family member, your health coach, a peer, or someone on your healthcare team about areas you would like to explore further.
Personal Health Inventory

Use this circle to help you think about your whole health.

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Are there any areas you would like to work on? Where might you start?

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After completing the Personal Health Inventory, talk to a friend, a family member, your health coach, a peer, or someone on your healthcare team about areas you would like to explore further.
PERSONAL HEALTH PLAN (PHP)

This template was created to help Veterans and their care teams consider the full array of areas that can potentially contribute to Whole Health care. It is not necessary to cover every topic featured here; consider it a list of options.

Personal Health Plan for: _________________________________________________

Date: __________________________________________________________________________

Mission, Aspiration, Purpose (MAP):

What really matters to me...

My Long-Term Goals:

Strengths (what’s going right already)/Challenges:

MY PLAN FOR SKILL BUILDING AND SUPPORT

(Based on the Circle of Health)

Mindful Awareness:

Areas of Self-Care:

(You don’t necessarily need something for every category.)

- Moving the Body
- Surroundings
- Personal Development
- Food and Drink
- Recharge
- Family, Friends, and Co-Workers
- Spirit and Soul
- Power of the Mind
PROFESSIONAL CARE: CONVENTIONAL AND COMPLEMENTARY

• Prevention/Screening

• Treatment (e.g. conventional and complementary approaches, active medications, and supplements)

• Referrals, Consults and Future Appointments

• Shared Goals

Community & Resources:
(groups, classes and organizations that can support me)

My Support Team:
(people who can support me)

Next Steps (Follow Up):

Please Note: This plan is for my personal use and does not comprise my complete medical or pharmacological data, nor does it replace my medical record.
WHOLE HEALTH IMPLEMENTATION

EXAMPLES OF IMPLEMENTATION STRATEGY TOPICS

Big question:
How can you support your team or site with pre-existing Whole Health goals?

Examples:
- Incorporate mindfulness at team meetings/huddles (educate colleagues)
- Use the PHI or Circle of Health with Veterans—individually, in groups, or as part of group medical visits or classes
- Form a Whole Health group (for Veterans and/or staff) with rotating weekly topics
- Create a pilot with Veterans to test rollout
- Collaborate with key partners at your facility
- Develop an updated resource list with referral information (including CIH info)
- Explore documentation options on the Electronic Medical Record (EMR)
- Enhance communication between different groups
- Form a facility Whole Health task force/interest group
OUTLINE FOR TEAM IMPLEMENTATION DISCUSSION

The intention for this exercise is to create clear and constructive action plans which will be shared with your facility leadership, OPCC&CT leadership and other participants at this course. (This is not a time to focus on frustrations and obstacles, but rather to empower solutions for your team and your facility.)

Using the template on the following page and designating a team volunteer to record notes, please:

- Discuss and list your ideas/strategies for implementing Whole Health into your work teams.
- Identify clear goals and action steps.
- What will be your timeframe?
- Who will take responsibility for various action steps?
- How will you know that you are successful?
- For sustainable change toward Whole Health, what support do you need from:
  - Yourself
  - Your co-workers
  - Your supervisor
  - Your facility leadership
  - Office of Patient Centered Care & Cultural Transformation (OPCC&CT)

The completed template should provide a summary document describing the changes in which you would like to be actively involved in bringing to your organization. The template will be submitted to the Whole Health POC and leadership at your site at the end of this exercise.

Please also designate a team spokesperson who will provide a brief oral report to the large group on your plans after the team work time, and serve as the point of contact.
WORKSHEET FOR TEAM IMPLEMENTATION DISCUSSION

This exercise is an opportunity to identify the ways in which you will apply what you have learned at the Whole Health for Mental Health course, in support of Whole Health transformation.

As a group, select a team recorder to write up notes and a team spokesperson to provide a brief oral summary of your plans. (Same person is OK!) As a team, create a summary of the actions you will take to advance your practice and/or program toward Whole Health. This worksheet will be shared with your site’s Whole Health POC and leadership.

