



U.S. Department
of Veterans Affairs

NAME:

VETERANS HEALTH ADMINISTRATION

Whole Health for Pain and Suffering

*Pain pays
the income of
each precious
thing.*

– Shakespeare

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PARTICIPANT WORKBOOK

Whole Health for Pain and Suffering

AGENDA

DAY 1 MORNING: BEGINNING AT THE CENTER OF THE CIRCLE OF HEALTH

<u>Time</u>	<u>Topic/Title</u>
7:30am – 8:00am	Registration
8:00am – 8:10am	Leadership Welcome
8:10am – 8:45am	1. Course Overview <ul style="list-style-type: none">• Course Origins• Course Structure and Goals• Course Materials• Setting Intentions• Community Agreements• Introductions• Whole Health in the VA: A Review• Pause, Presence, Proceed Practice
8:45am – 8:55am	Movement
8:55am – 10:00am	2. New Perspectives on Pain and Suffering <ul style="list-style-type: none">• Pain and Suffering: A Serious Problem• A Whole Health Approach to Pain and Suffering• Elevator Speech Exercise• Whole Health Resources• Pause, Presence, Proceed Practice
10:00am – 10:10am	Break
10:10am - 11:00am	3. Chronic Pain: Starting with ME <ul style="list-style-type: none">• Part 1: Clinician in the Center<ul style="list-style-type: none">○ The Power of You• “BREATHE OUT” A Mindful Awareness Tool• Part 2: Veteran in the Center<ul style="list-style-type: none">○ Example Vignette: Elena○ Tools for Your Practice: The PHI○ Causes of Pain and Suffering: A Whole Health Approach○ Shared Goals○ Key Principles of Personal Health Planning• Pause, Presence, Proceed Practice

Whole Health for Pain and Suffering

- 11:00am – 12:00pm **4. Mindful Awareness**
- What is Mindful Awareness?
 - Mindful Awareness to Ease Suffering: Principles and Research
 - Mindful Awareness Experiential: Mindful Eating
 - Mindful Awareness in Your Practice
 - Mindful Awareness Experiential: Relational Mindfulness
 - Mindful Awareness Experiential: Partner Exercise
 - Pause, Presence, Proceed Practice

12:00pm – 1:00pm **Lunch**

DAY 1 AFTERNOON: WALKING THE GREEN CIRCLES: SELF-CARE, SELF-MANAGEMENT

- | <u>Time</u> | <u>Topic/Title</u> |
|-----------------|---|
| 1:00pm – 2:15pm | 5. Self-Care and Pain: An Overview <ul style="list-style-type: none">• Part 1: Supporting Veteran Self-Care<ul style="list-style-type: none">○ Self-Management: Keys to Coping○ Language and Communication Skills○ Reflection Exercise: Language and Communication• Part 2: Supporting Clinician Self-Care<ul style="list-style-type: none">○ Whole Health in Your Life: Your PHI○ Burnout: Causes and Effects○ Resilience: The Healer's Journey○ Reflection Exercise: The Healer's Journey• Pause, Presence, Proceed Practice |
| 2:15pm – 3:15pm | 6. Self-Care and Pain I: Moving the Body, Food & Drink <ul style="list-style-type: none">• Example Vignette: Frank• Reflection & Discussion Exercise: Moving the Body• Moving the Body: Movement, Yoga, Tai Chi• Brief Movement Break• Reflection & Discussion Exercise: Food & Drink• Eating to Reduce Pain: Diet and Inflammation• General Dietary Considerations• Specific Dietary Suggestions• Dietary Supplements for Inflammation• Exercise: Developing an Initial Dietary Plan• Pause, Presence, Proceed Practice |
| 3:15pm – 3:25pm | Break |

Whole Health for Pain and Suffering

3:25pm – 4:00pm

7. Self-Care and Pain II: The Other Circles

- Example Vignette: Jennifer
- Recharge: Integrative Approaches to Sleep
- Family, Friends, and Co-Workers
- Spirit and Soul
- Power of the Mind
- Surroundings
- Personal Development
- “Just Like Me” Practice
- Pause, Presence, Proceed Practice

4:00pm – 4:30pm

Local Programs and Resources

4:30pm

End of Day 1—Wrap Up, Pulse Check, and Adjourn

DAY 2 MORNING: INTEGRATIVE HEALTH: EXPANDING POSSIBILITIES

Time

Topic/Title

7:30am – 8:00am

Registration

8:00am – 8:10am

Reviewing Pulse Checks and Checking In

8:10am – 8:40am

8. Introduction to Complementary and Integrative Health (CIH) Therapies at the VA

- What is CIH?
- Integrative Health Coordinating Center (IHCC)
- Reflection Exercise: CIH and You
- Pause, Presence, Proceed Practice

8:40am – 9:25am

9. Mind-Body Skills I

- Relaxation Techniques
- The Relaxation Response
- Practice and Facilitation Exercise: Therapeutic Breathing
- Progressive Muscle Relaxation
- List 1 CIH Therapies
 - Meditation
 - Guided Imagery
 - Biofeedback
 - Clinical Hypnosis
- Pause, Presence, Proceed Practice

9:25am – 9:35am

Movement

Whole Health for Pain and Suffering

9:35am – 10:15am	10. Integrative Modalities for Pain <ul style="list-style-type: none">• Example Vignette: Adam• Manual Techniques• Osteopathic Assessment Experiential• Acupuncture: Principles and Practice• Acupuncture Research• Battlefield Acupuncture: State of the Art• Pause, Presence, Proceed Practice
10:15am – 10:30am	Break
10:30am – 11:00am	11. Mind-Body Skills II <ul style="list-style-type: none">• Introduction to Cognitive Behavioral Therapy (CBT)• Activity Pacing• Journaling<ul style="list-style-type: none">○ Journaling Exercise• Nature Therapy• Music Therapy• Pause, Presence, Proceed Practice
11:00am – 12:00pm	12. Whole Health in Action <ul style="list-style-type: none">• Pause, Presence, Proceed Practice
12:00pm – 1:00pm	Lunch

DAY 2 AFTERNOON: WHOLE HEALTH IN PRACTICE: YOUR THERAPEUTIC STANCE

<u>Time</u>	<u>Topic/Title</u>
1:00pm – 2:00pm	13. Headache <ul style="list-style-type: none">• Example Vignette: Mike• Partner Exercise: Personal Health Plan Writing Practice• Around the Circle: Headache• Pause, Presence, Proceed Practice
2:00pm – 3:45pm	14. Whole Health for Pain in Your Practice <ul style="list-style-type: none">• Creating Pain Teams• Panel Discussion: How Do We Do This?• Implementation Planning and Share Backs
3:45pm – 4:15pm	Closing Circle and Final Evaluation Thank You for Joining Us!

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ABOUT THE COURSE

Whole Health for Pain and Suffering: An Integrative Approach is a two-day advanced clinical education course (14.5 CEUs) designed to support any VA clinician working with patients who experience chronic pain in its various forms. The course was developed in 2016 and has been well-received by hundreds of VA professionals, including physicians, nurse practitioners, physician assistants, nurses, pharmacists, psychologists, social workers, dietitians, chaplains, physical therapists, occupational therapists, respiratory therapists, MSAs, and many others.

Pain management is an important focus in the eyes of lawmakers and the general public. As treatment protocols increasingly steer away from the use of opioids, it is clear that clinicians need to receive education on evidence-informed, safe, and effective non-pharmacologic approaches. Whole Health offers a model to integrate non-pharmacologic treatments along with self-care approaches; combined these make a more comprehensive evaluation and treatment plan for patients with pain.

Whole Health for Pain and Suffering provides an overview for applying the Whole Health model to patients with chronic pain. The components of the Circle of Health are discussed in detail with emphasis on self-care, mind-body approaches and integrative modalities to treat pain conditions. Several patient vignettes will provide an opportunity to implement Whole Health for common pain conditions, preparing participants to implement the Whole Health Approach to pain into their practices.

Because caring for patients in pain is taxing and increases risk for clinician burnout, the course incorporates not only formal didactics, but also experiential exercises and reflection on one's own Whole Health care needs. Special emphasis will be placed on the nature of suffering, which encompasses how a person responds to the experience of pain, and the capacity to reflect on life purpose and meaning. Even if those with pain cannot "get rid of" their pain signal, they can learn to work with pain and become more empowered in their response to it.

Course Learning Objectives:

- Untangle the complex web of chronic pain using the Whole Health model
- Use the Whole Health model to individualize the pain and suffering experience
- Gain exposure to non-pharmacologic approaches to pain care using Whole Health
- Develop a common language among professions caring for Veterans with chronic pain and suffering
- Network with professionals of multiple disciplines and specialties to understand different perspectives and best practices in the care of Veterans with pain

During this program, you are invited to:

- Consider pain and suffering in the broader context of modern health care
- Reflect on what you need for your own well-being as you provide care to people with severe pain
- Learn about how non-specific variables can influence outcomes for people with pain
- Try out an array of practices designed to enhance mindful awareness personally and interpersonally to enhance our encounters with patients suffering with chronic pain
- Consider how the power of the mind can influence pain care, with experiential learning opportunities, including breathing exercises and biofeedback
- Use the Whole Health model to expand your understanding of the root causes of pain conditions
- Broaden your knowledge about mind-body therapies, acupuncture (especially Battlefield Acupuncture), and manual therapies, among others
- Explore local and national resources related to the Whole Health Approach to pain and suffering

This course will help you to:

- Become familiar with the Circle of Health as it applies to pain care
- Apply Whole Health to the care of common pain conditions such as headache, back pain, osteoarthritis, myofascial pain, and chronic pain syndrome
- Expand your current skills in the use of non-pharmacologic treatments that can be used for pain management in clinical practice
- Describe how mind-body approaches and self-management can help people cope with pain
- Become familiar with research and practical issues on the use of Integrative Health in pain care
- Understand the efficacy and safety of different modalities, including manual therapies, acupuncture, nutrition, and mind-body approaches

ACCME, ACCME-NP, ACPE, APA, ANCC, ASWB, CDR, and NYSED SW accreditation (14.5 hours) is available. Attendance at the two days of training is a requirement of the course and for obtaining Continuing Educations (CEU) credits available through EES.

MODULE 1. COURSE OVERVIEW

SKILL-BUILDING EXERCISE: A MOMENT OF PAUSE

Consider taking a brief moment to pause at the start of your day to acknowledge what is present in your experience – the good, the bad, and the ugly. If you are aware of something unpleasant in your moment of pause, you may consider a way to acknowledge this experience with kindness, without trying to ignore it or “get rid” of it: perhaps holding a hand over your heart or taking a single breath just for you.

What am I sitting with today, right now?

Why am I here in this course? What are my goals/objectives for the next two days?

PAUSE-PRESENCE-PROCEED PRACTICE

As we complete this first module, is there anything more that you are noticing? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 1. Course Overview

Key Takeaways

- 1) The Whole Health System includes: Whole Health Clinical Care (inpatient and outpatient), Well-Being Programs, and The Pathway (Whole Health Partners with Veterans).
- 2) This Whole Health for Pain and Suffering course is different from typical continuing education courses in that there is an emphasis on drawing upon and honoring the wisdom of the group to facilitate the learning process.
- 3) The Circle of Health is a model that supports both Veterans and clinicians in pivoting away from a “find it, fix it” approach to pain and suffering, and towards a healthier, sustainable, multi-disciplinary approach to care.

Resources

Following are two primary Whole Health websites:

- <https://wholehealth.wisc.edu>
- <https://www.va.gov/wholehealth/>

TAKEAWAYS AND RESOURCES

Module 2. New Perspectives on Pain and Suffering

Key Takeaways

- 1) Pain is a signal, suffering is the response to the signal.
- 2) Our physical health is important, and there is more to us than that. It is just the tip of the iceberg. There are many other aspects to who we are. Whole Health provides a framework to honor that.
- 3) Many resources exist to support both individuals and whole facilities in transforming/optimizing care for Veterans who are experiencing pain and suffering.

Resources

This document provides a review of Whole Health-related and VA pain-related resources with information about the following:

- Whole Health-Related Websites
- VA Pain Resources
- Pain and Whole Health Community of Practice Calls
- Whole Health Online Courses

Those resources specific to the Whole Health Approach to care are identified with the Circle of Health. 

WHOLE HEALTH-RELATED WEBSITES



Whole Health. Internet site for Veterans and their families, as well as clinicians:
<https://www.va.gov/WHOLEHEALTH/>



OPCC&CT Whole Health SharePoint Education Hub. Links to all Whole Health courses, including Whole Health in Your Practice, Whole Health for Pain and Suffering, Eating for Whole Health, Whole Health for Mental Health, Whole Health Coaching, and other courses for facilitating peer work with Veterans:
<https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx?AjaxDelta=1&isStartPlt1=1565725923678>

[The Whole Health System Implementation Guide \(March 2019\)](#) is also available on the SharePoint website. Facilities may use the Guide as a resource to create and develop the Whole Health System locally. It provides guidance on topics such as preparing for implementation of Whole Health at your facility, defining team roles, Whole Health education strategies, and evaluation plans.



OPCC&CT Integrative Health Coordinating Center SharePoint. Has information on approaches discussed in this course, such as acupuncture, yoga, tai chi, massage therapy,, biofeedback, clinical hypnosis, guided imagery and meditation: <https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/IHCC-home.aspx>

The [Complementary and Integrative Health \(CIH\) Resource Guide](#) and [Battlefield Acupuncture \(BFA\) Resources](#) are also available on the IHCC SharePoint and might be of interest.



Whole Health Library. A compendium of online Whole Health documents for clinicians and Veterans: <https://wholehealth.wisc.edu>

- Under the “Get Started” tab, you will find documents like the PHI and the *Passport to Whole Health*.
- Under the “Courses” tab, you will find the workbook and PowerPoints for the *Whole Health for Pain and Suffering* course, as well as a variety of additional materials specific to the course.
- Under the “Implementation,” “Self-Care” and “Professional Care” tabs, there are more than 30 overview documents that incorporate the latest research and provide comprehensive assessment of CIH approaches in the different areas of the Circle of Health. Related Whole Health tools, which provide practical information for use at point-of-care, are located under the “Tools” tab. The overviews and tools are written for clinicians.

VA PAIN RESOURCES

The PACT Pain Roadmap

This excellent document contains multiple guidelines and links which allow you to assess your facility, clinic, or team’s approach to pain and to consider a range of approaches for pain care. For more information, please review the document, [Pain Management Guidance Document/Roadmap](#)



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VHA Pain Management Resources

- The main webpage has information to register for the monthly call, “Spotlight on Pain Management.” Register at: <http://www.va.gov/painmanagement/>
- Opioid Safety Toolkit is available at: [https://www.va.gov/painmanagement/Opioid Safety Initiative OSI.asp](https://www.va.gov/painmanagement/Opioid%20Safety%20Initiative%20OSI.asp). Contents include the following:
 - Acute Pain Provider Guide - Acute Pain Management Opioid Safety VA Educational Guide (2017) (PDF)
 - Chronic Pain Provider Guide - Transforming the Treatment of Chronic Pain Moving Beyond Opioids, A VA Clinician’s Guide (2017) (PDF)

- Pain Quick Reference Guide - Transforming the Treatment of Pain, A Quick Reference Guide (2017) (PDF)
- Effective Treatments for PTSD: Consider Cognitive Behavioral Therapy (CBT) as First Line Treatment - for Clinicians (PDF)
- PTSD Overview - for Patients (PDF)
- Effective Treatments for PTSD: Helping Patients Taper from Benzodiazepines - for Clinicians (PDF)
- Benzodiazepines Overview - for Patients (PDF)
- Cognitive Behavioral Therapy for Chronic Pain - Therapist Manual (PDF)
- Consent Form for Long-Term Opioid Therapy for Pain (PDF)
- TAKING OPIOIDS RESPONSIBLY - Patient Information Guide on Long-Term Opioid Therapy for Chronic Pain (PDF)
- Pain management materials for providers are available at: https://www.va.gov/painmanagement/For_Providers.asp. Contents include:
 - Psychological Treatment of Chronic Pain Presentation
 - Complementary Integrated Medicine (CAM) Recommendations, Mental Health Innovations Chronic Pain Section

Defense & Veterans Center for Integrative Pain Management (DVCIPM)

Website available at: <http://www.dvcipm.org>

- The Joint Pain Education Project (JPEP) group has a great video, “Understanding Pain,” which can be helpful for patients. Available at: <http://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep/pain-educational-videos/>
- Check out the “Clinical Resources,” as well. You can access the JPEP manual’s table of contents and contact information if you would like to request more information.
- You can access the 2010 Office of the Army Surgeon General’s Pain Management Task Force Final Report at: <http://www.dvcipm.org/site/assets/files/1070/pain-task-force-final-report-may-2010.pdf>

PAIN AND WHOLE HEALTH COMMUNITY OF PRACTICE CALLS



OPCC&CT SharePoint—Community of Practice Calls. Has reviews of all VHA Office of Patient Centered Care and Cultural Transformation Community of Practice calls, including several related to Pain. Available at: <https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/COPs.aspx>



Whole Health Clinical Community of Practice call

- Whole Health learning and skill-development, subject matter experts, and best practices
- Monthly call on 1st Thursday at 2:00 ET

- Previous recordings and materials since the call began in May 2014 are available on the COP SharePoint site.



Whole Health Coaching Community of Practice call

- Whole Health coaching education and skill-development, subject matter experts, and best practices
- Monthly call on 4th Thursday at 2:00 ET

Pain PACT Community of Practice Call

- Focuses on pain management, with many presentations related to Whole Health.
- Monthly call on 3rd Friday at 12:30 ET
- Previous recordings and materials are available on the COP SharePoint site.

Spotlight on Pain Management

- Monthly call on 1st Tuesday at 11:00 ET. Scroll down at the following link to sign up at: <https://www.va.gov/PAINMANAGEMENT/index.asp>

WHOLE HEALTH ONLINE COURSES



Courses are available through TMS and TRAIN. Please refer to the complete description of these courses as well as the TMS and TRAIN ID Numbers at: <https://dvagov.sharepoint.com/sites/VHAOPCC/Whole%20Health%20Online%20Modules/Forms/AllItems.aspx>

MODULE 3. CHRONIC PAIN: STARTING WITH ME

SKILL-BUILDING EXERCISE: BREATHE OUT MNEMONIC

Practicing the BREATHE OUT mnemonic steps, or a variation of them, can be one way to be present to the automatic reactions we have when working with people we see as “difficult” or “challenging.” By being present to our reactions, we may find there is enough space either before or during the encounter to respond to people in a different way – perhaps a healthier way – for all people involved.

