Orientation & Training Workshop

For
WORKSHOP LEADERS & COACHES

Of the
CMATCH Nicotine Addiction Recovery Program

FrameWork Health, Inc.
Staunton, Virginia

2020

Overview of CMATCH

FrameWork Health, Inc. is organized to provide programs and services of health promotion and disease and injury prevention of a regional and national scale. Wellness "packages" aimed at reduction of heart disease, cancer, and diabetes are offered to industry, communities, and healthcare organizations with particular interest in tobacco education and cessation, weight loss and management, and alcohol abuse reduction. Programs and services of FrameWork Health are telephonic, consultative, and educational.

It is our intention to Restore the Image of God in the Portrait of Man by:

1. Expressing love and concern for fellow humans struggling with addiction to tobacco and alcohol and with control of optimum weight.
2. Individualizing by assessment and intervention the needs of individuals seeking our assistance in behavior change.
3. Offering a spiritual dimension to decision-making and life change practice that we believe is capable of effecting optimum health and quality of life.
4. Implementing an outcome-based wholistic health promotion intervention utilizing audio/visual, telecommunication, and internet technology.
5. To operate a reliable and valid model of intervention worthy of replicability anywhere in the world.

Philosophy

FrameWork Health, Inc. believes that God's desire for His created children is to reflect His image through lifestyle and express His love through service. The power lies in God's interest in His human family and His ability to strengthen their resolve in efforts of change, in their attitude and thinking, and in their alteration of behavior. For that reason, FrameWork Health, Inc. proposes to facilitate the restoration of health in individuals through the production and presentation of education programming and the conduct of motivation services that employ wholistic life-changing principles for assisting individuals to reach their maximum potential and experience quality of life. Emphasis is placed on learning how to make critical judgments about one's lifestyle behavior and how to realize positive change through a system of caring social support.

Vision

Individuals seeking information and assistance in lifestyle improvement will achieve skills and employ tools of strategy that will effectively improve their health. As a result of successfully changed lives through the model of FrameWork Health, other groups and communities will seek to replicate it, thus widening the influence and efficacy of this approach to health promotion.

Recipients of Programs and Services

Target Population of programs and services are:

Industry workers, particularly in the Southeast
Employees and patients of healthcare organizations
Patient referrals from primary providers
General public in response to advertising or recommendation
Youth and Young Adults
Expecting parents

Components

There are multiple potential components to the corporation through which to promote health:

1. a comprehensive education and consultation program for industries,
2. the Call Center from which motivational interviewing will facilitate special populations,
3. a training program for churches to equip them to support our clients in their communities in their transformation,
4. computer and internet technology behind the scenes that supports operations and interfaces with clients and the public through assessment tools and education.

Training Workshop

The Purpose of This Workshop is to:

1. Orient new staff and clinical students to purpose, function and expectations of FrameWork Health, Inc. and its entities, particularly the Call Center

2. Prepare highly effective coaches, including managers, in motivational interviewing principles and techniques while following a script

3. Train coaches in use of the telephone coaching system and computerized record-keeping for case management and research purposes

4. Educate in principles and practice of addiction recovery and successful lifestyle behavior change

5. Educate in approaches to response in a spiritual dimension

6. Foster team strength in a case management system approach to intervention

Learning Objectives

1. A thorough understanding of the philosophy, vision, and purpose of the corporation, particularly the Call Center, is obtained

2. Through various modalities of learning the attendees will develop confidence in telephonic motivational interviewing for the purposes of lifestyle change facilitation

3. The broad scope of knowledge, skills, and abilities will be referenced and utilized in developing an effective team of coaches

Workshop Schedule

This Workshop is planned for 7 hours of orientation and training to prepare coaches to conduct effective motivational interviewing by means of a mix of activities and instruction. It is intended for credentialed/licensed health professionals—nurses, mental health workers, social workers, substance abuse counselors and aspiring students of the related health sciences.

The attendee is expected to complete an assessment of skills and learning preferences prior to attendance and is expected to become familiar with all printed materials contained in and supplemental to this Workshop Guide. This workshop will be held at regular intervals that coincide with the academic year to benefit staff and newcomers to staff. It will also serve as adjunct education to nursing and allied health university students.

