



U.S. Department
of Veterans Affairs

VETERANS HEALTH ADMINISTRATION

PASSPORT to **WHOLE** **HEALTH**



Prepared Under Contract to the VHA by Pacific Institute for Research & Evaluation
with the University of Wisconsin - Madison.







October 1, 2017









PASSPORT TO WHOLE HEALTH






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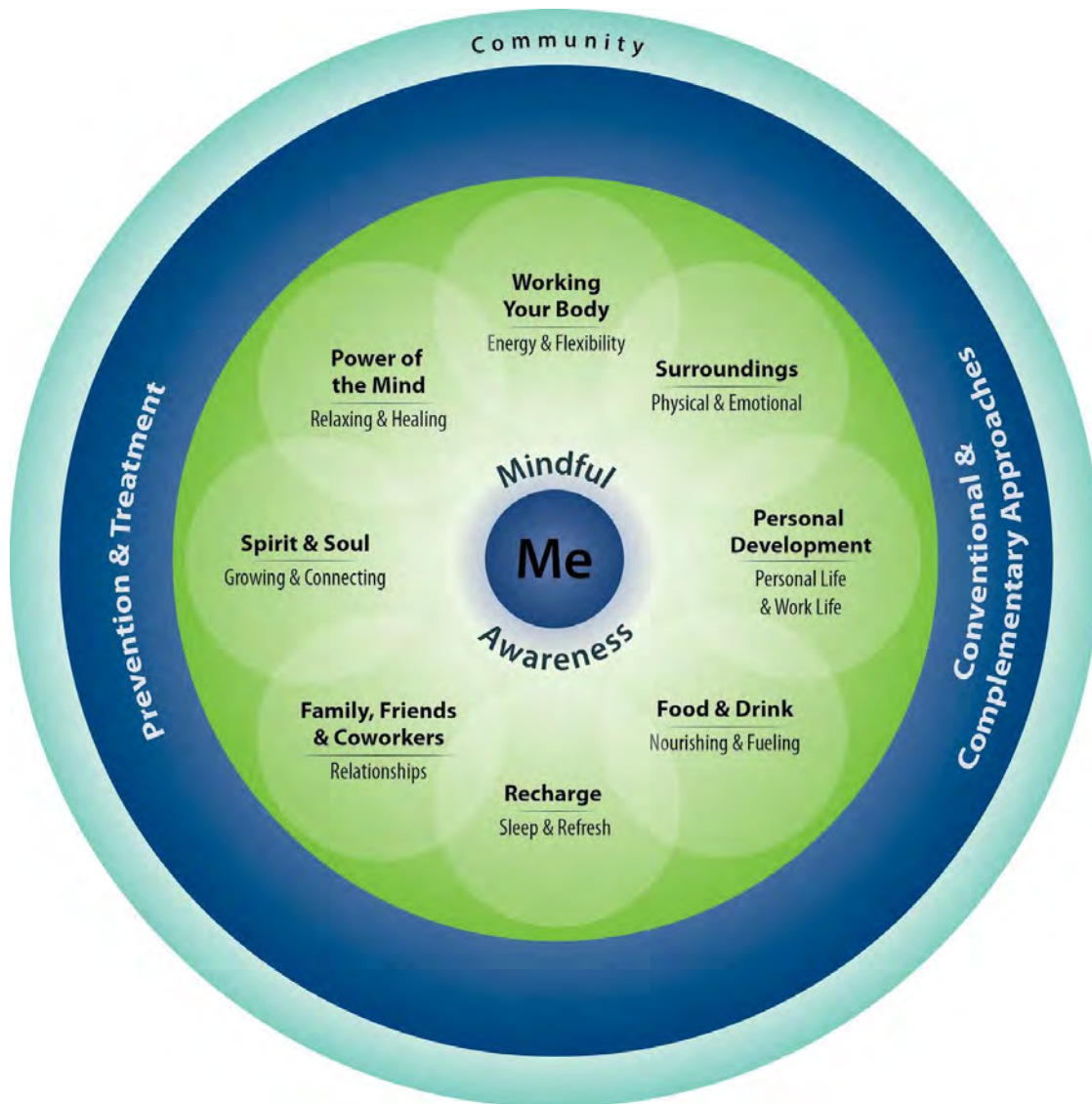
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VHA Office of Patient Centered
Care & Cultural Transformation

Components of Proactive Health & Well-being Model

The “Circle of Health”



To learn more visit:

<http://www.HealthforLife.vacloud.us> or <http://www.va.gov/PatientCenteredCare/>

Foreword

*Tracy Gaudet, MD, Executive Director,
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Office of Patient Centered Care and Cultural Transformation*



Thank you for your interest in Whole Health! We are glad you are a part of this movement; it really will take a movement to change this system. No large system changes happen from the top down. It must come from people like you - people who feel this in their depths, people who believe there can be a better way. People who are committed to leading the transformation of medicine to higher levels of artful and wholeful healing. Thank you for your partnership!

Health care in America is expensive and underperforming. Despite spending exponentially more on health care in the United States than any other country in the world, Americans suffer from more chronic conditions and poorer health than most. Health care consumes 18% of our GDP and costs continue to rise. This is unsustainable, and our nation will lose its ability to compete in the global market as a result. Of these expenditures, it is estimated that chronic conditions consume more than 75% of health care costs (and are largely affected by people's choices and behaviors). The current health care model doesn't work because we do not have a core competency in engaging the person to optimize their health, self-care, and well-being.

Heart disease provides the perfect illustration of the problem. Heart disease remains the number one killer of men and women in our country (and worldwide). What do we do for heart disease? Well, in 2006 we did 1.3 million angioplasties (\$48,000 each, \$44 billion that year). We did 448,000 open-heart bypass surgeries (\$100,000 each, \$44 billion that year). Interestingly, angioplasties and stents do not prolong life or prevent heart attacks when done in stable patients, which are 95% of those procedures. How about bypass surgery? Surely with this invasive procedure the outcomes must be stellar. No. Bypass surgery prolongs life in less than 3% of surgical patients. Now, juxtapose this picture to the fact that changing lifestyle could prevent at least 90% of all heart disease! But our system is not designed to do this. It is designed to intervene once the disease is established, with very poor outcomes.

We have gotten it wrong. The job of medicine is not only to diagnose and treat disease. This paradigm does not work. The Institute for Healthcare Improvement is calling for a 'radical redesign' of health care in this country. They call for changing the balance of power, to coproduce health and well-being in partnership with patients, families, and communities. They call for customizing care to the individual's needs, values, and preferences, guided by an understanding of what matters to the person in addition to "what's the matter?" They call for a focus on promoting well-being to focus on outcomes that matter most to people, appreciating that their health and happiness may not require health care. These are, indeed, radical changes. The question is, HOW DO WE REDESIGN THE SYSTEM TO DO THIS???

The answer? Whole Health. What is Whole Health? Whole Health is an approach to health care that empowers and equips people to take charge of their health and well-being and live their lives to the fullest. But THIS requires a radical redesign of what health care is. And the time is now.

I predict that in the not too distant future, perhaps as soon as 10 years from now, we will look back at our current "health" care system and say, "What in the world were we thinking? Why did we EVER think that would work???" When we redesign health care to be a system that empowers and equips people to take charge of their health, clinical care is only one piece of the system. It is NOT the focal point.

The redesign that supports Whole Health has three elements. It is a partnership across time, and consists of three core elements. The first we are calling the Pathway, a process that helps people to reflect on their life and their health. They explore their mission-aspiration - purpose. They learn the skill of mindful awareness, and how to pay attention and "listen" to their bodies, and their souls. They look at their self-care and their health care, and identify where they are and where they would like to be. This can be done in groups led by peers, or online individually or in groups. When one discovers what they want their health for, they are ready to learn new skills and approaches to improve their well-being.

The second element of this redesign is Self-Care. Through well-being centers or programs, people learn new self-care strategies and find ongoing support - sometimes informally from others in the center, sometimes in groups from trained peers, and sometimes from health coaches. They learn skills like mindfulness and other mind-body approaches; they learn nutritional approaches and new ways to shop and cook; they learn new ways to move their bodies that can also reduce stress and improve their sense of well-being like yoga, tai chi, qigong. They can receive healing therapies such as acupuncture and massage. People who use these programs often have complex chronic conditions. Some are at the end of their lives, while others are strong and vital. And while people have diagnoses, it is not a medical, diagnosis-based approach.

The third element of this redesign is Clinical Care. Even this is redesigned in the Whole Health approach, so that the primary care and specialty clinicians are aligned with Integrative Health, as they bring the best of clinical care to their patients. They work in partnership with the well-being centers and provide seamless medical care.

VHA is implementing an approach to care, a Whole Health System, which is focused on empowering the person, the well-being centers on equipping the person, and the integrative clinical care on treating the person. Together, guided by the individual's Personalized Health Plan, these elements create the Whole Health partnership- a radical redesign of health care. Best wishes as you explore this exciting new approach!

How to Use This Reference Manual

Courses related to Whole Health have been taught at VA facilities nationwide since 2013, to over 5,000 VA clinicians. This manual is designed to provide graduates of those courses with resources to carry their work forward. This manual may also be used as a stand-alone resource for people who have not yet done any formal Whole Health coursework. You are encouraged to explore the different concepts presented here, try out the various tools (as appropriate based on your scope of practice), and use these resources to enhance your patients' Whole Health as well as your own.