**WORK TEAM TITLE:**

**WORK TEAM MEMBERS** (please note who is serving at Point of Contact and Recorder):

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WHOLE HEALTH FOR MENTAL HEALTH: SELF-CARE AND PROFESSIONAL CARE AT A GLANCE

Please see the following pages for:

- Memory: Self-Care Options
- Memory: Professional Care
- Adult ADHD: Self-Care Options
- Adult ADHD: Professional Care
- Schizophrenia: Self-Care Options
- Schizophrenia: Professional Care
- Depression: Self-Care Options
- Depression: Professional Care
- Substance Use: Self-Care Options
- Substance Use: Professional Care
- Anxiety: Self-Care Options
- Anxiety: Professional Care
- PTSD: Self-Care Options
- PTSD: Professional Care
Memory: Self-Care Options

- Activity is protective against cognitive decline. Increases brain volume, metabolism, memory, executive function
- Yoga – helps mood and agitation, not clear it helps cognition
- Tai chi – decreases risk of cognitive decline
- Watch toxins (e.g., lead, mercury, pesticides, aluminum, EMFs)
- Education counts!
  - Hobbies
  - Talents
  - Creativity
- Maintain sense of self (scrapbooks, memories)
- Consider the MIND diet or other diets like it
  - Low glycemic index foods seem to help
  - Polyphenols (e.g., pomegranate)
  - Anti-Inflammation diets, omega-3s
  - Vitamins D, B6 and B12 should be at good levels
  - Intermittent fasting may help

- Memory: Self-Care Options
- Mental fitness work helps (e.g., puzzles, music, museums, books, galleries, taking classes)
- Passive mental activity (TV) not helpful
- Spirituality and religion slow cognitive decline
- Community events, sports, religious services help
- Get out at least weekly
- Animal-assisted therapy helps
- Regular sleep protects neurons
- Irregular sleep = more risk of dementia
- Sleep apnea treatment helps
- Light therapy reduces Alzheimer’s aggression

Memory: Professional Care

- Meditation training increases cerebral blood flow
- Heart rate variability biofeedback may help

Address other health problems:
- Thyroid
- Sleep apnea
- Vascular disease

- Palliative care
- Advanced planning

- Watch meds
  - PPIs
  - Cholinergics

- Safety
  - Driving
  - Falls
  - Appliances (e.g., the stove)

- Many new protocols for prevention/care are becoming popular (e.g., Bredesen)

- Caregiver support and respite programs

- Acupuncture – need more research, but Traditional Chinese Medicine promising (6/10 trials)
  - Zhou, Medicine, 2015;94(22):3933

Supplements (variable evidence)
- Omega-3s enhance cognition, but don’t help dementia
- Gamma tocopherol (vitamin E)
- Pomegranate helps mice
- Huperzine, from club moss (Ach inhibition). Promise in small trials
- Phosphatidylserine, bacopa, turmeric, rhodiola, Enzogenol, choline, and N-acetylcysteine show promise (small studies)
- Ginkgo – not supported

- Driving
- Falls
- Appliances (e.g., the stove)

- Power of the Mind
  - Reflecting & Healing
  - Spirit & Soul
  - Growing & Connecting
  - Family, Friends, & Coworkers
  - Relationships

- Moving the Body
  - Energy & Flexibility
  - Physical & Emotional

- surroundings
  - Personal Development
  - Personal Life & Work Life
  - Food & Drink
  - Nourishing & Feasting

- Recharge
  - Sleep & Relax

Adult ADHD: Self-Care Options

- Avoid smoking and drinking while pregnant, as people with ADHD have a higher risk of injuries.
- Limit pesticide exposure and natural time helps.

- Get good variety of proteins, omega-3s, B vitamins, and minerals (e.g., Fe, Mg, Zn).
- Anti-inflammatory eating Omega-3s are linked.
- Nutrient (Fe) deficiencies common in kids.
- Hydration important. Carbohydrates may help. Elimination diets, especially of food colors, sweeteners, preservatives, and caffeine in low doses may help. Regular meals and low glycemic index foods.

Cognitive training and stress management (involve loved ones).

- Meditation activates awareness centers in the brain. Moving meditations may be best.

- Sense of purpose may help, as does community.

- Improving sleep may help. Focus.
- Watch stimulant medication effects.

