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INSTRUCTIONS FOR TRAINERS

Getting Started

Welcome and thank you for your commitment to the Taking Charge of My Life and Health (TCMLH) Facilitator Training – Train the Trainer program. This manual is intended to provide instructions and suggestions for how to effectively deliver this training to benefit the participants/facilitators. The manual is organized according to the TCMLH-FT PPT slide presentation so that you may use it as a resource guide for when you train. However, for the purpose of this Train the Trainer course we will cover conceptual topics rather than go through each slide individually. (Presentations for your trainings that you will conduct will be at the below link).

The training may have to be adapted for each training group, depending on the number of people in the training and the skill level with which they enter the training. For example, some may be well-versed in the use of reflections, especially if they have been trained in, as well as practice Motivational Interviewing. Another example might be that facilitators are well-versed in assisting others in setting SMART Goals and Action Steps. They may not need the full training in this strategy. However, keep in mind that this training is designed for non-clinical personnel who may not have had a lot of training in these areas. Even though trainees may have had exposure to these skills/concepts, they may need additional practice.

For the purpose of this course, as different roles will be discussed, the designated roles/terms are defined as:

**Trainer:** Those participants attending this TCMLH-FT TTT course and who will ‘train’ the TCMLH facilitators by conducting their own courses.

**Facilitator:** Those participants attending the Trainer’s TCMLH-FT courses and who will lead TCMLH courses with Veterans in various settings.

Please visit the Whole Health Education website [https://wholehealth.wisc.edu/](https://wholehealth.wisc.edu/) to access:

- The TCMLH-FT PPT presentation (with notes) for conducting trainings
- Information on all Whole Health Programs
- Other WH materials
 MODULE 1: INTRODUCTION TO TAKING CHARGE OF MY LIFE AND HEALTH

1. Provide a personal welcome, a brief introduction of yourself. (You will also introduce yourself when the participants/facilitators introduce themselves)
2. Give them some background around the Whole Health model and the facilitator role in ‘pioneering’ this work in the VA.
3. Allow for any introductions from leadership or invited guests.
4. A simple review of the Agenda (need to provide to facilitators) will suffice. You may want to note the following as well:
   - Breaks and Lunch Time. Let the facilitators know when you plan to take these so they can plan their lives accordingly. If necessary, let them know the location of restrooms and what lunch options may be available.
   - Let facilitators know that generally, the day will involve instruction, demonstrations and practice.
   - Let facilitators know that they will be introducing themselves in a few minutes.

This module outlines and describes key course concepts that are imbedded in the curriculum. It’s important in facilitating these groups that facilitators understand the underpinnings and focus of the curriculum.

| Day 1 Module 1 Introduction to Taking Charge of My Life and Health (TCMLH) Program |
| What are TCMLH groups designed to do? | This slide provides an overview of what the TCMLH curriculum is intended to do. |
| Explore my Mission, Aspiration and/or Purpose | The various points on the slide will be discussed in more detail throughout the training. |
| Reflect on, “What do I really want my health for?” | In this initial introduction to the course, you may want to personalize your approach, sharing your own thoughts about the course, using your own words. |
| Assess my own health | |
| Choose an area of focus that is important to me | |
| Set my own goals and action plans | |
| Gain support from the group to accomplish my goal | |
| Develop a Personalized Health Plan | |
This slide describes what the course is not. This is especially important for those more clinically oriented, or who may be trained to conduct other kinds of groups. This experience is designed for self-reflection. The emphasis is not on providing extensive information on the components of health, even though there will be some information provided throughout the course.

Most of these points are self-explanatory. However, the second bullet point may need additional emphasis. Peers can be just effective as clinicians for holding space to allow another to say ‘out-loud’ what they have been thinking. Hearing oneself say something ‘out-loud’ oftentimes has much greater impact in terms of change than simply ruminating on it.
Provide overview of the Circle of Health and Well-being and let facilitators know this will be discussed in depth throughout the training. *Participant Workbook, p. 1.*

Describe the Circle addressing the following:

- ‘Me’ is at the center. It’s about what matters to the person in terms of his/her own health.
- Mindful Awareness is the circle surrounding ‘Me’. The person uses ‘paying attention without judgement’ to the various components of their own body mind and spirit. Without mindful awareness, the person may not be aware of how the various components of health are impacting their wellbeing.
- The components in green represent the self-care areas – areas that the person can proactively address and may not need professional intervention. These areas overlap because each area impacts other areas of a person’s health and wellbeing. Almost any aspect of a person’s life can ‘fit in’ to one of these components and almost any aspect of a person’s life impacts their wellbeing.
- The dark blue circle represents professional care. This includes both prevention and treatment. Care may include both conventional as well as complementary approaches.
- The light blue outside circle represents the person’s community. Community is a broad concept that includes both physical spaces and the people or groups with which the person associates.

This Circle will be central to the participant’s experience during the TCMLH course.
The Process Stages of Whole Health

Again, it is imperative that facilitators understand the Whole Health process that is imbedded in the Facilitator Guide and forms the basis for what underlies the experience of the TCMLH course. If any stages are omitted or merely skimmed over, the participants will not be afforded the complete WH experience.

The Process Model diagram is in the Participant Workbook on p. 37. The 4 stages will briefly be covered at this point and later described in detail, demonstrated and practiced throughout the training.

**Toggle to Stage I** - At this stage, the participants explore what really matters to them, or their Mission, Aspiration or Purpose (MAP) in life, whichever word suits them best. Exploration of MAP sets the stage for meaningful change that supports what really matters. Out of this exploration comes a reflection on values and value conflicts which occurs in Session 1 of the TCMLH course. It is revisited throughout the course.

**Toggle to Stage II** - Stage II allows for reflection and personal assessment of all the components of health on the Circle of Health and Well-being. It provides an opportunity for participants to assess each component in terms of where they are now in their life and where they would like to be. At the end of this stage, participants select an area they would like to enhance. This is a time of reflection and the facilitator is not yet focused on how the participant wants to change which occurs in Session 2 of the TCMLH course.

**Toggle to Stage III** - Stage III provides an opportunity for participants to come up with a plan of action on their area of focus selected in Stage II. Participants set a SMART Goal (usually in a 2-6 month timeframe) and SMART Action steps, those specific behaviors they will begin enacting in the near future to begin meeting their goal. Additionally, they identify resources, support and/or education needed to meet their goal. Finally, they identify to whom they want to be accountable. This occurs in Session 3 of the TCMLH course.

**Toggle to Stage IV** - In Stage IV, participants assess how they did over the last week in enacting their action steps toward meeting their goal. They explore lessons they learned about themselves and the change process. They identify any new challenges/barriers they encountered and what they might do when encountering these barriers in the future. Participants re-plan, meaning they maintain, modify or change their previous action steps and goals, based on their experience of the previous week. In some cases, they may want to change their area of focus. Stage IV exploration begins in Week 4 of the Course and is addressed every week subsequently.
What Is the TCMLH Facilitation?

17th Century Nun’s Prayer

Keep me from the fatal habit of thinking I must say something on every occasion.
Release me from craving to straighten out everybody’s affairs.
Make me thoughtful but not moody; helpful but not bossy.
With my vast store of wisdom, it seems a pity not to use it all, but I want a few friends at the end.
Keep my mind free from recitals of endless details; give me wings to get to the point.
Give me the ability to see good things in unexpected places, and talents in unexpected people. And, give me, the grace to tell them so.

Video: The Pathway to Whole Health (6:32 min.)

Video Link: https://www.youtube.com/watch?v=0nkO-3PA29c&feature=youtu.be

The facilitator introduces this video by explaining that it illustrates the impact of the Whole Health approach and how Veterans are helping fellow Veterans to rediscover meaning and purpose.

After showing the video, ask: “What is your response to this video?”

Share this Prayer with the group to let them know that some of these thoughts have been around for centuries. It’s a ‘fun’ way to wrap up the module.
**MODULE 2: INTRODUCTIONS AND GROUP GUIDELINES**

This module provides an opportunity to introduce oneself and offers agreed upon guidelines to set the tone of the social interactions within this course. It’s important to set a supportive, trusting and respectful environment in working with this curriculum to allow individuals to express their values and what matters most to them.

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<th>Day 1 Module 2 Personal Introductions and Group Guidelines</th>
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**Introductions**

Please share: *Your name, where you work and your role.*

Answer *one* of the following:

- What is one thing you want the group to know about you?
- What is something you do that reflects an important value of yours?
- What is one thing fun about you, or one thing you do for fun?

**Introduction of Participants**

Have participants introduce themselves, giving them latitude in what they may want to say about themselves in response to the last question.

Emphasize that they are to answer *one* question.

Give them a timeframe for responding, and you may want to go first in order to demonstrate how the introduction is to be done.

Generally, it works best to start with whoever is ready to introduce themselves and go around the room from there.

How long introductions take may vary significantly depending on the number of facilitators in the training.

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<th>Group Guidelines</th>
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- Be Timely
- Turn off cell phone ringers/set to vibrate
- Be Present: Avoid Multitasking
- Observe yourself and self-manage: Avoid verbal and non-verbal behaviors that detract from other’s learning

**Group Guidelines**

- Allow the facilitators to read through the guidelines, or briefly read them out loud.
- Ask if they are in agreement with the guidelines.
- Ask if there are any they would like to add.
- Note that these are similar to the Group Guidelines they will be providing when they facilitate groups.
- These guidelines may not be as important if you have only a few facilitators. However, they should be familiar with them since they will be
**Group Guidelines**

- Participate in all small group and practice activities
- Support each other in the training experience
- Practice Confidentiality
  - Practice Respect – Please don’t share other’s personal stories
  - Please refrain from taking pictures/video of others
  - Limits of Confidentiality for Facilitator
- Avoid giving advice
- “Try on” the principles, process, and skills of Whole Health Group Facilitation

**Be Timely:** Be on time for the beginning of training each day, return from breaks, lunch, triads at designated times, attend until close of training each day, inform trainers of known absences.

**Be Present:** Avoid multi-tasking, activities that detract from other’s learning.

**Self-Manage:** Monitor amount of speaking, bottom-line, resist giving advice, educating, instructing; choose what you share and what you don’t, take care of yourself. It is important that in the group practices that you do not role-play but rather participate authentically. Therefore, share what is comfortable for you.

**Support each other:** Listen and be present when others are speaking, offer supportive feedback at appropriate times, receive the feedback that you are offered.

**Confidentiality:** even from dyads, triads to group.

However, it is important to let the group know that there are limits to confidentiality on behalf of the group trainer/facilitator. For instance, if someone in the group shares an intent to do harm to self or others, the facilitator, (or trainer in the case of a facilitator training) has a duty to report and get that person immediate assistance. This should be stated up-front in the course.

**Observe yourself** - your own openness or resistance to change, the unknown, new perspectives, learning and growth.
This module outlines and describes VA Patient Centered Care and OPCC&CT mission to transform a health system with this Whole Health approach.

Day 1 Module 3 Introduction to Office of Patient Centered Care & Cultural Transformation (OPCC&CT) Mission.

Note that these slides may need editing based on new developments within OPCC&CT. OPCC&CT will provide updates as needed.

Overview of Whole Health – From the VA Office of Patient Centered Care and Cultural Transformation Show Dr Tracy Gaudet video. (9:21 min) Video link: https://www.youtube.com/watch?v=Y9H5_UgDAjA

After showing the video, ask: “What is your response to seeing this video?” Use your skills of reflections to briefly respond to what facilitators have to share.

Strategy 2.1.4 for Goal #2 of the VA 2018-2024 Strategic Plan

The purpose of these slides is to inform facilitators of what Whole Health entails and that WH is part of the VA’s 2018-2024 Strategic Plan.

Department of Veterans Affairs FY 2018-2024 Strategic Plan

VA will significantly improve Veteran health outcomes by shifting from a system primarily focused on disease management to one that is based on partnering with Veterans throughout their lives and focused on their Whole Health.

VA will provide personalized, proactive, patient driven health care to empower, equip, and encourage Veterans to take charge of their health, well-being, and to adopt healthy living practices that deter or defer preventable health conditions.

Personalized, Proactive, Patient-driven Health Care

*Personalized* - Considering the unique interests, desires and health care needs of each individual Veteran.