Passport to Whole Health is organized into four sections according to the different Components of Proactive Health and Well-Being. (See the figure on page vi.) It is designed to help you do the following:

1. **Incorporate the Whole Health approach** more fully into your practice.
2. Advance the adoption of a Whole Health System of care at your facility.
3. Improve your skills at providing personalized, proactive, and patient-driven care, a key strategic initiative for the Veterans Health Administration.
4. **Understand the Circle of Health** and how each of its components can influence health and well-being.
5. Feel more comfortable with how to **change the conversations you have with your patients**, understanding even better what really motivates them when it comes to their health.
6. Create Personal Health Plans (PHPs) that are truly individualized and effective.
7. **Learn more about Complementary and Integrative Health (CIH)** approaches and how they can be part of care for Veterans, and do so in a way that is respectful of the research regarding benefits and the risks of these therapies.
8. Discover ways to enhance resilience, both in yourself and others.
9. Learn how to **use new tools** in your practice. Watch for the wrench icon as you work your way through this guide. It indicates a section that is a “Whole Health Tool” you can use to inform your practice. You can try them for yourself and also use them with Veterans, as appropriate.

Passport to Whole Health includes 19 chapters. Each chapter ends with a “Resources” section that lists websites, books, and other sources of additional information that can take you even further on your journey toward Whole Health care. Note that these resources are intended to ‘push the envelope’—even if you do not fully agree with the perspectives they offer, you should be aware of them so you can discuss them with your patients

Chapter 1. Whole Health: An Overview

The secret of change is to focus all of your energy not on fighting the old, but on building the new.

—Socrates



Health care is never static. New scientific discoveries, new illnesses, patient demands, and social change keep it in constant evolution. There is a national—and international—movement underway to evolve health care into something that is increasingly more personalized, proactive, and patient driven.

Thousands of health care professionals worldwide have set out on a journey of discovery, exploring new models and approaches that are inclusive, respectful of patients as individuals, and informed by the evidence. In the VA, the Whole Health approach is an answer to the call for ongoing improvement of the care offered to our nation's Veterans. It is rapidly gaining momentum as VA clinicians and leaders from facilities nationwide explore the possibilities it offers. How can each clinician, staff member, leader, volunteer – all of us – contribute to a system that offers the best care possible?

A passport signifies the beginning of a journey. It enables a person to explore new territory. Like any passport, this *Passport to Whole Health* reference manual is designed to help you embark on new experiences, offering you a way to explore new ways of doing your work, caring for others, and even taking care of yourself. Where do you want your work in health care to take you? How do you help your patients get to where they want to be with their health? How can you align your practice with the reasons why you went into health care in the first place? This reference manual is written to offer potential answers to those questions.

What Is Whole Health?

The concept of Whole Health continues to grow and evolve, but the formal definition of Whole Health is as follows:

Whole Health is patient centered care that affirms the importance of the relationship and partnership between the patient and their community of health care providers. The focus is on empowering the self-healing mechanisms within the whole person, while co-creating a personalized, proactive, patient-driven experience. This approach is informed by evidence and makes use of all appropriate therapeutic approaches, health care professionals and disciplines to achieve optimal health and well-being at all points along the spectrum of health and disease.

At its core, Whole Health

- **Centers around what matters most to each Veteran.** Whole Health is values driven, and everything is built upon a person's mission, aspirations, and purpose in life.

- **Personalizes care**, with the patient being the leader of his or her care team. Care is put into the context of each person's life, and his or her specific aspirations and goals are given central importance.
- **Is proactive**, focusing not only on what is wrong, but also on prevention and self-care. The goal is a future of well-being, joy, and vitality that involves more than the management of problems once they arise.
- **Is patient-driven**. Each patient is an active participant in the process, guiding the care he or she receives.
- **Is built upon relationships** between patients and their care teams. Support is offered at many levels, by health care professionals, family members, peers, and other members of the patient's community and social network.
- **Focuses on unlocking the body's innate ability to heal**. This is true no matter what a person's condition might be, and it goes beyond simply managing diseases and diagnoses.
- **Is holistic**. Whole Health is about the whole person; it is inclusive of every aspect of who a person is—body, mind, spirit, and relationships with others.
- **Applies to clinicians as well**. Clinicians are encouraged to apply the Whole Health approach to their own lives. Their well-being matters in and of itself, and healthier clinicians who role model healthy behaviors have healthier and more satisfied patients.
- **Is evidence-informed**. The medical literature is respected and given consideration, as are other sources of information that are important to the patient.
- **Is inclusive** of an array of skills, tools, people and programs. Whatever is safe, effective, and consistent with patient preferences can enhance Whole Health.

The shift toward Whole Health is a movement supported by national VA leadership, and it is also being advanced one clinician at a time, as individuals explore how the various principles fit into their practice environments, as well as their personal lives. Whole Health has evolved through the grassroots efforts of clinicians from a variety of backgrounds — chaplains, dietitians, doctors, nurses, pharmacists, psychologists, social workers, Veteran Whole Health Partners, Whole Health Coaches, and many others. Many of these dedicated individuals are reminding themselves of why they chose to go into a health care profession in the first place and how their work can be as fulfilling as possible.

Why a Whole Health System?

We hear about it more and more all the time: Modern health care is faced with a number of challenges. Some of the ones mentioned most often include:

- **Mortality rates**. Despite all that we spend on health care in the US, we do not do well compared to other countries when it comes to mortality rates and other health measures.¹
- **Chronic disease**. Chronic diseases are on the rise. 45% of the US population has at least one chronic illness,² and 7 out of every 10 deaths in the U.S. are due to chronic disease.³ However, the “find it-fix it” model of medicine does not work well with

these disorders. If you are treating strep throat, you can diagnose it with a lab test, prescribe an antibiotic, and typically the problem is solved. If you are working with someone with a complex combination of diabetes, obesity, high blood pressure, depression, and irritable bowel syndrome (IBS), it may not be in the patient's best interest to treat each condition in isolation, especially not with medications that interact with one another. Treating chronic issues requires more time, effort, and collaboration among health care team members.

- **Prevention is challenging.** Many of the chronic problems we see are preventable. The US Centers for Disease Control estimate that 20-40% of the 900,000 deaths in the each year that are related to the top 5 causes of death were preventable.⁴ 50% of adults are not meeting physical activity requirements, 90% of people over age 2 eat too much sodium, 15% of Americans smoke, and 1 in 3 Americans have cardiovascular disease, which is closely linked to behaviors.⁵ However, it is not easy to get people to change their behaviors. For example, it is estimated in some studies that as many as half of patients (or more) do not take their medications as prescribed.⁶
- **Clinician burnout.** Burnout among health care professionals is occurring at an alarming rate. Over 40% of nurses,⁷ 39% of social workers,⁸ 60% of psychologists,⁷ and a range of 40-60% of physicians (depending on specialty)⁹ meet criteria for burnout. Burnout is linked with depression, substance abuse, and lower-quality patient care.
- **Patients are voting with their feet.** Complementary and Integrative Health (CIH) approaches are used by over a third of American adults, but over 42% of people who are using them do not disclose this to their health care clinicians.¹⁰ A study of 401 Veterans with chronic, non-cancer pain found that 82% were using CIH.¹¹ Mounting evidence supports some approaches as safe and effective ways to work with challenging health issues. (See Chapters 14-18 for more information on CIH)

But, Imagine...

Imagine, for a moment, how your practice would look if you could overcome some of these challenges.

- What if it were possible to offer better care, perhaps with fewer resources being spent on diagnostic testing, procedures, and medications? (This is not to say those elements of modern medicine do not have a role, but what if it were possible to be more strategic about their use?)
- What if your patients were more empowered, acting as co-creators of their own health plans?
- What if you could work more effectively with a larger, interdisciplinary team to support each patient's needs, and what if your patients took the lead in co-creating that team?
- What if you could, as you felt comfortable, help your patients use CIH effectively, or at least provide informed guidance to your patients about their use?
- What if you could feel more invigorated by your work, and take additional steps to prevent or reduce burnout?

The Whole Health approach is not a cure-all for our health care system’s many ills, but it represents a shift in perspective that has been well-received by thousands of clinicians nationwide, in VA facilities and beyond. It leaves room for innovative ideas and new perspectives on how to engage with patients. Whole Health is a way to work with chronic disease, and to develop a more comprehensive approach. When all is said and done, it is an attempt to surmount the challenges we currently face in health care.

As you explore Whole Health in your practice, the number of available tools and recommendations you can offer grows. More importantly, you may find it enriches your practice and makes your work more enjoyable. No one pretends to have all the answers, but the Whole Health approach serves as a jumping-off place for searching for them.

The Circle of Health

The Circle of Health, featured below in Figure 1-1 and full size on page *vi* of this manual, offers an overall perspective on the many important aspects of health and well-being. It draws in all the personal, professional and community resources that can support each individual. Known more formally as the “Components of Proactive Health and Well-Being,” the circle is a visual representation that can be used by clinicians and patients alike to conceptualize all that Whole Health encompasses. The Circle diagram enables a person to see, at a glance, what might inform a Veteran’s Personal Health Plan (PHP). It is something you can show a patient during a visit as a way to help them decide what they want to focus on in order to reach their goals.

As the “equation” across the bottom of Figure 1-1 shows, there are four key parts of the Circle of Health. These include:

1. **“Me” at the Center.** Whole Health accounts for each individual’s story and uniqueness. Patients are invited to explore what really, really matters to them—their life aspirations, **not just their symptoms**. That exploration guides goal setting for their care. To make a change, a person has to be aware of what they need.

