WHAM

Whole Health Action Management

PEER SUPPORT TRAINING PARTICIPANT GUIDE

SAMHSA-HRSA
Center for Integrated Health Solutions

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SESSION 1

Welcome and Introduction

About Us

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. CIHS offers technical assistance and resources for all those who are committed to addressing the complete healthcare needs of these individuals. CIHS is funded jointly by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA).

Acknowledgements

The Whole Health Action Management (WHAM) Peer Support Training Participant Guide was designed for peers, by peers. A group of peers also generously volunteered their time to review and provide feedback on the guide. CIHS is grateful to all of these peers, as well as to the following individuals for their support and contributions in developing the WHAM Participant Guide:

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Recommended Citation

Whole Health Action Management (WHAM) Peer Support Training Participant Guide, published by the SAMHSA-HRSA Center for Integrated Health Solutions (www.integration.samhsa.gov), 2015.

About the Whole Health Action Management Peer Support Training

Welcome to the 2-day Whole Health Action Management (WHAM) Peer Support Training provided by the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS). The primary goal of this training and participant guide is to teach skills to better self-manage chronic physical health conditions, and mental illnesses and addictions — known as "behavioral health" — to achieve whole health. In the context of this training, whole health is defined as having a healthy mind and body.

A foundation of self-management in this training is peer support. In the United States, peer support traces back to as early as 1772 when Native Americans began forming social support groups to help people recover from alcohol use problems. With insight into the healing power of mutual support that shares lived experiences of hope and strength, they formed the first alcoholism recovery support groups. Group participants organized and solved their own issues, a process known as "self-management."[1]

Research in the field of physical health shows the considerable impact of peer support. For example, a Stanford Medical School study on breast cancer found that women who engaged in a weekly peer support group lived on average twice as long as the women who did not.[2]

What is the WHAM training and how does it leverage peer support? Let's say a person decides to go to a health center. Upon arrival, there are two entrances.

> The sign over Entrance A reads — "Enter here and we will explore with you all of the unhealthy aspects of your current lifestyle. Then we will help you identify the 3-4 unhealthy habits you have developed that have the most negative impact on your overall health. Once those are identified, we will work with you to create an action plan to change or break these unhealthy habits. You will have the opportunity to meet weekly with trained health professionals who will support you in this."
>
> The sign over Entrance B reads — "Enter here and we will explore with you your strengths, likes, interests, and what you see as possible in regard to creating and self-managing a healthier lifestyle. Then we will help you identify the healthy habits you would like to add in your life. Once those are identified, we will work with you to create an action plan, using your strengths, to develop new healthy habits. You will have the opportunity to meet weekly in a support group with your peers who are also working to improve and self-manage their whole health."

How would most people enter — through Entrance A or Entrance B? This training chooses Entrance B.

1. White WL. Slaying the Dragon: The History of Addiction Treatment and Recovery, Lighthouse Institute Publications, 1998.
2. Spiegel D et al. Effect of Psychosocial Treatment on Survival of Patients with Metastatic Breast Cancer, The Lancet, 1989.

There are two major components to the WHAM 2-day, 10-session training. The first component follows this Participant Guide and uses a person-centered planning process in 10 health and resiliency factors to help you create a concise whole health goal to begin the self-management process. The Participant Guide also provides learning skills to enhance self-management, including 8 weeks of WHAM peer support groups and a weekly action plan to create new health habits.

The WHAM training also focuses on developing mind-body resiliency to promote self-management skills. The 10 health and resiliency factors included in the training are recommended by the Benson-Henry Institute for Mind-Body Medicine at Massachusetts General Hospital, renowned for decades of research on promoting resiliency through stress reduction using the Relaxation Response. This training teaches the Relaxation Response as an essential resiliency self-management skill with research demonstrating that it is as predictable as medication in immediately reversing the stress-induced fight-or-flight response.

Mind-body resiliency skills and engagement in the healing relationships of peer support are also essential because of the growing awareness of the impact of trauma, especially childhood trauma, on all dimensions of health.

PARTICIPATION IN THE TRAINING MEANS YOU AGREE TO:

- ❍ Work on a whole health and resiliency goal.
- ❍ Engage in peer support to reach your whole health and resiliency goal.
- ❍ Participate in a WHAM peer support group that meets weekly for at least 8 weeks.

For financial sustainability, this training is also designed to teach participants skills to write a whole health goal in a concise format that could be added to a treatment plan.

Let's begin the journey through the WHAM Peer Support Training.

Note: Much of this Peer Support Training has been adapted from SAMHSA-funded Transformation Transfer Initiative Grants awarded to New Jersey and Georgia in 2009.

How to Use the WHAM Participant Guide

The WHAM participant guide is intended to help WHAM training participants set a concise whole health goal, learn skills for whole health self-management, and understand the "5 Keys to Success" (see page 6) for creating new health habits with a focus on facilitating a weekly WHAM peer support group. The guide is designed to engage participants in a process known as "person-centered planning." Person-centered planning is defined, in this training, as a process to support a peer in planning a whole health goal and reaching that goal with the intent of increasing self-management and independence. The person-centered planning process looks at current patterns, interests, and strengths in each of 10 health and resiliency factors.

There are four parts to the WHAM participant guide:

1. Session 1: Welcome and Overview
2. Sessions 2-6: Person-Centered Planning Process in 10 Whole Health and Resiliency Factors
3. Session 7: Health Risk, Screening, and Shared Decision Making
4. Sessions 8-10: 5 Keys to Success

The material in sessions 2-6 is designed like a workbook and can be presented in a variety of ways based on working as a group or one-to-one. If in a group setting, participants can take turns volunteering to read the content aloud to progress through the sessions, or the major points can be "lectured" by a WHAM Peer Support Group Leader. Regardless of the presentation format, there needs to be a discussion about how each whole health and resiliency factor affects your physical and behavioral health.

Also, each area of health and resiliency outlined in this guide has a number of structured questions to help explore each area in relation to your lived experience. Those questions can be processed in a variety of ways:

- Each group member can write down their answers and then the leader can facilitate sharing those with the group.
- The group can work in pairs to share answers.
- The peer leader can practice one-to-one with a peer who may have writing challenges, asking the questions and then recording the answers for him or her.

Regardless of how the questions are processed, it is important to answer all the questions on pages 46-47.

BASIC COMPONENTS OF THE PARTICIPANT GUIDE

10 Whole Health and Resiliency Factors:

1) Stress Management
2) Healthy Eating
3) Physical Activity
4) Restful Sleep
5) Service to Others
6) Support Network
7) Optimism Based on Positive Expectations
8) Cognitive Skills to Avoid Negative Thinking
9) Spiritual Beliefs and Practices
10) A Sense of Meaning and Purpose

5 Keys to Success:

1) A Person-Centered Goal
2) A Weekly Action Plan
3) A Daily/Weekly Personal Log
4) One-to-One Peer Support
5) A Weekly WHAM Peer Support Group

The training is intended to teach the following whole health self-management skills:

- ❍ Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors
- ❍ Write a whole health and resiliency goal based on person-centered planning
- ❍ Create and log a weekly action plan
- ❍ Participate in WHAM peer support groups to create new health behavior
- ❍ Elicit the Relaxation Response to manage stress
- ❍ Engage in cognitive skills to avoid negative thinking
- ❍ Use tools for shared decision-making
- ❍ Promote prevention health screenings

Notes:

PEER SUPPORT TRAINING SESSIONS

Session 1: Welcome and Overview

- ❍ Introduction
- ❍ 10 Whole Health and Resiliency Factors
- ❍ Person-Centered Planning Process
- ❍ 5 Keys to Success

Session 2: The Science of Stress

- ❍ The Stress Response
- ❍ The Relaxation Response
- ❍ Stress Management

Session 3: Improving Your Health

- ❍ Healthy Eating
- ❍ Physical Activity
- ❍ Restful Sleep

Session 4: The Power of Human Connections

- ❍ Support Network
- ❍ Service to Others

Session 5: The Importance of Attitude

- ❍ Optimism Based on Positive Expectations
- ❍ Cognitive Skills to Avoid Negative Thinking

Session 6: Connecting with That Which is More Than Self

- ❍ Spiritual Beliefs and Practices
- ❍ Sense of Meaning and Purpose

Session 7: Health Risk, Screening, and Shared Decision-Making

- ❍ Health Risk
- ❍ Health Screenings
- ❍ Shared Decision-Making
- ❍ Health Screening Resources

Session 8: Key to Success 1

- ❍ Review and Prioritization
- ❍ Setting a Person-Centered Goal
- ❍ Applying the IMPACT Criteria

Session 9: Keys to Success 2 & 3

- ❍ Weekly Action Plan
- ❍ Daily/Weekly Personal Log

Session 10: Keys to Success 4 & 5

- ❍ One-to-One Peer Support
- ❍ Peer Support Group

For Participants to Complete

Three reasons why I may want to improve my health:

1)

2)

3)

My number one reason is:

SESSION 2

The Science of Stress

- The Stress Response
- The Relaxation Response
- Stress Management

The Science of Stress

Stress is pervasive in American society. It is estimated that 60-80% of visits to healthcare providers in the U.S. are related to stress and its manifestations.[3] The prevention and treatment of the harmful effects of stress is a vital feature of health integration.