Set multiple short-term goals.
Work on efficiency and time management.
Adult ADHD: Professional Care

- Meditation enhances attention, mental clarity, stability, and creativity. Reduces aggression and mood issues. Shifts EEG
- Common-sense stress management strategies help
- EEG biofeedback (neurofeedback) may help

- Data for acupuncture limited

- Prevent prenatal exposure – no tobacco, EtOH
- Limit TV and pesticide exposure

- More frequent follow up can help

- Massage seems to favorably influence neurotransmitters

- 65% of people respond initially to stimulants

Supplements (data sparse)
- Probiotics may help
- Caffeine-containing (e.g., green tea, gotu kola)
- Melatonin may balance sleep
- Not clear St. John’s wort helps
- Calming herbs like valerian, lavender, and kava not helpful for hyperactivity
- Stimulating herbs like ginseng also not helpful

Schizophrenia: Self-Care Options

- While mind-body practices are often helpful, professional training in these is very important (See Schizophrenia: Professional Care graphic for options)

- Review of 29 studies: exercise is a ‘robust add-on’ for clinical symptoms, quality of life, global functioning, and depression\(^1\)
- Yoga – not as clear, but may help with cognition
- Mindful exercise (tai chi, yoga) more beneficial than non-mindful exercise\(^2\)

- Limited research on spirituality, but worth exploring

- Group programs may help
  - Avoid isolation

- Improving sleep may help with other symptoms as well

- Consider exposure to infections (e.g., toxoplasmosis)\(^3\)

- Help with hygiene
  - Explore talents and skills

- Anti-inflammatory eating
  - Omega-3s
  - Consider how microbiome is functioning

Information compiled from a number of sources. See references in slides for items not cited in this diagram.
Schizophrenia: Professional Care

Address other health problems/comorbidities:
- Thyroid
- Sleep apnea
- Huge link to CVD risk and type 2 diabetes
- Lower risk of cancer

- Mindfulness Interventions for Psychosis (MIP’s) have benefits over routine care.
  - Art therapy helps
- So does music therapy
- Low intensity CBT for psychosis (CBTp) promising in small studies

- No meds: 12 fold increase in risk of all-cause death; 37-fold increase in death by suicide

- Traditional Chinese Medicine in general: not clear
- Acupuncture: promising, but not much data

- House calls
- Hospice and home care plans
- Case management

- 36% of people with schizophrenia respond poorly to meds

Supplements
- Vitamin and mineral supplementation may help some (biotin, B6, B2 for psychiatric symptoms)
- Maybe saffron

5. Firth, Psychol Med, 2017;47:1515-27

Information compiled from a number of sources. See references in slides for items not cited in this diagram.
Depression: Self-Care Options

- Mindfulness practices specifically geared to depression may be helpful
- Healthy spiritual communities can help
- Fostering more community, more relationships; less isolation helps
- Fostered more community, more relationships; less isolation may help
- Spiritual practices can foster happiness
- Activity is very beneficial
- Do an exercise prescription for both aerobic and anaerobic activities
- Warm temperature exposures help depression
- Phototherapy helps many forms of depression, not just seasonal affective disorder
- Nature time may help
- Volunteering
- Financial stability
- Education
- Sleep deprivation therapy only helps short-term
- Poor sleep doubles depression risk
- Whole foods diet (e.g., Mediterranean)
- Minimize refined sugar
- Diet rich in omega-3s
- Alcohol a depressant

Depression: Professional Care

- Psilocybin shows promise
- So does Transcranial Magnetic Stimulation
- Electroconvulsive therapy works very well...at a cost

- Psychotherapy great; recommended in combination with medications
- CBT-I helps with depression
- Interpersonal therapy helps
- Music therapy shows promise

- Not much research favoring biofeedback or hypnosis

- Acupuncture shows some promise

- Biofield therapies – mixed results. Help with emotional coping with various chronic conditions

Supplements (care with side effects)
- Augment anti-depressants with L-methylfolate
- 5-HTP
- St John’s Wort likely helps, but watch drug interactions
- S-adenosylmethionine (SAMe) maybe good while waiting for a med to kick in
- Fish oil supplements
- Saffron – pretty good research

Address comorbid health problems:
- Thyroid
- Sleep apnea
- Chronic pain
- Substance use
- Heart disease risk
- Obesity