Note how the “Me” circle is surrounded by “Mindful Awareness.” Central to mindful awareness is the ability to be fully aware and present in a non-judgmental way. This means noticing symptoms, as well as noticing our behavior and thought patterns, and how they affect our health. Mindful Awareness is discussed in Chapter 4.

An important aspect of putting “Me” at the center of the Circle of Health is the development of a PHP for each patient. The PHP is co-created by the patient and the care team. Even people with the same list of health problems will have very different goals and ultimately, very different PHPs. Chapters 2 and 3 discuss how to write a PHP.

2. **Self-Care.** Whole Health emphasizes the power of each individual to shape his/her health. Each of us has the innate capacity to heal, if only we are

empowered to do so. Even people who cannot be cured, who cannot make their diseases go away, can experience a deeper sense of meaning, peace, joy, or comfort. Take a few minutes to look at the 8 small circles within the larger green circle. Every one of those 8 aspects of self-care can be incorporated into a PHP, individually or in tandem with others. The elements of self-care are featured in Chapters 5-12.

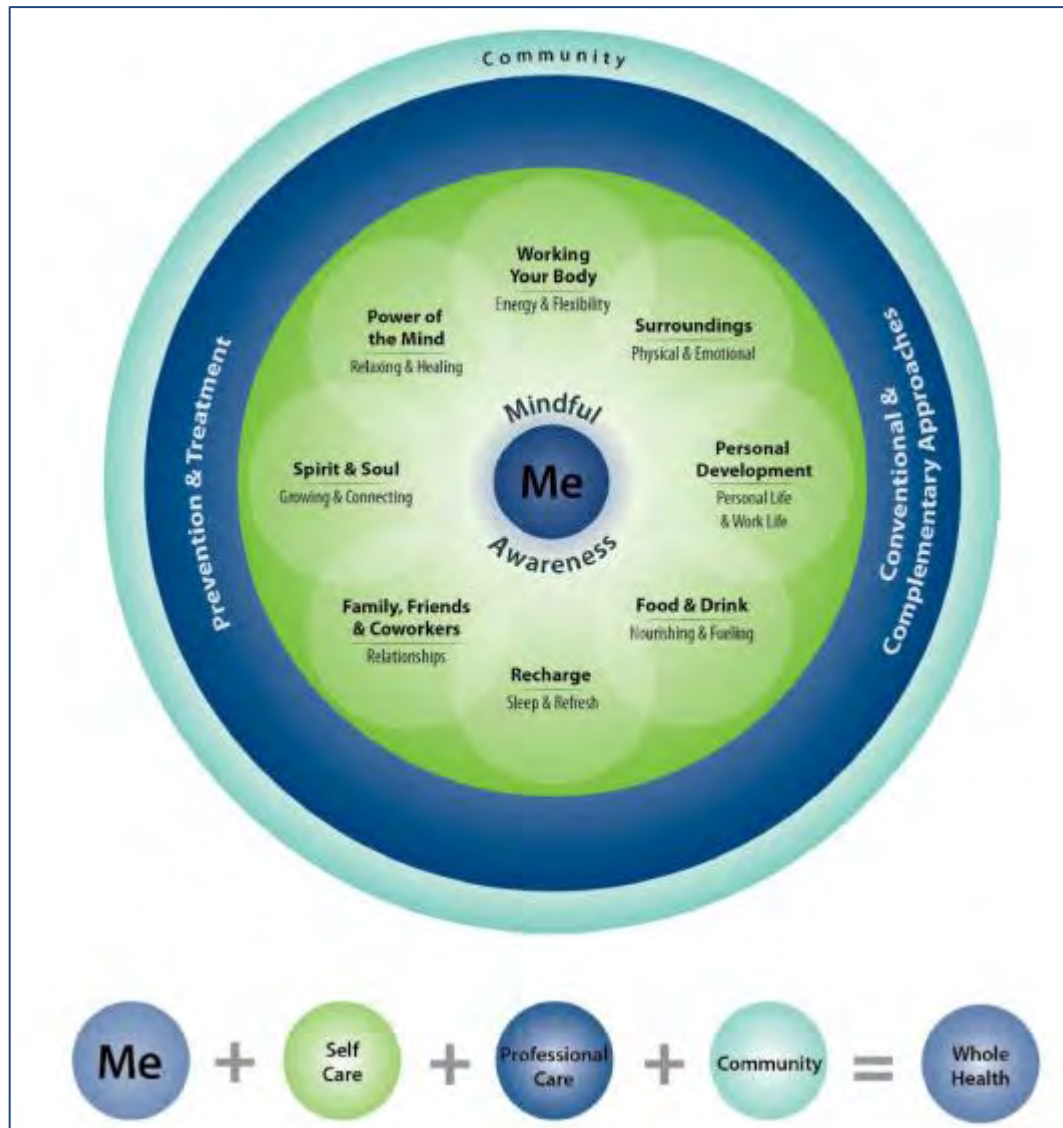


Figure 1-1. The Circle of Health

3. **Professional Care.** While self-care is fundamental, all of us also rely on the support of others, including our team of health care professionals. Professional care is the focus of the navy blue circle in the outer portion of the Circle of Health. Prevention and treatment of disease and illness are central to professional care, and so is the use of CIH approaches. Note how the words in the navy blue circle emphasize **prevention** as well as treatment, and

complementary approaches as well as conventional ones. See Chapters 13-18 to learn more about professional care and, specifically, CIH.

4. **Community.** Finally, encompassing all the other parts of the Circle of Health is the outer ring, Community. Community includes where a person lives, works, and worships, but it extends beyond that. It includes all the people and groups a person connects with. It includes the people a Veteran relies on, as well as those who rely on a Veteran in return. Public health, health policy, quality improvement initiatives—many different factors shape health beyond the personal level. Leaders in a facility hold the space for the facility to contain communities, as well as to fit within the broader community outside of the VA. Just as there is a “Whole Me” at the center of the circle, there is a “Whole We” that enfolds it. This “We” can extend beyond individuals to social services, support groups, neighborhoods, church groups, organizations, and local and national health care systems. See Chapter 19 for more on this fundamental aspect of health care.

All of these different factors contribute to Whole Health. **Focusing on any one of these areas can enhance Whole Health for both clinicians and the Veterans they serve.** The parts of the circle are interconnected; working on one area will often lead to growth in other areas of the circle as well.

Typically, when people review this information, they realize that they already bring some aspects of the Whole Health approach into their work. The question becomes, how can they incorporate the Whole Health approach even more?

What Does Whole Health Look Like in Practice?

After hearing about Whole Health, clinicians inevitably want to know what a visit looks like in practical terms. There is no single way to practice Whole Health, but there are key elements that arise in all Whole Health practices. Consider some of the following examples of models being explored by various VA facilities:

- In some facilities, new enrollees into the VA health care system are invited right away to move through the Whole Health process. They experience personal health planning, assemble their Whole Health team, and make detailed plans for follow up even as they are given support with their medical problems. Their experience may be supported by a Whole Health Coach or a Peer Support Specialist, who can guide them through the process of exploring what really matters, setting goals, and beginning to create a PHP.
- At several sites, people with difficult-to-treat chronic pain syndromes are referred to a Whole Health pain group, where they participate in shared medical appointments focused on various Whole Health topics. In addition, they have access to a variety of different CIH services, and their PHPs incorporate self-management and other elements tailored to each individual’s needs.

- In multiple VA sites, every member of a Patient Aligned Care Team (PACT) becomes involved in Whole Health care, most commonly when Veterans come in for physical examinations (wellness visits). Personal Health Inventories (PHIs) are collected, shared goals and SMART goals are outlined, and a PHP is developed. The entire team participates, from the person who introduces the Whole Health model and the Circle of Health to the Veteran for the first time, to the LVN or LPN who rooms patients and asks what matters most to them, to the RN who calls to check in on their progress a few weeks after they are seen. Whole Health Coaches and peer partners - specially trained Veteran colleagues— are also team members in some facilities.

A New Normal

Consider what would happen if a health care system offered the following, not as unique experiences, but rather as the standard of care, so as a patient:

- **You feel like more than your list of health problems.** Their team knows your story and what matters most to you, and that information is well-documented in the chart.
- **You are the captain of your own Whole Health care team,** which you helped to co-create. Your clinicians are like your first mate; they offer guidance, updates, and support as you steer the ship.
- **You are highly ‘adherent’** to treatment recommendations, because you trust your team.
- **Your clinicians and staff are role models** for Whole Health themselves and are at low risk for burnout. There is less staff turnover and more of a chance you will have the same team over the long term.
- **Your clinician is rewarded for offering Whole Health,** because care metrics have shifted to place higher value on aspects of care such as empathy, collaboration, and self-care.
- You can take for granted that **your clinician openly discusses a wider range of self-care related topics** such as your spirituality, relationships, surroundings, and CIH experiences.
- **Your clinician documents all aspects** of your Whole Health care, including your PHI and PHP, in your medical record. This information informs your entire team, and guides all your conversations about your care, ranging from a meeting with a pharmacist, to a follow-up call with a nurse, to a formal consultation with a specialist.
- **Your care takes place in an optimal healing environment,** where even the artwork on the walls, the music in the background, and the magazines in the waiting room are health-promoting.
- **Communication is consistently impeccable,** with all professionals offering you empathy and genuine compassion.

People resonate with the Whole Health approach. In general, patients and clinicians alike have reported back favorably about using Whole Health. On average, visits seem to be about 8 minutes longer for clinicians who are first learning, but with practice, clinicians become more efficient, perhaps even more efficient than they were before. Much to the

delight of their care teams, patients have proven to be quite appreciative of the process. More formal research about Whole Health's effects on various outcomes measures is underway, but so far, Whole Health is being received quite favorably. It is not uncommon for patients to smile, surprised, and declare, "Wow, I have never been asked that at a medical visit before!"