The body converts psychological stress into cellular stress that adversely affects the physical makeup of cells. This cellular stress is what uncovers our disease vulnerabilities.[4] Rosalynn Carter, in her book, *Within Our Reach*, says, "When a person is under severe stress, the brain has to work very hard to maintain normal blood pressure, heart rate, and temperature, among other things... If a person experiences multiple, continuous stressors, he starts losing the battle. If the stress remains overwhelming or persistent, it will take its toll on a person's health — either physically, mentally, or both."[5] It is important to note that stressors occur in many ways across the spectrum of a person's life, but there is growing awareness of the particular impact of trauma, especially childhood trauma, on all dimensions of whole health.

Not only does stress lead to physical illness, but prolonged stress often precipitates relapse for persons with mental illnesses and addictions. The ability to reduce and/or counter the negative impact of stress is important for relapse prevention.

How has or does stress impact your mental health, addiction, and overall health and wellness?

3. Lee R. The SuperStress Solution, Random House, 2010.
4. Fricchione GL. The "new" science of mind body medicine. In: Yano E, Kawachi I, Nakao M. (Eds) The Healthy Hospital — Maximizing the satisfaction of patients, health workers, and the community. The Seventh International Teikyo-Harvard Symposium. Tokyo: Shinoharashinsha. 2010.
5. Carter R. Within Our Reach: Ending the Mental Health Crisis, Rodale, Inc., 2010.

The Stress Response

Research has shown that prolonged stress has an adverse effect on one's health.

In order to understand this, it is necessary to understand three things:

1) Metabolism
2) Stressors
3) The Stress Response

Metabolism is the body's chemical process of breaking down organic matter (food) into nutrients and energy that the body can use.

Stressors are events or thoughts that communicate danger to a person's security, threaten the sense of wellbeing, or communicate loss of control.

The **Stress Response,** also known as the fight-or-flight Response, is the body preparing to deal with the impending danger or stressor. As a person enters the Stress Response, the body experiences the following to get more energy to the large muscles and vital organs of the body:

- Metabolism increases
- Breathing speeds up
- Heart beats faster
- Blood pressure increases
- Blood vessels constrict
- Stress hormones like cortisol increase

If a person's stressor is a saber-tooth tiger and that person flees to safety or fights to victory, the danger no longer exists. A person has burned most, if not all, of the energy that the body has produced and the body goes into a relaxation mode, which means:

- Metabolism decreases
- Breathing slows down
- Heartbeat slows down
- Blood pressure decreases
- Blood vessels open up
- Stress hormones like cortisol decrease

But what if the stressor is not a saber-toothed tiger? What if the stressor is workplace demands that don't go away?

WHAT HAPPENS THEN?

The body continues to produce extra energy because it thinks energy is needed to survive and expects the energy to burn up.

WHAT HAPPENS TO ALL THE ENERGY THAT IS NOT BURNED OFF BY FIGHTING OR FLEEING?

Much of the energy is held in the stress hormone called cortisol, which deposits fat deep in the abdomen. This type of fat is known as visceral fat, or the non-pinchable "belly fat," which is not attributable to poor diet or lack of exercise, but rather to the effect of stress hormones on the body.[6]

Research shows that visceral fat can be dangerous and is associated with increased risk for heart disease, diabetes, and some forms of cancer. Visceral fat also affects the function of the liver and weakens the immune system.

IS THERE A WAY TO COUNTER OR STOP THE STRESS RESPONSE WHEN WE ARE NOT ABLE TO FIGHT OR FLEE THE DANGER?

There is, and it is called "The Relaxation Response."

6. Glenville M. Mastering Cortisol — Stop Your Body's Stress Hormone From Making You Fat Around the Middle, Ulysses Press, 2006.

The Relaxation Response

The Relaxation Response is a state of deep rest that changes the physical and emotional responses to stress and decreases heart rate, blood pressure, rate of breathing, and muscle tension. When the Relaxation Response is elicited:

- Metabolism decreases
- Breathing slows down
- Heartbeat slows down
- Blood pressure decreases
- Blood vessels open up
- Stress hormones decrease

If practiced regularly, it can have lasting effects.

The founder of the Benson-Henry Institute (BHI) is Dr. Herbert Benson, a Harvard Medical School trained cardiologist. His work, started in the late 1960s, pioneered mind-body medicine by linking stress to physical health after observing that his patients had elevated blood pressure during regular check-ups. Dr. Benson's research found that by changing thought patterns, subjects experienced decreases in their metabolism, rate of breathing and heart rate, and had slower brain waves. These changes appeared to be the opposite of the commonly known "fight-or-flight" or "stress response."[7] Dr. Benson labeled it the "Relaxation Response," which is the foundation of mind-body medicine practiced at BHI.

HOW DOES ONE ELICIT THE RELAXATION RESPONSE?

To elicit the Relaxation Response, there are two essential steps:

- Repetition of a word, sound, phrase, or muscular activity.
- Passive disregard of everyday thoughts that inevitably come to mind and a return to repetition.

7. Benson H. The Relaxation Response, William Morton and Company, 1975.

For Participants to Complete

Stress Management

❍ These are some causes of stress in my life:

❍ These are my favorite activities for relaxing or having fun:

❍ When I feel stressed out, I like to do these things to take care of myself:

❍ What are 3-5 things a person might start doing on a regular basis to reduce the impact of stress in their life?

Turn to page 46 and answer questions 1A and 1B

SESSION 3

Improve Your Health

- Healthy Eating
- Physical Activity
- Restful Sleep

Improving Your Health

Usually diet, exercise, and sleep are the first things called to mind when considering health. In the WHAM training, these are referred to as "Healthy Eating," "Physical Activity," and "Restful Sleep."

Healthy Eating

Most people seem to know what foods are healthy — fruits, vegetables, chicken, fish, lean meat, whole grain breads, wild and brown rice, skim or 1% milk, etc. Baked and broiled foods are healthier than fried. People should drink a lot of water and less coffee and soft drinks. Small portions for breakfast, lunch, and dinner with a snack in the morning and afternoon are healthier than three larger meals. Stay away from processed foods. While not everyone may follow it, most know what a healthy diet looks like. The federal government has made it easier for Americans to remember — they released the "MyPlate," which is split into four sections for fruit, vegetables, grains and protein; a smaller circle sits beside the plate for dairy products. You can access the MyPlate at www.ChooseMyPlate.gov.

Physical Activity

It seems like a new book is published every day that touts the merits of a particular exercise program. However, there are many simple ways to increase activity level during the day without having to suit up and go to the gym. For example, walking can be a great, low-impact exercise with numerous health benefits. A person could choose to walk a pet, walk around the block, or through the apartment complex when checking the mail. A person can also get involved in active and fun recreational activities like hiking, bike riding, gardening, dancing, etc. Take a walk while on the cordless phone, take the stairs instead of the elevator, get off the bus a stop early and walk the rest of the way, or park farther away in the parking lot. A pedometer can count steps and help increase the number of steps taken each week. Or go to the local community center gym — it can feel empowering and motivating to join others in a setting that promotes optimum physical health.

Restful Sleep

Restful sleep is another important health issue. While many articles and new reports point to the increased incidence of sleep deprivation, not all people know how to counteract it. It is unhealthy to go without needed sleep. Sleep deprivation significantly affects health. Long-term, untreated sleep deprivation is associated with many illnesses, including high blood pressure, heart attack, heart failure, stroke, obesity, and mental health problems.

What role has healthy eating, physical activity, and restful sleep played in your mental health, addiction, and overall health and wellness?

For Participants to Complete

Healthy Eating

❍ These are some foods or snacks that I tend to eat or drink on a regular basis:

❍ I think these are some healthy foods:

❍ I think these are some unhealthy foods:

❍ These are some of the healthy foods that I like:

❍ What are 3-5 things a person might start doing on a regular basis to improve their healthy eating habits?

Turn to page 46 and answer questions 2A and 2B

For Participants to Complete

Physical Activity

❍ The following are, or have been, some of my favorite physical activities:

❍ I currently enjoy the following physical activities with other people:

❍ I currently enjoy doing the following physical activities by myself:

❍ What are 3-5 things a person might start doing on a regular basis to include more physical activities in their life?

Turn to page 46 and answer questions 3A and 3B

For Participants to Complete

Restful Sleep

❍ I usually get ____ hours of sleep each night.

❍ I usually wake up about _____ times during the night.

❍ I think I need _____ hours of sleep to function well.

❍ I would rate the quality of my sleep on a scale of 1-5 as … (circle the appropriate number.)

Restless	1	2	3	4	5	Restful

❍ I know that I am not getting enough sleep when these things happen:

❍ I have learned that I sleep better when I do these things before I go to bed:

Turn to page 46 and answer questions 4A and 4B

❍ I have learned that I usually do not sleep well if I do these things before I go to bed, or if these things happen before I go to bed:

❍ What are 3-5 things a person might start doing on a regular basis to get more restful sleep?

SESSION 4

The Power of Human Connections

- Service to Others
- Support Network

The Power of Human Connections

"Service to Others" and "Support Network" both have to do with human connections. Dr. Gregory Fricchione, director of the Benson-Henry Institute for Mind-Body Medicine at Massachusetts General Hospital, speaks of these two being one — or the flip side of the same coin. He states that humans need connectedness to survive. This connectedness is at the core of why peer support and self-help are so effective, proving essential to recovery from trauma, especially trauma associated with abuse and neglect that can result in fear and isolation.

There is a healing power in knowing you are not alone. Many people talk about this as part of their recovery story.