1. List at least one **B**ias/assumption you have about the patient
2. **R**eflect on why you identify this patient as difficult
3. List one thing you’d like to **A**ccomplish today
4. **T**Hink about one question you’d like to address today that would enable you to explore your assumptions
5. Take three deep breaths before you **E**nter the room

After an encounter, consider the following:

1. Reflect on the **O**utcome of the encounter (consider the patient’s and your own agenda)
2. Did you learn anything **U**nexpected?
3. List one thing you would like to address if you were to run into this patient **T**omorrow

VIGNETTE—ELENA

Elena is a 55 year old retired Army officer. After retiring from active duty five years ago, she began working for a nearby Air Force base in a high level administrative position. She began seeing a primary care physician three years ago, but does not come in frequently because she has historically been in reasonable health and is very busy with work and family. In the past year, however, she has developed worsening of her neck pain and right knee pain that used to be tolerable. An X-ray and MRI of her neck showed mild degenerative disc disease with osteophytes, and an X-ray of her right knee showed some mild osteoarthritis. Over-the-counter analgesic medications provided minimal relief. She underwent 6 weeks of physical therapy 6 months ago which at first seemed to help but then was not helpful. She was referred to pain management at that time and was prescribed 12 mcg/hour fentanyl patch and oxycodone 5mg TID prn for breakthrough pain. She was prescribed naloxone at that time and her UDS is positive only for opiates. Although this helps her pain when she takes it, the effects are short lived and have caused increased fatigue. She has tried to stop the medications but she experiences increased pain and nausea. She is concerned about stopping the medication as it has provided some temporary relief.

Elena feels the pain is having a negative impact on her life, as the neck pain is making driving her car and riding her bike more difficult. In addition, three years ago, she also began experiencing increased depression due to the death of her best friend in a car accident. She had been able to better manage her pain and depression prior to that. Her sleep has worsened and she rarely sleeps through the night, and she has gained ten pounds in the past year. She tried to lose weight but the pain and depression make her eat more comfort foods like bread and pasta. She is frustrated with her overall declining health and poor treatment options and is looking for a better approach to her health.

As Elena's provider, you are aware that prescription opioids are no longer considered state-of-the-art treatment for chronic pain, particularly for mild disease as in this patient. You want to offer Elena other alternatives but it is not clear which ones will work, or which ones are available at your VA facility. You are feeling worn down and a little overwhelmed.

This case study and associated PHI are excerpted from the Chronic Pain module written by Russell Lemmon, DO, which is available on the Whole Health Library website, <https://wholehealth.wisc.edu>, under the Professional Care tab. They are revised and modified by Carol Bowman, MD, VA Greater Los Angeles Healthcare System.

<p>Moving the Body: Our physical, mental, and emotional health are impacted by the amount and kind of movement we do. Moving the body can take many forms such as dancing, walking, gardening, yoga, and exercise.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>Being active is important to me. I have always enjoyed hiking and biking and have not been able to do that very much in the past year. That is really frustrating.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I don't know. I don't feel safe riding my bike right now due to not being able to turn my neck, and hiking is harder because of my knee pain.</i></p>
<p>Recharge: Our bodies and minds must rest and recharge in order to optimize our health. Getting a good night's rest, as well as recharging out mental and physical energy throughout the day, are vital to well-being. Taking short breaks or doing something you enjoy or feels good for moments throughout the day are examples of ways to refresh.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I still get sleep, but it is not as good. This has been making my days harder. My energy level has decreased significantly. I have nightmares about things that happened to me in the military that I haven't talked about.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I'm not sure.</i></p>
<p>Food and Drink: What we eat and drink can have a huge effect on how we experience life, both physically and mentally. Energy, mood, weight, how long we live, and overall health are all impacted by what and how we choose to eat and drink.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I still get fruits and vegetables but have been eating comfort food more in the past few months. I think I'm just getting lazy, but planning has been more of a chore.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I could cut back on the junk food, I guess.</i></p>

<p>Personal Development: Our health is impacted by how we choose to spend our time. Aligning our work and personal activities with what really matters to us, or what brings us joy, can have a big effect on our health and outlook on life.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I enjoy my job but don't have the same satisfaction as when I was on active duty.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>Not sure.</i></p>
<p>Family, Friends, and Co-Workers: Our relationships, including those with pets, are as important to our health and well-being as any other factor. Spending more time in relationships that 'fuel' us and less in relationships that 'drain' us is one potential option. Improving our relationship skills or creating new relationships through community activities are other options to consider.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I love my family and feel the relationships are good, but in the past few months I haven't called them as much because my mood has been down and it is harder for me to drive to see them with the neck pain. I really miss my best friend.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>Make more of an effort to connect with my family.</i></p>
<p>Spirit and Soul: Connecting with something greater than ourselves may provide a sense of meaning and purpose, peace, or comfort. Connecting and aligning spiritually is very individual and may take the form of religious affiliation, connection to nature, or engaging in things like music or art.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I really felt a sense of mission when on active duty. I felt my job was important. I enjoy the job now but don't have the same feeling that I am serving a greater cause.</i></p>	<p>What changes could you make to help you get there?</p>

<p>Surroundings: Our surroundings, both at work and where we live, indoors and out, can affect our health and outlook on life. Changes within our control such as organizing, decluttering, or adding a plant or artwork can improve mood and health.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I like where I live and work. No problems.</i></p>	<p>What changes could you make to help you get there?</p>
<p>Power of the Mind: Our thoughts are powerful and can affect our physical, mental, and emotional health. Changing our mindset can aid in healing and coping. Breathing techniques, guided imagery, tai chi, yoga, or gratitude can buffer the impact of stress and other emotions.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I have never used these kinds of techniques and wouldn't know where to start. I think I have always been good at dealing with stress.</i></p>	<p>What changes could you make to help you get there?</p>

Professional Care

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

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very Much

Clinical Care: If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very Much

I am not working with a healthcare professional.

Reflections

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

The best case is that I am able to stay active, have great communication with my family, be able to manage my stress well, and have activities in my life that give me a sense of purpose.

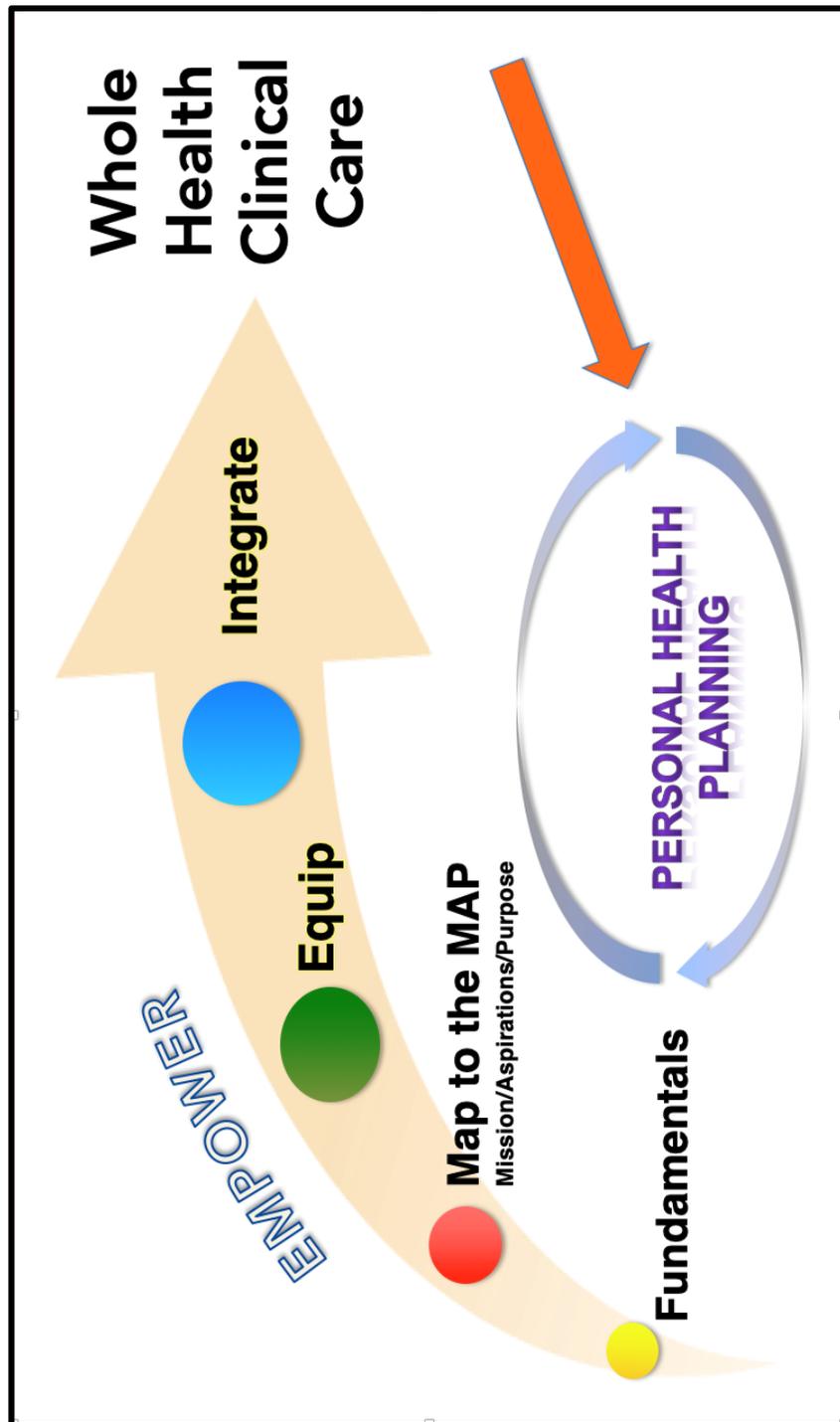
2. Are there any areas you would like to work on? Where might you start?

-The things that seem the most important to me are communication with family and being active, and those are both areas that can use improvement.

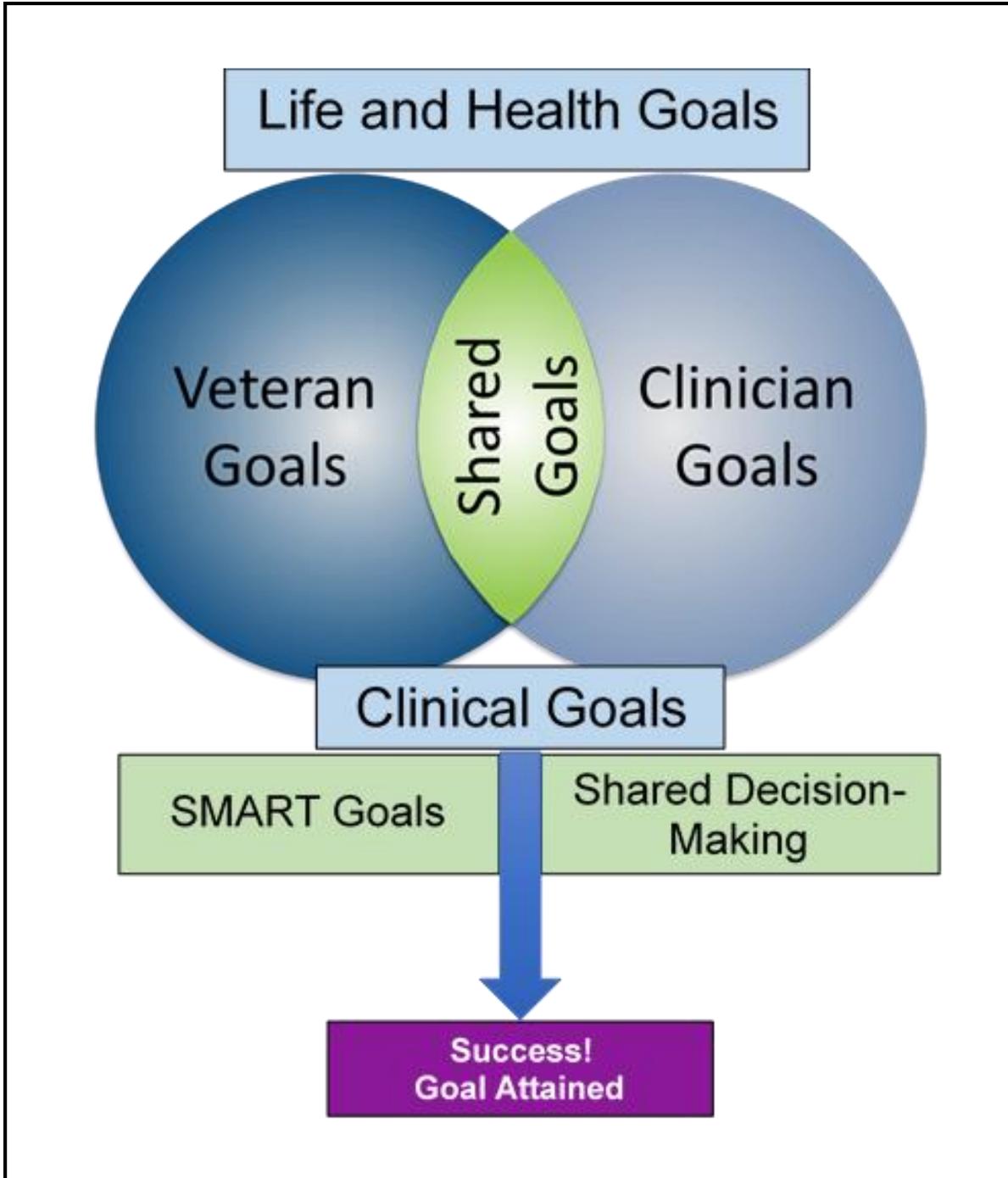
-I do not have a good feeling for what treatment options I have or how to use complementary therapies.

-I do not have a good understanding of how relaxation or mind-body practices can help my pain and don't have a good method to manage stress. I think I have always been able to do fine, so I haven't developed any ongoing habits in this area.

THE JOURNEY TO WHOLE HEALTH CLINICAL CARE



SHARED GOAL SETTING



PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 3. Chronic Pain: Starting with Me

Key Takeaways

- 1) The health care professional’s presence is a key component to a healing encounter. Presence may be enhanced through developing relationships, empathy, listening, setting shared expectations, and exploring values
- 2) “*What kind of pain may not be as important as who is in pain and how that pain is being experienced.*”
- 3) A Whole Health approach involves a shift in perspective from “What’s the matter with you?” to “What really matters to you?”

Resources

Access to the Personal Health Inventory:

<https://wholehealth.wisc.edu/get-started/> OR
<https://www.va.gov/WHOLEHEALTH/phi.asp>

Brené Brown on Empathy: <https://www.youtube.com/watch?v=1Evwgu369Jw>

MODULE 4. MINDFUL AWARENESS

SKILL-BUILDING EXERCISE: RELATIONAL MINDFULNESS EXERCISES #1 & #2

Exercise #1: What is my own experience?

When listening to a Veteran’s story of pain and suffering, consider noting what is showing up for you in that moment.

- What thoughts are arising for you? How many of these thoughts are automatic thoughts for you in similar situations?
- What emotions show up? What emotions might you consciously or unconsciously turn away from? What emotions might you turn towards?
- What sensations do you feel in your body, if any? Tightness or ease in the chest or throat? Breathing faster or slower?

Exercise #2: How do I mindfully speak and listen **without** body language cues?

By practicing this exercise while facing away from each other, we are isolating the skills of listening and speaking within the context of a conversation. Removing cues such as eye contact or body language may feel unnatural. That being said, removing these cues allows us to practice mindful listening and being fully aware of our own internal thoughts, sensations and reactions, while listening to someone speak to their pain and suffering. This practice helps when we are in a real patient situation with lots of external stimulation to be more fully aware of ourselves and how we focus our attention. It can be a helpful stepping stone to support flowing conversation between clinician and patient, or simply human being to human being.

“Mindful speaking” means speaking from your present moment experience. In practicing this way of speaking, pausing or not speaking is always an option as well.

“Mindful listening” means listening fully, without interruption. Consider using another person’s words as an “anchor” for your attention – similar to how we might use our breath. When thoughts/stories/planning-out-how-to-respond happens, gently allow the attention to return to the other person’s words.

PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 4. Mindful Awareness

Takeaways

- 1) Mindful awareness refers to noticing thoughts, body sensations and emotions that arise in the present moment.
- 2) In cultivating mindful awareness, a person may gain some perspective on their relationship with their experience of pain, thus allowing the suffering to feel less overwhelming.
- 3) Mindful awareness may be practiced not only in one's own experience, but also in relationship with another person. This "relational mindfulness" may facilitate a different sort of therapeutic relationship between clinician and patient.

