



IMGV FACILITATOR GUIDE



Program for
Integrative Medicine
& Health Care Disparities

BOSTON MEDICAL CENTER
FAMILY MEDICINE DEPARTMENT

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INTRODUCTION

WHAT ARE GROUP VISITS AND HOW ARE THEY VALUABLE?

An estimated 133 million Americans live with at least one chronic illness. Their medical care accounts for more than 75% of all health care spending (Centers for Disease Control and Prevention). Treating chronic conditions is not only a large financial drain on the system, but can also be one of the most complex health care challenges facing providers and patients. Traditional western medicine, while excellent at “curing” or alleviating many health conditions, does not have any easy answers for most chronic conditions such as chronic pain or depression. Additionally, in resource poor primary care settings caring for individuals with many social and economic concerns, time restraints and lack of access to providers can lead to health disparities.

Medical group visits (MGV) are used for an increasing number of chronic illnesses, including symptom management and health issues. Current literature indicates that MGV improve health status indicators such as health-related quality of life, disability delays, patient satisfaction, patient trust in their clinician, coordination of care, and more culturally competent care. MGV are organized in many different ways, and no one best model has been demonstrated in the literature to date. MGVs include individual medical attention, teaching time (didactic and interactive), time for patient self-management, and time to connect and socialize. Groups range from 4-20 patients with one to two facilitators, and meet at regular intervals – anywhere from weekly to every month from 1-4 hours. The clinician’s assessment/management is sometimes conducted in the group setting in an adjacent private examining space, and clinicians charge for the visit using established patient reimbursement codes.

The theory underlying the value of the medical group visit is that medical treatment is enhanced by simultaneous incorporation of two crucial aspects of the patient’s health experience: the patient’s own efficacy in managing medical problems together with his or her health care team, and the patient’s own community of support in integrating medical recommendations into his or her daily life.

WHAT IS MINDFULNESS?

Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally (Jon Kabat-Zinn, 1990). Practicing mindfulness can help us begin to develop a sense of curiosity and patience with our experiences, whether positive or negative. This is fundamental, since the present moment is the only time anyone has to learn, grow, and change.

WHAT IS MINDFULNESS-BASED STRESS REDUCTION (MBSR)?

As the story goes, Jon Kabat-Zinn asked the doctors in the chronic pain unit at University of Massachusetts to give him the patients for whom traditional pain treatments (medication) was not working in some way. He taught these patients mindfulness practices to help them learn to cope and develop the ability to see their pain more objectively. He called his mindfulness group model Mindfulness Based Stress Reduction (MBSR). MBSR consists of 8 weekly classes (2 to 2.5 hours) taught by a trained instructor and one silent retreat day. Some MBSR techniques include sitting and walking meditation, body scans, and mindful yoga.

In the last 37 years, over 20,000 people have participated in MBSR training. This program is offered in over 250 hospitals in the United States and many more around the world. Many different types of people benefit from MBSR including patients with stress, cancer, sleep problems, anxiety, depression, chronic pain, and other chronic medical conditions. For more detailed information regarding MBSR, we recommend the Center for Mindfulness Medicine Healthcare and Society's website at <http://www.umassmed.edu/cfm/stress-reduction/>. The website also contains information on how to get MBSR training and the research behind this program.

A recent systematic review identified 21 randomized controlled trials of MBSR; eleven of these studies showed improvement in mental health measures compared to wait-list or standard care controls, as well as improved pain scores and mental health status for patients with chronic pain (Cramer 2012). Patients with two or more co-morbid conditions had the greatest improvement in pain. Recent research demonstrates that lifestyle factors such as diet, exercise, mind-body therapies, and sleep play significant roles in the pain and chronic conditions. Neuroimaging research also demonstrates how the brain changes in response to meditation and mindfulness. Current research indicates that mindfulness helps alleviate suffering and improve quality of life. (MBSR research: <http://www.umassmed.edu/cfm/research/publications>)

WHAT IS EVIDENCE BASED INTEGRATIVE MEDICINE?

Integrative medicine has been used to treat health ailments around the world, some for hundreds of years. In the past 30 years, research institutions using rigorous science based approaches have been focused on providing evidence for the use of integrative medicine within current healthcare practice.

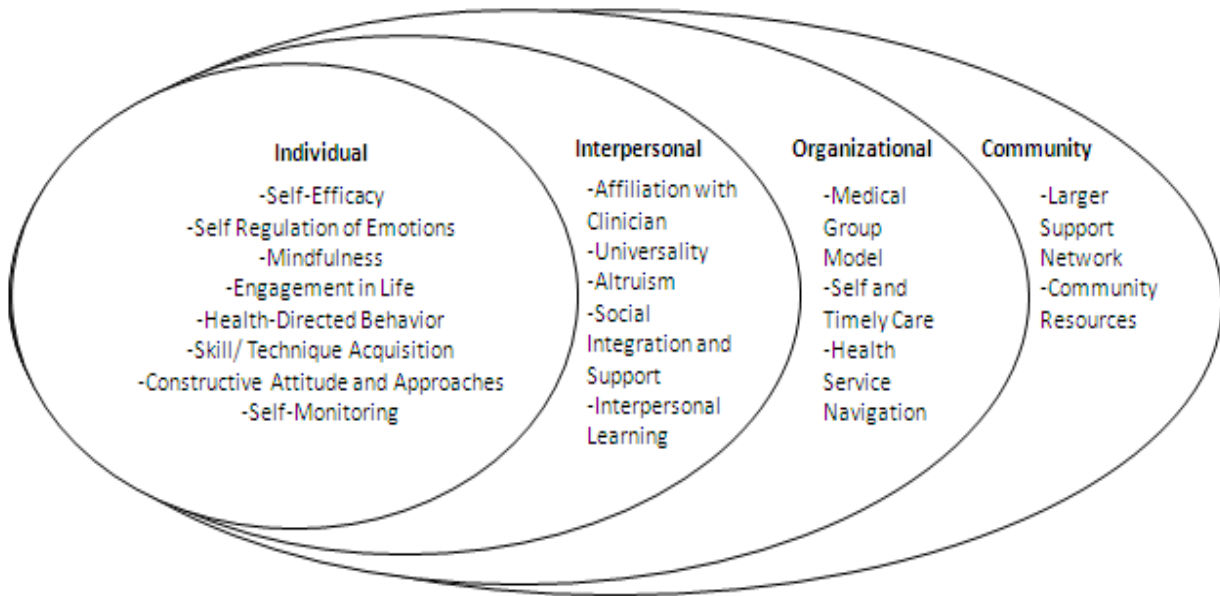
Evidence using integrative medicine techniques such as massage and acupuncture has demonstrated significant health improvements in chronic pain patients (Ia Cour & Petersen 2015; Tsao 2007; Vickers et al 2012). Massage allows for a decrease in pain intensity and experience, especially when used for low back pain (Walack, Guthlin & Konig 2003; Tsao 2007). Acupuncture has also been found to be an effective treatment for chronic pain in an extensive review and a meta-analysis of 29 RCTs (Vickers et al. 2012). The IMGV allows patients to have a

onetime experiential to understand what the modality is, the risks and benefits, and how to access it in their community.

WHAT IS THE BIOPSYCHOSOCIAL MODEL OF CHRONIC PAIN?

The IMGV was developed through the lens of Engel’s biopsychosocial model. This model conceptualizes chronic pain as having interrelated causes and manifestations in multiple dimensions: physical, psychological, and social. Qualitative data from our IMGV focus groups demonstrates that the IMGV maps to the domains of the biopsychosocial model. Our qualitative analyses suggest that IMGV helped patients increase self-monitoring, self-regulation, mindfulness, self-efficacy, patient-to-patient support, and coping strategies in a supportive network pain. Figure 1 outlines the qualitative themes that emerged from focus groups held during the development of the IMGV curriculum and how they map to the biopsychosocial model.

Figure 1. Biopsychosocial Model of Chronic Pain



BRINGING THE IMGV TO BOSTON MEDICAL CENTER

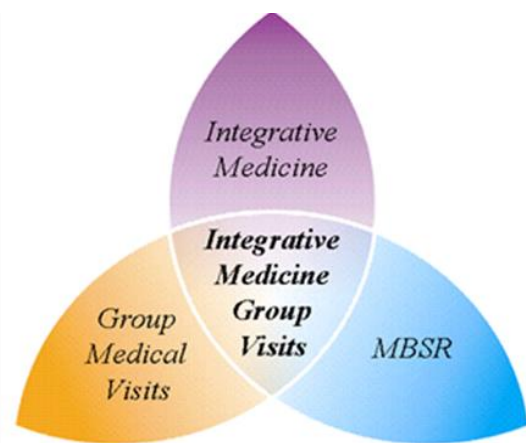
At Boston Medical Center (BMC) and the surrounding affiliated community health centers (CHCs), Primary Care Providers (PCPs) and their patients face the dilemma of how to best treat pain and associated conditions safely and effectively. Often this process can lead to miscommunication and stress for both patients and providers. Many PCPs and their patients asked the BMC Integrative

Medicine team for advice and non-pharmacologic strategies for treating chronic pain. In 2011, the team responded to their patients' and clinical colleagues' requests for a new model of care to address chronic pain by developing and implementing the Integrative Medical Group Visit (IMGV). The IMGV protocol was developed after a systematic review of studies on integrative medicine for chronic health conditions and group visits. The protocol was piloted in the Family Medicine clinic at BMC between April 2012 and November 2013; results from this pilot led to the development of the curriculum now found in this manual.

WHAT ARE INTEGRATIVE MEDICAL GROUP VISITS (IMGV)?

Integrative medical group visits are a recent innovation in care that delivers integrative medicine principles and modalities using the group visit model of health care delivery. The philosophy and goals of integrative medicine are an ideal fit for group visits. Integrative medicine and group visits both focus on relationships, patient empowerment, self-care, education, and prevention. Furthermore, given the challenge of delivering integrative health care to large numbers of patients with little discretionary income and insurance that likely will not reimburse integrative services, integrative medical group visits may be a more economically and logistically feasible way to deliver this care. Integrative medical group visits incorporate various complementary modalities with standard medical care. Similar to the group medical visits, they incorporate time for individual patient care, education and connection. However, unlike traditional group visits, the IMGV emphasizes the mind-body-spirit connection and the importance of various experiential techniques for building self-efficacy and facilitating healing.

This new patient-clinician team approach is innovative because it improves patients' health through the merger of three novel paradigms: the Group Medical Visits model, which provides for more open communication between patient and provider while allowing patients to share experiences in a group setting; Integrative Medicine, which incorporates conventional medicine, education, and non-pharmacologic treatment strategies (evidenced-based integrative medicine [EBIM]); and Mindfulness-Based Stress Reduction (MBSR) techniques.



ESSENTIAL ELEMENTS OF THE IMGV MODEL

- A facilitative leadership style by clinicians
- Patients empowered to monitor their own vitals, pain, mood, and stress levels
- Group conduct honors each member's contribution
- Weekly exposure to principles of MBSR
- Weekly exposure to EBIM experientials (self-massage, acupuncture, nutrition)
- Patient education discussions on relevant health topics
- Ongoing evaluation of outcomes (midterm and end of session feedback)
- Assignment of self-care activities (meditation, mindful yoga, body scan, etc)
- Opportunity for socializing and community building within the groups
- Access to the OWL website through tablet, computer, or mobile phone;
- Companion online IMGV curriculum and tracking self-care activities
- Health assessment and time for individual visits with the clinician facilitator
- Weekly contact with the PCP about progress of the patients (health team)

The IMGV groups currently meet for nine sessions (weekly) and a maintenance session (after 12 weeks). The IMGV model utilizes principles of adult learning and engagement (andragogy), allowing for experience and knowledge-sharing to empower and motivate patients to create an individualized treatment plan for their pain. IMGVs provide patients with both conventional and holistic approaches for managing their health and chronic conditions. Each week, 8-14 patients meet for 2.5 to 3 hours co-led by a clinician and co-facilitator. The clinical provider/facilitator and patient use shared decision-making techniques and discuss the proper individual strategies that would work for the patient's needs to achieve the best possible outcomes.

Essential elements of IMGV curriculum include principles of MBSR, weekly exposure to complementary therapies, patient education discussions, and opportunity for community building within groups.

The clinician facilitator makes one on one weekly contact with each group member during group time, before the group begins or after the group ends. Participants are asked to participate in home practice activities between sessions. This includes informal and formal mindfulness practice (yoga, meditation, and body scan) as well as journaling-type exercises that encourage them to reflect on events in their daily life.

A healthy meal is served each week that incorporates lessons learned in the group (e.g., eating whole grains, omega-3 rich foods, or antioxidant-rich foods). This creates an opportunity to develop community, practice mindful eating, and model healthy nutrition.

OVERVIEW OF SCHEDULE

The IMGV follows a standard session format. Sessions are broken down into themes, and a unique topic and integrative therapy is covered each week.

Session #	Curriculum Topics per Session	Experiential Activities
1	Group orientation: Introduction to IMGV model & mindfulness themes; Confidentiality & ground rules; Vitals tutorial; Introduction to meditation	Awareness of breath meditation (AOB)
2	Our reactions to stress: Stress and your body; Healthy & unhealthy ways of responding to stress; Upstream downstream parable; Role of stress and chronic pain	Opening AOB meditation; Raising eating exercise; Body scan
3	The importance of healthy sleep: How sleep affects health; Ways to establish a healthy sleeping pattern; Gratitude journaling & promoting positive thoughts; Triangle of Awareness & the mind/body connection; Nine-dots exercise	Opening AOB meditation; Body scan
4	Food and movement as medicine: Healthy eating plate; Reading nutrition labels; Serving sizes; Bringing awareness to pleasant events	Opening AOB meditation; Mindful chair-yoga sequence
5	Our bodies' response to pain: Acute vs. chronic pain; Cycle of chronic pain; Non-pharmacological pain treatment options; Breathing exercise (STOP); Bringing awareness to unpleasant events; Mid-point group evaluation	Opening AOB meditation, Acupressure
6	Our bodies and inflammation: Acute vs. chronic inflammation; Methods for decreasing inflammation in the body; Foods & inflammation: Omega 3 fatty acids, trans and Omega-6 fats, simple carbohydrates	Opening AOB meditation; Sitting meditation
7	Approaches to depression and challenging communications: Bringing awareness to difficult communications; Ways to cope with depression & mind-body approaches; Foods & supplements: Omega-3s, B Vitamins; Importance of Vitamin D	Opening AOB meditation; Loving-kindness meditation
8	Understanding the role of food: Effects of Sugar, fiber and protein on the body; glycemic index; whole vs. processed foods; finding sugar on nutrition labels; Healthy sources of fiber & protein; Mindful eating; Introduction to SMART goal development	Opening AOB meditation; Choice of chair yoga or sitting meditation
9	Goal-Setting & Wellness Review: Setting SMART goals; Tips for continued health & well-being; Wellness review; Resources post-group; Closing ceremony & certificates	Opening Loving-kindness meditation; Self-care massage
10	Maintenance Session (12 weeks after session nine): Setting new goals; HOOT mindfulness technique; Review of mind-body practices	Opening sitting meditation with choiceless awareness; Fence visualization meditation

Curriculum Elements and Timing for One IMGV Session	
Curriculum elements	Time (min)
Participant check-in and vitals	30
Centering meditation	10
Go-around	10
Home practice review and reflection	20
"Clinical talk"	30
Mind-body exercise	30
Review home practice for upcoming week	15
Poem shared	5
Total Time:	150
Healthy meal after end of session	20

OBSERVATIONAL STUDY MEASURING THE BENEFITS OF IMGV

The IMGV pilot study yielded promising improvements in a range of important health outcomes. The study sample (n=65) participants were predominantly low-income minorities. The vast majority were either disabled or unemployed. About three-fourths had annual household incomes of \$30,000 or less. The majority spoke English at home. Psychological and physical morbidity were high in the groups, with over half of patients diagnosed with hypertension, depression, and two or more chronic pain conditions. Back pain, headache, and knee pain were the most common conditions noted in the medical chart. Average pain in the previous week was assessed using an 11-point (0-10) scale. Exploratory outcomes including depression (PHQ-9), blood pressure, sleep quality (PSQI), stress (PSS), and anxiety (GAD-7) were assessed.

The attendance rate across cohorts was 64%, with 68% of participants attending ≥ 5 weekly sessions. Preliminary analyses of baseline and 8 week data show that for those participants with baseline pain >4 , mean reduction in pain score was 0.8 ($p=0.002$). Average improvement in PHQ-9 score for patients with a baseline PHQ-9 >5 was 2.7 ($p<0.001$). Of the 16 participants with hypertension, there was a 14-point decrease in mean systolic pressure from baseline to 8 weeks. While other exploratory outcomes showed trends towards improvement, changes were not statistically significant.

Preliminary Results for the IMGV Pilot Study

Outcome Measure	N*	Mean Change Score (SD)	p-value
Pain Intensity	59	-0.7 (2.0)	0.005
PHQ-8 (depression measure)	41	-2.6 (4.6)	<0.001
GAD-7 (anxiety measure)	39	-0.7 (5.5)	0.4
PSQI (Pittsburgh Sleep Quality Index)	23	-1.3 (2.9)	0.04
Perceived Stress Scale	49	-2.0 (6.6)	0.04
Systolic Blood Pressure	18	-10.6 (19.9)	0.04
Body Mass Index	34	-0.1 (0.7)	0.36

** All participants were included in the primary outcome measure pain analysis. Participants were included in secondary outcome analyses if their baseline outcome measurement was equal to or greater than an a priori minimum score (PHQ-9 ≥ 5 ; GAD-7 ≥ 5 ; PSQI ≥ 5 ; PSS ≥ 14 ; SBP ≥ 140 or DBP ≥ 90 , BMI ≥ 30).*

For the qualitative interviews, responses to open-ended questions on the patient's experience were overall positive. General themes included the impact IMGV had on their confidence and skill to self-manage pain. Qualitative data suggest that increased self-efficacy and improvement in symptoms (e.g., mood, sleep disorders) may help mediate improvement in pain level. Illustrative comments included:

- “The program is very helpful with my stress and my daily living with pain. I love it.”
- “Before I started these meetings I pretty much gave up my life because it felt worthless. The pain had taken over my life...After the group meetings I have been meditating, breathing, when I feel that my anxiety levels are rising I use my tools.”
- “Meditation is very good, it helps me sleep better. I am learning that I can get control all by myself.”

PCORI RCT FOR THE IMGV

Patient Centered Outcomes Research Institute (PCORI) is a nonprofit, nongovernmental organization created after Congress passed the Patient Protection and Affordable Care Act in 2010. One of PCORI's primary goals is to generate and endorse quality and evidence-based information for patients, caregivers, providers, policy makers and insurers so that all parties can make informed healthcare decisions. To generate this information, PCORI funds clinical effectiveness research (CER) called Patient-Centered Outcomes Research (PCOR). PCOR focuses on the problems most pertinent to patients. For more information on PCORI please visit www.pcori.org.

In 2014, our group received funding from PCORI to conduct a Randomized Controlled Trial (RCT) in low income neighborhoods for participants with chronic pain and depression pain in Boston. In this study we will compare two treatments, a ten-week IMGV against primary care visits (or usual care), which include medications and advice. We will compare each group's results at the start of the study, at 9 weeks, and 21 weeks later.

The questions we are answering in this study include:

Question 1: Will patients with chronic pain and associated conditions report less pain compared to participants in usual care (PCP visits)?

Question 2: Will patients with chronic pain and related conditions who participate in the IMGV feel less depressed than those who do not take part in the IMGV?

Question 3: Will patients in the IMGV have more self-motivation to reduce pain compared to those who are not in the IMGV?

Based on results of earlier IMGV participants, our main outcomes are self-reported pain and depression scores. Other outcome measures include: pain self-efficacy, pain medication use, social support, functional status and quality of life (All outcome measures are listed below).

We are currently in the process of writing up and submitting our results for publication. . In the first year of the study, we conducted 6 pilot groups (n=60) and 4 focus groups (n=20). The results drawn from the pilot group data suggested that the IMGV helped patients identify and incorporate non-pharmacologic approaches into their chronic pain treatment plans, ultimately improving pain and depression. Aside from our initial pilot groups we completed seven cohorts for the randomized controlled trial. We have presented our findings in over 20 presentations and publications on our work, drawing from both qualitative and quantitative results. (see references) Our data analysis has been promising, showing that the groups are likely as effective as primary care visits at reducing pain and depression.

PCORI RCT STUDY OUTCOME MEASURES

- Duke-UNC Functional Social Support Questionnaire
- Brief pain inventory
- Pain medication use
- Prior pain treatments
- Pain-Self Efficacy Questionnaire
- Nutrition/dietary habits
- Patient Health Questionnaire-9 (depression)
- Perceived Stress Scale-4
- Physical Activity
- Patient Activation Measure-11
- Pittsburgh Sleep Quality Index
- Short Form Health Survey-12 (function and well-being)
- Technology use
- Tobacco, alcohol, drugs
- Stress management habits
- Current Opioid Misuse Measure
- Demographics
- Realm (health literacy)
- Website utilization

INTEGRATIVE MEDICAL GROUP VISIT ROLES

Each team should review the tasks and roles and determine how best to use their staff members. In general, each group visits team should include:

- ✓ A facilitator, generally an MD, DO, PA or NP
- ✓ An allied health worker (RN, LPN, LICSW, MA, Mind-Body therapy teacher) co-facilitator
- ✓ A group visits coordinator or medical assistant

The clinic's front desk/registration staff should be able to check in patients prior to triage by the medical assistant.

Note to Northwestern: We recognize you may need to make adjustments in these roles and responsibilities depending on the staffing and at your organization. We would recommend identifying one's potential role prior to the training.

FACILITATOR ROLE (BILLING PROVIDER):

- Facilitate effective communication with co-facilitator, support staff and administrators
- May be asked to connect with colleagues about referrals of potential participants
- Conduct intake visit - Meet individually with all the pre-screened participants before the beginning of the group to better understand any medical condition, review medications, and go over goals for being in the group
- Participate in planning the visit with your team
- Review charts, identify problems for review with individual patients each session
- Conduct clinical discussions
- Lead activities as needed (though does not need to be present for all activities during the group, for example, when speaking to patients individually)
- During the visit, spend face to face time with each participant (prior, during or after) each group. After reviewing patient's vitals and chief complaint you may choose to conduct a more thorough physical exam, order lab work or a referral, or prescribe a medication (keeping in line with your clinic's standard of care).
- Document all visits in the electronic medical record (EMR)
- Complete billing
- May be asked to follow up with patients who do not show up because of medical ailments and pinpoint barriers to care
- Connect with the PCP on the participant's progress based on group attendance
- Be available to group members for individual visits or phone calls as needed

CO-FACILITATOR ROLE:

- Serve as lead facilitator for all meditations, self-management activities and mind body activities
- Be prepared to take over as facilitator if a medical emergency arises and the medical professional/lead-facilitator must step out (i.e. leading discussions on Health Topics)
- Be responsible for the safety of the group along with the facilitator
- Arrive 30 minutes early to greet patients and ensure they have checked in with registration (as applicable)
- Assist with setting up the room prior to each session
- Handing out intake forms and assisting with patients taking their own vitals (as applicable)
- Assist with relevant web technology
- Be available to communicate with group visit participants by phone or email during the week should questions arise

GROUP VISITS COORDINATOR/MEDICAL ASSISTANT ROLE:

- Triage communication between appropriate parties around group visit workflow, recruitment status, planning and agendas for sessions, debriefing, and updates on patients and/or status of group sessions
- Handle all logistics including booking group visit room/appropriate space, making sure the room is equipped with necessary amenities (computer for charting, phone, working blood pressure cuff and scale, adequate seating, projector if necessary for web technology, white board and/or flip chart), scheduling patients or communicating with clinic scheduler
- Communicate with caterer on ordering and delivery of healthy meals for each session and make sure invoices are processed in a timely manner (*if you choose to include meals as part of your visit*).
- Make reminder phone calls to patients prior to each session
- Set up, take down, and clean up space for each group visit as appropriate
- Confirm all supplies and materials are prepared for each session
- Organize all materials and forms required for group
- Facilitate vitals and checking-in process at beginning of each session
- Open visit note for each patient post-session, enter information from intake form, route to lead-facilitator for completion
- Perform fidelity checklist at each visit and take notes on sessions
- Be present and make sure that participants are comfortable and assist co-facilitators with any tasks, as needed
- Follow up with absent patients by phone by the next day
 - Leave phone note in medical records systems outlining the conversation and route to facilitator for review, specifying either via or by phone/urgent email if necessary for lead-facilitator to follow-up personally with patient (If applicable for absent patients)

RECRUITMENT AND MARKETING

REFERRAL & CONSULT/SCREENING PROCESS

Patients are recruited for the IMGV both externally and internally. Patients may self-refer to be considered for study participation or they may be referred via the electronic medical record to the Group Visit Coordinator by a treating clinician within the hospital system (e.g. patient's PCP, LICSW, behavioral health clinician, medical specialist, physical therapist, etc).

Note to Northwestern: We understand that clinics receive referrals in different ways, some passing through a central referral office. These referral for the group visits can also be tracked by front desk staff or other staff responsible for the running the group visits.

Referral Process from Our Research Study Referrals are tracked by the Group Visit Coordinator (as well as the rest of the recruitment research staff) in a password-protected excel spreadsheet. The spreadsheet contains columns noting patient name, MRN, DOB, phone number (and alternate phone number if available), how the patient was referred to the IMGV, and an "outreach" column for keeping track of all contact /attempts to reach with the patient, specifically noting date/time. If follow-up at a specific time is required, the study team often creates a reminder in the shared study calendar (Microsoft Outlook) with the patient's name and phone number, and schedules this reminder for the time the patient has requested a call back. Creating a reminder for the team serves the purpose of both reminding oneself (in this case the Group Visit Coordinator) that the patient needs to be called back and to make the other study staff aware the patient needs to be called back (in the occasion the Group Visit Coordinator is not available at that time).

Once a patient has been evaluated for participation in the IMGV, this should be documented in the referral spreadsheet to avoid repeat recruitment. We recommend coming up with a system for keeping track of patients: 1) enrolled in the upcoming IMGV, 2) deemed ineligible/not a good fit for the group (include reasoning), 3) "on hold" (either unable to participate now due to work/life/medical conflict, but may be in future, not currently good fit and/or requiring follow up with outside medical providers) and 4) not presently interested in IMGV.

Information needed from outside patients during consult and subsequent enrollment process

- Name of PCP or individual whom patient referred by (also if patient self-refers)
- Name of referring clinician's Community Health Center/Private Practice and specialty/department
- Patient's insurance information
- Copy of patient's medical records or access to chart via EMR
- If possible, obtain thorough contact information for patient (address, phone numbers, email)

INTERNAL OUTREACH BLURBS

Provider Meeting Presentations

The [insert health center/department name] is beginning to recruit for the Our Whole Lives (OWL) Integrative Medical Group Visits for patients with **chronic pain**, starting in [insert month here]! The IMGV program is designed for patients with **chronic pain** and other chronic conditions causing pain. If you have any patients who you believe might benefit from learning *Mindfulness-Based Stress Reduction & Meditation* techniques, discussing health & wellness topics related to *pain, nutrition, sleep and communication*, and an opportunity to try chair-based *yoga, self-massage and acupressure* in a supportive group environment for 9 weeks, then please flag/refer their charts to [insert name of GV coordinator/facilitator] in [insert medical record system]. **I am passing around a handout for providers which lists details of the program’s purpose, structure, and the types of patients who may benefit from it. I’ll also be placing flyers and brochures for providers, nurses, and MAs to have on hand to give out to your patients after a visit—these list our office number to call so that patients may also self-refer.**

[Option to add any exclusionary criteria here; e.g. “Please only refer adult, English-speaking patients, without active suicidality, bipolar disorder or psychosis.”]

“Email Blasts” & Media Postings:

The [insert health center/department name] is beginning to recruit for the Our Whole Lives (OWL) Integrative Medical Group Visits for patients with **chronic pain** and other chronic conditions, starting in [insert month]! We are looking for adult, English-speaking patients who might benefit from learning *Mindfulness-Based Stress Reduction & Meditation* techniques, discussing health & wellness topics related to *pain, nutrition, sleep and communication*, and an opportunity to try chair-based *yoga, self-massage and acupressure* in a supportive group environment for 9 weeks. **If you have potential patients, please CC’ their charts to [insert name of GV coordinator/facilitator] in [insert EMR system].** Patients may also call our office at [insert phone #]. *[Option to add any exclusionary criteria here; e.g. “Please do not refer patients with active suicidality, bipolar disorder or psychosis, or are under 18.”]*

SUGGESTED SCRIPTS FOR PATIENT OUTREACH

General script for calling referred patients:

*Hi my name is _____ and I’m calling from the [insert name of Health Center/Department]. I’m calling to **see if you might be interested/because your [insert referring provider] thought you might be interested** in participating in a integrative medical group we will be holding at the center this [insert season] for patients who have chronic pain and depression. You’ll be in a group of ~10-12 other participants, led by a [family medicine doctor/nurse practitioner/physician’s assistant] and a meditation/mindfulness instructor. The program lasts for 10 weekly sessions, on [insert date] at [insert time], during which you’ll learn about and practice some integrative techniques for*

treating pain—like self-massage, gentle chair-based yoga, acupuncture—as well as the practice of meditation and mindfulness. We will similarly discuss other health and wellness topics, like sleep, nutrition, and stress-reduction. Does this sound like something you might be interested in?

Responses to potential questions:

1. What is the Integrative Medicine?

Integrative Medicine is a health care model that blends “mainstream medical therapies and CAM (complementary and alternative medicine) therapies for which there is some high-quality scientific evidence of safety and effectiveness.” (According to the National Center for Complementary and Alternative Medicine at the National Institutes of Health). This model considers all aspects of the person: mind, body and spirit, and lifestyle. It often focuses on non-pharmacological treatment alternatives, but these may be used and practiced in combination with traditional medicine treatment.

2. What would the IMGV group be like?

Each IMGV group will meet for about 2.5 hours weekly, for 9 consecutive weeks, followed by a 3-month “maintenance period” and one final 10th session. The groups are co-facilitated/led by a doctor and a meditation/mindfulness instructor. During the sessions you will learn about and discuss integrative techniques (like self-massage, gentle yoga, acupuncture), and other health and wellness topics, like sleep and nutrition. A healthy meal will be provided at the end of each session.

3. Does my PCP have to know about this? Do I need to talk with them?

Yes, we will be informing your primary care provider that you are taking part in this group, but no, you are not required to meet with or talk with them any more frequently than you normally would. The IMGV is like a regular medical visit, and therefore we will be documenting with a note in your medical record. You will fill out an intake form and take your vitals at the start of each visit.

QUICK TEXTS FOR DOCUMENTATION IN EMR

Quick text includes acronyms that can be used within your EMR system in order to document with commonly used language, such as contact with participants and whether they have been enrolled into the IMGV group visits.

Quick text for Contacting Patients for the IMGV

Summary: Contacted for Integrative Medical Group Visits

.contact

Pt (Patient) referred by ***

Called and reached pt on ***/Called and did not reach pt on ***

Pt interested and was screened on ***/Pt uninterested

Pt screened eligible/Pt screened ineligible due to ***

Summary: Pt Enrolled in Integrative Medical Group Visits

.enrollment

Pt was enrolled in IMGV on ***

Pt will come to weekly IMGV for 9 weeks and a follow up visit 3 months later

[Medical facilitator name] will be facilitating IMGV. Feel free to contact [medical facilitator name] or study staff at [phone number] with questions or concerns.

PARTICIPANT WELCOME PACKETS

In addition to calling and/or meeting with patients and receiving confirmation that they would like to participate in the IMGV group, sites might consider presenting patients with a “Welcome Packet” either in person or via mail, as a way of both reminding them about the group prior to its start and giving them a better understanding of what that commitment means. Retaining consistent group participation is often a challenge for health centers, and this may be one tactic for emphasizing to patients that this program should not be considered a “drop-in”. Suggestions of materials to include in the IMGV participant “**Welcome Packets**” include: *Welcome Letter* from the group facilitators, *IMGV Brochure* with more information about structure and content of groups, *IMGV Staff Contact Info* sheet, listing IMGV staff contacts and a colorful map of the site and the surrounding area (and highlighting whomever will be the participants’ *main contact* for the duration of the group; e.g. Group Visits Coordinator), and a full *IMGV Calendar* with the dates of each session clearly marked. Templates for these materials have also been provided.

SCREENING PARTICIPANTS

RECOMMENDED CRITERIA FOR EXCLUSION FROM IMGV

When evaluating a patient for enrollment, medical facilitators should be thinking about for whom the program is designed, and whether certain barriers and/or characteristics might prevent a patient from gleaning the full benefit of the program. Please also consider the other members of the group, their safety, and promoting a positive experience. *Trust your instincts.*

We suggest that you consider the following conditions as potential exclusionary criteria for IMGV enrollment at your site:

- Inadequate English (inability to comprehend the material taught in the group, including confidentiality contract)
- Inability to comprehend the nature and limitations of the program (wanting a “quick fix” without investing time and energy)
- Inability to commit to attending group visit sessions (if a patient predicts missing three or more sessions, consider putting them “on hold” and referring to a later cycle)
- Suicidality (may use PHQ-9 survey for evaluation)
- Psychosis (not treatable with medication)
- Dementia (patient not able to participate)
- Active substance abuse
- Patient Health Questionnaire-9 score less than 5 (for depressive symptoms)
- Pain less than 4 (on 0 to 10 scale per Brief Pain Inventory) and/or pain for less than 12 weeks

CLINICAL INTERVIEWS

Facilitators should meet with all eligible individuals prior to enrollment in the group to ensure that they are appropriate for participation, particularly if the facilitator is unfamiliar with the patient and/or the patient was referred from outside the health center. This meeting could be in the form of an in-person consult visit or a phone call (as long as medical facilitator is able to access patient’s EMR simultaneously).

The screening process outlined below is adapted from the MBSR facilitator training materials, is designed to help facilitators screen out any individuals whose health or behavior may make them inappropriate for the group. See the following section for details on exclusion criteria from the groups.

(Adapted from MBSR Instructor Training)

The goals of the clinical interviews are:

- To have an opportunity to review the patient’s EMR for any concerns or issues and address these with the patient, “screening” them for suitability for the program based on:
 - Personal benefit
 - Will the IMGV be a good match?
 - Is the IMGV an appropriate treatment at present? If no, might it be for the future, pending _____?
 - Group benefit
 - Is there anything signaling that this patient could potentially compromise a) the safety of the group, or b) fostering of a positive group environment?
- To allow the participant to ask questions individually about participation in the group.
- To ensure that the participant has all the necessary information about the IMGV to be enrolled.
- To review paperwork ascertaining if the participant’s has any special needs.

Within the in person meeting or phone call:

Begin by introducing yourself and thanking the individual for coming.

Explain the purpose of the individual visit:

- You will be taking a few moments to review their chart/paperwork (i.e. EMR problem list, medical history, medications, recent ER visits).
- You may ask questions based on this information to ensure that participation in the group is right for the individual.
- In the EMR, take particular notice of the following: sleep quality, smoking, drugs or alcohol use, substance abuse history, psychiatric hospitalizations, mental illness.
 - Ask for clarification if the patient discloses information which pertains to the exclusionary criteria for the group, and take notes about the answers.
 - Ask questions about medications if they are unfamiliar to you.
- If utilizing the PHQ-9 survey, notice the answer to question 9: “thoughts that you would be better off dead...”
 - Ask questions about suicidality based on the answers to these questions.
 - If someone is suicidal, ask if they have a plan. If so, ask if they are in therapy and have an agreement with their therapist.
 - If relevant, explain the exclusionary criterion related to suicidality.
- You may also discuss any sense you have of the person’s behavior in the group orientation which may affect their full participation in a group intervention like the IMGV: agitation, interrupting, dominating the group, inappropriate behavior, shyness or nervousness.

- Discuss any other concern related to information you have learned, your sense of the participant and the exclusionary criteria.
- Invite them to ask any other questions.

Explain the risks and benefits of the program:

(Below is a suggested script to approach explaining the risks and benefits of the program to the patient)

Physical risks:

- The primary physical risk is connected to practicing mindful yoga.
- Taking care of oneself is at the core of practicing mindfulness.
- If you hear guidance from the facilitators/ group coordinator that you know is not healthy for your body or condition, or if you are feeling pain, please disregard the teacher and either modify the pose or rest and imagine doing the pose.
- Explore your limits; go to your own edge, but not beyond.
- Because we use yoga to teach mindfulness of the body, being aware of the body from moment to moment is more important in this class than in other forms of yoga where proper form is emphasized.
- The teacher can help you with making modifications.
- It's also a good idea to ask your doctor or physical therapist to review the postures in the practice manual, and to make an "x" through the postures that are not suitable for you.

Emotional risks:

- Feelings of sadness, anger, fear, could seem stronger at the beginning because you may be paying attention in a conscious way for the first time.
- A history of trauma, abuse, or addiction to substances may heighten these reactions. Please tell your interviewer if this is true for you, and we can determine together whether or not it makes sense for you to take this class.
- You may find that you make discoveries about yourself that you may not like.
- You may be challenged, and find yourself facing the unknown.

Other people in your life:

- It may be a challenge to set aside the space and time to do this practice, so it's important to request support from your family, friends and/or co-workers.
- You may find that you change patterns of reactivity, behavior and communication, and your family, friends and/or co-workers may be uncomfortable with the "new you."
- You may find that your relationships change.

Time:

- Finding time to make a new habit of mindfulness practice can be challenging: it's normal to feel that there is not enough time for practice. We sometimes find, counter-intuitively, that setting aside time for practice increases the sense of spaciousness in the rest of the day.

After the individual screening:

- If you determine the patient is NOT a good candidate for the group at present based on his/her individual screening, explain to the individual that this particular group may not be appropriate and/or the best fit for the patient. In these situations it is helpful to have alternative resources on hand to point patients toward.
- It may be appropriate to route a note (via the EMR, if possible) to the individual's PCP and/or referring clinician, explaining the screening/consult visit and letting them know of any recommendations (e.g. mental health services) you made.
- After you have addressed all questions and reviewed the patient's chart, if you conclude that there is nothing preventing them from participating in and benefitting from the IMGV safely, then **you may consider them enrolled in the IMGV**. If you decide to provide "Welcome Packets" to participants, you may want to have one on hand and take a few minutes to explain its contents in person. Should you choose instead to send these via mail, make sure you have double-checked that the patient's address is up-to-date.

PREPARING FOR IMGV: GROUP VISITS COORDINATOR RESPONSIBILITIES

2 MONTHS BEFORE GROUP VISITS

- Recruit patients for groups (it is everybody's job)
- Market and promote awareness of the IMGV as an option for patient care (See recruitment section)
- Connect with community PCPs and other clinicians to refer to the IMGV (attend clinic visits, post flyers, send emails or flags)
- As referrals come into the clinic, screen for eligibility
- Schedule participants for an intake visit with the clinician facilitator
- Have facilitator meet with each participant individually (either in-person or clinical phone interview)
- Reach out to co-facilitators and any other partners involved in the group visits to confirm schedule, communication preferences, and confidence in co-facilitating
- Book the room where the group visit will be held; make sure equipped with:
 - Computer for charting
 - Phone
 - Private space for one-on-one visits—physical exams, private conversations (alternatively, available adjacent exam room)
 - Access to blood pressure cuff and scale
 - Clock (preferably observable to facilitators but less-so to group) and/or make sure facilitators wear watches.
 - Lockable cabinets for supply storage
 - Sink/water source (preferable)
 - Chairs that can be placed in a circle
 - Heaters if room is cold or blankets (temperature of room can add to sense of comfort and safety)
 - Soft lighting (if possible)
 - Access to pillows, yoga mats & blankets or similar items (to help participants feel safe and comfortable)
 - Easy access in and out of building
 - Power point projector to show OWL (helpful to have internet access/Wifi)
- Order any necessary supplies: pens, paper, binders, plates, napkins, forks, cups, tissues, name tags, pens (extra always good, as they tend to disappear!)
- If included meals, determine catering vendor for meals and finalize logistics plan
- Order catered meals in advance for at least 4 sessions

OVERVIEW: FOOD ORDERS FOR THE IMGV

Note to Northwestern: Some information on new/ customary vendors is specific to BMC's administrative processes. If including meals, please feel free to adjust this section as needed for your site-specific

For a New Food Vendor

- 1-2 months before the first IMGV session:
 - Confirm with new vendor:
 - Pricing is under \$100 per visit for food delivery (or any pre-specified price per visit)
 - They are able to deliver food in a timely manner to location specified
 - They are able to cook/provide healthy food options for the first 8 sessions that are plant based, whole grain and limited in dairy
 - Preferably some of these options can be deconstructed so participants can choose which items to try

For New and Customary Vendors

- 2-4 weeks before the first IMGV session:
 - Order food for the first 4 weeks through vendor.
 - Make sure to include whomever is responsible for managing invoice processing on all communication with the caterer
 - Make sure to order enough food for around 15 people to sample but not have a full meal
 - Try to make sure the cost of the food for each week is under \$100
 - Ask to include plates, utensils and napkins for 15 people
 - Have food delivered 30 minutes before the end of the group to assure there is food even if it is delivered late
 - Make sure vendor confirms they are able to accept this catering order after emailing the order
- The week before each IMGV session:
 - Call vendor to confirm order if they have not already confirmed.
 - Review their emailed invoice to confirm it is accurate and make sure Group Visits Coordinator is CC'd on the emails.
 - Make sure the delivery person has the Group Coordinator's/ Facilitator's cell phone number to call if they are lost, with any concerns or delays on the day of the group.