Dr. Dean Ornish is a cardiologist who places great importance on the healing power of loving relationships. In his best-selling book, *Love and Intimacy*, he states, "Anything that promotes feelings of love and intimacy is healing; anything that promotes isolation, separation, loneliness, loss, hostility, anger, cynicism, depression, alienation, and related feelings often leads to suffering, disease, and premature death from all causes. When you feel loved, nurtured, cared for, supported and intimate, you are much more likely to be happier and healthier. You have a much lower risk of getting sick and, if you do, a much greater chance of surviving."[8]

In his book, Dr. Ornish references research that shows people with the strongest social ties had dramatically lower rates of disease and premature death than those who felt isolated and alone, and those who lacked regular participation in organized social groups had a fourfold increased risk of dying six months after open heart surgery.

Living in isolation not only increases wear and tear at the cellular level but also is a highway to super stress. Everyone needs a supportive person or two with whom to share good and bad times. Being able to vent, cry, or just have someone listen is often enough to help put a stressful situation into perspective. In fact, most scientific studies cite social support as the number one determinant of how people handle a stressful situation. In any surgical waiting room, there are usually several supportive "waiters" for every patient being operated on. Belonging to a community — whether it's a knitting circle, a sports league, cat fancier's club, or a monthly dinner group with friends — is an important strategy to handle stress.

Support groups and service to others play a major role in initiating and sustaining recovery in the lives of people with mental illness and addiction.

How has service to others and having a support network helped you relative to your mental health, addiction, and overall health and wellness?

8. Ornish D. Love and Survival, Harper Perennial, 1999.

For Participants to Complete

Service to Others

❍ These are some of the things that I have done or I am currently doing that I would define as "service to others":

❍ Helping others has the following effect on me:

❍ The following are some possible places to volunteer in my community:

❍ What are 3-5 things a person might start doing on a regular basis to provide more service to others?

Turn to page 46 and answer questions 5A and 5B

For Participants to Complete

Support Network

❍ I can trust the following people to be there for me:

❍ These are friends that I enjoy doing things with:

❍ Some people in my support network are:

❍ I attend a support group on a regular basis and find that it benefits me in these ways:

❍ What are 3-5 things a person might start doing on a regular basis to strengthen their support network?

Turn to page 47 and answer questions 6A and 6B

SESSION 5

Maintaining a Positive Attitude

- Optimism Based on Positive Expectations
- Cognitive Skills to Avoid Negative Thinking

Maintaining a Positive Attitude

"Optimism Based on Positive Expectations" and "Cognitive Skills to Avoid Negative Thinking" have to do with one's attitude. The first has to do with attitude toward the future and the second with attitude toward oneself.

Essential to the strength-based recovery movement for mental illness and addiction is a sense of personal hope that one's life can be better and growing awareness that peer support can foster hope. Hope supports maintaining a positive attitude, and emerging research demonstrates its impact on whole health and resiliency. In a Duke University study of 2,800 heart patients, those with optimistic expectations about their recovery were found 30% less likely to die over the next 15 years than patients with less optimistic expectations, regardless of the severity of their heart disease.[9]

Charles Swindoll, in his article on attitude, states, "The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than facts. It is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people say or do. It is more important than appearances, giftedness, or skills. It will make or break a company… a church… a home… I am convinced that life is 10% what happens to me and 90% how I react to it."

You've probably heard quotes such as, "Attitude is everything," "Your attitude determines your altitude," or Henry Ford's famous one, "Whether you think you can or can't, you are probably right." These sentiments refer to the human ability to be consciously hopeful or optimistic about the future to avoid or shift away from negative thinking about oneself and one's situation.

Health consultant and writer Martha Beck states, "Your situation may endanger your life and limbs, but only your thoughts can endanger your happiness."[10]

Happiness involves having gratitude for the past, enjoying the present, and being optimistic about the future. Telling a miserable story about one's situation creates suffering. Telling oneself a more positive and grateful story increases happiness.

How does your attitude about the future and your attitude about yourself affect your life relative to your mental health, addiction, and overall health and wellness?

9. Barefoot J et al. Recovery Expectations and Long-term Prognosis of Patients With Coronary Heart Disease, Archives of Internal Medicine, May 28, 2011
10. Beck M. Finding Your Own North Star, Three Rivers Press, 2001

For Participants to Complete

Optimism Based on Positive Expectations

❍ I would rate how optimistic I usually am about the future as:

Not optimistic at all 1 2 3 4 5 Very optimistic

❍ I do these things to help me stay positive:

❍ When I am becoming pessimistic or negative about the future, doing these things helps me become more optimistic:

❍ What are 3-5 things a person might start doing on a regular basis to develop a more optimistic attitude?

Turn to page 47 and answer questions 7A and 7B

Cognitive Skills to Avoid Negative Thinking

Negative self-talk is a problem for many people, this session teaches a skill to combat it.

CAROL'S STORY

Carol awoke and realized she had overslept. "Oh, no! I am going be late for work! I said I wanted to get up every morning and go for a walk. I should have known that I wasn't serious. I always have great plans, but I never follow through. When am I going to grow up and start taking some responsibility for my life? I am such a failure!"

As Carol went to the kitchen, she caught a glimpse of herself in the hall mirror. "I shouldn't wear this skirt. It is too tight. If I bend over, I will burst the seams. I have really put on a lot of weight lately. I am so fat and ugly."

As Carol was opening the door of the refrigerator, she said to herself, "What am I doing? I shouldn't eat breakfast. I really need to skip a few meals; then my clothes may fit a little better. I probably need to not eat for a week! No, I've changed my mind. Why don't I eat everything in the fridge? I am a great example of a person who doesn't care how fat and ugly she gets. I am really hopeless."

Carol left the house almost in tears. She got on the bus for work. When she sat in her seat she looked at her reflection in the window. She realized that she had forgotten to comb her hair. "My hair looks horrible. I am so ugly. I ought to shave my head and wear a wig. Nobody could ever like a person who looks like me!"

When Carol got to work she remembered that she had not finished a report that was due that day. As she sat at her computer and got to work, her boss walked by. Carol said to herself, "He is going to think that I just started working on this report, and it is due today. He won't expect it to be very good. I am sure that he will give it to someone more capable to rewrite. I am probably not going to have this job much longer. He will probably fire me soon. What will I do then? I am a fat, ugly failure that no one could ever like. I wish I was dead!"

Reflection on Carol's Story

Something usually occurs to prompt our negative self-talk. There are four events that "jump-started" Carol's self-talk that turned negative: she overslept; she saw in the mirror that her skirt was tight; she forgot to comb her hair; she had not finished a report that was due that day. Each time her self-talk quickly moved from stating the fact(s) to telling herself a story that was not based on facts. "I overslept, I am such a failure." "My skirt is too tight. I am so fat and ugly." "I forgot to comb my hair. Nobody could ever like a person who looks like me." "I haven't finished the report. I will be fired soon."

In each paragraph, when does her self-talk shift from fact to story?

Catch it! Check it! Change it!

Everyone has negative thoughts and engages in negative self-talk. That is not the problem. The problem is when it spirals downward and people end up defining themselves in absolute and permanent negative language.

These three steps help alter attitudes:

1) Catch it early on. This involves knowing when thoughts are moving from fact to story.
2) Check it against what is actually happening — stick with the facts.
3) Change it to more appropriately reflect reality.

❍ Where could Carol have caught her self-talk moving from fact to story?

❍ How could she have checked her self-talk so that it was more based on facts?

❍ What could she have changed in regard to her self-talk so that it more appropriately reflected the reality of her situation?

❍ If she had done this, how might her day have been different?

For Participants to Complete

List 3-4 actions you have found helpful in catching, checking, and changing your negative self-talk:

1.

2.

3.

4.

In mental illness and addiction, changing one's thoughts is considered crucial to successful strength-based recovery and is the basis for one of the most used evidence-based therapies — Cognitive Behavioral Therapy.

For Participants to Complete

Notes from small group discussion:

What are some things a person could start doing on a regular basis to develop cognitive skills and to avoid negative thinking?

Turn to page 47 and answer questions 8A and 8B

SESSION 6

Connecting with More Than Self

- Spiritual Beliefs and Practices
- Sense of Meaning and Purpose

Connecting with That Which is More than Self

"Spiritual Beliefs and Practices" and "A Sense of Meaning and Purpose" seem to involve being connected with something that is more than "me." Spirituality is often defined as a sense of connection that transcends individual experiences and unites the parts into a greater whole. For many people, spirituality, meaning, and purpose cannot be separated. For them, spirituality is the road to meaning and purpose.

Spirituality may include belief in a power that created and controls all of life. It may include a belief in the interrelatedness of all living creatures. It may be a feeling of unity or connection with nature.

For some, spirituality and spiritual beliefs may be very clear and concrete and spiritual practices may center around specific religious rites, rituals, and ceremonies. For others, spirituality and spiritual beliefs may be more vague and mysterious and held in experiences like the following — "At that moment, I realized that I was not alone. My pain was the same pain that everyone else in the room had experienced. My shame was their shame. Their shame was my shame. My anger was their anger. Their anger was my anger. I was not alone. And whatever had seen me through all of this had seen them through also. Whatever had sustained me had sustained them."

Spirituality plays a major role in Alcoholics Anonymous, 12-step program, as seen in Step 11 — "Sought through prayer and meditation to improve our conscious contact with God as we understood him/her, praying only for knowledge of his/her will for us and the power to carry that out"— and Step 12 — "Having had a spiritual awakening as the result of these steps…"

However, in this manual, spiritual beliefs and practices are defined as a sense of meaning and purpose that can play a crucial role in one's ability to weather life's storms.