Resources

Passport to Whole Health, Chapter 4, Mindful Awareness:

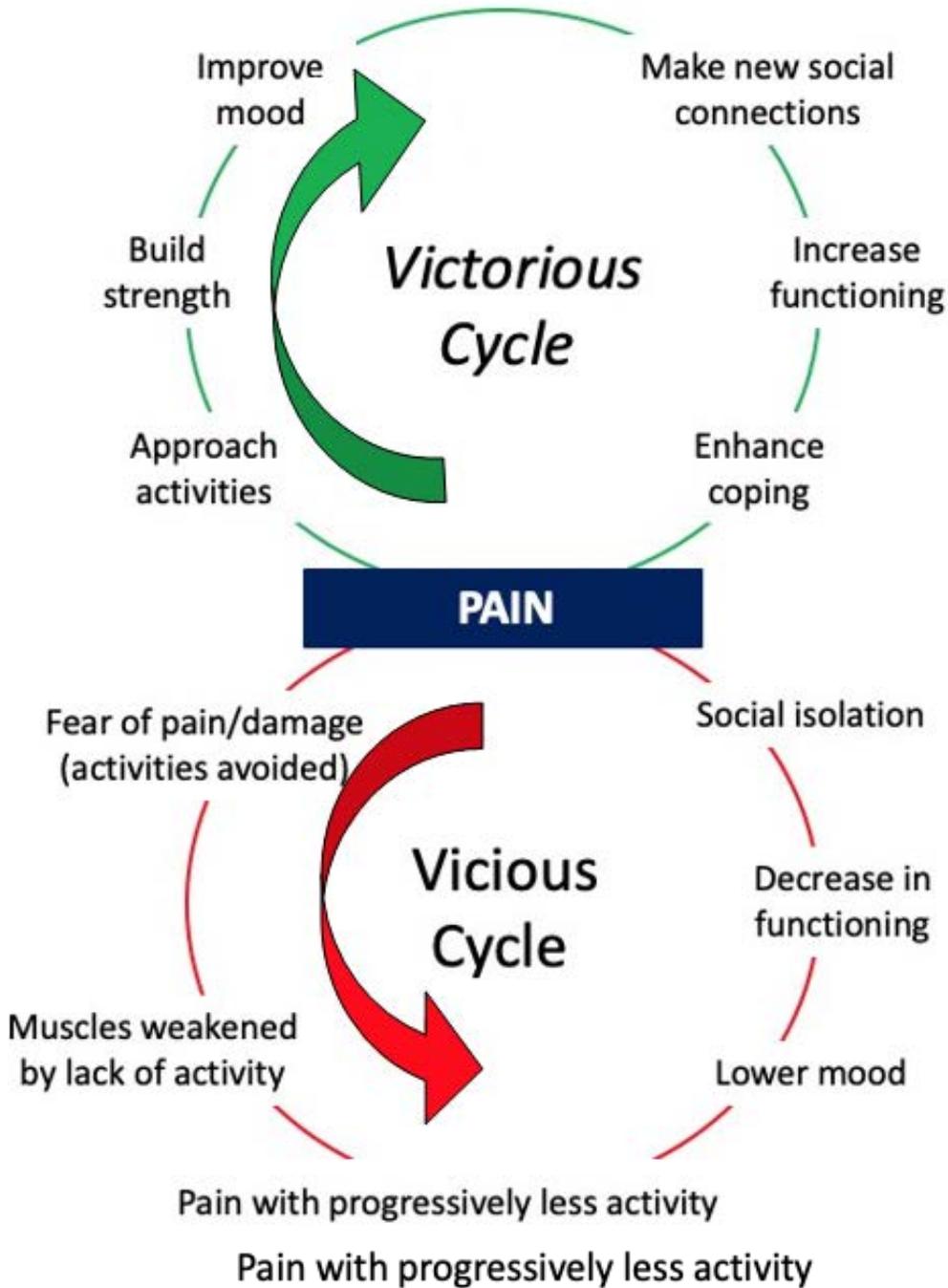
[https://wholehealth.wisc.edu/wp-content/uploads/sites/414/2019/10/Passport to Whole Health.pdf](https://wholehealth.wisc.edu/wp-content/uploads/sites/414/2019/10/Passport%20to%20Whole%20Health.pdf)

Introduction to Mindful Awareness on VA Whole Health website:

<https://www.va.gov/WHOLEHEALTH/circle-of-health/mindful-awareness.asp>

MODULE 5. SELF-CARE AND PAIN: AN OVERVIEW

VICTORIOUS & VICIOUS PAIN CYCLES



Adapted for a pain population from: Randal P, Stewart M, Proverbs D, Lampshire D, Symes J, Hamer H. "The Re-recovery Model:" An integrative developmental stress - vulnerability-strengths approach to mental health. *Psychosis*: vol 1, 2009 Issue 2. 122-133.

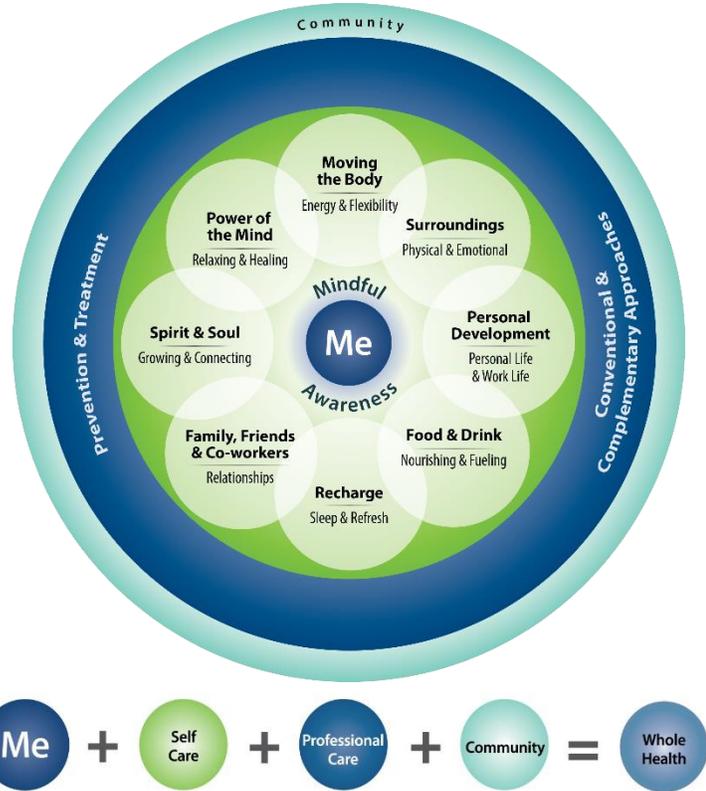
REFLECTION EXERCISE: LANGUAGE AND COMMUNICATION

What language do you use to discuss pain with Veterans? What has worked well? What has not worked well?

Personal Health Inventory

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

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



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

Physical Well-Being				
1 Miserable	2	3	4	5 Great
Mental/Emotional Well-Being				
1 Miserable	2	3	4	5 Great
Life: How is it to live your day-to-day life				
1 Miserable	2	3	4	5 Great

What is your mission, aspiration, or purpose? What do you live for? What matters most to you?

Write a few words to capture your thoughts:



Where You Are and Where You Would Like to Be

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

Area of Self-Care	Where I am Now (1-5)	Where I Want to Be (1-5)
Moving the Body: Our physical, mental, and emotional health are impacted by the amount and kind of movement we do. Moving the body can take many forms such as dancing, walking, gardening, yoga, and exercise.		
Recharge: Our bodies and minds must rest and recharge in order to optimize our health. Getting a good night’s rest as well as recharging our mental and physical energy throughout the day are vital to well-being. Taking short breaks or doing something you enjoy or feels good for moments throughout the day are examples of ways to refresh.		
Food and Drink: What we eat and drink can have a huge effect on how we experience life, both physically and mentally. Energy, mood, weight, how long we live, and overall health are all impacted by what and how we choose to eat and drink.		
Personal Development: Our health is impacted by how we choose to spend our time. Aligning our work and personal activities with what really matters to us, or what brings us joy, can have a big effect on our health and outlook on life.		
Family, Friends, and Co-Workers: Our relationships, including those with pets, have as significant an effect on our physical and emotional health as any other factor associated with well-being. Spending more time in relationships that ‘fuel’ us and less in relationships that ‘drain’ us is one potential option. Improving our relationship skills or creating new relationships through community activities are other options to consider.		
Spirit and Soul: Connecting with something greater than ourselves may provide a sense of meaning and purpose, peace, or comfort. Connecting and aligning spiritually is very individual and may take the form of religious affiliation, connection to nature, or engaging in things like music or art.		
Surroundings: Our surroundings, both at work and where we live, indoors and out, can affect our health and outlook on life. Changes within our control such as organizing, decluttering, adding a plant or artwork can improve mood and health.		
Power of the Mind: Our thoughts are powerful and can affect our physical, mental, and emotional health. Changing our mindset can aid in healing and coping. Breathing techniques, guided imagery, Tai Chi, yoga, or gratitude can buffer the impact of stress and other emotions		
Professional Care: “Prevention and Clinical Care” Staying up to date on prevention and understanding your health concerns, care options, treatment plan, and their role in your health		

Reflections

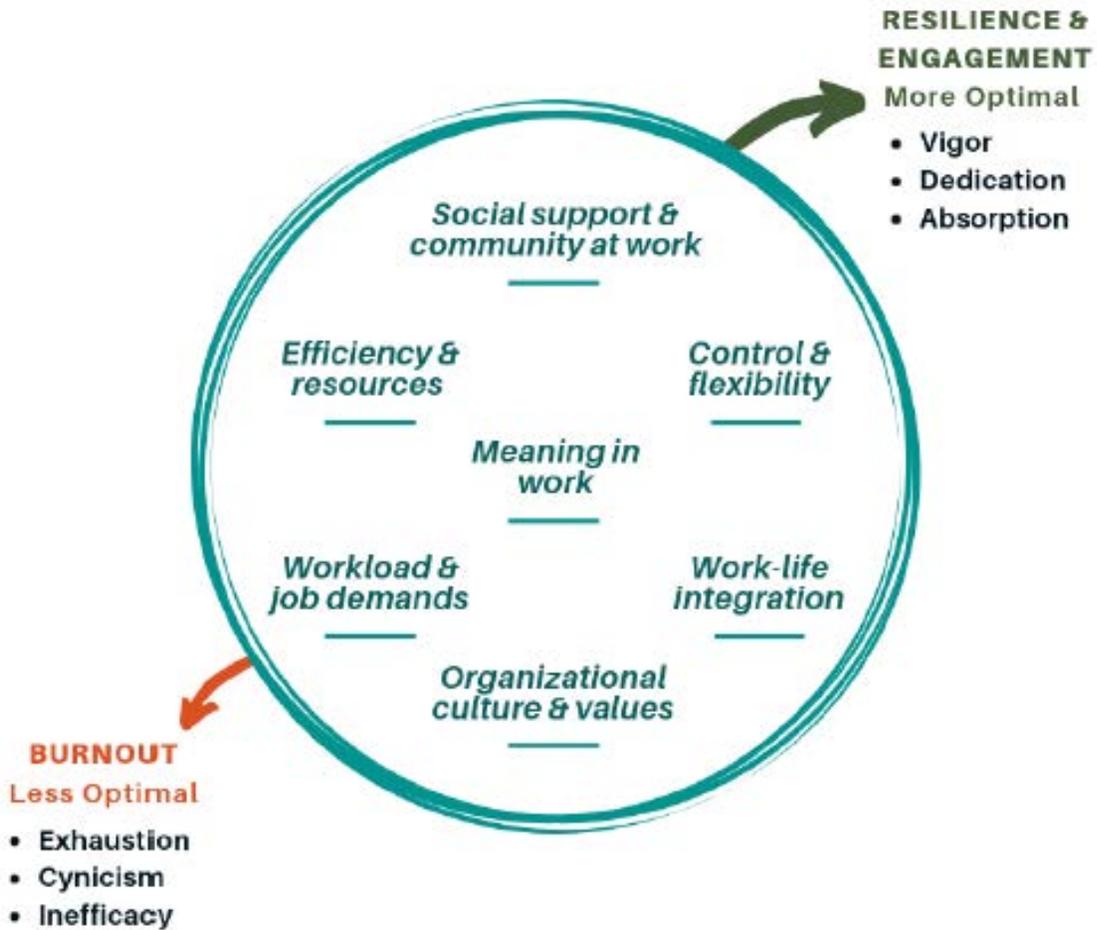
Now that you have thought about what matters to you in all of these areas, what is your vision of your best possible self? What would your life look like? What kind of activities would you be doing?

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

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

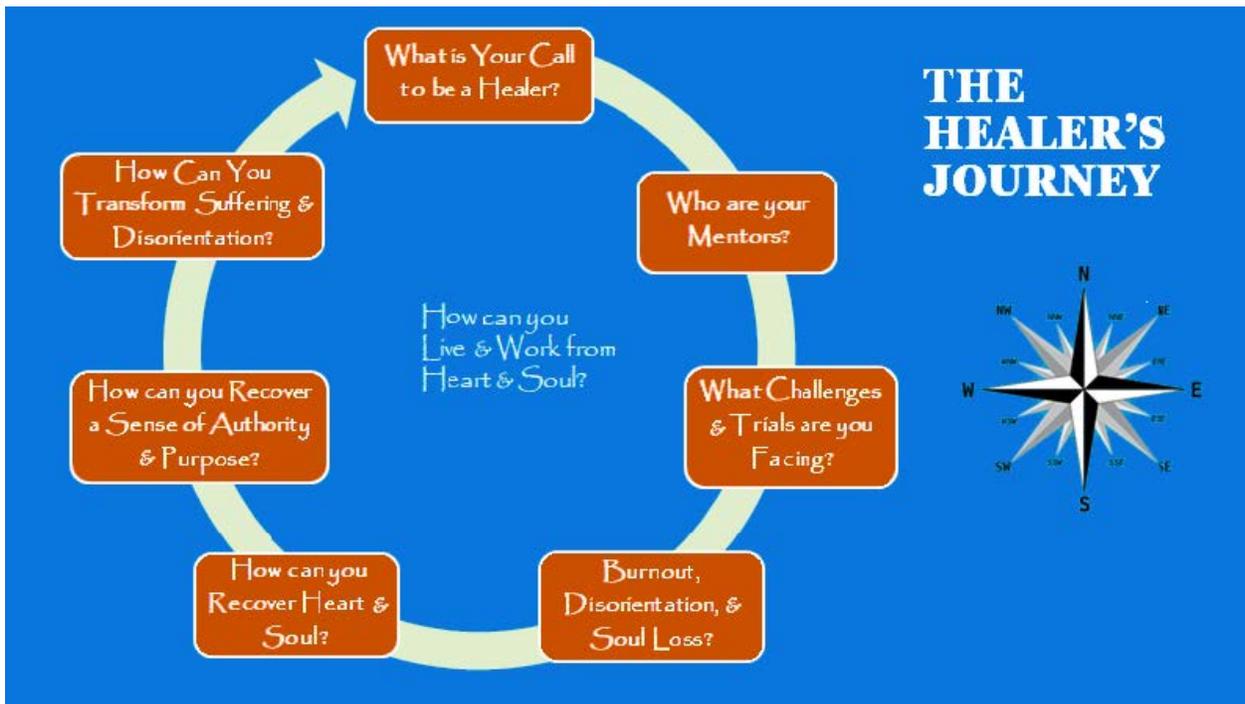
THE KEY DRIVERS OF BURNOUT

THE KEY DRIVERS OF BURNOUT



Based on an original graphic by Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clin Proc.* 2017;92(1):129-146.

REFLECTION EXERCISE: THE HEALER'S JOURNEY



Kopacz, David. "The Gift of Burnout: Initiation into Becoming a Healer," poster presentation, Australasian Doctors Health Conference, Perth, 11/22/19.

1. Describe a time when you were burned out – specifically noting the sensation, thought patterns, and emotions present during burnout.

2. Reflect on how you got through this challenging time. Who or what helped you through this experience of burnout?

3. How are you changed from this experience?

4. How might you identify and help others going through burnout?

SKILL-BUILDING EXERCISE: RELATIONAL MINDFULNESS EXERCISE #3

In this exercise, we will practice mindful speaking/listening with eye contact and body language clues included.

- One person speaks for two consecutive minutes, other listens only; then switch roles

This exercise is the next step in practicing mindful awareness in two-person communication. Adding eye contact and body language makes the communication begin to seem more “natural.” That being said, this practice invites mindful awareness of both speaker and listener in their respective roles as the speaker has two minutes of uninterrupted time to speak and vice versa. Consider noting ways in which you may be speaking/listening on “autopilot” and the moments when you may be responding from your present moment experience.

PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 5. Self-Care and Pain: An Overview

Key Takeaways

- 1) Effective communication that promotes healthy self-management of chronic pain includes third person statements, validation, positive feedback, discussing active vs passive therapies, and exploring the difference between hurt and harm.
- 2) The causes of burnout have institutional and individual origins. The clinician experiencing burnout may sometimes feel the detrimental effects of victim blaming during this process.
- 3) Resilience may arise in part due to an acknowledgement that burnout is an expected and potentially transformative experience within the Healer's Journey.

Resources

Burnout and Resilience Frequently Asked Questions:

<https://wholehealth.wisc.edu/tools/burnout-resilience/>

Implementing Whole Health In Your Own Life: Clinician Self Care:

<https://wholehealth.wisc.edu/overviews/clinician-self-care/>

MODULE 6. SELF-CARE AND PAIN I: MOVING THE BODY AND FOOD & DRINK

VIGNETTE—FRANK

Frank is a 62 year old retired Army officer who presents to discuss worsening bilateral knee pain and hand pain. He has known osteoarthritis in his hands, knees, hips and spine which has been treated in the past with ibuprofen and physical therapy. He states these treatments did not help and he was given a trial of daily oxycodone 10mg TID. He has some stomach pain and has increased his use of ibuprofen to 800mg TID for his arthritis as well as his stomach pain. The medications help a little bit, but his function has not improved and he is complaining of having no energy. He has been drinking one 6-pack of beer a day and also states that he recently started smoking daily marijuana since his buddies told him it helps with pain. He is not sure if it is helping but he is sleeping better and seems less bothered by his pain. He eats some fruits and vegetables but mostly grabs food that is easy and convenient, often eating out. He was offered steroid injections at the pain clinic which he is considering, but he is frustrated by short-term solutions. He is asking for something for his pain, as well as requesting a rollator and Viagra, as he has a new girlfriend. In addition to pain and arthritis, Frank has hypertension, diabetes, COPD with a 50 pack per year history of smoking, h/o SUD, depression, anxiety, insomnia, obesity, ED, and BPH.

Surgeries include tonsillectomy as a child, L4-5 laminectomy and fusion 10 years ago, and a right knee arthroscopy 4 years ago.

Since retiring from the Army, Frank has worked in construction management. He is having increasing difficulty getting to work and is applying for SSDI. He used to like the outdoor aspect of his job and used to enjoy hiking and kayaking. He has stopped his outdoor activities due to pain and fatigue. Frank is separated and has just recently gotten more serious with his new girlfriend. He has two daughters in their 20's and is estranged from his older daughter but is in touch with his youngest. They used to hike and kayak together.

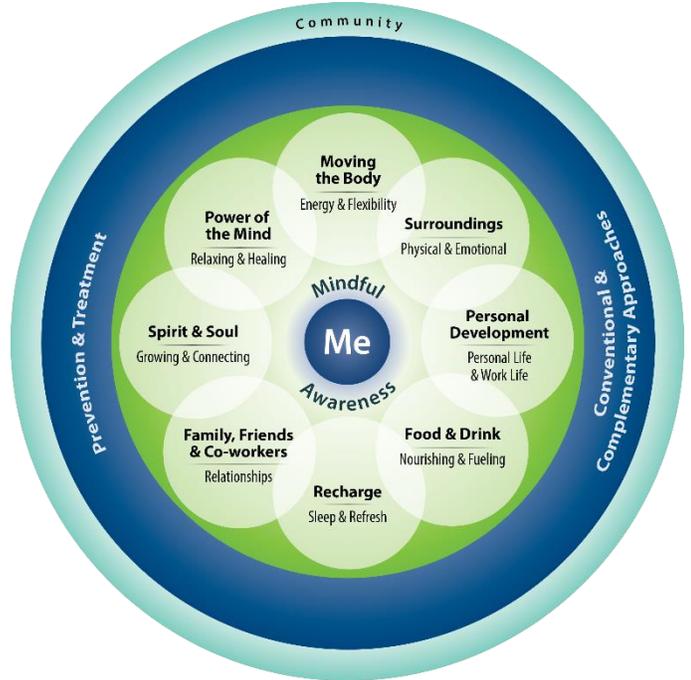
Frank would like to know what options there are for his hand and knee pain.