*Proactive* - Assisting the Veteran in not waiting for health problems to happen, but taking the initiative to live in a manner that minimizes health problems from occurring.

*Patient-driven* - Providing care based on what really matters to the Veteran and including the Veterans in their own health care decisions.
This information is included to enforce that Whole Health is a top national priority for VA leadership now and into the future. You may want to abbreviate what is shared below, using your own words.

The VHA Modernization Plan lays out the path forward through 2020 describing the ten lanes of effort that will come together to deliver an integrated, high-performing, high-reliability health care system for any Veteran who chooses VA. Engaging Veterans in Lifelong Health, Well-being, and Resilience in one of the ten lanes in the Modernization Plan.

We are shifting from a system designed around singular, episodic points of clinical care focused on disease management to one that is based in partnership over time, focused on whole health or the health and well-being of each individual patient. Delivery of Whole Health includes:

• Using peers to engage and empower Veterans: Individual and group peer support is available to facilitate Veterans’ exploration of their aspirations and purposes for their health and life, and to help create personal health plans that integrate their care both in VA and community.
• Supporting self-care through well-being programs: These programs are not diagnosis or disease-based but support a Veteran’s personal health plan by teaching Veterans new skills. Offering include complementary and integrative health (CIH) approaches, self-care classes, and health coaching within VA and in the community.

Whole Health for employees: We will expand whole health education, including telehealth and online resources, to support personalized whole health experiences for employees and Veterans.

This slide defines Whole Health. Point out that the TCM LH course is designed to empower and equip Veterans.

The Whole Health Partnership was developed by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT) in collaboration with the Veteran Experience Committee (VEC) and endorsed by the National Leadership Council (NLC). In sum, the Whole Health Partnership is a systematic approach to provide whole health care early in the relationship between VA and the Veteran, emphasizing self-care in the larger context of well-being, and incorporating a full
range of conventional and complementary and integrative health approaches.

The Whole Health Partnership moves VA from focusing on episodic care to a more continuous engagement with the Veteran throughout his/her life. Additionally, the Whole Health Partnership model is the current vision for complementary and integrative health (CIH) integration in VA. The healthcare crisis in the United States has led to a call for transformation to a proactive model of care; VA has the opportunity to become the national leader in Whole Health care delivery and the Whole Health Partnership model is a roadmap to this paradigm shift.

The Whole Health System

- The bottom right hand Clinical circle represents the traditional services typically thought of when reflecting on the offerings of a medical center.
- The bottom left hand circle represents more the prevention, educational and skill building courses that Veterans might take advantage of to enhance their well-being. They may take advantage of these services even though they may not require clinical services.
- The top, middle circle represents the empowering opportunities of which the TCMLH course is a significant part. These services offer the Veteran an opportunity to reflect on their own lives, what they want their health for and how they might go about being proactive in enhancing their health.

This slide is a written description of the diagram you have just shown. You may want to simply point that out, so it does not seem too repetitive.
- Every VAMC will offer the 2-hour Intro to Whole Health.
- Sites are asked to maintain the fidelity of the session and deliver the content consistent with the training received.
- Attendance in the Intro to WH is not mandatory, though it is a good foundation for attending TCMLH later.
- A liaison from mental health must be present at the end of the session for any Veteran requesting services.
- A tracking sheet for documenting attendance is located in the SharePoint folder attendance.
- There must be a process for handing off/referring Veterans from the Whole Health Intro Groups to local VHA mental health services.
- Sites must also be prepared to locally announce Introduction to Whole Health sessions and track and report attendance of transitioning Veterans (and others).
- Note: This is an education and experiential introduction to Whole Health and does not comprise formal counseling.

The online resources are divided between public access and VA-only access. This information is also in the Appendix in the Resource section.

(If volunteers ask for access to the VA-only websites, they need to go through their Supervisors to access the site.)

This is a screen shot of the Whole Health Library website referenced. The Get Started heading lists all the resources available including courses which is at the bottom of the page as you scroll down the page and there is also a link to download a copy of the Passport to Whole Health.

Whole Health Online Training link will take you to the list of courses available through EES and TRAIN. The very last one is Facilitation Tips and Techniques for Whole Health Facilitators. Clicking on the course opens to the TRAIN version. The training lasts about an hour.

Also the Courses heading will take you to the TCMLH course materials.
Optional slide to list local and VISN WH resources and points of contact at your specific site.

**Local Resources**

Facilitators may use Plug and Play videos to supplement or instead of the Deeper Dive Worksheets in Sessions 4-8 of the TCMLH Participant Manuals.

The intent of these videos is to promote reflection on the topics. After showing each video, a facilitator asks the same questions that are in the TCMLH Facilitator Manual for each ‘Deeper Dive’. Each video is approximately 4-5 minutes. Facilitators will need to plan for video equipment and have the videos cued up for each session.

**Plug and Play’ Videos**

‘Plug and Play’ videos can provide a deeper dive into these areas:
- Whole Health Introduction
- Mindful Awareness
- Signs of Suffering
- Each self-care component of health (8 videos)

* The link is: [https://www.va.gov/WHOLEHEALTH/veteran-resources/Peer-Facilitator-Materials.asp](https://www.va.gov/WHOLEHEALTH/veteran-resources/Peer-Facilitator-Materials.asp)

**OPCC&CT Contacts**

The National Office of Patient Centered Care & Cultural Transformation can help you on your Whole Health Journey. Please contact the Regional Lead for your VISN.

VISN 1, 2, 3, 4, 10, 11  Donna Farzone, Lead: Donna.Farzone@va.gov

VISN 5, 6, 7, 8, 9  Christian DiMercurio, Lead: Carlo.DiMercurio@va.gov

VISN 12, 15, 16, 17, 23 Anika Doucette, Lead: Anika.Doucette@va.gov

VISN 18, 19, 20, 21, 22  Kathy Hedrick, Lead: Kathy.Hedrick@va.gov

Every VAMC has an OPCC&CT Field Implementation Consultant available for assistance. Please contact the appropriate FIT Lead for your VISN for assistance.
**MODULE 4: INTRODUCTION TO MINDFUL AWARENESS**

This module outlines an introduction to mindful awareness, its benefits and an opportunity to practice.

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<th>Day 1 Module 4 Introduction to Mindful Awareness</th>
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Module 4 – Skill Building: Introduction to Mindful Awareness

**Ask:** What does being present mean to you?

**What does being present mean to you?**

<table>
<thead>
<tr>
<th>Definition of Mindful Awareness. Point out that:</th>
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- “Paying attention on purpose” implies choosing what I pay attention to.
- “In the present moment” implies paying attention to the ‘now’, not the past or future.
- “non-judgmentally” implies simply noticing without evaluating or judging whatever I’m paying attention to.

Another definition by one of the founders of Duke Integrative Medicine and creator of the Mindfulness Based Stress Reduction program at Duke University is *(read quote)*.

Dr. Jeff Brantley is the author of *Calming Your Anxious Mind: how mindfulness and compassion can free you from anxiety, fear, and panic* and *Calming Your Angry Mind: how mindfulness & compassion can free you from anger & bring peace to your life.*

| Day 1 Module 4 Introduction to Mindful Awareness |

**Definition of Mindful Awareness**

“Paying attention on purpose in the present moment, and non-judgmentally.”

*Jon Kabat-Zinn PhD*

“The intention to pay attention, in the present moment, with a friendly and open orientation.”

*Jeff Brantley M.D.*
### Mind Full or Mindful?

The point of this slide is not that our minds ‘should be’ one or the other, but just to notice when our mind is full, or when our attention is more focused on a singular object or thought.

Examples may be enjoying a cup of coffee or tea, watching a sunset or sunrise, savoring a favorite food, noticing the details of driving to or home from work.

How many of you have driven to or from work and don’t remember how you got there? Or you are eating an ice-cream & you have only a sticky napkin in your hand and haven’t fully experienced the potential pleasure? Or you’re looking at someone and nod but realize you have no idea what was said?

Many decisions we make often go unnoticed as we are on autopilot. Mindful awareness helps us see these decisions from an objective viewpoint and then more consciously decide if they are aligned with our higher values. We become more empowered in understanding that we are making these mindless decisions, and can change them, if needed.

This slide is an example of how we may be so focused on other thoughts that we are not aware of what’s going on in our own body. You may also want to point out that some of this thinking has been around for a long time. (In other words, this quote come from early history and these are not new thoughts).
### Mental Benefits of Mindful Awareness
- Decreased anxiety, worry, anger, depression
- Less emotional distress and rumination
- Increased concentration, emotional intelligence, creativity and problem solving

The intent is to point out that mindful awareness has been well-researched and demonstrated to show benefits in mental, physical and behavioral aspects of health. (source: Mindfulness Research Update, Jeffrey Greeson, PhD)

### Physical Benefits of Mindful Awareness
- Decrease in stress hormones
- Decrease in heart rate, blood pressure, and hypertension
- Decrease in inflammatory molecules
- Decrease in chronic pain
- Increase in immune function

### Behavioral Benefits of Mindful Awareness
- Increase in non-reactivity
- Smoking cessation
- Decrease in binge eating
- Decrease in sleep disturbance
- Reduction in alcohol use and illicit substance use

### What Mindful Awareness is NOT
- Meditation
- Having a clear mind
- Relaxation

The mindful awareness that we offer in this course is simply ‘noticing in the present moment without judgement’. This can be done informally throughout the day or in a more formal practice (demonstrated shortly). Relaxation may happen but it is not the intent. Someone may choose to clear their mind, but the practice is simply noticing when our mind is full, without judgement. Although a more formal practice has overlap with meditation, a meditative state is not the goal.
The 7 Attitudes of Mindful Awareness.

Although not a lot of time is spent exploring each of these attitudes, it may be helpful for facilitators to reflect on each of these for a moment. You may want to have a brief description of each, or, if time permits, solicit brief definitions from the facilitators.

If you choose to give a description, here are notes:

Seven essential attitudes for Mindfulness as in Full Catastrophe Living by Jon Kabat-Zinn. **Beginner’s Mind:** wonder, curiosity, not knowing. **Non-Judging:** impartial witness, non-categorizing, comparing, preconceptions. **Patience:** allowing things and people to unfold or change at their own pace. **Non-Striving:** being not doing, if it feels like you’re working too hard you probably are. not-pushing or pulling someone to change. **Acceptance:** Seeing things as they are, allowing. **Letting Go:** non-attachment to outcomes, releasing contraction around them. **Trust:** as awareness grows so does trust in one’s emotions, be yourself in every way. **Gratitude**—To bring gratitude to the present moment. We are alive, the body is working, I am breathing in and out, my organs are working; all these things to be grateful for. **Generosity**—The sense of how powerful it is when you give yourself over to life. When you give to other people, what would make them happy, not for yourself, but because it gives joy to others and enhances interconnected. You are giving attention, time and thought to others outside of yourself.

The Practice - This slide is a placeholder for the 5-minute practice you will lead. You may want to review the slide, so facilitators have a sense of what the practice will be about.

1. Conduct the practice. Use the Mindfulness of Breathing script located behind the Mindful Awareness scripts Tab in the Facilitator Manual (p.67-78).
2. Using this script gives facilitators a sense of what it’s like to use the scripts. They will be doing this as well when they facilitate their groups.
3. Do not rush the practice. Note that it is important to offer people the opportunity to participate or not, depending on their comfort level with it. Also, be certain to offer them the option of closing their eyes or maintaining a soft gaze.
4. Ask for the facilitator responses to the practice when it is completed.
• Trainer leads participants through mindful awareness practice.
• You may want to point out that often we think of mindful awareness taking place in serene settings, such as what this photo conveys. However, mindful awareness is possible at any moment in any setting.

“Life moves pretty fast. If you don’t stop and look around once in a while, you could miss it.”

Ferris Bueller

Hopefully, this slide allows a moment of reflection on how valuable it may be to be fully present with each moment in life.
### MODULE 5: STAGE I, PHI INTRODUCTION AND MISSION/ASPIRATION/PURPOSE

This module provides an opportunity for participants to go deeper into Stage I and see a demonstration in a group setting.

| Day 1 Module 5 Stage I, PHI and Mission, Aspiration, Purpose (MAP) |
| Describe that this is the Stage where participants get to explore what really matters to them, or their *MAP*, as well as their values and value conflicts. |
| Click on the slide to play video, Dream Rangers. |
| Video link: [https://www.youtube.com/watch?v=vksdBSVAM6g](https://www.youtube.com/watch?v=vksdBSVAM6g) |

Introduce Video by stating that this is an example of people deciding what matters to them (MAP) and designing health plans according to what matters—What they want their health for. Let them know that the dialogue is in Taiwanese and that they need to pay attention to the subtitles.