Substance Use: Self-Care

- Tailoring care to each individual is key
- Exercise doesn’t reduce alcohol consumption, still worth doing
- Working with triggers of negative habitual behaviors is key
- Mind-body approaches, including psychotherapies, help
- Consider how the recovery model ties in; it has many similarities to Whole Health approach
- Goal setting is essential
- Spirituality, as featured in many 12-step programs, can be key. Some of the most effective interventions have a spiritual component
- People with substance use problems are often malnourished
- Dysbiosis is linked to alcohol use problems
- Caution about malnutrition, low BMI
- Substance use disorders and overeating have much in common
- Utilizing positive support systems is vital

Whole Health Library, Substance Use overview, https://wholehealth.wisc.edu/professional-care/substance-use/
Substance Use: Professional Care

- Psychotherapies
- Motivational Interviewing techniques can be highly effective, especially with alcohol and tobacco use

- Medical assistance therapy often can be used more effectively

- Avoid inciting factors
- Be aware of genetic predisposition
- Pay attention to family history, history of past trauma

- Address comorbidities
  - Depression
  - Anxiety
  - Trauma

- Mindfulness approaches have good support in meta-analyses
- Specific techniques:
  - Mindfulness-based relapse prevention
  - Mindfulness Oriented Recovery Enhancement
  - Mindfulness Training for Smokers

- Acupuncture may be of help in opioid use, changes physiology
- NADA ear protocol not well validated

- Transcranial magnetic stimulation shows promise

- Biofeedback has shown promise in several small studies

- Hypnotherapy has limited research support, despite marketing hype

Supplements – Limited Data
- Kudzu
- Cytisine
- Milk thistle

Whole Health Library, Substance Use overview, https://wholehealth.wisc.edu/professional-care/substance-use/
Anxiety: Self-Care Options

- Mental imagery can elicit greater calm (as can many mind-body approaches)
- Psychodynamic psychotherapy helps, as does CBT
- Exercise reduces anxiety, especially aerobic (but all do)
  - Even helpful at 12 minutes minimum
- Yoga – no clear additional benefits though physiological measures do change
- Tai chi – variable study findings

- Religion and spirituality interventions decrease stress and reduce anxiety symptoms
- Consider existential aspect of their lives (e.g., fear of dying)

- Marital satisfaction and anxiety affect each other
- Anxiety can lead to social avoidance
- Level of social support can affect psychotherapy outcomes

- All anxiety disorders are linked to poor sleep
- Vacations help a little
- Taking breaks through the day may help

- Consider risk of experiencing violence
- Phototherapy helps
- Nature time may help
- Media fasts help

- More education and financial security can help

- Anxious people tend to move toward high fat snacks
- Limit caffeine
- Alcohol can worsen anxiety
- Ensure adequate B6 and folate
- Evidence indirect for omega-3s
- Excess processed foods diets ↑ anxiety

Whole Health Library, Anxiety, https://wholehealth.wisc.edu/tools/anxiety/
Anxiety: Professional Care

- Cognitive Behavior Therapy, including CBT-I, helps
- Interpersonal Therapy and Psychodynamic Psychotherapy also help (esp. when depression also present)
- Many other mind-body techniques help, too, for various disorders

- Positive psychology can help with emotional resilience
- Creative pursuits and music may help
- Meditation: could use more research (good for PTSD...)

- Pharmacotherapy is effective
- Cannabinoids – poor evidence

- Acupuncture: 2018 review found whole body and ear acupuncture favorable, with few side effects

- Research not supportive of homeopathy
  - Acupressure shows promise
  - Aromatherapy may help
  - Biofeedback research generally favorable

Supplements
- Kava - some good results. Watch liver effects
- Limited data:
  - Valerian
  - Theanine
  - Lysine
  - Passionflower
  - Tryptophan
  - Skullcap

Address other health problems:
- Thyroid
- Vitamin deficiencies
- Chronic pain
- Substance use
- Pheochromocytoma
- Sleep disturbances

Whole Health Library, Anxiety, https://wholehealth.wisc.edu/tools/anxiety/
PTSD: Self-Care Options

- Treat unresolved grief
- Avoid substance use
- Relaxation practices

- Exercise has helped in several small studies
- 40-minute sessions a few times/week usually were the intervention