- Ask vendor weekly for the list of ingredients used in each dish so the Group Visits Coordinator can be prepared to address participants' questions regarding allergies and dietary restrictions.
- Day of group visit
 - Group Visits Coordinator should set up a table outside the group visits room with a sign indicating "Food Delivery for IMGV" before the participants arrive.
 - Group Visits Coordinator should have cell phone on vibrate and on hand 15 minutes before expected food delivery in case delivery person calls and is late or is lost.
 - At the conclusion of the group visit the Group Visits Coordinator should announce what the food is for the day and be prepared to address any concerns about allergies or dietary restrictions.
 - Group Visits Coordinator should set out plates, utensils and open up food items for each dish directly after the announcement so participants can eat.
 - Encourage participants to take home any leftover food with them. If there are leftovers after participants have left, Facilitators and Group Visits Coordinator can take food home or leave it for staff at the health center.
 - Store any leftover plates and utensils in the room for future use.
- Weekly food preparation throughout the 9 weeks
 - Confirm food delivery and check weekly invoice before each week's group visit
 - Ask vendor for list of ingredients each week

If food was only ordered for the first 4 weeks, make a 2nd order from the same vendor for the last four weeks by the end of the 3rd week, providing the food is satisfactory. If dissatisfied with food, transition to new vendor to order last four weeks using protocol above for dealing with a new vendor.

1 WEEK BEFORE THE GROUP VISIT

- Initial reminder phone calls to group participants (for 1st group visit: after that call 1-2 days in advance):
 - Please come 15 minutes before the start time of the group!
 - Parking advice or directions (public transportation)
 - Give directions to where they should be going for group within the health center
 - Call _____ [Individual Responsible for Organizing Group Visits] if you won't be able to make it at this #: xxx-xxx-xxxx
 - Bring water bottle and wear comfortable clothing
 - Layers (depending on typical temp of group room/space)
 - Find out if any special needs (food allergies, environmental sensitivities, wheel chairs etc)
- Make sure all patients scheduled in the appropriate scheduling system
- All insurance or payment information is available
- Color-print & tab curriculum manual for participants

- Print intake forms and confidentiality forms (enough to include all facilitators and any observers)
- Verify meal order
- Confirm room reservation
- Prepare any necessary materials (name tags, writing utensils, sign-in sheets, handouts, recipes, etc.)
- Make sure co-facilitators are comfortable with material, have communicated around agenda and timetable, and have appropriately pre-planned for session; confirm co-facilitators available for 15-30 min debrief post-session.

DAY OF THE GROUP VISIT

- Arrive 30-45 minutes prior to patient arrival time to prepare room, as patients may show up early.
- Check the front desk staff is prepared to register patients for the group visit
- Hang signs in visible places indicating location of group visit space
- Intake forms printed with medication list for each patient stapled to back of form; fill in each patient's first name & last initial, date, and session # on form
- Room prep:
 - Plan traffic flow for vitals and checking in
 - Ensure that you have appropriate vitals equipment (scale, BP cuff) set up and positioned in corner of room with some privacy if possible
 - Chairs in a circle, opening to face the facilitator and/or white board, flip chart
 - Power point projector to show OWL (optional)
 - Table near door with sign-in sheet, writing utensils, water pitcher and cups, intake forms, any handouts, and blank name tags with markers
 - White board/flip chart and markers in central location
 - Table available for the meal, when it arrives
 - Tissue box(es) intentionally and accessibly placed
 - Is there a visible clock? Decide where to place/whether facilitators would like this visible to participants
- Greet patients, facilitate sign in & settling into group space; make sure that all members of the staff are introduced and wearing nametags
- Session 1: Have patients make name tags (write first name in large, visible letters)
- Session 1: Hand out participant manuals, confidentiality forms and intake forms
 - Instruct patients to read, but not to sign or fill out those forms yet—group will go over these together
- Sessions 2-10: Assist with vitals/data collection

- Help participants fill out the intake forms, ask them to enter their vitals in their “Vitals Tracker” in their OWL manual and collect the intake forms
- Collect and review clinical intake forms that patients complete. Check for patients who request to meet with provider-facilitator individually and/or note concerns—make a note of these and relay info to facilitator for one-on-ones at end of session/break
- **Fill out the Monitoring and Evaluation checklist:** make sure that facilitators are addressing all curriculum elements in manual and take notes during the session
- **Be present & aware of the group**—make sure that participants are comfortable and assist co-facilitators with any tasks, as needed
- Healthy meal:
 - Ensure there are proper serving utensils, plates/bowls, napkins, cutlery
 - Ensure you are clear about how to have meal delivered with least disruption and the best time & location to set up the meal
 - Be prepared to introduce meal for the day & facilitate questions about nutrition, allergies, interactions with medications, and mindful eating techniques
 - Have phone on hand in case caterer calls and is lost or running late

AFTER GROUP VISIT

- Make sure to collect patient nametags to re-use for next session
- Clean up the room post-group visit and organize and properly store all materials.
- Open patient encounters in EMR, enter intake form data/vitals, route to provider facilitator to add quick-text note and sign visit; file or dispose of intake appropriately.
- Clean-up the room and all materials post-group as appropriate (store any reusable/extra materials in locked cabinets in group room).
- Follow up within 24 hours with any absent participant and document in EMR (please see “Overview: Follow-up Calls” below).
- Update Attendance spreadsheet with an “X” for each person who was present and highlight patient if absent.
- Reach out to absent patients with follow-up phone call; document with phone note in EMR upon each attempt at contacting patient
 - Once patient is reached, address reason for no-show and route note outlining conversation to facilitator: if it is medical, remind the facilitator to call the patient.
 - If after 3 daily attempts patient is not reached, route phone note to facilitator to review and sign.

OVERVIEW: FOLLOW-UP CALLS

Calling patients

- Follow up with absent patients within 24 hours of missing the group.
 - Every patient who has completed at least one of the first 2 sessions of the program must be followed-up with for the rest of the program even if they are absent for every subsequent visit.
 - If you are able to reach the participant or he/she leaves a detailed voicemail returning your call indicating they will no longer be attending the group because of work/child care/other conflict you can stop calling them with reminders and follow up.
- When speaking to a patient who was absent:
 - “We missed you in the group this week, I’m calling to check-in and make sure you are doing okay”
 - Find out the reason why participant missed the group
 - If reason is medically related, ask how participant is doing/feeling, and if would like a follow -up directly from the physician facilitator.
 - Ask the participant if they would like you to summarize the material covered in the group.
 - Review home practice assignments with participant and ask if they have any questions.
 - Check-in to make sure participant does not have any barriers to coming to the next group.
- Document all follow up with patients in a phone note in EMR outlining the conversation.
- Attempt to reach patient 3 times with a voicemail each time.
 - Try to call the participant at different times of the day and maybe over 2-3 days to try and find the best time to reach them on the phone.
 - After 3 attempts stop outreach and make a reminder call before the next group session.

Documenting follow-up calls

- Open a phone note in the EMR and label it “DNKA IMGV [Session #]” (Did Not Keep Appointment)
- Once you have reached the participant by phone, forward the phone note to the SCP (Whomever is listed as the Responding provider) or PCP and the medical facilitator.
- If unable to reach the participant on the first try, put the phone note in your own name and “Hold Document” until you have tried 3 times or you are able to reach the participant.
- Each call to the participant for that week’s follow up should be documented in the same phone note.
- Document all phone notes in the “Text” section of the note instead of the “Form” section.
- Use standard quick text listed below for basic structure of phone notes.
- After each documented phone call, sign your name with the standard time stamp by using “.sign” and pressing Enter after the text you entered in the note.
- After 3 unsuccessful attempts put the phone note under the medical facilitator’s name and route to facilitator and PCP for review and follow up.

Note to Northwestern: These quick text instructions are specific to the BMC EMR system- EPIC. Feel free to customize for your organization’s specifications.

Quick text for Follow-up calls

- To create quick text in Epic
 - Log in to the main page of Epic
 - Click on “Epic” in the left hand corner
 - Scroll down to “Tools” then scroll down to “SmartTool Editors”

- Click “SmartPhrase Manager”
- Click on “New Phrase”
- Under “Name” type what you would like to use as quick text.
- Under “Content” type what the message you would like to be associated with the quick text.

Follow-up call quick text:

- Replace: .fu
 - With: “Pt did not come to the IMGV yesterday. Called pt to f/u and ***[add the reason pt did not make it to the group]. Reviewed home practice with pt. Pt is planning on coming to next visit.”

(f/u: Follow-up)

- Replace: .fu2
 - With: “Called pt again to f/u and ***[add reason pt did not make it to the group]. Reviewed home practice with pt. Pt is planning on coming to next visit.”
- Replace: .lvm
 - With: “Pt did not come to IMGV yesterday. Called pt to f/u but no answer to phone. LVM to return my call. Will try again later.”

(LVM: Left Voicemail Message)

- Replace: .lvm2
 - With: “Called pt again but no answer to phone. LVM to return my call. Will try again later.”
- Replace: .lvm3
 - With: “Called pt again but no answer to phone. Will call pt with reminder for next group visit.”
- Replace: .novm
 - With: “Pt did not come to IMGV yesterday. Called pt to f/u but no answer to phone. Unable to leave voicemail. Will try again later.”
- Replace: .novm2
 - With: “Called pt again but no answer to phone. Unable to leave voicemail. Will try again later.”
- Replace: .novm3
 - With: “Called pt again but no answer to phone. Unable to leave voicemail. Will call pt with reminder for next group visit.”

OVERVIEW: WEEKLY REMINDER CALLS

**Also see “Weekly Reminder Call Checklist”

- Keep an excel spreadsheet with the final roster of patients for each IMGV group
 - On this spreadsheet there should be a column created for each session week (for which patients will be called with reminders)
 - In this column, note the date, and note whether coordinator has spoken directly to the participant or has left a voicemail (Ex: “10/6 pt planning to attend” or “10/6 LVM”)

- Update this column after the visit to keep track of patient attendance
 - Mark cell with “X” if the participant attended the group
 - If participant didn’t make it to group, write “DNKA (Did Not Keep Appointment)”; keep track of follow up calls (Ex: “DNKA, 10/8 LVM, 10/9 LVM...”); highlight cell while still in process of reaching patient for follow up. [GVC/MA should simultaneously be documenting these calls in EMR—see ‘Follow-Up Call Procedure’] Once the patient has been reached, final phone note should be routed in EMR (stating either reason they missed session or unable to reach patient at last outreach attempt), and MA/GVC may now change cell in spreadsheet to simply “DNKA.”
- Call all patients ideally in the **afternoon or evening** on the day before each group visit session (some patients may want to be texted)
- During each call the cover the following topics:
 - Any questions about your home practice?
 - Remind participants of any home practice charts (Unpleasant Events, Pleasant Events, Communications Chart) or items (Nutrition label, reflective piece) to complete/bring in for the group
 - Provide information on class for the upcoming session: health topic, any special dress requirements (i.e. for yoga, acupressure, etc).
 - Is there any information they would like to relay to provider? If yes, make/route phone note in EMR to provider
- Remind participants of the time and location of group for first few weekly calls
- **Frame positively:** *“We’re looking forward to seeing you in the group tomorrow! Thank you for all that you bring each week! [...etc.]”*
- Be sure to ask the patient their preferences in regard to **texting and emailing** as an additional mode of contact.

WEEKLY REMINDER CALL CHECKLIST

Content of Reminders for the Weekly Call before each Session:

Before Session 1

- Come 15 minutes before the start time of the group
- Give directions to where they should be going for group
- Remind them to call the Group Visit Coordinator if they won’t be able to make it
- Bring water bottle
- Wear comfortable clothing/layers as appropriate

Before Session 2

- Come 15 min early
- Remind of location for the group
- Call the Group Visit Coordinator if they won't be able to make it
- Have any questions about OWL website before group?

Before Session 3

- Come 15 min early
- Call the Group Visit Coordinator if they won't be able to make it
- Have any questions about OWL website before group?
- How was trying out the Body Scan and Nine Dots exercise?

Before Session 4

- Come 15 min early
- Call the Group Visit Coordinator if they won't be able to make it
- Bring in a food label from the house
- How was the body scan this week?
- Have any questions about OWL website before group?
- Were you able to fill out the pleasant events chart?

Before Session 5

- Come 15 min early
- Call the Group Visit Coordinator if they won't be able to make it
- How was trying out chair yoga this week?
- Have you had a chance to fill out the unpleasant events chart?

Before Session 6

- Come 15 min early
- Call the Group Visit Coordinator if they won't be able to make it
- How was the home practice this week?

Before Session 7

- Come 15 min early
- Call the Group Visit Coordinator if they won't be able to make it
- How was the home practice this week?
- Have you had an opportunity to fill out the Difficult Communications chart?

Before Session 8

- Come 15 min early

- Call the Group Visit Coordinator if they won't be able to make it
- Bring in a food label again (check if facilitator would like this or just bring a stack of labels from the office)
- How was the home practice this week?
- Have you been able to login to the OWL website this week?

Before Session 9

- Come 15 min early
- Call the Group Visit Coordinator if they won't be able to make it
- Remember to bring in either a piece of writing, favorite poem, creative writing for the last session before our break
- Bring in the Goals Development Worksheet
- How was the home practice this week?
- Have you been able to login to the OWL website this week?

Before Session 10

- Come 15 min early
- Call the Group Visit Coordinator if they won't be able to make it
- Bring in your old goal developments worksheet

MATERIALS FOR SESSIONS:

Every session:

- Name tags
- Whiteboard/flipchart
- Pens/markers for whiteboard
- Scale
- Blood pressure cuff
- Clock/watch
- Intake forms
- Sign-in Sheet
- Water pitcher and cups
- Plates, napkins, utensils, ziplock bags
- Tissue Box(es)
- Welcome and Do Not Disturb sign for group visits room door

Session specific materials:

Session 1:

- Curriculum manuals
- Confidentiality forms
- OWL Log-in sheets

Session 2:

- Raisins

Session 4:

- Yoga mats
- Food labels

Session 5:

- Midpoint surveys

Session 8:

- Yoga mats
- Food labels

Session 9:

- Massage balls
- Reflective piece of writing or art
- Participant certificates of completion

PREPARING FOR IMGV: FACILITATOR AND CO-FACILITATOR'S ROLES

Effective communication between facilitator and co-facilitator is an important element of creating a successful group visit. Forming a professional bond, rooted in respect and appreciation of each other's different strengths, will help with the co-facilitation process and create a seamless experience for the participants. As part of your preparation for the group visit sessions, take the time to determine the preferred modes of communication between you and your co-facilitator. Determine a set time each week that you will check in before the group visit session.

2 MONTHS BEFORE THE GROUP VISIT

- IMGV marketing & outreach.
- Recruit patients for groups
- Answering questions of referring providers with regards to whether a patient is appropriate for the group.
- Clinical Interviews/Consults - Meet with each potential participant individually (either in-person or clinical phone interview).

1 WEEK BEFORE THE GROUP VISIT

- Review both the curriculum content and the suggestions for facilitation, giving adequate time to prepare and feel comfortable with the material.
 - Determine who will facilitate what material
 - Allocate time for each agenda item (if necessary)
 - Identify any additional materials that need to be prepared
 - Do any topics need to be researched further?
- Facilitator should communicate the agenda with the co-facilitator and group visits coordinator, assigning roles for each item.
- Facilitator should touch base with the group visits coordinator or MA to communicate any needs for the session: materials copied and compiled, supplies ordered, additional topics researched, etc.
- Co-facilitator should communicate any specific additional materials needed for the mind-body activities to the group visits coordinator.

DAY OF GROUP VISIT

- Arrive at least 30 minutes before the group visit session (patients may arrive early, especially for the first session!)
- Check in about the agenda: are there any changes or questions?
- Support each other in preparing for the group visit session; if the co-facilitator addresses general "flow" and answers questions about intake forms and vitals, the facilitator can meet one-on-one with patients.

- Support each other during the process of facilitation; when one person is facilitating, the other person is attentive and present, participating in the group conversation.
- Be available to jump in and support if necessary, but give the person space and trust in their ability to facilitate the topic.
- Stay on time with individual pieces.

AFTER GROUP VISIT

- Group facilitator meets with patients (following the clinical guidelines of your site).
- Review medication lists with participants and note any changes.
- Facilitator charts encounter in EMR for each patient.
- Complete billing
- Co-facilitator assists the group visits coordinator or MA with wrapping up the session and answering any of the participant's questions.

FACILITATING GROUPS

TIPS FOR FACILITATING GROUPS

At first group care may feel foreign or scary to providers because the traditional medical system assumes most providers will communicate and treat patients one-on-one. However, people are part of different groups throughout their lives. Scientific literature indicates that being a part of a group allows one to attain goals they may not have been able to do alone. There are many advantages to using groups to teach or help people learn new behaviors, including increased motivation, attitude change, experiential learning, problem solving skill development, and sharing of perceptions, experiences and resources. However, the value of the group is often dependent on the dynamics and the individual interactions. The group dynamic is influenced and shaped by the facilitators, making effective facilitation critical to group care.

Effective facilitation of a group involves recognizing the different perspectives and personalities in a group and using different skills in order to create an inclusive environment. In order to facilitate well, one must consider how to foster a productive discussion and how to promote group interaction and engagement. A well-facilitated discussion allows each participant to explore new ideas while recognizing and valuing the contributions of others.

Before facilitating a group, it is very useful for facilitators to create time for self-reflection and awareness, recognizing what they personally bring to a group, what behaviors they are most comfortable with and what behaviors challenge them the most. Having this kind of self-awareness can allow you notice and learn from your reactions. It can also prepare you for handling different situations that may emerge over the course of the group.

The following are some basic tips for creating an inclusive and safe environment for groups. They are merely guideposts to help you on your journey. Please remember that the more you facilitate groups, the easier it will become!

Facilitation DOs and DON'Ts

(Adapted from Brown University's Sheriden Center for learning and Handelsman et al, 2006)

DO:

- Allow participants to introduce themselves – you can even set up an ice breaker to have pairs of students introduce each other (see section on Go Arounds)
- Be clear about expectations and intentions amongst participants and the facilitator.
- Use inclusive language.
- Ask for clarification if unclear about a participant's intent or question.
- Treat participants with respect and consideration.
- Develop an awareness of barriers for learning (cultural; social; experiential, etc).
- Provide sufficient time and space for participants to gather their thoughts and contribute to discussions.
- Provide opportunities for participants to pair-share.

DON'T:

- Use certain conventions or language that will exclude certain groups from understanding the context of the discussion, or make them feel uncomfortable.
- Assume participants all have the same expectations when the group first convenes.
- Over-generalize behavior or have stereotypical expectations of participants (tokenism).
- Use (or allow others to use) disrespectful language or tone, or disrespectful non-verbal communication.
- Convey a sense of self-importance or superiority.
- Allow only the dominant or more verbal participants to take over the conversation.
- Discourage alternate views or counter-arguments.
- Try to be someone else- be authentic and be yourself!

PROMOTING EFFECTIVE AND POSITIVE COMMUNICATION IN A GROUP SETTING

Communication is defined as the clear and accurate exchange of information between two or more team members. The words and tone group members use to communicate is critical to setting the tone of the group. Poor communication can alienate group members; this can be unintentional or subtle. The facilitators need to be alert for such nuances. When it is noted that a group member is hurt or upset by an interaction, it is important to check in privately with that person and then to address the general behavior within the group.

Components of effective communication:

- Use proper terminology
- Ask for clarification if needed
- Acknowledge you received the information

Remember that there are many factors that influence communication styles:

- Culture/Ethnic background
- Gender
- Level and types of education and training
- Life experience
- Ability to read people (emotional intelligence)

Everyone has a "default" communication style for various types of settings. Some examples are:

- Direct or roundabout
- Expressive (facial expressions, hand gestures) or quiet
- Talk first, think later or think first, talk later
- Wait until others have spoken or initiate conversation
- Big picture or details

*See more about working with different kinds of personalities within the group below.

In order to work with various communications styles and personalities, it is important to:

- Make the discussion functional by clarifying the goals of each session to the group.
- Establish ground rules.
- Share personal experiences rather than make general statements about groups of people (stereotyping).
- Ask dominant participants to allow others to speak.
- Give all participants a voice- at the start highlight the value of a diversity of perspectives as an essential part of the process.
- Go over constructive and destructive group behaviors at the start of the course / workshop.
- Request that if participants challenge others' ideas, they back it up with evidence, appropriate experiences, and/or appropriate logic.
- Try to keep the group on task without rushing them.
- If the group starts to veer in the direction of negativity and/or pointless venting, ask them how they would like to address this.
- Step back when a group is functional/functioning – help participants become independent learners and take control of their own learning.

Encouraging participation can be accomplished by:

- Writing participants' comments on the whiteboard.
- Asking follow-up questions, and paraphrasing the comments for everyone to ponder. A combination of initiating and probing questions can be an effective approach to allow participants to develop their ideas.
- Asking the contributor for further clarification and/or elaboration.
- Re-visiting past contributions and incorporating them into subsequent discussions.
- Encouraging others to add their reactions or ideas to build on someone's comment.
- Not being afraid to admit your own ignorance or confusion if you don't know something – invite others to provide resources, and use the opportunity to discuss with the group how one might go about researching the issue.
- Discomfort and silence are ok, but balance with a clearly stated context and purpose.

Providing Feedback:

Providing feedback to group participants either with a group setting or after a group can be critical to promoting effective communication. Providing feedback can be challenging and before you do so, it is important you know the difference between positive and negative feedback.

Positive Ways of Providing Feedback are:

- Timely

- Respectful
- Uses “I” Language, i.e. “**I feel...** (State your **emotion**) **when you....**(describe their **behavior** or under what conditions you feel this way) **because...** (explain **why** their behavior or the conditions cause you to feel this way)” (Feedback does not have to follow this precise format- this is meant to illustrate what an “I” statement should be)
- Specific
- Directed towards improvement
- Helps prevent the same problem from occurring in the future
- Considerate
- Addresses the Specific Observed Behavior
- Ends in an Action Plan

Negative Ways of Providing Feedback are:

- Given in public
- Given way after-the-fact
- Uses “You” language i.e. “You make me mad”
- Vague
- Rude
- Addresses things you “think” or “heard” happened

Tips for providing feedback:

1. Introduce the idea:
 - a. “I have some feedback for you.”
 - b. “Let’s debrief”
 - c. “I want to talk with you about...”
2. Describe the situation, non-judgmentally (“I” language):
 - a. “I noticed that...”
 - b. “I was told that...”
 - c. “What happened was...”
3. Tell them you want to discuss it and why:
 - a. “Let’s talk about what happened so we can learn from this.”
 - b. “I’d like to review what happened so we can continue this / avoid this in the future.”
 - c. “Let’s brainstorm solutions for next time.”
4. Summarize the discussion and thank them.

GUIDELINES FOR FACILITATOR SHARING

Always follow the clinical professional standards of your institution and use your best judgment when considering what kinds of sharing is appropriate for the group visits.

Appropriate Sharing:

1. I renegotiated household tasks with my kids/partner or hired some domestic help to give myself some free/"me" time.

2. I have been distracted this week by a personal issue and haven't had time to meditate. But here are the steps I will take this week. Because I haven't been able to meditate, I do feel more anxious than usual about what I need to do.
3. I used the communication techniques when I spoke with my mother this week. She is difficult and usually we argue, but this time we did not.
4. My daughter was dancing around the room and I checked my email on my phone. She came to me and clicked my phone off. When I asked her why, she said, "Because I'm here and we're spending time together!" This made me re-examine how I use my phone and technology around my family.

Inappropriate sharing:

1. Telling detailed stories of arguments or dynamics with one's intimate partner, family, or work colleagues.
2. Discussing active issues of PTSD, body image or substance abuse struggles.
3. Telling a story where one is feeling needy of the support for a group.

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ADDRESSING PERSONALITIES WITHIN THE GROUP

This information is provided courtesy of the Stanford Patient Education Research Center that maintains the copyright. It has been adapted for use in group visits at Group Health Cooperative.

The following descriptions of different types of people and potentially difficult situations are presented here to stimulate your thinking about how you might handle these effectively during a group session that you are leading. Being prepared ahead of time may even help you prevent such problems. Each situation is different; therefore, use your best judgment to determine what suggestions might be effective in real situations.

The Too-Talkative Person

This is a person who talks all the time and tends to monopolize the discussion.

The following suggestions may help:

- Remind the person that we want to provide an opportunity for everyone to participate equally.
- Refocus the discussion by summarizing the relevant point, then move on.
- Spend time listening to the person outside the group.
- Assign a buddy. Give the person someone else to talk to.
- Use body language. Don't look toward the person when you ask a question. You may even consider having your back toward the person.
- Talk with the person privately and praise him/her for contributions, and ask for help in getting others more involved.
- Thank the person for the good comment, and tell him/her that you want everyone to have a turn at answering the question.
- Say that you won't call on someone twice until everyone has had a chance to speak once first.

The Silent Person

This is a person who does not speak in discussions or does not become involved in activities.

The following suggestions may help:

- Watch carefully for any signs (e.g., body language) that the person wants to participate, especially during group activities like brainstorming and problem solving. Call on this person first, but only if he/she volunteers by raising a hand, nodding, etc.
- Talk to them at the break and find out how they feel about the group session.
- Respect the wishes of the person who really doesn't want to talk; this doesn't mean that they are not getting something from the group.

The "Yes, but . . ." Person

This is the person who agrees with ideas in principle but goes on to point out, repeatedly, how it will not work for him/her.

The following suggestions may help:

- Acknowledge participants' concerns or situation.
- Open up to the group.
- After three "Yes, but's" from the person, state the need to move on and offer to talk to the person later.
- It may be that the person's problem is too complicated to deal with in the group, or the real problem has not been identified. Therefore, offer to talk to the person after the session and move on with the activity.
- If the person is interrupting the discussion or problem-solving with "Yes, but's," remind the person that right now we are only trying to generate ideas, not critique them. Ask him/her to please listen and later we can discuss the ideas if there is time. If there is no time, again offer to talk to the person during the break or after the session.

The Non-Participant

This is the person who does not participate in any way.

The following suggestions may help:

- Recognize that the people in the group are variable. Some may not be ready to do more than just listen. Others may already be doing a lot, or are overwhelmed. Some may be frightened to get "too involved." Still others may be learning from the sessions, but do not want to talk about it in the group. Whatever the reason, do not assume the person is not benefiting from the group in some way, especially if he/she is attending each session.
- Do not spend extra time trying to get this person to participate.
- Congratulate those participants who do participate.
- Realize that not everything will appeal to everyone in the same way or at the same time.
- Do not evaluate yourself as a leader based on one person who chooses not to participate in activities.

The Argumentative Person

This is the person who disagrees, is constantly negative and undermines the group. He/she may be normally good natured but upset about something.

The following suggestions may help:

- Keep your own temper firmly in check. Do not let the group get excited.

- If in doubt, clarify your intent.
- Call on someone else to contribute.
- Have a private conversation with the person; ask his/her opinion about how the group is going and whether or not he/she has any suggestions or comments.
- Ask for the source of information, or for the person to share a reference with the group.
- Tell the person that you'll discuss it further after the session if he/she is interested.

The Angry or Hostile Person

You will know one when you see one. The anger most likely has nothing to do with the leader, group or anyone in the group. However, the leader and groups members are usually adversely affected by this person, and can become the target for hostility.

The following suggestions may help:

- Do not get angry yourself. Fighting fire with fire will only escalate the situation.
- Get on the same physical level as the person, preferably sitting down.
- Use a low, quiet voice.
- Validate the participant's perceptions, interpretations, and/or emotions where you can.
- Encourage some ventilation to make sure you understand the person's position. Try to listen attentively and paraphrase the person's comments in these instances.
- If the angry person attacks another participant, stop the behavior immediately by saying something like, "There is no place for that kind of behavior in this group. We want to respect each other and provide mutual support in this group."
- When no solution seems acceptable ask, "At this time, what would you like us to do?" or "What would make you happy?" If this does not disarm the person, suggest that this group may not be appropriate for him/her.

The Questioner

This is the person who asks a lot of questions, some of which may be irrelevant and designed to stump the leader.

The following suggestions may help:

- Don't bluff if you don't know the answer. Say, "I don't know, but I'll find out."
- Redirect to the group: "That's an interesting question. Who in the group would like to respond?"
- Touch/move physically close and offer to discuss further later.
- When you have repeated questions, say, "You have lots of good questions that we don't have time to address during this session. Why don't you look up the answer and report back to us next week."

- Deflect back to topic.

The Know-It-All Person

This is the person who constantly interrupts to add an answer, comment, or opinion. Sometimes this person actually knows a lot about the topic, and has useful things to contribute. Others, however, like to share their pet theories, irrelevant personal experiences and alternative treatments, eating up group time.

The following suggestions may help:

- Restate the problem.
- Limit contributions by not calling on the person.
- Establish the guidelines at the start of the session and remind participants of the guidelines.
- Thank the person for positive comments.
- If the problem persists, invoke the rule of debate: Each member has a right to speak twice on an issue but cannot make the second comment as long as any other member of the group has not spoken and desires to speak.

The Chatterbox

This is a person who carries on side conversations, argues points with the person next to him/her or just talks all the time about personal topics. This type of person can be annoying and distracting.

The following suggestions may help:

- Stop all proceedings silently waiting for group to come to order.
- Stand beside the person while you go on with workshop activities.
- Arrange the seating so a leader is sitting on either side of the person.
- Restate the activity to bring the person back to the task at hand or say, "Let me repeat the question."
- Ask the person to please be quiet.

The Crying Person

Occasionally, a group discussion may stimulate someone in the group to express their feelings of depression, loss, sorrow or frustration by crying. People cry for many reasons. They may feel that someone finally understands what it's been like, which makes them feel safe to express emotions they have been suppressing for a while. Crying is usually a release that promotes emotional healing. To allow a person to cry is helpful; it may also help to bring the group closer together providing mutual support to one another. Your role is to convey that it is okay to cry, so the person does not feel embarrassed in front of the group.

- Always have a box of tissues handy and pass it to the person.
- Acknowledge that it is all right to cry — having a health problem is difficult, then continue on with the class.
- If the person is crying a lot, one leader may want to accompany the person out of the class to see if anything needs to be done. The other leader should continue on with the rest of the group.
- Generally, if no one tries to stop the crying, within a short period of time, it will play itself out. Tension will be released and the person will feel better and the participants will feel closer to the person.
- At the break or after the session, ask if the person is okay now and if he/she needs help with anything. Reinforce to the person that crying is a perfectly normal, healthy behavior, and that he/she is not the first to cry in this class. In fact, it has happened quite often and probably will in the future.

The Suicidal Person

Rarely, you may encounter someone who is very depressed and is threatening to take his/her own life or expresses severe hopelessness or despair.

The following suggestions may help:

- Talk to the person privately. The facilitator should accompany the person out of the room, and perform a further assessment of suicide risk. Refer to the Safety Protocol.
- Engage Behavioral Health Services.

The Abusive Person

This is someone who verbally attacks or judges another group member.

The following suggestions may help:

- Remind the group that all are here to support one another.
- Establish a group rule and remind everyone that each person is entitled to an opinion. One may disagree with an idea someone has but under no circumstances will personal attack be appropriate. If the abuse continues ask the person to leave.

The Superior Observer

This is a person with a superior attitude who says he/she is present out of curiosity, and that he/she already knows everything about their health and is coping well.

The following suggestions may help:

- If the person knows a lot and is doing well, you may want to have them provide examples of what they do at selected times for the group.
- A person may also act superior if he/she feels uncomfortable and not a part of the group. If so, include him/her in some way.
- If the person wants to be ignored, then ignore them. They will get bored and leave or start to participate.

The Person in Crisis

The person in "crisis" is the one with the problems, who wants help and/or just needs to talk about these problems.

The following suggestions may help:

- Listen attentively, be empathetic, use open-ended questions, and use reflective listening.
- If after five minutes it is obvious that the person will need more time to "unload," talk to person during the break or afterwards, as you will have to go on with the group activities.
- Don't take up session time and energy with the very "needy" person because it takes time away from the other participants who can be helped. Refer them to appropriate services, such as social work or behavioral health.

CHARTING AND BILLING FOR INTEGRATIVE MEDICAL GROUP VISITS

This document gives charting and billing information for the Integrative Medical Group Visits model for providing group visits at Boston Medical Center and its affiliated Community Health Centers (CHCs).

Note to Northwestern: This section provides information as to how providers within the BMC system bill for these visits within EPIC/Logician. We are aware there may be a need for adjustment based on your EMR/ Billing systems and we encourage you to have a discussion with all relevant parties in your organization and your most common insurance providers before starting IMGV

Charting:

Integrative Medical Group Visits follow a standard format:

- Check in and vitals
- Centering Meditation
- Clinician facilitative clinical topic
- Mind Body or self-management activity
- Discussion of home practice- both last weeks and upcoming
- CAM modality
- Wrap up
- Healthy meal

At the beginning or conclusion of the group visit or during the course of the visit, the healthcare provider meets with participants for one-on-one appointments.

When documenting the visit, the facilitator should document what was covered in the course of the group visit as well as any individual medical needs that were addressed (i.e. diabetes, high blood pressure, etc.). For those who are able to use “quick texts” in their electronic medical record system, below are the quick text scripts that have been created for the content of the IMGV curriculum. You may use these and modify them as needed.

EXAMPLE OF A NOTE AND QUICK TEXT FOR GROUP VISITS

Subjective: Document as you would for any chief complaint or ongoing problems. Everyone has their quick texts so feel free to document as you think is best.

For example - Patient is here for chronic pain. Pain described as XXX and is has been XXX on a scale of 1-10. Pain is located in the XXX. Pain is negatively affecting function. Pain is currently affecting the following: poor sleep, worsening depression. Pain is improved by XXX and pain is made worse by XXX. Medications include:

Objective– vitals and physical exam

Assessment and Plan

Integrative Medical Group Visit Session 1

Today the following conditions were addressed: (Hint: Use Problem List)

Example: Chronic pain improving this last week – continue medications, referral to osteopathic manipulation, etc.

Other Medical Diagnosis

Welcomed participants

Confidentiality form reviewed and signed and ground rules reviewed

Introduction to the participant manual and how to use

Taught participant to take own vitals including blood pressure, pulse, weight and BMI

Reviewed how high blood pressure, weight and BMI negatively affect our health and strategies to improve these outcomes

Overview of group model, integrative medicine, and the integrative medicine group model

Review of mindfulness based stress reduction model

Reviewed what to do in an emergency medical situation and who to contact

Awareness of Breath meditation

Orientation to home practice assignments

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management and nutrition for >50% of the visit. XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, nutrition, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

If you spent one on one time not in front of the group (I spent >50% of this 15 minute visit face-to-face with the patient, coordinating care, or reviewing medications, and counseling the patient on risks and benefits of integrative treatments for XXX.)

Integrative Medical Group Visit Session 2

Participant checked in and recorded own vital signs, reviewed the vitals with the patient

Reviewed pain level with patient

Individual check in with the provider
Centering meditation: Awareness of Breath (AOB)
Go around: participant reviewed and reflected upon home practice
Discussed health prevention strategies for their pain and stress
Introduction to mindful eating: raisin exercise
Health topic discussion: Stress and its effect on the body and mind as well as healthy and unhealthy ways to cope with stress
Introduction to Body Scan Meditation
Reviewed experiences, answered all questions
Reviewed home practice assignments for next week

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management and pain treatment for >50% of the visit
XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, pain, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

If you spent one on one time not in front of the group (I spent >50% of this 15 minute visit face-to-face with the patient, coordinating care, or reviewing medications, and counseling the patient on risks and benefits of integrative treatments for XXX.)

Integrative Medical Group Visit Session 3

Participant checked in and recorded own vital signs, reviewed the vitals with the patient
Reviewed pain level with patient
Centering meditation: Awareness of Breath (AOB)
Go around: participant reviewed and reflected upon home practice
Health topic discussion: sleep; reviewed strategies to reduce insomnia and sleep problems including medication, anxiety, barriers to sleep, and sleep hygiene including reducing caffeine and alcohol.
Body Scan Meditation
Reviewed home practice assignments for next week

>2 hour visit with face to face counseling re: stress management and sleep problems/insomnia for >50% of the visit

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management and treatment for sleep problems >50% of the visit

XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, insomnia sleep problems, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

Integrative Medical Group Visit Session 4

Participant checked in and recorded own vital signs, reviewed the vitals with the patient
Reviewed pain level with patient
Individual check in with the provider
Centering meditation: Awareness of Breath (AOB)
Go around: participant reviewed and reflected upon home practice
Health topic discussions: health strategies for addressing obesity and over eating, Healthy Eating Plate, Reading Nutrition Labels, Serving Suggestions, Risks of diabetes and high blood sugar
Introduction to yoga exercise
Review home practice assignments for coming week

>2 hour visit with face to face counseling re: stress management, obesity, high blood sugars and nutrition for >50% of the visit

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management, obesity, over eating, and reducing the risk of diabetes for >50% of the visit
XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, obesity and reducing the risk of high blood sugar/diabetes, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

Integrative Medical Group Visit Session 5

Participant checked in and recorded own vital signs, reviewed the vitals with the patient
Reviewed pain level with patient
Individual check in with the provider
Centering meditation: Awareness of Breath (AOB)
Go around: participant reviewed and reflected upon home practice
Health topic discussions: Our Bodies' Response to Pain, Non-pharmacological Pain Treatment
Introduction to Acupressure
Exercise to teach how to respond to stressors (STOP)

Review home practice assignments for coming week

Mid- point survey

>2 hour visit with face to face counseling re: pain management, stress management and nutrition for >50% of the visit

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management, prescription and nonprescription treatments for pain and associated conditions >50% of the visit

XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, stress management, prescription and nonprescription treatments for pain and associated conditions, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

Integrative Medical Group Visit Session 6

Participant checked in and recorded own vital signs, reviewed the vitals with the patient

Reviewed pain level with patient

Individual check in with the provider

Centering meditation: Awareness of Breath (AOB)

Go around: participant reviewed and reflected upon home practice

Health topic discussions: Inflammation; Nutrition Spotlight: Omega-3s

Introduction to Sitting Meditation

Review home practice assignments for coming week

>2 hour visit with face to face counseling re: stress management, prescription and nonprescription treatments for pain and inflammation in the body for >50% of the visit

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management, prescription and nonprescription treatments for pain and inflammation in the body >50% of the visit

XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, prescription and nonprescription treatments for pain and inflammation in the body, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

Integrative Medical Group Visit Session 7

Participant checked in and recorded own vital signs, reviewed the vitals with the patient
Reviewed pain level with patient
Individual check in with the provider
Centering meditation: Awareness of Breath (AOB)
Go around: participant reviewed and reflected upon home practice
Health topic discussions: Approaches to communication, Approaches to depression and anxiety,
Nutrition Spotlight: Vitamin D
Introduction to Loving Kindness Meditation
Review home practice assignments for coming week

>2 hour visit with face to face counseling re: depression management, stress management and nutrition for >50% of the visit

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management, vitamin d deficiency, prescription and nonprescription treatments for depression and anxiety in the body >50% of the visit
XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, prescription and nonprescription treatments for depression and anxiety in the body, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

Integrative Medical Group Visit Session 8

Participant checked in and recorded own vital signs, reviewed the vitals with the patient
Reviewed pain level with patient
Individual check in with the provider
Centering meditation: Awareness of Breath (AOB)
Go around: participant reviewed and reflected upon home practice
Health topic discussions: prevention or treatment of diabetes, Understanding Glycemic Index, Review of sugars, fiber (prevention of constipation) and protein
Chair Yoga OR Sitting Meditation
Review home practice assignments for coming week
Participant reminded that next week is final session

>2 hour visit with face to face counseling re: stress management, prevention or treatment of diabetes, constipation, obesity, and nutritional counseling for >50% of the visit

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management, prevention or treatment of diabetes, constipation, obesity, and nutritional counseling for >50% of the visit
XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing stress management, prevention or treatment of diabetes, constipation, obesity, and nutritional counseling, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

Integrative Medical Group Visit Session 9, Final Visit Pre-Maintenance Period

Participant checked in and recorded own vital signs, reviewed the vitals with the patient

Reviewed pain level with patient

Individual check in with the provider

Centering meditation: Loving Kindness Meditation

Go around: participant reviewed and reflected upon home practice

Health topic discussions: Review of prescription and nonprescription treatments for pain and associated conditions such as depression, sleep problems and obesity, Goal-Setting

Introduction to Self-Massage

Reviewed resources post group

Final Reflections

Graduation Ceremony and Certificates

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management, prescription and nonprescription treatments for pain and associated conditions >50% of the visit
XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, stress management, prescription and nonprescription treatments for pain and associated conditions, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

Integrative Medical Group Visit Session 10

Participant checked in and recorded own vital signs, reviewed the vitals with the patient

Individual check in with the provider

Centering meditation: Sitting Meditation with Choiceless Awareness

Go around: pain level and depression symptoms discussed

Health topic discussions: Review of prescription and nonprescription treatments for pain and associated conditions such as depression, sleep problems and obesity

Reviewed resources

Fence Visualization

Goal Setting Revisit & Set New Goals

Option 1

>2 hour visit with face to face counseling in a group setting re: stress management, prescription and nonprescription treatments for pain and associated conditions >50% of the visit
XXX minutes was spent in direct face to face care with patient discussing XXX

Option 2

120 minute spent in this group medical appointment, discussing: example – stress reduction, stress management, prescription and nonprescription treatments for pain and associated conditions, and lifestyle modification. Individual face to face check in was done during the visit in front of group. Session led by xxx and xxx.

CODING GROUP VISITS

Currently there are no standardized ICD-10 codes for medical group visits. (AAFP, 2016)

Some ways that one could code/ determine the most appropriate code for these visits includes:

- Identify expected reimbursement per visit and calculate what is needed to meet costs – How many patients do you need to see? (For BMC, we have calculated 10 to 12 patients per group).
- Approach insurance companies in your area to ask about their reimbursement plans (HMO/capitated payers) and how they reimburse for group visits. We recommend that you ask for these instructions in writing and keep those records on file.

Some options as to how to classify these visits:

1. As a Federally Qualified Health Center (pay-per-visit model).
 - a. Consider billing a subset of group visit attendees each visit (Standard recommendation is to triple the number of patients a provider could see in the same amount of time by individual visits, for example if you see 10 patients, then you should have 30 people in your groups)
 - b. Consider billed and non-billed groups (no medical provider needed at non-billed group)
Note: If you choose to bill this way, you may be limited in visit frequency.
2. Non-FQHC billing: 99213, 99214, using these codes depends on time and comorbidities addressed.