Ask: “What stood out for you as you watched this video?”

Created by Ogilvy & Mather, Taiwan. Creative director: Jennifer Hu  Jan 16, 2011 TC Bank- Dream Rangers.avi (3:10 min)
Stage I - Instructions for MAP Activity
You can either:

- Turn to the Personal Health Inventory (PHI) in the Participant Workbook on page 2. Complete the page.
- Turn to the first page of the PHI handout. Complete the page.

You will have up to 10 minutes to reflect and finish.

If they have not done so, have participants complete p. 2 in their Participant Manuals, or the first page only of the Personal Health Inventory (PHI). Give them 8-10 minutes to complete.

If you are using a previously printed version of the Participant Workbook (PW) or PHI long version, it may have only 3 questions instead of 4 (as is on the newer version of the PW).

If you only have 3 questions, you may want to add this fourth question: “What is my mission, aspiration or purpose in life?” to see if it elicits a different response than the ‘What Matters’ question.
Module 6: Values and Value Conflicts with Stage 1 Demo

This module is focused on exploring values related to ‘What matters most?’ and, also demonstrates how conflicting values can arise and act as a barrier to action. The Stage I demo on MAP follows this topic.

Day 1 Module 6 Values and Value Conflicts

There are several points to keep in mind while presenting this module:

1. Value conflicts are a part of daily living. Anytime we’re making a decision, values come into play. When to wake up, what to have for breakfast, how you will spend your day or how you will spend your money all involve acting based on values.

2. The intent in this module is for participants to examine their behavior and underlying values in a non-judgmental way. Simply noticing what they get out of common behaviors they do each day.

3. The trainer/facilitator should avoid questions, reflections or comments that suggest participants should act according to one set of values. This is up to the participant to decide.

For the purpose of this training, we break down values into Ideal and Operational values. When many people think of values, they only think of ideal values, or those values by which they try to live their lives ideally, or in the long run. But in this course, we want participants to realize that there are behaviors they do because they want an immediate, or short-term affect. These desired immediate states are how the person wants to feel immediately.

People may use experiences, behaviors, drugs, or food to create the immediate feelings they want, for example: More energy, less depressed / Satiation / Feeling stimulated / Calm / Free of pain, fear or anxiety.

Many times, honoring these operational values may conflict with longer-term values. Again, the opportunity in this course is just to notice.

**Stage I - Two Kinds of Values**

**Ideal Values:** What is important to us in the ideal or long term

*Examples: “God, Honor, Country”, Health, Family, Commitment*

**Operational Values** – What is important to us in the moment

*Examples: Pleasurable experiences, food, drink, comfort*

Many times, these are in conflict...
Get a show of hands for how many say they value their health. (Most will raise their hand.) Then ask, how many have done a behavior in the last 24-48 hours that may have been inconsistent with their value of health. A good percentage will probably raise their hand.

This is a time when you, as a trainer, may want to start with your own example. Your example may make it ‘OK’ for others to share something they may be hesitant to share.

After sharing what you did and what you got out of it (operational value), then ask:

• “Who’s willing to share a behavior you did in the last 24 hours that was inconsistent with your value of health. What did you get out of doing the behavior that you did (operational value)?”

It is important that the trainer not put a valence (in other words, remain neutral and not put a judgement or + or – spin) on what the person shares. Simply reflect the value conflict without a tone of voice or suggestion that the person should have acted one way or the other. Again, the intent here is simply for the participant to realize what they get out of doing the behaviors that they do. Making a decision about future behavior is something they can do later.

This time of reflection is an opportunity for participants to step outside of themselves and put themselves in the shoes of the people/veterans they serve. The hope is that they can use this time of reflection to become more in touch with what the Veterans they serve may be experiencing in terms of values conflicts.

Choose only one of the examples and allow the group to be focused on that one example. If you open it up to all these examples at once, it may become confusing for the participants.

Have them speculate about what might be going on for those they serve in terms of values conflicts.

Time permitting, you may then move to a second example that is listed here.

As a trainer, you continue to model simply reflecting what the participant has offered in terms of what they
speculate the Veteran may be getting out of whatever behavior they are doing.

The point of this slide is to have participants realize there is more than one way to deal with value conflicts. Hopefully, they can think about expanding their repertoire of options when faced with a values conflict and make a mindful, intentional decision.

There’s not a judgement on any of these options. A participant may choose to use one strategy with one values conflict and another strategy with another conflict.

You may want to provide an example of each of these strategies.

(Optional slide): Trainers may use this slide if they like, but it’s certainly not necessary. It just provides another medium for making the point about values conflicts and how they pervade our lives.

If you choose to use this slide/song, you might introduce using words like this or similar: making a difficult decision about whether to euthanize a pet can be difficult. Often emotions play a big part and are conflicted when thinking about what is best for the health of a pet. This song was about just that, making the decision about a beloved pet cat. You might have a dog or cat and want to personalize the introduction.

The next small group activity will ask participants to share a recent difficult decision they had to make (or are currently making). Completing this worksheet will allow participants to have some time to reflect prior to getting in the small groups. The worksheet asks for a situation where behaviors were not totally consistent with highest values (as in a time they had to make a difficult decision).

Give participants 5-10 minutes to complete this Worksheet. Let them know that they’ll have an opportunity to discuss it in their small group practices.

**Strategies for Dealing with Conflicting Values**
- Choose one value over the other
- Compromise between/among the values
- Live with the values conflict
- Live with values conflict in a stressful way
- Live with the values conflict by simply observing
- Wait to make a future decision

**Even a Cowboy Don’t Always Know**

(Activity: Values-Conflict Worksheet)
- Before the next activity, take a few moments to reflect on and complete the questions on the Values-Conflict worksheet.
- Turn to page 13-14 of the Participant Manual and write your responses.
- Please describe a situation you are willing to share in the small group.
This is an optional activity that provides another opportunity to explore a values conflict in a small group of 3. The participants may utilize the Worksheet they just completed, or they may want to focus on another decision they are making or have recently made. Since “Listening” is the next module, it also provides an opportunity to introduce the topic/skill of simply listening. Determine the time for this activity, especially if running behind schedule.

Generally, you want to allow 2-3 minutes for each person to share and have the listener(s) reflect the values they hear. You may shorten the activity by having this done in dyads.

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<table>
<thead>
<tr>
<th>Instructions for Small Group</th>
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<tbody>
<tr>
<td>1. Each <strong>speaker</strong> shares either a recent difficult decision they have had to make or are currently in the process of making. (for 2 minutes)</td>
</tr>
<tr>
<td>2. Each <strong>listener</strong> reflects a value (or values) they hear that underlies the decision.</td>
</tr>
<tr>
<td>3. Rotate the speaker until everyone has had a chance to speak.</td>
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<table>
<thead>
<tr>
<th>Demo #1 MAP</th>
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<tbody>
<tr>
<td><strong>Mission / Vision</strong></td>
</tr>
<tr>
<td><strong>Values / Value Conflicts</strong></td>
</tr>
<tr>
<td><strong>Watch for:</strong></td>
</tr>
<tr>
<td>- How MAP, vision, values are elicited</td>
</tr>
<tr>
<td>- Listening</td>
</tr>
<tr>
<td>- Bottom-lining</td>
</tr>
<tr>
<td>- Reflections</td>
</tr>
<tr>
<td>- Inquiry</td>
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<tr>
<td>- Volunteers?</td>
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<table>
<thead>
<tr>
<th>Conduct the first demonstration (10 minutes and 5 minutes of discussion/feedback)</th>
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<tbody>
<tr>
<td>• Ask for 5 volunteers. (or if training fewer than 5, have all facilitators participate).</td>
</tr>
<tr>
<td>• Explain that they will be discussing the first page of the PHI that they just completed.</td>
</tr>
<tr>
<td>• Let them know that they will only share what they are willing to share, but the responses should be authentic, not role-played.</td>
</tr>
<tr>
<td>• Instructions for the rest of the group (if there are others observing):</td>
</tr>
<tr>
<td>- Have them focus on the skills you are using, especially reflections and inquiry.</td>
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<tr>
<td>- Have them write down at least one reflection and one inquiry.</td>
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<tr>
<td>- Have them notice that you are not providing information, giving advice nor problem-solving.</td>
</tr>
<tr>
<td>- Let them know that you will be asking the questions that relate to Stage I in the TCMLH Facilitator Guide (page 13, Questions under #7). They may want to follow along by turning to those questions in their FG.</td>
</tr>
<tr>
<td>- Note: you may not have time to ask all the questions, nor hear from everyone on each question.</td>
</tr>
<tr>
<td>• While facilitating, demonstrate the following:</td>
</tr>
<tr>
<td>- Listening skills</td>
</tr>
</tbody>
</table>

This demo is for Stage I. Even though it’s inserted here at the end of Value Conflicts, it’s the demo that explores MAP based on what participants completed on the first page of their PHI. Value conflicts may or may not come up in the demo.

Provide detailed instructions for setting up the demo and tell the group to follow along in the manual with questions. Include that it is important to use the questions provided as a guide for this practice. **You may not get through all questions, rather this is an opportunity to demonstrate the skills of reflections and inquiry.** To be consistent with the model, you will want to demonstrate a ratio of at least 2 reflections for every question asked.

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Reflections and Inquiry (at least two reflections for every question on the average)
Avoid problem-solving, advice giving or providing information
Do not spend too much time with one person. Try to hear from everyone in the group in the 10 minutes.

After the demonstration is finished (5 minutes):

- First, ask the observers what they noticed you doing:
  - Ask for specifics, not generalities.
  - Ask for a reflection and/or inquiry that they observed.
  - Ask for any ways they might have done something differently.
- Ask the participants for their experience of being in your group. Again, ask for what they specifically remembered you doing and how it impacted them.
MODULE 7: SKILL BUILDING – LISTENING

Listening, Reflection, Inquiry - While these modules will be delivered in different sections of the TCMLH training, they are the key facilitation skills. All these skills are related to holding space for another person. Reflections cannot be adequately practiced without fully listening.

Day 1 Module 7 Skill Building: Listening

Listening

“Most people do not listen with the intent to understand; they listen with the intent to reply.”

Stephen Covey PhD

Listening Questions.

Solicit responses from the group. Reflect their responses. The amount of time given to these discussions will depend on how close you are to the recommended timeframes for the course.

Responses from group might include lack of eye contact, flat facial expressions, pre-occupied, multi-tasking, inappropriate responses, not agreeing with what the person is saying, planning my own response, etc.
There are probably many ways to categorize listening. For the sake of this training we will focus on *self-focused and other-focused listening.*

<table>
<thead>
<tr>
<th>Two Types of Listening</th>
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</thead>
<tbody>
<tr>
<td>• Primarily Self-focused</td>
</tr>
<tr>
<td>• Primarily Other-focused</td>
</tr>
</tbody>
</table>

Trainer / Facilitator may want to demonstrate this with another trainer or mentor by having the speaker talk about something going on at home or work and the self-focused listener demonstrates being distracted, intruding with responses, offering personal stories or observations, giving advice etc. *(Optional activity)*

<table>
<thead>
<tr>
<th>Self-Focused Listening</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Multi-task, distracted</td>
</tr>
<tr>
<td>• Formulating responses</td>
</tr>
<tr>
<td>• Filter through past experiences, history, assumptions</td>
</tr>
<tr>
<td>• Personal stories, agenda, advice</td>
</tr>
</tbody>
</table>

Trainer / Facilitator may want to demonstrate this with another trainer or mentor by having the speaker talk about something going on at home or work while the other-focused listener demonstrates active listening and truly being present for the one speaking.