What Does a Whole Health System Look Like?

Weaving Whole Health into the VHA health care system is more than just an idea to consider. In fact, as momentum builds, the above aspects of care are becoming a reality at sites across the country. In fiscal years 2016 and 2017, 18 VA health care facilities were chosen to be Whole Health Design Sites, incorporating various Whole Health projects with the support of the OPCC&CT. The Whole Health Design Sites are represented by the red and yellow stars in Figure 1-2.

As of fiscal year 2018, each of the VHA's 18 Veterans Integrated Service Networks (VISNs) selected a facility to be its Whole Health Flagship. These sites will be supported as they establish a Whole Health System, in which the principles mentioned above will be incorporated more fully into Veterans' health care. Figure 1-2 maps out the locations of the Design and Flagship sites. Note that some Flagships were previously Design Sites. The intent is that, eventually, all VA facilities will adopt a Whole Health System model.

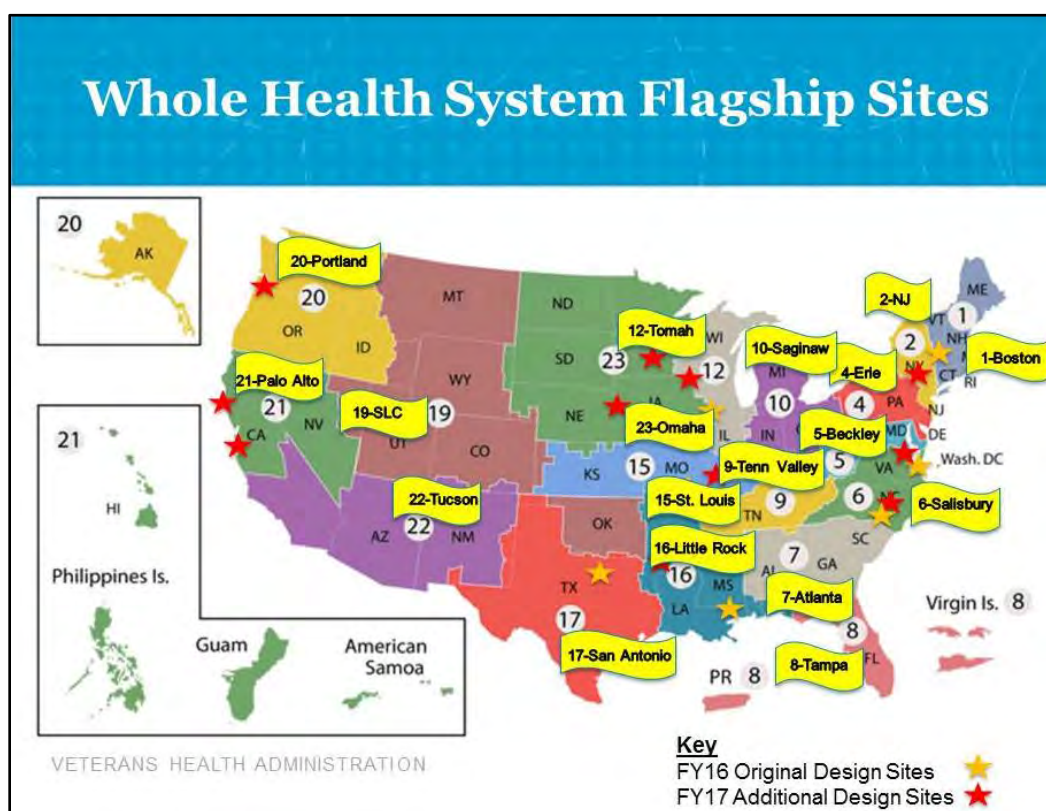


Figure 1-2. Design Sites for FY16 and 17, and Flagship Sites for FY 18

There are three key aspects of the Whole Health System, as shown in Figure 1-3, below.



Figure 1-3. Key Elements of the Whole Health System

1. The Pathway: Empowering Veterans. VA will partner with Veterans at the point of enrollment and throughout their relationship with VA, facilitating Veterans' exploration of their mission, purpose, and aspiration, and helping create an overarching PHP. Pathway programming can be offered in the VA or the community and can be inclusive of family and caregivers. To facilitate the Pathway, VA is creating a new role for peers to partner with Veterans across time, called Whole Health Partners.

2. Well-Being Programs: Equipping Veterans. Veterans will be equipped with the skills training and tools they need, including self-care practices, skill building, and CIH approaches. Thanks to collaborations between the VA's Integrative Health Coordinating Center (IHCC) and a number of other VA divisions, Veterans will have increased access to a variety of services. These will include CIH approaches, such as acupuncture, meditation training, and therapeutic massage. Yoga and tai chi classes will also be available. Veterans will be able to be seen individually in support of their PHPs, but most services will be focused on self-care skills through ongoing classes and support. Some classes will focus each week on a different aspect of self-care as another part of the Veteran's Whole Health experience. These programs will have strong relationships with Whole Health clinical care

and Whole Health Pathway programming. Veterans will receive referrals to and from primary care and other service lines and engage with Whole Health Partners.

In addition, Veterans may choose to work with Whole Health Coaches individually or as part of a group, if coaches are available at their site. The intent of coaching is to empower Veterans to identify and achieve their health and wellness goals. Veterans are empowered to use their insight, mobilize internal strengths, optimally use external resources, and develop self-management strategies that support them with healthy lifestyle changes.

3. Whole Health Clinical Care: Treating Veterans. In a Whole Health System, the Whole Health approach to care will be offered in both outpatient and inpatient settings. Clinicians will be familiar with the Whole Health model and how to draw from all elements of the Circle of Health as they support Veterans with developing and following through with their PHPs. In a Whole Health System, VA clinicians will support Veterans as they strategize about their self-care and provide them with the knowledge and skills they need to attain their health goals. Clinicians will make use of whatever resources are most likely to be effective for an individual Veteran, whether it is counseling about self-care, coordinating CIH approaches, making referrals, doing procedures, or prescribing medications. The interdisciplinary nature of Whole Health will require that clinicians be in close contact with Whole Health Partners, Whole Health Coaches, integrative clinicians and, essentially, any and all of the other members of a Veteran's care team. Documentation in the electronic medical record will support this interdisciplinary approach.

In a Whole Health System, VA clinicians will offer Whole Health to Veterans with full support from the entire VA chain of command. Clinicians are supported in their own self-care efforts as well, with the recognition that their health and well-being is also highly valued in and of itself, and because healthy clinicians are able to provide better care to their patients.

Whole Health Tool: Elements of Patient Centered Whole Health Care

How are you doing with the key elements of Whole Health in your work? The following list of 21 questions was designed to help clinicians evaluate what they are doing well in terms of offering Whole Health, and identify what they might try to improve upon. Many of the people who complete this questionnaire find they are already promoting Whole Health in a number of ways. As you continue to explore new ways to bring Whole Health into a practice, you can repeat this assessment and see how your answers change.

The questions apply to any kind of clinician - physicians, dieticians, nurse practitioners, physician assistants, nurses, pharmacists, social workers, chaplains, behavioral health professionals, etc. Most of the questions also apply to someone involved with Whole Health coaching and those working with Veterans in peer support as well. If you are not a health care provider/clinician, you could answer these questions from the perspective of one of the health care clinicians who takes care of you. How are they doing?

The elements featured below are by no means a comprehensive list, but they can get you started with reflecting about your work with Veterans.

Place a number from 1 to 5 in the space in front of each question, according to the following scale:

1. Never Happens
2. Occasionally happens – a few times a month
3. Often happens – a few times a week
4. Frequently happens – a few times a day
5. Always happens – part of every patient encounter

- _____ 1. During an encounter, I look at my patient more than I do at a computer or other screen.
- _____ 2. Beyond symptom-related questions, I ask about what matters most to the person I am seeing.
- _____ 3. I maintain equanimity while seeing patients. Feelings of frustration, impatience, or disappointment do not negatively affect my ability to offer care.
- _____ 4. I work collaboratively with my patients and their family/friends to set goals.
- _____ 5. I encourage patients to be active members of their care teams, and I explore with them who they want on their team. That might include not only health professionals, but also family members, friends, members of a spiritual community, or practitioners of Complementary and Integrative Health (CIH) approaches.
- _____ 6. I empower patients to take care of themselves.

- _____ 7. I know each patient's story; in addition to medical issues, I know about their relationships, interests and hobbies, and/or major life events.
- _____ 8. When it is possible, I focus on prevention of future health challenges.
- _____ 9. I model healthy behaviors and/or mention them during visits when appropriate.
- _____ 10. I am willing to answer/find out answers to questions about therapeutic approaches that are unfamiliar to me.
- _____ 11. The place where I practice supports healing (e.g., artwork, elements from nature, low noise/music, pleasant smells, good lighting, comfortable temperatures).
- _____ 12. I avoid being distracted during a patient visit by unrelated thoughts or concerns. That is, I bring mindful awareness into my practice.
- _____ 13. People who see me can tell I enjoy seeing them and enjoy my work.
- _____ 14. I feel compassion for my patients.
- _____ 15. I check to be sure my patients understand my instructions/suggestions.
- _____ 16. I am not rushed during visits.
- _____ 17. I ensure patients have appropriate follow up after each visit.
- _____ 18. I communicate effectively with the rest of my patient's care team.
- _____ 19. I demonstrate cultural humility. That is, I respect how culture may or may not influence my patient interactions and their care.
- _____ 20. I work with my team to minimize distractions during the visit, such as interruptions by staff related to another patient or issue.
- _____ 21. I document elements of Whole Health, such as what my patients value, their self-care practices, and their Personal Health Plans (PHPs) in my visit notes.