How have spiritual beliefs and practices and a sense of meaning and purpose played a role in your life relative to your mental health, addiction, and overall health and wellness? How have they helped you weather the storms of life?

For Participants to Complete

Spiritual Beliefs and Practices

❍ I would rate, on a scale of 1-5, the importance of spiritual or religious beliefs in my life as…

Not important at all 1 2 3 4 5 Very important

❍ These are spiritual beliefs that help see me through the dark and difficult times:

❍ I find these spiritual practices to be very important and sustaining in my life:

❍ What are 3-5 things a person might start doing a regular basis to strengthen their spiritual beliefs and practices?

Turn to page 47 and answer questions 9A and 9B

For Participants to Complete

A Sense of Meaning and Purpose

❍ I would rate, on a scale of 1-5, the amount of meaning and purpose I have in my life as:

Very little 1 2 3 4 5 A great deal

❍ These relationships give my life meaning and purpose:

✦ My relationships with the following people

✦ My participation in the following activities

✦ My involvement with the following groups

❍ What are 3-5 things a person might start doing on a regular basis to create more meaning and purpose in their life?

Turn to page 47 and answer questions 10A and 10B

SESSION 7

Health Risk, Screening, and Shared Decision-Making

- Health Risk
- Health Screening
- Shared Decision-Making
- Health Screening Resources

Health Risk, Screening, and Shared Decision-Making

For better whole health self-management, this session focuses on health risk, screening, and shared decision-making.

People living with mental illnesses and addictions are at greater risk than the general population for dying early or experiencing life-altering conditions such as cardiovascular disease, diabetes, hepatitis, or Acquired Immune Deficiency Syndrome (AIDS).

The Medical Directors Council of the National Association of State Mental Health Program Directors released a report in October 2006 that states, "People with serious mental illness served by the public mental health system die, on average, 25 years earlier than the general population." The report, *Morbidity and Mortality in People with Serious Mental Illness*, says that increased morbidity (illness) and mortality (death) are largely due to preventable conditions such as metabolic disorders, cardiovascular disease, and diabetes. Preventable health risk factors include: obesity, smoking, substance abuse, and inadequate access to medical care. The report also states that some psychiatric medications contribute to the risk.

For Participants to Complete

1) Why is it important to self-check or seek health screenings to monitor health risk factors?

2) What self-management strategies or health risk screenings are important to prevent untimely death?

3) When was the last time you completed a health risk screening? What tests were done?

Health Risk Screening

To better understand Health Risk Screenings let's first define a medical term know as metabolic syndrome. The National Cholesterol Education Program Adult Treatment Panel defines metabolic syndrome as the presence of three or more of the following health risk indicators:

- High blood pressure
- Abnormally low "good" cholesterol (HDL)
- Elevated triglycerides (fatty acid)
- High blood sugar
- Abdominal visceral fat (waist circumference)

Each of the indicators above adds some risk for disease. The more the indicators experienced by an individual, the higher the risk for developing type II diabetes and cardiovascular disease. The following are the screenings for the risk indicators above:

- **High blood pressure (hypertension)** is the measurement of the increased blood pressure against the walls of the blood vessels as blood flows through the body. Resistance to the blood flow that increases blood pressure could result from rigid vessels, narrowed vessels, vessels blocked with fatty plaque (cholesterol), or other serious cardiovascular problems. If blood pressure remains high, it can lead to heart attack, stroke (brain attack), kidney failure, heart failure, or blindness. You can have high blood pressure and not know it, which is why it is important to track your blood pressure. A simple blood pressure measuring device is a cuff that inflates with a pressure gauge. Blood pressure is given in two numbers. The top number is your systolic pressure, which is the force of blood on your blood vessels when your heart beats, and the bottom number is your diastolic pressure, which is the force of blood as your heart relaxes between beats.

CATEGORIES FOR BLOOD PRESSURE LEVELS IN ADULTS (measured in millimeters of mercury)

Category	Systolic (top number)	Diastolic (bottom number)
Normal	Less than 120	Less than 80
Pre-hypertension	120–139	80–89
High blood pressure		
Stage 1	140–159	90–99
Stage 2	160 or higher	100 or higher

For Participants to Complete

My blood pressure is: Systolic _____ Diastolic _____

If your blood pressure is high, it's a good idea to talk to your doctor. High blood pressure can often be self-managed with healthy eating, physical activity, weight loss, reducing salt, and taking medication.

- **Cholesterols** are fatty chemicals that help with cellular, hormone, and other body processes. When cholesterols are increased beyond normal ranges, they initiate and support diseases such as heart disease, diabetes, and stroke. High-density lipoprotein (HDL) or "good" cholesterol removes excessive low-density lipoprotein (LDL) or "bad" cholesterol from the blood steam. If the HDL is low, then there is not enough to carry away the excess of fatty deposits in the blood vessels. This can restrict blood flow. Screening for the entire cholesterol profile can be done in the doctor's office, clinic, or lab. A blood drop can be examined quickly by a medical professional on a machine with results available in 5 minutes. One advantage to this sort of screening is that results are available immediately. The usual procedure is to take a blood sample from your arm — usually after fasting overnight — after which the sample is sent to a lab for analysis. A follow-up appointment with a medical professional is usually made for interpretation of the lab analysis, or the results may be provided by phone or mail. Screening for cholesterol is done as a lipid (fat) profile, which checks total cholesterol, high and low cholesterol, triglycerides, and a HDL risk factor. Desirable ranges are:

  - Total cholesterol = below 200 mg/dl
  - Triglycerides = below 150 mg/dl
  - HDL (good) = above 60 mg/dl
  - LDL (bad) = 100 mg/dl or below
  - HDL risk factor = average risk factor is 3.4

- **High Blood Glucose** is also another important risk factor people can self-monitor to prevent or manage diabetes. Blood glucose is the amount of sugar in the blood at the time of testing. Normal range is 80-100 mg. Screening can be done by a finger-stick blood drop measured by a glucometer. To diagnose or manage diabetes, a medical professional orders a lab test called a **Glucose Tolerance Test**, which is usually administered in a doctor's office, clinic, or hos-

A1c TEST STANDARDS

- Normal range for the A1c test is between 4% and 6%
- Over 6% means that a person has poor blood sugar regulation
- The goal for a person with diabetes is to be below 7%
- The higher the A1c level, the greater the risk of developing complications of diabetes

11. American Diabetes Association: "A1C Test." Droumaguet, C. Diabetes Care, 2006; 29:1619. Steffes, M. Clin Chem, 2005; 51:1569. Selvin, E. Diabetes Care, 2006; 29:877.

pital after 8 hours of fasting. Another blood test used to manage diabetes is called **Hemoglobin A1c Test,** which determines how well diabetes is being managed over a 3-month period. This test can also be done in a doctor's office or clinic with a blood-stick blood drop, which can be analyzed in 5 minutes by a machine, or by having blood drawn from your arm that is then sent to a lab for analysis. See the A1c Test Standards provided in the shaded box on the previous page.

OTHER HEALTH RISK SCREENINGS

- **HIV Test** for human immunodeficiency virus is a blood screening for the precursor of AIDS. HIV weakens the body's natural defense system against illness. AIDS is the last stage of HIV infection. Blood can be drawn at the doctor's office or clinic, or at the public health department. The blood is then sent to a lab for analysis, after which a medical professional will discuss with an individual the results and any necessary follow-up. The blood tests will be either positive or negative. An HIV positive condition can be treated and managed successfully without ever manifesting AIDS. This virus can be given to another individual through blood contamination from unprotected sex, sharing needles, and other contact with blood.

- **Hepatitis C Test** is a blood screening for a disease of the liver. The blood is usually drawn from the arm at a doctor's office or clinic, or at the public health department. The blood is sent to a lab for analysis, after which a medical professional will discuss the results and any necessary follow-up. The blood tests will be either positive or negative. Hepatitis can be treated and managed successfully.

Health Discussion

1) What challenges do you think people may face when screening themselves for health issues?

2) What are some ways that you can be supportive of the people you work with if someone becomes upset about this information?

3) What tools can you use?

ROLE PLAYING: SHARED DECISION-MAKING — PREPARING FOR YOUR DOCTOR'S MEETING AND HEALTH TESTS

An important emerging concept in whole health self-management is "shared decision-making." In the WHAM training, shared decision-making is defined as "the collaboration of a medical professional and recipient of whole health services to determine the treatment and self-management actions for maximizing whole health." In this collaboration, both the medical professional and recipient of whole health services should be valued as experts. The doctor may be an expert on medications, tests, and treatment, but equally important is the recipient of whole health services who uses skills like person-centered planning and the eliciting of the Relaxation Response as an expert on self-management.

A good way to teach skills for shared decision-making is through role playing, which can be introduced during this part of the training.

Health Screening Resources

Primary Care Visits – Most people receive health screenings from their primary care doctor during annual physicals. Of course, many people with ongoing health conditions see their doctor more frequently, and the doctor may not set aside a specific visit for an "annual physical."

During these meetings, a person should get his or her height, weight, waist circumference, blood pressure, blood glucose, cholesterol, and triglycerides tested. Many tests are done via blood work, and some people may need to go to a lab to get blood taken.