<table>
<thead>
<tr>
<th>Other-Focused Listening</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Beginner’s Mind, Not-knowing</td>
</tr>
<tr>
<td>• Attention to body language, facial expression, tone of voice</td>
</tr>
<tr>
<td>• Attuned to energy and emotions behind the words</td>
</tr>
<tr>
<td>• Allow for silence, space, pause</td>
</tr>
</tbody>
</table>

The Pause

“*The PAUSE: that impressive silence, that eloquent silence... which often achieves a desired effect where no combination of words... could accomplish it.*”

*Mark Twain*

Listening and holding space for another often allows for quiet moments- moments when no one is speaking. Do not fill the space with more comments or questions. Allow time for participants to reflect before responding. Practice becoming comfortable with pauses and quiet moments. The deeper the question or reflection, the more time it may take for participants to respond verbally.
Holding the Space video (1:45 min)

Video Link: https://www.youtube.com/watch?v=wEfrj4tqgtU

Holding the Space video – Click once after slide appears to start video.

What specifically stood out for you in that video? (words, scenes?)

When ready to move to next slide, click once.

Questions for Small Group Listening Activity

1. What were some dreams/aspirations you had when you were younger?
2. Are you in any way currently living out those dreams/aspirations? If so, how?
3. What are some aspirations/dreams you have for yourself in the future?
4. What do your dreams/aspirations tell you about what is important to you now (values)?

In Groups of Six, each group member has 2 minutes to share their responses to one or all of these questions and be truly listened to by other group members. If time is a factor, you may want to have smaller groups, possibly even dyads.

Participants may ask clarifying questions as long as the focus stays on the other person. This exercise should take about 15 min. total.
This is the Stage where participants complete a self-assessment of each of the components of health.

**Module 8 – Personal Health Inventory**

*Stage II*

Describe that after completing the self-assessment from the PHI, they will be able to identify areas they are doing well in as well as areas they may want to enhance. Participants assign themselves a number on a scale of 1-5 based on where they see themselves now in each area, and a number that indicates where they would like to be. By the end of this Stage, they choose an area of focus they want to enhance in some way. Note that the area they choose may not be their lowest number.

**Process Model for Group Facilitation**

- Create vision. Explore values and value conflicts.
- Conduct PHI assessment. Define focus. Assess readiness.
- Stage I: Explore Mission Aspirations Purpose
- Stage II: Reflect, Assess & Focus

If they have not done so, have participants complete Pages 3-6 in their Participant Manuals, or the remainder of the Personal Health Inventory (PHI). Give them 8-10 minutes to complete. It is important to note that this is not the goal setting phase, but rather the focus phase based on the completed PHI Assessment.

**Stage II – Complete PHI Assessment**

- Complete Part 2 of PHI on pages 3-6 in the Participant Manual
- Demo #2
  - How are areas explored?
  - Is the focus defined?
  - Volunteers?
**Conduct the second demonstration** (10 minutes and 5 minutes of discussion/feedback)

- Ask for 5 volunteers. (or if training fewer than 5, have all facilitators participate).
- Explain that they will discussing the pages of the PHI that they just completed.
- Let them know that they will only share what they are willing to share, but the responses should be authentic, not role-played.

- Instructions for the rest of the group (if there are others observing):
  - Have them focus on the skills you are using, especially reflections and inquiry.
  - Have them write down at least one reflection and one inquiry.
  - Have them notice that you are not providing information, giving advice nor problem-solving.
  - Let them know that you will be asking the questions that relate to Stage II in the TCMLH Facilitator Guide (page 18, Questions #4, #5). They may want to follow along by turning to those questions in their FG.
  - Note: you may not have time to ask all the questions, nor hear from everyone on each question.

- While facilitating, demonstrate the following:
  - Listening skills.
  - Reflections and Inquiry (at least two reflections for every question on the average).
  - Avoid problem-solving, advice giving or providing information.
  - You may not have enough time to ask everyone about an area they’re doing well in. You want to make sure to demo an area they want to enhance.
  - Be sure to demonstrate asking the participants what number they gave themselves for the area talked about, and what that number means to them.
  - Do not spend too much time with one person. Try to hear from everyone in the group in the 10 minutes.

**After the demonstration is finished (5 minutes):**

- First, ask the observers what they noticed you doing
  - Ask for specifics, not generalities.
  - Ask for a reflection and/or inquiry that they observed.
  - Ask for any ways they might have done something differently.

- Ask the participants for their experience of being in your group. Again, ask for what they specifically remembered you doing and how it impacted them.
These slides are optional. It may be easier to have the participant look directly in their manual and point out this information as you go through the slides.

**Day 1 Module 9 Manual Review and Group Practice**

Introduce facilitators to the two manuals they will use during this course and when presenting in groups.

**Briefly review the Participant Workbook (PW):**
- Let the facilitators know that the PM is what each participant will have who attends TCMLH.
- Remind them that the Personized Health Inventory (PHI) is in the front of the PW, (even though they would have, in most cases, filled out the PHI themselves by this point in the training)
- Provide the facilitators a moment to browse the Manual. During their training, facilitators will complete parts of the PW.

Once slide appears, 1st click enlarges the screen, 2nd click adds red arrow to highlight the PM page icon, 3rd click adds red arrow to highlight the script icon, and 4th click adds red arrow to the video icon.

Before moving on to next slide, briefly address the Optional Course Formats….

- Point out the Table of Contents (first 2 pages) – no slide
- About this Facilitator Guide (Page 5-6) – shown on slide
Introduce this next page that describes the color coding. Color-coding for when the course is offered in versions other than 9 weeks (Pages 6-7). Clicking again will enlarge the content so it is more visible.

Be sure to point out column 2 that discusses modules that are not color coded and emphasize the importance of being prepared and knowing the material – both of which will help the facilitator’s comfort level.

Slide appears as a blank screen. Click #1 will present the table on the left side of the page. Participants might want to open their Facilitator Guides to that page.

Click #2 and #3 will present the red arrow and corresponding bullet discussing the formats for presenting.

Click #4 and #5 will present the blue arrow and corresponding bullet talking about the Red modules. Let participants know that these modules are foundational for each course – the “core” modules.

Clicking #6, #7, #8 and #9 will present the green arrows and the corresponding bullet about how other modules are presented.

Slide opens to blank page. Let participants know you will go through the first session to point out the general layout of the Guide. This should be done relatively quickly but be sure participants are following along in their own guides.

Click #1 shows the first page. Point out the three columns – Resources, Instructor Outline and Detailed Notes.

Explain the Resources column is where the icons from the introduction page will appear, if there are any.

The Instructor Outline column provides the Module, main topics, time frames to guide you, and applicable questions.

The Detailed Notes column provides information for the facilitator. This information is not designed to be
read to participants but information the facilitator can use as background. The facilitator should use their own words when providing explanations or language appropriate to the group.

Show Facilitators how the FG is laid out, by taking them through Session 1, starting on page 9.

- The far left-hand column (Resources) indicates when a video, mindful awareness script of video is to be used.
- In the next large column (Instructor Outline) are the instructions/questions facilitators use when conducting the course.
- The right-hand column (Detailed Notes) is information the facilitator should be familiar with before each session. It is not intended to be read to participants, but the facilitator should become proficient in putting that information in his/her own words.

Slide opens to blank page.

Click #1 is the next page of the Guide. On this page, point out the Resources column showing the PM icon and page number for the Participant Manual.

Slide opens to blank page.

Click #1 is the next page of the Guide. Again, point out the Resources column. Let participants know the Scripts for Mindful Awareness are located behind the tab in their Facilitator Guide.
Click #1 is the next page of the Guide. Point out the Questions the in the Instructor Outline column.

Also point out the Video icon in the Resources column. Let them know there might be options for showing the video depending on the site – PowerPoint slides with embedded video or using the internet and showing on YouTube.

Let Facilitators know the following:

- Stage I is covered in Session 1. Stage II is covered in Session 2 and Stage III is covered in Session 3. Stage IV is addressed in each Session in Sessions 4-9.
- Starting in Session 4, each Component of Health on the Circle will be covered in greater depth, meaning there will be more time devoted to reflecting on each component.
- Mindful Awareness will be practiced in each Session using the Scripts located behind that tab in the back of their FG.
- Session 8 includes a Personalized Health Plan that summarizes what the participant has planned and accomplished, so it can be shared with their health care team.
- Session 9 provides an opportunity to plan ahead and think about how they are going to sustain the enhancements they have started.

Group Practice preparation:

Opens to blank page. Click #1 shows “topics to facilitate” 7-person group. Depending on the number of participants and groups, let them know there are two sides – 7 person groups or 8 person groups. Be sure they are using the correct side for their particular group.

Click #2 points out the column for topics to facilitate.

Click #3 are the pages in the Facilitator Guide for each corresponding topic. The pages listed are for reference and the questions to facilitate are the pages shown in this column.
Click #4 is the Participant Manual pages for their topic.

Click #5 are the topics for the first practice session on Wednesday afternoon.

Click #6 is where they sign up on the master copy, retained by the group mentor. They will do this for all three practice sessions.
### Module 10: Mindful Awareness Practice

These three topics will be at the start of each training day. First, the facilitator will present the themes from the participant feedback forms and address questions posed. Then, an overview of the day is presented. The final topic is the next presentation on Mindful Awareness that allows participants to both experience a practice and observe how to lead a brief practice.

<table>
<thead>
<tr>
<th>Day 2 Module 10 Skill Building Practice: Mindful Awareness</th>
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### Module 10 – Skill Building Practice: Mindful Awareness

Trainer leads participants through one of the scripted mindful awareness practices located in the Mindful Awareness Scripts Tab in the Facilitator Manual (p.67-78). It is important to role model how to use these scripts that are designed for this course.

Also, sometimes facilitators want to introduce meditations, breathing practices relaxation techniques that are not necessarily mindful awareness activities. It is important that facilitators understand the differences.

It is important to note that while this picture is serene, mindful awareness does not mean ‘relaxation’. Oftentimes, one is in a more stressful situation and one does not have to be in a ‘serene’ environment to practice mindful awareness.
| This Is Water | Show David Foster Wallace’s Video-commencement speech, This is Water video. (9:22 minutes)  
Video Link: [https://www.youtube.com/watch?v=eC7xzavzEKY](https://www.youtube.com/watch?v=eC7xzavzEKY)  
After showing the video, ask: “What did you notice in this video that is consistent with the principles of being mindfully aware and being present? What else struck you about this video?” |
## MODULE 11: SKILL BUILDING – REFLECTION AND INQUIRY

**Listening, Reflection, Inquiry** - While these modules will be delivered in different sections of the TCMLH training, they are the key facilitation skills. All these skills are related to holding space for another person. Reflections cannot be adequately practiced without fully listening.

### Day 2 Module 11 Reflection & Inquiry

**Module 11 – Skill Building: Reflection and Inquiry**

### Listening

Listening is a core skill that allows us to do other skills well:

- Reflection
- Inquiry

### Reflections and Inquiry

- Being present and other-focused listening are prerequisites of effective Reflections and Inquiry.
- Our listening gives rise to the two primary verbal communication skills utilized in TCMLH facilitation – reflections and inquiry or asking open-ended questions.
- First, reflections will be addressed.

### Listening Quote from Pascal (a 18th century French philosopher and Mathematician).

"People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others."

*Pascal*

Let facilitators know that in TCMLH course, as much as possible, we want participants to come up with their own choices and solutions. That is the reason for utilizing reflections and inquiry.
Other Possible Responses that may be helpful but do not tend to solicit personal reflections

- Give advice
- Tell our story that relates
- Ask information questions
- Provide information
- Ask a “leading” question
- Provide a judgment ("That’s Good!" “That’s not so good!")

Other Possible Responses.

- Point out that, even though these responses may have value in other settings, they are not the primary responses utilized in TCMLH facilitation.
- These responses are usually not as effective at soliciting personal reflection and insight on the part of the listener...at least in this group setting.
- Reflections and Inquiry should be by far the most utilized responses.

Reflections

- Gives participant back his/her words, thoughts, feelings
- Lets them know you heard them and builds rapport
- Allows them to hear what s/he has said, helps clarify
- Provides a “mirror” for participant

Definition and rationale for reflections.

Simply make the points on the slide.

Let facilitators know that they should be utilizing reflections at least twice for every question asked or other kinds of interactions. In other words, reflections should constitute most of what they do while facilitating.

Explain that there are more types of reflections, but these are the reflections trained in this training.