8:00 – 8:15 am	Welcome and Introductions (During Continental breakfast)
8:15 – 8:45	Overview of FrameWork Health, the Call Center, & CMATCH Overview of telephonic and internet intervention
8:45 – 9:00	Demonstration of a support call
9:00 – 10:00	General knowledge of the field of tobacco control and cessation--proven modalities General knowledge of addiction to nicotine and tobacco use Current standards of tobacco education and intervention
10:00 – 10:15	Break
10:15 – 10:45	Review of education and psycho-social (behavioral) principles as they relate to lifestyle change facilitation and implementation Defining effective communication
10:45 – 11:00	Defining Motivational Interviewing; Examining the Call Scripts
11:00 – 11:30	Conducting an interview: role plays
11:30 – 11:45	Relating Family Theory to lifestyle change guidance via technology
11:4 5 – 12:15	Defining the Spiritual Dimension as intervention
12:15 – 12:45	Lunch
12:45 – 1:15pm	Implementing the Spiritual Dimension: tools, methods
1:15 – 1:30	Orientation to support call system: tools, methods
1:30 – 3:00	Practice with the support call system: putting it all together

Fact Sheet about Tobacco

Did you know . . .

- An individual who smokes 1.5 packs/day, may be spending at least $3,300/year! In some states, it would be at least double that.
- One who chews a can of tobacco per day, could be spending $1100/year on a sure path to oral cancer.
- Tobacco use, particularly cigarette smoking, remains the leading cause of preventable illness and death in this country.
- Around the world, tobacco kills up to half of its users, resulting in 6 million deaths a year, according to WHO. More than 5 million of those are the result of direct tobacco use while over 600,000 are non-smokers exposed to second-hand smoke.
- Tobacco users for each product are more likely to be non-Hispanic whites. Most cigar and pipe users have at least some college education, but cigarette smoking is more concentrated among those with less than a college education.
- For the smoker, the risk of developing Peripheral Artery Disease - blocked leg arteries - increases as we live longer . . . potentially leading to an amputation and reduced quality of life.

- Smoking is the leading cause of preventable death in the US. Approximately 1,300 people die each day from smoking; 480,000 U.S. citizens die/year from tobacco-related causes.
- **Lung cancer** is the second leading cause of death in the United States.
- Lung cancer has increased 451% in the past 30 years, and it has been predicted that this number will rise in the years to come.
- The increased number of lung cancer incidences have been related to tobacco use
- 75% of teen smokers become adult smokers
- Teen smokers could risk losing up to $10,000/year in income in their future
- About 553 women die daily of tobacco-related disease
- Smoking causes more deaths each year than all of these combined:
    - Human immunodeficiency virus (HIV),
    - Illegal drug use,
    - Alcohol use,
    - Motor vehicle injuries, and
    - Firearm-related incidents

- Smokers die on average 10 years earlier than non-smokers, but even those smokers in their 70s can add years to their lives if they quit
- Tobacco smoke is potentially made up of more than 7,000 chemicals. Many are poisons and at least 70 are known to cause cancer in people or animals

Example Coaching Advice for CMATCH Leaders in Getting Started

There is adequate health teaching within the program; the role of your members would be hospitality, encouragement, praying with and for, and modeling a healthy Christian lifestyle. I would suggest building a friendly relationship 1 on 1 with a tobacco user and sitting with him/her through the first 3 days of Taking Control--that is preparation time.

You will probably have a few participants (handful) with your first event . . . enough for your small group to handle. If you work toward Each One Reach One and, on successful graduation of the participants, charge them with the responsibility of mentoring a tobacco user they know/encounter through the program, you could yield a team to reach the community.

At the same time, hold the friendly, supportive workshop at least weekly for all to attend . . . provide a nice vegetarian meal. Cheryl Farley has a perfect online cookbook for 10 days worth of meals with videos of how to prepare them. Cost is $47 for access to it. Go to www.cherylfarley.com She is an SDA in Maine who conducts seminars. The meals are directed toward those concerned about blood sugar levels, but quite appropriate for general health.

I wouldn't hesitate just because your group is small. You could create a model unique to the needs of your small community that would function very well with your own ingenuity. In time, maybe others would come to you for advice.

Typically, most smokers/tobacco users want to quit . . . what they need is someone to walk beside them in the effort who is non-judgmental and nurturing. But holding them accountable for the commitments they make.

The Call Center

The Call Center of FrameWork Health is planned to be developed as a pool of practicing and rising health professionals who may benefit from the training and experience found in systematically and compassionately facilitating a change in lifestyle among those burdened with addiction and regretful choices. Because of the effectiveness of the telephone and the internet, service from the Call Center will be available to clients at a long distance, unimpeded by time and ubiquitous by place. It is the hub of operations for all activities that facilitate successful cessation and its maintenance. It will operate 6 days/week, and to be closed on Friday noon (EST), resuming operations Sunday afternoon.

The Coaching Staff
Health professionals and health professional students who already use therapeutic communication, have a "customer relations" attitude, and who possess basic computer and internet skills are chosen for this role. The training provided in the workshop and the on-going mentoring in the Call Center will sharpen the coach's ability to interview in a motivational manner while using the computer as a documentation and resource tool.