Health Fairs – Many hospitals, health communities, schools, and other public health efforts offer health screenings in the community. These events often offer limited screening areas and do not typically offer blood tests. Typical screenings related to metabolic syndrome include height, weight, waist circumference, and blood pressure. Some other kinds of screenings may also be included. While these events may not offer all areas of metabolic syndrome testing, they can be a source of information. Many health fairs also offer a variety of health products that can be motivational, such as pedometers and stress balls.

Mental Health and Addiction Services can play a role in getting people access to health screening in a variety of ways.

- Psychiatrists and other behavioral health clinicians are increasingly paying attention to weight gain and other physical health factors in their practices.
- Mental health and addiction treatment centers may have nursing staff who can take a blood pressure reading or help with other health screenings.
- Peer support/self-help groups and facilities can provide health screening access in various ways, such as bringing a nurse in to do screenings, getting members to a health fair, etc.
- Self-testing is done by the individual at home. Many of the health products needed to test one's health are becoming more readily available to consumers. These products can often be found at a local health food store or drug store. Scales, measuring tapes, blood pressure machines, and blood glucose monitors can all be purchased at reasonable prices (health insurance may reimburse or discount these items).

Other things to consider in helping peers self-monitor their own health and risk factors or engaging them in health risk screenings:

- Actions a person can take if findings are outside normal limits, including basic common lifestyle changes (e.g., increase physical activity, dietary changes, or reduction in simple carbohydrate consumption to lower triglycerides, etc.)

- Ways to help people deal emotionally with abnormal findings (need for professional retest, treatability of conditions, etc.)
- Importance of confidentiality of personal health information
- Proper use of personal health records
- Safety aspects of finger sticks (e.g., including use of sterile lancets, avoidance of contact with body fluids, and the importance of minimum necessary lancing depth)

Resources a person can use to track or learn about their health, including trustworthy online resources and mobile applications

OTHER RESOURCES:

- Mayo Clinic — www.mayoclinic.com — Online health screening guidelines sheet that is interactive and fun to use.
- Medline Plus — www.nlm.nih.gov — Health screening tests information page.
- National Council for Behavioral Health — January 2011 — Staying Well: It's as simple as your ABCs and D&E

SESSION 8

Key to Success 1

- Review and Prioritization
- Setting a Person-Centered Goal
- Applying the IMPACT Criteria

Setting and Clarifying Your Whole Health Goal

For Participants to Complete

HEALTH STRENGTHS: (Put a check mark by those that you think are your strengths)

General Health	
	My blood pressure is within the normal range.
	My blood sugar level is within the normal range.
	My cholesterol level is within the normal range.
	My body weight is within the normal range.
	I have a physical examination on a regular basis.
	I have a primary care doctor that I trust and can work with.
	I do not have a chronic illness.
	I have a chronic illness, but I have learned how to control it.
	I know what areas of my health I want to improve.
Health and Resiliency Lifestyle	
	I know what causes stress in my life.
	I know some things I could do to make my life less stressful.
	I know what foods are healthy and unhealthy.
	I know some healthy foods that I like and could add to my diet.
	I understand the value of physical activity.
	I know some physical activities that I enjoy and could add to my life.
	I regularly get an adequate amount of sleep.
	I know some things I could do to improve the quality of my sleep.
	I know that when I help others I feel better about myself.

	I know some things I could do to help others and that I would enjoy doing.
	I have people in my life who I enjoy being around.
	I know some things that I could do to increase my support network.
	I think of myself as an optimistic person in relation to the future.
	I know some things I could do to become more optimistic about the future.
	I have some cognitive skills to help avoid negative thinking.
	I know some things that I can do to improve my cognitive skills to avoid negative thinking.
	I have spiritual beliefs and practices that sustain me during difficult times.
	I know some things that I can do to strengthen my spiritual life.
	I have a strong sense of meaning and purpose in my life.
	I know some things that I can do to increase my sense of meaning and purpose.
	I know some things I could do to improve my health and resiliency.
	I am ready to work on improving my health and resiliency.

I think my current lifestyle is healthy and resilient in the following ways:

I could use the following strengths to improve my whole health and resiliency:

Review and Prioritization

For Participants to Complete

1A If I decide it is important to **reduce stress** in my life or practice more stress management skills to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

1B *The benefit of doing this would be:*

2A If I decide it is important to create **healthier eating** habits in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

2B *The benefit of doing this would be:*

3A If I decide it is important to engage in more **physical activity** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

3B *The benefit of doing this would be:*

4A If I decide it is important to get more **restful sleep** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

4B *The benefit of doing this would be:*

5A If I decide it is important to get more involved in **service to others** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

5B *The benefit of doing this would be:*

6A If I decide it is important to expand and strengthen my **support network** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

6B *The benefit of doing this would be:*

7A If I decide it is important to develop a more **optimistic attitude** about the future in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

7B *The benefit of doing this would be:*

8A If I decide it is important to strengthen my **cognitive skills to avoid negative thinking** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

8B *The benefit of doing this would be:*

9A If I decide it is important to strengthen my **spiritual beliefs and practices** in order to increase my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

9B *The benefit of doing this would be:*

10A If I decide it is important to have more **meaning and purpose** in my life in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

10B *The benefit of doing this would be:*

Stating My Whole Health Goal

Looking over what I could do in each of the ten factors and the benefits of doing each, I believe that improving the following factors would have the most positive impact on my health and resiliency: (Check 2-3)

	Reduce the impact of stress		Enlarge and strengthen my support network
	Create healthier eating habits		Develop a more optimistic attitude
	Increase my physical activity		Strengthen my cognitive skills to avoid negative thinking
	Get more restful sleep		Strengthen my spiritual beliefs and practices
	Get more involved in service to others		Have more meaning and purpose

I think the benefits of improving these factors would be:

I think I might be ready to do this because:

Taking all of this into consideration, my whole health and resiliency goal is:

WHY – In order to (explains why I want to achieve this goal or what I see as the potential benefits).....

.....

.....

WHAT – My whole health and resiliency goal is (what I want to be doing on a regular basis to create a new, healthy habit.).....

.....

WHEN – By (Recommend 8-week time period to coincide with WHAM group meetings).....

.....

IS MY GOAL STATED SO THAT IT HAS IMPACT?

Ask yourself the following questions about your initial goal statement:

- ❍ **Improve** – Does accomplishing the goal improve the quality of my health and resiliency? *This criterion is usually easy to meet because we have been talking about improving one's health.* ☐ YES ☐ NO
- ❍ **Measurable** – Is it objectively measurable in terms of knowing if I have accomplished it? *For something to be measurable, it usually has to state an amount - how much, how often or how many one wants.* ☐ YES ☐ NO
- ❍ **Positively Stated** – Is it positively stated as something new I want in my life? *It is more motivating to work toward getting something that you want than focusing on something that you want to get rid of, avoid or change.* ☐ YES ☐ NO
- ❍ **Achievable** – Is it achievable for me in my present situation and with my current abilities? *If you do not think your goal is achievable within the given time frame, you can usually remedy that by lowering the amount or changing the time frame.* ☐ YES ☐ NO
- ❍ **Call Forth Actions**– Does it call forth actions that I can do on a regular basis to create healthy habits or a healthier lifestyle?" *The goal needs to be stated so that it is something you work to achieve over a period of time; therefore there are actions that you can take to achieve your goal.* ☐ YES ☐ NO
- ❍ **Time limited** – Is it time limited in terms of when I plan to accomplish it? *The goal needs to be stated so that you know by when you plan to accomplish it.* ☐ YES ☐ NO

If you answered 'no' to any of the six questions, write a second draft of your goal statement so that it is more closely aligned to the IMPACT criteria.

WHY – In order to (explains why I want to achieve this goal or what I see as the potential benefits).....

.....

.....

WHAT – My whole health and resiliency goal is (what I want to be doing on a regular basis to create a new, healthy habit.).....

.....

WHEN – By – (Recommend 8-week time period to coincide with WHAM group meetings).....

.....

Guidelines for helping you write your goal to meet the IMPACT criteria.

A goal is something we want. It is something we are willing to work for. We do the work because we want the benefits that come from accomplishing the goal. **It is the potential benefits that motivate us to act.** Therefore, the closer you can get the goal statement to incorporate the potential benefits, the more IMPACT the statement will have on the person's motivation to accomplish the goal.

There are three criteria that are often the most difficult to meet – Measurable, Positively Stated and Call Forth Actions. An example of a goal statement that is hard to measure – "I want to feel better." This statement does not contain anything that you can objectively measure. Nor does it say what 'better' would involve or look like. Words like better, more, less, etc. are not objectively measurable.

If the goal statement is not measurable, it is helpful to get it related to the benefits by asking the following questions:

1. Why do you want this?
2. What will be the benefits?
3. How will your life be different if you accomplish this goal?
4. If you accomplish this goal, what will you be able to do that you can't or aren't doing now?

The following is an example of how to use the questions with a goal statement that is not measurable:

- **My goal is to feel better.** Why do you want to feel better? **If I felt better, I think I would get out more often.**
- What would be the benefits of getting out more often? **I wouldn't isolate so much. I wouldn't sit around feeling sorry for myself all the time.**
- How would your life be different if you didn't isolate so much? **I wouldn't be so lonely.**
- What would you like to do that you aren't doing now? **I would like to do things with my friends.**
- Like what? **Like going out to dinner or going to the movies.**
- Then maybe going out with your friends might be your goal. What do you think? **Yes, I would like that goal.**
- In eight weeks, how often would you like to be going out with your friends? **I don't know, maybe twice a week.**
- What if we made your goal about doing things with your friends? **Well that is really what I want to do.**
- Would you like me to try to rephrase the goal for you? **That would be great.**

Let's see if this works.