Adapted from Group Visit PreConference, Worksheet and Timeline the Integrative Medicine for the Underserved website <https://im4us.org/app/General+Group+Visit+Materials?structure=Toolkit> and the American Academy of Family Medicine (<http://www.aafp.org/practice-management/payment/coding/group-visits.html>)

Billing Codes for ICD-10

The different models of group visits may require different coding approaches, and each model should be evaluated against Current Procedural Terminology (CPT) coding and documentation guidelines. As with all office visits, industry-standard coding rules and standards for medical record documentation apply to group visits. The following instructions apply to the Integrative Medicine Group Visits Model.

Since CPT does not specifically provide codes for group visits, we must use Evaluation and Management codes (E/M) visit codes to describe the services provided. The Community Health Care Center (CHCC) model, as described above, meets the criteria for coding a level three or four office visit (99213 or 99214) for an established patient. In order to code 99214 for a group visit the medical record documentation must include two of the three key components required for this E/M code: 1) a problem focused history, 2) a problem focused exam, 3) straightforward medical decision making.

If the documentation does not meet the CPT criteria for code 99213 or 4, the CPT guidelines should be reviewed for selection of a more appropriate code. E/M codes may only be used if the health care provider is present during the entire group visit and either documents the care or reviews and signs off on the documentation. If a health care provider is not present, the co-facilitator can write the note but not do any billing. Add coding by time as the extent of time spent with the patient in counseling is what often times justifies a CPT 99213 or even a 99214 in the case of an individual appointment on top of the group visit.

	History: CC	History: HPI	History: ROS	History: PFSH	Medical decision making
99213	Required	1-3 elements	Pertinent	Not required	Low complexity
99214	Required	4+ elements (or 3+ for chronic diseases)	2-9 systems	1 element	Moderate complexity

DIAGNOSTIC CODES

Select the ICD-10 code that reflects the primary reason for the patient visit. This code should be designated as the primary diagnosis by placing a "1" or a "P" next to it on the Treatment Record Form (TRF). If additional problems, symptoms or chronic diseases were addressed during the visit, add these conditions as secondary diagnoses. All diagnoses must be documented in the medical record.

PATIENT SAFETY

The role of the facilitator is ensure the safety of the group. On occasion there may be an emergency in the group—psychological or medical—and facilitators must be prepared in case of these emergencies.

SUICIDALITY

If a patient at any point expresses suicidal thoughts or tendencies, the medical lead-facilitator must address this right away. Often there are codes for how to deal with this in the clinical setting; these usually involve triaging a patient and getting them emergency medical services (at BMC this is the Boston Emergency Services Team).

Please review the policies and procedures of your clinic or healthcare setting on dealing with suicidal patients before starting the group, and discuss a game plan both with your IMGV team and any Behavioral Health staff you have on your medical teams.

URGENT HEALTH ISSUES THAT EMERGE DURING THE GROUP VISIT

All patients participating in the IMGV, based on the criteria for being part of the group, have chronic health problems. Occasionally, more acute medical problems occur or are mentioned during the group visit. Every group is co-facilitated by a healthcare professional, so relevant staff should follow standard protocol in the case of emergencies (such as chest pain, acute asthma attacks, hypertensive urgency or emergency, etc.). The patient should be triaged appropriately and sent to the emergency room as needed.

Not all health care complaints during the group are emergencies. Health-related concerns could be questions about medication, a sugar level that is higher than desirable, or a high blood pressure, increased pain, etc. These issues can be addressed in the scope of the group.

When patients are checking in at the beginning of the group and gathering vital signs, they will have an opportunity to report via the intake form any new issues and whether they want to speak with the healthcare professional privately. Before the group begins, the group visit coordinator and/or medical lead-facilitator should review all of these responses and ask the individual whether it is urgent (in which case the co-facilitator may start the group while lead facilitator leaves the room with the participant for an individual medical visit) or whether it can wait until the end of the group. If a participant is comfortable waiting, the lead-facilitator may quietly remove him or her during the CAM modality of the group for a short medical visit. All issues should be communicated back to the primary care doctor and/or referring physician. The lead-facilitator should note any issues that were discussed with participants in the patient's electronic medical chart.

ACCIDENT/ INCIDENT REPORTING

Note to Northwestern: Please be prepared to follow relevant reporting/ documentation procedures at your organization anytime an accident or incident occurs within the group visit.

DISCLOSURE OF INTERPERSONAL VIOLENCE

Sites should be aware of local resources (organizations, advocacy groups, hotlines) that provide services and safety to victims of sexual assault and interpersonal (domestic, intimate partner) violence. At BMC, we developed a protocol for response in the event that a patient discloses either the presence or threat of IPV either in person or over phone.

Note to Northwestern: Please be prepared to follow relevant reporting/ documentation procedures at your organization anytime Interpersonal Violence is reported within the context of the group visit or to any of the providers.

IMGV SUICIDALITY PROTOCOL

Note to Northwestern: Please be prepared to follow your organization's procedures regarding patients reporting suicidality.

MONITORING AND EVALUATION CHECKLIST

These checklists are meant to be filled out during and after each group visit. The second part of each session checklist can also be used for guidance and documentation during facilitator debrief. Please save these sheets as the information will be collected by the OWL team.

IMGV Protocol Monitoring and Evaluation Checklist

Facilitator Name: _____

Co-Facilitator Name: _____

Name of Individual filling out this form: _____

Site Location: _____

Session 1

Date: _____

- Welcome to IMGV/Overview/Introductions to facilitators
- Confidentiality form reviewed and signed
 - Did all patients sign confidentiality form? **Yes/No**
 - Patients who still need to review and sign:

- Ground rules established & reviewed
 - Did group come up with any additional rules? **Yes/No**
 - If yes, what were they?

- Go-Around Introduction: Introducing ourselves--what brought participants to the group?
 - # of patients shared (x/x)? _____
 - Note any who did not share here: _____
 - Did both facilitators share? **Yes/no**

- Learning to check yourself in: Introduction to intake form & weekly vitals
 - Blood pressure, pulse, and weight recorded by participants
 - Review purpose of specific questions on intake form

- What is Mindfulness Based Stress Reduction? (MBSR)
- What are Integrative Medical Group Visits?
 - Explain with "Three pronged leaf" diagram (Fusion of Integrative Medicine, MBSR and Group Visits)

- Introduction to meditation

- Awareness of Breath meditation (AOB)
 - Length of guided mediation (minutes): _____
- Orientation to home practice assignments
 - Basic OWL demonstration: Facilitator log in on projector
- Poem: _____
 - Read by: _____
- Healthy meal

Session Debrief:

- How many participants in attendance at start of session? _____
- At what point(s) did late attendees arrive?

Describe how you feel patients received the following:

- Purpose of IMGV
- Concept of Mindfulness
- Concept and importance of **continued practice at home** throughout course of IMGV
- How familiar did group seem with meditation practice?
- Any unanticipated challenges encountered in this session?
- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 2

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Awareness of Breath (AOB)

- Length of guided mediation (minutes): _____
- Go around → note prompt: _____
 - # of patients shared (x/x)? _____
 - Note any who did not share here: _____
- Go-Around: Home practice review and reflection
- Upstream/Downstream
- Mindfulness Exercise: Raisin Eating
- Health Topic: What is stress?
 - Stress and the Body
 - Healthy vs. Unhealthy ways to respond to stress
- Mind-Body: Introducing Body scan
 - Length of meditation (minutes): _____
 - How was this received?
 - Any difficulties expressed?
 - Script used by facilitator? **manual/other**
- Review home practice: How to navigate OWL website
 - Facilitator logged in to OWL (on projector)? **Yes/no**
 - Introduce Nine Dots Exercise (located in manual)
- Poem: _____
 - Read by: _____
- Healthy meal

Session Debrief:

- How many participants in attendance at start of session? _____
- At what point(s) did late attendees arrive?
- Describe: Level of understanding of Upstream/Downstream?
[Please circle themes covered: looking beyond the present “crisis”/ connection to influence of stressors/ treating symptoms vs. underlying issue]
 - Additional themes discussed?
- Please check if topics explained:
 - Acute vs. chronic stress
 - Physiological (body) consequences of long term stress
 - Psychological (mind) consequences of long term stress

- Any unanticipated challenges encountered in this session?
- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 3

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Awareness of Breath (AOB)
 - Length of guided meditation (minutes): _____
- Go around → note prompt:

 - # of patients shared (x/x)? _____
 - Note any who did not share here: _____
- Home practice review and reflection (Nine Dots Exercise)
- Health Topic: The Importance of Getting a Good Night of Sleep
- Introduce Gratitude Journaling
- Mind-Body: Body scan
 - How many minutes spent on body scan? _____
 - How did patients receive (compared with Session 2)?
 - Any difficulties expressed?
 - Script used by facilitator? **manual/other**
- Introduce Triangle of Awareness
- Review home practice: Facilitator logged in to OWL (on projector)? **Yes/no**
- Introduce Pleasant Events Chart – connect to triangle of awareness
- Poem: _____
 - Read by: _____
- Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?
- Describe how you feel patients received the following:
 - Triangle of Awareness
 - Gratitude Journaling
 - Pleasant Events Chart
 - Do you feel connections between these 3 concepts understood?
 - Note any topics that may need to be revisited intentionally:
- Any unanticipated challenges encountered in this session?
- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 4

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Awareness of Breath (AOB)
 - Length of guided meditation (minutes): _____
- Go around → note prompt:

- # of patients shared (x/x)? _____
 - Note any who did not share here: _____
- Go-Around: Home practice review and reflection (Pleasant Events Chart)
 - Reminded patients to share event in terms of thoughts, sensations, and emotions? **Yes/no**
- Health Topic: Food and Movement as Medicine

- Healthy Eating Plate
- Reading Nutrition Labels
- Serving Suggestions
- Mind-Body: Gentle Chair Yoga Sequence
 - Did facilitator cover entire sequence of movements? **Yes/no**
 - Length of time spent on yoga (minutes): _____
 - How was this received?
 - Any difficulties expressed?
- Review home practice: Facilitator logged in to OWL (on projector)? **Yes/no**
 - Introduce Unpleasant Events Chart (located in manual)
- Poem: _____
 - Read by: _____
- Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?
- Describe:
 - Level of understanding of food labels (either brought in by patients or provided by facilitators)?
 - What nutrition-related topics did you find patients most interested in?
 - Any topics you feel need follow-up in further sessions?
 - Details of healthy plate facilitation? (e.g. “plate” drawn on board by patient or facilitator? Paper-plate crayon exercise used?)
- Any unanticipated challenges encountered in this session?
- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):

- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 5

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Awareness of Breath (AOB)
- Length of guided mediation (minutes): _____
- Go around → note prompt:
- # of patients shared (x/x)?
 - Note any who did not share here:
- Go-Around: Home practice review and reflection (Unpleasant Events Chart)
- Reminded patients to share event in terms of thoughts, sensations, and emotions? **Yes/no**
- Health Topic: Our Bodies' Response to Pain
- Chronic Pain Can Feel Like a Never Ending Cycle
 - Non-pharmacological treatment options
- Mind-Body: Introduction to Acupressure
- Did facilitator cover entire sequence points? **Yes/no**
 - Length of time spent on practice (minutes): _____
 - How was this received?
 - Any difficulties expressed?
- Introduce **S.T.O.P.** (may reference/connect to Triangle of Awareness)
- Review home practice: Facilitator logged in to OWL (on projector)? **Yes/no**
- Midpoint Survey → # of patients filled out? _____
- Poem:
- Read by:
- Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?

- Describe how you feel patients understood:
 - Concept of **S.T.O.P.**
- Please check if topics explained:
 - Acute vs. chronic pain
 - Treatment options & levels of intervention
 - Acupressure in context of **Acupuncture and Eastern Medicine**
- Any questions/topics that may need to be revisited (regarding pain, opioids, PCP/patient relationships)?
- Any unanticipated challenges encountered in this session?
- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 6

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Awareness of Breath (AOB)
 - Length of guided mediation (minutes): _____
- Go around → note prompt:
 - # of patients shared (x/x)?
 - Note any who did not share here:
- Go-Around: Home practice review and reflection
- Health Topic: Our Bodies and Inflammation
 - Acute vs. chronic inflammation
 - Causes of Inflammation
- Nutrition Spotlight: Omega-3 Fatty Acids
- Mind-Body: Introduction to Sitting Meditation
 - Length of meditation (minutes): _____
 - How was this received?

- Any difficulties expressed?
- Script used by facilitator? **manual/other**
- Review home practice: Facilitator logged in to OWL (on projector)? **Yes/no**
 - Introduce Challenging Communication Chart → additional (optional) “Passive/Assertive/Aggressive” handout provided? **Yes/no**
- Poem:
 - Read by:
- Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?
- Please check if topics explained:
 - Controlling inflammation in your body
 - Connections between inflammation, stress, exercise, and healthy eating
 - Foods that decrease inflammation
 - Foods that increase inflammation
- Any unanticipated challenges encountered in this session?
- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 7

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Awareness of Breath (AOB)
 - Length of guided mediation (minutes): _____
- Go around → note prompt:
 - # of patients shared (x/x)?
 - Note any who did not share here:

- Go-Around: Home practice review and reflection (Challenging Communication Chart)
- Health Topic
 - Approaches to communication
 - Approaches to depression
- Nutrition Spotlight: Vitamin D
- Mind-Body: Introduction to Loving-Kindness Meditation
 - Length of meditation (minutes): _____
 - How was this received?
 - Any difficulties expressed?
 - Script used by facilitator? **manual/other**
- Review home practice: Facilitator logged in to OWL (on projector)? **Yes/no**
- Poem:
 - Read by:
- Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?
- Describe how discussion of communication & depression went:

- Was more time spent on one than the other?

- Did any questions/topics arise that may need to be intentionally revisited?

- Do you feel patients will now be able to:
 - Bring awareness to difficult communications?
 - Name three non-pharmacological approaches to treating depression?

- Any unanticipated challenges encountered in this session?

- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 8

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Awareness of Breath (AOB)
 - Length of guided mediation (minutes): _____
- Go around → note prompt:
 - # of patients shared (x/x)?
 - Note any who did not share here:
- Go-Around: Home practice review and reflection
- Nutrition Spotlights:
 - Sugar and my Body
 - Fiber and my Body
 - Healthy Protein Sources
- Health Topic: What is Mindful Eating?
- Mind-Body: Choice of →Sitting Meditation, Gentle Chair Yoga Sequence, Loving-Kindness Meditation
 - Length of meditation (minutes): _____
 - How was this received?
 - Any difficulties expressed?
 - Script used by facilitator? **manual/other**
- Review home practice: Facilitator logged in to OWL (on projector)? **Yes/no**
 - Introduce Goal Development Worksheet
 - SMART Goal-Setting Technique introduced? **Yes/no**
- Reminder that next week is **last session** (until Session 10)
- Poem:
 - Read by:
- Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?
- Did you feel session provided enough time for discussion of “Mindful Eating”?

- Do you feel patients will now be able to:
 - Explain effects of fiber, protein and sugar on the body?
 - Explain differences between high and low glycemic index foods (and name 3 of each)?
 - Define mindful eating and list three benefits?
- Any unanticipated challenges encountered in this session?

- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 9

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Loving-Kindness meditation
 - Length of guided mediation (minutes): _____
- Go around → # of patients who brought in a personal reflective piece to share?
 - Note any who did not share here:
- Go-Around: Home practice review and reflection (Goal Development Worksheet)

- Health Topics:
 - Wellness Review
 - Review Resources [for 3-month maintenance period]
 - Reminder: SMART Goal Setting Technique
 - Goal Setting
- Mind-Body: Introduction to Self-Massage
 - Did facilitator cover all points? **Yes/no**

- Length of time spent on practice (minutes): _____
- How was this received?
- Any difficulties expressed?

- Graduation ceremony and certificates
 - Poem:
 - Read by:
 - Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?
- Describe key points/strategies of facilitation of Goal-Setting:

- Is there anything you would do differently next time?

- Describe how you chose to facilitate Graduation Ceremony and certificates presentation:

- Any unanticipated challenges encountered in this session?

- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

Session 10

Date: _____

- Vitals: Blood pressure, pulse, and weight recorded by all participants? **Yes/no**
- Centering meditation: Sitting Meditation with Choiceless Awareness
 - Length of guided meditation (minutes): _____
- Go around → prompt used:

- Note any who did not share here:

- Health Topic: Give a Hoot!
- Mind-Body: Mindfulness Review
- Fence Visualization
- Set new goals
- Poem:
 - Read by:
- Healthy meal

Session Notes/Debrief:

- How many participants in attendance at start of session?
- At what point(s) did late attendees arrive?
- Describe energy of the group:

- How connected do you feel this group has remained in the past 3 months?
- How connected do you predict this group will continue to be in the future?

- Did patients exchange contact information (as a group/ individually)?
- Describe Goal Revisit exercise:

- Were patients able to set new, SMART goals?

- Any unanticipated challenges encountered in this session?
- Any incidents to report?

For Billing Clinician:

- Individual check-ins with each patient in attendance for this session?
 - If no, please note reason(s):
- Clinical notes documented appropriately in EMR? (Session quick text + any additional patient-specific info)

WEB-BASED TECHNOLOGY IN THE INTEGRATIVE MEDICAL GROUP VISIT

COMPANION WEBSITE FOR HOME PRACTICE

The online toolkit Our Whole Lives; a holistic e-health tool (OWL) supplements the IMGV in all sessions. This toolkit is accessible by web and mobile phone, and provides interactive self-monitoring techniques and social support through its online community. OWL also includes self-directed learning, goal setting, and feedback. It tracks participants' completion of home practice assignments and includes videos of the experientials that are practiced in class. Patients are encouraged to participate by commenting on each video, audio, or other experiential, and tracking their progress through the system OWL resources, such as recipes, mind-body resources, poetry, quotes, and community resources further introduce patients to a range of chronic pain self-management strategies.

As a bridge to the weekly meetings, we assign a homework/home practice between sessions.

- Audio tracks with mind-body exercises (meditation, yoga, and body scan), patient handbook with worksheets, and patient handouts.

The website serves several functions: by putting all the patient materials online, it gives all patients regardless of study site the opportunity to track their health progress, participate in a monitored discussion group, and have access to audio and visual materials from sessions. At home, participants will complete their practice online which includes: accessing video or audio exercises or watching provider talks, which reinforce key content from the groups. The patient will have the ability to select, based on his/her own preferences and self-care practice options.

SELECTED READINGS FOR MORE INFORMATION

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9. Dresner D, Resnick K, Gardiner P, Gergen Barnett K, Laird L. P02.46: Qualitative evaluation of an integrative medicine group visits program for patients with chronic pain and associated comorbidities. *Integrative Medicine & Health*. 2014.

CITATIONS FOR EVIDENCE BASED INTEGRATIVE MEDICINE AND GROUP VISITS

1. Eisenstat SA, Ulman K, Siegel AL, Carlson K. Diabetes group visits: Integrated medical care and behavioral support to improve diabetes care and outcomes from a primary care perspective. *Curr Diab Rep*. 2013;13(2):177-187. doi: 10.1007/s11892-012-0349-5; 10.1007/s11892-012-0349-5.
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3. Wagner EH, Grothaus LC, Sandhu N, et al. Chronic care clinics for diabetes in primary care: A system-wide randomized trial. *Diabetes care*. 2001;24(4):695-700.
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5. Scott JC, Conner DA, Venohr I, et al. Effectiveness of a group outpatient visit model for chronically ill older health maintenance organization members: A 2-year randomized trial of the cooperative health care clinic. *J Am Geriatr Soc*. 2004;52(9):1463-1470.
6. Coleman EA, Eilertsen TB, Kramer AM, Magid DJ, Beck A, Conner D. Reducing emergency visits in older adults with chronic illness. A randomized, controlled trial of group visits. *Eff Clin Pract*. 2001;4(2):49-57.

7. Ickovics JR, Kershaw TS, Westdahl Cea. Group prenatal care and perinatal outcomes: A randomized controlled trial. *Obstet Gynecol.* 2007;110(2 Pt 1):330-339.
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CITATIONS FOR MINDFULNESS-BASED STRESS REDUCTION

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2. Fjorback LO, Arendt M, Ornbøl E, Fink P, Walach H. Mindfulness-based stress reduction and mindfulness-based cognitive therapy: A systematic review of randomized controlled trials. *Acta Psychiatr Scan.* 2011 Aug;124(2):109-119.
3. MBSR research <http://www.umassmed.edu/cfm/research/publications>

SESSION 1: ORIENTATION TO OUR GROUP

OVERVIEW OF SESSION:

In this session participants will be introduced to MBSR concepts and the structure of integrative medicine group visits. Facilitators will guide a conversation around intentionality and what brought individuals to the group. Participants should leave feeling confident checking in and taking their vitals, how to navigate the curriculum binder, understanding the importance of home practice, and comfortable overall with the IMGV structure.

MBSR THEMES:

- Defining mindfulness-based stress reduction (MBSR)
- Introduction to meditation: Awareness of Breath

AGENDA:

- Welcome
- Introductions to our facilitators
- Overview of group
- Confidentiality form reviewed and signed
- Ground rules reviewed
- Introduction to Participant Manual and how to use
- Learning to check yourself in: weekly vitals
- What is Mindfulness Based Stress Reduction?
- What are Integrative Medicine Group Visits?
- Introduction to meditation
 - Awareness of Breath meditation (AOB)
- Introducing ourselves: what brought participants to the group?
- Orientation to home practice assignments
- Poem
- Healthy meal

WHAT PATIENTS RECEIVE:

- Welcome letter
- Confidentiality form
- Ground rules
- Intake form
- Weekly vitals tracker
- What is Mindfulness Based Stress Reduction/ Integrative Medicine Group Visits
- OWL Website Login
- Home Practice assignment
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Name the concepts of MBSR
2. Take and record their own vitals

3. Practice the awareness of breath(AOB) meditation

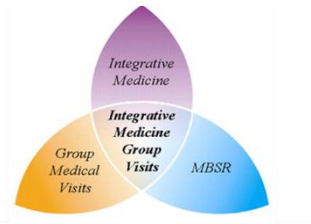
FACILITATION IDEAS: SESSION 1

THE GO AROUND

- What brought you to the group?

HEALTH TOPICS

- What do you think of when you hear the word “mindfulness”?
 - Write the list on the board.



- Draw the three pronged leaf depicting Integrative Medical Group Visits:

OWL REMINDER

- Facilitators may want to use a projector to display the website for the group and walk through the orientation of the website together.
- Encourage participants to practice logging in at home and spend time on the website over the next week.

SEE ALSO

- Facilitators Manual Introduction

WELCOME TO INTEGRATIVE MEDICAL GROUP VISITS!

Thank you for joining this innovative model of care. We are thrilled that you have joined us on this journey – one that will take you one step closer to wellness and provide you with lifelong tools of self-care.

As you know all too well, chronic pain, depression and other illnesses take a huge toll on one's quality of life and one's ability to work, play, and do routine activities. Medication may help some, but often it does not give the relief or wellness that you may need or want. That is why we are working towards finding more safe and effective ways of treating these chronic conditions.

As you will learn in the coming sessions, this model of care is based around the principles and skills of Mindfulness-Based Stress Reduction (MSBR) and integrative medicine, a model of care which incorporates both traditional western medicine such as medications with proven and safe holistic models of care such as meditation, yoga, massage, acupuncture, and nutrition. You will be taught many tools here and will be given suggested practices to do at home.

By being in the ***Integrative Medical Group Visits***, you have the chance to make a difference in the quality of your life. Although we cannot guarantee the result of all of the healing practices for you, we sincerely hope and believe it can be helpful for you. For you to receive the greatest possible benefit, we encourage you to commit yourself to coming to all the classes, practicing the tools at home, and filling out all the surveys.

Your commitment to these groups can also make a difference in the lives of thousands, even millions, of others. As we learn more about the effects of this innovative model of care on chronic conditions, we will hope to publish our results and hopefully positively impact how others in the U.S. and around the world with these chronic conditions are treated.

Thank you again for the time and energy you are committing to ***Integrative Medical Group Visits***. Please feel free to contact the Group Visits Coordinator (XXX-XXX-XXX), with any questions or concerns.

Sincerely,

CONFIDENTIALITY AGREEMENT

INTEGRATIVE MEDICAL GROUP VISIT

The privacy of your health information is important to _____ and is mandated by law. As a participant in an Integrative Medical Group Visit both you and the other patients will discuss medical information in the presence of other patients, staff and the group leaders. If you have medical concerns that are of a very private nature you may ask to discuss them with the doctor in a treatment room or schedule an individual office visit.

By signing this form you are agreeing to and authorizing the discussion of your personal medical information in the group setting each week. Your signature also means that you will respect the confidentiality of the other members of the group by not revealing medical or any other identifying information after the session is over. Your signature also means that you will not hold (relevant institution) nor any of the officers or employees of either responsible for any breach of confidentiality committed by other patients in the group.

I UNDERSTAND AND AGREE WITH THIS STATEMENT OF CONFIDENTIALITY.

Signature

Date

Printed name

Home address: _____ _____
Date of birth: _____

GUIDELINES FOR PROGRAM/GROUND RULES

- Please arrive at least 15 minutes before the start of class.
- If you must miss a class or be late, please call the Integrative Medical Group Visits Coordinator at (XXX)XXX-XXXX.
- Maintain confidentiality by not repeating or discussing what is said in class with people who are not participating in the class.
- You are welcome to exchange contact information with other people in the group visit. We expect that you will respect each other's boundaries around type and frequency of contact outside of the group.
- Avoid taking notes during class; trust yourself to remember what's important. Copies of important documents are in your manual.
- If you're having trouble hearing what's being said, please ask the speaker to speak up.
- We will offer a healthy meal at the end of each session. ***You are welcome to bring drinks, but please no food.***
- Please silence your watch and turn off your cell phone and pager.
- Please refrain from wearing perfumed toiletries.
- Making yourself as comfortable as possible is essential. Take off your shoes; feel free to use the mats at any time. You can bring extra layers and/or blankets to keep warm. You can bring a pillow, if you'd like, or your own yoga mat. Please dress comfortably, in clothes that you can move in.
- Use your own good sense for bathroom/medication needs as there will not be scheduled breaks.
- Self-care is central to our practice. If something doesn't feel right for you, ease off, and feel free to speak with the facilitators of your group or the leaders of the session about any problems or questions that may arise.
- During class discussions, please do your best to listen with full attention.
- Please refrain from giving advice and speak from your own experience.
- If class is cancelled due to weather or emergency we will contact you.

NOTE: Please emphasize to the participants that the group visit is still a medical visit. There will be general information about it that appears on the participant's medical record. This information will be visible to the participant's other health care providers.

INTAKE FORM

Note: Feel free to modify this form to gather relevant information for your organization each session.

NAME: _____ **SESSION #:** _____ **DATE:** _____

1) How would you rate your pain today?

Each week patients are asked to rate their pain on a scale from 0-10 with 0 being no pain and 10 being the worst pain imaginable.

No pain												Worst pain imaginable
0	1	2	3	4	5	6	7	8	9	10		

2) Do you need to see the doctor privately today? No / Yes

Patients have the opportunity each week to speak privately with the facilitator if they have a health concern they need to discuss. When a patient marks "Yes" on this sheet the facilitator will find a time before, at a break or after the group visit to speak one-on-one with the patient in private.

3) Did you visit a healthcare provider since our last group visit? No / Yes

Patients are asked about their medical visits to assure we are up to date on the patient's medications and medical issues.

4) Have any of your medications changed since our last group visit? No / Yes

Every week the coordinator/medical assistant will print out every patient's medication list and attach it behind the intake form for the patient to review and correct. Facilitators will then review the medication list and update any changes in the patient's chart.

5) Did you visit the urgent care center at your community health center since our last group visit? No / Yes

6) Did you visit the emergency room since our last group visit? No / Yes

It is important that patients inform us if they went to the urgent care center or emergency room. The facilitator should follow up with the patient about this to check in about what has been going on with their health.

7) What home practices did you do this past week? (Circle)

Meditation

Body scan

Journaling

Yoga

Mindful eating

Other: _____

Patients are asked to circle what home practices they completed each week as one way of holding patients accountable for keeping up with the practices they are learning in class.

8) How many cigarettes do you smoke a day? _____

- Is this the **same** amount, **more**, or **less** than last week? (Circle)
- Do you have an interested in quitting smoking? **No / Yes / I don't smoke cigarettes**

Patients are asked about smoking as a standard of practice and to monitor if this habit changes throughout our time in the group.

9) Any other concerns?

If patients have any other health concerns they would like to share with the facilitator they can write them here. The facilitator should review this section to see if follow up with the patient is necessary.

SCRIPT FOR TEACHING BLOOD PRESSURE, PULSE AND WEIGHT

Vitals: please record in vitals tracker in binder

Blood Pressure: _____

Pulse: _____

Weight: _____

As a part of the curriculum, patients are asked to check their own vitals every group before the session starts. At the beginning of the first session the facilitator should teach the group about blood pressure, pulse and weight so they are able to come in each week and check their own vitals before the group starts. Listed below are guidelines for topics to address during vitals teaching.

Blood Pressure:

To teach blood pressure the facilitator can ask if there is anyone willing to volunteer to demonstrate the correct way to apply the cuff as the group as the facilitator goes over how to measure blood pressure.

- Avoid smoking, drinking caffeinated drinks or eating for at least 30 minutes before the group visits.
- Ideally, sit for 5 minutes with your back supported in the chair and the feet flat on the floor, and make sure they do not cross their legs.

- Position your left arm at the heart level, and make sure your arm is well supported with chair rest, or pillow to have your arm at the heart level.
- Place the lower edge of the blood pressure cuff about 1 inch above your elbow crease. This cuff should fit smoothly and snugly.
- The cuff has an “artery” sign, which will help you apply it in the right place above the elbow crease, just a little closer to the body, where the artery pulse is felt.
- With your right hand, turn the automatic blood pressure monitor on, and push the “start” button. You should sit as still as possible until machine shows the reading.
- Blood pressure means the amount of force pushed against our arteries when the heart is pumping and relaxing. The blood pressure has two numbers: the upper is called systolic (when the heart is contracting) and the lower is called diastolic (when the heart is at rest). Ideally the blood pressure should be less than 120/80, but hypertension is called when the blood pressure goes consistently above 140/90.
- Write the blood pressure reading on the intake form as “120/80.”

Pulse:

- This is the rhythm that our heart is pumping blood through our body. The pulse will be automatically checked at the same time as the blood pressure on the machine.
- Normal values for pulse go from 60-90 pulsations per minute.
- This frequency can change rapidly because of many “normal” conditions like exercise or being excited, or because of a problem going on like fever or pain. Some medicines can make your pulse faster or slower too.
- Write down your pulse on the intake form next to the blood pressure reading.

Weight:

- We ask that you also weigh yourself each week in addition to taking blood pressure and pulse.
- For the most accurate reading please take your shoes off (if possible) before checking your weight, and also to take off any heavy clothing that may make you heavier than you are.
- Push the start button and wait until the zero (“0”) reading appears, then step on the scale and stay still until the weight reading is shown. There is a button that changes the weight to be read in kilograms or in pounds, but for our group visits we will choose the “Kg” option.
- Write down your weight on the intake form next to your pulse reading.

WEEKLY VITALS TRACKER

Date	Blood Pressure	Pulse	Weight	Pain (0-10)
<i>Session 1</i>				
<i>Session 2</i>				
<i>Session 3</i>				
<i>Session 4</i>				
<i>Session 5</i>				
<i>Session 6</i>				
<i>Session 7</i>				
<i>Session 8</i>				
<i>Session 9</i>				

Remember to add your vitals to OWL every week!



WHAT IS MINDFULNESS-BASED STRESS REDUCTION (MBSR)?

What is Mindfulness?

Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgmentally. Practicing mindfulness can help us begin to develop a sense of curiosity and patience with our experiences, whether positive or negative. This is fundamental, since the present moment is the only time anyone has to learn, grow, and change (Kabat-Zinn, J., 1990).

What is Mindfulness-Based Stress Reduction (MBSR)?

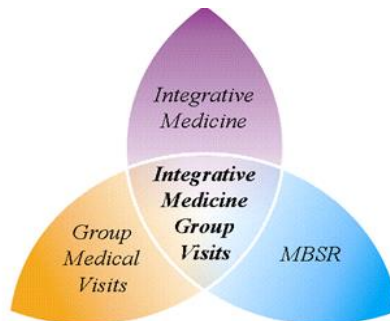
MSBR is a formal eight-week program that was created by Jon Kabat-Zinn in 1979 and is in many hospitals around the country, and many more around the world. This program supports people with anxiety, depression, chronic pain, stress, and other medical conditions. We will learn about stress and explore our own physical, mental, and emotional patterns of behavior. We will also learn more mindful ways to communicate, and how to choose nourishing foods, behaviors and activities.

Potential benefits:

- ❖ Increased concentration
- ❖ Some people report experiencing a quieter mind, sense of balance, and enhanced well-being
- ❖ New ways to cope more effectively with our own conditions, like: pain, depression, and low energy
- ❖ Learn how to take better care of ourselves
- ❖ Many benefits of MSBR have been suggested by research, like: a reduction in pain, lowered blood pressure, and an improvement in mood and energy levels

What are Integrative Medical Group Visits?

- ❖ The Integrative Medical Group Visits (IMGVs) program is a 9-week clinical program that combines Mindfulness-Based Stress Reduction with health education and integrative medicine therapies.



Adapted from: University of Massachusetts Medical School, *Orientations* handouts Additional credit: Elisha Goldstein and Will Baum

AWARENESS OF BREATH MEDITATION

Meditation is a practice used to be more aware in our lives.

It's not always easy, but like working any muscle meditation has many benefits over time, like sleeping better and feeling calm and peaceful.

I invite you to notice how you feel after you meditate

- Some people close their eyes during meditation – see what feels right for you -
- If you do not close your eyes, lowering your gaze and focusing on something can be helpful
- Getting your body ready for meditation is also important.
- As you get yourself ready to meditate, you can take off your shoes or loosen your clothes if you like.....
- Giving your-self enough time and a quiet space is important as well.
- Also sit in a comfortable chair
- Or if you want you can sit supported or lie on the floor

PAUSE – wait for participants to get ready

Where ever you are - sitting or lying down – Lets start our meditation

If you wish you can close your eyes

- Now notice the pressure of the chair or floor against your body as it supports your legs and back.
- Bring your attention to your breathing
 - Noticing how the breath flows in and out
 - You don't have to change your breathing
 - Let the air come in - and the air flow out
 - Noticing where you feel the breath is in your body
 - Noticing all the sensations that it brings
- As you breathe in - notice yourself breathing in, as you breathe out - notice yourself breathing out.
 - Moment to moment
 - Breathing in and breathing out
 - Be here now in your body with this breath
 - Without judgment, just allow yourself to be in this moment – Breathing in breathing out
 - Breathing normally and naturally
 - Just be aware of the breath as it comes and goes
- Now try exploring the pause between the in breath and the out breath.
 - Like the waves in the ocean – there is a gentle turning or space between the in breath and out breath
 - Being aware of how the breath rises on the inhalation and falls on the exhalation

- There is no place to go – nothing you need to do - just be here now – in this moment – with the breath.

If you notice that your mind starts to wander away from the breath - Just acknowledge this - and gently bring your attention back to the breath

- Breathing in breathing out

Optional to ring bell

- Now we are coming to the end of our meditation together
- Lets start to bring our attention to the things around us
 - Begin by slowing moving your fingers and hands
 - Slowly Open your eyes and look around
 - Stretch as you need to

Optional

- Thanks so much for trying this breathing meditation with me.
- Meditation takes a practice,
- You may have noticed that your mind wanders away and the thoughts come and go during meditation- this is ok.
 - It is the nature of the mind
 - The mind tends to wander and worry about the past or future.
- It is not always easy for us to be with our bodies and our breath
- Learning to be present with our breath and body allows us to be fully present in our lives

A GUIDE TO THE IMGV WEBSITE

Our Whole Lives (OWL) was created with you in mind. It is an interactive and easy to use resource for your health and wellbeing. Consider OWL *your* website. It is full of information about nutrition, mind-body practices, and many other ways we hope will help you be in control of the health of your body and mind.



OWL has all the information from this manual if you want to review anything you learned in class and a lot more, such as:

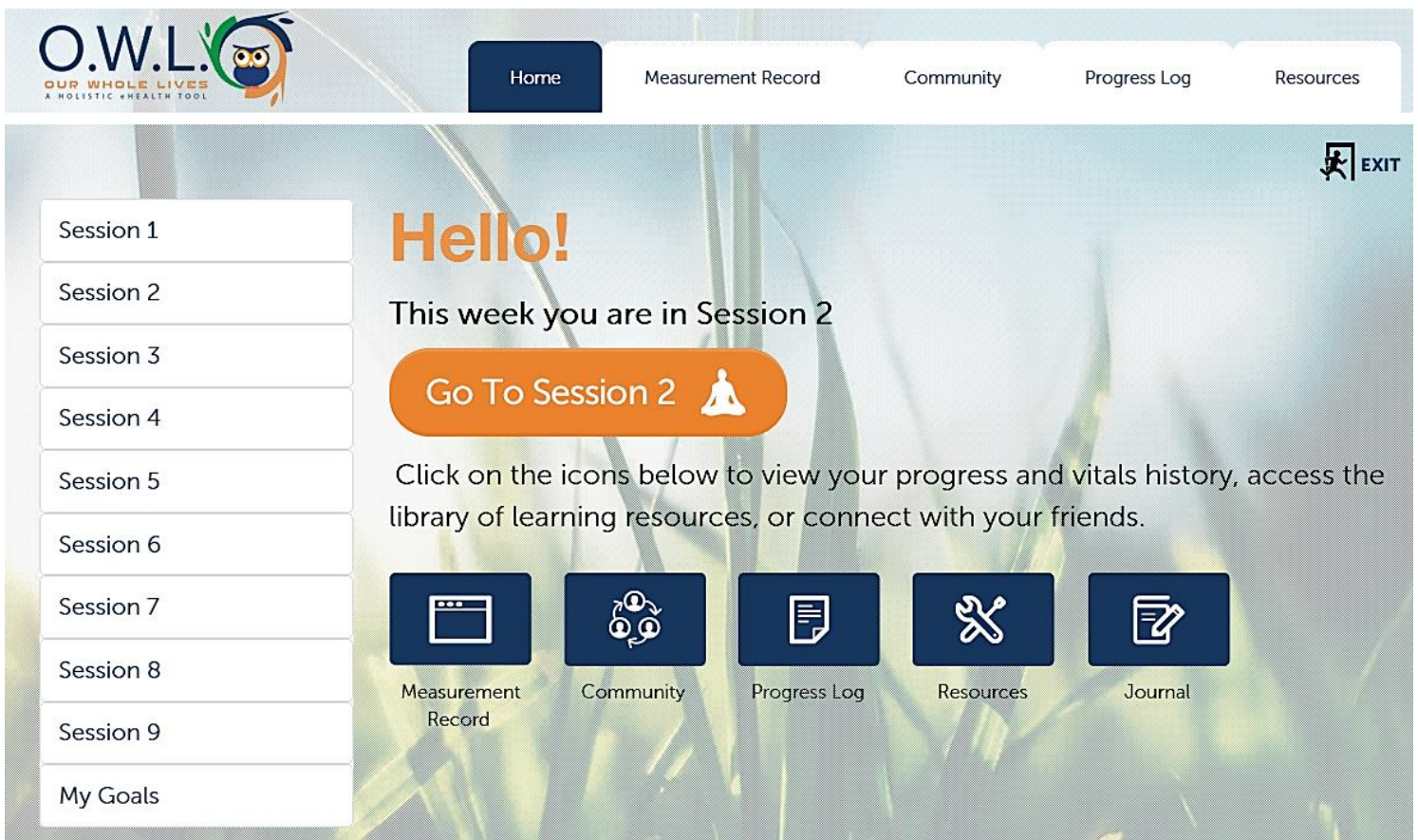
- Short videos about different health topics learned in class
- Links to audio recordings to help you practice stress reduction techniques
- A community blog so that you and other members of the group can keep in touch outside of class
- Recipes to share and to try at home
- A supportive network to help your progress through IMGV

You will receive a username and a password so that you can log into OWL. You can use OWL on any computer, tablet, or smartphone, whatever works best for you.

Below you see an example of what you will find on OWL. This is a screenshot of the Home screen of Session 2.

At the top of every screen you will always see these tabs:

- **Home:** where you will be welcomed every time you log in and reminded of which session you are in each week.
- **Measurement Record:** where you can see changes in your weight, blood pressure, pulse and pain from week to week.
- **Community:** where you can post your thoughts and share your experiences with the group. This is shared information, so please be respectful of what others write.
- **Progress Log:** where you will see what practices from IMGV you have completed each week.
- **Resources:** where you will find healthy recipes, poems, and much more!



You can also see that the Home screen shows buttons to the Measurement Record, Community, Progress Log, Resources, and another button called Journal near the bottom of the screen:

- **Journal:** where you can write anything you want. No one will see what you write unless you share.

On the left-hand side of the screen you will see all the sessions that you will complete over the 9 weeks. Sessions will become available one at a time, each week. You will always have access to the sessions you have already completed.

Now let's take a look at this screenshot of Session 2. Each Session page will let you know the learning objectives.

On the bottom of the Session pages are 5 buttons:

- **Home Practice:** where you will be reminded to practice stress reduction techniques and other activities before the next IMGV.
- **Health Topics:** where you can watch short videos of a different health topic each week.
- **Manual:** where you can review the IMGV curriculum you were given in class.
- **Vitals:** where you can keep track of your vitals. After your class, come to this page and enter the information from the Weekly Vitals Tracker sheet in your binder. Record your blood pressure, pulse, weight and pain on OWL and watch any changes that happen from week to week.
- **Journal:** where you can write anything you want. No one will see what you write unless you share.

INTRODUCING THE IMPORTANCE OF HOME PRACTICE

What is home practice and why is it important?