This case study and associated PHI are excerpted from the Chronic Pain module written by Russell Lemmon, DO, which is available on the Whole Health Library website, <https://wholehealth.wisc.edu>, under the Professional Care tab. They are revised and modified by Carol Bowman, MD, VA Greater Los Angeles Healthcare System.

Personal Health Inventory

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

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



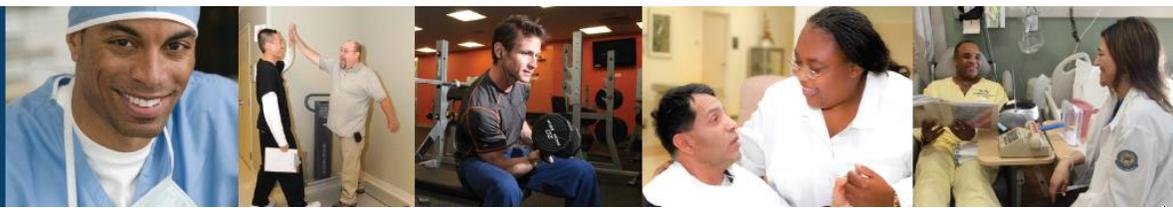
Rate where you feel you are on the scales below from 1-5, with 1 being miserable and 5 being great.

Physical Well-Being				
1 Miserable	2	3	4	5 Great
Mental/Emotional Well-Being				
1 Miserable	2	3	4	5 Great
Life: How is it to live your day-to-day life				
1 Miserable	2	3	4	5 Great

What is your mission, aspiration, or purpose? What do you live for? What matters most to you?

Write a few words to capture your thoughts:

I want to continue working in construction. I feel like I have to apply for disability because I haven't been able to get better but I really want to be more active. I want to enjoy time outdoors doing things I like to do like hiking and kayaking. I've got a new girlfriend and want to be healthier for time with her.



Where You Are and Where You Would Like to Be

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

Area of Self-Care	Where I am Now (1-5)	Where I Want to Be (1-5)
Moving the Body: Our physical, mental, and emotional health are impacted by the amount and kind of movement we do. Moving the body can take many forms such as dancing, walking, gardening, yoga, and exercise.	1	5
Recharge: Our bodies and minds must rest and recharge in order to optimize our health. Getting a good night’s rest as well as recharging our mental and physical energy throughout the day are vital to well-being. Taking short breaks or doing something you enjoy or feels good for moments throughout the day are examples of ways to refresh.	2	4
Food and Drink: What we eat and drink can have a huge effect on how we experience life, both physically and mentally. Energy, mood, weight, how long we live, and overall health are all impacted by what and how we choose to eat and drink.	2	5
Personal Development: Our health is impacted by how we choose to spend our time. Aligning our work and personal activities with what really matters to us, or what brings us joy, can have a big effect on our health and outlook on life.	1	4
Family, Friends, and Co-Workers: Our relationships, including those with pets, have as significant an effect on our physical and emotional health as any other factor associated with well-being. Spending more time in relationships that ‘fuel’ us and less in relationships that ‘drain’ us is one potential option. Improving our relationship skills or creating new relationships through community activities are other options to consider.	3	5
Spirit and Soul: Connecting with something greater than ourselves may provide a sense of meaning and purpose, peace, or comfort. Connecting and aligning spiritually is very individual and may take the form of religious affiliation, connection to nature, or engaging in things like music or art.	3	5
Surroundings: Our surroundings, both at work and where we live, indoors and out, can affect our health and outlook on life. Changes within our control such as organizing, decluttering, adding a plant or artwork can improve mood and health.	5	5
Power of the Mind: Our thoughts are powerful and can affect our physical, mental, and emotional health. Changing our mindset can aid in healing and coping. Breathing techniques, guided imagery, Tai Chi, yoga, or gratitude can buffer the impact of stress and other emotions	1	5
Professional Care: “Prevention and Clinical Care” Staying up to date on prevention and understanding your health concerns, care options, treatment plan, and their role in your health	4	4

Reflections

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

I want to be outdoors with my daughter and girlfriend and get back to hiking and kayaking. I want to finish my career continuing to work outdoors in construction.

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

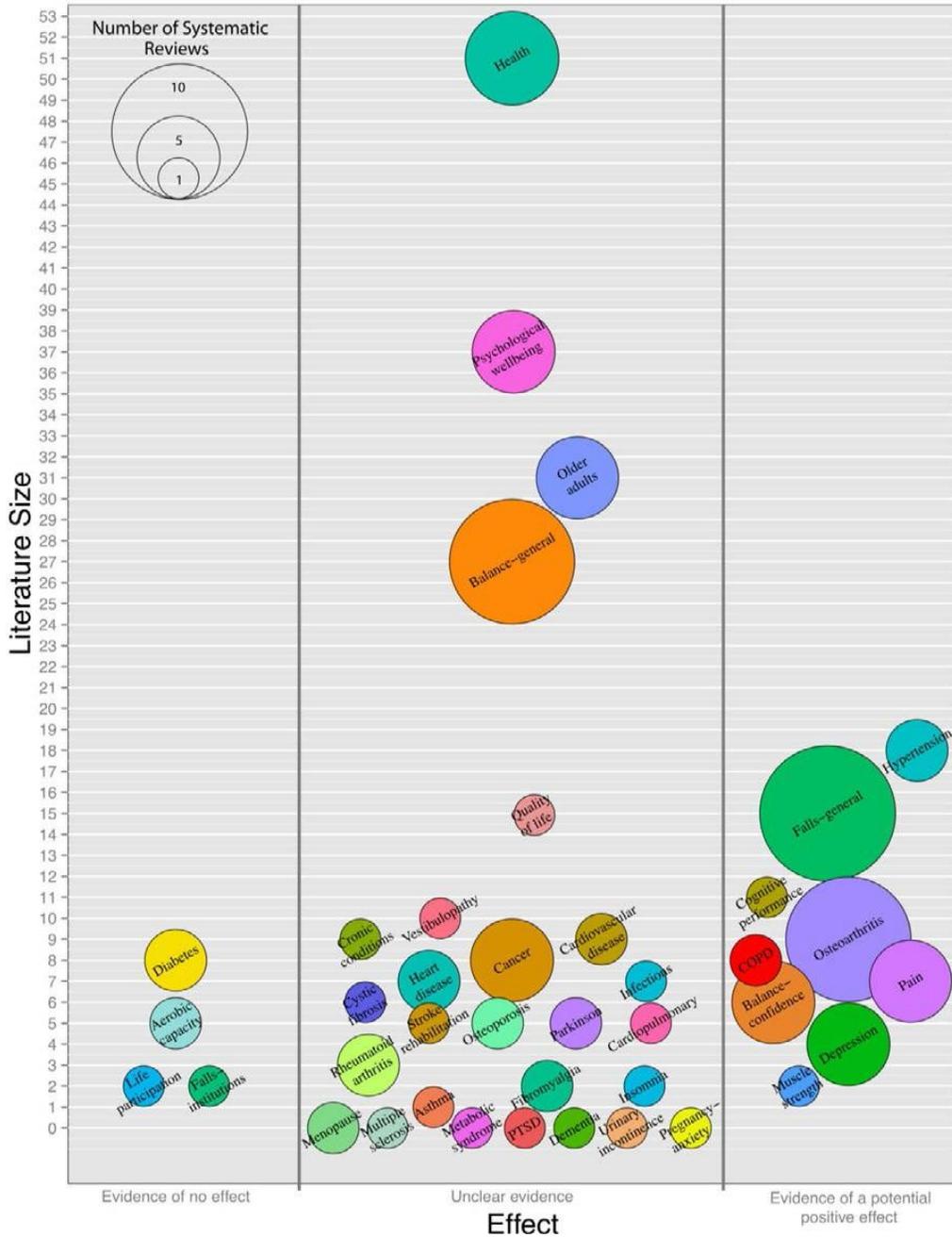
The biggest glaring weakness is my activity level. I don’t know how to be more active with the knee pain that I have. Also, my eating habits are not good. This is mostly due to bad habits, and I think I can change this.

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

SKILL-BUILDING EXERCISE: THE “MOVING THE BODY” DIALOGUE

How might a conversation about Moving the Body begin? Role play with a partner with one person being Frank and the other person being the clinician. Feel free to play around with different approaches, word choices, body language, etc.

TAI CHI EVIDENCE MAP



The bubble plot summarizes Tai Chi systematic reviews published to February 2014 and depicts the clinical conditions addressed in reviews (bubbles), the estimated size of the literature (y-axis), the effectiveness trend according to reviews (x-axis), and the number of systematic reviews (bubble size) per clinical condition.

From: Hempel S, Taylor SL, Solloway M, et al. Evidence Map of Tai Chi. VA-ESP Project #ESP 05-226; 2014. <http://www.hsrd.research.va.gov/publications/esp/taichi-REPORT.pdf>

SKILL-BUILDING EXERCISE: THE “FOOD & DRINK” DIALOGUE

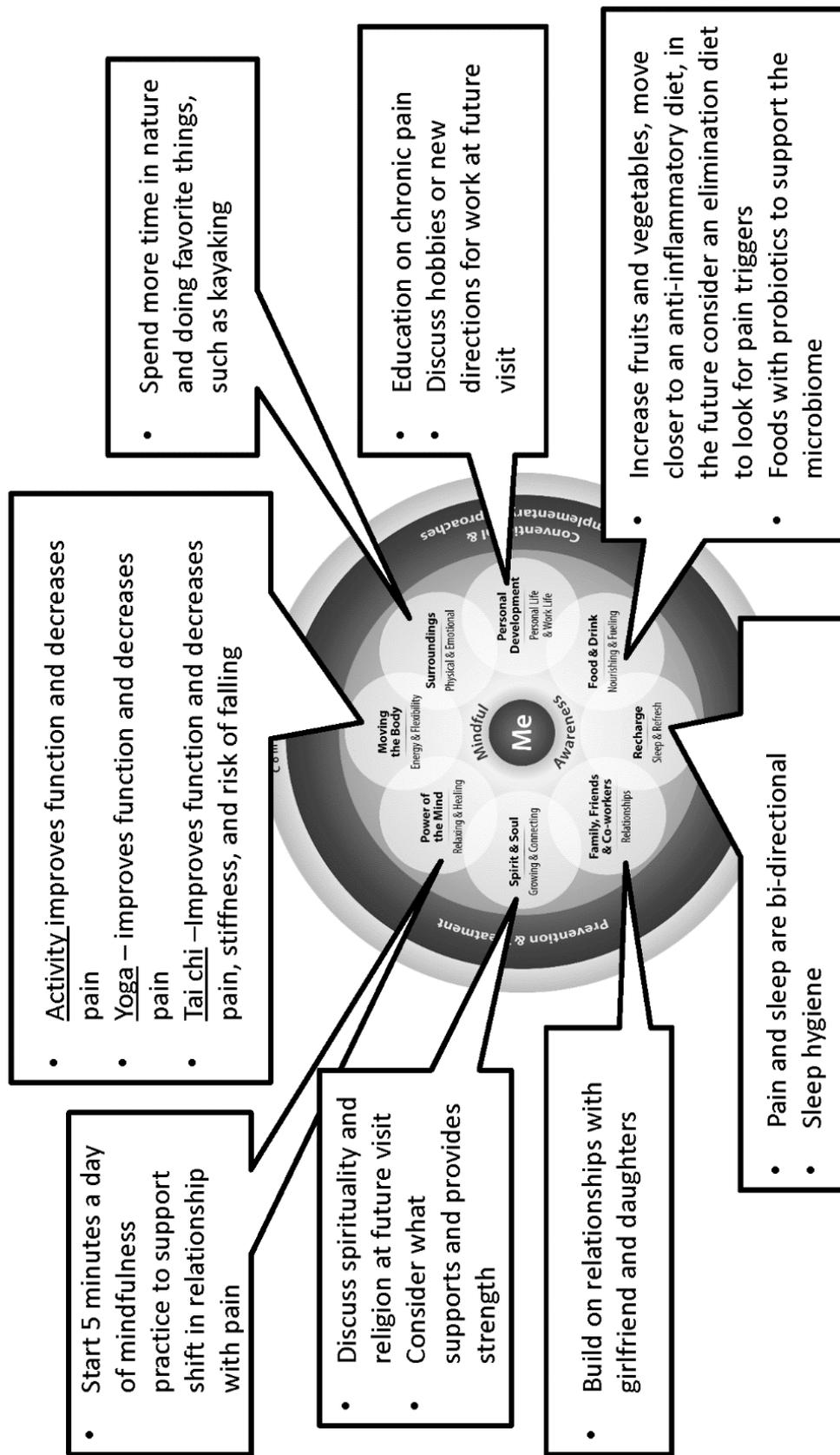
How might a conversation about Food & Drink begin? Role play with a partner with one person being Frank and the other person being the clinician. Switch roles if you have the same partner as the “Moving the Body” dialogue. Feel free to play around with different approaches, word choices, body language, etc.

THE ANTI-INFLAMMATORY FOOD PYRAMID

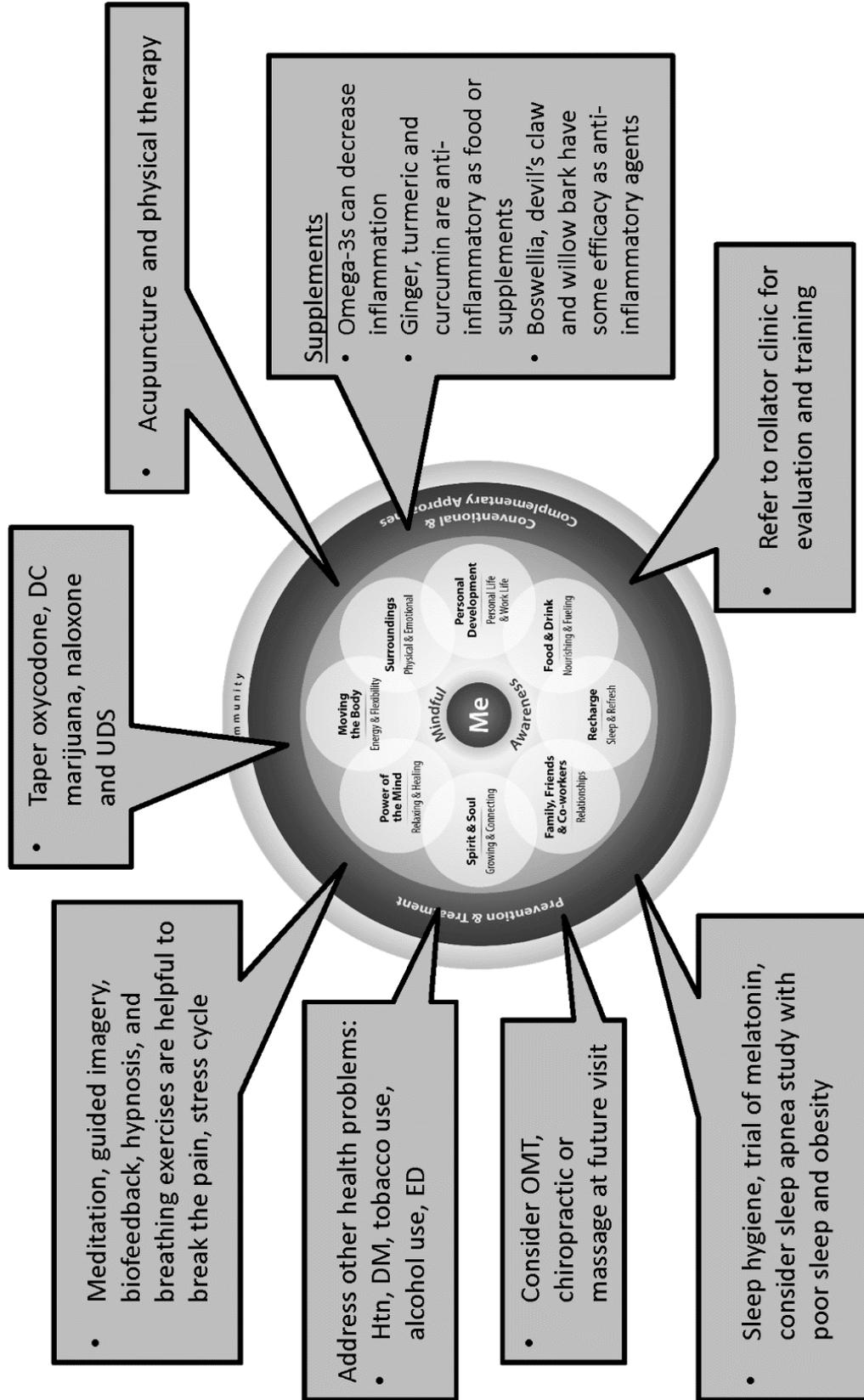


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Frank: Self-Care Options



Frank: Professional Care



PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 6. Self-care and Pain I: Moving the Body and Food & Drink

Key Takeaways

- 1) It is important to develop the compassionate art of meeting people “where they are” in relationship with the different areas of self-care, and starting a conversation from there rather than one’s own agenda.
- 2) Tai Chi, Qigong and Yoga are List 1 Complementary and Integrative Health therapies that are mandated to be available to all Veterans.
- 3) A conversation about Food & Drink can begin in any context within the VA. This may then be followed by conversations with dietitians about more specific dietary recommendations and approaches.

Resources

Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Working Your Body.”

<https://www.youtube.com/watch?v=j4zdzDAorbA&feature=youtu.be>

Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Food and Drink.” <https://www.youtube.com/watch?v=Xa6-dyaFddo>

EWG: Clean 15 and Dirty 12 <https://www.ewg.org/>

Mindful Eating <https://www.eatingmindfully.com>

MODULE 7. SELF-CARE AND PAIN II: THE OTHER CIRCLES

VIGNETTE—JENNIFER

Jennifer is a 37-year-old woman with fibromyalgia syndrome who wants to talk about further treatment options for her chronic pain. She was diagnosed 7 years ago, approximately 6 months after returning from an Air Force deployment to Afghanistan. Prior to that, she intermittently had episodes of mild depression that resolved without medications, and she also suffered from frequent migraine headaches. While on her deployment, she developed pain in her neck, back, and both legs. This was associated with headaches, persistent fatigue, and non-restorative sleep. She medically retired from the Air Force 5 years ago due to persistent pain and fatigue, which had resulted in an inability to do her job. Of note, her CPRS chart is positive for h/o MST.

Previous treatments included gabapentin, amitriptyline, nonsteroidal anti-inflammatory drugs (NSAIDS), Tylenol, and intermittent short acting opioids. She is frustrated because none of these have made her pain go away. She liked the opioids the best, but admitted that they still did not make her pain go away.