Take a moment to review your answers. Which areas are your strong suits? Where would you like to make improvements? If you were to answer from the perspective of your own primary care provider, how would they do? You can choose any one of these areas and explore how it might inform and enhance your work.

An important contributor to clinician burnout is not having control over one's practice environment. How much control do you have over the different aspects of your practice listed above?

Time to Start Your Journey!

This chapter of the *Passport to Whole Health* manual has given you a sense of what Whole Health and the Circle of Health are, and how, in general, this might look in practice. You have had a chance to think about where you are in terms of your own practice and where you would like to be. Consider your passport stamped. Where do you go from here? That's entirely up to you! Read on for more ideas.

General Whole Health Resources

Websites

VA Patient Centered Care Site

- This site can be found at <http://www.va.gov/patientcenteredcare/>. Click on the “Resources” tab on the left side of the screen. Be sure to look under the two dropdown tabs, “Components of Proactive Health and Well-Being” and the “Multimedia” tabs under “Resources.”
- On the “Multimedia” page, you can view the “Components of Health and Well-Being” Video Series (specific videos are listed in the Resources sections at the ends of each chapter in this guide). You can click on “Expand All” to see all of them. Go to <http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>.
 - For a nice overview, the “Cultural Transformation of Healthcare” Sections 1 and 2 videos in the Core Patient Centered Care Section are a great place to start, as are the ones with “Health for Life” in the title.
- See also Components of Health and Well-Being Video Series, “An Overview of the Patient Centered Approach” found at <https://www.youtube.com/watch?v=3Nf4yYqNe0&feature=youtu.be>
- The “Whole Health: A Shift Towards Health” is a nice introductory video, and a good one to show colleagues to introduce the concept to them. The link is <http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~A AACmABW4 k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4203979490001>
- Under the “Whole Health” section for the videos, see also the “Traditional Outpatient Encounter” and “Whole Health Outpatient Encounter” as well as similar videos for inpatient encounters at <http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>
- Check out the Evidence-Based Research page as well. It is under the “Clinicians” tab. <http://www.va.gov/PATIENTCENTEREDCARE/clinicians/research/evidence-based-research.asp>. All of the evidence maps mentioned in this reference manual are available here.

Whole Health Library

The link to the overall index is <http://projects.hsl.wisc.edu/SERVICE/>. The Whole Health Library features several types of documents, all of which have been peer-reviewed. Tabs include “About,” “Key Documents,” “Courses,” “Overviews and Tools” and “Veteran Handouts.”

1. **About** offers a quick overview of Whole Health.

2. **Key Documents** are materials that are most commonly used in Whole Health Practice. They include various versions of the PHI, the Personal Health Planning Guide, a one-page color version of the Circle of Health, and this reference manual.
3. **Courses.** This tab contains materials, including slide sets and the course manuals, for various Whole Health course offerings. Other resources specific to each course are also included as appropriate.
4. **Overviews and Tools** are materials specifically designed for clinicians.
 - Overviews provide an overall review of a topic. If that topic happens to be a specific diagnosis, the overview explores that diagnosis in terms of each component of the Circle of Health. All overviews contain patient vignettes, including PHIs and PHPs for the patients being discussed.
 - Tools are more specific, related to a specific tool or aspect of care. They feature specific skills or tools that can be incorporated into PHPs.
5. **Veteran Handouts** are designed to be given to patients and meet VA requirements for appropriate reading level. They have been evaluated by a national panel of Veteran volunteers.

All the documents are in pdf format and can be downloaded and used by everyone. In addition to modules related to the specific parts of the Circle of Health, there is an entire series of modules devoted to pain, as well as a series focused on mental health. Modules 17-25 cover a range of body systems, including endocrine, cardiovascular, men's health, women's health, and the immune system.

Materials within the Whole Health Library related to this specific chapter include:

- Module 1 Overview, *Whole Health: Change the Conversation, An Introduction*. http://projects.hsl.wisc.edu/SERVICE/modules/1/M1_EO_Introduction.pdf
- Module 1 Tool, *How a Whole Health Visit Can Be Different*. http://projects.hsl.wisc.edu/SERVICE/modules/1/M1_CT_How_a_WH_Visit_Can_Be_Different.pdf

Other Websites

- VA Pulse. A great place for online discussion and access to resources
 - Overview is at <https://www.vapulse.net/community/focus-areas/opcc/overview>
 - Integrative Health Community, <https://www.vapulse.net/groups/integrative-health-community>
 - Whole Health Community of Providers. <https://www.vapulse.net/community/focus-areas/opcc/whole-health-community-of-providers>
- SharePoint. <http://vaww.infoshare.va.gov/sites/OPCC/default.aspx>. Multiple links and printable resources can be accessed through the SharePoint site as well

Books

- *Integrative Medicine*, 4th edition, edited by David Rakel (2017). This book goes into detail about an array of topics that are covered in this reference manual. It is available in full text form through the VA national library.

Other Resources

- There are a number of Whole Health Community of Practice calls people can join after taking the various live Whole Health courses. These are listed on the SharePoint site at <http://vaww.infoshare.va.gov/sites/OPCC/COP/default.aspx>

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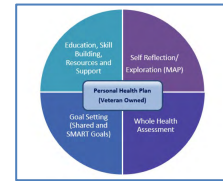
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Chapter 2. Personal Health Planning Part I: Self-Reflection/Exploration and Whole Health Assessment



It is much more important to know what sort of patient has a disease than what sort of a disease a patient has.

—William Osler

This chapter and Chapter 3 introduce the fundamentals of personal health planning. A Personal Health Plan (PHP) is unique for each person and built upon each individual patient's values, conditions, needs, and circumstances. It uses the most appropriate interventions and strategies for each Veteran. It addresses the skills and support needed to engage patients and help them manage their disease, while at the same time supporting them in regaining and maintaining optimal health and well-being to the greatest extent possible.¹

No matter what kind of work you do with Veterans, there are key organizing principles in the PHP creation process that will be relevant to your practice. Remember, you don't have to draw in every part of the process all at once. Make small changes during each patient encounter if that is what is feasible. Trust that your colleagues will advance the process for your patients by doing the same.

You might begin by incorporating some sort of health inventory into your work; for example, you could set a goal have a certain number of Veterans complete the brief Personal Health Inventory (PHI) each week. You could also incorporate more shared goal setting or motivational interviewing during patient care, or focus more on asking your patients questions related to mission, aspirations and purpose, such as "Why is your health important to you?" or "What really matters to you in your life?" All these options and more are discussed in this chapter.

Whole Health as Patient Centered Care

Patient Centered Care (PCC) refers to a system that prioritizes the patient, incorporates the patient's values, and partners with the patient to create a personalized, proactive strategy to optimize health and well-being. PCC was one of six aims for US health care listed in a 2001 Institute of Medicine report.² The report defines it as including "qualities of compassion, empathy, and responsiveness to the needs, values and expressed preferences of the individual patient." Interpersonal interactions, healing relationships, and technically-skilled care are also part of the definition.

Important attributes shared by PCC and Whole Health include:

1. Care is **personalized**. A personalized approach is dynamic. Self and professional care are customized for each individual. Care accounts for factors such as a person's medical conditions, genome, lifestyle, needs, and social circumstances.

2. Care is **proactive**. Proactive care is related to strengthening a person's innate capacity for health and healing. It involves acting in advance of potential future situations, rather than just reacting. It relies more on planning and strategy, rather than just "playing a defensive game."
3. Care is **patient-driven**. Care is rooted in and guided by what matters most in a person's life. The best possible outcome is alignment of an individual's health care with their immediate and longer-term life goals. The patient is the source of control, and care is based on his or her needs and values.

Figure 2-1 summarizes these three patient centered care concepts.



Figure 2-1. "Personalized, Proactive and Patient Driven" in Plain Language

Introduction to Personal Health Planning

Figure 2-2 provides an overview of the organizing principles of personal health planning. All of these principles are important, and they will take different forms depending on where —and how—you work with Veterans. The four quadrants in the diagram represent the key principles. The hexagons to the left and right focus on other considerations that go into preparing for and continuing the planning process.



Figure 2-2. The Key Principles of Personal Health Planning

Personal health planning is “where the rubber meets the road” in Whole Health care. In short, it involves gathering information, setting goals together with each Veteran, assembling the key elements of a plan, and then exploring how the Veteran can learn necessary skills to empower them to do self-care. It is also important to co-create a Whole Health team with them, make appropriate referrals, and plan follow up. Each of the items listed in the graphic will be covered in more detail. Patient selection and how to introduce the Whole Health approach are covered in this chapter, along with the self-reflection and whole assessment pieces. The other topics are discussed in Chapter 3.

Before You Begin: Selecting Patients

As one clinician who has introduced personal health planning in the Boston area noted, be careful not to do “Whole Health profiling.” That is, do not make assumptions about which Veterans will or will not be interested in Whole Health. You can always just ask them what they think. Clinicians are often surprised by who resonates with the Whole Health approach the most. Most people appreciate it. As one Veteran’s daughter in Fresno put it after a Whole Health visit, “Dad, I think we finally found your team!”