The Management
The Central Call Center is administered by the Executive Director, Linda Royer. A Manager will be on duty during all working hours to assist coaches and manage the activities of the Call Center in general. If a church/community group or agency wishes to establish their own call center, Job Descriptions are in Appendix A of this Training Manual.

Support
To keep operations running smoothly, technicians who maintain computer and internet operations, a facility manager and outreach manager, and an administrative assistant compliment the staff.

The Role of The Call Center
The role of the Call Center is to provide a community-based program of long-term telephone support with individualized intervention.

CMATCH System Strategies for Tobacco Cessation:
1) Assessment and prescriptive plan for cessation
2) Self-Help intervention - Taking Control and 3 Guides: Workbook, Partner Guide, Meal-planning
3) Inclusion of household/family through Taking Control messages and "Family and Friends: Their Role in the Quit Smoking Effort"
4) Pro-active, scheduled and scripted coaching telephone interviews from the Call Center over 18 months
5) Distance social support through Chat Room on website
6) Collaboration with primary healthcare provider
7) Staged group education for contemplators in the community - "Let's Begin to Quit" [training given local communities, churches)
8) Group support sessions and celebration banquets provided by local communities, churches for participants

Rationale

Current research reveals that 70% of adults now smoking desire to quit and have probably tried many unsuccessful times. Most interventions, though effective in some respects, allow too brief encounters with tobacco users so that maintenance of cessation lasts about 6 months. The majority of previous smokers lapse by the 3rd month and relapse by one year.

Smokers are getting much information on how to quit and think they know what will work for them. However, they are not so knowledgeable about the insidious mechanisms of nicotine addiction. What they really want to know is how to successfully stay free!

Some managed-care companies are experiencing positive results in telephone counseling-based services over extended times as an adjunct to the point of service contacts by providers (PacifiCare in Oregon, GroupHealth Cooperative in Washington, and Utah's Teen Quit Line). Positive encouragement and reinforcement of personal goals and the accountability of keeping an appointment by phone on a periodic, regular basis over a year is expected to yield much higher maintained quit rates than current practices. Adding a spiritual dimension to the social support for those amenable to it is worthy of implementation and study.

APPENDIX A

Call Center Staff Roles and Functions

Medical Director: With the Executive Director and the Board, the Medical Director possesses the vision and develops the programming and services in accordance with the philosophy, aim, goals and objectives of FrameWork, Inc. The Medical Director will market the corporation programs and services to the designated target populations and seek new avenues; will network for collaborative relationships; and will oversee the operations of the Call Center, and will consult with customers.

Executive Director: Possesses the vision with the Board and the Medical Director, develops policy and procedure, trains coaches and managers, negotiates with community health entities, oversees functions of the Call Center staff and management, collects and manages data, writes and manages grant proposals, manages "contracts" of student coaches, promotes, writes reports, responds to media, promotes collaboration to regional church es through seminars and training sessions.

Manager: Supervises, trains, and evaluates performance of coaches; manages schedules and coordination of registering participants, manages Call Center services.

Telephone Coaches: Provide pro-active, scheduled calls using standard scripts and expertise in motivational interviewing, applying knowledge of the field of tobacco cessation and prevention education; record call proceedings. Opportunity for certification in addiction counseling and/or elective credit is planned.

Administrative Assistant: Interfaces with the public, retrieves and disseminates participant files, corresponds by e-mail and surface mail, assists with grant-writing, assists with reports and promotional activities.

Facilities Manager/Outreach Manager: Maintains the security and general maintenance needs of the Call Center facility; coordinates and transports outreach teams to churches and communities.

APPENDIX B

Coaching Through Stages of Change

Patterned after Mayo Clinic

Pre-Contemplation Smoking, not motivated to quit. May or may not be interested in self-introspection. If not, the following activities are surely applicable in the nest stage.		
Behavior Strategies	**Chemical Dependence**	**Coaching/Relapse Prevention**
Attempt to control or delay use	Recognize defenses (denial, rationalization)	Gentle, incremental suggestions over time
Keep a log of tobacco use		Discuss log; make observations
Talk to a former smoker/chewer	Identify significant hazard of tobacco use	Link with positive models
Read literature, view films re harm of use	Identify powerlessness in controlling use	Gradual orientation to change
Become more conscious of negative aspects (health, quality of life, social, image)	If lifetime smoker with several relapses, consider aids such as inhaler, patch, Zyban	In friendly conversation point to the possibilities of a changed life. Point to modeling to children, better caregiver, etc
Contemplative Smoking, but motivated to quit sometime, no quit date set.		
Practice situational quitting, keep diary	Get acquainted with cessation programs	Visit primary care provider; discuss
List harmful effects of tobacco use; list own health problems	Identify unmanageability/consequences	Seek help from a counselor (you)to set quit date, learn how
List all triggers that stimulate the urge to use tobacco	Consider alternative actions	Develop a strategic plan; enroll in cessation program
List coping skills/ identify new ones	Identify fears about control & deprivation	Attend individual/group education sessions; join a support group
Plan for a wholistic lifestyle program	Recognize that life has centered around use of tobacco	
Identify reasons for quitting; cost-benefit analysis	Clarify values and the role smoking played Acknowledge that will power is inadequate	Introduce the Heavenly PowerSource Offer hope.
Observe non-smokers as models	Declare willingness to change	
Action & Preparation		
Select quit date; follow cessation plan	Accept need for recovery, assistance. Engage in active cessation effort.	Coach according to plan; arrange social support structure; work with householders