Jennifer determined the following initial health goals: (1) Focusing her limited energy on things that make her happy; (2) Improving her pain control, even if she cannot be completely cured; (3) Improving the quality of her sleep; and (4) Gradually building her daily energy reserves.

She agreed that a multi-faceted approach was best and that she needed to find ways to enjoy herself now, in the moment, as opposed to continuing to put her life on hold until the future when her pain goes away. She resisted exercise, but it was stressed how important this aspect of treatment is.

This case study and associated PHI are excerpted from the Myofascial Pain module written by Russell Lemmon, DO, which is available on the Whole Health Library website, <https://wholehealth.wisc.edu>, under the Professional Care tab. They are revised and modified by Carol Bowman, MD, VA Greater Los Angeles Healthcare System.

<p>Moving the Body: Our physical, mental, and emotional health are impacted by the amount and kind of movement we do. Moving the body can take many forms such as dancing, walking, gardening, yoga, and exercise.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>When I run or swim my pain gets worse.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I don't know. I would like to be more active, but it's hard with the pain, so I haven't wanted to do it.</i></p>
<p>Recharge: Our bodies and minds must rest and recharge in order to optimize our health. Getting a good night's rest, as well as recharging out mental and physical energy throughout the day, are vital to well-being. Taking short breaks or doing something you enjoy or feels good for moments throughout the day are examples of ways to refresh.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I am exhausted but have trouble sleeping.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>Maybe taking some strong sleeping medications.</i></p>
<p>Food and Drink: What we eat and drink can have a huge effect on how we experience life, both physically and mentally. Energy, mood, weight, how long we live, and overall health are all impacted by what and how we choose to eat and drink.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I eat fruits and vegetables regularly throughout the day, and I am a healthy weight.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>Maybe cut back on caffeine.</i></p>

<p>Personal Development: Our health is impacted by how we choose to spend our time. Aligning our work and personal activities with what really matters to us, or what brings us joy, can have a big effect on our health and outlook on life.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I don't have the energy to pursue interests.</i></p>	<p>What changes could you make to help you get there?</p>
<p>Family, Friends, and Co-Workers: Our relationships, including those with pets, are as important to our health and well-being as any other factor. Spending more time in relationships that 'fuel' us and less in relationships that 'drain' us is one potential option. Improving our relationship skills or creating new relationships through community activities are other options to consider.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I think my family and friends are sick of my complaining about pain. I avoid calling my family because I don't want to annoy them.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I would like to call my parents and my family more often.</i></p>
<p>Spirit and Soul: Connecting with something greater than ourselves may provide a sense of meaning and purpose, peace, or comfort. Connecting and aligning spiritually is very individual and may take the form of religious affiliation, connection to nature, or engaging in things like music or art.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>Since leaving my job, I don't feel that my life has much purpose.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I would like to work again, but I don't have the energy to do so.</i></p>

<p>Surroundings: Our surroundings, both at work and where we live, indoors and out, can affect our health and outlook on life. Changes within our control such as organizing, decluttering, or adding a plant or artwork can improve mood and health.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I think my home is fine.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>N/A</i></p>
<p>Power of the Mind: Our thoughts are powerful and can affect our physical, mental, and emotional health. Changing our mindset can aid in healing and coping. Breathing techniques, guided imagery, tai chi, yoga, or gratitude can buffer the impact of stress and other emotions.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I do not have experience with this formally, but I have enjoyed doing relaxation exercises in the past.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I would like to learn more about this, but I am skeptical of this really helping my pain.</i></p>

Professional Care

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

1 Not at all **2** A little bit **3** Somewhat **4** Quite a bit **5** Very much

Clinical Care: If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

1 Not at all **2** A little bit **3** Somewhat **4** Quite a bit **5** Very much

I am not working with a healthcare professional.

Reflections

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

I would like to have more energy to do more during the day. I would like to spend more time with my daughters. I would like to work again, but in the meantime, I think I need other ways to focus my energy.

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

I would like to learn how to use relaxation exercises or other ways to use my mind to better control my symptoms. I would like to find ways to have better control over my symptoms. I am willing to try anything to help better control my pain.

SKILL BUILDING EXERCISE: “JUST LIKE ME” COMPASSION PRACTICE

Become aware that there may be a person in front of you, behind you, or beside you. Call to mind one of these people.

Now silently repeat these phrases, while thinking of this one person.

This person has a body and a mind, just like me.

This person has feelings, emotions and thoughts, just like me.

This person has in his or her life, experienced physical and emotional pain and suffering, just like me.

This person has at some point been sad, disappointed, angry, or hurt, just like me. (You can say these one at a time....)

This person has felt unworthy or inadequate, just like me.

This person worries and is frightened sometimes, just like me.

This person has longed for friendship, just like me.

This person is learning about life, just like me.

This person wants to be caring and kind to others, just like me.

This person wants to be content with what life has given, just like me.

This person wishes to be free from pain and suffering, just like me.

This person wishes to be safe and healthy, just like me.

This person wishes to be happy, just like me.

This person wishes to be loved, just like me.

Now, allow some wishes for well-being to arise:

I wish that this person have the strength, resources, and social support to navigate the difficulties in life with ease.

I wish that this person be free from pain and suffering.

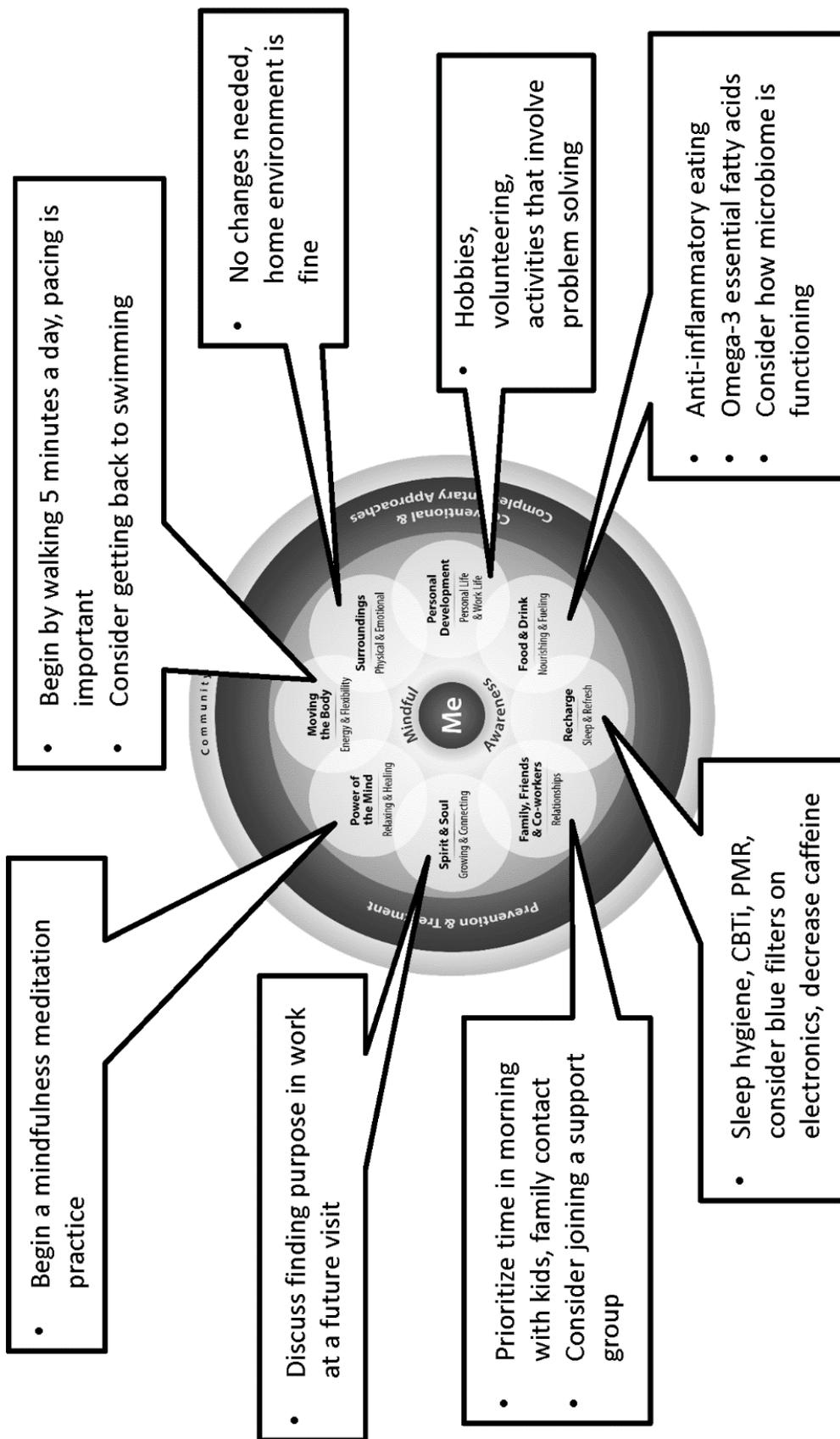
I wish that this person be peaceful and happy.

I wish that this person be loved.

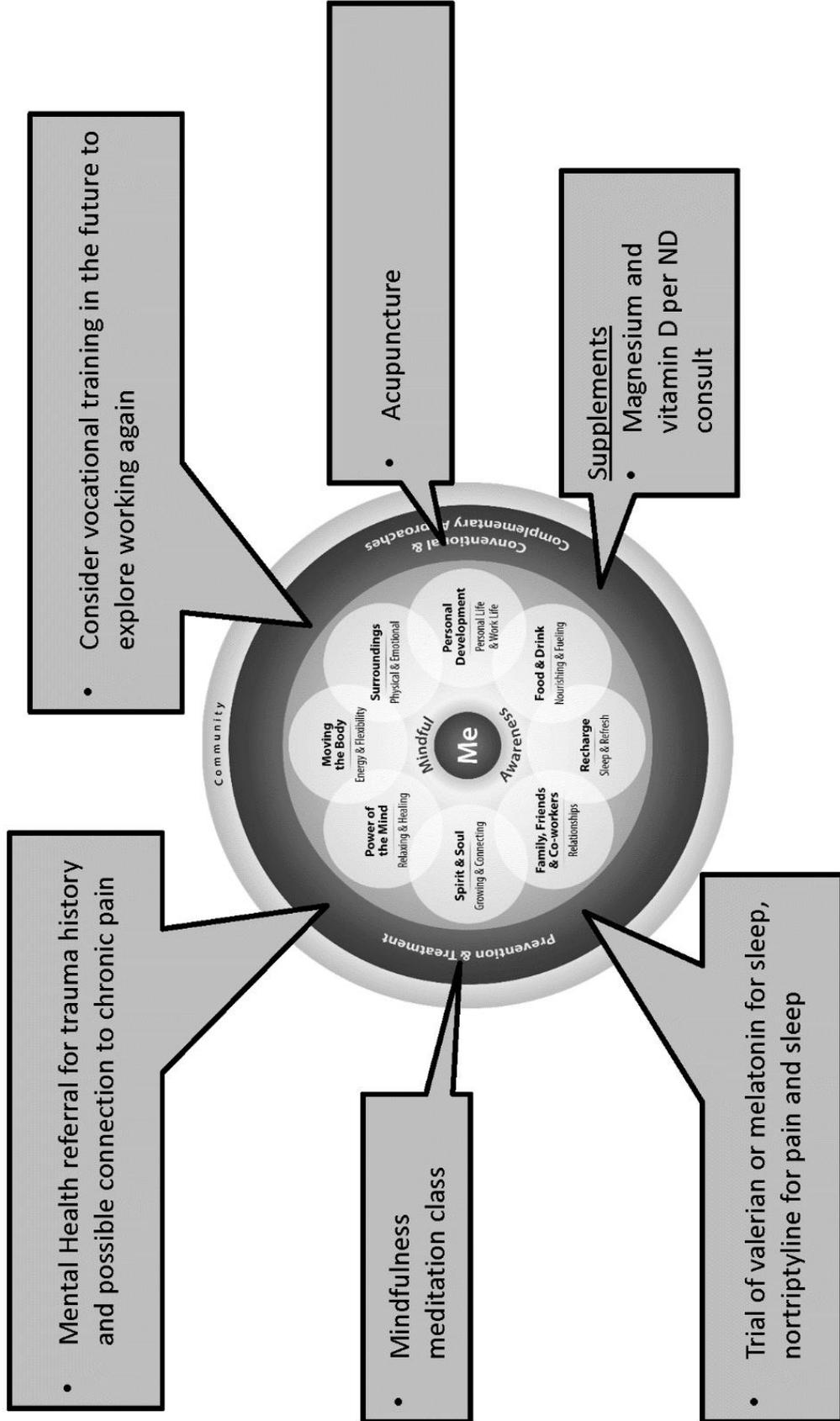
Because this person is a fellow human being, just like me.

After a few moments, ask the participants to thank their partners with a bow or in whatever way feels appropriate.

Jennifer: Self-Care Options



Jennifer: Professional Care



PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 7. Self-Care and Pain II: The Other Circles

Key Takeaways

- 1) Sleep and pain are **bidirectional**. With more pain, sleep quality suffers. As sleep quality suffers, people often experience more pain.
- 2) Social connection and spirituality have a significant impact on quality of life and health outcomes.
- 3) Compassion is an inherent quality we have as human beings. It is possible to further cultivate compassion through practices such as the “Just Like Me” meditation.

Resources

National Center for PTSD Mobile App for CBT-I (an excellent app that makes CBT-I techniques more portable).

https://www.ptsd.va.gov/appvid/mobile/cbticoach_app_public.asp

Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Family, Friends, and Co-Workers.”

<https://www.youtube.com/watch?v=CmqMRCezb0&feature=youtu.be>

University of Minnesota Center for Spirituality and Healing. www.csh.umn.edu

MODULE 8. INTRODUCTION TO COMPLEMENTARY AND INTEGRATIVE HEALTH (CIH) THERAPIES AT THE VA

REFLECTION EXERCISE: CIH AND YOU

What CIH treatments have you used with your Veterans? What CIH treatments have you used yourself?

PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 8. Introduction to Complementary and Integrative Health (CIH) in the VA

Key Takeaways

- 1) Whatever term is used – holistic medicine, integrative medicine, or Whole Health – the intention is the same: to simply practice good medicine.
- 2) Many health care professionals as well as Veterans may find themselves on a continuum as to whether or not they would like to engage with Complementary and Integrative Health (CIH) therapies.
- 3) The VA Integrative Health Coordinating Center serves as a resource hub for the VA related to CIH – tracking the most recent research and facilitating access to CIH therapies for Veterans.

Resources

VA Integrative Health Coordinating Center (IHCC) SharePoint

<https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/IHCC-home.aspx>

“A Glimpse Into Integrative Health” Video

https://www.youtube.com/watch?v=zl9p27Ih_DY&index=5&list=UUaW28mX6gCpTuWYjyPfWd-Q

HSR&D Evidence Maps. <https://www.hsr.d.research.va.gov/publications/esp/reports.cfm>

MODULE 9. MIND-BODY SKILLS I

SKILL-BUILDING EXERCISE: PRACTICE AND FACILITATION OF THERAPEUTIC BREATHING

Five Steps to Teaching Diaphragmatic Breathing

(to assist with self-management of chronic pain)

Step 1: Observation

Observe patients' breathing while they are seated for a minute or so. It is helpful to have them place one hand on the abdomen and another on the chest. To reduce performance anxiety, you could have them close their eyes or distract them with a different activity to allow you to observe comfortably.

- Ask them to breathe normally, just as they would in their life outside the clinic.
- Observe the movements of the hands including whether there is more movement in the upper hand (chest) or the bottom hand (abdomen).
- Notice if their breathing rate is fast, slow or somewhere in between. Observe whether the breathing pattern is smooth or choppy.

Step 2: Education

The acronym DASS—Deep, Abdominal, Slow and Smooth—describes the goal pattern. If patient's breathing pattern is shallow, fast or choppy consider discussing or demonstrating:

- The importance of the diaphragm muscle as the main muscle of breathing.
- Breathing as it relates to the sympathetic and parasympathetic nervous systems.
- What diaphragmatic breathing looks like (the clinician can use DASS breathing to demonstrate to the patient).
- The role of stress, and how it can lead to shallow chest breathing. Clinicians can acknowledge that pain (and its accompanying issues) are significant stressors and can influence their breathing patterns.
- Taking time with the exhalation assists in activating the quieting response mediated by the parasympathetic nervous system.

Step 3: Instruction

Teaching several different techniques and finding what works best for each individual can be helpful. If an examination table is present, training can begin with patients lying down. Each technique can be practiced for a minute or so to give the patient ample time to determine what works best. *Note: Some individuals become much more anxious when they focus on their breathing, and other techniques may be more appropriate.*

Here are four simple diaphragmatic breathing techniques that can be tried:

Technique 1

Start simply by having them place a hand on the abdomen and gently attempt to breathe under that hand. If this is too effortful or they are “trying too hard” (over breathing or too forceful), move on to other techniques or see if they can reduce effort.

Technique 2

This next technique encourages deeper breaths. Have the patient breathe in for a count of “2” (with each counted number taking a second) and out for the count of “3.” If this feels too fast, try slowing it to breathing in for “3” and out for “4.” Adjust the numbers so that the exercise is comfortable and not stressful. The elongation of the outbreath can often create an opportunity for a deeper next breath.

Technique 3

In this technique, the individual inhales normally. On exhalation, the goal is to focus on exhaling all of the air completely out of their lungs. Then, rather than quickly inhaling again, they pause and wait until the body wants to breathe again. They should let any sense of effort drop away.

Technique 4

Imagery can be helpful to some patients. The patient imagines a breathing hole (like a whale’s or dolphin’s) in the bottom of each foot. With each breath, they imagine breathing in through the bottom of their feet and up to their abdomen. On the exhalation, this is reversed as they imagine breathing out the bottom of their feet.

Step 4: Evaluation of techniques and assignment of at-home practice

Many patients will say that the above activities were challenging or felt “different,” due to the fact that they habitually engage in shallow breathing. This is perfectly normal, and as they become more accustomed to deeper breathing, it will feel more natural. *Note: Any sense of feeling light-headed is a sign of trying too hard or over breathing, and effort should be decreased. Changing techniques might prove more helpful.*

- Ask the patient which of the techniques worked and was easiest for them, or which they enjoyed the most. Encourage them to practice this technique at home.
- Practice 5-10 minutes, twice daily, in a comfortable position. Chronic pain patients frequently have sleep disruptions so difficulty falling asleep or intermittent awakening are additional practice times and may assist with increasing comfort or falling back to sleep.
- In addition, ask them to practice off and on throughout the day and in a variety of positions (this is to encourage generalization). It is also helpful to have them practice at times of relatively low stress until they become accustomed to it.