Depending on your specific role, how much time you have for visits, and the level of complexity of the patients you see, you will have to decide if you will apply personal health planning uniformly to all patients versus using it only in specific circumstances.

Whole Health Tool: Introducing Whole Health – Your Elevator Speech

Imagine you are on an elevator, and a colleague steps in who is unfamiliar with Whole Health. Or, imagine you are talking to a Veteran you have not met before – perhaps at reception or information desk – and you want to give a brief introduction to Whole Health and personal health planning. If you had just 30 seconds before the elevator ride is over, or before you need to talk to the next patient in line, what would you say? It helps to think this through in advance, and the following exercise can help.

Take a few minutes to think about the following:

1. How do you personally define Whole Health?
2. How would you describe the personal health planning process to someone who has never heard of it before?

Consider working in some of the following snippets (shift them into your own words):

Whole Health care...

- Is a different way to approach health care
- Is being adopted by many sites throughout the VA
- Aligns with VA strategic plan and the goals of patient centered care
- Is about personalized, proactive, patient-driven care
- Looks at the whole person
- Respects each person's individual uniqueness
- Encourages people to ask, "Why do I want my health? What really matters to me?"
- Incorporates mindful awareness
- Respects the importance of prevention and the work of the National Center for Prevention (NCP)
- Does not get rid of conventional care, especially for acute problems
- Really emphasizes self-care and what people can do to take care of themselves
- Brings in Complementary and Integrative Health (CIH) approaches, when appropriate
- Involves creating a Personal Health Plan (PHP) for each patient
- Is a team-based approach, and the patient is the captain of the team
- Focuses on improving clinician well-being as well

If you would like, jot down a draft of your elevator speech in the space below. This can be written in detail, or it may just be a few bullet points to jog your memory. After you practice it a few times, experiment with trying it out with a friend, a colleague, or some of the Veterans with whom you work. Ask for constructive feedback.

My Whole Health Elevator Speech:

If you work with a team, encourage everyone on your team to try this exercise. Determine where and when you will share this summary with patients. You may wish to display posters or cards with the Circle of Health on them to facilitate discussion.

Here are a few examples of elevator speeches. Note what you do and do not like about each.

- Whole Health is a model of care that is getting increased attention in the VA. It focuses on you—your values, your goals, and why it is important to you to be healthy. Care is tailored to you as a unique person, it focuses on preventing problems (not just solving them when they come up), and having you be the main person guiding your care, instead of just having everyone tell you what to do. It focuses on self-care, and you can choose to explore different areas around that. It also involves helping you build the team you need to reach your goals, and that team includes not only you and your clinicians, but also might include your loved ones, fellow Veterans who want to help, Whole Health Coaches, or clinicians of Complimentary and Integrative Health (CIH) approaches, like acupuncture or meditation training.
- Whole Health focuses on what matters to you, instead of what is the matter with you. It is holistic—every aspect of who you are is important. We want you to have the skills, tools, and team you need so that you can achieve your goals and be in your best possible health. This builds on the great care you have already had in the VA up to this point.

Self-Reflection/Exploration: Mission, Aspiration, and Purpose (MAP)

As is illustrated by the “Me” in the center of the Circle of Health, Whole Health begins with a focus on the individual. It is not enough to practice “cookbook” medicine, or to assume that one size fits all when it comes to working with Veterans. Even if two people have the same health care issues on their problem lists, they are going to need and respond to different therapeutic interventions. Even a pair of identical twins would differ in terms of what health problems they have, the story of their illnesses, what they have already done to address their problems, and their explanation for why they have those problems in the first place. Health issues may be linked to the specific foods they eat, their individual levels of toxin exposure, their genetics, their stress levels, and many other factors.

Asking questions related to Mission, Aspiration, and Purpose (MAP) is a great way to set the stage for personal health planning. People often comment they have never been asked such questions by a clinician before. Answering such questions engages them more fully in their care; it is an excellent way to increase their interest in creating the PHP, not to mention following through with their goals.

MAP-related questions ensure that “Me” stays at the center for each Veteran. What is your mission in life? What do you want to accomplish? What are the goals that are most important to you, and how can being in good health support you with achieving them? What is your calling? These questions all tie in to the key question clinicians should ask in every single encounter: What really matters to you? Values-driven care deepens therapeutic relationships, increases patient (and clinician) engagement, and is more likely to lead to successful changes in behavior.

Whole Health Assessment

Health assessments come in many shapes and sizes. Asking the MAP questions may be all the assessment a clinician has time to do in some visits. It is not uncommon for clinics to have patients fill out some sort of form before they arrive or right after they check in for a visit. Typically, these forms ask about health history, current health problems, allergies, and medications. They may also include a review of systems. Of course, gathering an updated patient history can also provide valuable information.

All of these approaches to gathering information are important. One emphasis of the Whole Health approach is to bring additional focus to aspects of self-care, with an emphasis not only on the areas a person wants to work on, but also on what is going well. My HealtheVet and the National Center for Health Promotion and Disease Prevention offer a number of assessment materials that shift focus in this way.

Often, a Whole Health assessment will, as time and other factors allow, involve completing a PHI. PHIs come in many forms, and the Brief PHI, which is one that is most commonly being used, is featured in the next section of this chapter. The PHI starts overall ratings of physical well-being, mental/emotional well-being, and quality of life (the “Vitality Signs”). Next, it moves through a series of questions related to MAP and the various self-care

components of the Circle of Health. There is also a question asking for a rating of one's professional care. The PHI concludes by asking what Whole Health would look like for a person and the next steps they want to take to get closer to that state. The team can review the PHI and be better-equipped to have a patient centered discussion.

The PHI has been through several iterations in response to reviews by panels of Veterans and VA clinicians. In a survey of 52 patients conducted in a primary care clinic at University of Wisconsin Madison, all of the respondents reported completing the PHI was a useful exercise. Several emphasized that it was only valuable, though, if they could know for certain that their team would review the PHI and make use of that information.

In addition to the Brief PHI, there are a number of PHIs in use at different VA facilities. The "MyStory: Personal Health Inventory" is a rich, very descriptive form that goes over the Whole Health process in layman's terms. See the Resources Section at the end of this chapter for information and links to the various PHIs. Other examples include the Birmingham gold team PHI, and the Boston WH Review of Systems. Note: most sites using PHIs have reported they have better success if they do not mail PHIs out to Veterans, but rather ask them to fill it out just prior to seeing a clinician or team.

Whole Health Tool: Mission, Aspiration, and Purpose (MAP) and the Brief Personal Health Inventory (PHI)

Asking “The Big Questions”: Mission, Aspiration, and Purpose (MAP)

One important method for gathering information is to ask questions that go right to the heart of what is most important to the person. These questions delve into the aspirations and desires that are most likely to motivate someone to follow through with their Personal Health Plan (PHP) recommendations.

Examples of “The Big Questions:”

- What REALLY matters to you in your life?
 - What do you want your health for?
- What brings you a sense of joy and happiness?
- What is your vision of your best possible health?

Try these questions out. Start by answering them for yourself. People’s answers often prove to be quite remarkable. Here are the most common ways people will respond:

- They mention a specific experience, be it travel, a hobby, or a daily activity.
- They talk about overall quality of life and health span (e.g., living in good health for as long as possible).
- They list specific people in their lives or important relationships.
- They are hesitant, or they freeze. If this is the case, give them time to consider their answers and check back in with them later. Alternatively, if they are willing, you can have them complete an exercise to identify their values, which might help. Some exercises to explore values are offered in Chapter 7, Personal Development.

Some Veterans prefer to use the term “mission,” while others do not. Frame these questions using the wording that is most appropriate for each individual.

Reviewing the Brief Personal Health Inventory (PHI)

The Brief PHI, created by the Office of Patient Centered Care and Cultural Transformation (OPCC&CT), is featured below. To become more familiar with it, fill it out for yourself. This can serve as a helpful “mindful awareness moment” when you can pause to reflect for a moment on your own Whole Health care.

As you review Veterans’ PHIs, consider the following:

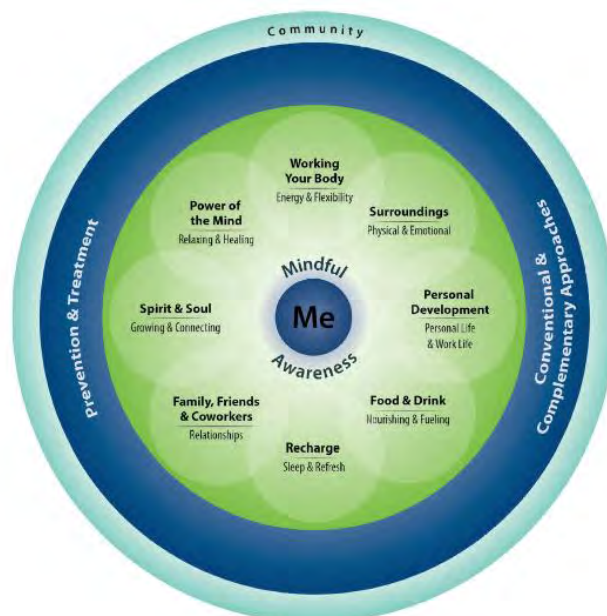
- The first part of the PHI features what are referred to as the “**Vitality Signs.**” If desired, the team member checking vitals for a given patient can gather the answers to those first three questions and put them in the record just as they would a blood pressure or a pain score. The vitality signs can be an important initial indicator of mental health issues such as suicide risk, as well as how a person is able to function on a day-to-day basis.