Change lifestyle behaviors to enhance health; clean up environment	Be accountable to coach and supporters Maintain contact; keep appointments	Require accountability. Be pro-active to offer strategies to avoid lapses
Reduce risks to lapse: triggers, stress, influence of others, fears	Be prepared for the unexpected with alternative strategies to prevent lapse	Diligently reinforce learning

Coaching Through Stages of Change – 2

Behavior Strategies	Chemical Dependence	Coaching/Relapse Prevention
Maintenance		
Maintain regular contact with a coach.	Identify mood states and emotions	Provide aftercare support sessions
Use HALT strategy (Avoid states of Hunger, Anger, Loneliness, and Tiredness)	Use the principles of cessation program on a regular basis; adhere to the wellness regimen	Observe for needs and further instructions in the wellness plan
Expand coping skills for stress, cravings	Write a Good-Bye Letter to your cigarettes/chew/pipe/etc. Accept lapse as a natural part of the process	
Keep the spiritual dimension in life	Engage in church activities	Invite to church; introduce to activities
Move focus from self to others	Help others quit; join advocacy against tobacco industry; educate children	Facilitate these activities; offer ideas of community need; engage them in next cessation program as assistant

Expectancy value theory – Individuals engage in actions to achieve goals that are perceived as possible and that result in valued outcomes.
Social cognitive theory – Thoughts, behavior, and environment interact. For people to alter how they behave, they must alter how they think.

APPENDIX C

Tobacco Cessation Assessment Tool

(TCAT)

FrameWork Health, Inc.

How Do You Make Decisions?

A long time ago, you probably made a choice to experiment with the lighting up behavior , the motions of smoking, and the flavor by weighing the value of learning a new skill and testing your expectations of the experience against distant admonitions about health and potential addiction. At the time you needed to be self-determined—a ruler of your own destiny. (Those are all inherent attitudes in each of us so that we can be successful at independence.) But you were unable to appreciate the power of that little cigarette (or pipe) over your own decision-making power. There was a poison in the tobacco that has robbed your brain of normal function related to pleasure and need. It has control of you.

The fact that you are keeping this assessment appointment as the first step toward learning how to quit smoking/tobacco use testifies to your ability to think deliberatively and with rational, conscious thought, rather than reflexively or automatically (as you did when you smoked). As we guide you through this process of renewing and refreshing your life, we are going to rely on your ability to think consciously and reflectively before every activity and before every decision concerning your behavior and health.

We will begin by asking you several sets of questions that will reveal to you and to your coach what areas of attitude and preferences need to be strengthened. The assessment will archive your old behavior patterns with relation to tobacco use. Your coach will help you by being the architect of your new choices, your teacher, and a facilitator of your goal-setting and problem-solving.

Here are some keywords for you to take into your mind-set:

Optimism, Confidence, Empowerment, Being Teachable.

SO, LET'S GET STARTED!

Tobacco Use History

Age Group: 18-24 years 25-34 years 35-45 years 46-65 years 66+ years

Gender: M F

Marital status: M S D W

Education: Less than HS HS Voc. Tech Some college College Post-graduate

Race (Circle One):

Caucasian [A person having origins in any of the original peoples of Europe, the Middle East, or N. Africa]

Black or African American: [Origin in any of the black racial groups of Africa]

Asian: [Having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent]

Native Hawaiian or other pacific islander: [Incl. Hawaii, Guam, Samoa, Fiji, Tahiti, etc.]

American Indian or Alaska native

Hispanic

Age you began using tobacco:_____ No. of years using _____

Tobacco method you now use: cigar pipe smokeless cigarettes

Number of quit attempts: _____ Method(s) _____

Intensity of cigarette use over last 6 months: <5 cigs/day (10) 1ppd (11-20) 1-2 ppd 21-30/day 31-40/day

Volume of vaping liquid used/day: _____ ml.