What to do if all of this proved difficult or extremely taxing for the patient. Have the patient practice at home, lying on the belly if possible. Not all pain patients are capable of lying on their stomachs, but most can for the few minutes needed to become aware of their

breathing. Lying down on the belly typically allows people to feel the diaphragm muscle even when breathing with minimal effort. This can be practiced for 5 minutes, focusing on the sensation of deeper breathing. Following this, they can turn over on their back and recall the sensations experienced when they were on their belly.

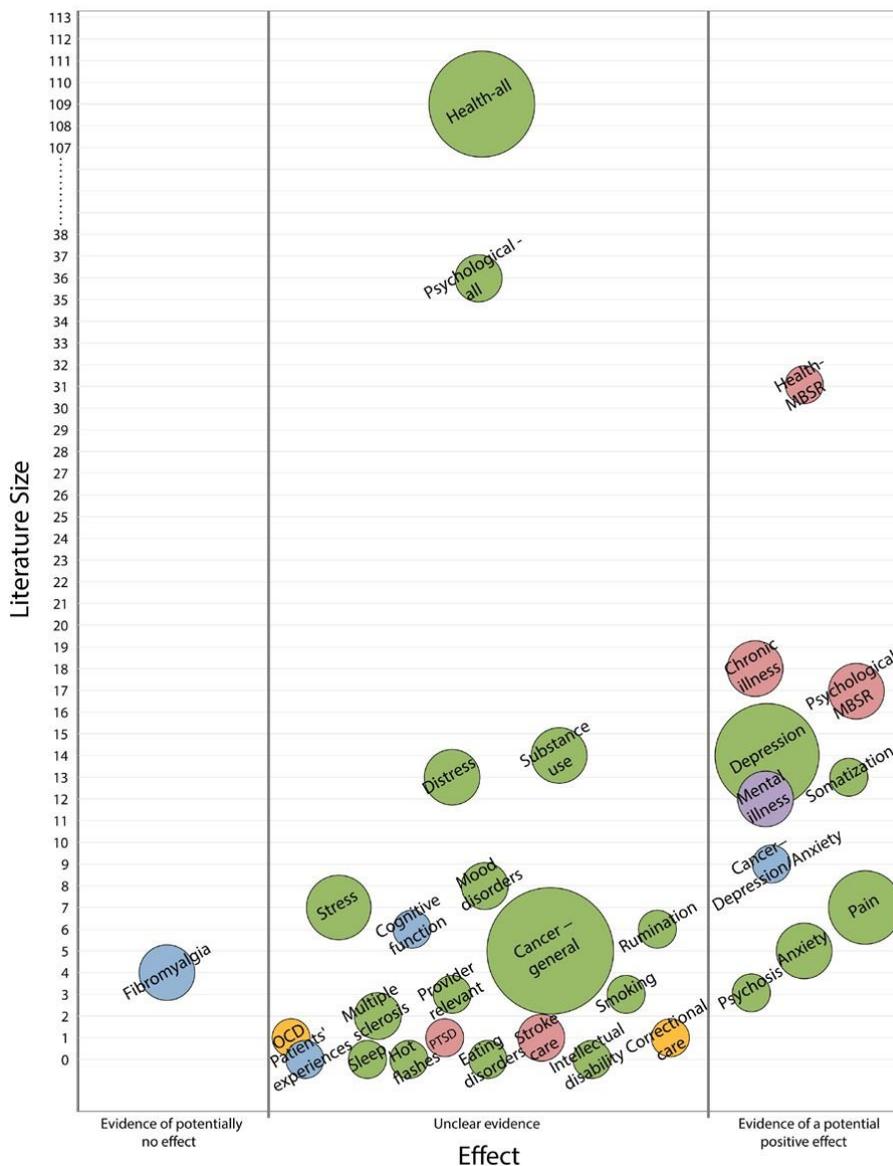
The goal is for the individual to practice feeling the sensations and experience of diaphragmatic breathing until they become habituated to it. Twice-daily practice should aid in their learning. Eventually, once more comfort and familiarity has been achieved, another goal will be to do diaphragmatic breathing while sitting up.

Step 5: Follow-Up

Follow up is critical to the integration of this activity, and it can be challenging for the busy clinician; making use of a team approach and working with other team members becoming skilled in teaching these techniques can be helpful. Even brief attention from a clinician communicates to patients that these approaches are important and that they should follow through. Breathing patterns can be a very strong habit forged over many years and change needs time and reinforcement. Consider the following four areas for follow-up:

- Review the exercise to determine if the patient still understands the practice. Have them demonstrate slower, deeper abdominal breathing.
- Discuss how and when they are using it (e.g., when awake in the middle of the night due to pain, when upset or distressed about finances, when in a pain flare-up, etc.) and encourage continued use. Reinforce the ways that it might help them, even if it has helped just a bit or only decreases their level of emotional distress rather than the pain itself.
- Explore how they can apply these skills more generally in their lives is a final important part of following up with training. Ask them to consider other times when they could use the skill, such as when they are in a doctor's waiting room, driving the car, off and on throughout the day, etc.
- Remember the goal. Slower deeper breathing while maintaining a relaxed state and without undue effort is optimal for breathing most of the time, except during certain limited situations where the sympathetic arousal (the fight or flight response) is truly helpful.

MINDFULNESS EVIDENCE MAP



The bubble plot broadly summarizes mindfulness intervention systematic reviews published to February 2014 and shows the clinical conditions addressed in reviews (bubbles), the estimated size of the literature (y-axis), the effectiveness trend according to reviews (x-axis), and the number of reviews (bubble size) per clinical condition. Colors: green (various mindfulness interventions), pink (MBSR), purple (MBCT), blue (MBSR+MBCT), and yellow (unique mindfulness-based intervention).

From Hempel S, Taylor SL, Marshall NJ, et al. Evidence Map of Mindfulness. VA-ESP Project #05-226; 2014. http://www.hsrp.research.va.gov/publications/esp/cam_mindfulness-REPORT.pdf

MBSR=Mindfulness-Based Stress Reduction; MBCT=Mindfulness-Based Cognitive Therapy

PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 9. Mind-Body Skills I

Key Takeaways

- 1) Relaxation exercises that can be practiced and facilitated in most clinic settings includes diaphragmatic breathing as well as progressive muscle relaxation.
- 2) List 1 CIH Therapies include meditation, guided imagery, biofeedback and clinical hypnosis.
- 3) As with any therapeutic decision, it is important to assess the Veteran’s interest in learning about and practicing these CIH therapies as a first step towards selecting a particular modality.

Resources

Passport to Whole Health, Chapter 12, Power of the Mind

<https://wholehealth.wisc.edu/wp-content/uploads/sites/414/2018/09/Passport-to-Whole-Health-3rd-Edition-2018.pdf>

Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Power of the Mind.”

<https://www.youtube.com/watch?v=dbPNgJ4YkpM&feature=youtu.be>

StarWell Kit. <http://www.warrelatedillness.va.gov/education/STAR/>

Resources from the War-Related Injury and Illness Study Center. Materials related to Meditation include Richard Miller’s “Guided Meditation” and James Gordon’s “Soft Belly Breathing.” Ben King, a Veteran, also describes his experience with breathing exercises.

MODULE 10. INTEGRATIVE MODALITIES FOR PAIN

VIGNETTE—ADAM

Adam is a 28-year-old Veteran who was medically separated from the Army two years ago. He was healthy prior to four years ago, when he was involved in an IED attack while deployed in Iraq. During the attack, he was thrown from his vehicle causing acute cervical disc herniations. He was stabilized until getting to Germany, where he underwent an urgent cervical fusion. He ultimately needed a revision surgery on his neck as well. He was medically separated from the Army due to ongoing chronic pain that did not allow him to return to his infantry unit.

Adam continues to struggle with neck pain as well as lower back pain. He has also been diagnosed with TBI and is followed at the TBI clinic for mild memory impairment and occasional headaches. His pain treatments have included physical therapy, water-based therapy, and several medications. He is currently being treated with sertraline, gabapentin, zolpidem, and OxyContin. He has difficulty sleeping, feels fatigued daily, has a depressed mood and has erectile difficulties. He has also gained 20 pounds over the past two years. He is frustrated by his current health and would like to discuss treatments focused on decreasing pain and become more active.

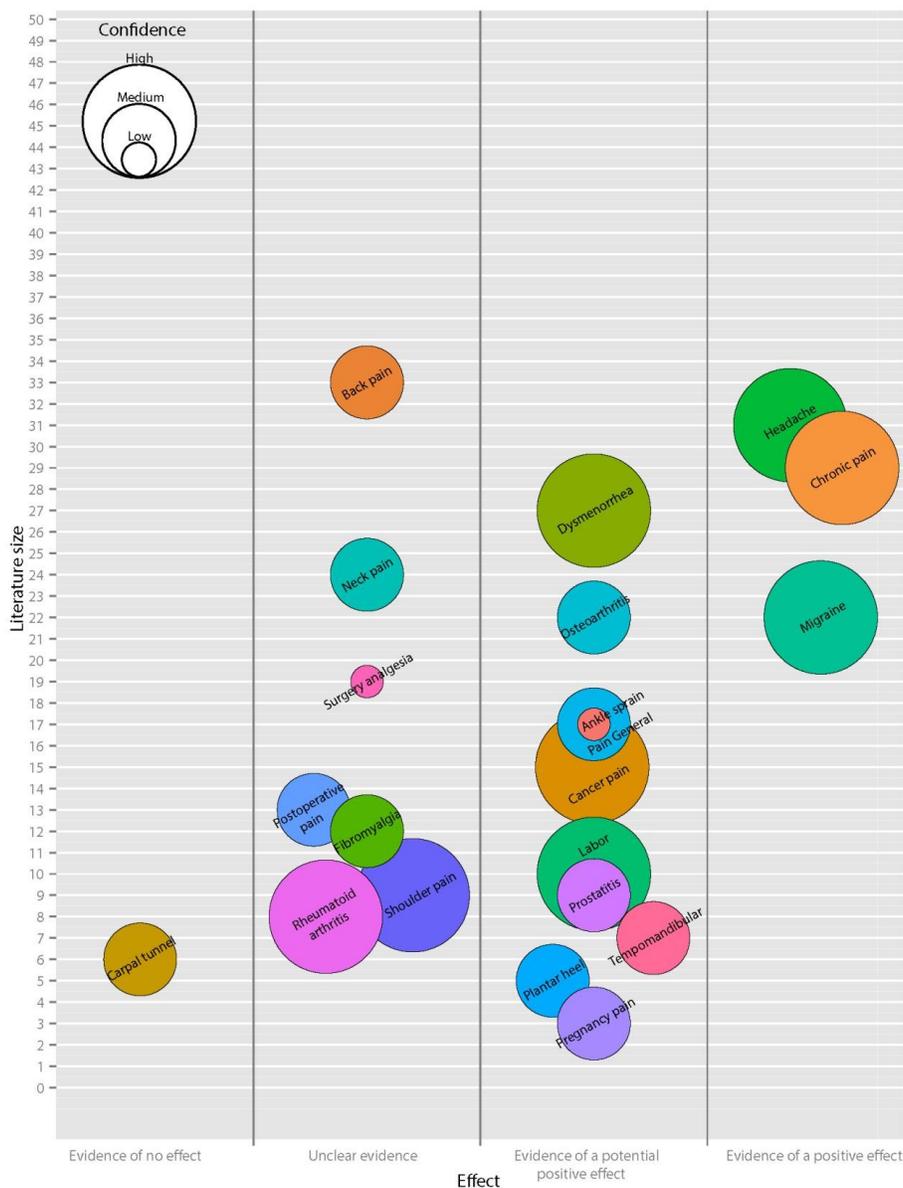
Adam is single, is sexually active with both men and women, and admits that he has had unprotected sex around 6 times in the last year. His last HIV test was one year ago. He does not use any tobacco products, has a few beers on the weekends with his friends, has used marijuana in the past but none for the past year and denies any other illicit drug use. He was homeless for 1 year due to being out of work as an electrician, but has been stably housed for the past 6 months and is in the VASH program and working in CWT. He is followed by mental health for his depression and PTSD.

He is frustrated by his current health and would like to discuss treatments focused on decreasing pain and becoming more active. He wants to get back to working full time and to playing basketball which he used to enjoy.

This case study was excerpted from the Chronic Pain module written by Russell Lemmon, DO, which is available on the Whole Health Library website, <https://wholehealth.wisc.edu>, under the Professional Care tab. It is revised and modified by Carol Bowman, MD, VA Greater Los Angeles Healthcare System.

ACUPUNCTURE EVIDENCE MAP

The results for the clinical indication Pain are presented in the bubble plot and a text summary below. The bubble plot summarizes the results of 59 systematic reviews for 21 distinct indications relevant to the outcome pain [search date: March 2013].

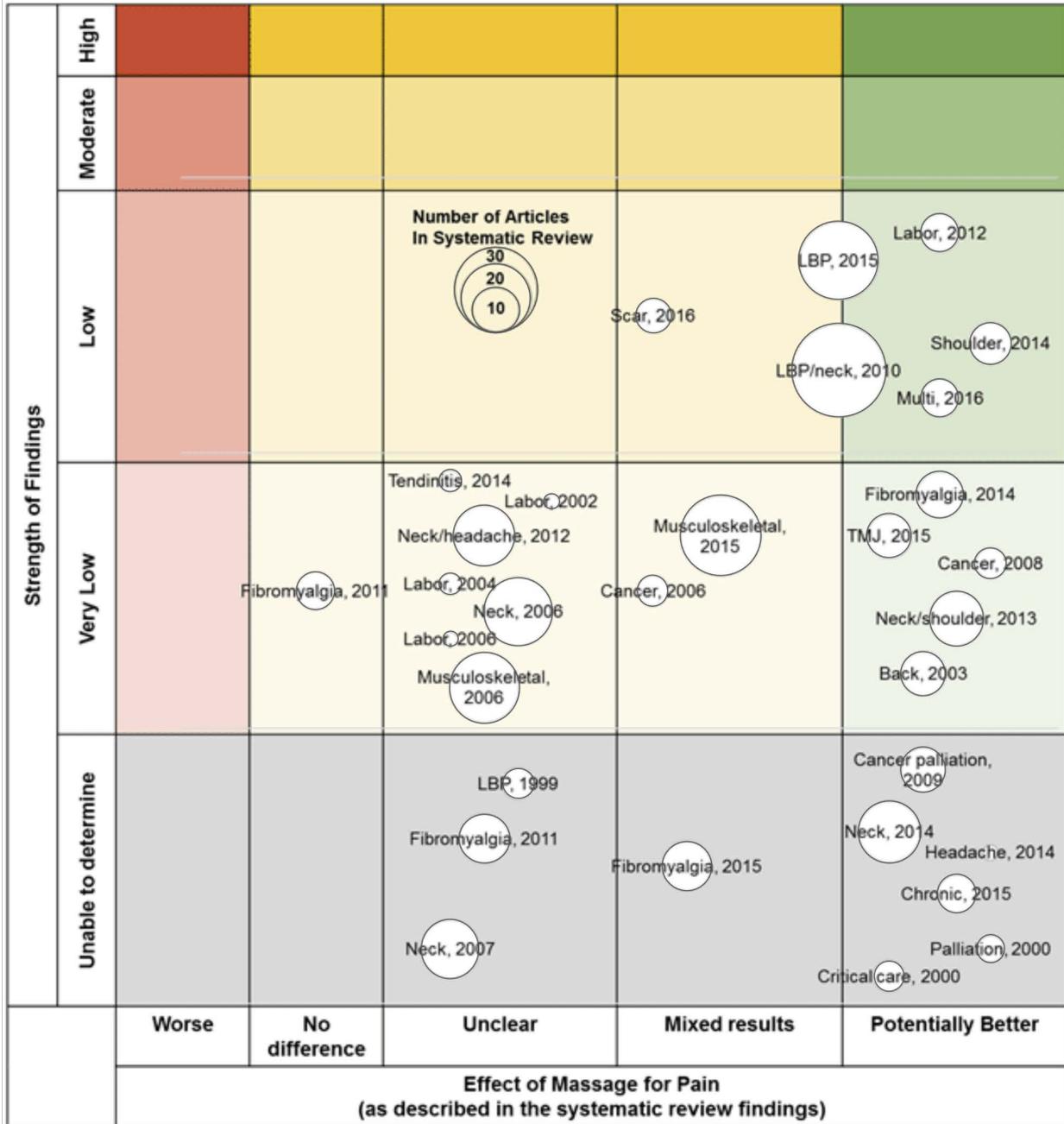


Legend: The bubble plot shows an estimate of the evidence base for pain-related indications judging from systematic reviews and recent large RCTs. The plot depicts the estimated size of the literature (y-axis, number of RCTs included in largest review), the estimated effect (x-axis), and the confidence in the estimate (bubble size).

From: Hempel S, Taylor SL, Solloway M, et al. Evidence Map of Acupuncture. VA-ESP Project #05-226; 2013. <http://www.hsrp.research.va.gov/publications/esp/acupuncture.pdf>

MESSAGE EVIDENCE MAP

Evidence Map of Systematic Reviews Describing the Effect of Massage for Pain



LBP = low back pain, TMJ = temporomandibular disorder; Multi = multiple conditions described

Miake-Lye IM, Lee JF, Luger T, Taylor S, Shanman R, Beroes JM, Shekelle PG. Massage for Pain: An Evidence Map. VA ESP Project #05-226; 2016.

www.hsrd.research.va.gov/publications/esp/massage.cfm

SKILL BUILDING EXERCISE: ACUPRESSURE

Gallbladder 20 (GB20): Feng Chi

- For headache, migraine, eye blurriness or fatigue, low energy, and cold/flu symptoms
- Follow the groove behind the mastoid (ear) bone locating where the neck muscles meet the skull

Gallbladder 21 (GB21): Jian Jing

- For stress, facial pain, headaches, toothaches and neck pain (caution in pregnant women)
- Pinch the shoulder muscle with your thumb and middle finger to locate the point

Large Intestine 4 (LI4): He Gu

- For stress, headaches, toothaches, facial pain and neck pain. (never use in pregnant women; it may induce labor)
- Locate the mid-point of the 2nd metacarpal bone and roll of the edge of the bone into the muscle between the 1st and 2nd metacarpal bones

Large Intestine 10 (LI10): Shou San Li

- For neck tightness, shoulder pain, diarrhea, and tennis elbow
- Locate point approximately three fingers width on the outer surface of the forearm below the elbow crease when the elbow is bent 90 degrees

<http://exploreim.ucla.edu/self-care/acupressure-for-headache-or-neck-and-shoulder-tension/>

TAKEAWAYS AND RESOURCES

Module 10. Integrative Modalities for Pain

Key Takeaways

- 1) Manual therapies at the VA include chiropractic, therapeutic massage, physical therapy and osteopathic manual therapy.
- 2) Acupuncture is a safe, effective, and a nationally recommended therapeutic intervention for pain.
- 3) Acupressure is a technique that may be practiced and taught during a clinic session or facilitated in group visits.