In order to – feel better about myself,

My whole health and resiliency goal is – to go with my friends at least twice a week,

By - 8 weeks from now.

Does that sound like something that would improve your whole health?

Yes, because when I sit home by myself I just get depressed and eat and sit around watching TV. Doing things with my friends would make me feel better in all areas of my life.

When these questions are asked and the goal statement is related to the benefits, it is easier for the person to begin to think about the amount of the benefits that he or she wants. Also, it is more motivating and leads to actions that the person can do to accomplish the goal.

Examples of a goal statement that is not positively stated are, "I want to quit smoking." or "I want to lose weight." These are very common goal statements, but they focus what you do not want – smoking and weight. It is more motivating if the goal statement focuses on what you want, e.g, the benefits of not smoking or losing weight.

If the goal statement is not positively stated, it might be helpful to move it to the "In order to" line and use the goal or "What" line to write what you want to be doing on a regular basis to accomplish this.

An example of this is:

WHY – In order to lose 10 pounds.....

.....

.....

WHAT – My whole health and resiliency goal is to be walking two miles on three days a week.....

.....

WHEN – In the next 8 weeks. .....

.....

.....

.....

If the goal statement is not positively stated, you may want to ask questions like:

- ❍ When are you aware that smoking is a problem for you?

- ❍ What would you like to do that smoking keeps you from doing?

Once the person answers these questions, try to get the goal stated around what the person wants to do.

If the goal does not call forth actions, ask the person what he or she might start doing to accomplish this or use either of the two approaches outlined above. Or you may need to help the person move his or her focus from what they want now to what they want eight weeks from now. *What would you like to achieve, be able to do, or be doing on a regular basis eight weeks from now?*

Remember- you want to get the goal statement related to actions that the person can see themselves doing on a regular basis in order to create a new, healthy habit.

Work in pairs, using the information above, to get the goal statement to meet all six IMPACT criteria. Then write your final revision of your goal statement in the space provided below.

WHY – In order to (explains why I want to achieve this goal or what I see as the potential benefits.).....

.....

.....

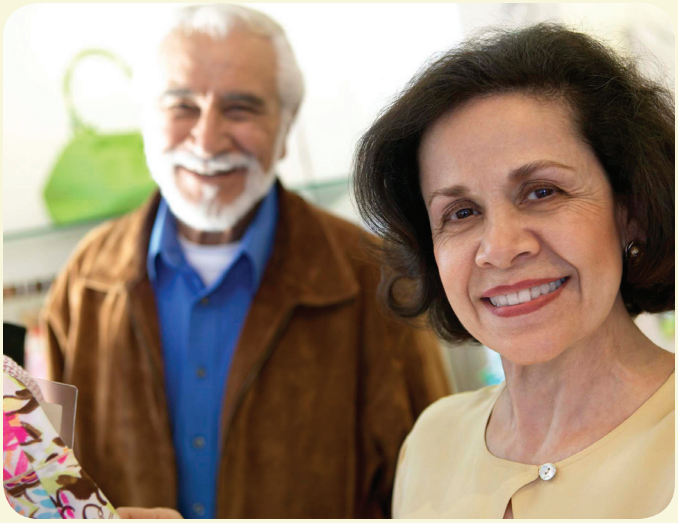
WHAT – My whole health and resiliency goal is (what I want to be doing on a regular basis to create a new, healthy habit.) .....

.....

WHEN – By (Recommend 8-week time period to coincide with WHAM group meetings) .....

.....

SESSION 9



Keys to Success 2 & 3

- Weekly Action Plan
- Daily/Weekly Personal Log

Weekly Action Planning and Personal Log

Learning to create a **weekly action plan** that helps a person reach his or her whole health goal is crucial to success. The actions must be healthy and such that a person can engage in them multiple times a week.

ACTION PLANS FOR GOALS THAT REQUIRE DEVELOPING A NEW BEHAVIOR, HABIT, OR LIFESTYLE

While the actions in the weekly action plan may vary from week to week, the actions need to relate to the set goal and consist of healthy behaviors that create a new discipline in one's lifestyle. Remember, the action plan needs to be something that the person wants to do and can expect to do during the next week. The action plan needs to focus on what a person is creating that is new and is helping him or her move in the desired direction, not changing or eliminating what is "wrong." Don't focus on bad habits. That gives these habits power. Remember, whatever you focus your energies on, you give power to; therefore, focus on what you want to create, not on what you want to change. The action plan needs to focus on creating good habits, not getting rid of bad ones. If a person wants to create an action plan for eliminating certain things in his or her life, that is OK, but it is best to stay focused on the positive, what the person wants, and the person's strengths. Also, it is helpful if the plan contains actions that the person is able to take multiple times during the week, in order to establish a new discipline in his or her life.

For Participants to Complete

Some of the things I could possibly do, or need to do, each week to accomplish my goal are:

1)

2)

3)

4)

5)

Using the whole health goal that you just created, you will now practice creating a weekly action plan.

This action plan needs to answer the following questions:

1. What will you do?
2. How much will you do?
3. How often will you do it?
4. When will you do it?

EXAMPLES

Stress Management:

1) What will you do?
   I will practice the Relaxation Response
2) How much will you do? **10 minutes**
3) How often will you do it? **Four days this week**
4) When will you do it? **Before I go to work**

Healthy Eating:

1) What will you do? **I will eat fruits and vegetables**
2) How much will you do?
   Three servings of fruits and/or vegetables
3) How often will you do it?
   Three different days this week
4) When will you do it? **At lunch and/or dinner**

Physical Activity:

1) What will you do? **I will walk**
2) How much will you do? **One-half mile**
3) How often will you do it? **Three times this week**
4) When will you do it? **After work and before dinner**

Restful Sleep:

1) What will you do?
   Turn off the TV and take a warm bath
2) How much will you do? **For 20 minutes**
3) How often will you do it? **Three times this week**
4) When will you do it? **At 10:00 PM**

Service to Others:

1) What will you do? **Volunteer tutoring**
2) How much will you do? **One Hour**
3) How often will you do it? **Twice this week**
4) When will you do it? **After school**

Support Network:

1) What will you do? **Attend a support group**
2) How much will you do? **For one hour**
3) How often will you do it? **Once a week**
4) When will you do it? **In the evening**

Optimism Based on Positive Expectations:

1) What will you do? **Positive affirmations**
2) How much will you do? **One affirmation repeated three times**
3) How often will you do it? **Three days a week**
4) When will you do it? **Early in the morning before I begin the day**

Cognitive Skills to Avoid Negative Thinking:

1) What will you do? **Write in my employment journal good things I did at work**
2) How much will you do? **15 minutes**
3) How often will you do it? **Two days this week**
4 When will you do it? **After work**

Spiritual Beliefs and Practices:

1) What will you do? **Morning devotion**
2) How much will you do? **15 minutes**
3) How often will you do it? **Three days**
4) When will you do it? **Early morning**

A Sense of Meaning and Purpose:

1) What will you do? **Read an autobiography**
2) How much will you do? **30 minutes**
3) How often will you do it? **Four days**
4) When will you do it? **Before going to bed**

Once you've created an action plan, the question arises as to whether you will implement it. The Confidence Scale is used to increase the likelihood of success. Continued success — even in small doses — increases one's self-confidence and the desire to set and accomplish more goals. It works like this: you decide how confident you are about the weekly action plan, using a scale of 0-10 (0 = no confidence and 10 = total confidence). **The Confidence Scale** score should be 7 or higher. You can increase the number by lessening the actions (the "how many" and the "how much"), by identifying and removing barriers, and/or by increasing the support. For example, you may initially plan to walk 1 mile a day on 5 days during the next week, but you've selected a score of only 5 on the Confidence Scale. To increase the Confidence Scale score to 7 or above, you could choose to reduce the planned walking distance and/or the number of days you will walk. Or you can choose to ask for certain supports such as asking someone to phone you with a reminder, or to walk with you.

SAMPLE ACTION PLAN

- ❍ Week .....
- ❍ What? .....
- ❍ How much? .....
- ❍ How often? .....
- ❍ When? .....
- ❍ Confidence level? .....

A daily/weekly personal log is simply a way of keeping a record of what you actually do each week in relation to your weekly action plan. It is important early on that the peer leader, the peer, and the peer support group work out a simple and doable way of keeping a daily/weekly log to be reported each week at the support group. For your convenience, there is a space provided in the Weekly Action Plan Pocket Guide to log your daily/weekly progress.

SESSION 10

Keys to Success 4 & 5

- One-to-One Peer Support
- Peer Support Group

One-to-One Peer Support

Supporting peers outside of the support group is important. Ideally, this is contact that occurs between the weekly support group meetings. There are two ways this can be done. The first involves the peer leader who is leading the support group to contact each participant between meetings. The second occurs during the support group meeting when each peer selects another peer to be the support person for the next week and makes contact between meetings. The first procedure is recommended for the first few weeks of the group meetings.

However the peer support is structured, the peer supporter makes arrangements to contact his or her peer 2-4 days after the support group meets. This can be in person or by phone. The peer supporter asks how the other person is doing in relation to the action plan and log. If the other person is doing OK, the peer supporter expresses appreciation and encouragement to attend the next support group meeting. If the other person is not doing well, the peer supporter asks how to help.