Describe use of other tobacco product methods _____

Nicotine Dependency - FTQ ***For smokers***

1. How soon after you wake up do you smoke your first cigarette?	(a) within 5 mins.	3 Pts.____
	(b) 6-30 mins.	2 Pts.____
2. Is it difficult to refrain from smoking in places where it is forbidden?	(a) Yes	2 Pts.____
	(b) No	1 Pt. ____
3. Which cigarette would you hate most to give up?	(a) first one in am	2 Pts.____
	(b) any others	1 Pt. ____
4. How many cigarettes/day do you smoke?	(a)31 +	4 Pts.____
	(b) 21-30	3 Pts.____
	(c) 11-20	2 Pts.____
	(d) 10 or less	1 Pt. ____
5. Do you smoke more frequently after waking than during the rest of the day?	a) Yes	2 Pts.____
	b) No	1 Pt. ____
6. Do you smoke even if you are so ill that you are in bed most of the day?	a) Yes	2 Pts.____
	b) b) No	1 Pt. ____

Subtotal _____

1-5 Points = Self-Management; 6-9 Points = Self-Management + Support; 10-15 Points = Intensive Care

Nicotine Dependency - (Kawakami, et al) ***For General Tobacco Users*** (1) (0)

1. Have you often had periods of days when you smoked a lot more than you intended to?	Yes	No
2. Have you ever tried to quit or cut down on tobacco and found you could not?	Yes	No
3. Did you crave tobacco after you quit or cut down on it?	Yes	No
4. Did you have any of the following problems when you quit or cut down on tobacco: irritation, nervousness, restlessness, trouble concentrating, headache, drowsiness, upset stomach, heart slow down, increased appetite or body weight, hands shaking, mood depression?	Yes	No
5. Did you ever start using tobacco again to keep from having such problems?	Yes	No
6. Have you ever continued to smoke when you had a serious illness that you knew made it unwise to use tobacco?	Yes	No
7. Did you continue to use tobacco after you knew that it caused you health problems?	Yes	No
8. Did you continue to use tobacco after you knew that it caused you mental problems?	Yes	No
9. Have you ever felt like you were dependent on tobacco?	Yes	No
10. Have you ever given up work or social activities so you could use tobacco?	Yes	No

Subtotal _____

6-10 Points = Significance for group or one-to-one intervention

Reasons for Smoking Scale (12 Points possible for each cluster)	Strongly Disagree - 1	Mildly Disagree - 2	Mildly Agree 3	Strongly Agree -4
How much are each of the following characteristic of you?				
(Negative Affect Reduction Smoking) Cluster 1	1	2	3	4
When I feel uncomfortable or upset about something, I light up a cigarette.	1	2	3	4
When I feel "blue" or want to take my mind off cares and worries, I smoke.	1	2	3	4
I light up a cigarette when I feel angry about something.	1	2	3	4
(Automatic Smoking) Cluster 2				
I smoke automatically without even being aware of it.	1	2	3	4
I light up a cigarette without realizing I still have one burning in the ashtray.	1	2	3	4
I find myself smoking without remembering lighting up.	1	2	3	4
(Addictive Smoking) Cluster 3				
I get a real gnawing hunger to smoke when I haven't smoked for a while.	1	2	3	4
When I have run out of cigarettes, it is almost unbearable until I can get them.	1	2	3	4
Without a cigarette, I don't know what to do with my hands.	1	2	3	4
(Sensorimotor Smoking) Cluster 4				
I smoke because I like the smell so much.	1	2	3	4
Part of the enjoyment of smoking is watching the smoke as I blow it out.	1	2	3	4

Part of the enjoyment of smoking comes from the steps I take to light up.		1	2	3	4
(Stimulation Smoking)	Cluster 5				
Smoking helps me think and concentrate.		1	2	3	4
I smoke more when I am rushed and have lots to do.		1	2	3	4
Smoking helps to keep me going when I'm tired.		1	2	3	4
(Indulgent Smoking)	Cluster 6				
After meals is one of the times I most enjoy smoking.		1	2	3	4
I like a cigarette best when I am having a quiet rest.		1	2	3	4
I want to smoke most when I am comfortable and relaxed.		1	2	3	4
(Psychosocial Smoking)	Cluster 7				
It is easier to talk and associate with other people when smoking.		1	2	3	4
I smoke much more when I am with other people.		1	2	3	4
While smoking I feel more confident with other people.		1	2	3	4
	Subtotal				

Clusters 1 & 3 with high scores are of high concern. Anticipatory Guidance with intervention needed here.

Readiness to Quit

Place an X *by the comment that most characterizes your feelings.*

I've heard a lot about the damage smoking (chewing) does to your health. I'm, going to have to get serious about quitting one of these days.

Precontemplator

Stop Here if above is checked.