Resources

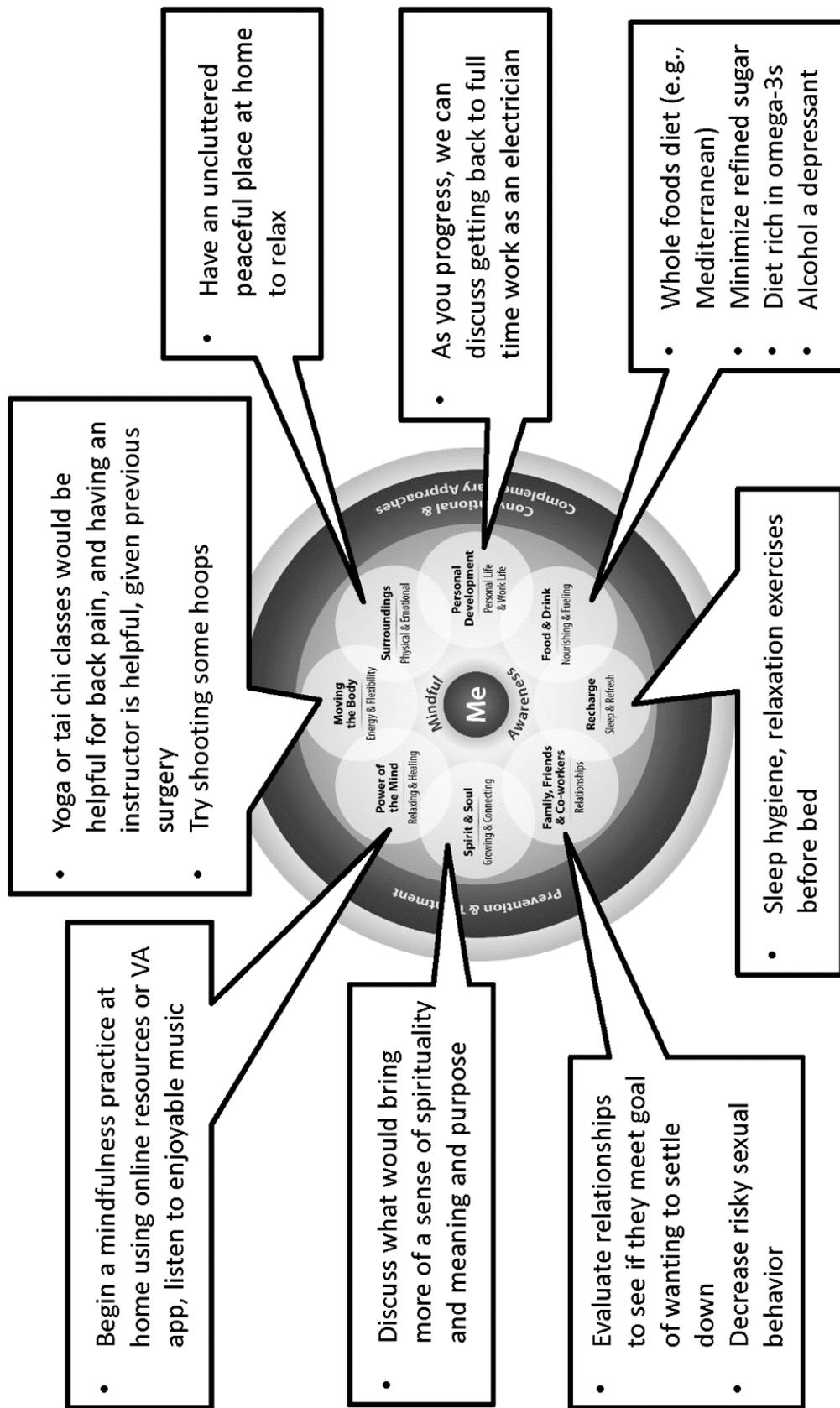
Chiropractic Care <http://vaww.rehab.va.gov/CS/index.asp>

Battlefield Acupuncture

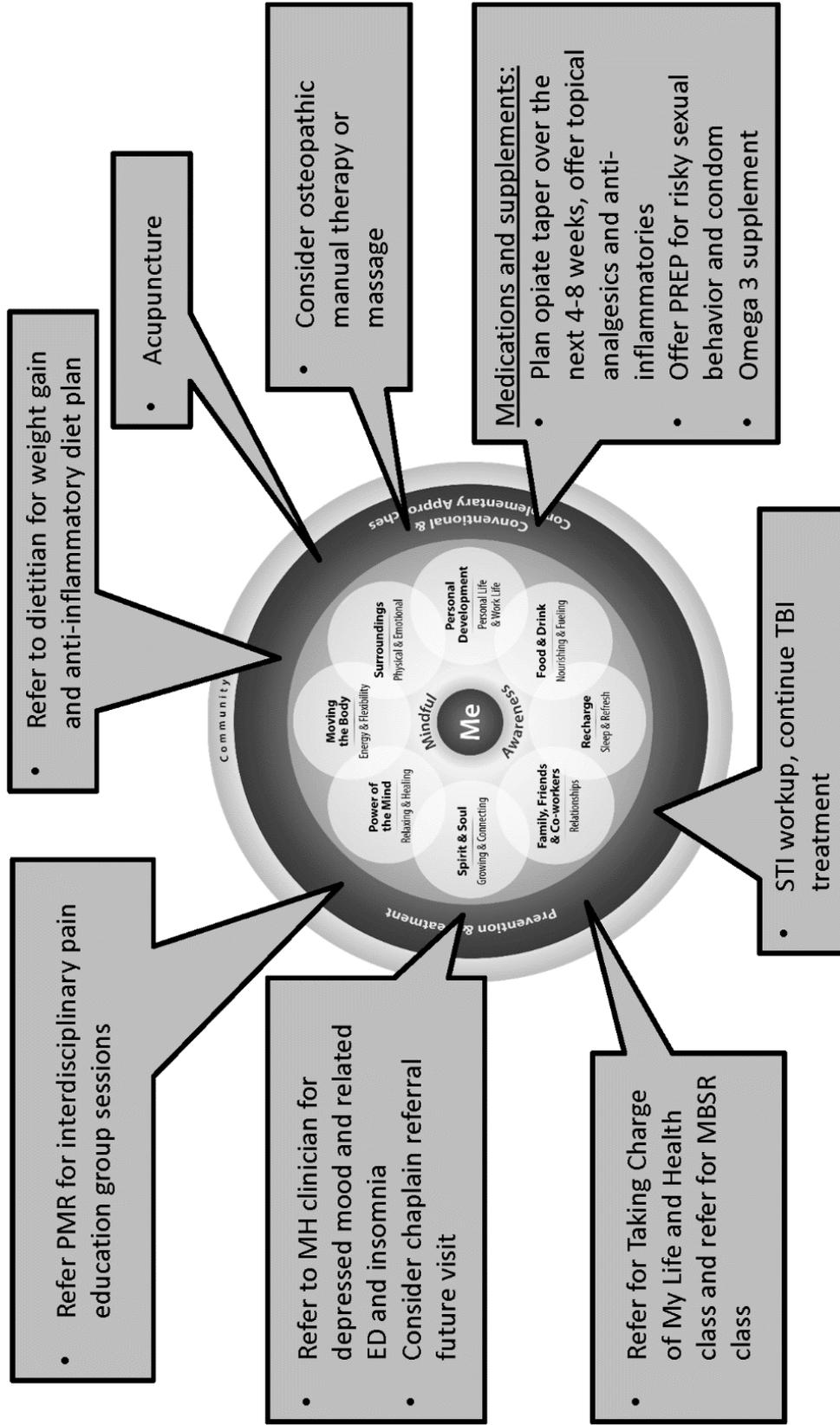
<https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Whole-Health-for-Pain-and-Suffering.aspx>.

Acupressure reference <http://exploreim.ucla.edu/self-care/acupressure-for-headache-or-neck-and-shoulder--tension/>

Adam: Self-Care Options



Adam: Professional Care



PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 11. Mind-Body Skills II

Key Takeaways

- 1) Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) are approaches that may assist Veterans in cultivating an awareness of their habitual thoughts or emotions related to pain, ultimately facilitating a cognitive restructuring that may ameliorate the suffering that arises from nociceptive pain.
- 2) Activity pacing promotes a healthier, more sustainable approach to physical activity in the setting of chronic pain.
- 3) Therapeutic journaling, time in nature and music therapy may be other avenues by which Veterans experience of sense of ease and perspective from their suffering.

Resources

Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)

https://www.va.gov/PAINMANAGEMENT/docs/CBT-CP_Therapist_Manual.pdf

Activity Pacing

https://www.va.gov/PAINMANAGEMENT/Veteran_Public/Veteran_docs/Pacing-formula.pdf

Clinician Tool on Therapeutic Journaling

<https://wholehealth.wisc.edu/tools/therapeutic-journaling>

MODULE 12. WHOLE HEALTH IN ACTION

PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 12. Whole Health in Action

Key Takeaways

- 1) A conversation about Whole Health can occur with any Veteran, in any setting, with any health care professional, and in any amount of time.
- 2) Even if you practice “whole health,” usually upon reflection, you can discover ways to enhance the Whole Health care you provide.

Resources

Video: Whole Health Approach to Clinical Care

<https://www.youtube.com/watch?v=wrvHS8oMSWM&feature=youtu.be>

MODULE 13. HEADACHE

VIGNETTE—MIKE

Mike is a 33-year-old Iraq war Veteran who receives his care at the VA. Mike has suffered from chronic headaches, both migraine and tension-type, since he returned from Iraq in 2004. He has tried many pharmacological treatments for his headaches, including beta-blockers, tricyclic antidepressants, gabapentin, nonsteroidal anti-inflammatory drugs (NSAIDs), Tylenol, triptans, antiemetics and opioids. His friend, who had success with acupuncture, recommended that Mike consider something similar for his pain. He reports having “past problems” with opioids and wants to avoid them if at all possible.

Mike suffers from tension headaches most days of the week and has migraines 1-2 times weekly. He currently takes propranolol and uses sumatriptan and occasional hydrocodone as needed to abort his pain. He sees a mental health clinician on a weekly basis and has a psychiatrist who follows him for his PTSD. His psychiatrist prescribes fluoxetine. He has been frustrated by the medication side effects, including fatigue, dizziness, nausea, and impotence, especially given that he does not feel that his symptoms are well controlled. After speaking with his friend, Mike decided to schedule an appointment with his primary care provider to further explore other treatment options. Prior to his appointment, he was asked to complete a Personal Health Inventory (PHI).

This case study and associated PHI and PHP are excerpted from the Headache module written by Amy Bauman, DO, which is available at the Whole Health Library website, <https://wholehealth.wisc.edu>, under the Professional Care tab.

<p>Moving the Body: Our physical, mental, and emotional health are impacted by the amount and kind of movement we do. Moving the body can take many forms such as dancing, walking, gardening, yoga, and exercise.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I work out at the gym a few times a week. I mostly lift weights. I have found that I have lost a lot of strength and gained weight over the last few years.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I think I would probably benefit from something like yoga. I also don't do much cardio. There is a cycling class at the gym that I am interested in trying.</i></p>
<p>Recharge: Our bodies and minds must rest and recharge in order to optimize our health. Getting a good night's rest, as well as recharging out mental and physical energy throughout the day, are vital to well-being. Taking short breaks or doing something you enjoy or feels good for moments throughout the day are examples of ways to refresh.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I have terrible sleep. I have trouble falling asleep and wake up throughout the night. I often have nightmares. I probably only get a total of 4 hours a night.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I need to find a way to turn my mind off at night. I do counseling, but still struggle. I would like some ideas on this.</i></p>
<p>Food and Drink: What we eat and drink can have a huge effect on how we experience life, both physically and mentally. Energy, mood, weight, how long we live, and overall health are all impacted by what and how we choose to eat and drink.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I rarely eat breakfast and sometimes skip lunch. I drink 2-3 cups of coffee a day and 1-2 sodas. My wife cooks, so we don't eat out very often.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I need to eat more regular meals and drink less caffeine.</i></p>

<p>Personal Development: Our health is impacted by how we choose to spend our time. Aligning our work and personal activities with what really matters to us, or what brings us joy, can have a big effect on our health and outlook on life.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I constantly feel overwhelmed by responsibilities at home and at work. I used to volunteer and really enjoyed it but stopped after I came home from Iraq.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I need help finding a way to reduce the stress in my life and to balance my work life with my personal life. I would love to get back into volunteering.</i></p>
<p>Family, Friends, and Co-Workers: Our relationships, including those with pets, are as important to our health and well-being as any other factor. Spending more time in relationships that ‘fuel’ us and less in relationships that ‘drain’ us is one potential option. Improving our relationship skills or creating new relationships through community activities are other options to consider.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I feel disconnected from people in my life. This is really hard for me. I often feel like I cannot relate. My fatigue, headaches, and problems with erectile issues have made my sex life very difficult.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I need to work on my communication. I also need to make more effort to spend time with people and to get to know people at work. I am currently working with a counselor on this. I also need to work on intimacy with my wife.</i></p>

<p>Spirit and Soul: Connecting with something greater than ourselves may provide a sense of meaning and purpose, peace, or comfort. Connecting and aligning spiritually is very individual and may take the form of religious affiliation, connection to nature, or engaging in things like music or art.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I'm not a very religious person. I don't currently feel connected to something that brings me purpose and meaning. I do remember feeling this way with my unit in Iraq. I have also felt this way when I am outdoors and taking photographs.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I would like to spend more time in nature. I used to go on walks with my wife and found this to be very soothing.</i></p>
<p>Surroundings: Our surroundings, both at work and where we live, indoors and out, can affect our health and outlook on life. Changes within our control such as organizing, decluttering, or adding a plant or artwork can improve mood and health.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I am lucky in that my wife keeps a comfortable and healthy home and my office is also very pleasant.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I don't feel I need to make any changes here.</i></p>
<p>Power of the Mind: Our thoughts are powerful and can affect our physical, mental, and emotional health. Changing our mindset can aid in healing and coping. Breathing techniques, guided imagery, tai chi, yoga, or gratitude can buffer the impact of stress and other emotions.</p>	
<p>Where you are: Rate yourself on a scale of 1 (low) to 5 (high)</p> <p>1 2 3 4 5</p>	<p>Where would you like to be?</p> <p>1 2 3 4 5</p>
<p>What are the reasons you choose this number?</p> <p><i>I constantly struggle to turn off my thoughts and have not found a good way to cope with this.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I am interested in learning relaxation, breathing, and guided imagery techniques.</i></p>

Professional Care

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

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very Much

Clinical Care: If you are working with a healthcare professional, on a scale of 1-5, circle the number that best describes how well you understand your health problems, the treatment plan, and your role in your health.

1	2	3	4	5
Not at all	A little bit	Somewhat	Quite a bit	Very Much

I am not working with a healthcare professional.

Reflections

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

In my healthiest state, I would be free of headaches, sleeping through the night, and would feel comfortable and at ease at home and at work. I would have a healthy diet and exercise routine. I would spend time outside in nature and get back into photography. I would have meaningful relationships with friends and family. I would also be able to cope more easily during the difficult times.

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

I would like to improve my diet and caffeine intake. I'd also like to increase my aerobic work-outs and add yoga. I'm interested in learning meditation, relaxation, and breathing techniques. I'd like to spend more time in nature with my wife and son.

PHP FOR MIKE

Personal Health Plan (PHP)

Your Personal Health Plan

Mission, Aspiration, Purpose (MAP): *To be healthy enough to enjoy day-to-day life with my wife and son and to enjoy time outdoors and immersed in my photography.*

Brief Summary of the Plan:

You have a lot you want to do with your life, but you say you are overwhelmed, especially because of your chronic headaches. You want help navigating the system to explore additional treatment options. You have been working with a psychiatrist and mental health clinician for assessments and counseling, in addition to taking our prescribed medications. Right now, you state that your physical well-being and your relationships with your wife and son are your highest priorities. You have shared that your joy comes from photography, nature, and time with your family. You want to work with a Whole Health Coach to focus your efforts over the next 12 months.

Overall Health Goals:

- Improve nutrition and focus on eating regular meals and decreasing caffeine intake. Work with a nutritionist or dietitian through MOVE.
- Increase aerobic physical activity by adding cycling three times per week. Create an exercise plan with a personal trainer, and meet with the trainer twice a month. Consider yoga classes.
- Learn how to incorporate mind-body tools into daily life through exercises taught by mental health clinicians.

Assets/Positive Attributes:

- A supportive spouse and family
- Photography

Dear Mike,

It was a pleasure meeting with you last week at the VA Medical Center. You sought consultation for developing a plan for your overall health and well-being, specifically to develop a comprehensive treatment plan for your diagnosis of headaches.

We are committed to partnering with you to provide comprehensive treatment for your diagnosis while optimizing your well-being throughout the process. Included in this letter is your Personalized Health Plan, which represents your personal values, priorities, and vision for your health based on your responses during your initial personal health planning visit.

In partnership with you, your health care team has developed team recommendations to support you on the road to optimal health and well-being. All members of your health care team can now refer to this plan as your overall strategy for your health and ensure that our treatment plans align with your priorities and with each other.

Sincerely,

Your Whole Health Team

Mindful Awareness

Throughout the day, try to notice when you are hungry and make sure to eat.

Note your sleep patterns, and keep a sleep journal: the hours you sleep, times you wake up, dreams, or flashbacks.

Pay attention to what you notice just before a flashback, so you can learn more about the patterns. This may make it easier for you to predict when they will come. Continue to learn ways to keep yourself safe when they occur.