Home practice is the opportunity to practice what the participants have learned in the weekly groups. Participants should be **strongly encouraged** to do home practice. The biggest changes in participant's health and well-being can only happen by committing to practicing some of the tools that you have learned here for **25-30 minutes every day** (the more the better!).

Optional home practice script

"We will give you guidelines each week to do "my mind-body" and "my daily life" practice. The mind-body practice will be a specific technique you learn in class and my daily life practice will be suggestions of ways to add what you learn in class to your everyday life. Every week we will review how the home practice went for you and discuss the assignments for the next week."

Discussing the home practice each session as a group promotes accountability, assists with navigating potential barriers, and provides the opportunity to share breakthroughs.

Suggestions for facilitating:

- ✓ Have participants take turns reading the home practice assignment aloud from the manual as the other participants follow along
- ✓ Offer space for participants to ask any questions, share successes and strategize
- ✓ Clarify expectations before breaking for the healthy meal
- ✓ If there is an extra week of break in between sessions, take the time to set goals for keeping up with the home practice assignments. Address any challenges that participants see arising and offer suggestions.
- ✓ Participants could buddy-up and call to check in on their progress throughout the week.
- ✓ Participants could brainstorm specific times during their week to carve out for practice.

HOME PRACTICE: ORIENTATION

Just a Note:

Home practice is the opportunity to practice what you have learned in our weekly groups. Consistently practicing the tools that you learn in this program will help you add mindfulness and healthy living into your daily life. The IMGV website, “OWL”, can help you practice, review topics, and interact with your group members outside of class. Positive changes in your health and well-being will happen when you commit to practicing the tools you learn for at least 30 minutes every day.

MIND-BODY PRACTICE

- For the upcoming sessions, this section will include reminders for daily meditations, yoga, and body scan.

DAILY LIFE PRACTICE

- For upcoming sessions, the “daily life practice” section will include suggestions of what you can do in your everyday life to continue the lessons you learn each week.

MANUALACTIVITY

- This section will have links to worksheets to help you with certain topics each week.

HEALTH TOPIC VIDEO

You will find reminders to watch videos on OWL here. These videos are about 5 minutes and highlight the topics you talked about in class.

Home practice for this week:



DAILY LIFE PRACTICE

- Tell people in your life that you are doing this course.
- Notice how the weather affects your thoughts, sensation and emotions this week.
- Dedicate a quiet and comfortable space in your home for the home practice each week.

REFLECTIONS

This week, you are encouraged to begin charting your vitals. The Measurement Record will be available to you in class every session so that you can watch any changes or improvements in your weight, blood pressure, pulse, or pain that may occur over the next few months. You are encouraged to record your vitals onto the website each week.

RECIPE OF THE WEEK: SPICED LENTILS AND BROWN RICE

Serves 4

This dish costs under \$5 to make and uses the spice turmeric, which helps reduce inflammation.**

Ingredients:

2 cups lentils (any kind you want! The orange lentils cook the fastest.)
1 tbsp olive oil
1 onion, finely chopped
1 tsp cumin seeds
1 tsp black mustard seeds
1 tsp turmeric powder
2 cloves garlic, finely chopped
1 green chili, finely chopped
½ inch ginger root, finely chopped
salt and pepper
1 cup uncooked brown rice

Recommended sides:

- ✓ Steamed broccoli or zucchini

Tools:

- ✓ 1 Large and 1 small pot
- ✓ Mixing spoon
- ✓ Cutting board and knife for dicing garlic, chili and ginger root

Preparation:

To cook rice:

1. Measure 2 cups of water and 1 cup brown rice into a pot. Cover and bring to a boil. Once boiling, lower heat to a simmer and cook covered for 35-45 minutes or until all water has been absorbed.

To cook lentils:

1. If you're using larger lentils (like chana dal, French lentils, or split mung beans), soak them for 30 minutes to start. If you're using the small orange lentils, then don't bother soaking them; they cook very quickly.
2. Pour olive oil into a saucepan on medium heat. Add the onion and let it cook for 1 minute, then add the cumin and mustard seeds and stir
3. them around with the onions until they sizzle.
4. Toss in the turmeric powder, garlic, and chili and cook for 3 to 4 more minutes. Add the ginger root and stir fry quickly for about 30 seconds.
5. Add the lentils along with enough water to cover them, then place a lid on top. Let everything cook for 20 to 45 minutes, or until the lentils are tender.
6. Taste the lentils and add salt and pepper. You'll probably need a fair bit of salt to bring out all the flavors—a teaspoon or so.
7. If you have them available, top the dish with a dollop of plain yogurt and some chopped fresh cilantro.



Image credit: www.leannebrown.ca/good-and-cheap.pdf

Adapted from: Leanne Brown's free cookbook [Good and Cheap](http://www.leannebrown.ca/good-and-cheap.pdf)
www.leannebrown.ca/good-and-cheap.pdf

POEM AND QUOTE OPTIONS: SESSION 1

Letters to a Young Poet

I beg you to be patient toward all that is unsolved in your heart
and to try to love the questions themselves...

like locked rooms and like books that are written in a very
foreign tongue.

Do not seek the answers which cannot be given you
because you would not be able to live them

and the point is to live everything.

Live the questions now.

Perhaps you will gradually, without noticing it
live along some distant day
into the answers.

-Rainer Maria Rilke



“You may not always have a comfortable life
and you will not always be able to solve all of
the world's problems at once
but don't ever underestimate the importance
you can have
because history has shown us that courage
can be contagious
and hope can take on a life of its own.”

-Michelle Obama

SESSION 2: OUR REACTIONS TO STRESS

OVERVIEW OF SESSION:

In this session, participants will be re-introduced to the concepts of mindful awareness, learn how stress affects the mind and body, and use the body scan to become familiar with observing the breath and bringing mindful awareness to bodily experiences and sensations.

MBSR THEMES:

- Review of mindful awareness: paying attention, on purpose, in the present moment, non-judgmentally
- Discussing direct sensory experience: what can be seen, felt, heard, tasted, in this moment?
- Making the connection between stress and health; we have a choice in how we respond to stressors

AGENDA:

- Check your vitals
- Centering meditation: Awareness of Breath (AOB)
- Go around
- Home practice review and reflection
- Health topic
 - Upstream, Downstream
- Raisin eating exercise
- Health topic
 - Introduction to Stress
- Mind-body
 - Body Scan
- Review home practice assignments (Nine Dots Exercise)
- Poem
- Healthy meal

WHAT PATIENTS RECEIVE:

- Upstream, Downstream fable
- “What is stress?”
- Stress and your body
- Ways to respond to stress
- Home practice assignment
- Nine Dots
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. State the effects of stress on the mind and body
2. Differentiate between healthy and unhealthy ways to respond to stress
3. Practice the body scan

FACILITATION IDEAS: SESSION 2

THE GO AROUND

- What was a rose and thorn from this week? (Limit responses to 1-2 minutes)

HOME PRACTICE REVIEW

- What effects did you notice the weather take on your thoughts and emotions?
- Does anyone want to share what quiet space they found in their house for home practice?

HEALTH TOPICS

- Draw a person's body on the board and ask people to brainstorm how stress effects different parts of the body. As people provide suggestions add suggestions onto the board pointing to the appropriate part of the body.
- Brainstorm a list of negative stress/stressors in your life
- Brainstorm positive stress/stressors in your life
- Brainstorm short and long term effects of stress.
- Brainstorm a list of healthy and unhealthy ways to respond to stress.

APPLY HEALTH TOPICS TO LIFE

- Do any of these unhealthy ways to deal with stress feel familiar to you?
 - Do you have any ideas for how you can turn any of these unhealthy reactions to healthy practices?
- What healthy ways of relieving stress do you use in your life?
- What ideas do you have for how to successfully add healthier ways of dealing with stress in your life?
- For this upcoming week what is your action plan for reducing stress and unhealthy ways of dealing with stress?

OWL REMINDER

- OWL Reminder: OWL has a video about Our Reactions to Stress and audio for the body scan.

SEE ALSO

- OWL Website Resources Section:
 - Related to The Raisin Eating Exercise:
 - Mindful Eating Advice
 - Mindful Eating Exercise
 - Additional Stress Management Information:
 - Stress Management Resources
 - Minute Meditations

FACILITATING THE “GO AROUND”

What is the “go-around”?

A "go-around" is when the group participants and facilitators gather in a circle at the start of a session to check in.

Why are go-arounds important?

The go-around is an excellent opening to the groups and can help set the tone for the entire session.

During the go-around, it is important that each person have a chance to speak, particularly since this is the only time in the group when people who are quieter may choose to share. Facilitators and other group leaders should also speak as this can help equalize the power dynamic between physician and patient and set a tone and example for the group (see below for tips for facilitators sharing). During this sharing, patients often learn that they are not alone, and this gives them great comfort. Sharing helps the group develop cohesion.

CONDUCTING THE “GO AROUND”

How do I start?

Before beginning the go-around, it is recommended to start with a brief centering meditation to help everyone focus on what is meaningful to share and to wind down from greeting and vital sign taking.

After the meditation, announce the theme of the share, and ask for a volunteer or suggest who should start. While everyone is sharing, write themes or phrases that stand out on the whiteboard. A poem may be used as inspiration for a topic for sharing.

Suggested prompts for each go-around are also in your facilitator manual for each week.

Timing

Depending on group size or dynamics, you may want to set a time limit for each person's share (for instance your group is large and there are several people who share at length). If the group is small or if there is a lot of work to do in forming the group dynamic, you may not want to set a time limit.

If you are keeping time, you may want a co-facilitator to be a timekeeper, letting the participant know when there is one minute left so they can wrap up.

If the person's share goes way off topic, feel free to give them a gentle reminder such as, "Let's talk more about that at the break," to bring them back to the main point of the share. Part of being in a group is developing consideration for others, and the participants will be cognizant of this. As the group becomes comfortable for everyone, members may "call each other out" during the group share. Some of the most powerful learning occurs this way.

After each person shares, offer a sentence or two to support or summarize what that person said. The group can applaud after each share. Once everyone is finished sharing, read the whiteboard aloud and weave the salient points together.

UPSTREAM DOWNSTREAM STORY



"Imagine a large river with a high waterfall. At the bottom of this waterfall hundreds of people are working frantically trying to save those who have fallen into the river and have fallen down the waterfall, many of them drowning. As the people along the shore are trying to rescue as many as possible one individual looks up and sees a seemingly never-ending stream of people falling down the waterfall and begins to run upstream. One of other rescuers hollers, "Where are you going? There are so many people that need help here." To which the man replied, "I'm going upstream to find out why so many people are falling into the river."

Reference: Saul Alinsky, in [Shelden & Macallair](#)

DISCUSSION SUGGESTIONS

Through this example, we will talk with participants about the importance of not only trying to solve our current "crises" or "problems," but to go beyond this to search for what stressors have caused us to end with our current health problems or crises. This is an introduction to looking beyond just trying to solve the most recent crisis to try to understand what can we do and how can we think differently to prevent this problem in the future.

Example:

"If someone smokes cigarettes when she is stressed out, this will just cause her to become more stressed. If we only focus "downstream" we are looking at her smoking habit, but we have not looked at what has caused her to smoke more. If we "go upstream" we search for the cause of the stress that is resulting in her smoking. By identifying this stress and trying to reduce this cause of stress she may have an easier time smoking less or quitting smoking if that stress is reduced or gone."

"If you fix the bridge you'll stop falling in."

Discussion Questions:

1. What comes to mind after listening to this story?
2. Does this story make you think about aspects of your own life?
3. Where are you in this story?
4. What is upstream for you?

RAISIN EATING MEDITATION

This activity is called the “two raisins.”

This activity is called the “two raisins.” First, I would like each of you to take two raisins from this container as it is passed around the room. For the moment, please do not eat the raisins.

- Pass around a container of raisins. Resume speaking once every participant has two raisins.
- Pick up one raisin.
 - Bring your attention to seeing the raisin.
 - Observe it carefully as if you have never seen one before.
 - Feel its texture between your fingers and notice its colors and surfaces.
 - Be aware of any thoughts you might have about raisins or food in general.
 - Note any thoughts and feelings you have about liking or disliking raisins.
 - Smell the raisin.
 - Bring the raisin to your lips, being aware of the arm and hand moving to position it so it is touching your lips.
 - Now place the raisin on your tongue, without bringing the raisin fully into your mouth. Notice how your mind and body anticipate eating the raisin.
 - Take the raisin into your mouth and chew it slowly
 - Experience the taste of the raisin. Notice how complex the taste is. How do your mind and body experience the taste?
 - Note the impulse to swallow. Finish eating the raisin and swallow it. Imagine, or “sense” that your bodies are one raisin heavier
- Now pick up the second raisin.
 - Bring your attention to seeing this raisin.
 - Observe this raisin carefully as if you have never seen one before. How is it different from the first raisin? How is it the same as the first raisin?
 - Feel its texture between your fingers and notice its colors and surfaces. How is it different from the first raisin? How is it the same?
 - Be aware of any thoughts you might have about raisins or food in general. How are your thoughts different from the thoughts you had a few moments ago about the first raisin? How are your thoughts the same?
 - Note any thoughts and feelings you have about liking or disliking raisins. How are those thoughts different, and how are they the same as the thoughts you had a few moments ago when thinking about the first raisin?
 - Smell the raisin. How is it different from the first raisin? How is it the same?
 - Bring the raisin to your lips, being aware of the arm and hand moving to position it so that it is touching your lips. How are your sensations and experiences different, or the same as those you had with the first raisin?
 - Now place the raisin on your tongue, without bringing the raisin fully into your mouth. Notice how your mind and body anticipate eating the raisin. How is this different from your experience with the first raisin? How is it the same?
 - Take the raisin into your mouth and chew it slowly. How is this sensation different from the sensations you experienced with the first raisin? How is this sensation the same?
 - Experience the taste of the raisin. Notice how complex the taste is. How do your mind and body experience the taste? Notice that the taste of this raisin is different from the taste of the

first raisin. How is it different from your experience a moment ago with your first? How is it the same?

- Note the impulse to swallow. Finish eating the raisin and swallow it. Imagine, or “sense” that your bodies are one raisin heavier. How is this different from your experience a few moments ago with your first raisin? How is it the same? (Raisin exercise adapted from Kabat-Zinn 1990 p.27-28).
- Now that we have eaten all the raisins, let’s reflect on your experience. What did you notice? What did you learn from this exercise?

WHAT IS STRESS?

Stress is our brain and body's response to any demand or change.

All animals have a built-in stress response, which is called the '*fight or flight*' response. This response developed as the body's way of preparing for a dangerous situation. This physical response comes from a rush of hormones, like adrenaline, that speed up your heart and breathing, offering a burst of intense energy.

Stress in the modern world:

With life's increasing pace, there are many daily events that can trigger stress. Stressors can include your daily commute, crowded spaces, and changes in relationships, work, and money. Long-term stressors can include traumatic events, death of a loved one, and chronic illness.

BELIEVE IT OR NOT, THERE IS POSITIVE STRESS AND THERE IS NEGATIVE STRESS.

What is ***positive stress***?

- *A sense of challenge and excitement*
- *A sense of renewed energy*
- *Paying attention to detail, increased accuracy*
- *Feelings of excitement and hope*
- *Increased self-confidence*

What is ***negative stress***?

- *Feeling that the demands from the outside world are greater than what you can manage*

If not addressed, long-term stress can lead to many serious mental, emotional, and physical health problems.

Reference: <http://nimh.gov/health/publications/stress/index.shtml>

Watch the video on OWL this week:
Our Reactions to Stress



What are some negative effects of stress on the **body**?

Short Term Physical Symptoms

(‘Fight or flight’ response)
Faster heart beat
Increased sweating
Cool skin
Cold hands and feet
Rapid Breathing
Constipation
Tense Muscles
Dry Mouth
A desire to urinate
Tiredness
Diarrhea
'Butterflies in stomach'

Long Term Physical Symptoms

Pain
Change in Appetite
Asthma
Headaches
Frequent colds
Digestive problem;
Depression
Skin eruptions
Aches and pains
Feeling of long-term
Sleeping/insomnia
Inflammation
Trouble

What are some changes in your **thinking**?

You may notice:

- It is hard to concentrate
- Lowered self-confidence
- Lapses of memory
- Poor judgment
- Feeling pressured

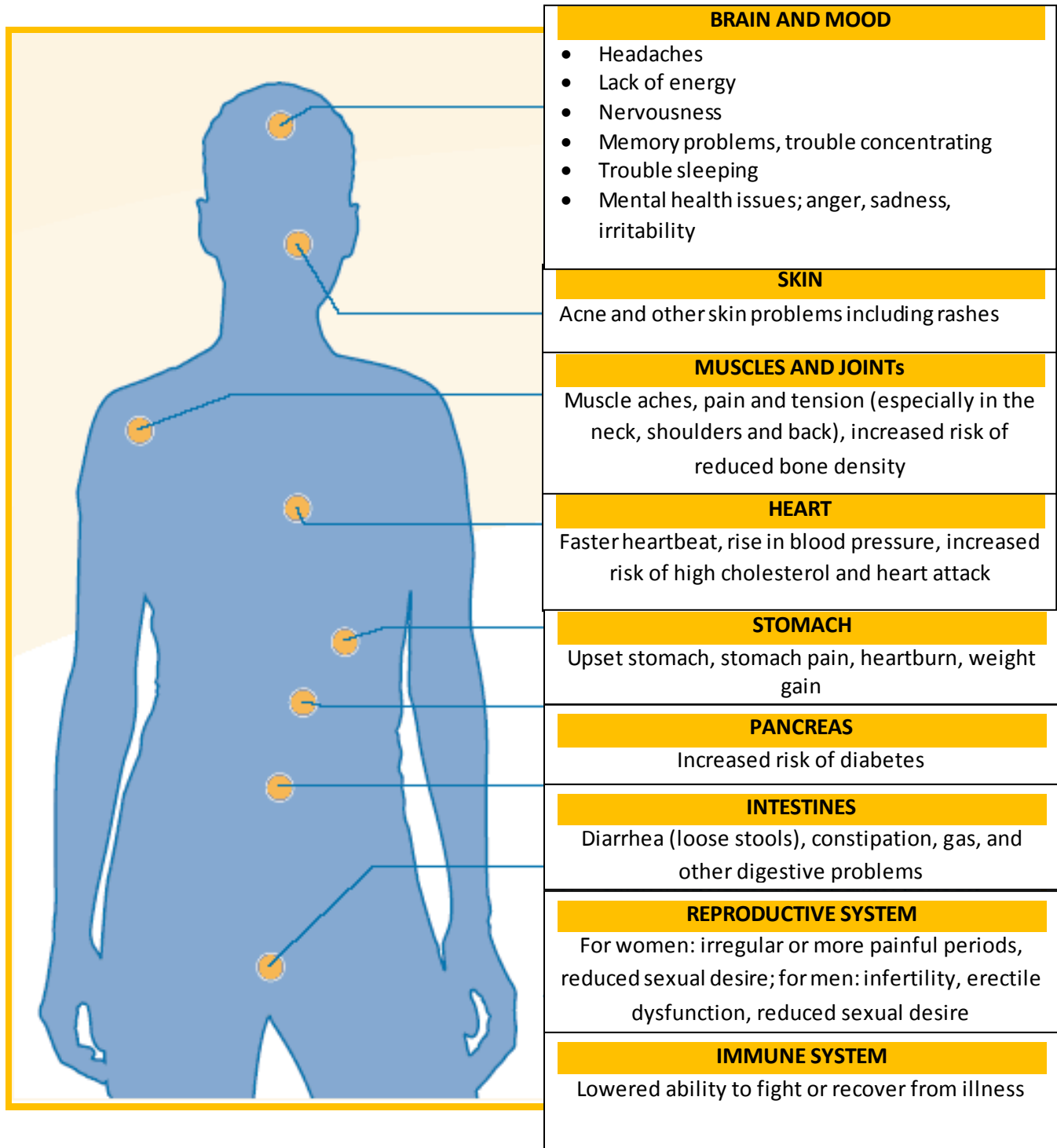
What are changes in your **emotions**?

You may notice:

- Resentment
- Anger and irritability
- Feeling “on edge” or agitated
- Feeling blue, down, hopeless
- Moodiness

References: UMass Department of Psychiatry Health Psychology Program
<http://www.pbs.org/thisemotionallife/topic/stress-and-anxiety/what-stress>
<http://www.nlm.nih.gov/health/publications/stress/index.shtml>

STRESS AND YOUR BODY



-Everyone responds to stress differently-

WHAT ARE SOME *UNHEALTHY* WAYS TO RESPOND TO STRESS?

Examples:

- Increased smoking, alcohol, drug use
- Withdrawing from loved ones
- Absenteeism
- Overeating
- _____
- _____
- _____

WHAT ARE SOME *HEALTHY* WAYS TO RESPOND TO STRESS?

Examples:

- Deep breathing
- Exercise: Start with a 10 minute walk or 10 minutes of stretching during the day.
- Reach out to a friend or family member; connecting with people that we love can help us feel more relaxed and supported.
- Eating healthy foods
- Listening to music or singing
- Prayer
- Writing in a journal
- Taking time for yourself
- _____
- _____
- _____

Adapted from U. Mass Medical School, Department of Psychiatry,
'Improve Your Health through Better Stress Management'

THE BODY SCAN

This is a meditation exercise to increase mindfulness by bringing attention to your body.

Sit in a comfortable position that helps you remain alert and relaxed. Your back is comfortably straight.

Your hands can be folded together or lay in your lap comfortably. The seat is not too hard, and your feet rest on the floor. If you prefer, you can sit on a cushion with legs folded.

At any time during this meditation if a part of your body becomes uncomfortable such as your legs or back, feel free to bring your attention to that sensation and decide to slowly adjust your posture.

Let's begin

- Close your eyes or if you prefer keep them open just enough to let the light in and gaze on some color your eyes rest upon.
 - If at any time you feel yourself falling asleep, just open your eyes enough in this fashion to let light in.
- Having established your posture, shift your attention to your breath.
- Pay attention to your breath; leaving it alone. Just observe it.
 - If at any time during the meditation you are distracted; when you become aware you are thinking of other things, people, or the past or what you're going to do next, gently shift your attention back to your breath- without judgment; no right or wrong, simply bring yourself back to your breath whenever you become aware you are focused on something else.
- Having established awareness of your breath, shift your attention to your out-breath
- Notice when you breathe out, breathe out gently, slowly.
- Notice the pause at the end of your out-breath.
- Notice how long your breath pauses before breathing in.
 - If at any time during the meditation you are distracted; when you become aware you are thinking of other things, people, or the past or what you're going to do next gently shift your attention back to your breath- without judgment; no right or wrong, simply bring yourself back to your breath whenever you become aware you are focused on something else.
- Having established your awareness of your breath, shift your attention to the top of your head, the scalp.
- Feel any sensations that may be there, or maybe there are none. Note if sensations are pleasant, unpleasant or neutral.
 - Sensations of temperature
 - Tension of muscle
 - Softness of muscle
- Move down over your ears, your forehead, your eyes, your nose breath entering the nostrils, the quality of the air.
- Shift attention to your cheeks, mouth, any tension around the mouth
- Feel your tongue resting in the floor of the mouth, the breath entering the back of the throat.
 - Is your mouth dry or moist? Is there any taste?

- Follow down the back of the neck, down the spine to the shoulders. Swallow and feel the swallowing muscles. Breathe in and feel the breath flow down the throat.
 - Note if the sensations are pleasant, unpleasant or neutral.
- Shift your attention to the muscles of the shoulders. To the upper arms, Right and Left, down to the elbows, to the forearms. Feel the weight of your arms.
 - Scan down through the wrists into the hands, right and left hand down to the fingertips.
 - Wiggle the fingertips.
 - Hold in your awareness your head, neck, shoulders, arms and hands.
- Breathe in and follow your breath into your chest. Feel the chest expand and contract, rise or fall. Note the quality of your breath, shallow or deep, fast or slow.
 - If at any time during the meditation you are distracted; when you become aware you are thinking of other things gently shift your attention back to your breath or to the last area of the body on which you were focused- without judgment.
- Be aware of your heart, perhaps you feel it beating. Notice the sensations of the heart beating.
- Scan down to the stomach, the right and left side of the torso. Notice how the breathe moves in the abdominal wall – Note if the sensations are pleasant, unpleasant or neutral.
- Shift your attention to the spine and scan down the spine, down to the coccyx, the floor of the torso
 - Notice how your back supports your torso
 - Note any sensations. Note if the sensations are pleasant, unpleasant or neutral.
- Follow with your awareness down through the buttocks to the right and left leg, the thighs, right and left knees, the calves; down to the heels, feel your feet, the balls of the feet, the toes. Note any sensations, pleasant, unpleasant, or neutral. Wiggle your toes and note the sensations without any judgment or resistance.
- Scan from your feet up through the body
 - Legs, buttocks, lower abdomen, torso/spine, chest, neck, head, the top of the head.
 - Hold your entire body in your awareness from head to toe,
 - Breathing in, Breathing out.

TO CONCLUDE MEDITATION

- Bring your attention to your breath.
- Breathing in.
- Breathing out.



MIND-BODY PRACTICE

- Practice body scan once a day, 6 out of 7 days this week
 - Visit OWL for audio of the body scan. OWL can help you to practice each day

Guidelines for doing the body scan:

- Regardless of what happens (falling asleep, losing concentration, being distracted by thoughts, emotions or physical sensations), stay with the practice. You can do it!
- These are your experiences in the moment. All you have to do is be aware of them even if your mind is wandering.
- This is not a competition. This is a time for quiet and privacy.
- Be open to whatever you experience during the body scan.
- Cultivate an attitude of openness, curiosity and friendly acknowledgement about what is here right now. There is no need to fight off or suppress any unpleasant thoughts, emotions or sensations-or to hold onto pleasant ones.
- You don't have to like the body scan. The most important thing is to stick with it and see what happens.

DAILY LIFE PRACTICE

- Take a few moments each day to pay attention to thoughts, emotions and physical sensations.
- Eat one meal mindfully.
- Anything you want to post to the Community on OWL?

MANUAL ACTIVITY

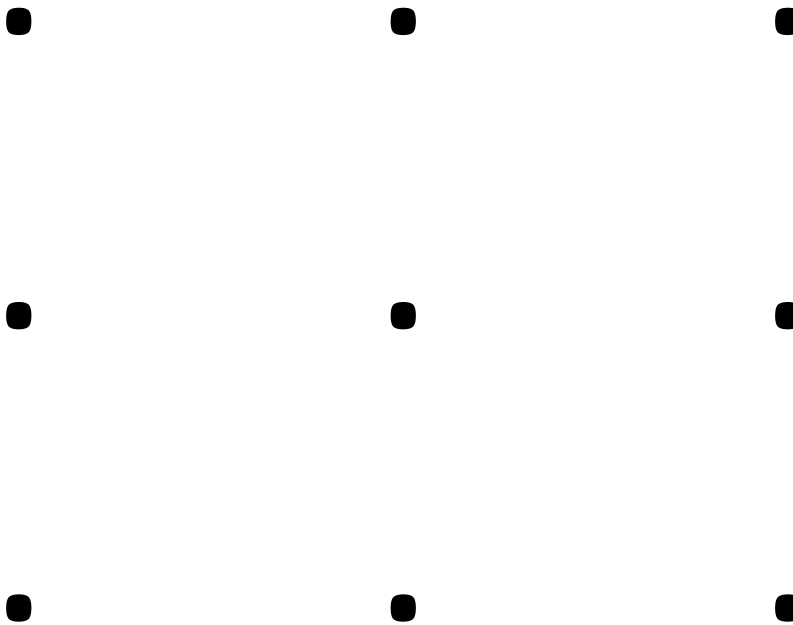
- Nine Dots

HEALTH TOPIC VIDEO

- Our Reactions to Stress

NINE DOTS EXERCISE

Directions: Connect up all these dots with four straight lines without lifting the pencil or retracing over any of your lines.



RECIPE OF THE WEEK: SAUTÉED VEGETABLES AND QUINOA

Serves 4

This mood-boosting recipe offers an abundance of fiber and vitamins to fuel your day.

Ingredients:

- ½ cup quinoa, rinsed
- 2 tablespoons olive oil
- 1 cup low-sodium vegetable stock (or water)
- 1 medium yellow onion, diced
- 2 cloves garlic, roughly chopped
- 1 bell pepper (any color), diced
- 1 cup of broccoli, sectioned (or use frozen)
- 4 tablespoons sunflower seeds (optional)



Image credit: kirstenskitchen.blogspot.com

Tools:

- ✓ Large pot
- ✓ Large Pan
- ✓ Cutting board
- ✓ Knife
- ✓ Spatula/something to mix veggies

- ✓ Use any combination of vegetables in this recipe: the more colors, the better! Zucchini, spinach, summer squash, avocado, carrots, tomatoes, and sweet potatoes make awesome additions.
- ✓ Frozen fruits and veggies can be just as nutritious, and can often be a much more cost efficient option.

Tips:

Instructions:

1. Wash and chop vegetables. Set aside.
2. Heat large pot over medium heat. Add 1 tablespoon of olive oil.
3. Add onions and garlic and sauté until soft.
4. Add the vegetable stock or water and bring to a boil. Add quinoa. Reduce heat and simmer the quinoa until most of the liquid is absorbed, about 15 minutes.
5. In a separate sauté pan, add 1 tablespoon of olive oil and sauté vegetables until tender over medium-high heat.
6. Top cooked quinoa with sautéed vegetables and serve with any additional toppings, like sunflower seeds or lean protein.

Health Benefits:

- ✓ Foods high in vitamin B, including quinoa, have a calming effect on the body, improving mood and decreasing feelings of stress and anxiety.
- ✓ Red bell peppers are high in vitamins A, C and folate, which give you more energy and help to repair cell damage caused by stress.
- ✓ Sunflower seeds contain high levels of vitamin E and folate, which help to enhance your mood and increase energy.

POEM AND QUOTE OPTIONS: SESSION 2

All that is important is this one moment in movement.

Make the moment vital and worth living

Do not let it slip away unnoticed and unused.

-Martha Graham

A Callarse

Ahora contaremos doce
y nos quedamos todos quietos.

Por una vez sobre la tierra
no hablemos en ningún idioma,
por un segundo detengámonos,
no movamos tanto los brazos.

Sería un minuto fragante,
sin prisa, sin locomotoras,
todos estaríamos juntos
en un inquietud instantánea.

Los pescadores del mar frío
no harían daño a las ballenas
y el trabajador de la sal
miraría sus manos rotas.

Los que preparan guerras verdes,
guerras de gas, guerras de fuego,
victorias sin sobrevivientes,
se pondrían un traje puro
y andarían con sus hermanos
por la sombra, sin hacer nada.

No se confunda lo que quiero
con la inacción definitiva:
la vida es sólo lo que se hace,
no quiero nada con la muerte.

Si no pudimos ser unánimes
moviendo tanto nuestras vidas,
tal vez no hacer nada una vez,
tal vez un gran silencio pueda
interrumpir esta tristeza,
este no entendernos jamás
y amenazarnos con la muerte,
tal vez la tierra nos enseñe
cuando todo parece muerto
y luego todo estaba vivo.

Ahora contaré hasta doce
y tú te callas y me voy.

-Pablo Neruda

Keeping Quiet

Now we will count to twelve
and we will all keep still

for once on the face of the earth,
let's not speak in any language;
let's stop for a second,
and not move our arms too much.

It would be an exotic moment
without rush, without engines;
we would all be together
in a sudden strangeness.

Fisherman in the cold sea
would not harm the whales
and the man gathering salt
would not hurt his hands.

Those who prepare green wars,
wars with gas, wars with fire,
victories with no survivors,
would put on clean clothes
and walk about with their brothers
in the shade, doing nothing.

What I want should not be confused
with total inactivity.
Life is what it is about...

If we were not so single-minded
about keeping our lives moving,
and for once could do nothing,
perhaps a huge silence
might interrupt this sadness
of never understanding ourselves
and of threatening ourselves with death.
Perhaps the earth can teach us as when everything
seems to be dead in winter
and later proves to be alive.

Now I'll count to twelve
and you keep quiet and I will go.

-Pablo Neruda

SESSION 3: THE IMPORTANCE OF HEALTHY SLEEP

OVERVIEW OF SESSION:

In this session participants will utilize the 9 dots exercise to discuss different approaches to problem solving, expanding one's field of awareness. The body scan is re-visited and challenges and insights should be examined as a group. The themes of self-responsibility in developing positive health behaviors is emphasized as the facilitator guides a discussion on healthy sleep patterns.

MBSR THEMES:

- Perception; expanding the field of awareness and recognizing behavioral patterns that emerge when faced with a challenge
- Establishing the universality of the wandering mind

AGENDA

- Check your vitals
- Centering meditation: Awareness of Breath (AOB)
- Go around
- Home practice review and reflection (Nine Dots Exercise)
- Health topic
 - Sleep
- Mind-body
 - Body Scan
- Review home practice assignments for coming week (Pleasant Events Chart)
- Poem
- Healthy meal

WHAT PATIENTS RECEIVE

- The Importance of Getting a Good Night's Sleep
- Gratitude Journaling: Promoting Positive Thoughts
- Triangle of Awareness
- Pleasant Events Chart
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Explain the importance of healthy sleep for health and well-being.
2. Name at least three healthy sleep habits.

FACILITATION IDEAS: SESSION 3

THE GO AROUND

- What did you notice about your stress this week? (Limit responses to 1-2 minutes)

HOME PRACTICE REVIEW

- Did anyone find a solution to the 9-dots exercise? Have participants draw solutions/ideas on the board.
 - How was the process working on this puzzle?
 - Frustrating, easy, etc... Bring in Triangle of Awareness to talk about what this puzzle brought up in emotions, sensations and thoughts throughout the process.
- What was your experience with the body scan this week?
 - If participants had a hard time completing this daily, brainstorm ways of including 30 minutes of home practice in the daily routine. (ex: set an alarm on your phone, practice at the same time every day, find a buddy to keep you accountable, etc.)

HEALTH TOPICS

- Brainstorm the difference between acute and chronic insomnia.
- Brainstorm short-term and long-term effects of lack of sleep.
- Let's go around and each name one challenge you have sleeping.
 - On the board break problems up into initiation, maintenance, winding down, and irregular work shifts.
 - Address each problem category and come up with ideas to address this problem.
- Let's go around now and have everyone decide on one sleep goal or strategy you will try this week.

APPLY HEALTH TOPICS TO LIFE

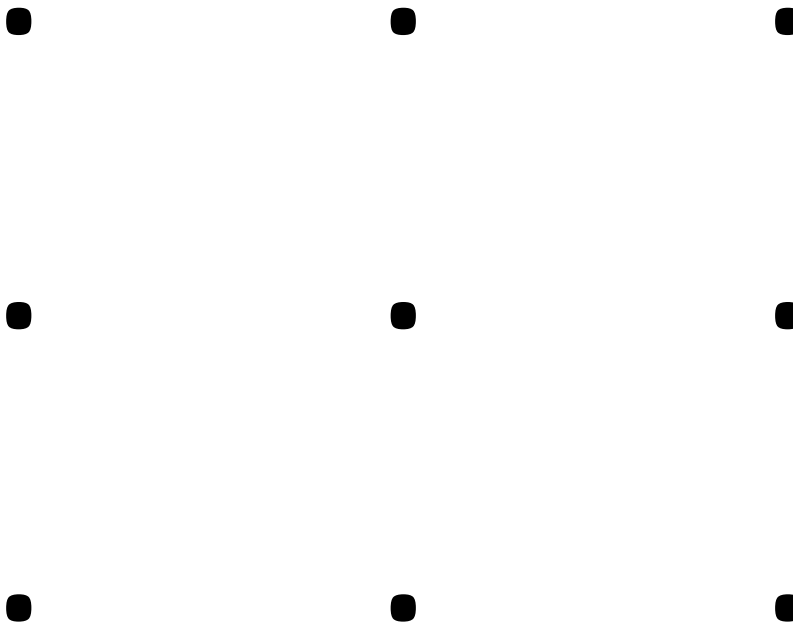
- What helps you fall asleep?
- Are there any habits before bed that you would like to change?
- From the list of suggestions for healthy sleep patterns, are there any you hadn't thought of that you would like to try?
- What is your plan for how adding or sustaining healthy sleep strategies in your life?

OWL REMINDER

- OWL Reminder: OWL has a video about the importance of healthy sleep and audio for the body scan and meditation.

REVIEW: NINE DOTS EXERCISE

Directions: Connect up all these dots with four straight lines without lifting the pencil or retracing over any of your lines.



THE IMPORTANCE OF GETTING A GOOD NIGHT OF SLEEP



Image credit: www.docakilah.wordpress.com

What is insomnia?

Insomnia is a common sleep disorder where individuals have a challenging time falling asleep, staying asleep, or both.

Insomnia can be **acute**, meaning short-term, or **chronic**, meaning long-term.

- ✓ Acute insomnia can last for a few days or even weeks.
- ✓ Chronic insomnia can last for a month or longer.

Sometimes insomnia can be related to another medical condition, medication, or substance. This is called **secondary insomnia**.

Other times insomnia is its own distinct disorder. Many changing life circumstances can trigger insomnia, such stress or a traumatic event.

How does sleep affect my overall health?

The short-term effects of insomnia can include a lack of energy, irritability, lack of motivation, and trouble focusing. There are many long-term effects of insomnia, including anxiety disorders, depression, suppressed immune function, stress in the stomach and intestines, headaches, and weight gain.

The Importance of Healthy Sleep



WHAT ARE SOME WAYS THAT I CAN ESTABLISH HEALTHY SLEEP PATTERNS?

- ❖ **Exercise is great**, but not too late in the day. Try to exercise at least 20- 30 minutes on most days. Exercising too close to our bed times can make it harder to relax and transition into sleep.
- ❖ **Try to get outside in natural sunlight for at least 30 minutes each day.** If possible, wake up with the sun or use very bright lights in the morning. Sleep experts recommend that, if you have problems falling asleep, you should get an hour of exposure to morning sunlight and turn down the lights before bedtime.
- ❖ **Focus on foods and beverages that promote sleep.** Chamomile tea, warm milk, bananas, soy, whole grain cereal, apples, almonds, and walnuts are all great choices. Try to consume these beneficial snacks *at least 1 hour before bed* so that the body has time to absorb the sleep promoting nutrients. Alcohol does not help us sleep better.
- ❖ **Take a supplement to help support healthy sleep.** Taking a melatonin supplement (0.5-3 mg) one hour before bedtime.
- ❖ **Be mindful of caffeine.** Caffeine is in coffee, colas, certain teas, and chocolate, and its effects can take as long as 8 hours to wear off fully. Therefore, a cup of coffee in the late afternoon can make it hard for you to fall asleep at night.
- ❖ **Be mindful of nicotine.** Nicotine is also a stimulant, often causing smokers to sleep only very lightly. In addition, smokers often wake up too early in the morning because of nicotine withdrawal.
- ❖ **Avoid large meals and beverages late at night.**
- ❖ Some commonly prescribed heart, blood pressure, or asthma medications, as well as some over-the-counter and herbal remedies for coughs, colds, or allergies, can disrupt sleep patterns. If you have trouble sleeping, **talk to your doctor or pharmacist to see whether any drugs you're taking might be contributing to your trouble sleeping** and ask whether they can be taken at other times during the day or early in the evening.

- ❖ **Try to find a sleep schedule that works for you.** Getting into a rhythm of going to bed and waking up at the same time each day can be very helpful for training your body to sleep well.
- ❖ **Find ways to relax before bed.** Try not to overschedule your day so that you can set aside time to unwind. A relaxing activity, such as reading, journaling, taking a bath, or listening to music, is a wonderful addition to your bedtime ritual.
- ❖ **Have an inviting sleeping space.** Get rid of anything in your bedroom that might distract you from sleep, such as noises, bright lights, an uncomfortable bed, or warm temperatures. You sleep better if the temperature in the room is kept on the cool side. A TV, cell phone, or computer in the bedroom can be a distraction and deprive you of needed sleep. Turn the clock's face out of view so you don't worry about the time while trying to fall asleep.
- ❖ **Try a body scan or seated meditation.** If you find yourself still awake after staying in bed for more than 20 minutes or if you are starting to feel anxious or worried, get up and do some relaxing activity, like deep breathing, a body scan, or seated meditation, until you feel sleepy. The anxiety of not being able to sleep can make it harder to fall asleep.
- ❖ **Promote Positive Thoughts.** Once sleep becomes a problem negative thoughts will quickly follow. These thoughts often come to mind automatically, but usually they are not *completely* true. Despite that fact, they still trigger the stress response, (also called "fight or flight") and worsen insomnia.
The good news is that the opposite is also true. Positive thoughts can lead to positive changes in the mind and body. This is one of the principals behind a very successful type of therapy called Cognitive Behavioral Psychology.

Step 1: Identify Negative Sleep Thoughts--Write them down. Use the journal on the website.
Step 2: Assess any distortions; is there another way of looking at the situation?
Step 3: Reframe the negative statements in a more positive way.

References: <http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/why.html>
http://www.nhlbi.nih.gov/health/public/sleep/healthy_sleep.pdf
https://www.fammed.wisc.edu/sites/default/files/webfmuploads/documents/outreach/im/handout_sleep.pdf
<https://www.nhlbi.nih.gov/health/health-topics/topics/inso/>

GRATITUDE JOURNALING:
PROMOTING POSITIVE THOUGHTS

*Research has shown that people who write about things that they are grateful about actually become **HAPPIER** even over the course of just a few weeks.*



- **Keep your journal in a place where you will see it at the end of each day**
- Try and write about at least **three experiences** each time. This is regular, simple and doable. However, go for **depth over breadth**. Even if you just focus on one thing, go into detail about why the experience made you grateful.
- Another option is to **express yourself through drawing, painting, creating a collage**, or any way that feels like the best fit for you.
- **Experiment with the types of things you write about.** You can do obvious things ("I am grateful for my children") or more subtle things ("I am grateful that it stopped raining when I stepped outside") but try to do both.
- Remember that all gratitude doesn't need to be saved for the journal. **Tell the people- both loved ones and strangers- in your life how much you appreciate them.**
- **Get personal.** Research shows that focusing on *people* to whom you are grateful has more of an impact than focusing on *things* for which you are grateful.
- **Savor surprises.** Try to record events that were unexpected or surprising, as these tend to bring about stronger levels of gratitude.