A family member/Good friend just died of lung cancer this year who was only 41 years old. It devastated the family. I'm looking at my options. I would like to learn how I can quit smoking.

Contemplator

I've quit several times. After smoking 5 years this last time, I've started to taper off my cigarettes. I'm down to a pack/day now. **Contemplator**

I'm very determined to quit because my doctor told me I must, and I feel so bad. **Ready for Action**

Confidence Level	**Strongly Disagree**		**Not Sure**		**Strongly Agree**
1. I feel sure that I am able to quit smoking	5	4	3	2	1
2. Looking back on other attempts I've made to change my life, I feel certain I can carefully follow a program that is designed for me to quit	5	4	3	2	1

3. If I know I'm not in this alone, I feel certain I can quit.	5	4	3	2	1

Subtotal _____

Low Risk = 10-15 points; Moderate Risk = 6-9 points; High Risk = 1-5 points.

Concept of Power

1. My desire to use tobacco comes from seeing others smoke, the ads in the media, memories associated with a pleasant tobacco-related event or when I am under stress.	5	4	3	2	1
2. My desire to use tobacco comes from a need deep inside, when I begin to feel out of control.	5	4	3	2	1

Subtotal _____

Score lower than 3 = High Risk

Perceived Stress Scale (modified)

In the last month, how often have you . . .	Always	Freq.	Seldom	Never
1. Felt that you were unable to control important things in your life?	4	3	2	1
2. Questioned your ability to handle personal problems?	4	3	2	1
3. Felt that things were not going your way?	4	3	2	1
4. Been unable to control irritations in your life?	4	3	2	1
5. Felt difficulties were piling up so high you couldn't overcome them?	4	3	2	1

Subtotal _____

Low risk = 1-10 points; Moderate Risk = 11-15 points; High Risk = 16-20 points

Social Support

To lend me emotional support I have:

a. more than one other significant person interested in my efforts
b. at least one significant other to help me
c. no one

This person is a non-tobacco user:

❑ Yes ❑ No

1. Whom can you really count on to help you out of a crisis situation, even though he/she would have to go out of their way to do so?
First Name/Relationship to You _____

2. Whom can you talk with frankly without being careful about what you say?
Name/Relationship to You _____

3. With whom can you be totally yourself?
Name/Relationship to You _____

4. Whom can you count on to listen openly and uncritically to your innermost feelings?
Name/Relationship to You _____

5. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?
Name/Relationship to You _____

6. If you have identified someone like this, is this person:
- _____ available to you
- _____ spouse
- _____ other
- _____ non-smoker

7. Would you be willing to enter into a contractual relationship with this person for support to quit tobacco use?
- ❑Yes ❑No

SUMMARY
Risk Scores for Nicotine dependency: FTQ: Kawakami:

Reasons for Smoking:

Readiness to Quit:

Confidence Level:

Concept of Power:

Stress Level:

Social Support:

APPENDIX D

ENCOURAGEMENT MODEL

Developed by Earline Westphal Miller, RN, PhD

This model illustrates the processes individuals (in this case, caregivers) experience as they move from hurting (bottom) to healing through connecting and interconnecting with others. Visualize an hour-glass-shaped form underlying it to represent the encircling relationship commonly experienced.

TRANSPERSONAL CONNECTEDNESS

HEALING
- Moving on
- Discovering meaning and purpose
- Accepting life as it is

INTERNALIZING A CONNECTION WITH THE INNER SPIRIT
- Developing faith
- Feeling positive energy
- Experiencing a spiritual feeling

INTRAPERSONAL CONNECTEDNESS

INTERNALIZING A CONNECTIONWITH ONE'S OWN HUMANNESS
(Physical, Emotional, Social, and Cognitive)
- Sensing accomplishment
- Making decisions
- Motivating internally
- Synthesizing self: self-talk
- Finding options and choices
- Opening mind
- Believing in self-worth
- Recognizing strength
- Accepting self

INTERPERSONAL CONNECTEDNESS

DEVELOP CONNECTING RELATIONSHIP
- Experiencing acceptance by others
- Trusting others
- Sharing with others
- Seeking a safe environment

[Reference: *Journal of Christian Nursing*, Fall, 1995, p.10]

APPENDIX E

Building Spiritual Awareness and Intervention Skills

Interactive Exercises -- Workshop Leader's Script

These exercises are prepared to take place in a group large enough to elicit rich discussion and with the ability to break up into smaller working groups. Following these activities in the FrameWork Health Coach Training Session, attendees will be introduced to the Spiritual Assessment Record through discussion.

Open with prayer.
"Dear Lord and our God in Heaven, our souls, and those of the people we intend to help, are restless until we all find our rest in You. Only in You may our deepest needs be filled. Our hearts long for peace and confidence that only You can provide. Please give us eyes to see the vacuum in ourselves and in those we care for. Tune up our sensitivities to recognize those moments you arrange for a helping dialogue between us and those who seek our help, we pray in Jesus' name. Amen."