Weekly Peer Support Group

The weekly peer support group is foundational to the success of the WHAM process. Here are suggested guidelines for conducting a group:

1) All group participants should be working on a health goal and have agreed to use the 5 Keys to Success.
2) The group can be facilitated by any one of its members. If it is facilitated by a peer leader, the peer leader must meet the criteria of guideline #1 above.
3) During the first group meeting, a "comfort contract" that group members agree on should be created to serve as the group's rules of conduct. (Please note: a sample comfort contract is provided as a training handout.)

The meeting follows this format:

a. The leader welcomes everyone, opens with a short Relaxation Response exercise, and leads the discussion for that week.

b. The leader shares his or her weekly action plan and the associated activities from the past week using the personal log as a reference.

- If the action plan was accomplished, the group celebrates the accomplishment(s) and moves to the next person.

- If the action plan was not accomplished, a group member asks what the barriers were, what could be done next week to help succeed, and if the person wants suggestions from group members who have struggled with the same situation.
- After brainstorming suggestions, recommend that the person choose what may be helpful to be used next week.

c. Move to the next person and repeat the above process.

d. After everyone has had a chance to share, the focus shifts to the next week. Starting again with the leader, each person shares his or her action plan for the next week.

- Using the Confidence Scale, each person states his or her confidence in relation to accomplishing the actions. If a person's Confidence Scale ranking is seven or above, move to the next person. If it is less than seven, the group works with the person to get the Confidence Scale ranking to a score of seven or higher.
- Decide who will be the support peer for that person for the next week.

e. After everyone has had a chance to participate, check to see if someone would like to share anything else in closing. Remember that this is a whole health support group and that should be the focus. Other issues and concerns can be dealt with after the group meeting is over.

GLOSSARY

Abdomen: The part of the body between the chest and pelvis.

Abnormal: Test results or system functioning outside the range of what is typically expected.

Abnormally high glucose: Blood sugar levels at higher-than-recommended ranges, which do not meet the diagnostic criteria for diabetes. Often called pre-diabetes, implying that they represent a trend which, if not stopped, will lead to diabetes.

Adrenaline (or epinephrine): A hormone (a chemical in the body) secreted by the adrenal gland. It is part of the "fight-or-flight" response.

Ancestors: Parents, grandparents, etc.

Behavioral health services: Services that help to treat mental illnesses and addiction disorders.

Blood pressure: How hard blood pushes against the walls of blood vessels as the blood flows through the body.

Blood sugar level: The amount (or fraction) of a person's blood circulating in his/her veins and arteries that is glucose, the form of sugar carried in the human bloodstream. It is normally expressed in milligrams/deciliter (mg/dL).

Blood glucose: The simple sugar carried in the human bloodstream.

Billable service: Any service provided that can be billed to the party paying for it, whether the person, his or her insurer, or a government program.

Brain waves: A measurable electrical activity of the brain.

Carbohydrate consumption/reduction: Carbohydrates (CHOs) are those foods rich in either complex carbohydrates (starches) or simple carbohydrates (sugars). High CHO intake can lead to middle body weight gain and challenges glucose and insulin regulation in the body. Many people may modify their diets to reduce total carbohydrates.

Cardiovascular disease: Any of a variety of illnesses of the heart and its surrounding organs. May include aortic aneurysms, heart failure, heart attack, and electrical disturbances of heart rhythms.

Cellular level: The cell is the basic building block of all animal and plant life. It is the smallest level of matter that can be called "life." Most basic processes in plants and animals — converting food to energy, transferring oxygen to the bloodstream, generating new cells, etc., take place at the cellular level.

Cellular stress: A set of challenges to the continued viability of a cell resulting from oxidation issues.

Cognitive skills: Basic brain skills needed to remember, calculate, make logical connections, and carry out other functions for daily living activities.

Consciously: Thoughts or actions taken with awareness of what they are and their impact or outcome.

Cortisol: A hormone produced by the adrenal gland, released in response to stress.

Depression: A mood in which a person feels significant negativity, or a family of mental health disorders, defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM), involving an extended period of depressed mood.

Determinant: Any one factor that has an impact on an outcome.

Diabetes: A condition where the pancreas does not put out a sufficient amount of the hormone insulin, or where other physiologic processes result in the body's inability to produce sufficient insulin or otherwise maintain its blood sugar levels.

Diastolic: The blood pressure measured at the point of lowest compression.

Disease vulnerability: Any process or condition that increases the chance a person may develop a disease, or of a disease having a more harmful or negative course in that person. Factors include overall health, immune health, hygiene factors, and hereditary or genetic factors.

Disorders: Any condition of the body where an organ or process is not operating properly.

Elevated blood fats: The body uses various lipids (kinds of fat molecules) in the bloodstream to carry out needed normal circulation and functioning. Some of these must be kept at or below a certain density (number of molecules per milliliter of blood) to avoid raising the risk of stroke or other heart disease.

Elevated sugar: The blood sugar level in a human who has not eaten for at least 4 hours should be between 85 and 110 mg/dL. Levels above this can be considered elevated (hyperglycemia), and may lead to a diagnosis of diabetes.

Elevated triglycerides: Having a fraction of certain fatty acids in the bloodstream above recommended guidelines (150 mg/dL, measured after fasting at least 8 hours).

Encompassing: Having within its range or scope. For instance, good oral self-care practices could include brushing, flossing, rinsing, watching your diet (especially avoiding sugary foods), and scheduling hygiene appointments with a dentist.

Engaging power: A strength of the coaching approach that includes engaging people to take and maintain positive steps toward their recovery.

"Fight-or-flight" or "Stress Response": Quick responses to situations that threaten safety. Complex chemical and nervous system responses set in to cause people to be able to make a decision — fight or flee — and take action quickly.

Finger sticks (sometimes called a finger prick): A way of collecting a small amount of blood by making a "pinprick" incision in the side of a finger using a lancet, and squeezing the finger as needed.

Genetically susceptible: Genetics is the complex set of characteristics and traits every living creature inherits from ancestors. Some genes actually carry diseases. Others may carry susceptibility, so some combination of that gene and other environmental or behavioral factors will determine whether a person develops the disease.

Hemoglobin A1c test: A blood test that checks if diabetes is under control. It is a blood test that gets sent to the laboratory, or can be done through an over-the-counter self test.

High Density Lipoproteins (HDL): So-called "good" cholesterol in the bloodstream.

Healing power: Any strengths that have the capacity to remedy disease. Strengths may include traditional medical care and medication, complementary and alternative therapies, positive thinking, self-will, human companionship, laughter, and more. Some people with strong faith consider their deity, prayer, or various holy objects to have healing powers.

Health fairs and health screenings: Educational and interactive events that provide basic preventive medicine and medical screening to people in the community.

Heart disease: Any of various health conditions that affect the functioning of the heart and its associated blood vessels.

Hormone: A chemical sent out from a gland or cell in one part of the body that affects other body organs.

Human connections: Relationships with other people — can be romantic, family, friendship, business relationships, or many others.

Inflammation: Part of the operation of the immune system, including white blood cells, that fights infection in the body.

Insulin: A hormone secreted by the pancreas that the body uses to process sugars in the bloodstream.

Integrated primary health services: Integrating service delivery of primary, mental health, and addictions care by coordination, co-location, or in a 'health home.'

Impair digestion: Digestion is the process by which food is taken into the body, processed to extract nutrients, and then the remains are excreted as waste. A series of organs carries out digestion via the alimentary canal. Impaired digestion is a problem with one or more of these organs, which stops a person from digesting their food, or affects what foods they are able to eat.

Kidney failure: The kidneys (human beings have two, but can function with one) are essential organs that filter waste from the bloodstream. Kidney failure is the inability of the kidneys to perform that function.

Life-enhancing: Anything that can help a person improve personal satisfaction and/or wellbeing.

Lifesaving resources: Any assets needed to prevent loss of human life. The collection of hospitals, emergency departments, ambulances, blood banks, etc. may make up a community's lifesaving resources.

Low "good" cholesterol: Having a fraction of HDL in the bloodstream that is below recommended levels.

Medicaid coverage: Medicaid is the United States health program for certain people and families with low incomes and resources.
It is jointly funded by the state and federal governments, and is managed by the states. Medicaid pays for healthcare coverage for people with chronic health challenges who do not have other coverage and have limited financial resources. In some states, it also covers people with no chronic health challenges who do not have other coverage and have limited financial resources.
Medicaid plans are the main payer for public mental health services.

Mental function: All of the processes that take place within our minds — the conscious area of our brains. Examples are perception, memory, creativity, imagination, emotion, and belief.

Mercury: A metallic element, liquid at room temperature, which previously was used in thermometers and instruments for measuring pressure, such as barometers and blood pressure devices.

Metabolic syndrome: A collection of health conditions that sometimes occur together, — abdominal obesity, high body mass index, high blood pressure, and diabetes.

Metabolism: The set of chemical reactions that take place in the body to sustain life.

Metastatic breast cancer: Cancer is a health condition involving the uncontrolled growth of cells in one or more parts of the body. Metastatic breast cancer is a cancer that starts in the breast, and spreads (metastasizes) to other parts of the body.

Millimeter: A unit of measure, approximately equal to 1/25 of an inch.

Mind-body resiliency factors for prevention: That set of factors that help an individual ward off disease and illness and the negative aspects of physical and emotional stress.

mmHg: Millimeters of Mercury, a measurement of pressure in a barometer, blood pressure instrument, or similar device. This is still the unit for pressure, even in devices which do not actually use a tube of mercury.