Adapted from: http://stress.about.com/od/positiveattitude/ht/gratitude_jour.htm
http://greatergood.berkeley.edu/article/item/tips_for_keeping_a_gratitude_journal



MIND-BODY PRACTICE

- Practice the body scan, 6 out of 7 days
 - OWL audio: body scan
- Practice meditation, 6 out of 7 days.
 - OWL audio: meditation

DAILY LIFE PRACTICE

- Write down 3 things that you are grateful for in the Journal or the Community on OWL
- Pick out a food label to bring for the next session.
- Pack comfortable clothing for yoga next session.
- Bring mindfulness to your routine activities. Try brushing your teeth, washing dishes, taking a shower, driving, and eating mindfully.

MANUAL ACTIVITY

- Fill out the Pleasant Events Chart

HEALTH TOPIC VIDEO

- The Importance of Healthy Sleep

TRIANGLE OF AWARENESS

Oftentimes we may not notice small pleasant things that happen in our daily lives. What would it be like if we applied the triangle of awareness to our lives daily?

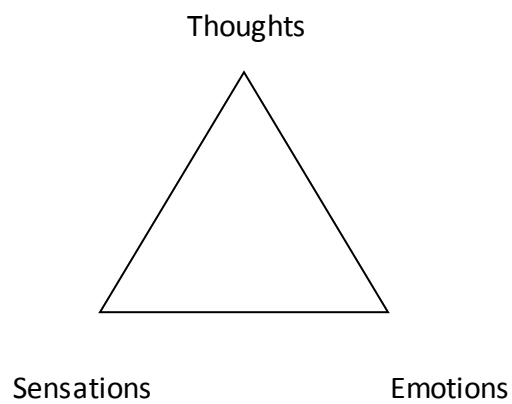
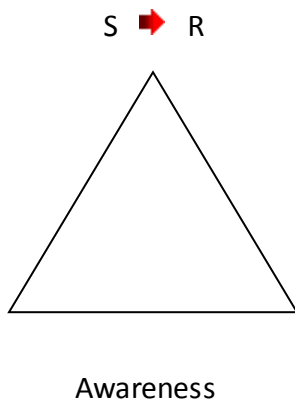
Triangle of Awareness:

S=something happens, stimulus, stress

R=reaction, response

A=awareness of emotions, thoughts, physical sensations and behaviors.

Our normal reaction to a stimulus is usually completely habitual and mindless.



PLEASANT EVENTS CHART

Session 3	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Situation							
Body Experience/ Sensations							
Emotions							
Thoughts							

RECIPE OF THE WEEK: WHITE BEAN AND SPINACH SALAD

Serves 4

Combining foods high in vitamin C and iron can increase absorption of iron, creating a major energy boost!

Ingredients:

Salad

2, 15-ounce can of no-salt-added white beans, drained and rinsed
1 red onion, thinly sliced
(**Tip:** soaking sliced onions in a bowl of cold water for 15 minutes or more can take away the bitter flavor)
1 red bell pepper, thinly sliced
4 cups fresh spinach leaves, tough stems removed and torn into bite-sized pieces



Image credit: www.wholefoodsmarket.com

Dressing

4 tablespoons olive oil
1 teaspoon Dijon mustard
1 tablespoon balsamic or apple cider vinegar, or lemon juice
1 garlic clove, minced
Black pepper and any desired herbs, to taste

Instructions:

1. In a large mixing bowl combine beans, sliced onion, bell pepper and spinach.
2. In a separate small bowl, whisk together mustard, vinegar and black pepper. Pour dressing over the bean mixture and stir to combine all ingredients.
3. Serve immediately or chill until ready to use.

Health Benefits:

- ✓ Spinach and beans are both very high in iron, a mineral that plays a crucial role in good health. Iron deficiencies are very common, and one symptom is restless leg syndrome, which can disrupt sleep patterns.
- ✓ Combining foods high in vitamin C, such as bell peppers, and foods high in iron, such as white beans, can increase the absorption of iron into your blood stream up to 5 times faster.

In Blackwater Woods

Look, the trees
are turning
their own bodies
into pillars

of light,
are giving off the rich
fragrance of cinnamon
and fulfillment,

the long tapers
of cattails
are bursting and floating away over
the blue shoulders

of the ponds,
and every pond,
no matter what its
name is, is

nameless now.
Every year
everything
I have ever learned

in my lifetime
leads back to this: the fires
and the black river of loss
whose other side

is salvation,
whose meaning
none of us will ever know.
To live in this world

you must be able
to do three things:
to love what is mortal;
to hold it

against your bones knowing

your own life depends on it;
and, when the time comes to let it go,
to let it go.

-Mary Oliver

Wild Geese

You do not have to be good.

You do not have to walk on your knees
for a hundred miles through the desert, repenting.

You only have to let the soft animal of your body
love what it loves.

Tell me about despair, yours, and I will tell you mine.

Meanwhile the world goes on.

Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.

Meanwhile the wild geese, high in the clean blue air,
are heading home again.

Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting--
over and over announcing your place
in the family of things.

- *Mary Oliver*

SESSION 4: FOOD AND MOVEMENT AS MEDICINE

OVERVIEW OF SESSION:

This session will begin with a review of the pleasant events home practice assignment and examining which experiences we are drawn to and label as “pleasant” and why that is so. Flexibility of mind and the challenges and insights that arise from practicing present moment awareness are examined. The participants are introduced to several nutrition concepts and balancing their plate. Gentle yoga is introduced as a practice of mindfulness through motion. An emphasis should be placed on non-judgment of experience, curiosity and respectful attention to one’s physical limits.

MBSR THEMES:

- Bringing present moment awareness to pleasant events: challenges and insights
- Noticing how the mind labels events as “pleasant” or “unpleasant” and how we respond
- Yoga as a practice of mindfulness

AGENDA

- Check your vitals
- Centering meditation: Awareness of Breath Meditation (AOB)
- Go around
- Home practice review and reflection (Pleasant Events Chart)
- Health topics
 - Food and Movement as Medicine
 - Healthy Eating Plate
 - Reading Nutrition Labels
 - Serving Suggestions
- Mind-body
 - Introduction to mindful yoga
- Review home practice assignments for coming week (Unpleasant Events Chart)
- Poem
- Healthy meal

WHAT PATIENTS RECEIVE

- Food as Medicine: Follow the Rainbow for a Strong, Healthy Body!
- Harvard School of Public Health, Healthy Eating Plate
- Introduction to Reading Nutrition Labels
- Serving Suggestions
- Gentle Chair Yoga Sequence
- Home practice assignment
- Unpleasant Events Chart
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Read nutrition labels
2. Practice mindful yoga poses
3. Bring awareness to pleasant events

FACILITATION IDEAS: SESSION 4

THE GO AROUND

- In one or two words, share something about your week?
 - Share why you chose those one or two words.

HOME PRACTICE REVIEW

- Ask each participant to share 1 example from their Pleasant Events Chart.
 - How did developing awareness of pleasant events affect your week?
- What did you notice about yourself with the body scan this week?
 - Again, if participants are unable to find time to complete the daily body scan, ask them to brainstorm ways of including this in their routine.

HEALTH TOPICS

- Healthy Eating Plate:
 - Bring paper 9" plates to the group and pass out these plates with a crayon or marker
 - Ask participants to draw a line down the middle of the plate and write in all their favorite vegetables on one side
 - Ask participants to draw a line dividing the other half again and to brainstorm whole grains and healthy protein for each of these sections.
- Servings Sizes:
 - Bring in a tennis ball, deck of cards and dice to have life size demonstrations of how big serving sizes for different food items are.
 - Bring in plastic/paper examples of correct serving sizes of different food items.
 - Demonstrate how these fit on a 9 inch plate
- Reading Nutrition Labels:
 - Ask participants to take out the nutrition labels they brought in
 - Ask participants to go around the circle and ask each participant to share:
 - What is the serving size?
 - How many servings per container?
 - Is this surprising to you? How much do you usually eat of this in one sitting?
 - How many calories are listed on the label?
 - How do we calculate total calories in the package?

APPLY HEALTH TOPICS TO LIFE

- What did you learn today about healthy eating that is most helpful for your life?
- After this discussion, are there eating practices or foods in your household you would like to change when you get home?
- Do you have an action plan for reading more labels and paying attention to serving size in your day to day life?

OWL REMINDER

- OWL Reminder: OWL has a video about vitamins and minerals, audio for the body scan and meditation, and a yoga video.

Follow the rainbow for a strong, healthy body!

Antioxidants

- Protect eye sight
- May improve memory



Found in:
Fresh and frozen berries

Calcium

- For strong bones
- For good muscle function



Found in:
Spinach
(frozen, cooked or raw)
Almonds
Sesame seeds
Yogurt

Magnesium

- Helps turn food into energy



Found in:

Oats
Pumpkin Seeds
Sesame Seeds
Peanuts

Zinc

- Helps children grow properly
- Boosts the immune system



Found in:

Bell Peppers
Broccoli
Oranges
Strawberries

Vitamin C

- Protects cells
- Helps heal wounds
- Prevents sickness

B Vitamins

- Help turn food into energy
- Help detoxify the liver
- Keep emotions stable
- May prevent heart attacks



Found in:

Barley
Brown Rice
Oats
Mushrooms
Rye

Vitamin A

- For healthy eyes
- Helps prevent infections

Found in:

Sweet Potatoes
Carrots
Winter Squash
Spinach

Vitamin E

- Reduces blood clotting
- May lower heart attack risk



Found in:

Almonds
Peanut Butter
Sunflower Seeds
Flaxseeds

Folate

- Prevents birth defects
- May prevent cancer
- Decreases heart disease risk



Found in:

Beets
Beans & Lentils
Leafy Greens

Fiber

- Improves blood sugar control
- Prevents constipation



Found in:

Cabbage
Prunes
Beans & Lentils
Whole Grains

Iron

- For proper growth
- Reduces tiredness
- Helps healing
- Helps prevent sickness



Found in:

Beans
Pumpkin Seeds
Oats

Plan every meal around good health!

Colorful fruits and vegetables help prevent disease.

Have a combination of both cooked and raw vegetables on 1/2 (or more) of your plate.



Try fruits for dessert.



Have a large green salad every day.



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Enjoy whole grains such as brown rice, oats, quinoa, millet, buckwheat and barley on 1/4 of your plate.



Eat fiber-rich legumes such as lentils, peas, garbanzo beans, kidney beans, and chili beans on 1/4 of your plate. (Rinse canned beans to reduce salt.)

Add a small amount of healthy fat daily. This can come from foods like avocado, chia seeds, flax seeds, walnuts, pumpkin seeds, cold water fish and almonds.

Optional: 2-3 ounces of cold water fish, lean poultry, an egg or grass-fed meat may be enjoyed in this category.



HEALTHY EATING PLATE

Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.



The more veggies—and the greater the variety—the better. Potatoes and french fries don't count.

Eat plenty of fruits of all colors.



STAY ACTIVE!

© Harvard University



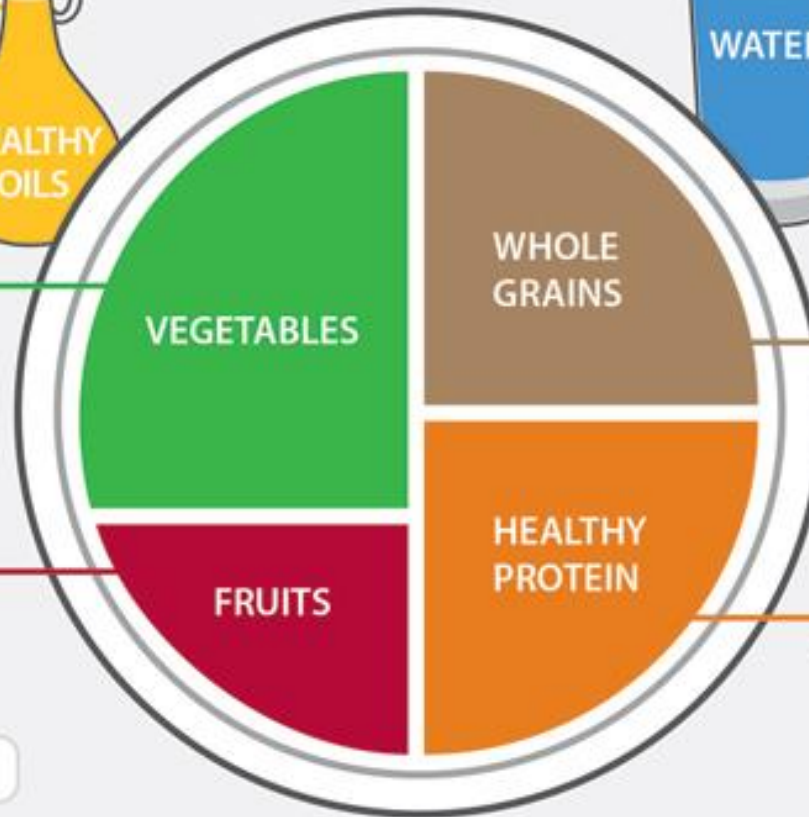
Harvard School of Public Health
The Nutrition Source
www.hsph.harvard.edu/nutritionsource



Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.

Eat whole grains (like brown rice, whole-wheat bread, and whole-grain pasta). Limit refined grains (like white rice and white bread).

Choose fish, poultry, beans, and nuts; limit red meat; avoid bacon, cold cuts, and other processed meats.



Harvard Medical School
Harvard Health Publications
www.health.harvard.edu



INTRODUCTION TO READING NUTRITION LABELS

There is a lot of information on a nutrition label, but the most important information is at the top of every food label. The most important information is **servicing size**, **servings per container** and **calories**.

Serving Size

This is the recommended amount of food one person should consume.

This container recommends 1 cup per person.

Servings Per Container

How many servings are in the package, box, bottle or can.

There are 2 servings in this container.

Calories

This is calories per serving **NOT** servings per container!

For this label, to figure out how many calories are in the whole container you have to do some math:

$250 \times 2 = 500$ Calories per container

Nutrition Facts

Serving Size 1 cup (228g)

Servings Per Container 2

Amount Per Serving

Calories 250 **Calories from Fat 110**

% Daily Value*

Total Fat 12g 18%

Saturated Fat 3g 15%

Trans Fat 3g

Cholesterol 30mg 10%

Sodium 470mg 20%

Potassium 700mg 20%

Total Carbohydrate 31g 10%

Dietary Fiber 0g 0%

Sugars 5g

Protein 5g

Vitamin A 4%

Vitamin C 2%

Calcium 20%

Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total fat	Less than	65g	80g
Sat fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Image credit:

<http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm114155.htm>

Vitamins and Minerals



SERVING SUGGESTIONS

Here is a guide to think about servings using everyday objects.
Next time you have a snack or a meal, see if these images help you think about your portion sizes.

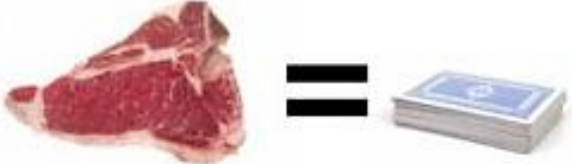
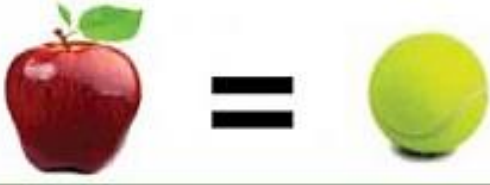





<p>3 ounces of meat is about the size and thickness of playing cards or an audiotape cassette.</p>	
<p>A medium apple or peach is about the size of a tennis ball.</p>	
<p>1 ounce of cheese is about the size of 4 stacked dice.</p>	
<p>½ cup of ice cream is about the size of a racquetball or tennis ball.</p>	
<p>1 cup of mashed potatoes or broccoli is about the size of your fist.</p>	
<p>1 teaspoon of butter or peanut butter is about the size of the tip of your thumb.</p>	
<p>1 ounce of nuts or small candies equals one handful.</p>	 1 oz.

Image Credit: <http://ctsurgeryassociates.com/eating-with-your-hearts-consent/#seven-ways>

What is yoga?

Yoga is a practice that unites the mind, body and spirit through a series of breathing exercises and holding various postures. There are many different styles of yoga and ways to adapt postures for everyone. We will focus on these gentle postures as an introduction to the practice.

Below the standing postures we have offered modifications using a chair. You can still receive the many benefits of practicing yoga in a chair. This may be a more comfortable option for many.

Reminder: Like with any new physical activity, be sure to listen to your body and be mindful of what postures make the most sense for you. Be on the lookout for any sharp pains- discomfort from muscle engagement is ok, but come out of the posture if anything is painful. Feel free to modify and make the postures work for you.



Introduction to Yoga



FACILITATOR SCRIPT FOR LEADING CHAIR YOGA

Please keep the session to 30 minutes

Optional Intro for Facilitators: (~ 1 minute)

Welcome to Chair Yoga. I hope this gentle practice will help you to feel at home in your own body, mind, and spirit.

I invite you to feel an inner smile (in your eyes, corners of mouth, your heart)

You are alive, taking care of yourself and practicing movement and meditation for healing.

Sitting Mountain: (~ 2 min)

Sitting on your chair, planting your feet on the ground at hip distance, knees over ankles. Settling your buttocks, thighs and back into the chair. Stretching your spine up, lifting the crown of your head towards the sky. Softening your face, shoulders, and belly.

Choosing a position to rest your hands (rest in lap, R in L, all fingertips touching to form open bowl or palms down on thighs)

Choosing to have your eyes open, half closed or softly closed. You may open or close your eyes at any time.

Becoming a compassionate witness to your moment-to-moment experience, listening in, settling in.

Connecting to your breath (~ 2 min)

Inhaling through your nose, allowing your belly to expand, exhaling through your nose or mouth, allowing your belly to relax into your spine, feeling the strength and support of your core, center of gravity, breath, balance.

–Inhaling (1, 2, 3) and exhaling (3,2,1)

Optional filler: Imagining your breath as nourishment, as a gentle breeze, as healing energy, opening up space inside.

If you are tired and want to wake up, allowing a tiny pause after each inhale to energize and focus.

If you're restless or anxious, allowing a tiny pause after each exhale to calm down.

Optional filler: Feeling the steadiness and sturdiness of a mountain, rooted to earth & rising to sky. As the inner or outer weather changes

(Life circumstances, shifting emotions, health concerns) you, like a mountain, endure, persevere and live on.

Centering & Circling: (~ 2 min)

From this steady stance, let's begin some gentle movement. Placing your right hand on your belly, the back of your left hand on your lower back, breathing between your hands to hold your core; begin to circle torso around your center, inviting torso to lean to the right, forward, to the left and back to center. Starting with small circles, growing bigger as you breathe slowly.

Bringing your body back to center, switching hands and leaning to the left, forward, right, center. Re turning to center and stillness.

Neck: (~2 min)

Inhaling, lengthening the spine and neck, gazing up (and gently lift chin if comfortable). Exhaling, allowing your chin to drop down toward chest, keeping your back long and straight, letting the weight of the head gently lengthen muscles in the back of neck, taking 3 relaxed breaths. Inhaling to lift your gaze up once more. Exhaling to return to center.

Crossing your hands over heart, resting your hands on your upper chest or tops of shoulders, softening your face, allowing teeth to separate, relaxing jaw. Inhaling to sit tall, exhaling to look right, ahhhh. Inhaling to center, exhaling to look left. Inhaling back to center, exhaling your Right ear toward your right shoulder, releasing tension with tiny nods of your head. Inhaling, slowly returning your head back to center, exhaling your left ear toward your left shoulder, nodding your head gently to release tension. Returning to center slowly.

Rolling your shoulders up toward your ears, then back and down. Inhaling to shrug your shoulders up to your ears, Exhaling as you drop them down, allowing any sighs to release tension.

Feet & Legs: (~ 2 min)

Feeling your buttocks, legs and back supported by the chair. Feeling your feet on the ground, feel your strong core and legs as you begin rolling from heels to toes, Inhaling to lift the heels. Exhaling, dropping your heels and lifting your toes .

Planting your Right foot, slightly lifting your Left leg, circling your ankle in & out. Placing your Left foot back onto the floor, steadying your foot as you lift your right leg slightly, circling your ankle in and out.

Stirring the pot: (~2 min)

Keeping your spine supported by the back of chair or moving slightly forward, planting both feet wider than hips, knees pointing in the direction of your toes. Pressing into your feet and strengthening your legs. Drawing your belly in and up, gently leaning forward with a straight back. Reaching your arms in front of your body, one soft fist on top of other soft fist, Imagining you are stirring a big pot of soup. Slowly stirring to the right a few times. Moving your torso with full deep breaths. Allowing your eyes to follow your hands. Pausing at center, then stirring pot to the left. Stirring and breathing. Return to center, pause

Arms: (~2 min)

Keeping your back pressed into the chair or moving forward on the chair, draw the belly in and up and up and lift through the crown of your head. Allowing your Left hand to rest on your chest, inhaling your Right arm up, as far as it's comfortable. Exhaling to return your right hand to your chest. Inhaling to stretch your left arm as far as it's comfortable. Once more.

*Optional Variation: add opposite leg lift, as R arm lifts, L leg lifts, engaging the core and coordinating arms & legs.

Candle breath: (~ 2 min)

Beginning with palms in Namaste. Inhaling to reach your arms wide, then scooping up, bringing your palms together above your head. (Tracing shape of flame as you imagine gathering healing light, Exhaling, bringing light into your being,

returning your hands to heart. Inhaling your hands up to the sky. Exhaling to release hands, letting your arms float out to the sides and down to your lap (shining the light around and beyond you) Repeating, stretching your arms out then up, bringing your palms together, and returning your hands to heart center. Pressing your palms together and lifting up, releasing arms wide and down, resting hands in your lap.

Earth & Sky

Exhaling, bringing both of your hands to heart center. (Namaste means the light in me honors the light in you)

From Namaste position, Inhaling as you stretch right hand up to sky, left hand down to earth

Pause for a few seconds (elbows gently bend). Exhaling as your return hands to Namaste.

Inhaling as you stretch left hand to sky, right hand to earth, Pause, Exhale return to Namaste.

Butterfly: (1 min) *(balancing R & L sides of brain, feeling the grace and freedom of a butterfly)

Hook thumbs, spread fingers & trace sideways figure 8 in front of you - follow with eyes.

Hamstrings: (~2 min)

Moving toward the front of the chair, planting both feet on ground under your knees. Hold onto sides of chair. Inhaling, pressing your Left foot down, exhaling to slide your Right heel forward, straightening your leg, toes flexing. Inhale, drawing your belly in and up to your spine, lift out of the waist as you exhale, begin to hinge at hips, leading with your chest into a bow forward, gently tuck chin to lengthen neck.

Exhaling, slide your right foot back under your knees, press buttocks to chair, rise up to sit tall. Inhaling and Exhaling to slide you left heel forward, straightening your leg, flexing your toes and hinging at your hips, leading with your chest into a gentle bow. Exhaling as you slide right back under your knees, pressing your feet into the floor, as you rise up. Pause, feeling grounded.

Spine: Arching & Rounding: (2 min)

Moving your hands onto your thighs close to your knees, lengthening your arms. Drawing your belly in and up.

Inhaling as you slowly slide hands toward hips, elbows hugging torso. Lifting the chest and allowing the upper back to gently arch. Exhaling, sliding your hands toward your knees, drawing your belly in and rounding your upper back. Once more.

Inhaling, reaching your hands behind your lower back - palms up resting on the chair. Exhaling, and relaxing your shoulders. Inhaling as you lift your heart, gaze up, and gently arching your upper back. Exhaling to draw your belly in, return hands to thighs and leading with chest into a gentle forward bend. Inhale and Exhale as you rise back to tall sit.

Side Bend: (2 min)

Placing your hands on hips. Inhaling to lengthen your spine. Exhaling to bend Right, pressing both feet equally into the floor, sinking into both buttocks. Inhaling back to center, lengthening your spine before exhaling to bend left. Continuing to keep equal pressure in both feet and buttocks.

*Optional: Place hands on shoulders, or as you lean R, R hand reaching to ground, L hand to sky. Inhaling, returning to center.

Gentle Twist: (2 min)

Bringing your hands to your thighs, lengthening your arms as your hands stretch toward your knees. Inhaling to lengthen your spine from sit bones to crown, exhaling as you slide your Right hand toward your hip, slide your Left hand over Left knee guiding your torso into a gentle twist to the right (feet, knees and hips stay forward) Inhaling, returning to center. Now sliding your Left hand toward your hip, slide Right hand over Right knee, guiding your torso into a gentle twist to the left (feet, knees and hips stay forward). Inhaling to return to center, both hands to your thighs, taking one more deep breath.

Chair Pose: (2)

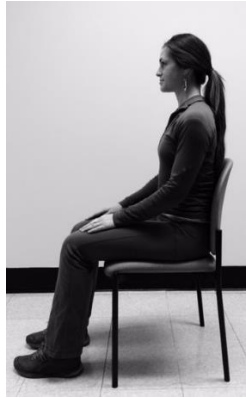
Sitting on the edge of your seat, planting your feet firmly on the ground, directly under your knees. Holding onto the sides of the chair or place hands on your hips, Inhaling to sit tall. Exhaling squeezing buttocks and thighs. Leaning forward slightly, pressing your feet into the ground, feeling your leg muscles strengthening. If you are looking for a deeper stretch, slowly lift your arms from your hips, reaching forward with your hands, lengthening your spine from your hips as you lean forward into your feet, keeping your buttocks glued to the chair. Breathing deeply 3x. Inhale, return to center, honoring effort and ease.

Concluding the sequences:

1. Shimmying the whole body, wiggling from the inside out. Feeling the freedom to shimmy and shake move, uninhibited
2. Breath of Joy (one breath taken in 3 sips, with one exhale, an energizing breath): Inhaling for first sip through the nose, crossing arms in front, inhaling for a second sip of breath reaching arms out, and sipping the third part with hands reaching up. Exhaling out of the mouth with a “ha”! pulling the arms back and down, smiling. Repeating... hands crossing over the heart (1st sip), reaching wide out to the sides (2nd sip) and reaching up above (3rd sip). Exhaling through the mouth as both hands in soft fists pull down to the sides of your body, elbows reaching back. Once more.
3. Smile with gratitude that you practiced yoga today and receive the benefits to your body, mind and spirit. Namaste.

PARTICIPANT CHAIR YOGA GUIDE

Sitting Mountain



1. Sit in the chair with your feet planted at hips distance and your knees over your ankles.
2. Rest your hands, palms down on your thighs or in your lap. Eyes may be open gazing down, half closed or gently closed.
3. Lengthen your spine so your shoulders are directly over your hips and look straight ahead. Pull your belly button in to support your spine.
4. Inhale and exhale here for 5 deep breaths.

Centering and Circling



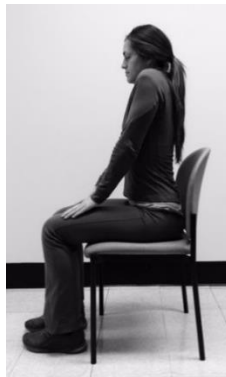
1. Sit upright in your chair with hands on your hips or one hand on your belly and one on your back.
2. Inhale and lengthen your spine.
3. Exhale and lean to the right, forward, left and back to center with your feet planted on the ground and your buttocks on the chair.
4. After circling 5 times, switch directions to circle the opposite way 5 times.

Neck



1. Inhale and lengthen your spine and back of your neck.
2. Gaze up and gently lift your chin.
3. Exhale and allow your chin to drop down toward your chest, keeping your spine long.
4. Let the weight of your head stretch muscles of neck and shoulders.
5. Inhale as you lift up through crown of your head and exhale as you turn your head to the right, looking over your right shoulder.
6. Inhale to center and exhale as you turn your head to the left, looking over your left shoulder.
7. Inhale to sit tall and exhale as you gently drop your right ear towards your right shoulder.
8. Inhale to sit tall and exhale as you gently drop your left ear towards your left shoulder.

Rolling your shoulders



1. Inhale as you lift your shoulders up toward your ears
2. Exhale as you roll them back down.
3. Inhale and exhale while rolling your shoulders 5 times.
4. Switch directions and roll your shoulders the other way 5 times.

Rocking Feet



1. Press your feet into the ground with your back and buttocks supported by the chair.
2. Feel your strong core, drawing your belly toward your spine.
3. Inhale as you lift your heels, pressing into your toes.
4. Exhale, rolling your feet onto your heels and lift your toes.
5. Repeat this five times.

Foot Extensions



1. Plant your right foot and lift the left leg up slightly.
2. Circle your ankle in and out a few times.
3. Plant your left foot and lift the right leg up slightly.
4. Circle your ankle in and out a few times.

Stirring the pot



1. Move slightly forward in your chair and draw your belly in and up.
2. Gently lean forward with a straight back.
3. Plant your feet wider than your hips and point your knees in direction of your toes.
4. Place one fist on top of other and circle your arms and torso, as though you are stirring a giant pot of soup.
5. Breathe fully and circle a few times in both directions.

Arms



1. Rest your left hand on your heart and inhale to stretch your right arm up as far as is comfortable.
2. Exhale to lower your right arm and place it on your heart.
3. Inhale to stretch your left arm up as far as is comfortable.
4. Exhale and release.
5. Repeat this exercise 5 times on each side while breathing fully.

Candle Breath



1. Bring your palms together at your heart center (Namaste position).
2. Inhale and reach your arms as wide as you want, swooping them up over your head.
3. Let your hands come together above your head to touch.
4. Exhale as you press your palms firmly together above your head and lower your hands to heart center.
5. Repeat this motion several times breathing fully.
6. Now reverse the motion
7. Start from heart center, inhaling as you press your palms and bring them over your head.
8. Exhale as your arms float down to your lap.
9. Inhale bring your hands back to heart center and repeat several times breathing fully.

Butterfly



1. Gently hook your thumbs together in front of you and gently stretch your other fingers out.
2. Begin to trace a sideways figure 8 as your eyes follow the movement.
3. Trace the figure 8 with your hands 5 times as you breathe fully.

Hamstrings (back of the leg) Stretch



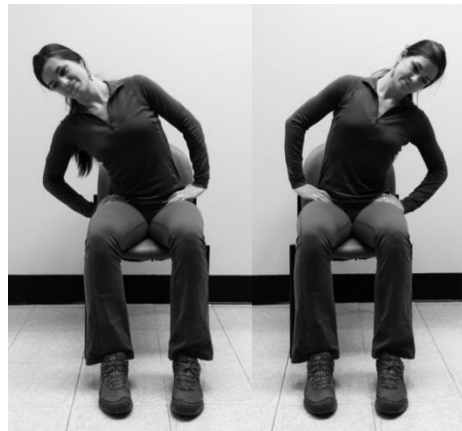
1. Sit slightly forward in your chair, drawing your belly in toward the spine and plant your feet on the ground.
2. Hold onto the sides of the chair and inhale to lengthen your spine.
3. Slide your left foot forward, straighten your leg and flex your foot.
4. Exhale as you hinge at the hips and release your torso into a gentle bow keeping your back straight.
5. Take a few breaths here, exhale as you press into your left foot.
6. Press your hands into the chair to lift back up.
7. Switch sides and repeat the same sequence.

Spine: Arching & Rounding (Cat & Cow)



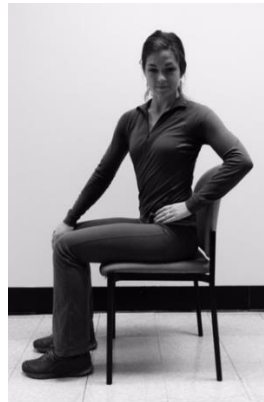
1. Bring your hand to your thighs with your palms facing down.
2. Push your hands out on your legs, close to your knees and lengthen your arms.
3. Draw your belly in and up to feel your strong core.
4. Inhale as you slowly slide both hands toward your hips, elbows hugging your torso.
5. Lift your chest and allow your upper back to gently arch.
6. Exhale as you slide both hands toward your knees and gently round your upper back.
7. Inhale and exhale through these positions 5 times.

Side Bend



1. Place both hands on your hips and inhale to lengthen your spine.
2. Exhale as you bend your torso to the right while you keep equal weight in both feet and buttocks.
3. Inhale as you return to center.
4. Inhale as you sit tall and exhale as you lean your torso to the left.
5. Inhale to return to center.
6. Inhale and exhale through these positions 5 times.

Gentle Twist



1. Bring your hands to your thighs and reach your hands towards your knees.
2. Inhale to lengthen your spine and exhale as you slide your right hand toward your right hip.
3. Put your left hand on your left knee and gently turn to the right.
4. Inhale and return to center.
5. Exhale as you slide your left hand toward your left hip.
6. Put your right hand over your right knee and gently turn to the left.
7. Inhale and return to center.
8. Inhale and exhale through these positions 5 times.

Chair Pose



1. Sit toward the front of your chair with your feet planted firmly with your knees directly over your feet.
2. Hold onto the sides of the chair with your hands on your hips and inhale to sit tall.
3. Exhale as you squeeze your buttocks and thighs and press your feet into the ground and lean forward with a straight spine.
4. Take 5 deep breaths in this extended position.
5. Exhale as you press into your feet and buttocks and come back to sitting.

Closing

1. Finish your chair yoga session with something fun and uplifting
2. Try shimmying, laughing, smiling, breathing, or whatever comes to you that brings you joy in that moment.



MIND-BODY PRACTICE

- Alternate practicing the body scan and yoga every other day, 6 out of 7 days.
 - OWL audio: body scan and yoga
 - You can also watch a video of chair yoga on OWL
- Practice meditation 6 out of 7 days.
 - OWL audio: meditation

DAILY LIFE PRACTICE

- Read nutrition labels for 3 foods. Share any discoveries with the Community on OWL and share with the group next week
- Continue to bring mindfulness to your daily activities.

MANUAL ACTIVITY

- Fill out Unpleasant Events Chart.

HEALTH TOPIC VIDEO

- Vitamins and Minerals
- Yoga

UNPLEASANT EVENTS CHART

Session 4	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Situation							
Body Experience							
Emotions							
Thoughts							

RECIPE OF THE WEEK: BLACK BEAN AND CORN SALAD

Serves 4

This easily prepared salad is a powerhouse of nutrition and flavor for your budget!

Ingredients salad:

- 2, 15-ounce cans black beans, drained and rinsed
- 1, 15-ounce can of corn (no added salt), drained and rinsed (or use frozen, thawed corn)
- 1 large carrot, diced
- 1 red or orange bell pepper, seeded, cored, and diced
- 2 tablespoons chopped parsley or cilantro
- 1 ripe avocado, peeled and diced

Ingredients dressing:

- ¼ cup extra virgin olive oil
- Juice of 1 lemon or lime
- 1 garlic clove, minced
- 1 teaspoon ground cumin
- 1 teaspoon ground chili powder
- ¼ teaspoon ground cayenne pepper (optional)
- ½ teaspoon sea salt



Image credit: www.onceuponachef.com

Preparation:

1. Combine rinsed and drained beans with corn, carrots, bell pepper, and chopped herbs.
2. Whisk together dressing ingredients and splash over salad.
3. Top with diced avocado. Can be eaten immediately, and it gets even better as it sits. Refrigerate leftovers.

Health Benefits: (Source: food user manual)

- ✓ When black beans and corn are combined they have all 9 essential amino acids, creating a complete protein. Complete proteins are the “building blocks” of the body.
- ✓ Plant proteins like beans, whole grains, nuts, seeds and vegetables offer the body a wide variety of nutrients, like healthy fats, minerals, vitamins and compounds called antioxidants, which can prevent disease.

Weather

All our feelings, thoughts and sensations
are like the weather
that passes through, without affecting
the nature of the sky itself.
The clouds, winds, snow and rainbows
come and go, but the sky is always
simply itself, as it were, a container for these passing phenomena.
We practice to let our minds be that sky,
and to let all these mental and physical phenomena
arise and vanish like the changing weather.
in this way, our mind can remain balanced and centered,
without getting swept away in the drama of every passing storm"

-Segal, Williams & Teasdale 2002 Mindfulness Based Cognitive Therapy



"I have great respect for the past.
If you don't know where you've come from,
you don't know where you're going.
I have respect for the past, but I'm a person of the moment.
I'm here, and I do my best to be completely centered at the place I'm at,
then I go forward to the next place."

-Maya Angelou



SESSION 5: OUR BODIES' RESPONSE TO PAIN

OVERVIEW OF SESSION:

This session will begin with a review of the unpleasant events home practice assignment and examining which experiences we are drawn to and label as “unpleasant” and why that is so. Flexibility of mind and the challenges and insights that arise from practicing present moment awareness are re-examined. The group discusses how the body responds to pain and different non-pharmacological treatment options that are available. Facilitators guide a conversation around the concept of “STOP”. The participants complete the mid-point survey at the end of the session.

MBSR THEMES:

- Bringing present moment awareness to unpleasant events: challenges and insights
- Emphasis on mind-body connection, behavior patterns and continuing to develop curiosity and openness to having a different experience

AGENDA:

- Check your vitals
- Centering meditation: Awareness of Breath (AOB)
- Go around
- Home practice review and reflection (Unpleasant Events Chart)
- Health topics
 - Our Bodies' Response to Pain
 - Non-pharmacological Pain Treatment Options
- Mind-body
 - Acupressure
- STOP
- Review of home practice assignments for coming week
- Poem
- Mid-point survey
- Healthy meal

WHAT PATIENTS RECEIVE:

- Our Bodies' Response to Pain
- Chronic pain cycle
- Non-pharmacologic Treatment options
- Acupressure
- STOP
- Recipe
- Midpoint survey

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Explain difference between acute and chronic pain
2. List three non-pharmacological pain management techniques
3. Practice acupressure
4. Bring awareness to unpleasant events

FACILITATION IDEAS: SESSION 5

THE GO AROUND

- What was a discovery reading a food label this week? OR
- How are you feeling today? (Limit responses to 1-2 minutes)

HOME PRACTICE REVIEW

- What was your experience filling out the Unpleasant Events Chart?
 - Ask each participant to share one example from the Unpleasant Events Chart.
- What did you notice about your practice with yoga this week?
 - Continue reiterating importance of consistent home practice.

HEALTH TOPICS

- Brainstorm the differences between chronic and acute pain.
- Brainstorm what happens to the body and mind when in chronic pain.
 - Draw the cycle of chronic pain (p 138 in facilitators guide)
- Give examples of the different pain treatments at each level of intervention.
- Teaching STOP Example:
 - You are driving in the car and the person in front of you stops suddenly. You're mad and frustrated, but then you realize they stopped for a person crossing the street. You can also imagine yourself in the opposite position where you stopped for someone crossing the street and the person behind you is honking the horn non-stop and is extremely frustrated.

APPLY HEALTH TOPICS TO LIFE

- What pain management techniques are most interesting to you?
- Which techniques do you think you can most easily use in your life?
- What goals would you like to set for new ways to manage your pain?

OWL REMINDER

- OWL Reminder: OWL has two videos this week: one about our bodies' response to pain and one about acupuncture. OWL has audio and video for the mind-body practices.

SEE ALSO

- OWL Website Resources Section:
 - Pharmacological Pain Management Options

How do we define acute pain?

Acute pain typically occurs suddenly, and can be very sharp, like pain after a cut or burn, for example. Acute pain typically goes away after the underlying cause of the pain has been treated. Acute pain can also be warning sign for the body. Sometimes acute pain can lead to chronic pain.



© istockphoto.com/azndc

How do we define chronic pain?

Chronic pain lasts longer than acute, generally over three months. Chronic pain is widely believed to be a disease, with known changes in the nerves that get worse with time. Due to its persistence, it can cause major problems in every aspect of a person's life, and is frequently resistant to many medical treatments. A person may even have two or more chronic pain conditions. Among the most common pain challenges for Americans are:

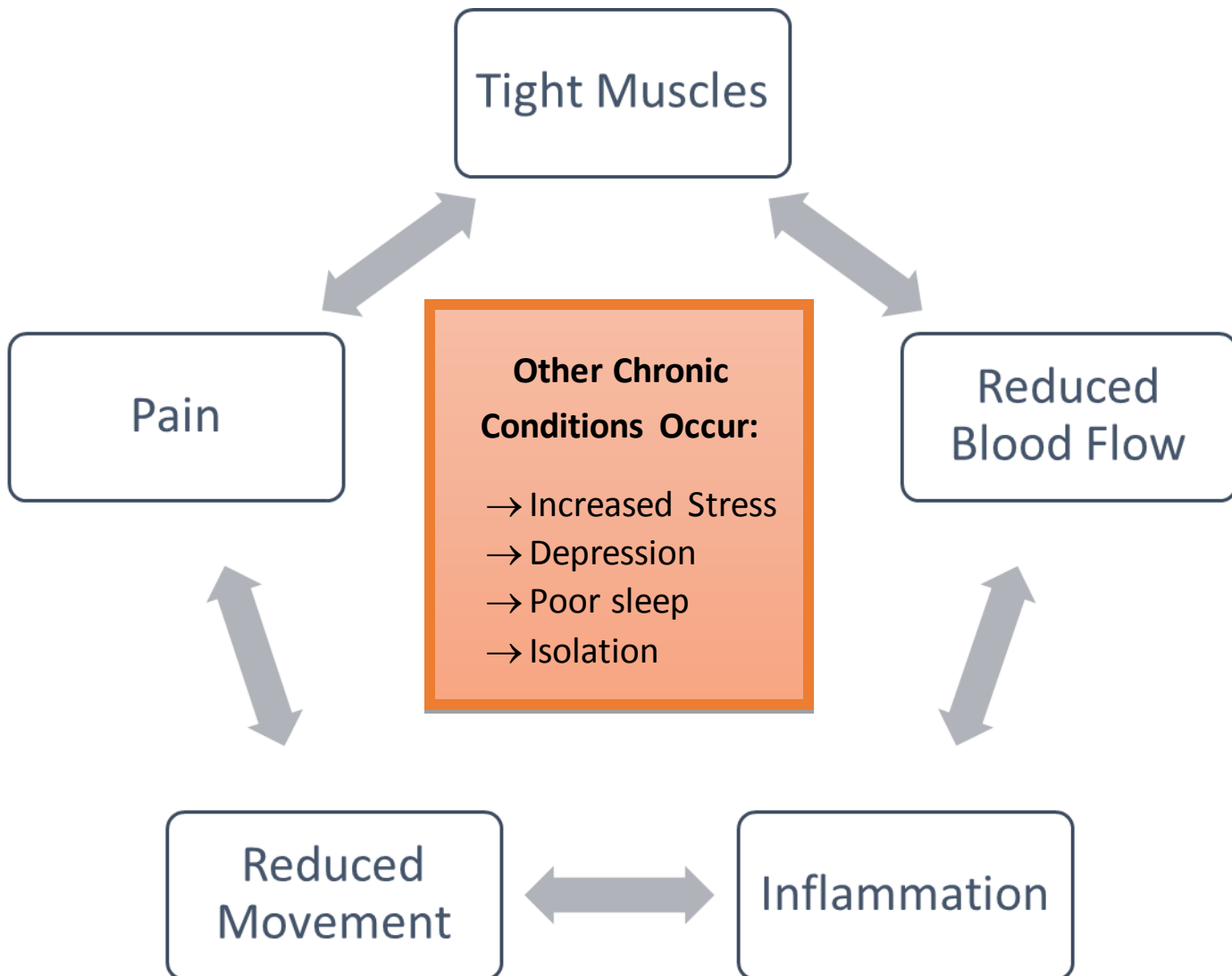
- Headaches
- Low back pain
- Arthritis pain
- Cancer pain
- Nerve and muscle pain

What causes chronic pain?