God has created humankind as multifaceted people. We are physical, emotional, mental, social, and spiritual. Perhaps the most difficult of these facets to give expression to is the spiritual dimension. In these activities we will seek to understand spiritual needs more fully, both in ourselves first so that we might give meaning to cues, and in others. We are going to share with each other and hopefully, bring comfort and love to each other. God is here to help us.

Discussion Questions
1. Some say that part of being a Christian is being a spiritual care provider. What are your thoughts on that? If we are care providers in spirituality, is it overt or intentional or is it influence and example?

2. Why do you think it is often difficult for us to talk about spiritual issues and needs?

3. A friend/co-worker responds in a conversation you are a part of: "I don't know what to think about religion/spirituality/God. There is so much evil in the world/our lives—Does God really exist? If He does, does He care?" What would you say or do?

4. You know it takes time to truly deal with another's spiritual concerns. Think about what that means. . . How might you deal with the situation like the following:

You are dashing about in Kroger's, selecting a few items to make for supper tonight.
You see your neighbor from down the street approach you in the produce section.
Greetings are exchanged and the response you get to "How are things going?" is: "Oh, its been a tough week. I'm trying to quit smoking."
You say, "Yes, I understand it is difficult, but hang in there; the cravings will probably go away after your 4th day. I'll be praying for you."
And you dash off . . .

Is this a common pattern among us?

Let's reconstruct the scene . . .

You are again in Kroger's hurriedly gathering items for tonight's supper.
As you neighbor approaches, you change your pace and turn your attention to her. The response to "How are things going?" is the same – difficult week, trying to quit smoking, etc.
You are really looking now and you observe with your other senses:

a. a hint of tobacco odor on her clothes
b. you see her nervousness and tense expression
c. you also remember seeing her husband smoke, so you wonder if the tobacco odor you detect is from *his* smoking.
d. you wonder if she is trying to do this on her own
e. what has prompted her to quit?
f. you also wonder if she knows how to quit.

So you ask her about these things and learn a lot more about her struggles and the level of social support she has in this effort and in her family relationships.

You offer to have prayer with her right there in the produce section of Kroger's.
What would it be like?

I now ask each of you to take 5 minutes to write out the prayer you would pray with your neighbor. . .

[It will later be revised and shared with the group in the Activity "Praying for Another."]

<u>Ministering to Spiritual Needs</u>
Role Play Ministry
Groups of 3 with pencil and paper.

We are going to do some role playing to learn more about ministering to spiritual needs. We each bring a different level of preparation to this subject: some are experienced at spiritual interventions, some are new at it. We don't expect perfect responses. This exercise is designed to make us more acutely aware from the viewpoint of others how sensitive and responsive we should be. It is just as important in the grand scheme of things as a physical or psychological assessment that we may pride ourselves in performing. Employ the principles of the helping relationship and therapeutic communication.

Objectives for these exercises are:

1. Gain practice and comfort in personal devotion
2. Gain confidence in helping others by praying and to pray
3. Learn a variety of approaches in prayer intervention

In each of the three situations, two people will be playing roles, the third will observe. After each interaction, there will be a time for you to discuss what went on. During these discussions, each person should share his or her opinion of the interaction and then all three of you talk together about what was done well and how the helping could have been more effective. Identify yourselves as Person A, B, or C.

In the first situation, A & B role play and C observes.
A, your husband has lost his job and the family income is dwindling fast because your part-time job is inadequate to fund the needs. [Other scenarios: serious illness, dysfunctional family problems, errant child]

B, you care for A. As you do this, encourage A to open up about spiritual issues.
You have 5 minutes. . .

Now discuss in your small groups for 5 minutes . . .

In the next situation, A is the observer and B and C role play.
B, you have been feeling very depressed recently and you are telling C about this.
C, you care for B and also try to explore the spiritual dimensions of this problem by asking open-ended questions.
You have 5 minutes.

Now discuss for 5 more minutes in your small group.

In this final situation, A and C role play and B observes.
C, you are feeling vaguely uneasy about your relationship with God, telling A that the warmth and closeness of that relationship has disappeared.
A, you are help C look more deeply at this situation and to explore different aspects of it.

Now discuss for 5 minutes in your small group.

Conclusion to Role Play
Gather all groups together into the large group.
Each one take 8 minutes to contemplate your previous experience. In the dependent role you played, do you feel you received adequate spiritual care had it really been you in the situation? What would have helped you more? Write down your thoughts.

Now, in the context of this learning environment, share with the group your suggestions. What we learn here will sharpen our skills as wholistic coaches in the Call Center.