Proactive Self-Care

Moving the Body	As we agreed, continue weight lifting 3 times per week, and add cycling 3 times per week for a minimum of 30 minutes at a time. Add yoga classes 1-2 times per week. This can be done at home with a DVD or through the classes offered at your gym. Return to going on the walks you enjoy with your wife. You agreed that you could benefit from the help of a personal trainer and would like to improve your body image and sex life. I will refer you to the MOVE program and hope that you can also talk more with your counselor about these concerns.
Surroundings	I am glad that you like your current home and work environment. We discussed the safety of your home, as we do with all Veterans. You have shared that you do not keep a gun at home because of the flashbacks. This is a good idea and will prevent an accident from occurring. I ask that you keep me updated if this changes, and I will continue to check in with you.
Personal Development	When ready, consider signing up to volunteer.
Food and Drink	See the dietitian through the MOVE Program. Eating regularly can really help how you feel physically, mentally and emotionally. Start by trying to eat breakfast every day. Work on reducing your caffeine intake by tapering to decaffeinated coffee. Aim for no more than 1 cup per day in the morning. I would recommend stopping the soda.
Spirit and Soul	You lit up talking about nature and photography. Take time every week to go out with your wife and son to spend time in nature. Bring your camera and share your love for photography with your son.
Recharge	Review the information on healthy sleep and make sure you follow the sleep hygiene steps. I would recommend adding melatonin, 2 mg of the extended release form, which often helps with sleep. Keep following through with your counselor for the work with your PTSD. Consider the sleep study referral.
Family, Friends & Co-Workers	It is clear to me that you care deeply about your wife and want to keep your relationship with her a priority. I would consider bringing her to a counseling appointment and in a safe place being able to tell her more about what you are experiencing and your desire for a better sex life. Maybe you can learn to open up to her more and allow her to offer some support in your life. Increasing your support system at this time seems important; do this in a way that is comfortable and safe for you.

Proactive Self-Care

Power of the Mind	As we discussed during your visit, there are many ways to explore the mind-body connection. You can talk with your counselor about options, too. I would suggest you start with some deep breathing exercises as I demonstrated with you. I will give you a handout for that. Talk to your psychologist about biofeedback, guided imagery and relaxation.
--------------------------	---

Professional Care

Prevention	Medications/Supplements	Testing/Treatments	Referrals	Skill building and education
<ul style="list-style-type: none"> Up to date Blood pressure up at 150/90; return for re-check in 2 weeks 	<ul style="list-style-type: none"> Continue medications as prescribed <ul style="list-style-type: none"> Lisinopril Tylenol as needed Add melatonin for sleep Add riboflavin and magnesium for migraines We can phase out your headache medications as these other approaches help you feel better 	<p>I have provided you with information about osteopaths in town who do spinal manipulative therapy (SMT) and craniosacral therapy (CST) treatments. I am glad your psychologist is using some of the techniques we discussed that are helpful for PTSD, pain, and some of your other concerns.</p>	<ul style="list-style-type: none"> Nutrition and health coaching on board Consider the sleep study we discussed 	<ul style="list-style-type: none"> Breathing techniques Mindful eating

Support Team

Principal Professionals	Personal
<ul style="list-style-type: none"> Primary care provider Psychiatrist Mental health clinician Whole Health Coach Dietitian 	<ul style="list-style-type: none"> Wife, Lisa (most support) Friends (casual friends) Parents (although does not rely on them)

Follow-up (Next Steps)

<ul style="list-style-type: none"> Call to set up an initial appointment with the Whole Health Coach (within 1 week). Register for the MOVE program and meet with the dietitian (within 1 week). Schedule an appointment with an osteopath in town for SMT or CST. Consider the sleep study referral (within the next month, as your time permits). Return to see the nurse for a blood pressure check (in 2 weeks). See me again in 2 months, and we will go over additional supplements in depth at that time.
--

SKILL-BUILDING EXERCISE: PERSONAL HEALTH PLANNING VISIT & RELATIONAL MINDFULNESS EXERCISE #4

Personnel Health Planning Visit

Co-create a personal health plan for Mike

- Review the Mission/Aspiration/Purpose
- Review insights about the eight areas of Whole Health
- Discuss where to start and potential goal(s)
- Work together to come up with:
 - 3 considerations for next steps
 - 1 SMART Goal

Relational Mindfulness Exercise #4: While developing the Personal Health Plan, consider: How do I have a mindful free flowing conversation?

We have conversations daily in our clinical and non-clinical lives that have a natural flow between speaking and listening. This final relational mindfulness exercise is a way to practice these natural conversations, while still being attentive to the practice of speaking from our present moment experience and listening with a quality of mindful awareness. This may also be an opportunity to reflect on how a mindful conversation about someone's Personal Health Plan may differ from how we might typically formulate a Personal Health Plan.

PERSONAL HEALTH PLAN (PHP)

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

Personal Health Plan for: _____

Date: _____

Mission, Aspiration, Purpose (MAP):

What really matters to me...

My Long-Term Goals:

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

MY PLAN FOR SKILL BUILDING AND SUPPORT

(Based on the Circle of Health)

Mindful Awareness:

Areas of Self-Care:

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

- Moving the Body
- Surroundings
- Personal Development
- Food and Drink
- Recharge
- Family, Friends, and Co-Workers
- Spirit and Soul
- Power of the Mind

PROFESSIONAL CARE: CONVENTIONAL AND COMPLEMENTARY

- Prevention/Screening
- Treatment (e.g. conventional and complementary approaches, active medications, and supplements)
- Referrals, Consults and Future Appointments
- Shared Goals

Community & Resources:

(groups, classes and organizations that can support me)

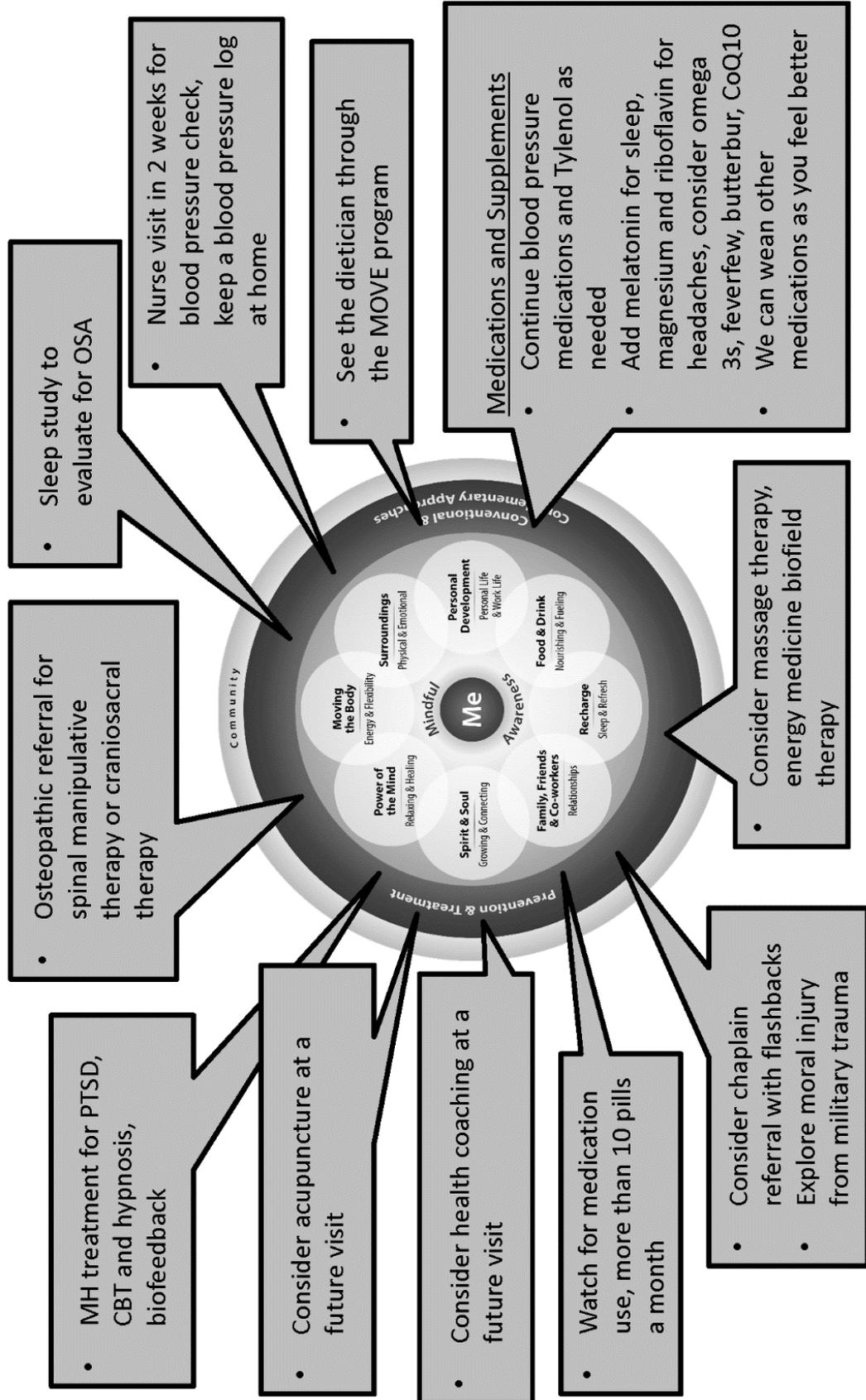
My Support Team:

(people who can support me)

Next Steps (Follow Up):

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

Mike: Professional Care



PAUSE-PRESENCE-PROCEED PRACTICE

What did you notice in this module? What did you learn or experience that might inform your clinical practice/Veteran interactions?

TAKEAWAYS AND RESOURCES

Module 13. Headache

Key Takeaways

- 1) It is possible to integrate both modern biomedical research findings with a Whole Health approach to clinical care.
- 2) “The most important treatment may not be the resolution of an individual migraine attack, but stabilizing the migrainous nervous system, increasing the resilience, allowing it to tolerate environmental changes better.”

Ready DM. Integrative Headache Management. In: Bonakdar RA, Sukiennik AW, eds. *Integrative Pain Management*. New York, NY: Oxford University Press; 2016.

- 3) Personal Health Plans are meant to be co-created with a Veteran and a clinician.

Resources

Personal Health Planning video

https://www.media.eo.va.gov/patientcenteredcare/mp4/WholeHealth/WH_Personal_Health_Planning.mp4

Veteran Stories: The Road Ahead

<https://www.youtube.com/watch?v=Q6RNABvKA-Q&feature=youtu.be>

Whole Health Library: Implementing Whole Health in Your Practice, Part I: What a Whole Health Visit Looks Like

<https://wholehealth.wisc.edu/overviews/part-i-what-whole-health-visit-lookslike/>

MODULE 14. WHOLE HEALTH FOR PAIN IN YOUR PRACTICE

COMMON EXAMPLES OF IMPLEMENTATION STRATEGY TOPICS

NOTE: What is one step you can take to move Whole Health forward at your site, when it comes to working with people who are dealing with pain? Below are some possibilities. As you consider these, remember to account for what you already have available at your facility. An initial first step might be to learn what is already out there. There is no need to reinvent the wheel! If you already have a Pain Committee or Wellness Group, how can you collaborate with them? Consider the following:

- If you are at a flagship site, coordinate with the Whole Health team there, including the site’s Flagship Education Champions (FEC). They will have a sense of what is available. They can also provide education around Whole Health for your team. If you are not at a flagship site, it may be helpful to form a group that can offer additional education about Whole Health for Pain.
- Break down silos. Many facilities realize that different specialty groups are already offering non-opioid pain approaches. What is mental/behavioral health up to at your site? Is anyone doing acupuncture, including battlefield acupuncture? What about mindfulness training, yoga, or biofeedback, as well as other modalities that the VA will now be covering? How might dietitians, pharmacists, recreational therapists, and others be able to help?
- Ensure that communication between primary care groups and specialty care groups is happening. How can this be improved? How might documentation through CPRS be enhanced to help with this?
- How can “success stories” from other inform what you do at your site?
- Use the PHI or Circle of Health with your Veterans. Would this help to support effective pain care?
- Join national groups, such as the Nutrition Journal Club and/or the Whole Health Community of Practice Calls. Refer to the resources section starting on page 10.
- Form a facility interest group or committee for Whole Health for Pain, if your site does not have one.
- Explore ways to enhance staff self-care, including for your own team, and for yourself.

OUTLINE FOR TEAM IMPLEMENTATION DISCUSSION

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

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

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

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

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

WORKSHEET FOR TEAM IMPLEMENTATION DISCUSSION

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

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

WORK TEAM TITLE:

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

GOAL(s)	ACTION STEPS (to achieve each goal)	TIME FRAME	RESPONSIBLE ROLES	MEASURES OF SUCCESS	SUPPORT NEEDED

GOAL(s)	ACTION STEPS (to achieve each goal)	TIME FRAME	RESPONSIBLE ROLES	MEASURES OF SUCCESS	SUPPORT NEEDED

DAY 1—PULSE CHECK

Whole Health for Pain and Suffering

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

1) Please rate the following sections of Day 1:

MODULE	Poor				Excellent
1. Course Overview Materials, Setting Intentions	1	2	3	4	5
2. New Perspectives on Pain and Suffering Pain and Whole Health Overview	1	2	3	4	5
3. Chronic Pain: Starting with ME The Power of You	1	2	3	4	5
4. Mindful Awareness Mindful Awareness Practices	1	2	3	4	5
5. Self-Care and Pain: An Overview Keys to Coping, Burnout and Resilience	1	2	3	4	5
6. Self-Care and Pain I: Moving the Body, Food & Drink Yoga, Tai Chi, Diets	1	2	3	4	5
7. Self-Care and Pain II: The Other Circles “Just Like Me” Practice	1	2	3	4	5
Rating of the facility Sound, temperature, comfort, etc.	1	2	3	4	5
OVERALL MATERIAL ON DAY ONE	1	2	3	4	5

2) What about the course today (Day 1) was most helpful to you?

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

4) Other feedback and helpful suggestions (feel free to write on the back of this page, too):

Day 1—Pulse Check, Page 2

Please do not write your course notes on this page as you will be turning this sheet in at the end of Day 1.

DAY 2—PULSE CHECK AND FINAL EVALUATION

Whole Health for Pain and Suffering

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

1) Please rate the following for Day 2:

MODULE	Poor				Excellent
8. Introduction to CIH Therapies at the VA Integrative Health Coordinating Center	1	2	3	4	5
9. Mind-Body Skills I Relaxation response, Psychotherapies, Meditation, Breathing Exercises	1	2	3	4	5
10. Integrative Modalities for Pain Acupuncture Principles, Research, Battlefield Acupuncture	1	2	3	4	5
11. Mind-Body Skills II CBT, Journaling, Nature, Music	1	2	3	4	5
12. Whole Health in Action	1	2	3	4	5
13. Headache Headache, Nutrition and Supplements	1	2	3	4	5
14. Whole Health for Pain in Your Practice Implementation	1	2	3	4	5
Rating of the facility Sound, temperature, comfort, etc.	1	2	3	4	5
OVERALL MATERIAL ON DAY TWO	1	2	3	4	5

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

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

Please See Back of Page

4) What was your favorite thing about the Whole Health for Mental Health course?

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

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

7) Other thoughts and comments?

Do You Have a Supportive Statement to Share?

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

Tear out this sheet and submit to the course administrator. Thank you!

Supportive Statement, Page 2

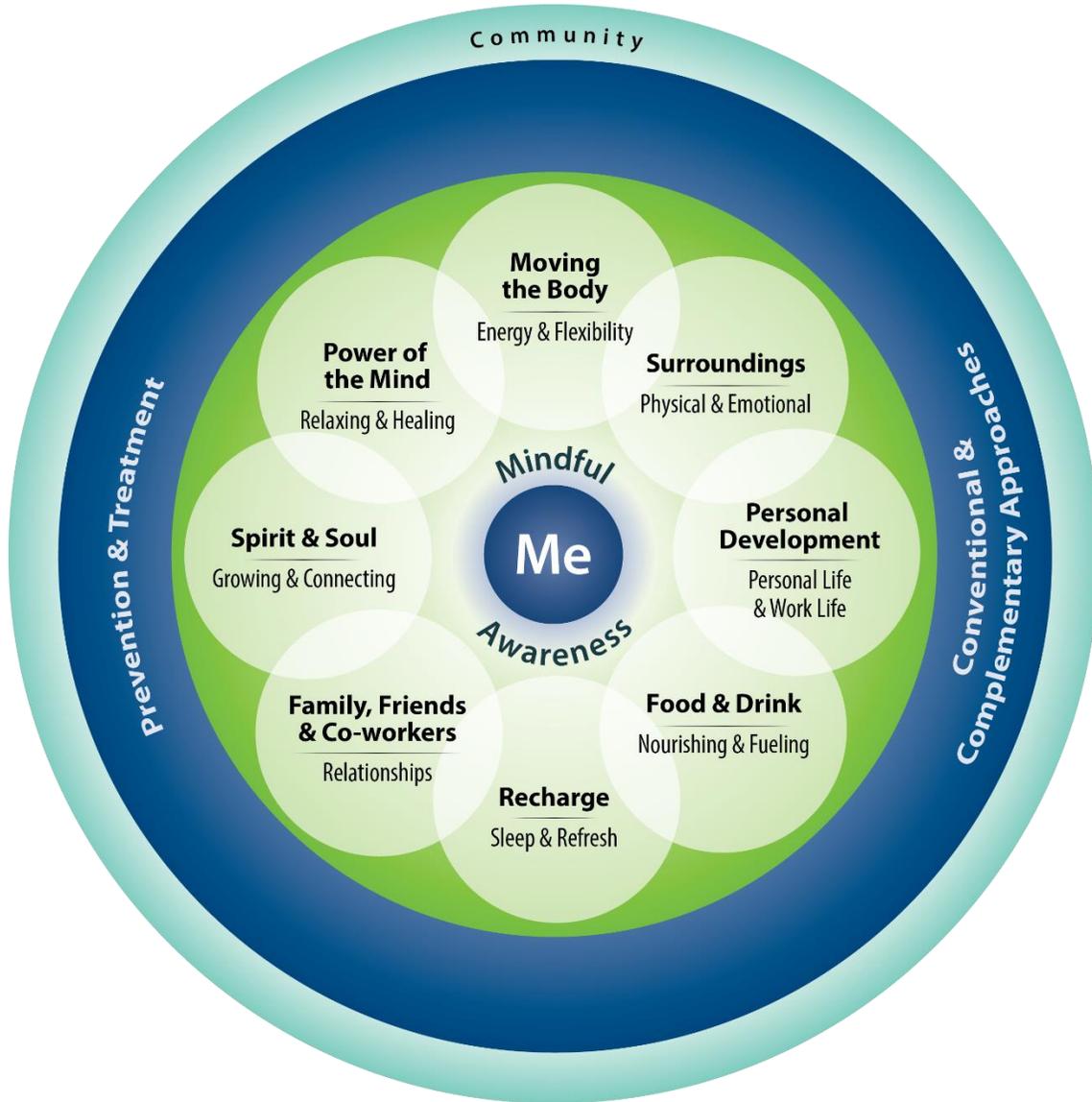
Please do not write your course notes on this page.



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Patient Centered Care and
Cultural Transformation

The Circle of Health



To learn more visit: <https://www.va.gov/WHOLEHEALTH/>

WHOLE HEALTH SYSTEM DIAGRAM

Key Elements of the Whole Health System