(NOTE: The amount of time spent on reflections and inquiry may be adjusted depending on the skill level of the participants. Some may have already had extensive training in Motivational Interviewing (MI), which relies heavily on these skills. However, just because a facilitator may have had the training, does not mean they are proficient in using these skills.)

Parroting

- Using the participants’ same words
- It’s a statement, not a question
- Can be powerful

Parroting.

These slides provide the definition and examples of parroting. You may want to point out that parroting can be powerful but may want to be used more sparingly than other forms of reflections.

It can be powerful because we are so used to people hearing what we say and then making it about themselves, trying to give us advice or fix or change us, rather than simply reflecting back what we have said.
### Parrotting Example:

**Participant:** “I need to make some changes but I don’t know where to begin.”

**How could you parrot this?**

One example: “You don’t know where to begin.”

One approach in showing this slide is to either just click and show the Participant statement and then ask the facilitators suggestions as a parrotting response, OR, show both statements and then ask what is another example of parrotting from this participant statement? This Facilitator response listed is only one example of many that can be said.

Before showing ‘Facilitator statement’, say “And here is another example.”

### Parrotting Example:

**Participant:** “I’m afraid to try doing things differently.”

**How could you parrot this?**

One example: “You’re afraid...”

Allowing client to hear what they have just said.

Allows for clarity and understanding. For instance, the person could say “Well, no, I’m actually not afraid, I’m just overwhelmed at the thought of having to do things differently.”

Trainers may demonstrate parrotting briefly with each other.

### Paraphrasing

- Restate what the participant has said using other words.

Paraphrasing.

These slides provide the definition and examples of paraphrasing. We often paraphrase in casual conversation.

### Paraphrasing Example:

**Participant:** "It’s important for me to spend time with my family.”

**How could you paraphrase this?**

One example: “You really value your family.”

One approach similar to the last set of slides is to either just click and show the Participant statement and then ask the facilitators suggestions as a paraphrasing response, OR, show both and then ask what is another example of paraphrasing?
**Paraphrasing Example:**

Participant: “I’m afraid to try doing things differently.”

*How could you paraphrase this?*

One example: “Trying new things is not always easy for you.”

---

**Paraphrasing Example:**

Participant: “I have tried several ways to talk to my son and haven’t been successful.”

*How could you paraphrase this?*

One example: “You’ve learned what doesn’t work for you.”

---

**Summarizing**

- Brings several key points from participant together in one statement.
- Can be used as a transition to another person or topic.

**Summarizing Example**

“Your family is very important, so you’ve explored different ways to relate and haven’t been successful. But you’re ready to try again because you know you need to.”

---

Trainers may again demonstrate or elicit examples from larger group.

---

Trainers may again demonstrate or elicit examples from larger group.

---

Summarizing.

These slides provide the definition and examples of summarizing reflections.
<table>
<thead>
<tr>
<th>Summarizing Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;You have brought a lot of thoughts, ideas, and challenges to our conversation. Which one is most important to address today?&quot;</td>
</tr>
</tbody>
</table>

Summary may be used to transition or close a discussion and can include broader themes rather than details.

<table>
<thead>
<tr>
<th>Reflection of Feelings and Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goes beyond what the participant has said.</td>
</tr>
<tr>
<td>• A guess or hunch at deeper meaning, inferred value, or emotion.</td>
</tr>
</tbody>
</table>

Complex, or deeper reflections.

• These slides provide a definition and example of complex or deeper reflections, which go beyond simply the words of the other.
• Adds additional or different meaning beyond what the client said...a guess as to what the client may have meant, or what they haven’t said.
• May be used with eliciting values.
• Do not try to ‘sell’ a complex reflection, if the person is not agreeing with your reflection.

<table>
<thead>
<tr>
<th>Reflection of Feelings and Values example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant: “I’m not getting the service I think I deserve...”</td>
</tr>
<tr>
<td>How could you reflect this?</td>
</tr>
<tr>
<td>One example: “You have higher expectations of your caretakers and you’re frustrated.”</td>
</tr>
</tbody>
</table>

Trainers may again demonstrate or elicit examples from larger group.

<table>
<thead>
<tr>
<th>Double-Sided Reflection</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Used when a participant presents two sides of an issue, ambivalence, and/or value-conflicts</td>
</tr>
<tr>
<td>• Intent is to explore and honor both sides, pros &amp; cons, benefits &amp; costs</td>
</tr>
</tbody>
</table>

Double-sided reflections.

Double-sided reflections provide an opportunity for the other person to explore a values conflict.

It can be helpful to illustrate physically by raising one hand, “On the one hand...” and then the other, “And on the other hand...”.

Do not attempt to ‘sell’ one side of the values conflict. Simply reflect both sides of the conflict.
Although it may be overwhelming for facilitators not familiar with double-sided reflections, you may want to point out that a double-sided reflection should end with the direction the person is desiring. This enhances the likelihood that the person will address their thoughts about that direction.

Trainers may again demonstrate or elicit examples from larger group.

(optional practice)

Time permitting, you may do this practice. If time is limited, there is an opportunity to practice both reflections and inquiry later in this module, after both skills have been introduced.

If you utilize this practice, after the practice ask:

“When you were the speaker, how did you experience someone reflecting what you shared?”

Note: be respectful of all responses, even if someone may not have valued the reflections; simply reflect that. Don’t try to ‘sell’ the value of reflections. “When you were the listener, how was it to focus on simply utilizing reflections? How was this similar or different from how you normally listen and respond?”

Let facilitators know that you are now transitioning to the other important communication skill utilized in TCMLH facilitation.

Show the Inquiry or Asking Questions slide. Let them know that we will be considering two kinds of questions...open and closed.
### Closed-ended questions

- Elicits Yes/No or one word answers
- Generally, are not as effective in leading to new insight/understanding

### Closed-ended questions

Can be useful for
- Transitions (Are you ready to set a goal?)
- Permission (May I offer you some resources?)

They can however be useful at different times and situations. For example:

- Asked at a transition such as “Are you ready to set a goal?” “Are you willing to say more about...?” “Are you ready to talk about another area of your health?”
- Can also be helpful and respectful to ask a closed-ended question before offering resources. e.g. “May I offer you some resources?” “Would it be helpful to brainstorm some ideas together?”

### Open-ended questions

- Reflects curiosity for the sake of the participant’s self discovery
- Not easily answered with yes/no, specific piece of information or a single word
- Encourages participant to talk/volunteer new information
- Present or future focused
- May lead to new awareness or insight

This slide suggests that open-ended questions typically begin with ‘what’ or ‘how’ or ‘tell me more about.’

Caution is recommended with questions beginning with ‘Why?’ as they may elicit defensiveness by the listener depending on the topic and tone of voice utilized when asking ‘Why?’

### Open-ended Questions.

Open-ended questions reflect curiosity for the sake of the client’s self-discovery and learning, versus informational questions for the sake of the listener.

There is a difference between:
- “What matters most to you?”
- “What’s important to you about that?” vs. more informational questions like, “How many children do you have?”
- “Where do you live?”

"Why?” questions may solicit defensiveness depending on the tone of voice.
**Open-ended questions examples**

- What matters most to you?
- What do you want your health for?
- What brings you joy and happiness?
- What were your aspirations when you were younger?

**Examples of Open-ended Inquiry.**

Have facilitators read these or read the examples to them.

**How to ask open-ended questions**

- Ask a succinct, clear question
- Pause and wait for the answer
  - This may mean a moment of silence
  - Do not fill the space
- Listen to what is said

**Asking an effective open-ended question may require some time for the speaker to come up with a response. If the silence goes on too long, you may want to check in with what is going on for the person. Maybe they didn’t understand the question, maybe they don’t want to respond or maybe they are still using the time to reflect on their response.**

**Inquiry Practice**

- One person is the speaker
- The other person(s) listens and asks questions
- Switch roles after 2 minutes
- Use the following topic:
  
  Share a decision you have recently made, or are currently in the process of making.

  (One thing the listener may want to ask about are the values that are involved in this decision.)

**Practice of Reflections and Inquiry.**

This is an opportunity to practice reflections and inquiry in dyads.

- Make sure that each facilitator has a partner.
- Provide them the instructions on this slide.
- Let them know that you set a timer so they will know when 2 minutes is up, and they are to switch roles. (Ensure that you have a timer with you or use your phone.)

Ask the facilitators their experience in being:

- the listener,
- and the person being listened to.

You may want to ask for similarities or differences of how they usually interact with another, both socially and professionally.
**MODULE 12: STAGE III, PLANNING FOR ACTION AND GOAL SETTING WITH DEMO**

This is the Stage where participants transform their focus area into planned action steps.

| Module 12 – Planning for Action and Goal Setting  
**Stage III** |
<table>
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<tbody>
<tr>
<td>Process Model for Group Facilitation</td>
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</table>

**Stage III** is where participants plan for action based on the area of focus they have selected in Stage II.

**Stage III - Goal Setting and Action Steps**

After determining focus:
- What is the *goal*?
- What are the *action steps* to achieve that goal?
- What *challenges* or *barriers* are anticipated?
- What *support* or *education* is desired/needed?
- How/to whom will the person be *accountable*?

Let facilitators know that these are the phases you will be discussing in more depth in this module.

**Definitions of Goals and Action Steps.**
- Let facilitators know that these are the definitions we will be using in the course.
- We suggest 2-6 months for a goal, so it stretches the person a little, but it’s not so long that it seems unobtainable.
- Action steps are the actions participants plan to take in the following week to begin accomplishing their goal.
• Action steps could be thought of as mini-goals; however, we use the term action steps to avoid confusion with goals.

### SMART Criteria.

<table>
<thead>
<tr>
<th>Goal-setting</th>
<th>SMART Goals:</th>
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<tbody>
<tr>
<td>SPECIFIC</td>
<td></td>
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<tr>
<td>MEASURABLE</td>
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<tr>
<td>ACTION-ORIENTED</td>
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<tr>
<td>REALISTIC</td>
<td></td>
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<tr>
<td>TIMED</td>
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</tbody>
</table>

**Go over the SMART criteria with facilitators.**

**The role of the facilitators will be to help participants make their goals as SMART as possible.**

Refer participants to [p. 15 in the Participant Manual – Smart Goal Worksheet](#).

**SMART Criteria.**

These slides help define the SMART criteria.

**Goal-setting**

**SPECIFIC:**

- What do you want to accomplish?
- Is it clear and concise?

**Goal-setting**

**MEASURABLE:**

- How much?
- How many?
**Goal-setting**

**ACTION-ORIENTED:**

- Client is “doing something”
- Client is in charge of the action

You may want to provide some examples here. ‘Action-oriented’ is not always clear.

For instance, if someone says, “My goal is to get my partner to respond differently to me.”, they may need to explore what they themselves can do differently and not be focused on what the partner needs to do.

Thinking or reflecting on a new behavior, may be an action step, but ultimately the new behavior is the action-oriented part, not simply reflecting on it.

**Goal-setting**

**REALISTIC:**

- Able to reach
- Has skills, resources needed or can obtain them easily enough

Do not attempt to change someone’s goal if they choose a different timeframe for completion. We encourage enough time to make a change, and not so much time that completing the goal is so far in the future that it may not seem attainable. However, let the person choose the timeframe, even if it is outside the 2-6 month timeframe.

**Goal-setting**

**TIMED:**

- Timeframe for completion
- Generally consider 2-6 month goals

**Considerations with SMART goals**

- Is the goal really SMART?
- How does the goal align with vision, mission, and values?

Considerations.

Again, the SMARTer the goal or action steps, the more likely it will appear to be achievable.

It’s also of value to relate the goal back to MAP, or what really matters to the person.
**Determining Action Steps**

The goal is set, now what?
- Break down the goal in manageable (small) steps
- Decide actions before the next session
- SMART the Action Steps

**SMART these examples, provide one SMART action step:**
- I want to lose weight.
- I want to exercise more.
- I want to find a new job.
- I want to reduce my stress.

**Barriers/Challenges**

*Barriers* are anything internal or external that may get in the way of completing the action step.

Any identified barrier should be followed by a contingency plan for dealing with the barrier when it arises.

**Accountability**

Accountability to action:
- How would you like to be accountable for this step?
  - To the Group?
  - To self, using a journal / tracking tool / mobile app / visual reminder?
  - To a specific support person?

**Action Steps.**

Facilitators will assist participants in SMARTing their Action Steps just like they did their goals.