- ✓ There is no clear cause of chronic pain; it may start with an injury or other cause, but continues after healing has occurred.
- ✓ Chronic pain may occur in a variety of locations in the body and for many different reasons.

Adapted from: Cleveland Clinic and American Chronic Pain Association

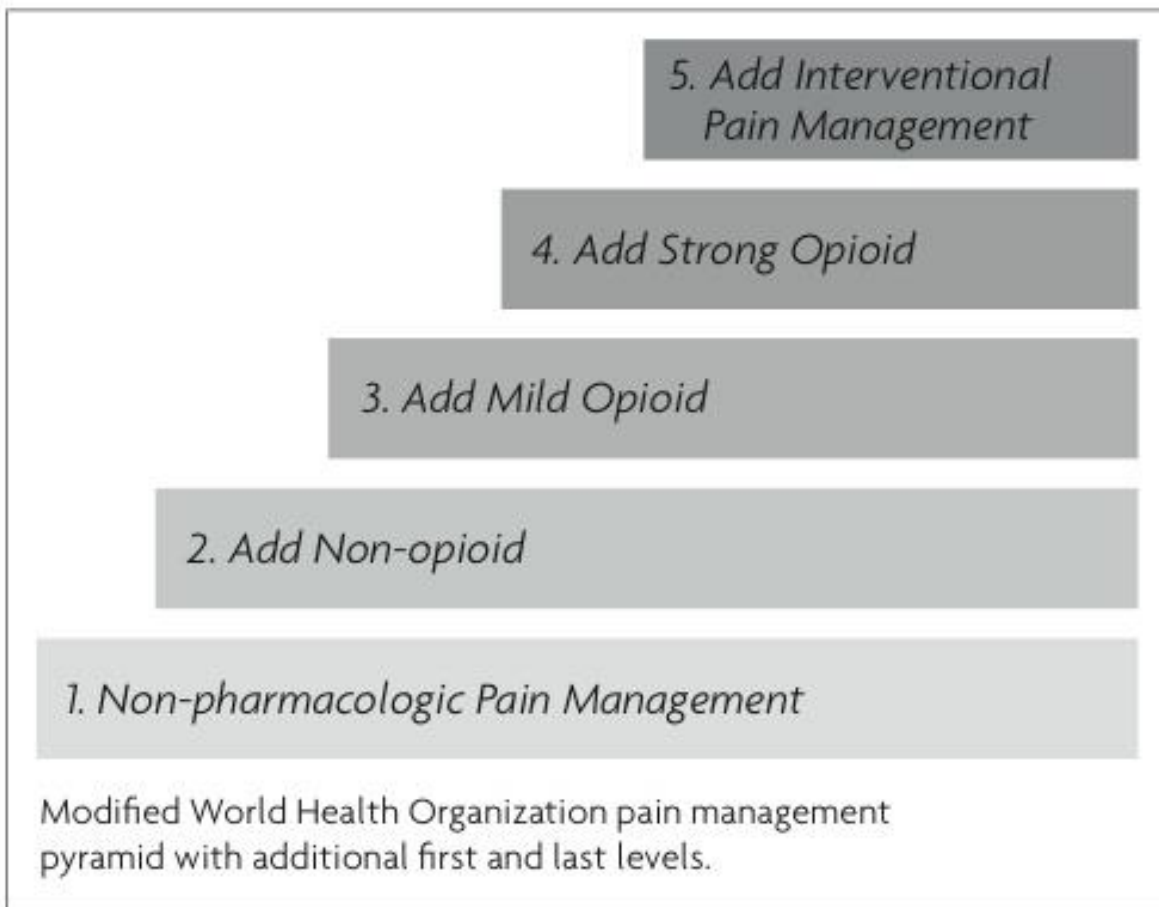
CHRONIC PAIN CAN FEEL LIKE A NEVER ENDING CYCLE:



WHAT ARE SOME TREATMENT OPTIONS?

The goal of treatment is to reduce pain, improve function, and regain the ability to do daily activities. There are a number of treatment options that can help to manage pain and improve quality of life.

- Non-pharmacological techniques and mind-body techniques
- Medication
- A combination of both medication and other techniques



- ***We will focus on non-pharmacologic pain management options.***
- ***Always discuss questions related to your treatment with your provider.***

MIND-BODY APPROACHES TO PAIN MANAGEMENT

Acupuncture: Acupuncture is a treatment based on Chinese medicine -- a system of healing that dates back thousands of years. At the core of Chinese medicine is the notion that a type of life force, or energy, known as qi (pronounced "chee") flows through energy pathways (meridians) in the body. Research shows that acupuncture can be an effective part of a treatment plan for several illnesses and conditions including low-back pain, osteoarthritis, high blood pressure, depression, and anxiety (<http://umm.edu/health/medical/altmed/treatment/acupuncture#ixzz2roiREc00>)

Meditation: Mindfulness meditation is a practice where one focuses their attention on their thoughts and sensations, approaching from a place of non-judgment. Among its many benefits, meditation can reduce stress hormone levels and can reduce many symptoms including pain, anxiety, insomnia, panic disorders, high blood pressure and diabetes (<http://umm.edu/health/medical/altmed/treatment/relaxation-techniques>)



Massage: Massage is a general term for pressing, rubbing and manipulating your skin, muscles, tendons and ligaments. Research has shown that massage may be beneficial for a range of conditions including anxiety, and stress-related insomnia. (www.mayoclinic.org)

Tai chi: Tai chi is an ancient Chinese involving a series of movements performed in a slow, focused manner, accompanied by deep breathing. This graceful form of movement puts very little stress on joints and muscles. It is shown to be very effective for stress management. (www.mayoclinic.org)

Yoga: Yoga is a mind-body practice that combines stretching exercises, controlled breathing and relaxation. Yoga can help reduce stress, lower blood pressure and improve heart

function. It can also enhance your mood and overall sense of well-being, as well as increase balance, flexibility, range of motion and strength. (www.mayoclinic.org)



Supplements: There are many herbal supplements with anti-inflammatory properties including turmeric, green tea, ginger, rosemary, and chamomile. Fish oil can also ease the inflammation and pain caused by many chronic conditions. The dose used in the most convincing research is 2 to 4 grams of DHA + EPA daily. Getting enough Vitamin D daily or taking a supplement has also been linked to reducing chronic pain. (www.webmd.com)

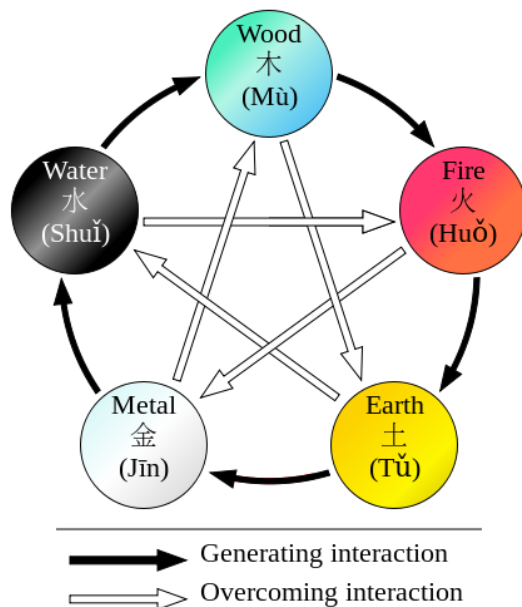


WHAT IS ACUPRESSURE?

Acupressure is a bodywork technique with roots in traditional Chinese medicine (TCM).

To cite the National Center for Complementary and Alternative Medicine, the ancient beliefs on which TCM is based include the following:

- The human body is a miniature version of the larger, surrounding universe.
- Harmony between two opposing yet complementary forces, called *yin* and *yang*, supports health, and disease results from an imbalance between these forces. We each have yin and yang forces within us. Yin forces include feminine and dark forces. Yang includes masculine and light forces.
- Five elements—fire, earth, wood, metal, and water—symbolically represent all phenomena, including the stages of human life, and explain the functioning of the body and how it changes during disease.
- Qi, a vital energy that flows through the body, performs multiple functions in maintaining health. (www.nccam.nih.gov/health/whatiscom/chinesemed.htm)



Traditional Chinese medical theory describes special acupoints, or acupressure points, that lie along energy meridians, or invisible channels, in your body. These points are named after body organs and are numbered along the meridian line. They also have Chinese names. Acupressure targets the same energy meridians as those targeted with acupuncture. It is believed that through these meridians flows vital energy -- qi. It is also believed that 12 major meridians connect specific organs or body parts, organizing a system of communication throughout your body. According to this theory, when one of these meridians is blocked or out of balance, illness can occur. Acupressure and acupuncture aim to help restore balance in the body.

For example, if two people sprain their ankle, one may heal quickly and the other may develop chronic pain. Using TCM, one could say that the person who develops chronic pain has an imbalance in their qi, so they are not able to heal themselves. Once this imbalance is corrected, their body's natural healing mechanisms will begin to work.

Conditions Acupressure can help alleviate

- ✓ chronic pain
- ✓ mental stress
- ✓ migraine headaches
- ✓ tension headaches
- ✓ chronic fatigue
- ✓ fibromyalgia
- ✓ emotional imbalances
- ✓ recovery from addiction
- ✓ nausea and vomiting
- ✓ irritable bowel symptoms
- ✓ hot flashes
- ✓ female infertility
- ✓ insomnia

You can benefit from routine self-acupressure treatments when used in collaboration with appropriate medical care.

Introduction to Acupressure



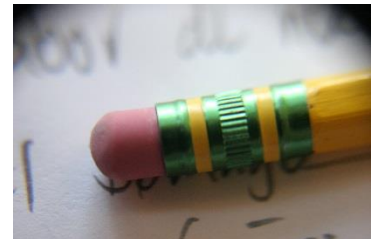
How do I administer Acupressure?

You can learn acupressure and perform self-treatments at home on yourself and others. It is extremely cost-effective. No special equipment is required; the only items a person needs to perform acupressure effectively are their own fingers and/or toes.

It can be performed anywhere and anytime and as often as you like. No drugs are involved with acupressure; hence, there is no opportunity for drug-related side-effects to occur.



- Before applying acupressure it is important to prepare. Wear comfortable, loose clothing. You may want to trim your fingernails. It is best to avoid acupressure immediately after a large meal, and make sure your body is not cold. try to relax in a comfortable position, close your eyes, and breathe deeply. Meditation will develop your ability to feel the effects.
- You can use your hand or other body parts to stimulate an acupoint. The middle finger is often the strongest and most sensitive, and thus the best finger to use. If you prefer, or if it is more comfortable, you can use a blunt object, such as a pencil eraser.
- When applying pressure, do not massage the point. Instead, press firmly enough so that the sensation is somewhere between pleasure and outright pain. You should not be pulling the skin. Instead, push down at a 90 degree angle and imagine the pressure going deep into your body.
- Use the force of your body to get behind your finger so that you do not tire. The amount of force needed depends on the body part. Apply pressure for about two minutes. If your hand gets tired, take a moment to shake it out, then reapply the pressure. Note that this is not a test of strength or endurance!
- You may experience the following sensations. These are common and normal: a pulsation under the acupressure point, pain appears at a different location (this is called referred pain and means that those two points are related), a sensation of energy or a current moving through your body.
- Acupressure points are often tender. Pay attention to the effects that different points have on you. If a point is uncomfortable, move onto another point.
- Sometimes points on opposite sides of the body will have different effects. If symptoms increase, do not use that side or point.



AVOID ACUPRESSURE IF:

- You are seriously injured or have persistent symptoms; instead you should seek urgent medical treatment
- As the only treatment for illness; do not discontinue medications without talking to your primary doctor
- If the point in question is under a mole, wart, varicose vein, abrasion, bruise, cut, or any other breaks in the skin
- If you are pregnant you should see a trained medical acupuncturist before starting any acupressure treatments.

INSTRUCTING ACUPRESSURE:

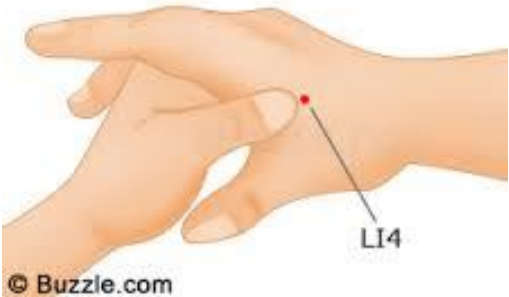

After describing and demonstrating where to find each acupressure point, the facilitator should check in with each participant to make sure they have found the correct location for the acupressure point.

Once everyone has found the correct point, the co-facilitator should lead a guided breathing exercise as everyone holds the acupressure point for one minute.

This process can be repeated as each new acupressure point is introduced.

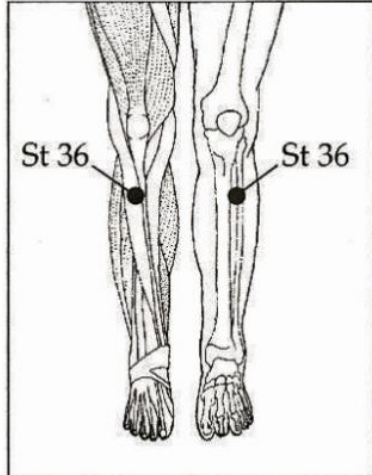
What Are Some of Common Acupressure Points to Learn?

There are numerous acupoints all over the body from head to toe. Here is a list of some commonly used acupressure points and how to locate them for self-treatments.

Acupressure points:	Useful for:
<p>Name: Large Intestine 4 (LI4)</p> <p>How to find: Found by sliding your finger from the knuckle of your index finger towards your wrist stopping in the depression where the thumb and the index finger bones meet and pressing where most tender.</p> <p>Or try this: Push the thumb against the base of the index finger. The point is located on the highest point of the bulge of the muscle, level with the end of the crease.</p>  <p>© Buzzle.com http://www.buzzle.com/articles/pressure-points-for-nausea.html</p>	<ul style="list-style-type: none"> ✓ Stress ✓ Headaches: migraines and tension type ✓ Toothaches ✓ Facial pain ✓ Neck pain ✓ Cold and sinus symptoms ◆ Avoid if pregnant as it can induce labor
<p>Name: Heart 7 (HT7)</p> <p>How to find: Found by sliding your finger across your wrist crease from the thumb side towards the pinky side and stopping when you hit the bone and pressing where most tender.</p> 	<ul style="list-style-type: none"> ✓ Anxiety ✓ Insomnia ✓ Heart palpitations ✓ Depression

Name: Stomach36 (ST36)

How to find: Slide your 4 fingers up your shin against the outer side edge of your bone. Stop when your fingers hit the lower edge of your kneecap. The point is under your pinky. If you are in the right place, a muscle should pop out as you



move your foot up and down.

- ✓ Knee pain
- ✓ Gastrointestinal discomfort
- ✓ Muscle aches
- ✓ Depression
- ✓ Anxiety
- ✓ Health promotion and longevity

Name: Liver 3 (LV3)

How to find: You need to take off your shoe to find this point. Found in a depression by sliding your finger between the first and second toes, until where the tendons meet, on the top of your foot, then press where it is most sore.



<http://www.buzzle.com/articles/how-to-put-someone-to-sleep-using-pressure-points.html>

- ✓ Stress
- ✓ Anger
- ✓ Irritability
- ✓ Headaches
- ✓ Limb pain
- ✓ Insomnia
- ✓ Emotional upset
- ✓ Menstrual cramps

Name: Kidney 3 (KD3)

How to find: This is the squishy space between the inner ankle bone and the Achilles tendon. It is behind the inner ankle bone, in line with the ankle bone.

- ✓ Low back pain from weak knees
- ✓ Ankle pain
- ✓ Heel pain
- ✓ Insomnia
- ✓ Anxiety



<http://www.buzzle.com/articles/how-to-put-someone-to-sleep-using-pressure-points.html>

Name: Kidney 1 (KD 1)

How to find it: Found by sliding your finger along the bottom of your foot between the big toe and the second toe falling into a depression slightly below the bottom of the big toe joint, pressing where it is most sore.

Or try this: Squish your toes down toward the middle of your foot. This point is located in the dimple that results near the middle of your foot.



<http://www.buzzle.com/articles/how-to-put-someone-to-sleep-using-pressure-points.html>

- ✓ Insomnia
- ✓ Poor memory
- ✓ Anxiety
- ✓ Palpitations
- ✓ Hot flashes

Adapted from: <http://www.webmd.com/balance/guide/acupressure-points-and-massage-treatment>

Image credits: www.acupressure.com, www.acupuncture.com, www.chiro.org, www.tcmfe.com



ONE-MINUTE BREATHING SPACE

Haven't there been times when you just needed some "breathing space"?
This practice provides a way to step out of automatic pilot mode and into the present moment.

What we are doing is creating a space to reconnect with your natural resilience and wisdom. You are simply tuning in to what is happening right now, without expectation of any particular result.

If you remember nothing else, just remember the word "STOP".

S – Stop and take Stock

Checking in: Head/Heart/Body

Bring yourself into the present moment by deliberately asking:

What is my experience right now?

Head: *Thoughts...* (what are you saying to yourself, what images are coming to mind)

Heart: *Feelings...* (enjoying, not enjoying, neutral, upset, excited, sad, mad, etc.)

Body: *Sensations...* (actual present-moment sensations, tightness, holding, lightness)

Acknowledge and register your experience, even if it is uncomfortable.

T – "Take" a Breath

Directing awareness to breathing

Gently direct full attention to breathing, to each in-breath and to each out-breath as they follow, one after the other.

Your breath can function as an anchor to bring you into the present and help you tune into a state of awareness and stillness.

O – Open and Observe

Expanding awareness outward

Expand the field of your awareness around and beyond your breathing, so that it includes a sense of the body as a whole, your posture, and facial expression, then further outward to what is happening around you: sights, sounds, smells, etc. As best you can, bring this expanded awareness to the next moments...

P – Proceed / new Possibilities

Continuing without expectation

Let your attention now move into the world around you, sensing how things are ***right now***. Rather than react habitually/mechanically, you can be curious/open, responding naturally. You may even be surprised by what happens next after having created this pause...

Adapted from: www.palousemindfulness.com



MIND-BODY PRACTICE

- Alternate practicing the body scan and yoga every other day, 6 out of 7 days.
 - OWL audio: body scan and yoga
 - OWL video: yoga
- Practice meditation, 6 out of 7 days.
 - OWL audio: meditation

DAILY LIFE PRACTICE

- Be aware of stress reactions during the week while they are happening and without trying to change them in any way.
- If you want, share these experiences with the Community on OWL

MANUAL ACTIVITY

NONE

HEALTH TOPIC VIDEO

- Our Bodies' Response to Pain
- Acupressure

RECIPE OF THE WEEK: CURRIED GREENS WITH LENTILS AND BROWN RICE

4 servings

This dish is filled with plant-based protein, fiber, and calcium to keep your body strong and healthy!

Ingredients

2 cups dried brown lentils
2 bunches kale, chard, spinach or collard greens
1 tablespoon olive oil or coconut oil
1 teaspoon curry powder
1 teaspoon turmeric
1 tablespoon tomato paste
1 medium yellow onion, diced
1 large carrot, diced
2 cloves garlic, minced
½ teaspoon salt

2 cups cooked brown rice



Tools:

- ✓ Cutting board
- ✓ Knife
- ✓ Utensil to sauté greens
- ✓ Large bowl or colander to wash greens and lentils
- ✓ 2 large pots and large skillet

Tip:

- ✓ Only cook greens until they are bright green; flash-sautéing keeps them the most nutrient-dense and flavorful!

Preparation:

1. Making the brown rice: bring 4 cups of water to boil; add 2 cups rice. Bring to a boil again, lower heat and simmer for about 45 minutes, or until rice is tender.
2. In a medium sauce pan, bring 4 ½ cups salted water to a boil. Add 2 cups brown lentils, cover, and reduce heat. Simmer covered for about 20 to 25 minutes, until most of the water has been absorbed.
3. Meanwhile, wash the greens, remove the tough stems, and chop them into ribbons.
4. In a large skillet, heat 1 tablespoon olive oil (or coconut oil) over medium high heat. Add the yellow onion and garlic and sauté until tender, about 3 minutes. Add the tomato paste, curry powder, and diced carrot. Sauté until tender, about 3-5 minutes. Add the greens and sauté for several minutes until tender and bright green.
5. When the lentils are done, add them to the skillet with the greens. Over medium high heat, stir in. Taste, and add additional seasonings as desired.
6. Serve over cooked brown rice.

The Guest House

This being human is a guest house.

Every morning a new arrival.

A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.

Welcome and entertain them all!

Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.

He may be clearing you out
for some new delight.

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
because each has been sent
as a guide from beyond.

-Rumi, Translation by Coleman Barks



“If you are moved to such a degree that you feel the pain,
and that you can feel the tears running down your face,
then you’re looking at an opportunity to make a change,
to make a difference in the world.”

-John Francis (African American environmentalist/founder and author of Planet Walker)

MIDPOINT SURVEY

1. What has gone well so far?

2. What changes would you like to see in the program?

3. What differences, if any, have you noticed in your own life?

SESSION 6: OUR BODIES AND INFLAMMATION

OVERVIEW OF SESSION:

In this session emphasis is placed on developing more effective responses to stressful situations, calling upon the participant's growing capacity to bring awareness to habitual patterns and behaviors. Participants are introduced to how inflammation affects health, with an emphasis on the connection to chronic pain. This session participants are introduced to the longer sitting meditation; there is more silence in the meditation recording to allow the participants to practice more deeply on their own.

MBSR THEMES:

- Shining light on one's conditioned coping methods
- Emphasis on responding versus reacting in stressful situations
- Learning to recognize and respect our full range of emotions as humans

AGENDA:

- Check your vitals
- Centering meditation: Awareness of Breath (AOB)
- Go around
- Home practice review and reflection
- Health topics
 - Inflammation
 - Nutrition Spotlight: Omega-3s
- Mind-body
 - Sitting Meditation
- Review home practice assignments for coming week (Challenging Communications Chart)
- Poem
- Healthy meal

WHAT PATIENTS RECEIVE:

- Our Bodies and Inflammation
- Nutrition Spotlight: Omega-3s
- Sitting Meditation Introduction
- Communications chart
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Describe the relationship between inflammation and pain
2. List three non-pharmacological techniques, such as diet, to reduce inflammation in the body

FACILITATION IDEAS: SESSION 6

THE GO AROUND

- What was a rose and thorn from this week? (Limit responses to 1-2 minutes)

HOME PRACTICE REVIEW

- What did you notice about your stress reactions this week?
 - What was the stressor or stimulus?
 - What was the reaction or response?
- What was your experience with the body scan and yoga this week?

HEALTH TOPICS

- What can you tell me about inflammation?
- Brainstorm the difference between chronic and acute inflammation.
- Brainstorm ways to decrease inflammation.
- Brainstorm what foods are anti-inflammatory:
 - What are antioxidants and what foods are they in?
 - What is fiber and what foods is it in?
 - Spices
 - What are omega-3 fatty acids and what foods are they in?
 - What foods should be avoided?

APPLY HEALTH TOPICS TO LIFE

- What did you learn about inflammation that surprised you or you didn't know before?
- How did learning more about inflammation change how you want to live your day-to-day habits?
- What suggestions/if any did you like from today's talk for reducing inflammation?
- Name one habit in your life that might be causing you more inflammation.
- Do you have a plan for how to try to reduce inflammation?

OWL REMINDER

- OWL Reminder: OWL has a video about inflammation. OWL has audio and video for the mind-body practices.

SEE ALSO

- OWL Website Resources Section:
 - Whole Grains
 - Nutrition 101: How to eat more vegetables and fruits each day

What is inflammation?

Inflammation is the body's way of signaling that something inside of you is hurt or needs attention. Inflammation can be acute (temporary, for instance when you have a scraped knee), or it can be chronic. When inflammation is acute it can help you heal. But when it is chronic it can lead to or aggravate many illnesses. We will discuss ways to help reduce this chronic inflammation.

Acute (temporary) inflammation occurs in the body to help:

- ✓ to fight off infections
- ✓ to increase blood flow to places that need healing
- ✓ to generate pain as a signal that something is wrong with the body



Chronic inflammation is inflammation that:

- ✓ Extends over a longer period of time
- ✓ It can occur in places that we often can't see or feel
- ✓ Can cause significant damage to different parts of the body.

Our Bodies and Inflammation



What causes inflammation?

- ✓ **Acute inflammation** can be caused by temporary injury or infection, such as a sprained ankle, infection, or bruise.
- ✓ **Chronic inflammation** can be caused by poor diet, stress, and lack of physical activity.

Many medical conditions are linked to increased inflammation in the body, *including:*

- ✓ *Chronic pain*
- ✓ *Alzheimer's disease*
- ✓ *Asthma*
- ✓ *Cancer*
- ✓ *Breathing problems*
- ✓ *Type 2 diabetes*
- ✓ *Heart disease*
- ✓ *Diseases where the immune system attacks the body*



WHAT ARE SOME WAYS THAT I CAN DECREASE INFLAMMATION IN THE BODY?

Manage stress levels:

Chronic stress can lead to a compromised immune system. A compromised immune system can contribute to the development of many diseases.

- ✓ When you're feeling tense throughout the day, pause and take 5 to 10 deep breaths.
- ✓ Adopting a daily practice that quiets the mind and body can help us learn how to consciously respond to stressful situations and in turn, reduce inflammation.

References: National Academy of Sciences
Food User Manual, Center for Diabetes and Cardiovascular Wellness, Bastyr University



Get active:

- ✓ **Choose activities that you like and are fun:** dancing, gardening, brisk walks, yoga...
- ✓ **Make it social:** Find an exercise partner to help each other stay on track and motivate each other.
- ✓ **Take the stairs** whenever possible.
- ✓ **Walk an extra stop.** During your bus or subway commute, get off a stop or two earlier and walk the rest of the way!
- ✓ **Set short-term achievable goals** and reward yourself when you reach them!

Adapted from: Harvard School of Public Health, *The Nutrition Source: 20 Exercise Tips*.

Eat a healthy diet:

- ✓ *Pay attention to your intake of saturated and trans fats.*
- ✓ *Increase your intake of plant-based foods and foods high in omega-3 fatty acids (see table on next page).*



Foods to eat more of:

Foods high in omega-3 fats:

- Cold water fish (like salmon)
- Ground flax seeds or flax oil
- Leafy green vegetables
- Tofu
- Walnuts
- Avocados



Foods high in antioxidants:

- Yellow, orange, & red vegetables
- Dark leafy greens
- Citrus fruits
- Black & green teas
- Onions & garlic



Foods high in fiber

- Whole grains
- Whole fruits and vegetables
- Nuts and seeds



Certain Spices

- Ginger
- Rosemary
- Turmeric
- Oregano
- Cayenne
- Clove
- Nutmeg



Foods to avoid:

Foods high in trans- and omega-6 fats

- Red meats
- Dairy products
- Partially hydrogenated oils
- Corn, cottonseed, grapeseed, & peanut oils

Foods high in simple carbohydrates and high glycemic index

- White breads or bagels
- English muffins
- Instant rice
- Rice and corn cereals

Foods with a long shelf life:

Packaged chips, crackers, cookies & candies

Artificial flavors and colors:

Aspartame, FD&C dyes



What are omega-3 fatty acids?

Omega-3 fatty acids are healthy fats that are essential for human health. Our bodies cannot produce omega-3s, so we need to add them to our diet by food or supplement form.



Why are omega-3 fatty acids important for my health?

- ✓ Omega-3 fatty acids support the body in many important ways and may help reduce the risk of several chronic diseases and conditions including heart disease, arthritis, and mood disorders.
 - *Reduce inflammation in the body*
 - *Support cardiovascular health*
 - *Support brain function*
 - *Support skin health*
 - *Support vision*
 - *Reducing high blood pressure*

How do I get omega-3 fatty acids?

- ✓ *Fish (salmon, tuna, halibut, sardines)*
- ✓ *Flax seeds (ground)*
- ✓ *Chia seeds*
- ✓ *Walnuts*
- ✓ *Tofu*
- ✓ *Greens (spinach, kale, salad greens)*
- ✓ *Soybean and canola oil*
- ✓ *Supplement form (flaxseed oil, fish oil, algae, and krill)*



Tips for adding omega 3-s to your diet:

- ✓ *Sprinkle a spoonful of ground flax seeds or flaxseed oil over yogurt or add to smoothies for a boost in fiber and healthy fats!*
- ✓ *Note: make sure to store ground flax seeds in the fridge or freezer; the nutritional benefits breakdown with exposure to heat and they can spoil!*
- ✓ *Add a small handful of walnuts to oatmeal or salads*
- ✓ *Try to add fish to your diet once a week! Note: canned fish is a cost-efficient and nutrient-dense option!*

Reference: University of Maryland Medical Center and Harvard School of Public Health: The Nutrition Source.

SITTING MEDITATION

Preparation:

Sit in a comfortable position that helps you remain alert and relaxed. Your back is comfortably straight. If you prefer, you can sit on a cushion with legs folded. Your hands can be folded together or lay in your lap comfortably. At any time during this meditation if a part of your body becomes uncomfortable such as your legs or back, feel free to bring your attention to that sensation and decide if you wish slowly adjust your posture.

Let's begin:

- Close your eyes or if you prefer to keep them open, lower your gaze
- Having established your posture, shift your attention to your breath.
- Pay attention to your breath;
 - Breathing naturally - Just observe it.
 - Notice the sensation of the air flowing in and out your nostrils
 - Simply being aware of the breath and of the feelings associated with breathing
 - Being totally here in each moment with each breath.
 - Not trying to do anything, not trying to get any place, simply being with your breath.
- Breathing in, I know I am breathing in.
- Breathing out, I know I am breathing out.
- Become aware of the movement of your breath as it comes into your body and as it leaves your body.
 - Moment to moment, being fully present, fully with yourself.
 - Not manipulating the breath in any way or trying to change it.
 - Not trying to do anything, not trying to get any place, simply being with your breath
- Breathing in, I know I am breathing in.
- Breathing out, I know I am breathing out.

If at any time during the meditation you are distracted; when you become aware you are mind is wandering away of others things, people, or the past or what you're going to do next: gently shift your attention back to your breath- without judgment; no right or wrong, simply bring yourself back to your breath whenever you become aware you are focused on something else.

- Having established your awareness of breath, shift your attention to your body
 - Now observe your body
 - Becoming aware of the sensations in your body
 - Feeling your body, from head to toe, and becoming aware of all the sensations in your body – (pause) – sense your body as a whole and complete in this moment.
- Having established your awareness of your breath in your body, now shift your attention to the sounds around you.
 - Listen to all the sounds, pauses and silences without identifying them, or listening to one
 - Hold as many of these sounds as you can hear all-at-the-same-time.

- Continue hearing all the sounds around you without judgment
- Now, allowing the field of your awareness to expand to your thoughts. Try letting your breathing, your body, the sounds around you, and your emotions be in the background and allowing the thinking process itself to be the center of your attention.
 - Being here with whatever thoughts come up in this moment without judging them; without reacting to your thoughts, aware of whatever you're experiencing.
 - Whatever thoughts arise...just observing them...as they arise and float by like clouds in the sky.
 - Naming each thought as it comes up in your mind as a thought and letting the thoughts just come and go, observing them.
 - Knowing that you have choice, if feel unsafe in any way, bringing your attention back to your breathing and your body
- Remember thoughts can take any form, they can be either neutral pleasant or unpleasant
 - If thoughts come up that have strong emotions with them, then just be aware of the feelings being here and letting these thoughts come and go.
 - Regardless of the feeling that a thought might create in you, just try observing it as simply a thought and letting it be here without getting stuck in the feeling it or without rejecting it.
- From the body, your begin noticing your to your emotions
 - Like the clouds in the sky emotions may float through your awareness
 - Being here with whatever feelings come up in this moment without judging them
 - Without reacting to your emotions, aware of whatever you're experiencing.
 - Knowing that you have choice, if feel unsafe in any way, bringing your attention back to your breathing and your body
 - Being here with whatever feelings come up, just be with them without judging them, fully aware of whatever you're experiencing.
- Now, noticing how all of your experiences — breathing, bodily sensations, awareness of sounds, thoughts, and emotions — come effortlessly
- And now shifting your attention back to your breath:
 - Breathing in, my breath is slow.
 - Breathing out, my breath is calm.
 - As the meditation ends,
 - Having gratitude for yourself for taking time to nourish yourself and as you move back into the world, allow the benefits of this practice to expand into every aspect of your life.

Adapted from: Mindfulness Meditation, CD Series 1, Jon Kabat-Zinn

HOME PRACTICE: SESSION 6



MIND/BODY PRACTICE

- Alternate practicing the body scan and yoga every other day, 6 out of 7 days.
 - OWL audio: body scan and yoga
 - OWL video: yoga
- Practice the longer meditation, 6 out of 7 days
 - OWL audio: meditation (long)

DAILY LIFE PRACTICE

- Bring awareness to moments of reacting and explore options of responding with greater mindfulness. Remember to use the breath as an anchor. It's a way to increase your awareness of your usual habits and to slow down to make more conscious choices.
- If you want, share these experiences with the Community on OWL

MANUAL ACTIVITY

- Fill out the Challenging Communications Chart.

HEALTH TOPIC VIDEO

- Inflammation

CHALLENGING COMMUNICATIONS CHART

Directions: Each day, complete the *communication* chart by answering the questions for each box.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Describe the communication. Who was it with? What was it about?							
What did you really want from the person or situation? What did you get?							
What did the other person want? What did they get?							
How did you feel during and after this communication?							

RECIPE OF THE WEEK: RAINBOW SLAW

Serves 4 as side dish

This colorful, nutrient-packed dish offers many benefits for the immune system, digestion, and energy levels!

Ingredients salad:

1 bunch kale, thick stems removed and leaves thinly sliced
4 cups cored and shredded red cabbage (about 1 small head)
2 oranges, peeled and cut into slices (reserve ½ of an orange for the dressing)
1 small red onion, thinly sliced
1 large bell pepper, cored, seeded and thinly sliced
1/3 cup sunflower seeds

Ingredients dressing:

2 tablespoons apple cider vinegar
2 tablespoons fresh squeezed orange juice
2 tablespoons olive oil
1/2 teaspoon ground black pepper



Photo credit: <http://www.wholefoodsmarket.com/recipe/rainbow-kaleslaw>

Preparation:

1. In a large bowl, combine kale, cabbage, orange segments, red onion, bell pepper and sunflower seeds.
2. In a small bowl, whisk together mustard, olive oil, apple cider vinegar and pepper. Pour over the kale mixture and toss to coat. Serve immediately or refrigerate for up to 2 days.

*Tip: soak sliced onion in bowl of cold water for 15 minutes before serving to make sweeter!

Health Benefits

- ✓ Apple cider vinegar has been used for centuries as a healing tonic for the body. Among its many benefits, it reduces inflammation externally and internally. Tip: dilute a splash in 8 ounces of water to soothe the gastrointestinal tract, or add to salad dressing, like in this recipe.
- ✓ Colorful, raw vegetables possess strong anti-inflammatory properties, while ensuring that you are getting a healthy range of vitamins, minerals, and disease-fighting antioxidants.
- ✓ Spare the salt: this nutritious and delicious dressing was made without added salt. Too much sodium in our diets can increase the risk of developing complications like high blood pressure, stroke, and heart disease.
 - Alternative: Experiment with herbs (dried or fresh), spices, and vinegars to make delicious and nutritious marinades and dressings.

Go Among Trees and Sit Still

I go among trees and sit still.
All my stirring becomes quiet
Around me like circles on water.
My tasks lie in their places
Where I left them, asleep like cattle.

Then what is afraid of me comes
and lives a while in my sight.
What it fears in me leaves me,
and the fear of me leaves it.
It sings, and I hear its song.

Then what I am afraid of comes.
I live for a while in its sight.
What I fear in it leaves it,
and the fear of it leaves me.
It sings, and I hear its song.

After days of labor,
mute in my consternations,
I hear my song at last,
and I sing it. As we sing,
the day turns, the trees move.



-Wendell Berry, from Sabbaths 1987 North Point Press

Enough

These few words are enough
If not these words, this breath
If not this breath, this sitting here
This opening to the life
We have refused
Again and again
Until now
Until now

-David Whyte

SESSION 7: APPROACHES TO DEPRESSION AND CHALLENGING COMMUNICATIONS

OVERVIEW OF SESSION:

In this session, participants begin by exploring challenging communication so that more effective and thoughtful strategies based in mindfulness can be learned and applied. Participants will discuss approaches to depression and explore non-pharmacological tools. The facilitator will guide the group in practicing the Loving-Kindness meditation and dialogue about the new experience.

MBSR THEMES:

- Experiencing and exploring patterns of communication
- Knowing and understanding your feelings
- Interpersonal mindfulness: being present of reactions to stressful situations and understanding our communication habits so that we can develop more effective techniques

AGENDA:

- Check your vitals
- Centering meditation: Awareness of Breath (AOB)
- Go around
- Home practice review and reflection (Challenging Communications Chart)
 - Approaches to communication
- Health topics
 - Approaches to depression
 - Nutrition Spotlight: Vitamin D
- Mind-body
 - Loving Kindness Meditation
- Review home practice assignments for coming week
- Poem
- Healthy meal

WHAT PATIENTS RECEIVE:

- Approaches to Depression
- Nutrition Spotlight: Vitamin D
- Loving-kindness meditation
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Name three non-pharmacological approaches to treating depression
2. Practice the Loving-Kindness Meditation
3. Bring awareness to difficult communications

FACILITATION IDEAS: SESSION 7

THE GO AROUND

- When did you use your breath as an anchor this week?
- *Remind participants that there are only two sessions left. Acknowledge that ending the group can be sad but we have created so many positive experiences and connections in this group.*

HOME PRACTICE REVIEW

- What was your experience with yoga and the body scan this week?
- See following page for suggestions leading the discussion on communication. *This discussion is usually longer than most Home Practice Review Sessions. Allow 30 minutes for this and lessen the time spent on the Health Topics.*

HEALTH TOPICS

- What are symptoms of depression?
- How can we address depression?

APPLY HEALTH TOPICS TO LIFE

- What was most useful to you in our discussion about challenging communication?
- What tips about dealing with depression are new to you?
- Do you have any experiences or tips you would like to share about ways you have managed depression?
- What is your action plan for using a new approach to deal with depression?

OWL REMINDER

- OWL Reminder: OWL has a video about approaches to depression. OWL has audio and video for the mind-body practices.

CHALLENGING COMMUNICATION DISCUSSION

Many of our patients experience a lot of stress in their lives because of difficult relationships and communication with friends, family, coworkers and other people encountered in daily life. The goal of the discussion about challenging communication is to increase awareness when faced with a challenging communication. This is a time to reiterate the opportunity to look for the space between stressor and reaction in the hopes of being able choose a response instead of automatically reacting. We hope that by being more aware during challenging communications we can also reduce stress. Use the table on the following page for guidance framing the conversation about communication if needed.