- The next section, on the second page of the Brief PHI, allows a person to share their perception of **where they are and where they would like to be** when it comes to the various aspects of Whole Health. It can support motivational interviewing. The numbers can help you know what to prioritize as you talk with them, but note that the numbers may not reflect which areas they ultimately choose as a focus.
- Remember to **focus on the positives too**. Note areas where a person is already doing well, based on their self-rating. That area of their life might support them as they work on other areas where they had lower ratings.
- **How will you administer the PHI?** Do people fill it out in the waiting area, or while they are visiting with one of the team members?
- **How often should you have a person complete a repeat PHI**, to keep it current? Some facilities suggest that a Veteran complete a new PHI every year or two.
- **PHIs save time**. After looking over the information, you can rapidly move to asking more in-depth questions. This allows the conversation to become focused more rapidly.
- **PHIs get you started with writing the PHP**. Patients are asked where they would like to start, and what specifically they can do to get underway. When in doubt, start by exploring their answers to those final questions on the PHI.
- It can help to **develop your own style**, or pattern, with reviewing PHIs. In the case of the Brief PHI that is featured on the next page, here is an example of 3 steps you can take to review the form:
 1. Glance at the vitality signs, noting whether mental health or physical health seems to be a higher priority. How do they feel in general about the life they live? If these are rated particularly low, start by asking about them right away. Assess safety in terms of suicide risk.
 2. Move on to the numbers relating to “Where you are and where you want to be.” While it is important not to become overly focused on the numbers and losing track of the rest of the information on the PHI, it can help to see where there are the biggest gaps between a person’s “Present” and “Desired” states. The areas with the biggest differences might be the best ones to ask about first.
 3. Always review the initial “What really matters to me” question and the “Reflections” section at the end. Answers to these questions provide an excellent starting point for co-creating the PHP with them.

Personal Health Inventory

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

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

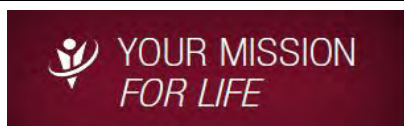


Rate where you feel you are on the scales below from 1-5, with 1 being miserable and 5 being great.

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

What do you live for? What matters to you? Why do you want to be healthy?

Write a few words to capture your thoughts:



Where You Are and Where You Would Like to Be

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

Area of Whole Health	Where I am Now (1-5)	Where I Want to Be (1-5)
Working the Body: “Energy and Flexibility” Moving and doing physical activities like wheeling, walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, and working out in a gym.		
Recharge: “Sleep and Refresh” Getting enough rest, relaxation, and sleep.		
Food and Drink: “Nourish and Fuel” Eating healthy, balanced meals with plenty of fruits and vegetables each day. Drinking enough water and limiting sodas, sweetened drinks, and alcohol.		
Personal Development: “Personal life and Work life” Learning and growing. Developing abilities and talents. Balancing responsibilities where you live, volunteer, and work.		
Family, Friends, and Co-Workers: “Relationships” Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends and people you work with.		
Spirit and Soul: “Growing and Connecting” Having a sense of purpose and meaning in your life. Feeling connected to something larger than yourself. Finding strength in difficult times.		
Surroundings: “Physical and Emotional” Feeling safe. Having comfortable, healthy spaces where you work and live. The quality of the lighting, color, air, and water. Decreasing unpleasant clutter, noises, and smells.		
Power of the Mind: “Relaxing and Healing” Tapping into the power of your mind to heal and cope. Using mind-body techniques like relaxation, breathing, or guided imagery.		
Professional Care: “Prevention and Clinical Care” Staying up to date on prevention and understanding your health concerns, care options, treatment plan, and their role in your health.		

Reflections

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

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

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

Conclusion

So far, you have learned about introducing the concepts of Whole Health and personal health planning. You have covered how to gather data using PHIs and by asking about MAP. You have explored shared goal setting and how to set agendas for Whole Health visits. The next chapter will focus on the next steps—creating the plan, helping with skill building, and arranging for ongoing follow up and support. As you read on, keep thinking about how you can draw in these elements of personal health planning into your work. What does Whole Health look like in your specific practice?

Resources for Whole Health Assessment and Shared Goals

Websites

VA Patient Centered Care Site

- MyStory: Personal Health Inventory. The most detailed version of the PHI.
<http://www.va.gov/PATIENTCENTEREDCARE/resources/personal-health-inventory.asp>
- Podcast on using the PHI, by Tracy Gaudet.
<http://www.audio.va.gov/patientcenteredcare/MP3/TG-GuidedMeditationPodcast GuidedRelaxation PHI Complete.mp3>
- “The Power of You” is a video focused on how each clinician can bring Whole Health into a visit through his/her therapeutic presence.
http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~.AACmABW4_k~.u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4527187306001

Whole Health Library

- *ABC Guide to the Circle of Health*. Introductory material to guide an initial Whole Health visit. Available under “Key Resources” on the main Whole Health Library webpage at <http://projects.hsl.wisc.edu/SERVICE/key-resources/ABC%20Guide%20to%20the%20Circle.pdf>
- Module 2 Overview, *Gathering Information: The Personal Health Inventory and Beyond*. All of the overviews contain patient vignette PHIs or elements from PHIs that you can use to practice reviewing them.
http://projects.hsl.wisc.edu/SERVICE/modules/2/M2_EO_Gathering_Information.pdf
- Module 1 Tool, *Bob’s Personal Health Inventory*.
http://projects.hsl.wisc.edu/SERVICE/modules/1/M1_CT_Bob's_Personal_Health_Inventory_Final.pdf (includes a nice example of how a completed PHI might look)
- Module 2 Tool, *Questions Related to Personalized, Proactive, and Patient-Driven Care*.
http://projects.hsl.wisc.edu/SERVICE/modules/2/M2_CT_Questions_Related_to_Personalize_Proactive_and_Patient-Driven_Care.pdf
- Module 2 Tool, *Walking the Circle of Health: How Are You Doing?*
http://projects.hsl.wisc.edu/SERVICE/modules/2/M2_CT_Walking_the_Circle.pdf A self-assessment to guide people with rating how they feel they are doing on various aspects of the Circle in greater depth.

- Module 16 Overview, *Narrative Medicine*. Puts the importance of story, and of really knowing someone, into context.
http://projects.hsl.wisc.edu/SERVICE/modules/16/M16_EO_Narrative_Medicine.pdf
- A video about the My Life, My Story Program, where Veterans' narratives are gathered. <https://www.youtube.com/watch?v=fpzgVlExS20&feature=youtu.be>
- Boston "Whole Health Review of Systems" form. This is under the "Key Resources" tab on the main Whole Health Library webpage.
<http://projects.hsl.wisc.edu/SERVICE/sites/final/additional/5%20-%20WHROS%20updated%2041315.pdf>

Other Websites

- MyHealtheVet. <https://www.myhealth.va.gov/mhv-portal-web/anonymous.portal?nfpb=true&nfto=false&pageLabel=mhvHome>, Has excellent resources anyone (Veterans and clinicians) can use to take stock of their health in many areas. Try calculating out your "Health Age."

Books

- *Listening for What Matters: Avoiding Contextual Errors in Health Care*, Saul Weiner (2016)
- *Narrative Medicine: Honoring the Stories of Illness*, Rita Charon (2008)

References

¹ VHA Strategic Plan, FY 2013-2018. http://www.va.gov/health/docs/VHA_STRATEGIC_PLAN_FY2013-2018.pdf. Accessed September 21, 2016.

² Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington: National Academies Press; 2001.

Chapter 3. Personal Health Planning, Part II: Writing Plans, Skill Building and Support

The real voyage of discovery consists not in seeking new landscapes but in having new eyes.

—Marcel Proust



Chapter 2 focuses on principles of personal health planning that build up to creating the Personal Health Plan (PHP) itself. These principles include introducing Whole Health to Veterans, working with Personal Health Inventories (PHIs), and shared goal setting. This chapter focuses on the process of writing the PHP and how to arrange the skill building, support, and ongoing follow up that will make the plan effective. See Figure 3-1 to review the key principles of personal health planning.



Figure 3-1. The Key Principles of Personal Health Planning

Writing the Plan: Tips from Your Colleagues

Writing a PHP involves a certain amount of matchmaking. In order to do it, you need to know the patient very well—including, of course, why their health is important to them. You also need to know what resources are available to them, not only from your care team, but also from your facility at large and from the outside community.

For example, imagine you are seeing a person with neck pain, and you want them to receive acupuncture. You need to know a patient well enough to be able to verify they would be interested and able to tolerate the needles (most people do fine with this), that they can

find transportation to the acupuncturist you have in mind, when they could get in for a visit (access), and whether or not there would be any out-of-pocket costs. Similarly, you need to know the efficacy and safety of acupuncture for this purpose, as well as who offers acupuncture in your facility or in the greater community. And how well will the acupuncturist communicate with you about visits?