Select one of the intended outcomes on this slide and have the facilitators SMART the Goal and Action Step.

Make sure they have addressed each criterion for both the Goal and Action Step.

**Barriers/Challenges.**

After establishing SMART Action Steps, facilitators have participants explore what barriers or challenges (these terms are used interchangeably – it depends on which term the participant wants to use) they anticipate may arise when carrying out their Action Step(s).

With each anticipated barrier, participants should be encouraged to come up with a contingency plan, or work-around.

**Accountability.**

Participants are encouraged to determine how they will be accountable – to the group, to a friend, family member or co-worker, or themselves.
Arthur’s Transformation video (4:54 min.)
The presenter should note that VA is not endorsing Diamond Dallas Page (DDP) but rather using the video to reflect the importance of identifying realistic goals; what is realistic for one person may not be realistic for another. Video Link:
https://www.youtube.com/watch?v=qX9FSZJu448
After showing the video, ask: **What stood out for you regarding ‘What is a realistic goal?’**

**Activity: Smart Goal and Barriers Worksheets**
- SMART Goal and Action Steps Worksheet:
  - Turn to page 15 in Participant Manual and complete
  - Participants should be prepared to discuss in small group practices
- Barriers Worksheet:
  - Turn to page 16 in Participant Manual and complete
  - Participants should be prepared to discuss in small group practices

**Demo #3 – Stage III**
- Watch for discussions about:
  - Goals setting & action steps
  - Explore barriers
  - Training & Support
  - Accountability
- Volunteers?

Have facilitators complete the **Goal Setting, Action Steps Worksheet on p. 15 and Barriers Worksheet on p. 16 of the Participant Manual**, if they have not already done so.
Let them know that they will be discussing their responses in the demo as well as small group practice.

In the time allotted, make sure you demo all 3 areas of goal setting, action steps and barriers. Therefore, let the group know that you will not have all participants respond to each area. Further demo instructions on next page.
Conduct the third demonstration (15 minutes and 5 minutes of discussion/feedback)

- Ask for 5 volunteers. (or if training fewer than 5, have all facilitators participate)
- Explain that they will discussing the Goal and Action Steps as well as the Barriers Worksheets that they just completed.
- Let them know that they will only share what they are willing to share, but the responses should be authentic, not role-played.
- Instructions for the rest of the group (if there are others observing):
  - Have them focus on the skills you are using, especially reflections and inquiry.
  - Have them write down at least one reflection and one inquiry.
  - Have them notice that you are not providing information, giving advice nor problem-solving.
  - Let them know that you will be asking the questions that relate to Stage III in the TCMLH Facilitator Guide (page 26, Questions 7 and 8 as well as page 27 Question 2b). They may want to follow along by turning to those questions in their FG.
  - Note: you may not have time to ask all the questions, nor hear from everyone on each question.

- While facilitating, demonstrate the following:
  - Listening skills.
  - Reflections and Inquiry (at least two reflections for every question on the average).
  - Avoid problem-solving, advice giving or providing information.
  - You will probably not have time to get around to Goals, Action Steps and Barriers with all the group members. Make sure to demonstrate helping a group member to SMART up one goal and one group member to SMART up one Action Step.
  - Be sure to demonstrate asking the participants what number they gave themselves for the area talked about, and what that number means to them.
  - Do not spend too much time with one person. Try to hear from everyone in the group in the 10 minutes.

After the demonstration is finished (5 minutes):

- First, ask the observers what they noticed you doing
  - Ask for specifics, not generalities.
  - Ask for a reflection and/or inquiry that they observed.
  - Ask for any ways they might have done something differently.

- Ask the participants for their experience of being in your group. Again, ask for what they specifically remembered you doing and how it impacted them.
**MODULE 13: GROUP MANAGEMENT – WORKING WITH DIFFICULT GROUP DYNAMICS**

The Difficult Group Dynamics module provides strategies for navigating a group under various challenging group circumstances.

---

**Day 2 Module 13 Working with Difficult Group Dynamics**

**Introduction**

Before you begin this presentation, you may want to remind facilitators:

- That they will encounter difficult group dynamics. It’s a natural phenomenon of people gathering together in a group.
- The principles we consider here will not always prevent difficult group dynamics but may minimize the impact on the group.
- That we will be drawing on their expertise and experience at the end of the slide presentation.

When doing this module, make sure to save enough time (at least 10 minutes) at the end for the group reflection questions.

**Principles to Consider**

Design Group Guidelines before the group begins

- Respect one another
- Balance the time you speak with time others speak
- Bottom line
- Stay on Task
- No advice giving (without permission)

Point out that these are principles for addressing difficult group dynamics.

The first principle is to make sure the group guidelines for communication in the group is designed before the group begins. There are some examples listed on this slide of some guidelines that might be included. This is not an exhaustive list. Guidelines are also provided in their TCMLH Facilitator Guide (p. 10) and Participant Workbook (p. 7) or may be listed on the flip chart on the wall. It is important to be able to easily refer to the Group Guidelines throughout the course.
Principles to Consider

- Let the Group know how you will address these issues if they come up
- Solicit from them how they would like to handle these situations

It is helpful to let the group know how you will handle these group dynamics when they come up. Facilitators may want to let the group know that it is their responsibility to uphold the Group Guidelines, as well as the group’s responsibility to remind other participants of the guidelines.

Facilitators may also want to solicit from the group two things:
1. Their ideas for how to handle these situations
2. Any other community agreements/guidelines they may want to consider

Soliciting these ideas from the group will give more ownership to the group for dealing with these dynamics as they arise.

Addressing Difficult Group Dynamics

- Start with a broad request
- Remind them of Community Agreements
- Begin to refine your request if necessary
- Make a specific request of a group member
  - Acknowledge their input and contribution
- Consider making a request outside the group

This slide provides a process by which difficult group dynamics might be addressed.

1. Start with a reminder or request of the whole group, even though the situation being addressed may only involve 1 or 2 group members. For instance, if 1 or 2 group members are dominating the conversation, the facilitator may say something to the effect of, “I’m aware we’ve only heard from a few group members on this topic and in order to honor our Group Guidelines, I’d like to hear from others who haven’t spoken as much today.” It may be helpful for the facilitator to acknowledge the contributions from those who have spoken.

2. Sometimes a request to the whole group may not have the desired outcome, so reminding the whole group of the group guidelines may have to be honed or refined. An example might be, “We’ve heard from Jack, Darcy and Ed, but I haven’t heard as much from the rest of you. So, in order to honor our guidelines, I want to open the floor to others.” This principle begins to refine the request. It goes a little further than a broad request of the group.

3. Depending on the facilitator’s relationship with group members, the facilitator may want to make a specific request of a group member, such as, “Jack, I’m aware I’ve heard several of your thoughts on this topic, and I appreciate your willingness to share your thoughts. In order to honor our
agreements, I’d like to hear from some others on this topic.”

4. Or, if this kind of ‘public’ request may not be desirable, the facilitator may want to consider making the request outside the group, on a break. For instance, the facilitator may pull Jack aside on the break and say something to the effect, “Jack, I know you’re really invested in this topic and you’ve had a lot to share, and in order to uphold the group guidelines, I want to provide some space and time for others to share when we return from break.”

<table>
<thead>
<tr>
<th>Addressing Difficult Group Dynamics</th>
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<tbody>
<tr>
<td>Avoid escalation of the situation</td>
</tr>
<tr>
<td>– Acknowledge strong feelings by simply reflecting</td>
</tr>
<tr>
<td>– Avoid telling the person how they should be, feel</td>
</tr>
<tr>
<td>There are no ‘sure cures’ to these dynamics</td>
</tr>
</tbody>
</table>

Telling people how to be, or how they should feel, especially when it’s an emotional topic, may only serve to escalate the situation. If a group member is angry, asking them why they would feel that way, or suggesting that they shouldn’t be angry, may only serve to escalate their anger. Sincerely reflecting their thoughts and feelings may allow them to experience that someone is listening and understands, and in so doing, reduce some of the anger.

It’s important to realize that there are no ‘sure cures’ to difficult group dynamics. If they occur, the facilitator may have to acknowledge them, deal with them, but not necessarily assume they are responsible for difficult group dynamics happening.

<table>
<thead>
<tr>
<th>Addressing Difficult Group Dynamics</th>
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</thead>
<tbody>
<tr>
<td>What are some difficult group dynamics you have had to deal with as either a leader or group member?</td>
</tr>
<tr>
<td>How did you deal with the situation?</td>
</tr>
<tr>
<td>What was successful? What was not?</td>
</tr>
<tr>
<td>How have others dealt with this dynamic?</td>
</tr>
</tbody>
</table>

Ask participants about difficult group situations they have experienced and their ideas for handling these difficult situations.

Allow for as many of these difficult group dynamics to be discussed by using the above questions as time permits.
### Dual Relationships

- VA Employees are generally discouraged from developing new relationships with Veterans whom they meet through work. This may become more difficult when you get to know people in a weekly group.
- You’ll find common interests, goals, etc. and while it may seem harmless to create a personal contact, the boundaries are there because it often goes awry.
- Undoubtedly you know people in the community who happen to be Veterans and who get their care at your VA. Being aware of maintaining boundaries is important. Example - Checking something in their chart

### Ethical Considerations.

Explain their role as facilitators and the importance of maintaining an ethical approach in this role.

---

**“Clarity is kindness.” - Rumi**

**Remember:**
- As a group facilitator you have greater power than the group members.
- This is true even if you are friendly, open, and collaborative.
- Being special (think teacher’s pet) feels good and may be innocent.
- It also feels bad to other group members who don’t feel chosen.
- Group members may mistake your concern for other feelings/intentions.

**General Rule:**
- Make sure your actions and speech serve the Veterans’ interests.
- As the facilitator you are responsible for setting the boundaries.
- What it means to you may be different than what it means to them.
MODULE 14: PRACTICE OF THE SKILLS AND WHOLE HEALTH PROCESS

The Group Practice contains 3 sessions in the training. This is a chance for the facilitators to use the knowledge and facilitation skills learned in a group setting. Group size for this practice will vary based on the number of facilitators. The Topics to Facilitate document will be used to assign session topics.

Practice Session Instructions

- Groups
- Topics to Facilitate - Selection of topics for each of the 3 practice sessions
- Timing

This practice has facilitators (who practice facilitating a topic), participants (who are in the class but act as participants to be facilitated) and mentors (who observe the facilitators).

Group size - This practice session will vary depending on how many facilitators you are training. Ideally, the practice would be conducted in groups of 5-7. If you do not have mentors for each group, you may want to have facilitators practice in a small group, while other group members observe. The observers would then be part of the next group that practices and would be observed by others. Another option would be to have

The practice session includes:
1. Setting up the practice
2. Conducting the practice and feedback
3. Debrief experience in a large group format
facilitators practice in small groups, even though a mentor is not present. This option may be effective if other group members are knowledgeable of the practice objectives and are able to provide feedback to the person practicing facilitation.

- In the time allotted in this training, you should be able to have 5 practices in each group. Each practice will take approximately 15 minutes – 10 minutes of facilitation and 5 minutes for feedback and discussion. Rotate the facilitator for as many times as you have time to practice.
- If you will be having more than one group practicing, have the facilitators number off according to the number of groups you will have. For instance, if you intend to have 3 groups have them number off by 3’s. Because there is only time for 5 facilitators to practice, ideally you will want to have 5 people in each group. However, it’s unlikely you will have the ideal number of facilitators in each group.
- It's ideal if the groups can spread out to practice. It can get loud if there are multiple groups in each room.
- Provide facilitators the question(s) they will be facilitating in their group. (These will be provided to you on a separate worksheet called ‘Topics to Facilitate’) There will be one facilitated session on Stage I and one on Stage II. Since Stage III may take longer, Stage III can be broken down into 3 practices- SMART Goal Setting, SMART Action Steps and Barriers. If additional facilitation questions are needed, you could include a mindful awareness of breath, or a deeper dive into one of the components of health. Again, these will be provided in a separate worksheet so they can be printed off for each practicing group member. Let them know that they will only share what they are willing to share, but the responses should be authentic, not role-played.