- Work with moral injury – PTSD as a “soul wound”
- Forgiveness therapy may help

- Move if in a high crime area
- Look for triggers and work to manage
- Urban environments not always helpful
- Nature time may help

- Less isolation helps
- Connecting with other Veterans with similar concerns helps
- Involve loved ones as able

- CBT-I helpful for people with sleep issues due to PTSD
- Address nightmares

- Facilitate their post-traumatic growth
- Volunteer

- Eat using an anti-inflammatory approach

PTSD: Professional Care

- Biofeedback and neurofeedback: modest success
- Writing (journaling) helps
- Need more data for hypnotherapy
- Mantram repetition beneficial
- Yoga – not clear
- Tai chi – not clear
- Stellate ganglion blocks show promise
- Acupuncture recommended in some clinical practice guidelines
- Collaborative treatment planning and education help
- Conjoint CBT showing promise
- Prolonged Exposure
- Cognitive Processing
- Imagery Rehearsal Therapy
- Eye Movement Desensitization and Reprogramming (EMDR)
- SSRI’s helpful – paroxetine best in one study
- Address nightmares (prazosin)
- Emotional Freedom Technique (EFT) - promising
- Small Healing Touch study in active duty military found benefit
- Acupuncture has good support
- Supplement research limited
- Mostly for anxiety, not PTSD
- Examples: ashwagandha, brahmi, bitter orange, chamomile, echinacea, lemon balm

REFLECTIONS ON HOW TO APPLY WHOLE HEALTH

Use this section to jot down ideas you have about how you will apply and implement what you are learning.

Module 1. Welcome and Course Overview
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Module 2. Why Are We Here?
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Module 3. Interconnections I: Self-Care
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Module 4. Interconnections II: Professional Care

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Module 5. Introducing...Tony and Melissa

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Module 7. Thinking and Cognition, Part 2: Thinking Healthy Thoughts
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Module 8. The Power of Meditation and Clinical Hypnosis
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Module 10. Implementation, Part 1: Your Personal Mental Health Plan
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Module 11. Our Emotions, Part 2: Whole Health for Mood Disorders

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Module 12. Our Behaviors and Choices, Part 1: Healthy Patterns

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Module 13. The Power of Biofeedback and Guided Imagery

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Module 16. Implementation, Part 2: Your Practice, Your Team

Module 17. Finding Peace and Ease, Part 2: Trauma

Module 18. Mindful Awareness: Just Like Me
Module 19. Finding Vitality and Wholeness, Part 1: Suicide Prevention

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Module 20. Finding Vitality and Wholeness, Part 2: Meaning and Purpose

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DAY 1—PULSE CHECK
Whole Health for Mental Health

We value your input, and it will shape how we plan the rest of the course.

1) Please rate the following sections of Day 1:

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<th>MODULE</th>
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<td>Why Are We Here?</td>
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2) What about the course today (Day 1) was most helpful to you?

3) What about the course today (Day 1) could be even better?

4) Other feedback and helpful suggestions (feel free to write on the back of this page, too):
Day 1—Pulse Check, Page 2

*Please do not write your course notes on this page as you will be turning this sheet in at the end of Day 1. See note pages starting on page 45 for space to take notes.*
DAY 2—PULSE CHECK AND FINAL EVALUATION
Whole Health for Mental Health

We value your input, and it will shape planning for future courses.

1) Please rate the following for Day 2:

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2) What about the course today (Day 2) was most helpful to you?

3) What about the course today (Day 2) could be even better?

Please See Back of Page
4) What was your favorite thing about the Whole Health for Mental Health course?

5) What is the #1 thing you would change about this course?

6) As we move forward with future Whole Health Advanced Clinical Education courses, do you have any additional thoughts about how to optimize their experience?

7) Other thoughts and comments?
Do You Have a Supportive Statement to Share?

We hope you have enjoyed the course. If you would like to share a positive statement that can be passed along to the Office of Patient Centered Care & Cultural Transformation for use in brochures, courses, and other materials, please write it here.

Tear out this sheet and submit to the course administrator. Thank you!
Supportive Statement, Page 2

Please do not write your course notes on this page. See note pages starting on page 45 for space to take notes.