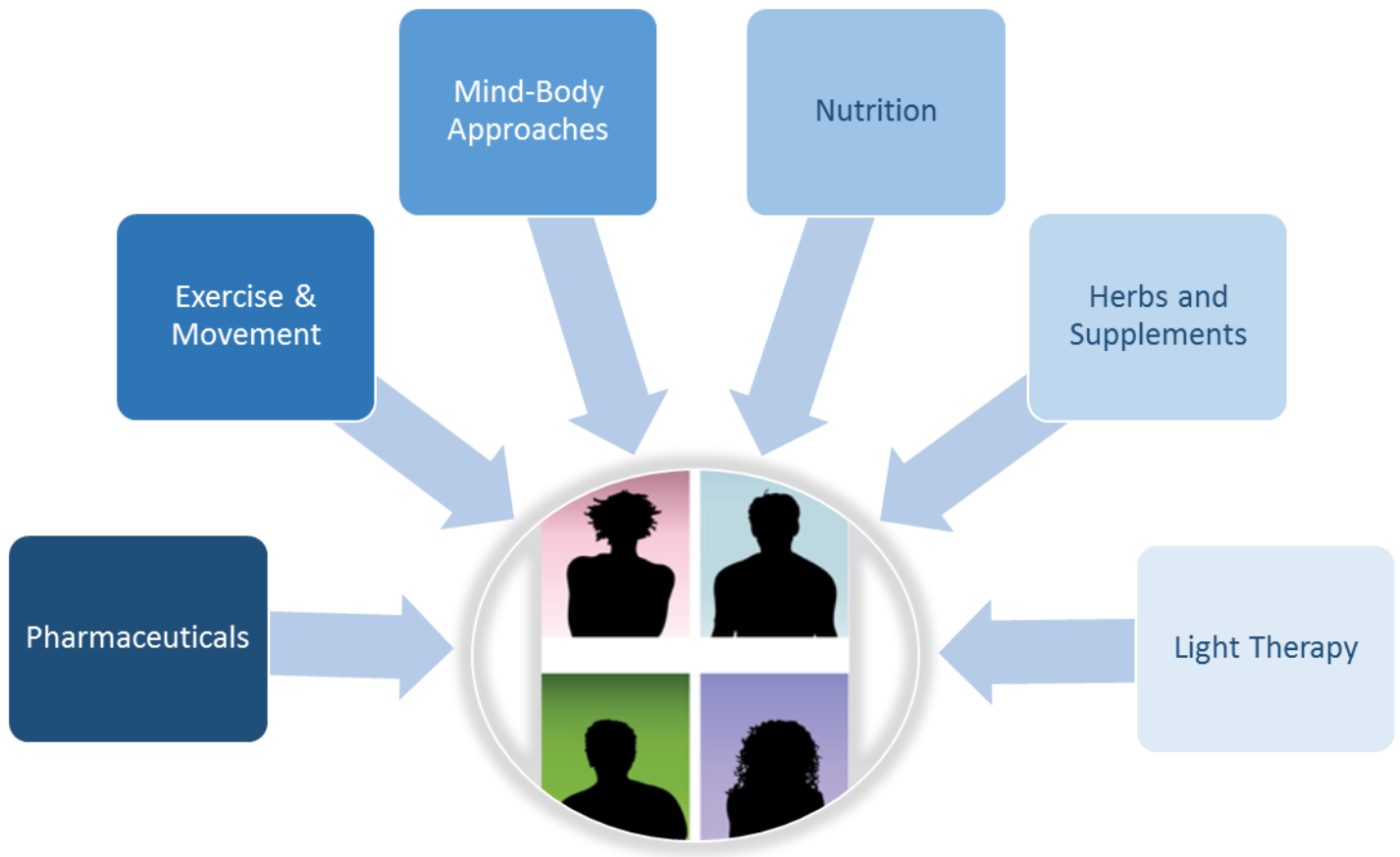
DISCUSSION IDEAS

- Ask each participant to each share a challenging communication they had during the week.
 - Ask participants to reflect on this experience:
 - What was your goal in this situation?
 - How did you feel during this communication?
 - How did you feel after this communication?
 - What was the other person's goal?
 - How do you think they felt during the situation?
 - How do you think they felt after the communication?
- If participants become emotional or distressed while sharing their challenging communication, take this time to breathe deeply together.
 - Often when in the middle of a difficult situation we can feel our stress and tension rise in the body. Sometimes even recounting stressful situations can make us stressed out again.
 - What are ways of calming down and reducing tension?
 - Deep breathing
 - Bring awareness to the part of your body with tension and send breath to that area until you feel release.
- If there is little interest in sharing, use example such as:
 - A roommate/family member keeps leaving dirty dishes in the sink and I keep ending up cleaning all of the dishes. What are different ways to approach this situation?

Passive	Assertive	Aggressive
Your goal: to be liked	Your Goal: to communicate and be respected	Your Goal: to dominate or humiliate
Your feelings: <ul style="list-style-type: none"> • Anxious • Ignored • Disappointed • Resentful 	Your feelings: <ul style="list-style-type: none"> • Confident • Successful • In control • Self-respect 	Your feelings: <ul style="list-style-type: none"> • Controlling • Superior • Self-righteous • Embarrassed or selfish
Your non-verbal behaviors: <ul style="list-style-type: none"> • Using actions instead of words • Downcast eyes • Nodding • Looking uncomfortable 	Your Non-verbal behaviors: <ul style="list-style-type: none"> • Listening closely • Calm and assured manner • Eye contact • Relaxed expression • Communicating caring 	Your Non-verbal behaviors: <ul style="list-style-type: none"> • Showing of strength • Air of superiority • Taking a macho stance • Appearing tense or angry
Outcomes of these behaviors: <ul style="list-style-type: none"> • Avoiding unpleasant situations, conflicts, short-term tensions, and confrontation • Not taking responsibility for choices 	Outcomes of these behaviors: <ul style="list-style-type: none"> • Feeling good and respected by others • Self-confidence improves • Making your own choices • Relationships improve • Getting in touch with feelings 	Outcomes of these behaviors: <ul style="list-style-type: none"> • Getting anger off your chest • Feeling in control • Feeling superior
Others' reactions to this behavior: <ul style="list-style-type: none"> • They feel irritated • They feel frustrated • They think of you as a pushover 	Others' reactions to this behavior: <ul style="list-style-type: none"> • They respect you • They trust you • They value you 	Other's reactions to this behavior: <ul style="list-style-type: none"> • They feel hurt • They feel defensive • They feel humiliated • They feel angry • They feel resentful • They feel fearful

APPROACHES TO DEPRESSION

There are many ways to cope with depression



Any of these approaches can help improve well-being in those with depression

Adapted from: University of Wisconsin, Integrative Medicine Department

What is depression?

Depression is an illness that can interfere with a person's thoughts, feelings, behavior, and physical health. Everyone feels sad, "blue", or "down-in-the-dumps" at times. Depression is different. It can last for weeks, months, or years and greatly interfere with a person's life.

The good news is that for some people, depression can be successfully treated.

How is depression treated?

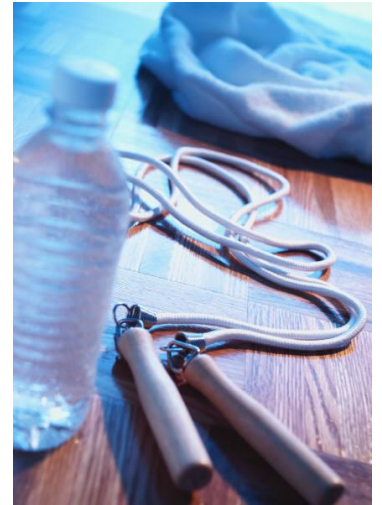
- ✓ There are many approaches and types of treatment for depression.
- ✓ The treatment prescribed will depend on the level of depression (mild, moderate, or severe)
- ✓ Lifestyle and behavior changes (examples include: exercise and movement, nutrition, mind-body approaches, supplements).
 - Prescription medication
 - Counseling/talk therapy
 - Combination of lifestyle changes and prescription medication

It is important to work with your health care practitioner to find the treatment that is right for you. We will focus on non-drug approaches to improving depression.

MIND-BODY APPROACHES TO DEPRESSION

Mind-body approaches consider how the mind, spirit, body and behavior are connected to each other.

Bringing our awareness to the present moment and noticing our thoughts, feelings and sensations can have a very powerful effect on our overall well-being.



Yoga:

Yoga is a practice that unites the mind, body and spirit through a series of breathing exercises and holding various postures. There are many different styles of yoga and ways to adapt postures for everyone.



EXERCISE AND MOVEMENT

Extensive research studies have shown that: “exercise enhances the action of endorphins, chemicals that circulate throughout the body.

Endorphins improve natural immunity and reduce the perception of pain. They may also serve to improve mood... How often or intensely you need to exercise to alleviate depression is not clear, but for general health, experts advise getting half an hour to an hour of moderate exercise, such as brisk walking, on all or most days of the week.” (SPECIAL HEALTH REPORT FROM HARVARD MEDICAL SCHOOL "Understanding Depression").



- ✓ In addition to lifting your mood, regular exercise offers many other health benefits, including;
 - Lowering blood pressure
 - Protecting against heart disease and cancer
 - Maintaining a healthy weight
 - Increasing strength and balance
 - Boosting self-esteem
- ✓ Before starting any new exercise routine it is important to consult with your health care practitioner.

EXAMPLES OF HELPFUL ACTIVITIES:

- **Walking** (being outside has many additional benefits)

- **Lifting weights**

- 20-30 minutes, 2-3 times a week for beginners

Reference: <http://www.livestrong.com/article/359017-how-much-time-should-i-spend-lifting-weights/>



- **Stretching**



- **Jogging**



○ **Swimming/water aerobics**



Tips:

- ✓ If you are new to exercising, begin slowly and over time increase your activity level.
- ✓ Trying different kinds of exercise can help you discover one that you will enjoy; therefore you will be more likely to continue with your practice over time.
- ✓ Group exercise can offer a fun and supportive environment for many.
- ✓ Try not to get easily discouraged: results will build slowly over time, as you develop a routine over time.

OTHER APPROACHES TO DEPRESSION

Helping others and volunteering can build connections with others and make a difference in your community.

Art and Music therapy are ways of expressing thoughts through drawing, painting, clay, knitting and music, which is thought to improve moods and raise self-esteem.



Developing a **spiritual practice** can be helpful for many. This can take many different forms, uniting the individual with a sense of 'oneness' and connectedness.



Light therapy, or phototherapy, consists of concentrated doses of light, at specific wavelengths and intensities. It is important to consult your health care provider before pursuing this therapy to see if it is the right fit for you.



Journaling

Many individuals find that keeping a journal can be beneficial for depression. Some ways a journal may be positive:

- ✓ Can help to manage anxiety
- ✓ Can promote stress reduction
- ✓ Can help to prioritize problems, fears, and concerns
- ✓ Expressing gratitude for positive experiences throughout the day
- ✓ Can provide an space for positive self-talk
- ✓ Can be used to identify negative thoughts and behaviors

Adapted from: <http://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentTypeID=1&ContentID=4552p>



- ✓ The food that we eat is directly related to our mood, behavior, and well-being.
- ✓ When we are stressed, we often crave foods that can make us feel worse over time.

Try to increase:

- ↑ Fruits and vegetables
- ↑ Whole grains, like brown rice, whole wheat cereals, oatmeal...
- ↑ Increasing consumption of omega 3 essential fatty acids, like fish and walnuts.

Try to limit:

- ↓ Refined sugars, high fructose corn syrup, soda
 - Alternatives: honey, maple syrup, agave nectar, sparkling water with sliced fruit
- ↓ Refined carbohydrates (pastries, white bread, white rice)
 - Alternatives: whole grain bread, oatmeal, brown rice, quinoa
- ↓ Caffeine: having too much can make falling asleep harder and increase anxiety levels
 - Alternatives: herbal tea, sparkling water, fresh fruit

Nutritional supplements

The next page shows a few of the supplements which have been proven to help depression. It is recommended that we aim to get these nutrients from the food that we eat, versus in supplement form, because food offers additional minerals, vitamins, and essential nutrients that our body can absorb.



However, if we can't get these nutrients through eating diverse foods, supplements can be a good option for many. Be sure to consult your provider before taking any new supplements.

Omega-3 fatty acids

Research suggests that taking omega-3 fatty acid supplements in addition to prescribed medication may help ease the symptoms of mild depression. Strong sources include fatty fish, such as salmon; walnuts; greens; such as kale and spinach, and certain oils, like canola and soybean (<http://www.hsph.harvard.edu/nutritionsource/omega-3/>).

B vitamins

The body needs B vitamins, in part, to make feel good hormones for the body that help regulate mood. When a person does not have enough folic acid (a B vitamin), depressive symptoms are common.

B vitamins can be found in whole grains, like brown rice, greens, beans and legumes, fish, eggs, and dairy.



Image credit: Google images

What is vitamin D?

- ✓ Vitamins are chemicals that your body needs for good health. They are vital for everyone to ensure that your body works well, is able to fight illness and heal well.
- ✓ Your body can make its own vitamin D from sunlight. You can also get vitamin D from supplements and a very small amount comes from a few foods you eat.



- ✓ The way that vitamins and minerals work in your body is interconnected. How well vitamin D works depends on the amount of other vitamins and minerals that are present in your body.

The other vitamins and minerals needed to help vitamin D work well are:

- *Magnesium*
- *Vitamin K*
- *Zinc*
- *Boron*
- *Vitamin A*

Why is vitamin D important?

- ✓ Vitamin D is important for good overall health and strong and healthy bones.

It is also an important factor in supporting:

- *Immune system, which helps you to fight infection*
- *Muscle function*
- *Cardiovascular function, for healthy heart and circulation*
- *Anti-cancer effects*
- *Respiratory system –for healthy lungs and airways*
- *Brain development*



How do I get vitamin D?

- ✓ Exposure to sunlight for a short period of time
- ✓ Supplement form
- ✓ Small amounts from certain foods, including:
 - *Egg yolks*
 - *Tuna fish*
 - *Salmon*
 - *Fortified milk and orange juice*
 - *Fortified cereals*



Adapted from: vitamindcouncil.org

LOVING KINDNESS MEDITATION

Today we are going to practice a Loving Kindness Meditation

In the loving kindness meditation, after a period of quieting our mind, you will hear me say a few phrases.

If you would like – say those phrases silently to yourself

While you say these phrases to yourself, allow yourself to sink into the intentions they express if you are able.

The meditation's intention is to aid us in wishing ourselves or others happiness, safety, peace, and good health

We will start by directing loving-kindness toward ourselves.

Next we will bring to mind a friend or someone in your life who has deeply cared for us. Then slowly repeat phrases of loving-kindness toward them.

We will bring to mind a family member, friend or someone in your life you deeply care for. It can also be a pet. Then slowly repeat phrases of loving-kindness toward them.

As you continue the meditation, you can bring to mind other people with whom you have difficulty.

Finally, you can bring to mind other people in our community of Earth

You can choose to use either the same phrases I am using, repeating them again and again, or make up phrases that better represent the loving-kindness you feel toward these beings.

Sometimes during loving-kindness meditation, people experience feelings such as anger, grief, or sadness. If this occurs – notice what is happening – you can explore the feelings,

you can shift to noticing the breath, or you can—with whatever patience, acceptance, and kindness you can muster for such feelings—direct loving-kindness toward them.

Above all, remember to take care of yourself and that there is no need to judge yourself for having these feelings.

Where ever you are - sitting or lying down – Lets start our meditation

If you wish you can CLOSE YOUR EYES

- Now notice the pressure of the chair or floor against your body as it supports your legs and back.
- Bring your attention to your breathing
 - Just notice how the breath flows in and out -
 - You don't have to change your breathing -
 - Just let the air come in - and the air flow out –
- Notice where you feel the breath is in your body

- Continuing noticing the breath and all the sensations that it brings
- As you breathe in - notice yourself breathing in,
- As you breathe out - notice yourself breathing out.
 - Moment to moment
 - breathing in and breathing out
 - Be here now in your body with this breath
- Without judgment, just allow yourself to be in this moment –
 - breathing in and breathing out
 - Breathing in
 - Breathing out
 - Breathing normally and naturally
- Just be aware of the breath comes and goes
 - Being aware of how the breath rises on the inhalation and falls on the exhalation
 - There is no place to go – nothing you need to do - just be here – in this moment – with the breath.
- If you notice that your mind starts to wander away from the breath - Just acknowledge this - and gently bring your attention back to the breath
- Now I will say the phrases and repeat them silently to yourself
 - Starting with yourself
 - May I be happy. May I be healthy. May I be safe. May I be peaceful and at ease.
 - Next bring to mind a friend or someone in your life who has deeply cared for us. Then slowly repeat phrases of loving-kindness toward them.
 - May they be happy
 - May they be healthy
 - May they be safe, May they be peaceful and at ease
- Next bring to mind a family member, friend or someone in your life you deeply care for.
 - May they be happy
 - May they be healthy
 - May they be safe, May they be peaceful and at ease
- As you continue the meditation, you can bring to mind other people with whom you have difficulty.
 - May they be happy
 - May they be healthy
 - May they be safe, May they be peaceful and at ease
- Finally, you can bring to mind other people in our community of Earth
 - May the community of Earth be happy
 - May the community of Earth be healthy
 - May the community of Earth be safe,

- May the community of Earth peaceful and at ease

Optional script

- Direct loving kindness to
 - Ourselves
 - Friend or mentor
 - Someone who we feel neutral
 - Someone who we have conflict with
 - May I be free from danger
 - May I have mental happiness
 - May I have physical happiness
 - May I have ease of well being



MIND-BODY PRACTICE

- Alternate practicing the body scan and yoga every other day, 6 out of 7 days.
 - OWL audio: body scan and yoga
 - OWL video: yoga
- Practice loving kindness meditation, 6 out of 7 days.
 - OWL audio: loving kindness meditation

DAILY LIFE PRACTICE

- Pay attention to the food you put in your body: how does your body respond?
- If you want, share these experiences with the Community on OWL

MANUAL ACTIVITY

NONE

HEALTH TOPIC VIDEO

- Approaches to Depression

RECIPE OF THE WEEK: VEGETABLE STIR-FRY WITH BROWN RICE

Serves 4

Ingredients

- 1 package of extra-firm tofu, cut into 1 inch cubes
- 2 tablespoons oil
- 3 cloves of garlic, minced
- 1 inch of fresh ginger, minced (or 1 teaspoon of dried ginger)
- 1 yellow onion, roughly chopped
- 1 bell pepper, roughly chopped
- 2 medium-sized carrots, roughly chopped
- 1 cup of broccoli florets
- 3 tablespoons reduced-sodium soy sauce
- 3 cups cooked brown rice



Image credit: www.marthastewart.com

***tip:** squeeze out as much water from the tofu as possible before cooking so that it browns nicely and absorbs more flavor.

***tip:** marinate the tofu overnight in the fridge or for at least a few hours to increase flavor absorption .

***tip:** add any colorful variety of vegetables that sounds delicious to you! Keep in mind cooking times of individual vegetables as you add them into the stir-fry. For example, root vegetables can take the longest time to cook, versus greens, which should be added at the very end to ensure that they retain their vital nutrients, flavor, and texture.

***tip:** frozen veggies and fruits are an equally nutritious, and often more affordable option! Choose frozen over canned because there is no added sodium to frozen vegetables, and they retain their nutrient density better.

Preparation:

1. In a large skillet, heat the oil over medium-high heat. Add onion, garlic and ginger; stir-fry until fragrant, about 30 seconds.
2. With the heat still on medium-high, add tofu; stir-fry until golden brown, about 2 minutes. Add pepper, broccoli, and carrot; cook, stirring, until veggies are crisp but tender, about 3 minutes.
3. Stir in soy sauce. Serve hot over brown rice.

Health Benefits:

- ✓ Choose “smart carbs” - brown rice, and other whole grains, are loaded with feel-good vitamins, minerals, fiber, and protein. They keep you fuller longer, give you sustained energy, and even contain mood-boosting properties.
- ✓ Plant foods never contain cholesterol.
- ✓ Tofu is an excellent source of protein, is low in calories, and contains compounds that prevent diseases like cancer and heart disease.

Kindness

Before you know what kindness really is
 you must lose things,
 feel the future dissolve in a moment
 like salt in a weakened broth.
 What you held in your hand,
 what you counted and carefully saved,
 all this must go so you know
 how desolate the landscape can be
 between the regions of kindness.
 How you ride and ride
 thinking the bus will never stop,
 the passengers eating maize and chicken
 will stare out the window forever.

Before you learn the tender gravity of kindness,
 you must travel where the Indian in a white
 poncho
 lies dead by the side of the road.
 You must see how this could be you,
 how he too was someone
 who journeyed through the night
 with plans and the simple breath
 that kept him alive.

Before you know kindness
 as the deepest thing inside,

you must know sorrow
 as the other deepest thing.
 You must wake up with sorrow.
 You must speak to it till your voice
 catches the thread of all sorrows
 and you see the size of the cloth.
 Then it is only kindness
 that makes sense anymore,
 only kindness that ties your shoes
 and sends you out into the day
 to mail letters and purchase bread,
 only kindness that raises its head
 from the crowd of the world to say
 it is I you have been looking for,
 and then goes with you everywhere
 like a shadow or a friend.

-Naomi Shihab Nye

“The greatest glory in living
 lies not in never falling,
 but in rising every time we fall.”
 – *Nelson Mandela*



“Do not judge me by my successes,
 judge me by how many times I fell down
 and got back up again.”
 – *Nelson Mandela*

SESSION 8: UNDERSTANDING THE ROLE OF FOOD

OVERVIEW OF SESSION:

In this session, participants will focus on developing self-nourishing behaviors, with an emphasis on the role of food. The facilitator will guide the group in a multi-faceted conversation focused on understanding glycemic index and nutrient density in foods. The class will vote on the mind-body practice: chair yoga or sitting meditation. The class will be concluded with a mindful meal eaten together and dialogue around the benefits of mindful eating. Participants will be reminded that next week is the final session and will begin processing and brainstorming strategies for continuing their practice without the group.

MBSR THEMES:

- Integrating mindfulness practice more fully into daily life
- Reflection on lifestyle choices that adaptive versus those that are maladaptive

AGENDA:

- Check your vitals
- Centering meditation: Awareness of Breath (AOB)
- Go around
- Home practice review and reflection
- Health topics:
 - Sugar
 - Fiber
 - Protein
 - Mindful Eating
- Mind-body
 - Chair yoga OR sitting meditation
- Review home practice assignments for coming week (Goal Development Worksheet)
- Poem
- Mindful meal
- Reminder that next week is the last session

WHAT PATIENTS RECEIVE:

- Nutrition Spotlight: Sugar and My Body
- Nutrition Spotlight: Fiber and My Body
- Nutrition Spotlight: Healthy Protein Sources
- What is Mindful Eating?
- Goals Development Worksheet
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Explain the effects of fiber, protein and sugar on your body
2. Explain the difference between high and low glycemic index foods and name three of each.
3. Define mindful eating and list three benefits

FACILITATION IDEAS: SESSION 8

THE GO AROUND

- What are a few words that describe your week?
 - Share why you chose those words to describe your week.
- *Remind participants that next week is the last session. We acknowledge that ending things is often challenging but it will be great to have closure and share what we have learned over the last 8 weeks.*

HOME PRACTICE REVIEW

- What was your experience with the home practice this week?
- What have you observed about your mood the last couple of weeks?

HEALTH TOPICS

- Sugar and My Body
 - Tell me what you think happens in your body when you eat a donut. What happens to your sugar level? (Draw a spike on the board) How do you feel 30 minutes after eating a donut? OK. So now what happens when you eat something like a bowl of lentil soup? How do you feel? (Draw slow rise of sugar)
 - Bring in food labels with examples of high sugar content (Powerade, Arizona Iced Tea, Cinnamon Toast Crunch, Coca-Cola, Gogurt or Flavored Yogurt)
 - Pass around food labels and have everyone find the grams of sugar and how many servings are in the container. Is this what you expected? How many teaspoons is this?
 - Find the ingredients list and look for the sugar listed. This could be anything ending in -ose. (Write the different examples of sugar in ingredients on the board.)
- What foods have a lot fiber?
 - What are examples of foods with a lot of fiber?
 - Bring in cereal food labels and ask participants to find fiber on the nutrition label.
 - Do you think this is a good amount of fiber for this product?
- What are examples of protein?
 - What are examples of good protein?
 - Use same food labels and ask participants to find protein on the food label.
- Why are some protein sources better than others?

APPLY HEALTH TOPICS TO LIFE

- What is new information or is surprising to you about sugar, protein and fiber?
- Is there a food you would like to try this week after discussing these topics?
- What is one way you can add in more healthy protein (like beans, tofu or chicken) or more fiber (vegetables, whole grains or fruit) to your diet this week?

OWL REMINDER

- OWL Reminder: OWL has a video about understanding blood sugar. OWL has audio and video for the mind-body practices.

SEE ALSO

- OWL Website Resources Section
 - Low Blood Sugar
 - Mindful Eating Advice
 - Mindful Eating Exercise

What is sugar?

Sugar is what our body uses to make energy. All foods raise your blood sugar some but certain foods raise your blood sugar too high too fast and can cause you to gain weight or even get diabetes.

Why is this important?

It is important that we know how food effects our bodies and too much sugar can have a negative impact on our health.

What are whole foods (Low Glycemic Index foods)?

The best foods for our bodies are whole foods that our body processes and digests to break down all the nutrients we need. These foods usually have a low Glycemic Index:

- Fresh and frozen vegetables and fruits (carrots, spinach, apples,, mango, etc.)
- Whole grains (brown rice, whole wheat flour, steel cut and rolled oats, quinoa, etc.)
- Beans (black beans, soy beans, etc.)
- Nuts (walnuts, almonds, cashews, etc.)



What are processed foods (High Glycemic Index foods)?

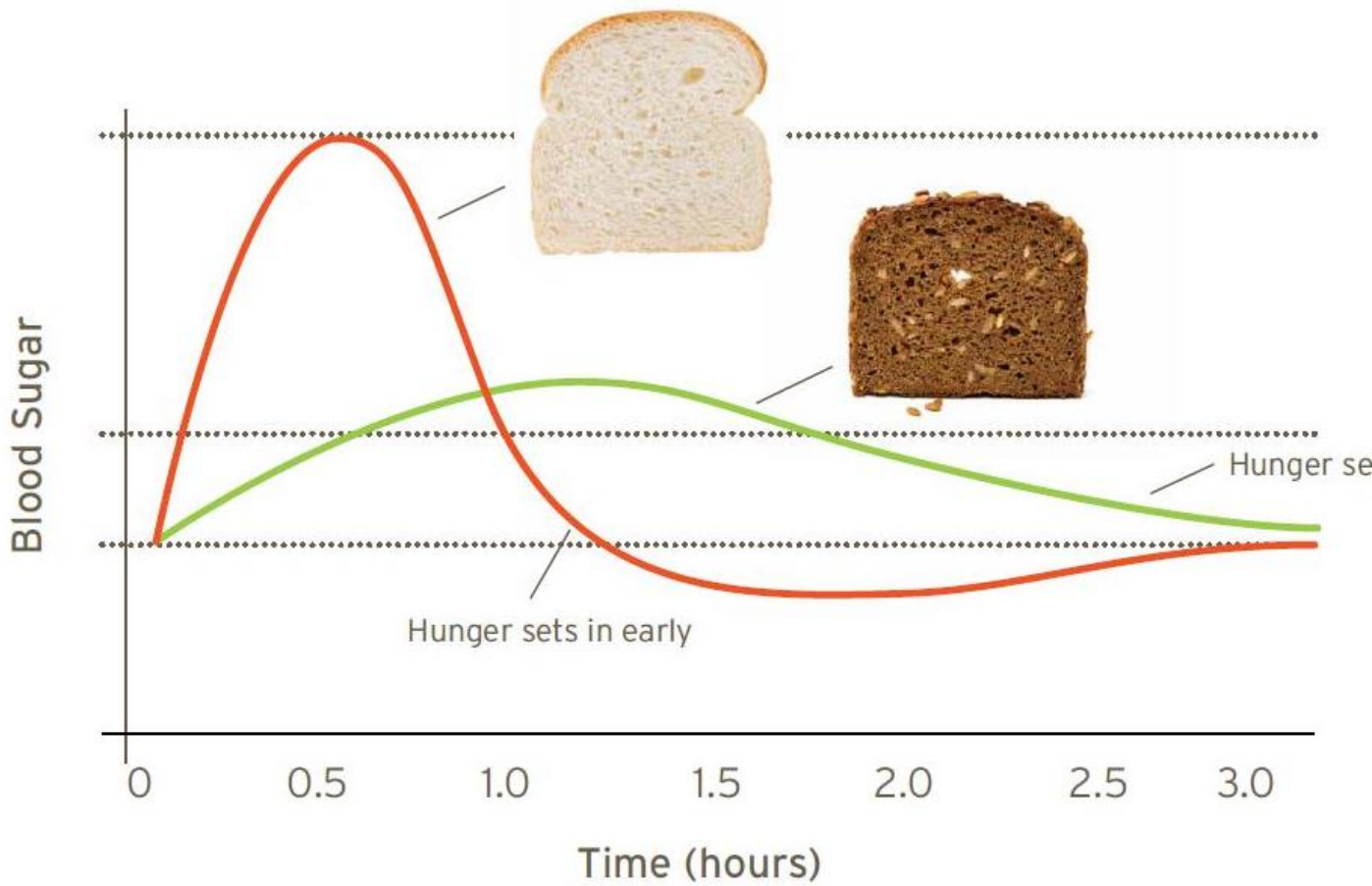
When food is processed instead of whole, factories remove many of the important nutrients we need before it reaches our mouths. When we eat processed food, our body doesn't have the opportunity to use these nutrients since they have already been simplified into sugar.

Foods high in sugar increase inflammation in the body.

- Potato chips
- White bread and white pasta
- Soda and fruit juice
- Fruit roll-ups



HOW THE BODY RESPONDS TO PROCESSED VS. WHOLE FOODS



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Understanding Blood Sugar



HOW MUCH SUGAR SHOULD WE EAT?

An average American eats 150lbs of sugar each year! This is over 5 times the recommended amount!

Finding sugar on a nutrition label:

4 grams of sugar = 1 teaspoon



This nutrition label has:

5 grams of sugar = 1.25 teaspoons of sugar



Ingredients List:

Besides anything labeled as syrup or sugar, anything ending in **-ose** means sugar! (High Fructose Corn Syrup, Dextrose, Sucrose, etc.)

Are you eating too much sugar?

The maximum amount of sugar outside of whole foods (like fruits and vegetables) each day is:

Men: 9 teaspoons per day



Women: 6 teaspoons per day



Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving

Calories 250 **Calories from Fat** 110

% Daily Value*

Total Fat 12g 18%

Saturated Fat 3g 15%

Trans Fat 3g

Cholesterol 30mg 10%

Sodium 470mg 20%

Potassium 700mg 20%

Total Carbohydrate 31g 10%

Dietary Fiber 0g 0%

Sugars 5g

Protein 5g

Vitamin A 4%

Vitamin C 2%

Calcium 20%

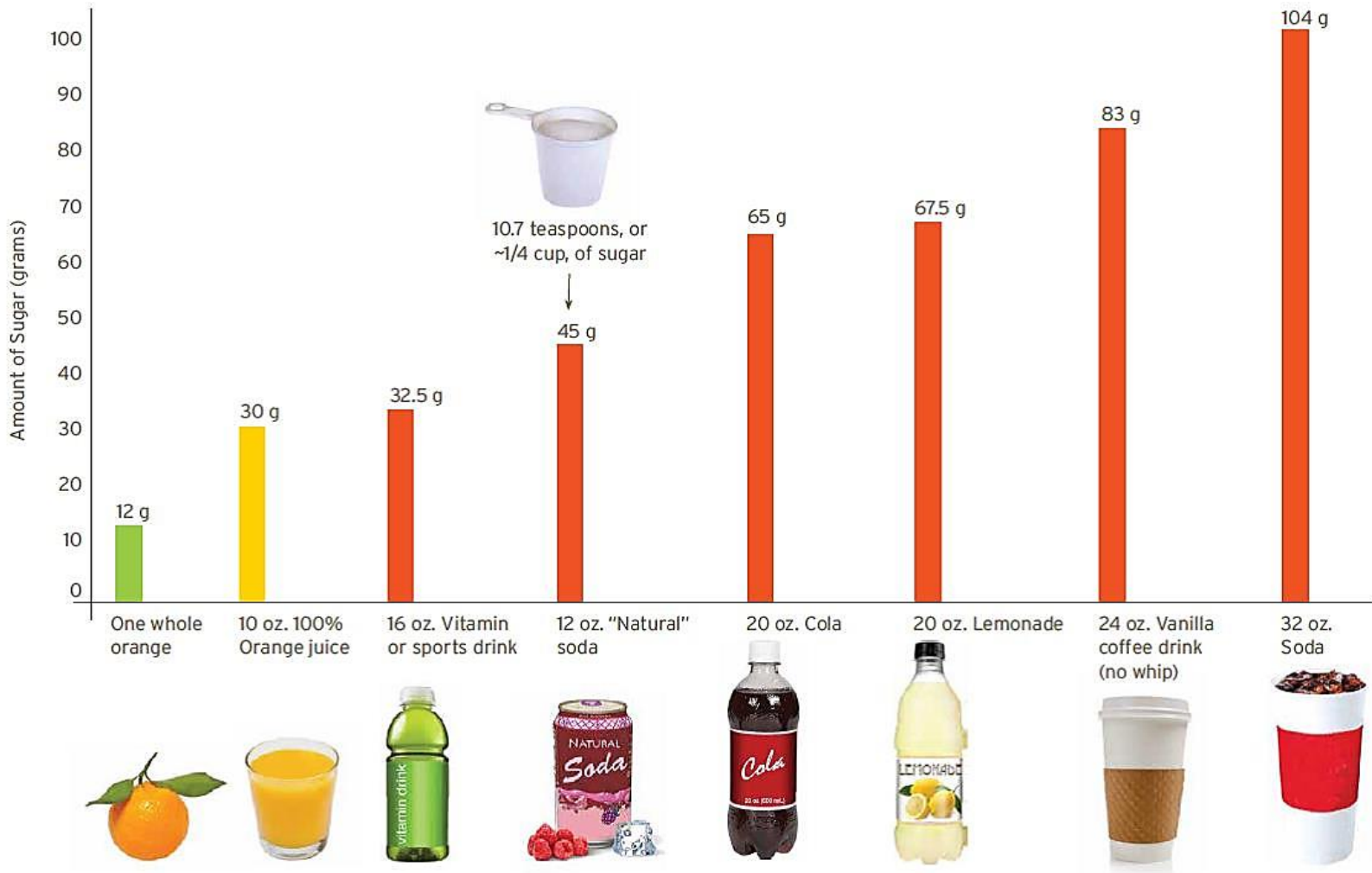
Iron 4%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories:	2,000	2,500
Total fat	Less than	65g	80g
Sat fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Bottom line: Do I need this added sugar?

DRINKS CONTAIN SUGAR TOO!



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What is fiber?

- Fiber is the material in a plant (vegetables, beans, grains and fruits) that our bodies cannot digest. The digestible parts of plants break down into sugar in our body so fiber balances this by adding volume to our meal without causing our blood sugar to spike.

How much fiber should I eat each day?

- It is recommended that children and adults get **20-30 grams** of fiber per day.
 - **Breakfast ideas:** oatmeal; fresh fruit; whole grain toast; whole grain cereal
 - **Lunch ideas:** sandwich on whole wheat bread; salad; chili
 - **Snack ideas:** raw vegetables and fruit; nuts; nut butter on whole grain bread
 - **Dinner ideas:** vegetable stir fry with brown rice; lentil soup; dark leafy greens as a side; a sweet potato with the skin on; a baked apple for dessert

Examples of foods with fiber

			
½ cup = 3.5g	1 cup = 3g	1 apple = 4.4g	1 cup oatmeal = 4g

Why is fiber important?

- Fiber helps with:
 - Weight control
 - Regulating the body's use of sugars
 - Lowering cholesterol
 - Keeping food moving through our digestive system
- Fiber helps to keep us fuller for longer because it is a carbohydrate that the body cannot digest.



Tips for eating more fiber:

- Eating a diverse range of whole grains, nuts, legumes, fruits and vegetables is the best way to ensure you are getting enough fiber each day.
- Incorporate a little at a time: sprinkle a spoonful of ground flaxseed on a smoothie or oatmeal; eat a fresh fruit instead of fruit juice; add a serving of garbanzo or kidney beans to a salad at lunch; exchange brown rice for white rice at dinner time.
- Try substituting beans and legumes (garbanzo, cannellini, black, kidney, soy, pinto, lentils, peanuts, peas...) for meat a few times a week.
- Make smarter snacking choices: peanut butter on whole grain bread; a handful of almonds and walnuts; a handful of carrot sticks and celery with hummus; an apple or other whole fruit

References: <http://www.hsph.harvard.edu/nutritionsource/carbohydrates/fiber/>

What is protein?

- ✓ Protein is our building block for the body and we need it to build muscle and keep our body strong and healthy.
- ✓ Protein can be found in lean meats, fish, beans, dairy, and nuts and seeds.



Why is it important?

- ✓ The body uses protein to maintain healthy hair, nails, skin, muscles, and tissues.
- ✓ When we don't get enough protein we can crave eating sugar and simple carbohydrates.
- ✓ Not eating enough protein can lead to weight gain and decreased lean muscle development.
- ✓ High protein snacks like plain yogurt and nuts can help us to control and maintain healthy blood-sugar levels.
- ✓ Research shows that reducing animal-based protein can lessen our chances of developing many diseases, including diabetes.

How much protein do I need each day?

	Grams of protein needed each day
Children ages 1 – 3	13
Children ages 4 – 8	19
Children ages 9 – 13	34
Girls ages 14 – 18	46
Boys ages 14 – 18	52
Women ages 19 – 70+	46
Men ages 19 – 70+	56

Reference: <http://www.cdc.gov/nutrition/everyone/basics/protein.html>

What are healthy protein sources?

- ↑ **Plant proteins:** provide additional healthy fats, vitamins and minerals, fiber and never contain cholesterol.
- ↑ **Functional proteins:** examples are yogurt and fish, which have beneficial added components like probiotics (healthy bacteria to promote digestion and immune health) and omega-3 fatty acids in fish.



- ✓ **Fish** - salmon, tuna, cod, bluefish, tilapia, sardines...36 grams in 5 oz. salmon.
- ✓ **Eggs**- scrambled, hard-boiled, frittata, over-easy (use small amount canola or olive oil).
Each egg= 6 grams of protein.
- ✓ **Tofu**- 10 grams in ½ cup serving
- ✓ **Beans**- black, pinto, cannellini, garbanzo (chickpeas), soybeans, kidney... ½ cup of black beans has 21 grams of protein
- ✓ **Nuts and nut butters** - almond, walnuts, peanuts, pistachios, and cashews - eat nuts slowly! ¼ cup of almonds= 7 grams of protein.
- ✓ **Seeds**- pumpkin, sunflower, flaxseeds, hempseeds, chia seeds... ¼ cup pumpkin seeds= 14 grams of protein
- ✓ **Lentils**- each cup of lentils is 18 grams of protein
- ✓ **Fruits and veggies**- Avocado= 3 grams per cup
- ✓ **Lean meats** – skinless chicken, lamb, beef, pork...3 oz. of chicken= 27 grams protein
- ✓ **Dairy**- Greek yogurt, milk, cottage cheese, kefir...Each 8 oz. of milk=8 grams protein
- ✓ **Whole grains**- Quinoa, brown rice, barley, buckwheat cereal... ½ cup of buckwheat cereal= 10 grams of protein.

References: *Food User Manual*, R. Bradley & S. Max, 2012; USDA.

What should my meals look like?

- Aim to combine **fiber, healthy fats, and protein** with your **carbohydrates** with **each meal**. This helps to slow down the absorption of sugar in your blood stream.
- Aim to increase your consumption of foods in their whole state: fruits and vegetables with their skin on, whole grains like brown rice and whole wheat bread, beans, raw nuts and seeds.
- **An example of a balanced plate:**
 - $\frac{1}{4}$ of your plate could be a piece of baked fish the size of your palm
 - $\frac{1}{2}$ of your plate could be steamed or roasted veggies or salad
 - $\frac{1}{4}$ of your plate could be brown rice or whole wheat bread
 - A healthy dessert could be a baked pear with some honey and cinnamon.



Image credit:

http://img.webmd.com/dtmcms/live/webmd/consumer_assets/site_images/artides/health_tools/portion_sizes_slideshow/webmd_photo_of_healthy_portions_on_plate.jpg

WHAT IS MINDFUL EATING?

- ✧ A focus on being present and aware of what we put into our bodies.
- ✧ Letting go of judgment and focusing on the HERE and NOW of nourishing body, mind, and spirit.
- ✧ Noticing taste, textures, and sensations.
- ✧ Savoring each bite to get more enjoyment out of your food.
- ✧ Being aware of how the body responds; helping you to eat just the right amount and type of food that you need at that time.
- ✧ Noticing what full feels like for you.
- ✧ Reflecting on where your food came from, who prepared it, and who is eating near you.
- ✧ Focusing on nourishment of the whole self.

WHAT ARE THE BENEFITS OF EATING MINDFULLY?

- ✧ Food becomes more enjoyable as you begin to pay attention to unique textures, flavors and sensations.
- ✧ Eating mindfully slows down the pace of your meals, allowing your stomach to communicate to your brain that it is full. This can support weight loss and healthy weight maintenance.
- ✧ It promotes healthy digestion.
- ✧ You model healthy eating behaviors for your family and community.

Additional helpful resources:



1. University of Wisconsin Integrative Medicine:
http://www.fammed.wisc.edu/sites/default/files/webfm-uploads/documents/outreach/im/handout_mindful_eating.pdf
2. The Center for Mindful Eating. www.tcme.org
3. “The CAMP System: The Joy of Mindful Eating.” www.mindfuleating.org
4. Susan Albers: Eat, Drink, and be Mindful. Written exercises included in book. Website: www.eatingmindfully.com
5. Thich Nhat Hanh. “Mindful Eating.” <http://www.chetday.com/mindfuleating.htm>
6. Karen Koenig: The Rules of “Normal” Eating Website: www.eatingnormal.com
7. Dr. Jan Chozen Bays: “Mindful Eating: A guide to Rediscovering a Healthy and Joyful Relationship with Food.” Includes a CD with exercises.

Adapted from: University of Wisconsin Integrative Medicine, www.fammed.wisc.edu/integrative



MIND-BODY PRACTICE

- Practice any combination of practices 6 out of 7 days (check OWL for audio and videos)
 - Body scan
 - Sitting meditation
 - Chair yoga
 - Loving kindness meditation

DAILY LIFE PRACTICE

- Practice informally; be aware and awake throughout the day.
- Pay attention to what you put in your body and to nutrition labels:
 - What?
 - How much?
 - How often?
- Enjoy one mindful meal.
- Journaling:
 - Eat one high glycemic index food and notice how your body feels afterward. Share these experiences with the Community on OWL.

MANUAL ACTIVITY

- Fill out the Goals Development Worksheet.
- Reflect on your experiences the last 8 weeks.
 - Bring in your favorite poem, quote, photo or piece of art to share with the group or write your own poem if you are feeling inspired.