### The Actual Practice (10 minutes)

- Ideally, allow at least 10 minutes for each facilitation practice and 5 minutes of discussion/feedback. If time does not allow, you may have to shorten the session to 8 minutes of facilitation and 3 minutes of feedback, for example.
- The role of the other facilitators not facilitating at that time is twofold: 1) Be a group member, authentically sharing responses, not role-playing, and 2) Provide feedback to the facilitator in the 5-minute feedback session. Group members will need to have their Participant Manuals with them, because they will be referring to the completed forms in the Manual.
- After offering the opening question to the group, the facilitator should focus on:
  - Listening
  - Utilizing the skills of reflection and inquiry
  - Keeping the group discussion on task
  - Avoiding problem-solving and advice giving.
- The designated timer should let the facilitator know when their time is up. They may also want to give the facilitator a 2-minute signal before the end of the session.
- Let the group members that they should observe specifically one thing the facilitator did well and one specific thing they might do even better or differently. They should be encouraged to jot down specifically what the facilitator said or did. The more specific, the more helpful the feedback will be.

### Giving Feedback and Discussion

- First, ask the facilitator to self-assess: 1) What is one thing they liked that they did, and 2) what is one thing they might even do better or differently next time.
• Have the other group members share their specific feedback. You may want to help shape the feedback if it is not specific. Help the people giving feedback to avoid judgements such as ‘That was great!’ or ‘You were awesome!’

• As the trainer, provide your feedback as well, using the same model for the feedback.

• If time permits, allow for questions about the session that was just facilitated.

**Rotate the facilitation until everyone has had a chance to practice.**

• The practices should go in order of the Stages to be coherent to the group members. For example, Goal Setting should come before Action Steps, which should come before Barriers.

**Debrief the small group experience in the large group.** You may want to ask the following question:

“**What are your feelings and thoughts now that you have completed this practice?**” or

“What are you telling yourself now that you have completed this practice?”

Allow for questions, time permitting.

---

**Homework – Action Steps Toward Goal**

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In order for facilitators of the small groups to inquire about participants’ progress toward their goals in a realistic fashion (practice of Stage IV) the faculty should remind everyone at the close of Day 2 to attempt to engage in a practice related to their well-being goal (**p. 15 in Participant Workbook**) before getting back together for Day 3.
These three topics will be at the start of each training day. Main topics from participant feedback forms are discussed, and an overview of the day is presented. The following is the next presentation on Mindful Awareness and a brief practice. You have a choice of doing either the Mindful Eating Practice (which requires bringing something to eat to the training) or the Loving Kindness Meditation.

**Mindful Eating**
- Being fully present is an opportunity to experience the fullness of the moment. This can apply to any moment or any activity.
- Being fully present to the moment often brings a greater sense of well-being and less anxiety and stress.
- Mindful eating allows one to be fully engaged in the experience of eating/enjoying food and drink. Choosing to eat food that is both pleasing to you and nourishing to your body by using all your senses to explore, savor and taste.
- Practice . . .

**Meditation**
This meditation is also referred to as ‘Compassion Meditation’.
Facilitators should use their discretion in what to name this practice, based on what they know about their group participants. Some participants may hear ‘Compassion Meditation’ as more tolerable than ‘Loving Kindness Meditation’.
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<thead>
<tr>
<th>TCMLH Facilitator Training – Train the Trainer Guide</th>
</tr>
</thead>
</table>

### Starwell Kit – video on Mindfulness through eyes of a Veteran. (3:31 min)

**Video Link:**

Ask: “**What was your response to watching this video?**” Point out that this was one Veteran’s experience and it doesn’t mean that all Veterans will have a similar experience with Mindful Awareness of Breath. That’s one reason we offer several mindful awareness experiences, hoping that at least one might resonate with each Veteran.
## MODULE 16: STAGE IV, EXECUTING AND ASSESSING ACTION W/Demo

This is the Stage where participants reflect on their action steps taken, to understand what they have learned, barriers that have arisen and any changes needed to their plan.

<table>
<thead>
<tr>
<th>MODULE 16: STAGE IV, EXECUTING AND ASSESSING ACTION W/Demo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 3 Module 16 Stage IV, Executing and Assessing Action</td>
</tr>
</tbody>
</table>

Stages will appear as you “click” so you can re-cap each stage.

### Executing the Action Stage IV

This stage occurs after the participants have attempted their Action Steps. It allows the participants to assess how they have done, speak to any lessons they have learned, identify any new barriers encountered and decide how they may want to modify their goals or action steps.

This assessment takes place in Session IV of the TCMLH Course. It also is addressed each week subsequently in the course.

### Stage IV - Execute the Action

**Phase 1** - Have client self-assess how they have progressed since last session

- Fully took action
- Partially took action
- No action taken

### Stage IV Phase

These slides further discuss all the phases the facilitators will address each week in Sessions 4-9.
It is important to point out that the change process is not always linear and there will be ‘ups and downs’ in the process.

The intention of the facilitator (and other group members) should be to support participants through this process.

Knowing that change is seldom easy or linear, the course was originally designed to be 9 weeks in order to support participants through this process, over time.

<table>
<thead>
<tr>
<th>Stage IV - Execute the Action</th>
<th>Stage IV - Execute the Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 2</strong> - Assist participant in assessing what they learned about themselves and situation.</td>
<td><strong>Phase 2</strong> - Assist participant in assessing what they learned about themselves and situation.</td>
</tr>
<tr>
<td>These ‘learnings’ may include:</td>
<td>These ‘learnings’ may include:</td>
</tr>
<tr>
<td>- Challenges/barriers encountered</td>
<td>- Challenges/barriers encountered</td>
</tr>
<tr>
<td>- Contingency plans</td>
<td>- Contingency plans</td>
</tr>
<tr>
<td>- Strengths and successes</td>
<td>- Strengths and successes</td>
</tr>
<tr>
<td>- Personal Insights</td>
<td>- Personal Insights</td>
</tr>
</tbody>
</table>

There are two factors that influence why a demonstration of Stage IV may not be conducted.

- The first is that, if there is a shortened training due to a small number of participants, time will not allow for a demonstration.
- The second is that participants will not have attempted their action steps if they are just completing the Worksheets in the training.

If these circumstances are different, there may be an advantage of conducting a demonstration of this Stage as well.

<table>
<thead>
<tr>
<th>Stage IV – Execute the Action</th>
<th>Stage IV – Execute the Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 4</strong> - Take Further Action</td>
<td><strong>Phase 4</strong> - Take Further Action</td>
</tr>
<tr>
<td>• Continue with facilitation process</td>
<td>• Continue with facilitation process</td>
</tr>
<tr>
<td>• Explore or refer to other services</td>
<td>• Explore or refer to other services</td>
</tr>
</tbody>
</table>

**Reminders for Stage IV**

- Solicit affirmations from participants for what they have accomplished
- Recognize Strengths
- Reconnect to Mission, Aspiration or Purpose (MAP)
Conduct the fourth demonstration (10 minutes and 5 minutes of discussion/feedback)

- Ask for 5 volunteers. (or if training fewer than 5, have all facilitators participate)
- Explain that they will discussing the Goal and Action Steps as well as the Barriers Worksheets that they just completed.
- Let them know that they will only share what they are willing to share, but the responses should be authentic, not role-played.
- Instructions for the rest of the group (if there are others observing):
  - Have them focus on the skills you are using, especially reflections and inquiry.
  - Have them write down at least one reflection and one inquiry.
  - Have them notice that you are not providing information, giving advice nor problem-solving.
  - Let them know that you will be asking the questions that relate to Stage IV in the TCMLH Facilitator Guide (page 32, Question 1). They may want to follow along by turning to those questions in their FG.
  - Note: you may not have time to ask all the questions, nor hear from everyone on each question.
- While facilitating, demonstrate the following:
  - Listening skills.
  - Reflections and Inquiry (at least two reflections for every question on the average).
  - Avoid problem-solving, advice giving or providing information.
  - You will probably not have time to get around to Goals, Action Steps and Barriers with all the group members. Make sure to demonstrate helping a group member to SMART up one goal and one group member to SMART up one Action Step.
  - Be sure to demonstrate asking the participants what number they gave themselves for the area talked about, and what that number means to them.
  - Do not spend too much time with one person. Try to hear from everyone in the group in the 10 minutes.
### After the demonstration is finished (5 minutes):

- First, ask the observers what they noticed you doing
  - Ask for specifics, not generalities.
  - Ask for a reflection and/or inquiry that they observed.
  - Ask for any ways they might have done something differently.

- Ask the participants for their experience of being in your group. Again, ask for what they specifically remembered you doing and how it impacted them.
The When and How to Refer module is important to understand how to identify signs that participants may need specific support, and how to refer participants.

Day 3 Module 17 How and When to Refer

Introduction

There are a couple of things to keep in mind when training this Module.

First, remember that ‘how and when to refer’ is not only about referring for safety or emergency situations, but also referring when a Veteran may benefit from support beyond the TCMLH class. Note that this is not about diagnosing a person as Facilitators are not clinicians.

Secondly, the questions at the end of this Module often result in a rich discussion and helps to personalize the information for the facilitators. Many have an extensive source of experience from which to draw when it comes to referrals. Also, the referral process may have nuances of differences for the various facilitators. Make sure to allow a good portion of the time for the questions at the end of these slides.

Preparing for Potential Referrals

- Have professional colleagues with whom you can discuss potential referrals.
- Be clear on your supervisory chain and to whom you will share concerns.
- Be familiar with referral resources.
- Recognize that not all issues are appropriate for Whole Health Groups.
- Be familiar with VA limits to confidentiality.
- Become familiar with behaviors and signs that might suggest additional resources are needed.

It should be noted that these are plans that can be prepared before the facilitator starts facilitating. They should get with the identified personnel ahead of time, so they are prepared when a potential referral comes up.

Make sure facilitators or participants know VA policy on limits to confidentiality and work with their supervisor if warranted. You may want to ask what the group knows about limits to confidentiality in order to assess their knowledge.
This slide provides an opportunity to explore what might be some signs that a Veteran may benefit from a referral. Its related to the next slide which identifies things a facilitator might look for to assist another in getting additional support.

This slide is information from an organization that wanted non-professionals to be aware of signs that someone may be suffering. The analogy they use is just as our lay people in our society have become more aware of heart attacks, the population can be educated to become more aware of when someone might need help with their mental suffering. This information appears in the TCMLH Participant Manual as well.

Know the Five Signs that may mean someone is in emotional pain and might need help. 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.

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.
### How to Refer

- Establish in first session that referral may be part of the group process.
- Discuss with participant first before making a referral.
- Use Elicit-Provide-Elicit format when discussing referral with participant.
- If you have clinical credentials, be clear with participants which role you are assuming.

#### Elicit

#1 Elicit. It’s important to let the Veteran know what you are observing and ask their permission for sharing whatever you are going to share.

#2 Provide. Provide information or resources that you think may be helpful for the Veteran.

#3. Elicit. Ask them what they heard to reflect back what they are thinking in response to what you have offered.

### Questions for Discussion

- What are some conditions that you think might warrant a referral?
- What has been your experience with referrals in your current position that you could apply to these groups?
- What questions do you have regarding referrals?

Make sure to allow 10 minutes for facilitators to consider these questions.

Where to refer: Make sure you are aware of who the clinical supervisor and mental health professional is before the course/training. Might be a VSO, or Employee Assistance person to refer to.
Optional: The training certificates are located in the *Course Materials* tab and are based on your discretion to use. If you choose to hand out certificates, we suggest providing them to those participants that complete the full course and all the practice sessions. The participant’s ability to deliver the course with the most beneficial effect is based on attending both the ‘front of the room’ training and the ‘putting into practice’ sessions to obtain the comprehensive learning. Therefore, we often require participant completion of these areas to obtain a certificate.

Time permitting, you may want to allow for Questions and Answers and review the Parking Lot for any remaining questions or concerns.

In a closing circle, facilitators give one word or phrase that describes their feelings/thoughts at that moment which can be a way to bring closure to the training. (You will pass the microphone around if it is a big group).
This will largely be a discussion. It is anticipated that implementation of training may be very different at different locations. If you have a larger group, you may want to break them up into smaller groups, based on criteria such as region or other similarities. If broken into smaller groups, you may have to allow time for brief report-outs from the groups.