Home Assignment
In thoughtful meditation this evening, I invite you to examine your self on these points:
1. How is my relationship with God?
2. How do I wish my relationship with God could be better?
3. What is my most pressing spiritual need?
4. If I am unable to resolve it personally with God, to whom can I go for help? Am I willing to do so?
5. What must I do in my own spiritual life to be a sensitive, ready vessel of hope to those I coach in the Call Center?

Prayer
Prayer is a valuable tool for us to use in Christian caring, but it needs to be used sensitively. It needs to be accompanied with concern and by active listening. You have a small, but valuable book to read as a requirement in preparation for coaching, "The Incredible Power of Prayer" by Roger Morneau. Identify the 6 Dimensions of Intercessory Prayer and the factors that yield success in it. There are other reading requirements that will acquaint you with the opposing powers of addiction and freedom in grace, the world view of spirituality and holistic care, and EGW's admonitions regarding balanced living and ministering to those in deleterious lifestyles.

Discussion Questions
Today we will learn more about prayer through Biblical model prayers, discussion, and praying together.
Many people find it difficult to pray publicly—either in twos or large groups. Why is that?

What happens in the relationship with another person when two pray together?

What are the constructs of "prayer"? Are there styles of prayer?
Some spiritual adherents have written prayers for specific occasions. Is there Biblical precedent for that?

Review some model Bible prayers and define structure. **[Refer to Bible Prayer Models, Appendix C]**

Should health care professionals have different prayers for different types of need or blessing?

Define Prayer . . .

Praying for Another
Pair up with someone you know least in the group.
We'll be role playing in this exercise, but we will also be ministering to another's needs. First pray for each other out loud as you begin. . .

Now, share with your partner two worries and two joys that are going on in your life right now. Take about 5 minutes.

Now, each of you pray for the other in light of what you now know. . .

Did you notice a difference in the quality of the prayers? Could you describe the first as maybe "Thin"? And the second as Fat?

It's easy to *tell* people when to pray. It's often very difficult to figure out in a caring situation when is the right time. Have you ever been confronted with the decision to "pray or not pray" with someone?
How did it work out?
What was good/not so good about it?
How could it have been improved?
What will you watch for in future situations?

Well, let's return to the story of you meeting your neighbor in Kroger's . . . What was the prayer you prayed with her? (Group share)

Using the resources from your required reading and personal Biblical study, how might we construct this prayer for your neighbor so that it models the appropriate presentation to God?

[Use easel or illustration board to work this out from front . . .]

How to Introduce Prayer to Another

In the real world of coaching with the time constraint of 15 minutes, the discouragement of the participant, and the complexity of the calling technology, how may you integrate prayerful assistance in your script-based conversation?

You will notice that in the first Assessment there is opportunity to learn the spiritual condition/status. If need is not picked up then, it may appear sometime in the first week of daily calls. Spirituality is mentioned every day for the first 5 days as "spiritual strategies." Each day that the Depression Scale is used is an opportunity. If **Taking Control** is being used, they are being encouraged to seek power from Heaven. Offering to pray with them at the end of each call is written into the script should you sense by cues given that the participant is amenable to that intervention.

Once a relationship between the Coach/Coaching Team and the participant is struck and there is more openness to discuss the difficulties in overcoming an addiction, the Coach may say,

"It sounds as if you are having quite a struggle today (this week), in spite of our conversations and the materials you have at home to guide you. I notice that you have family (spouse, friend, etc.) listed as supportive persons. But do you need a little more moment-to-moment help? Could we talk about spiritual (faith) in your life?"

(If so) "There are some questions I can use to guide us in this area of discussion. Could we use them as we talk together now?

[Proceed with the Spiritual Assessment]

You may not be able to complete both Parts A and B of the Spiritual Assessment during this call. Limit the call to 30 minutes and negotiate to continue at the next call. There is no hurry in this. Hopefully each question and topic discussed will lead to personal contemplation between calls. Before you close your record in the computer, flag your record as a spiritual dimension client and make a note in your little dialogue box of what should be done at the next call.

Spiritual Dimension Activities
Find the Thimble

1. In large group discuss cues participants may give to spiritual need. Compose a list to be prepared as a handout to the group.

2. Have a 15-minute break, during which the typed responses are separated on paper approximately 3" X 4". Hide them about the room. Hide one in a thimble.*

3. On their return, given attendees a worksheet and the complete list of cues. Instruct them to find one hidden cue each.

4. They then spend 15 mins. Alone with their course materials and reflect on a response to give to the cue in hand.

5. They each present their response to the group and get feedback. A typist records the responses and comments/corrections in computer to hand out after activity.

*The individual who found the thimble goes first.