Normal range: The results of a test that are between recommended high and low values.

Negative impact stress response: When the body and brain respond to stressful situations, they take away attention and resources from less critical factors. Difficulty digesting food, or reduced sexual response, may be examples of negative impact stress response.

Negative Thinking /Pessimistic: Thinking based on the expectation that desired outcomes are not going to happen or are more likely not to happen. Negative self-talk is reminding oneself of these negative thoughts/expectations.

Noradrenalin (or norepinephrine): A hormone (a chemical in the body) primarily secreted by the adrenal gland. Noradrenalin also serves as a neurotransmitter (a chemical in the brain used to "talk" between cells). It is part of the "fight or flight" response.

Nonessential organs: Systems of cells in the body that may or may not carry out a function, but that the body can function without if needed. An example is the spleen.

Nurtured: The sense of being cared for in an unconditional fashion, such as most people (and animals) do for their infants.

Nutrients: Substances taken in by the body that are needed for cells to function well and repair themselves.

Normal cell regeneration: The cell is the smallest basic building block of every living organism. Human cells are organized into organs (collections of cells to carry out a specific purpose), and many organs have multiple specialized types of cells. As cells die, there is a physiologic process for new ones to be created or "regenerated."

Optimism based on positive expectations: Thinking based on expectations for good outcomes — the expectation that good things are going to happen or are more likely to happen.

Peer support: All of the ways in which a person gets help from someone who is like them, whether friend, trained peer worker, fellow support group member, or other — as opposed to professional support, where the person helping them is doing so based upon a formal credentialing and/or training. Peer support operates from knowing that the individual has shared a similar experience and can be a model for others who are willing to learn and grow. Peers come together with the intention of changing unhelpful patterns, getting out of difficult places, and building relationships that are respectful.

Person-centered planning: Delivery of medical, mental health, substance abuse, or rehabilitation services on an individualized (versus standardized) basis with the person's expressed wants, strengths, and needs serving as the basis for how services are delivered.

Perspective: Your way of uniquely viewing people, places, and situations.

Physical activity: Anything a person does to keep moving and exert themselves. Bodily movement produced by skeletal muscles that requires energy expenditure. It includes both intentional exercise (when you exercise for your health) and normal activity as you work, take care of your home and family, etc.

Physical inactivity: Low levels of moving around. Low levels of energy expenditure. Fourth leading risk factor for early death according to the World Health Organization.

Pre-hypertension: Blood pressure in either the systolic or diastolic measurement that is higher than recommended ranges, but not so high that it creates significant risk.

Premature death: A life that ends younger than otherwise might be expected.

Psychosocial treatment: Services or treatments other than medication that can help a person pursue recovery. These could include psychotherapy, employment and other rehabilitation services, peer support services, or specialized services that may be aimed at helping a person live successfully in the community, pursue education, employment or other valued goals, or fulfill valued life roles.

Psychological: Of or related to the mind including thoughts, thought processes, and emotions.

Primary care provider settings: Offices and clinics where people get medical care from a primary care or internal medicine physician, nurse practitioner, or physician assistant.

Psychological stress: The mind's inability to cope with a challenge of some kind. Typical sources are conflict, frustration, pressure, loss, and threat.

Relapse: Any re-occurrence or rise in symptoms. A person can have a relapse of poison ivy due to insufficient cleaning of linens that came in contact with their previous skin outbreak or a relapse of migraine headaches due to a lot of stress. Relapse of symptoms can occur for people living with mental illnesses and addictions.

Restful sleep: Sleep that gives our bodies and brains the chance to relax and rebuild.

Self-testing: Health measurement (e.g., weighing yourself every week) and tests that can be done at home using specialized equipment or chemical setups that otherwise would be done in a healthcare setting/clinical laboratory. Examples include blood glucose monitoring, lipid profiles, home blood pressure monitoring, and many others.

Strength-based: Moving away from seeing a person as a set of problems, deficits, or challenges that need to be 'fixed,' to recognizing talents, skills and supports which he or she uses — with or without professional assistance — to lead a full and satisfying life.

Stroke: Occurs when a clot blocks the blood supply to part of the brain or when a blood vessel in or around the brain bursts. Causes parts of the brain to become damaged or die. Sometimes called a brain attack.

Substance use conditions: Health conditions where a person's life (social relationships, ability to fulfill responsibilities as a worker, family member, etc.) may be negatively impacted by use of drugs, illegal substances, and/or alcohol.

Support network: People a person can rely on for support, companionship, and to help deal with life challenges. Can include "natural supports" such as friends, family, peers, co-workers, and church members, and "paid supports" such as peer specialists, job coaches, personal trainers, therapists, doctors, etc.

Systolic: The blood pressure measured at the point of highest compression.

Type II diabetes mellitus: A disease where the body is not able to create or use enough of the hormone insulin to keep blood glucose at safe levels.

Vent: The opportunity to share feelings and emotions.

Visceral fat: Fat in the body inside the abdominal cavity packed around the stomach intestines, kidneys, and liver.

Vital organs: Collections of cells in the body that carry out a function that is essential and cannot be taken over by another organ.

Weakened immune system: The immune system is a complex set of organs and chemical processes that protect the body from disease, poison, and the after-effects of injury. Various diseases can weaken the immune system and make a person more susceptible to disease.

APPENDIX MATERIALS

1. MyPlate
Web site: www.choosemyplate.gov
MyPlate is the current nutrition guide published by the U.S. Department of Agriculture, depicting a plate and glass divided into five food groups. It replaced the USDA's MyPyramid guide on June 2, 2011, ending 19 years of USDA food pyramid diagrams.

2. Mental Health America Live Your Life Well
Web site: www.liveyourlifewell.org/
Designed to help you cope better with stress and create more of the life you want.

3. NAMI's Hearts and Mind: A Roadmap to Wellness
Web site: www.nami.org/Content/NavigationMenu/Hearts_and_Minds/ FINALfinalRoadmaptoWellness.pdf
An interactive, online educational initiative promoting the idea of wellness in mind and body.

4. BMI — Body Mass Index
Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion
Web site: www.cdc.gov/nccdphp/dnpa/bmi/index.htm
Provides a definition for BMI, as well as separate BMI calculators for adults, children, and teens. Additional nutrition, weight, and health resources are also available.

5. Weight-Control Information Network
DHHS, National Institutes of Health (NIH), National Institute for Diabetes and Digestive and Kidney Diseases (NIDDK)
Web site: http://win.niddk.nih.gov/index.htm
Provides the general public, health professionals, the media, and Congress with up-to-date, science-based information on weight control, obesity, physical activity, and related nutritional issues.

6. Americans Consume Too Many Calories from Solid Fat, Alcohol, and Added Sugar, U.S. Department of Agriculture (USDA), Center for Nutrition Policy and Promotion Nutrition Insight 33, June 2006.
Web site: www.cnpp.usda.gov/Publications/NutritionInsights/Insight33.pdf
Describes the amounts of discretionary calories (from all sources of solid fat, alcohol, and added sugar) consumed by Americans.

7. From Wallet to Waistline: The Hidden Costs of Super Sizing
National Alliance for Nutrition and Activity (NANA)
Web site: www.cspinet.org/w2w.pdf
Summarizes the true costs of super sizing portions and focuses on the fact that bigger is not necessarily better. Nutrient analysis tables are also included.

8. Healthy Body Calculator
Ask the Dietitian - Joanne Larsen, MS, RD, LD
Web site: www.dietitian.com/calcbody.php
Calculates body mass index (BMI) and provides information on nutrient composition, body shape, and corresponding disease risk. This web site also provides Personalized activity suggestions for weight loss are also included.

9. HealthyDiningFinder.com
Healthy Dining
Web site: www.healthydiningfinder.com
Searches for healthier meals at restaurants ranging from fast food to fine dining. Includes information such as calories, fat, and sodium.

10. How Active Are You? Calorie Calculator
Center for Science in the Public Interest
Web site: www.cspinet.org/nah/09_03/calorie_calc.html
Projects targeted calorie intake determined by a person's gender, age, height, weight, and activity level.

11. Interactive Menu Planner
DHHS, NIH, NHLBI, Obesity Education Initiative
Web site: www.nhlbi.nih.gov/health/educational/lose_wt/menuplanner.html
Guides daily food and meal choices based on a person's daily calorie needs.

12. Make Your Calories Count:
Use the Nutrition Facts Label for Healthy Weight Management
Food and Drug Administration (FDA), Center for Food Safety and Applied Nutrition
Web site: www.accessdata.fda.gov/videos/CFSAN/HWM/hwmintro.cfm
Interactive learning program that provides users with information to help plan a healthy diet while managing calorie intake.

13. InSHAPE
Web site: www.kenjue.com/inSHAPE/
InSHAPE is a wellness program for individuals with mental illness. The goal of InSHAPE is to improve physical health and quality of life, reduce the risk of preventable diseases, and enhance the life expectancy of individuals with serious mental illness.

14. ACE STUDY
Web site: www.acestudy.org
The ACE Study is an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente. It is Perhaps the largest scientific research study of its kind, it analyzes the relationship between multiple categories of childhood trauma or adverse childhood experiences (ACEs) and health and behavioral outcomes later in life.

Contact Information for Local Resources:

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SAMHSA-HRSA

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Washington, DC 20005

Email: Integration@thenationalcouncil.org

Phone: 202.684.7457

www.integration.samhsa.gov

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)