The intent is to give trainers an opportunity to reflect and think about, as well as hear from others on the following:

What are strategies you’ll need to employ in order to implement training at your location?

What challenges do you anticipate and how do you intend to meet the challenge?

What will be your initial steps you need to implement in the first few weeks?
## Planning for Implementation Template

This form is intended to assist Trainers in implementation strategies for conducting trainings in their various locations.

<table>
<thead>
<tr>
<th>Elements to Consider</th>
<th>Short-Term (1st 60 Days)</th>
<th>Mid-Range (2-6 Months)</th>
<th>Long-Range (1-2 years from now)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Where will you train?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. How many will be in your training?</td>
<td></td>
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<tr>
<td>3. What do you need to set up in terms of logistics (such as space, materials for the training)?</td>
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<tr>
<td>4. What do you need to do to prepare yourself for the training?</td>
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<tr>
<td>5. How will you follow-up and support facilitators after the training is completed?</td>
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</tr>
<tr>
<td>6.</td>
<td>How will you be part of a trainer community and continue to enhance your own training skills?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>To whom are you accountable for your trainings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>How will you evaluate the impact/effectiveness of your trainings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Adapting the Course to Varying Number of Facilitators

Course delivery may vary based on the number of facilitators and may require different strategies of training. Agenda times will vary: You may end up having a two-day training as you will not need 1) the same amount of time for discussion with a smaller group, nor 2) practice time. Here are some strategies and ideas of how to adapt the course to a certain number of facilitators.

**Training 1-4 people:** Training 1-4 people will make it difficult to practice facilitating a group process, and an important element of the training. In order to provide adequate practice, the following two training strategies are offered:

1. **Bring in some additional Veterans or VA employees for the practice part of the training.** Perhaps there would be some Veterans or employees who would be willing to participate for a day if they knew they were making a contribution to the training. It would be helpful to have total of 6 people in a small group. In other words, if there were two people being trained, they would have to bring in 4 more people. This would only be for the practice portion of the training. Also, it may be a challenge to conduct demos if there are only 3 or less in a training.

2. **Conduct the Practice elements of the training in an actual TCMLH class.** The trainer would need to be available to sit in with the facilitator(s) in an actual class and have the facilitator(s) actually conduct part of a module. They would probably need to do this on at least 3 separate occasions. The sections the facilitator(s) would facilitate would be assigned a week in advance, so they had time to prepare. The trainer would work with the facilitator prior to the session, make observations during the session, and debrief with the facilitator after the session, providing feedback as we currently do.

In either case described above, the trainer would need to make assessments about the facilitator being ready to facilitate in the classroom.

**Training 5-10 people:** Five to 10 people could be trained as we currently do. There would be just one trainer, so all practice would need to be conducted in one group. Having more than 7 or 8 in a group, as we currently do, everyone practice 3 times. The practice time would be the same for 7 or 8. The only difference would be that there is just one group as opposed to 4 or 5. The time spent prior to practice could be less, in that there would possibly be less discussion, fewer introductions, etc.

**Training more than 10 People:** This could present a challenge if we currently use trained mentors for practice. Local trainers probably not have trained mentors available, unless other trainers would be brought in as mentors. This may not be feasible with local trainings. Training more than 10 is less likely for local trainers, unless they are doing a significant VISN training.

**Other Considerations**

1. Depending on the number of people being trained will influence what AV equipment is necessary to conduct a training.
2. Getting the right people in the room to train will be the most important consideration. We need to develop a brief module on this in terms of what to look for in applicants for training.
3. No matter what the situation, a newly trained facilitator should co-facilitate with an experienced facilitator (or ideally the trainer) the first time.
## Online Resources

Public websites:

- **Whole Health for Internet**: [https://www.va.gov/WHOLEHEALTH/](https://www.va.gov/WHOLEHEALTH/)
- **Whole Health Online Library**: [https://wholehealth.wisc.edu/](https://wholehealth.wisc.edu/)

VA-only websites:

- **Whole Health for Intranet**: [http://vaww.va.gov/patientcenteredcare](http://vaww.va.gov/patientcenteredcare)
- **Whole Health Education Sharepoint**: [https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx](https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx)
- **Whole Health Print Products Catalogue**: [https://vaww.va.gov/PATIENTCENTEREDCARE/Available_Print_Products.asp](https://vaww.va.gov/PATIENTCENTEREDCARE/Available_Print_Products.asp)
- **Whole Health Communication Resources**: [https://vaww.va.gov/PATIENTCENTEREDCARE/Communication_Resources.asp](https://vaww.va.gov/PATIENTCENTEREDCARE/Communication_Resources.asp)
COURSE MATERIALS

When planning for a training, it will be necessary to order a copy of the TCMLH Facilitator Guide and TCMLH Participant Workbook from the Supply Depot. See the chart below.

The trainer will also need to print off copies of the agenda and topics to facilitate for each participant. These can be found on the OPCC&CT SharePoint site.

Finally, each participant completing all aspects of the training will receive a Certification of Completion.

<table>
<thead>
<tr>
<th>Materials needed for TCMLH trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product</strong></td>
</tr>
<tr>
<td>Documents from Depot: To order the below documents, work directly with your Facility Publications Control Officer (FPCO) and provide the IB and P numbers below.</td>
</tr>
<tr>
<td>Taking Charge of My Life and Health Participant Workbook</td>
</tr>
<tr>
<td>Taking Charge of My Life and Health Facilitator Guide</td>
</tr>
<tr>
<td>Personal Health Inventory (Long &amp;/or short versions)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Documents In ‘Course Materials’ Tab to copy for courses</td>
</tr>
<tr>
<td>Taking Charge of My Life and Health Agenda</td>
</tr>
<tr>
<td>(days/timetables can be adjusted according to # of days of training)</td>
</tr>
<tr>
<td>Topics to Facilitate (small group practice topics): There are 2 document options for 7 or 8 participants in a group. If less participants, can only assign certain topics.</td>
</tr>
<tr>
<td>Certificates for course completion (optional)</td>
</tr>
<tr>
<td>TIME</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>7:30am – 8:00am</td>
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<tr>
<td>8:00am – 8:15am</td>
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<tr>
<td>8:15am – 8:45am</td>
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<tr>
<td>8:45am – 9:15am</td>
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<td>9:15am – 9:30am</td>
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<td>9:30am – 10:00am</td>
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<td>10:00am – 10:30am</td>
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<td>10:30am – 10:40am</td>
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<tr>
<td>10:40am – 11:10am</td>
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<tr>
<td>11:10am – 12:00pm</td>
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<tr>
<td>12:00pm – 1:00pm</td>
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<tr>
<td>1:00pm – 1:40pm</td>
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<tr>
<td>1:40pm – 2:10pm</td>
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<tr>
<td>2:10pm – 2:25pm</td>
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<tr>
<td>2:25pm – 3:00pm</td>
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<tr>
<td>3:00pm – 3:30pm</td>
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<tr>
<td>3:30pm – 4:00pm</td>
</tr>
</tbody>
</table>
## DAY 2

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 8:00am</td>
<td>Participant Sign-In</td>
</tr>
<tr>
<td>8:00am – 8:15am</td>
<td>Check-in and Overview of the Day</td>
</tr>
<tr>
<td>8:15am – 8:30am</td>
<td><strong>Module 10</strong>: Mindful Awareness Practice / <em>This is Water</em> Video</td>
</tr>
<tr>
<td>8:30am – 9:15am</td>
<td><strong>Module 11</strong>: Skill Building - Reflections and Inquiry</td>
</tr>
<tr>
<td>9:15am – 9:30am</td>
<td>Break</td>
</tr>
<tr>
<td>9:30am – 10:40am</td>
<td><strong>Module 12</strong>: Stage III, Planning for Action and Goal Setting,</td>
</tr>
<tr>
<td></td>
<td>(including: Action Steps, Barriers, and Accountability) with Demo</td>
</tr>
<tr>
<td>10:40am – 11:40pm</td>
<td><strong>Module 13</strong>: Working with Difficult Group Dynamics/Parking Lot</td>
</tr>
<tr>
<td>11:40am – 12:00pm</td>
<td><strong>Module 14</strong>: Trainee practice Setup</td>
</tr>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm – 2:10pm</td>
<td><strong>Module 14</strong>: Trainee practice with feedback <strong>Session I</strong></td>
</tr>
<tr>
<td>2:10pm – 2:15pm</td>
<td>Final Large Group Debrief</td>
</tr>
<tr>
<td>2:15pm – 2:30pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:30pm – 3:30pm</td>
<td><strong>Module 14 continued</strong>: Trainee practice with feedback <strong>Session II</strong></td>
</tr>
<tr>
<td>3:30pm – 4:00pm</td>
<td>Wrap-up: Q &amp; A, Evaluations</td>
</tr>
</tbody>
</table>

## DAY 3

<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am – 8:00am</td>
<td>Participant Sign-In</td>
</tr>
<tr>
<td>8:00am – 8:15am</td>
<td>Check-in and Overview of the Day</td>
</tr>
<tr>
<td>8:15am – 8:45am</td>
<td><strong>Module 15</strong>: Mindful Awareness Practice</td>
</tr>
<tr>
<td>8:45am – 9:15am</td>
<td><strong>Module 16</strong>: Stage IV, Executing and Assessing the Action w/ Demo</td>
</tr>
<tr>
<td>9:15am – 9:30am</td>
<td>Break</td>
</tr>
<tr>
<td>9:30am – 10:30am</td>
<td><strong>Module 14 continued</strong>: Trainee practice with feedback <strong>Session III</strong></td>
</tr>
<tr>
<td>10:30am – 11:00am</td>
<td>Parking Lot and Break</td>
</tr>
<tr>
<td>11:00am – 12:00pm</td>
<td><strong>Module 14 continued</strong>: Trainee practice with feedback <strong>Session IV</strong></td>
</tr>
<tr>
<td>12:00pm – 1:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm – 2:00pm</td>
<td><strong>Module 14 continued</strong>: Trainee practice with feedback <strong>Session V</strong></td>
</tr>
<tr>
<td>2:00pm – 2:15pm</td>
<td>Break</td>
</tr>
<tr>
<td>2:15pm – 3:15pm</td>
<td><strong>Module 14 continued</strong>: Trainee practice with feedback <strong>Session VI</strong></td>
</tr>
<tr>
<td>3:15pm – 3:30pm</td>
<td><strong>Module 17</strong>: How and When to Refer</td>
</tr>
<tr>
<td>3:30pm – 3:45pm</td>
<td><strong>Module 18</strong>: Final Large Group Debrief – Q&amp;A/Parking Lot topics</td>
</tr>
<tr>
<td>3:45pm – 4:00pm</td>
<td>Final Evaluation and Closing Circle</td>
</tr>
</tbody>
</table>
| Topics to Facilitate  
(Module # from Facilitator Guide) | Facilitator Guide:  
Page References | Facilitator Guide:  
Question(s) to facilitate | Participant Manual:  
Page References | Facilitator Name |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Practice Session #1: Day 2 (Afternoon)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduce Mindful Awareness (1.4)</td>
<td>11-12 (p 67)</td>
<td>4, 5</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Exploring MAP (1.5)</td>
<td>12-13</td>
<td>7</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Identifying Values (2.3)</td>
<td>16-17</td>
<td>5, 6</td>
<td>13-14</td>
<td></td>
</tr>
<tr>
<td>PHI (2.4)</td>
<td>17-18</td>
<td>5</td>
<td>2-6</td>
<td></td>
</tr>
<tr>
<td>Goal Setting (3.3)</td>
<td>26</td>
<td>7</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Action Steps (3.3)</td>
<td>26</td>
<td>8</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Barriers (3.4)</td>
<td>27</td>
<td>2, 3</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td><strong>Practice Session #2: Day 3 (Morning)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice of Muscle Awareness (4.2)</td>
<td>31-32 (p 69)</td>
<td>2, 3</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Learning from Attempted Action (4.3)</td>
<td>32</td>
<td>1</td>
<td>15-16</td>
<td></td>
</tr>
<tr>
<td>Food and Drink (4.4)</td>
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<td>Surroundings (5.5)</td>
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Certificate of Appreciation

This certificate is awarded to

In recognition of participation and completion of the VHA OPCC&CT’s Whole Health Facilitated Groups *Taking Charge of My Life and Health* Facilitator Training.

Date