HEALTH TOPIC VIDEO

- Understanding Blood Sugar

GOAL DEVELOPMENT WORKSHEET

Category	What I'm doing well	Where I need improvement	My goals
<p>Self-Care Examples:</p> <ul style="list-style-type: none"> • Meditation • Write in a journal • Take a bath 			
<p>Exercise and Healthy Eating Examples:</p> <ul style="list-style-type: none"> • Walking • Dance • Eat more vegetables or whole grains • Read more nutrition labels 			
<p>Your own category:</p> <hr/> <hr/>			

While brainstorming goals, keep in mind the following tips for setting successful goals.

S

Specific, significant

- Well defined.
- Clear to anyone that has a basic knowledge of the project.

M

Measurable, meaningful, motivational

- Know when it has been achieved.
- Something you care about and want to achieve.

A

Attainable, achievable

- Know if the goal is possible within the time frame.

R

Realistic, relevant, reasonable, rewarding, results-oriented

- Within the availability of resources, knowledge and time.

T

Timely, tangible, trackable

- Enough time to achieve the goal

References: <http://www.projectsmart.co.uk/smart-goals.php>

RECIPE OF THE WEEK: FRITTATA

Serves 4

Ingredients:

6 eggs
½ teaspoon ground black pepper
¼ cup fresh herbs or 1 tablespoon of dried (such as basil, dill, oregano)
1 tablespoon olive oil
2 cups various vegetables, chopped (such as a combination of chopped greens, onion, broccoli, red or green pepper, mushrooms, or zucchini)
½ cup cheese (optional)



credit: www.thefoodadvicecentre.co.uk

Directions:

1. Pre-heat oven to 425-degrees.
2. Wash and chop mixed vegetables. Set aside in a bowl.
3. In a medium size bowl, using a whisk or fork, blend together the eggs and black pepper. Set aside.
4. Heat a 12-inch, oven safe sauté pan (ideally a cast iron pan) over medium-high heat and add oil to the pan. Add the chopped vegetables and any desired herbs. Sauté for 2 to 3 minutes until soft.
5. Pour egg mixture evenly over sautéed vegetables. Reduce heat to medium and cook for 4-5 minutes without touching until the egg mixture begins to set.
6. Sprinkle cheese over top, if using, and place pan into a 425-degree pre-heated oven. Bake for 8 to 10 minutes, until lightly browned and fluffy. Remove from heat and garnish with remaining herbs. Cut into 4 pieces. Serves nicely with a green salad and/or whole-wheat bread.

Health Benefits:

- ✓ Eggs offer a variety of disease-fighting nutrients that support brain, nervous system, memory, and eye health.
- ✓ Egg yolks are a good source of Vitamin D and protein.
- ✓ Eating a range of vegetables each day offers important sources of many nutrients, including potassium, dietary fiber, folic acid, and a range of vitamins.

Bird Wings

Your grief for what you've lost lifts a mirror
up to where you're bravely working.

Expecting the worst, you look, and instead,
here's the joyful face you've been wanting to see.

Your hand opens and closes and opens and closes.
If it were always a fist or always stretched open,
you would be paralyzed.

Your deepest presence is in every small contracting
and expanding.
The two as beautifully balanced and coordinated
as birdwings.

-Rumi



Love After Love

The time will come
when, with elation
you will greet yourself arriving
at your own door, in your own mirror
and each will smile at the other's welcome,
and say, sit here. Eat.
You will love again the stranger who was yourself.
Give wine. Give bread. Give back your heart
to itself, to the stranger who has loved you
all your life, whom you ignored
for another, who knows you by heart.
Take down the love letters from the bookshelf,
the photographs, the desperate notes,
peel your own image from the mirror.
Sit. Feast on your life.

-Derek Walcott

SESSION 9: WELLNESS REVIEW

OVERVIEW OF SESSION:

In this final session, space is offered for sharing reflective pieces, such as poems, short stories, or art pieces. Participants are guided through a goal setting discussion. Self-massage is discussed. The session is concluded by a graduation ceremony, creating meaningful closure and validating the participant's commitment to self-improvement and healing.

The question of "what next?" often comes up as people are navigating from the safe space of the group and transitioning to bring their new practices into the world.

In order to best be prepared for this group, please:

- Prepare for discussing Goal Setting as the health topic (Goal Setting Tips for Facilitators)
- Review the self-massage protocol
- Think about the specific group and write down any reflections you may have had during your time together that you can share
- Think about each participant individually and maybe jot down a few words so that you can say something personal and meaningful about each participant when handing out the graduation certificates
- Consider bringing a personal item (poem, art piece, etc.) to share.

MBSR THEMES:

- Maintaining discipline and continued meditation practice post-group
- Review supports in place to promote sustainability: recordings, materials, community resources, contacts

AGENDA:

- Check your vitals
- Centering meditation: Loving Kindness Meditation
- Go around: Share poems and reflections
- Home practice review and reflection (Goal Development Worksheet)
- Health topics
 - Goal Setting
 - Wellness Review (Optional)
 - Review Resources Post-Group (Optional)
- Mind-body
 - Self-Massage
- Graduation ceremony and certificates
- Review home practice assignments for next 3 months (OWL)
- Poem
- Healthy Meal

WHAT PATIENTS RECEIVE:

- Wellness review
- Tips for Continued Health and Well-being
- Self-massage
- Graduation certificates
- Goals
- Smoothie recipes

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Set goals for sustaining wellness
2. Practice self-massage

FACILITATION IDEAS: SESSION 9

THE GO AROUND

- How do you feel about this being our last class?
- How do you feel this experience has influenced you? (Limit responses to 1-3 minutes)
- Share your favorite poem or reflection with the group.

HOME PRACTICE REVIEW

- Review “Goal Setting Tips for Facilitators” on next page.
- Can you share one of the goals you came up with this week?
- How was this process of you brainstorming goals?

HEALTH TOPICS/ APPLY HEALTH TOPICS TO LIFE

- Goal Setting (Review “Goal Setting Tips for Facilitators” on next page)
 - Together let’s review SMART goals.
 - Break into pairs to help each other come up with SMART goals (Optional)
 - Fill out your goal setting page in your manual.
 - Share one of your goals with the group (Optional)
 - What are your strategies to achieve this?
- Wellness Review (Optional)
 - Brainstorm a list of the most helpful parts of this course.
 - What pieces of this course will you take with you?
 - What are tips for how to continue to add self-care into your daily life?
- Resources (Optional)
 - You can always visit the Resources page on OWL for many resources.
 - What resources are there in your community that will help you continue to focus on your health?
 - What are ideas to maintain contact with the other group members? (i.e. meet up at the farmers market, host a potluck, start a walking group, etc.)

OWL REMINDER

- OWL Reminder: OWL has two videos this week: one about self-massage and one about staying healthy. OWL has audio and video for the mind-body practices. Also go to the Goal Setting button on the site. Tour the Resources button as well.
- They will have access to all the information from previous sessions on OWL.

SEE ALSO

- OWL Website Resources Section:
 - Mindfulness Resources

GOAL SETTING TIPS FOR FACILITATORS

Through this activity we want to guide participants to set concrete and manageable goals that they can accomplish by Session 10. The home practice from Session 8 asks the participants to fill out the goal development worksheet. The facilitator can use these goals as a way to help the participants recognize how to be most successful in achieving their goals.

It may help to start off by defining the word “goal.” What is a goal? A goal is something we strive to achieve, it takes effort and time to achieve.

You might use the following example:

When January 1st rolls around each year many of us set goals for ourselves (to lose weight, exercise more, quit smoking, eat healthier). But by the next December we may not even remember what those goals were.

You can then outline some techniques that can lead to better success in achieving a goal.

1. **Write the goals down.** This may sound simple but the act of writing down goals is an important first step for success. It creates accountability. You can explain that we want them to log on to OWL and write down their goals there.

2. **State the goal with positive words.** Instead of “I will not stay up late watching TV,” they could write, “I will read quietly for 30min each night before bed.”

3. **Make the goals SMART:**

S = Specific. Instead of “I want to eat healthier” you could write “I will eat 4 servings of vegetables a day”

M = Measurable. Make the goal something that can be measured. For example: “I will eat 4 servings of vegetables a day for at least 5 days a week.” For this example it would be easy get a notebook and write down a check each time you eat a vegetable and see how many days you get 4 checks.

A = Action-oriented. This means their goal is something they can begin to take action on right now. You can help them to do this by encouraging them to use “action verbs” instead of “to be” verbs. For example. Instead of “My goal is to be a healthier eater (a “to be” verb), they could write, “I will eat 4 servings of vegetables every day” (to eat is an action).

R = Realistic. It is good to have big goals. But it also important to pick something that can be achieved right now. A person could be setting themselves up to fail if they have not done any regular exercise for a long time and write down a goal stating: “I will run the Boston Marathon in 2 months’ time.” This doesn’t mean that they can never achieve the goal, but if the marathon is just 2 months away then it may be asking too much. A more realistic goal might be. “I am going to join a gym next week and begin working with a personal trainer.”

T = Time. One of the best ways to keep on track with goals it to set a time limit on them. For example: I will eat 4 servings of vegetables a day for the next 2 weeks.” This way they can track their progress and then after 2 weeks see how they did.

4. **Practice self-compassion:**

We can help the participants to manage their expectations here. It is common to reach the end of the set time period and to not have achieved the goal. That is okay. This is a chance to review what happened and see where things may

have gone wrong. They can then revise the goal (for example: I will eat 2 servings of vegetables every day for 2 weeks) and continue on their journey. If they do achieve the goal then they can decide what the next step will be. Will they start a new goal or will they move forward with this one? For example, you might go up to eating 6 servings of vegetables a day. We can explain that the OWL website is set up for them to constantly be evaluating and reworking their goals.

During this group visit program we have encouraged the participants to avoid self-judgment and to develop love and compassion for themselves. This practice continues to be very important as they work toward their goals.

Setting positive goals for one's life and one's health is a way to keep on a journey of self-discovery and growth. But this journey is not supposed to take place in only one direction. Sometimes you will be making easy and quick steps forward. Other times you will find yourself sliding back into old habits. Other times you may stay still for a while. As long as you continue to practice mindfulness and self-compassion you will find your way. Criticizing yourself or having negative thoughts about yourself can be another source of roadblocks. Compassion, kindness, and mindful meditation can help you see how to remove the blocks.

GOAL SETTING

“Practice and all else will follow”

Now that you have spent the week thinking about what goals you would like to make, we are going to pick three goals that we think we can accomplish in 1 week, 1 month and 3 months.

Keep in mind, that a good goal is SMART:

- **S**pecific
- **M**eaningful
- **A**ttainable
- **R**ealistic
- **T**imely

By **next week** I would like to:

In **1 month** I would like to:

In **3 months** I would like to:

What are obstacles to reaching my goals?

Things I will need to do to achieve my goals?

What can I begin doing tomorrow to work towards my goals?

WELLNESS REVIEW (OPTIONAL)

Where have we been and where are we going?

In the last 8 weeks together, we have learned a lot about the mind- body- spirit connection and how this contributes to your wellness. Today we will review what we have learned and where to go from here.





Together, we have learned about:

- *Stress*- its effect on the body, mind, and emotions.
- *Insomnia*- what it is and strategies for developing healthy sleeping patterns
- The importance of *vitamins and minerals* and how they affect health
- *Yoga* postures to improve flexibility, manage stress, and decrease pain
- *Inflammation* in the body and lifestyle strategies that can help decrease this
- *Pain*- what it is and different approaches to treating it
- *Acupressure* points to reduce pain
- *Depression*- what it is and different approaches to treating it
- *Mindful eating*- the importance of being in the moment with your food
- *Glycemic Index of foods*- what it is and why it matters for our health
- *Self-massage*- its benefits as well as techniques to practice at home

What some things that you have found most helpful about this group?

1. _____
2. _____
3. _____
4. _____
5. _____

What are 5 things that you want to incorporate into your life?

1. _____
2. _____
3. _____
4. _____
5. _____

If you could pass one thing on to someone you love, what would it be?

TIPS FOR CONTINUED HEALTH AND WELL-BEING (OPTIONAL)

1. **Breathe.** When you feel tense, take ten slow, deep breaths in through your nose, out through your mouth.
2. **Spend time with your friends and family.** Share the good stuff.
3. **Stay hydrated.** Aim to drink at least eight glasses of water a day.
4. **Smile** at people that you pass on the street.
5. **Be ok with saying no.** Allow yourself to say no to some requests and Channel your energy into positive opportunities.
6. **Laugh.** See the humor in life and have fun.
7. **Communicate.** Be honest with yourself and others. Ask for what you want. Express your true feelings as they occur.
8. **Eat healthy, nourishing foods for the body, mind and spirit.** Be mindful while eating. Notice feelings and thoughts that arise.
9. **Carve out time in your day to center yourself.** Relax, sit, breathe deeply and quiet your mind.
10. **Make a gratitude list.** Write down three things that are both new and good for which you feel thankful.
11. **Take a bubble bath.** Try scented oils or soaps for aromatherapy.
12. **Clean it up.** Recycle old junk and papers. Cleaning your physical space can help create more emotional and mental space.
13. **Unplug!** At the end of the day, instead of watching TV, surfing the internet or using a phone, take time to reflect on the day and what needs to get done for the next day.
14. **Express and receive love as often as possible** for yourself and others.

15. **Don't be afraid to cry.** Crying is nature's way of releasing toxins from the body, releasing stress, or expressing joy.
16. **Move more.** Walk, stretch, move about. Staying physically active keeps you mentally fit, calm, and at peace.
17. **Be intentional** with your language.
18. **Build community.** Take time in your week to participate in groups or communities that are special to you.
19. **Find a creative outlet and feel good.**
20. **Be forgiving with yourself** and others. Withholding love does not nurture relationships.
21. ***Add your own wellness tips below!***



INTRODUCTION TO SELF-CARE MASSAGE

Massage therapy is a science that has been practiced for over 5,000 years. By applying hand pressure to the muscles, massage therapy relaxes and heals muscles, increases circulation, and allows the mind to become relaxed.

Self-care massage is where you give yourself a massage treatment, while fully clothed, and sitting in a chair to care for sore, achy muscles and to relax. Options are to use lotion or massage oil on arms and hands, unscented for those with sensitivities to scented products.

Enjoy taking care of yourself with these massage techniques and feel free to try them with a friend or family member.

TECHNIQUES FOR SELF-CARE MASSAGE:

Hand massage

1. Begin with massage to the hands- gently rubbing the hands together, to create warmth. Close both hands making a fist, then open them and spread your fingers out like a fan. Repeat a few times making a fist with both hands closed, then open both hands and fan your fingers out.
2. Gently massage one hand, the “receiving” hand, starting on the top of the hand, applying pressure that is comfortable for you. Turn your hand over and massage the palm, pressing into each area, the pads or heel of the hand, the middle and upper palm.
3. Now gently grasp and squeeze each finger, one at a time. Practice mindful breathing as you give your hand a massage, being aware of what you feel and notice as you massage your hand.
4. Now switch hands, and repeat this massage to the “massaging/giving hand.”

Optional: Finish the hand massage by rolling a tennis ball between your hands, clockwise and then counterclockwise.

6. Shake your hands, like after washing them and shaking water off. Rest for a moment. Notice how your hands feel.



Wrist and arm massage

1. Rotate your wrists clockwise and counterclockwise and massage them.
2. Massage your forearm, lower arm, from the wrists to the elbow, gently squeezing each area from wrist to elbow. Continue to the upper arm, gently massage and knead the bicep, the large muscle on top of your upper arm, and the triceps, the muscles beneath your upper arm.
3. Grasp your shoulder muscle and massage, kneading it like bread dough. Then grasp the top of your shoulder, the trapezius, and gently massage, kneading it like bread dough.
4. Repeat on the opposite, "giving" side, beginning with the forearm and moving up the arm.
5. Notice how your arms and shoulders feel now.

Optional:

- Use tennis balls to massage these areas. Hold a tennis ball in the giving hand and roll it over your arms and shoulders. Place the tennis ball in a sock and tie a knot in the sock for more pressure.
- Try using fists, palms, or knuckles instead of fingers alone to massage.



Image credit: www.life123.com

Neck and back massage

1. Knead the back of the neck gently. Form a letter "C" with your "giving" hand and massage the neck. Notice any tension present.
2. Using two tennis balls tied inside a sock, place these on your back, on the large muscles, **not on the spine.**
3. You may sit in a chair with the balls between your back and the chair, or stand against a wall, with the balls between your back and the wall. Move your body from side to side, and up and down, so the balls are giving your back a massage. Or, simply stand or sit still with the balls still and against your back.
4. Notice how you feel.

Leg and foot massage

1. Place a paper towel on the floor and put a tennis ball on the paper.
2. Place one foot on top of a ball and roll your foot over it, massaging your foot. Repeat on your other foot. You can try this with golf balls inside a sock too, if your foot can take the firm, deeper pressure.
3. Hold a tennis ball in hand and massage your legs, thighs, hips, low back and buttocks if you have sciatic pain.
Image credit: www.pacificcollegeblog.com
4. Notice how you feel.



Scalp massage

1. Gently massage the scalp, with fingertips, moving to the temples in front of the ears, the forehead, eyebrows, around the eyes, the cheeks, and jaw.
2. Gently yawn, stretching the mouth open, then make a frowning face, closing eyes, closing the mouth, and tightening the face.
3. Hold a moment, and then open the eyes wide. Breathe in deeply, breath out. Relax.



Image credit: massagetherapy.careerpathblog.com

DISCLOSURE: Always notice areas that are tender to the touch, and stop or **avoid** massaging these areas. Notice if swelling is present and avoid massage there. And **never** massage an area with a bruise or open sore or wound, this could cause more damage to the injured area. If the massage causes any irritation, or increases pain or symptoms already present, then stop.

GRADUATION CEREMONY AND CERTIFICATES

For all groups:

- Ask all participants to share the poem or creative piece they brought in to the group as a part of the go around.
- Present Certificates to participants.

OPTIONS FOR GRADUATION AND CERTIFICATE PRESENTATION:

In addition to each person sharing a poem, facilitators can choose to add other closing activities. Below are several options for additional activities for participants to reflect on their growth throughout the course and mentally prepare to leave the group with a positive mindset.

- Web of Connection
 - Start with a ball of yarn and have everyone stand in a circle.
 - Ask each participant to reflect on a prompt regarding the course (i.e. What is the most important thing you learned in this course? Choose one of your goals to share with the group. Etc...)
 - Respond to the prompt and toss the ball of string to someone in the circle.
 - That person will respond to the prompt, hold onto the string and toss the ball to someone else.
 - Once everyone has a piece of string, reflect on the interconnectedness of the circle.
 - Advise everyone to drop their piece of string at the same time.
- Letter to Future Self
 - Ask everyone to write a letter to their future self in one year.
 - Suggestions for what to include in the letter: advice on how to stay focused on mindfulness practices, motivation for continuing good habits, hopes for where they will be in 1 year etc...
 - Collect all letters and save in a safe place.
 - Mail letters to participants one year later.
- Peer Certificate Presentation
 - This is suggested for groups that have created a very strong connection and bond with each other.
 - Hand out the certificates so that each person has someone else's certificate.
 - Ask that each person think of one positive thing or how they have seen that person grow throughout the group.
 - Ask that one person start and present the certificate they have been given.
 - The person to receive the certificate then presents the certificate they have in hand.
 - Continue in this way until every person has been presented their certificate.

HOME PRACTICE: SESSION 9



DAILY LIFE PRACTICE

Over the next 3 months you will continue to have access to Our Whole Lives (OWL) even though you will not meet for classes.

When you log into OWL over the next 3 months you will be asked to create and maintain goals. You can use the goals you brainstormed in class! Just add the goals you want to try.

You can go to “My Goals” in OWL to select and set your goals.

We hope you set goals you want to do. The website can help you reach these goals.

The purpose of setting goals is to help motivate you to practice self-care, mindfulness, and stress reduction techniques for your well-being!

Let OWL help you continue your journey for health and wellness.

HEALTH TOPIC VIDEO

- Introduction to Self-Massage
- Staying Healthy

MEETING AGAIN!

****Do not forget we will come together again for another session!****

Your next session will be on: _____

In the meantime, please feel free to contact the **(facilitator/RA/MA)** at **(phone #)** with questions or concerns about the program. You will need to resume your medical care with your primary care physician. We welcome your continued feedback at any time.

RECIPE OF THE WEEK: SMOOTHIE RECIPES

Smoothies are a great way to increase your fruit and vegetable intake!

Here are some ideas for ingredients: experiment with mixing and matching to find your favorite combinations.

Fruits:

- ✓ Bananas
- ✓ Berries
- ✓ Pineapple
- ✓ Kiwi
- ✓ Papaya
- ✓ Mango
- ✓ Melons
- ✓ Pears
- ✓ Others...

Vegetables:

Add any veggies that you like raw to the blender!

- ✓ Any greens: spinach, kale, collards, lettuce, swiss chard
- ✓ Grated carrots
- ✓ Grated beets
- ✓ Avocados
- ✓ Cucumber
- ✓ Others...

OR (optional)

You can steam vegetables before adding them to the smoothie:

- ✓ Take a large pot and steamer basket (if you have one) that fits inside.
- ✓ Fill the pot with enough water so that it just barely reaches the bottom of the steamer basket.
- ✓ Steam until tender: all vegetables have different steaming times based on size and thickness.



Image credit: www.marthastewart.com

For Texture:

- ✓ Citrus juice: lemon, lime, orange, grapefruit
- ✓ Milk: dairy, almond, soy, rice
- ✓ Kefir
- ✓ Yogurt: dairy, soy, coconut
- ✓ Nut butters: peanut, almond, cashew
- ✓ Oats
- ✓ Silken tofu
- ✓ Bananas
- ✓ Ice

Wholesome Sweeteners:

- ✓ Honey
- ✓ Agave nectar
- ✓ Maple syrup
- ✓ Stevia
- ✓ Applesauce

There's a Hole in My Sidewalk

1) I walk down the street.
There is a deep hole in the sidewalk
I fall in.
I am lost...
I am hopeless.
It isn't my fault.
It takes forever to find a way out.

2) I walk down the same street.
There is a deep hole in the sidewalk.
I pretend I don't see it.
I fall in again.
I can't believe I'm in the same place.
But it isn't my fault.
It still takes a long time to get out.

3) I walk down the same street.
There is a deep hole in the sidewalk.
I see it is there.
I still fall in...it's a habit
My eyes are open; I know where I am;
It is my fault.
I get out immediately.

4) I walk down the same street.
There is a deep hole in the sidewalk.
I walk around it.

5) I walk down another street.



— *Portia Nelson, There's a Hole in My Sidewalk: The Romance of Self-Discovery*

“Most people have it backwards.
They think they live by what they want.
But what really guides them is what they're afraid of.
What they don't want.”

- *Khaled Hosseini, Excerpt from And the Mountains Echoed*

SESSION 10: PRACTICE FOLLOW UP

OVERVIEW OF SESSION:

In this session, participants learn a mindfulness activity called HOOT and set new goals. Participants are asked to give feedback on how their practices have been going since the end of the group medical visits.

MBSR THEMES:

- Maintaining discipline and continued meditation practice post-group
- Reflection on the experience of the course

AGENDA:

- Check your vitals
- Centering meditation: Sitting Meditation with Choiceless Awareness (from Session 6)
- Go around
- Health topic
 - Give a Hoot!
 - Mindfulness Review
- Set New Goals
- Fence Visualization Meditation
- Poem
- Healthy meal

WHAT PATIENTS RECEIVE:

- Give a Hoot!
- Newly set goals
- Recipe

BY THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

3. Set new goals for continuing their mindfulness practice
4. Use HOOT in everyday life

FACILITATION IDEAS: SESSION 10

THE GO AROUND

We have had 12 weeks to continue our home practices on our own. Today we will review what challenges we have faced and successes we have experienced since the group has ended. *Facilitators should let feedback open up to brainstorming on how to help participants continue their mindfulness practices after the study.*

- How has your home practice been going since the groups have ended?
- What have been the most useful takeaways from this group for you?
- What have been the biggest barriers you have faced since the group ended?
- Are there any resources you've found helpful since the group has ended?
 - Are there other resources you'd like to share with the group?

HEALTH TOPICS/APPLY HEALTH TOPICS TO LIFE

- Facilitate HOOT (see below)
- Brainstorm healthy ways to deal with stress on the board using HOOT.
 - Analogy for HOOT: The game of Pick-up sticks
 - We can only manage to focus on one task/problem at a time with care.
- Transition to review Mindfulness Review through talking about practicing the first "O = Observe/Open" of HOOT.
 - To be able to observe and be open we must continue practicing the mindfulness tools we have learned throughout the group.
- Facilitate Fence Visualization as a transition into revisiting Goal Setting
- Facilitate Goal setting (see below)
- What are ways to continue using these mindfulness tools in your daily life?
- What are the different mindfulness tools we learned in the course?

FACILITATOR SUGGESTIONS FOR TEACHING HOOT

Background on HOOT

HOOT was adapted from a Meditation technique called RAIN. Developed by Vipassana teacher Michele McDonald, RAIN is a tool for interrupting habitual patterns of emotional reactivity or automatic thinking. This is a mindfulness tool that offers support for working with intense and difficult emotions. It can be used anywhere when difficult emotions arise. The goal is to direct our attention to difficult emotions in the present moment, notice and allow these emotions to be as they are, investigate this, and offer kindness to ourselves. The best source we have found for teaching RAIN is Tara Brach's work. There are several links and videos of her teaching this at the end of this section. You may want to look up more information about this concept before teaching HOOT.

Recognize what is happening

Allow life to be just as it is

Investigate inner experience with kindness

Non-identification

HERE IS A HELPFUL WAY TO APPROACH TALKING ABOUT HOOT:

H = Happening

Explain that the H represents – “What is happening inside”. We recognize when we are feeling anxious, scared or in pain. We may feel an urge to react automatically to this feeling without thinking. Our fight or flight response kicks in and we either try to run away from the pain or feeling to make it go away or we might take out the bad feelings on others. This is the fight or flight response.

O = Open to it/Observe

Encourage them to open to whatever they are feeling. Ask, “What you are feeling in your body?” Notice these feelings without judgment. We observe ourselves and our bodies and everything that comes along with these feelings.

O = Offer kindness to yourself

Explain that the O represents, “offering kindness to themselves” This is bringing in self-compassion. It may be helpful to ask people to place their hands on their hearts or where ever they need it in their bodies. We give ourselves kindness and gentleness when we get in touch with what may be the true reason for these feelings. When we are kind, gentle and nonjudgmental we allow what is there to show itself. This exploration can show us what is really causing our emotions and behaviors.

T= Together/Taking time

Our qualitative data has shown that participants feel relief from suffering when they realize they are not alone. When we surround ourselves with people who understand us and who have compassion for themselves and us, our self-acceptance and healing grows. Relax and allow wisdom and understanding to come during this step. Take time to care for yourself.

Imagine you are walking in a park. You see a lovely dog next to a tree. You walk over to pet the dog but when you approach it, it lashes out at you and barks and snaps. You jump back insulted, angry, and afraid. Then you look more closely and see the dog has its foot caught in a drain pipe. It is in pain and lashing out because of this. Once you realize this you feel compassion for the dog.

In moments of negative emotions, behaviors and feelings there are times when we are like this. Underneath our anger or fear or anxiety *there is another layer*. Like the wounded dog in the park. When we recognize we are experiencing sad or angry feelings or pain – we are noticing what is *HAPPENING* in ourselves and we step back to *OBSERVE* this without judgment. Next, by *OFFERING KINDNESS* and compassion we begin the process of healing and lasting change.

This is what we are doing during the “O” – *offer yourself kindness* as part of HOOT. We are being present with all parts of ourselves. We are breathing in, staying present and *allowing* ourselves to see what may be underneath the feelings.

We can become caught in “feelings of unworthiness” where we are always criticizing and judging ourselves. This constant self-criticism can trigger the stress response, also called “fight or flight.” When we are really caught in the immediate stress response to a situation or feeling it can be difficult to achieve this compassion and enhanced awareness. But with the practice of mindfulness and self-compassion we begin to learn how to calm ourselves in the midst of our stress. People sometimes rely on the overly judgmental “self-critic” as a way to improve themselves. But the irony is that *true change comes from self-acceptance*.

Resources

This is a great talk by Tara Brach PHD about RAIN- It is well worth watching

<https://www.youtube.com/watch?v=HdviZ2ISxfc>

Tara Brach PhD. Author of “Radical Acceptance” from interview with NICABM 10/2012

<http://www.lionsroar.com/bringing-rain-to-difficulty-a-guided-reflection-from-tara-brachs-new-book-true-refuge/>

<http://www.tarabrach.com/articles/RAIN-WorkingWithDifficulties.html>

<http://www.yogajournal.com/article/philosophy/let-it-rain/>

Give a Hoot!



Give a HOOT is a tool to learn to figure out what may be causing negative feelings how we can change the way we look at things to feel more self-kindness and healing.

H = Happening

What is happening inside of me? We recognize when we are feeling anxious, scared or in pain. We may feel an urge to react automatically to this feeling without thinking.

O = Open to it/Observe

Open yourself to whatever feelings you discover. We notice these feelings without judgment. We observe ourselves and our bodies and everything that comes along with these feelings.

O = Offer kindness to yourself

We give ourselves kindness and gentleness when we get in touch with what may be the true reason for these feelings. When we are kind, gentle and nonjudgmental we allow what is there to show itself. This exploration can show us what is really causing our emotions and behaviors.

T = Together/Taking time

We are not alone in our pain. When we surround ourselves with people who understand us and who have compassion for themselves and us, our self-acceptance and healing grows. Relax and allow wisdom and understanding to come during this step. Take time to care for yourself.

More ways to give a Hoot!



1. Practice using awareness of the breath.
2. Try to identify signs in your body and emotions.
3. Notice judgmental feelings of liking/disliking and wanting/rejecting.
4. Be aware of how much our moods and reactions to events influence how we feel physically.
5. Be aware of the “Judging Mind.”
6. Be aware of when you are feeling:

Fearful	Fearless
Angry	Joyful
Jealous/Envious	Happy for others
Lazy	Enthusiastic
Low Energy	Infinite energy resources
Agitated	Peaceful
Bored	Engaged
Anxious	Calm
Worried/Insecure	Secure
Greedy	Satisfied
Hateful	Caring

7. Pursuing wellness and mindfulness is an ongoing process of learning and growth!

Adapted from Mindfulness Based Stress Reduction Practicum by Jon Kabat-Zinn

MINDFULNESS REVIEW

Just as the body needs to be exercised regularly so does the mind! Let's go over the mindfulness practices we have learned in this course.

Meditation

- Meditation allows you to relax and focus on the present moment.
- Be aware of the breath in and breath out and any of the sensations in the different regions of the body. Hear silence and sounds.
- Observe the thoughts and feelings as they come in and out of your mind. When you notice the mind has drifted into fantasy or planning dinner, gently bring it back to alert attention of the present moment.

Gratitude Journal

- Writing down 3-4 new things you are grateful every day is powerful.
- You may find yourself feeling more positive and happier the longer you do this.
- Pay special attention to your first thought of the day. Try to start each day by setting a positive intention for the day.

Mindful Eating

- Try eating with greater awareness and more slowly.
- Try eating in silence without watching TV, reading the newspaper or have your family all eat one meal a week mindfully in silence.
- Think about: Where did your food come from? Are you eating to satisfy a craving or just for the taste? Are you eating to nourish your body? How processed is it?

Body Scan

- The body scan allows you to have a sense of comfort with yourself in your own skin.
- You have the skill to scan your body with precise and concentrated attention.
- Slowly focus on observing different parts of your body and the sensations you are feeling.
- When you notice tension in specific parts, bring curiosity and non-judgmental awareness to the sensation and watch how it may change.

Yoga

- Yoga allows you to stretch and strengthen your body and relax.
- Move through the postures you have learned in class with and without the CD.
- Explore different positions that feel good for your body or mix up the sequence you have been practicing.

Acupressure

- Acupressure can be used to treat pain, depression, anxiety, stress and other medical issues.
- Remember to use slow, mindful belly breathing while you are applying acupressure.
- Apply pressure to an acupressure point for 30 seconds – 2 minutes.

Self-Care Massage

- Self-care massage can help with pain, relaxation and circulation by applying pressure to your muscles.

- Remember to use slow, mindful belly breathing while you are applying self-massage

FENCE VISUALIZATION MEDITATION

Start with breath and awareness

Visualize yourself outside in a grassy field

Look around notice the colors

The feel of the breeze

Any smells

Look out toward the horizon—what does it look like?

Now, notice that there is a fence in front of you

Go up to it

Notice what it's made of

What color is it?

How high is it?

Now you see that there is a way to get to the other side of the fence

Maybe you see a ladder, or maybe it's a door.

Whatever comes to you...

Notice the details of your way through.

What is it made of?

What color is it?

Is it old? New?

If it's a ladder, how long is it?

If it's a door, does it have a latch? What does it look like?

Is there anything attached to it?

Now you can use this to get safely to the other side of the fence.

What do you find there?

What can you see out toward the horizon?

Once you get there, take some time and look around

What is it like?

Run around and play and have some fun if you want to

Take a deep breath

Feel the chair under you supporting you

Feel the air on your skin

Hear the sounds around you in the room

Put your hands over your eyes

Slowly open your eyes and then slowly lower your hands

Slowly notice color and shape around you and come back to the room

[We suggest not reading this as part of the meditation, but instead leaving the visualization open to interpretation by participants. Optional whether to incorporate in debrief below]:

The fence represents your barriers

The ladder or door is your support system

The other side of the fence is your future

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Options for Debriefing:

1. Facilitate a group discussion:
 - a. What did your field (fence, door or ladder) look like?
 - b. What did the fence represent for you?
 - c. How did you cross the fence? Was this challenging or easy?
 - d. What was beyond the fence? What did you do on this side of the fence?
 - e. What do you think was the purpose of this visualization?
2. Ask participants to quickly write down what happened/what did you see/what did you learn?
3. Break up into pairs to discuss what you saw and what that experience was like.

FACILITATOR GUIDELINES FOR REVISITING GOALS

As we did in the goal section in session 9 we can take the time here to remind them that this is a journey and it is normal for there to be both successes and setbacks.

If a goal does not work out how they thought it might, then they can ask themselves a few questions:

- Was this goal realistic?
- If it is realistic then what do you need in order to be successful?
- If it is not realistic then what is blocking you for achieving the goal?

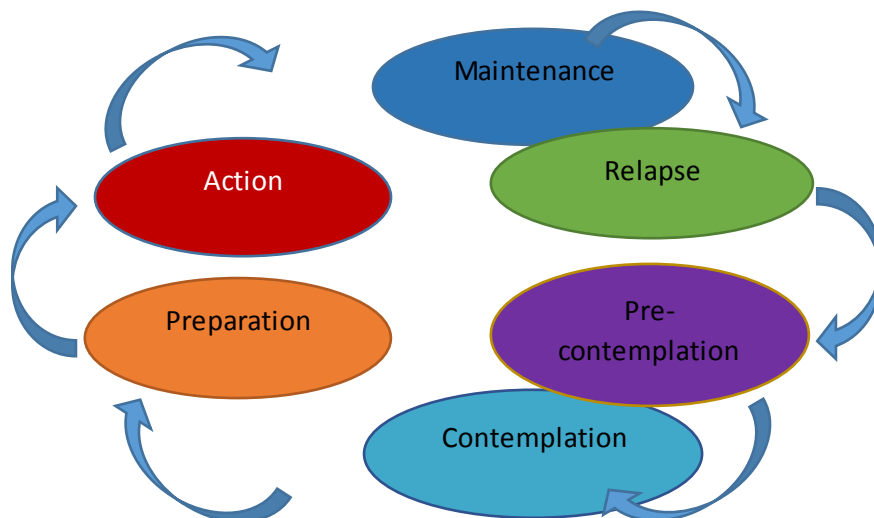
Sometimes the things blocking us are coming from the outside. Like not having enough money to join a gym. But sometimes the blocks are coming from the inside. Some people call this “self-sabotage.” And sometimes we may not even be aware that we are doing it. Here are some questions to ask if you think the block may be coming from inside.

First you can ask them to use their imagination to see their future self, to see themselves as if they have already achieved this goal. What do they see? They can break into pairs and discuss the following questions:

- “What will change in my life if I achieve this goal?”
- “What will stay the same?”
- “What might I lose?”
- “What might I gain?”

SELF-COMPASSION AND GOAL SETTING

It is important that we approach goals with self-compassion. For the participants who were unable to reach their goals, it is important to reiterate that the natural progression of setting goals includes set-backs. It might be helpful to refer to the stages of change model:



Additional quotes for self-compassion and goal setting:

- ❖ “Remembering your intentions can reconnect with yourself during those emotional storms that cause you to lose touch with yourself. This remembering is a blessing, because it provides a sense of meaning in your life that is independent of whether you achieve certain goals or not. Ironically, by being in touch with and acting from your true intentions, you become more effective in reaching your goals than when you act from wants and insecurities.”

-*The Heart's Intention* by Phillip Moffitt

- ❖ Don't put off, hold back or save anything. Life may not be the party we hoped for, but while we are here, we might as well dance.
- ❖ It takes more courage to look forward into mystery, than backward in regret
- ❖ We are fully successful when fully alive, taking risks, facing crises, picking ourselves up and moving on.
- ❖ You can't keep problems and disappointments from happening; you also can't stop the good things from happening, often when you least expect it.

UPDATE GOALS WORKSHEET

Category	What I'm doing well	Where I need improvement	My goals
<p>Self-Care Examples:</p> <ul style="list-style-type: none"> • Meditation • Write in a journal • Take a bath 			
<p>Exercise and Healthy Eating Examples:</p> <ul style="list-style-type: none"> • Walking • Dance • Eat more vegetables or whole grains • Read more nutrition labels 			
<p>Your own category:</p> <p>_____</p> <p>_____</p>			

SET NEW GOALS

“Practice and all else will follow”

Now it is time to revisit the goals we set for ourselves 3 months ago. We may have achieved our goals or we may have discovered challenges to completing our goals. No matter what your original goals were, now is the time to set new goals that are SMART for you.

Keep in mind, that a good goal is SMART:

- **S**pecific
- **M**eaningful
- **A**ttainable
- **R**ealistic
- **T**imely

By **next week** I would like to:

In **1 month** I would like to:

In **3 months** I would like to:

What are obstacles to reaching my goals?

Things I will need to do to achieve my goals?

What can I begin doing tomorrow to work towards my goals?

RECIPE OF THE WEEK: VEGETARIAN CHILI RECIPE

Serves 6

1, 28-ounce can chopped tomatoes

Ingredients:

2 medium-sized sweet potatoes, chopped into bite-sized chunks
1 level teaspoon cayenne pepper
1 heaped teaspoon ground cumin
1 level teaspoon ground cinnamon
2 tablespoons olive oil
1/8 teaspoon freshly ground black pepper
1 large yellow onion, roughly chopped
2 red or yellow peppers, roughly chopped
1 jalapeno, deseeded and diced (leave in some seeds if you want the dish spicier)
2 cloves of garlic, diced
2, 15-ounce cans beans – try kidney, chickpea, pinto, cannelloni, drained and rinsed



Image credit: www.jamieoliver.com

Tools:

- ✓ Sharp knife
- ✓ Vegetable peeler
- ✓ Cutting boards
- ✓ Sheet pan
- ✓ Large bowl

- ✓ Few small bowls for prepped ingredients
- ✓ Measuring spoons
- ✓ Can opener
- ✓ Colander
- ✓ Large pot
- ✓ Large spoon

Preparation:

1. Preheat the oven to 400°F.
2. Peel the sweet potatoes and cut into bite-sized chunks. Sprinkle with a pinch each of cayenne, cumin and cinnamon, drizzle with a splash of olive oil and scatter with a pinch of pepper; toss to coat then put them on a baking tray.
3. Put the tray of sweet potato in the hot oven to cook for 40 minutes until soft and golden.
4. Put a large pan on a medium-high heat and add a couple a lug of olive oil. Add the onion, peppers and garlic and cook for 5 minutes. Add chili peppers and spices and cook for another 5 to 10 minutes, stirring every couple of minutes.
5. Add beans to the pan with the canned tomatoes (keep juices!). Stir well and bring to the boil, then reduce to a medium-low heat and leave to tick away for 25 to 30 minutes. Keep an eye on it, and add a splash of water if it gets a bit thick.
6. Get the roasted sweet potato out of the oven and stir it through your chili.
7. Taste and season with freshly ground black pepper, if needed.

Serving suggestions:

- ✓ Serve with plain yogurt, guacamole and light and fluffy rice or tortillas and/or green chopped salad.

Adapted from http://www.jamieoliver.com/us/foundation/jamies-food-revolution/recipes/VEGETARIAN_CHILE

Oh, The Places You'll Go Excerpt

I'm afraid that sometimes
 you'll play lonely games too.
 Games you can't win,
 cause you'll play against you.

All Alone!
 Whether you like it or not,
 alone you will be something
 you'll be quite a lot.

And when you're alone, there's a very good chance
 you'll meet things that scare you right out of your pants.
 There are some, down the road between hither and yon,
 That can scare you so much you won't want to go on.

But on you will go
 though the weather be foul.
 On you will go
 though the Hakken-Kraks howl.
 Onward up many
 a frightening creek,
 though your arms may get sore
 And your sneakers may leak.

On and on you will hike.
 And I know you'll hike far
 and face up to your problems
 Whatever they are.

You'll get mixed up, of course,
 as you already know.
 You'll get mixed up
 with many strange birds as you go.
 So be sure where you step.
 Step with care and great tact
 and remember that life's a Great Balancing Act.

Just never forget to be dexterous and deft.
And never mix up your right foot with your left.

—*Dr. Seuss*

Always We Hope

Always we hope,
someone else has the answer,
some other place will be better,
some other time,
it will all turn out.

This is it.

No one else has the answer,
no other place will be better,
And it has already turned out.

At the center of your being,
you have the answer;
you know who you are,
and you know what you want.

There is no need to run outside
for better seeing.
Nor to peer from a window.
Rather abide at the center of your being;
for the more you leave it,
the less you learn.

Search your heart and see
the way to do is to be.

-Lao Tzu