Here are 13 important tips to consider when you are co-creating a PHP with a Veteran:

1. **It takes a village to do Whole Health.** During Whole Health courses, when they are first learning about how to do Whole Health visits, clinicians often become quite concerned about having the time to incorporate this model with everything else they must do when they are seeing a Veteran. In a Whole Health system, everyone must take ownership of advancing the PHP. It is not something simply discussed in a visit with a primary care provider, or a hospital discharge planner. Entire Patient Aligned Care Teams (PACTs) must share responsibility for the care, and care must be interdisciplinary. A mental health professional should be just as likely to note a person's Mission, Aspiration, and Purpose (MAP) and discuss it as a dietitian, a pharmacist, a chaplain, a nurse, a peer supporter, or any other clinician the Veteran encounters.
2. **Health plans come in all shapes and sizes.** Sometimes, simply listening and offering compassion is sufficient to promote Whole Health. Sometimes a plan may be just one SMART goal. Other plans may be more detailed, if there is time, and cover multiple aspects of the Circle of Health. Be careful not to overwhelm Veterans with too many suggestions at once. Early on in their training, Integrative Medicine fellows write detailed, comprehensive plans, but rarely will a patient be able to follow every suggestion. Ask them how much they can handle, and make good use of follow ups with various team members so that the plan can keep evolving.
3. **Your first order of business is to synthesize** all the information at your disposal. This includes what you can learn from the medical record, the exam, testing and studies, as well as the patient's body language and what family members or friends tell you. It also includes the information in the PHI. What do your instincts tell you about the patient and what will serve them best?
4. **The patient, as much as possible, should be a co-author of the plan.** It should NEVER feel as though you as a clinician is writing the plan by yourself. Have the entire team contribute, if possible. You do not have to go it alone.
5. **Follow up is ALWAYS part of the plan.** The patient should always leave the room with a clear sense of next steps with visits, procedures, etc.
6. **Be aware of contextual errors.**¹ That is, don't forget about a patient's social situation and how it could affect their care. As clinicians, we are trained to follow guidelines and use decision aids, but you have to make sure the PHP takes into account the specifics of a person's life. Can they afford the medications being prescribed? Do they have responsibilities to others that make it so they cannot be in

a hospital or nursing home? Do they have transportation to the consultant you want them to see? Are they comfortable trying a new Complementary and Integrative Health (CIH) approach? Be mindful of cultural issues as well, remembering that just because a person belongs to a particular culture does not mean you automatically know who they are or what they believe. Ask them how they believe their culture influences who they are and what they want from their care team.

7. It can help to **create a PHP template** you can follow. Examples are provided later in this chapter.
8. **Have tools and educational materials on hand** to help with education and skill building. This saves time, and it helps patients understand the elements of the PHP more fully.
9. Similarly, **become familiar with various resources you can recommend** in a health plan. These might include exercise classes, mindfulness training, group visit opportunities, local CIH practitioners, mental health offerings, Whole Health Coaches, peer support, working with recreational therapy, building vocational skills, or any of a number of other approaches specific to your local VA facility or community.
10. ALWAYS take some time, even if it is brief, to **focus on the positives**. Note what they are doing right. Help them identify their assets. Weave those into the plan.
11. One of the best ways to learn how to create a PHP is to **create your own PHP or have someone help you create one**. Research indicates you will be rated as much more believable if you model healthy behaviors and, when appropriate, briefly share you own health experiences with patients.²
12. **Compare notes with your colleagues**. What are their health plans like? What are some of their favorite resources for various parts of the Circle of Health?
13. Personal health planning involves developing new skills. Be sure to **practice these skills**. Initially, clinicians report it takes about 8 extra minutes to incorporate it into their work. Over time, the process becomes more efficient. Remember that not all aspects of Whole Health have to be addressed at every visit, and in general, plans may not change for some time.

Concerns About Time

Clinicians often raise concerns about having enough time to use the Whole Health approach. However, most people who have adopted it report at least one of the following:

1. **It saves time, after you have practiced it**. It has been estimated that it initially takes 8 additional minutes per visit to incorporate PHP, but with familiarity, no additional time is needed.
2. **It is more rewarding**, so it is worth the time investment.

3. For each patient, **it is mainly an investment up front**. Once you know a person fairly well, future conversations are actually more efficient. You do not have to have them fill out the PHI every time you see them.
4. **You can tailor how much time you spend** based on the specific situation. An inpatient stay may be a great opportunity to focus on Whole Health in great detail. During a busy clinic day, you may only have an extra minute or two, but you can still garner a piece of a person's story, suggest a referral or patient handout, or create one SMART goal that they can focus on. And it is important to remember that your presence, in and of itself, can promote Whole Health. This is true because of who you are and how you relate to other people, not just because of the plan you create.

Goal Setting: Shared and SMART Goals

Shared Goals

Consider the following in terms of your work with Veterans:

1. Do you typically set goals with them?
2. If you do, how does it happen? Who comes up with the goals – you or the Veteran?
3. How well do your patients do with meeting their goals? How can you increase their chances for success?

Goal setting is an important organizing principle in personal health planning, because it is closely linked to adherence. We know that in a typical practice, as many as 50% of medications are taken incorrectly.³ How can we improve that number?

The VA facilities in Boston are training all of their primary care teams to create PHPs, and based on their experiences, they suggest the following tips for moving toward shared goals:

- Use the PHI and other assessments as an initial guide.
- Consider your patients' responses to "The Big Questions" (described above).
- Be clear about your own agenda. What major concerns do you need to address?
- Be very clear about the patient's agenda as well.
- As much as possible, be supportive of the patient's choice of a goal.
- Ask open-ended questions to evoke goals. Examples:
 - Where would you like to start?
 - What is a reasonable next step?
 - What appeals to you most?
 - What can you commit to right now?
 - What else might you do?

Try to find the space where your goals and the Veteran's overlap, as illustrated in Figure 3-2.

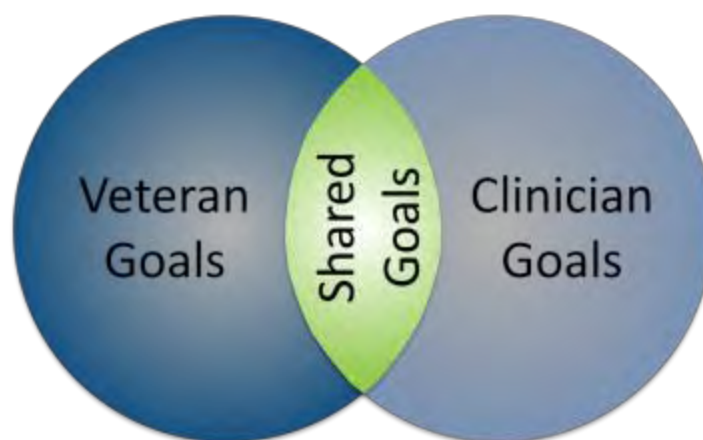


Figure 3-2. Shared Goals: Where Veteran and Clinician Goals Intersect

Importance Ruler

There are two “rulers” that can be helpful with shared goal setting. The first is the importance ruler, illustrated in Figure 3-3. Follow-through is only going to happen when people truly feel that doing something matters a lot to them.

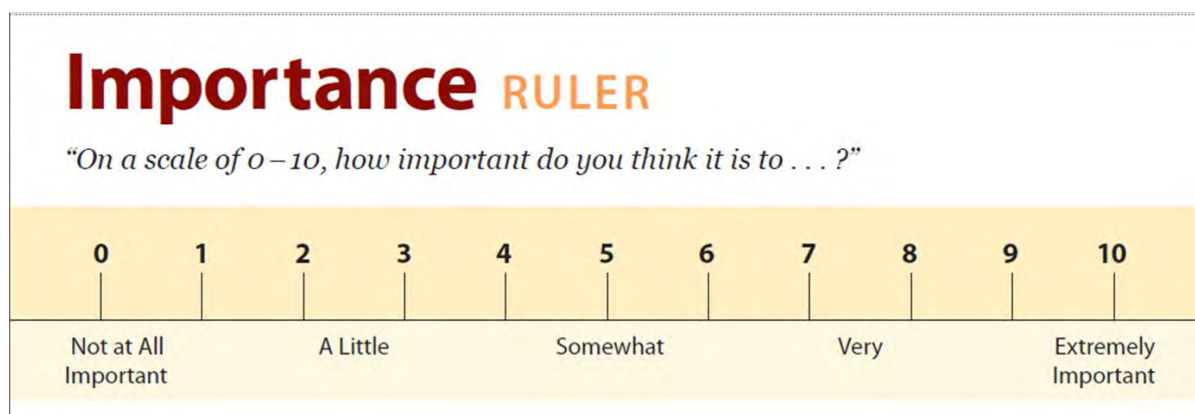


Figure 3-3. The Importance Ruler. Adapted from: Rollnick, Miller & Butler, *Motivational Interviewing in Health Care*, Guilford, 2008. IB 10-491.

Agenda Setting

Clarifying patient and clinician agendas is at the heart of shared goal setting. However, patients are not always forthcoming with what the visit is really about for them. If people have a physical symptom or problem as their main complaint, they only bring it up to their doctor as their first complaint in a visit 50% of the time; the rest of the time, they hesitate or bring it up later.⁴ For psychosocial complaints, it is even less likely they will bring the topic up early in the visit.

Simply asking, “What do you most want to get out of our time today?” or repeatedly checking in with, “What else are you concerned about today?” can be helpful. The person who rooms the patient and/or checks vital signs might be more successful in elucidating

the real reason for the visit if they can base their questions on answers provided by the patient in the PHI.

Sometimes, it can feel like what the patient needs from the visit and what the clinician needs are on different “sides,” and only one side can win. In fact, a 1981 study by Starfield and colleagues found that in 50% of visits, the doctor and the patient did not agree on what was the main presenting problem. A 1979 study found that 54% of symptoms and 45% of concerns were never elicited in doctor-patient visits.⁵

Baker and colleagues offer several questions you can ask to more effectively set an agenda during a patient encounter.⁶

1. What are the patient’s main concerns? Start out by simply gathering information. Avoid judging or arguing, even if your agenda is very different from theirs.
2. What are your concerns about this patient? Bring up your agenda early on in the visit. Mindful awareness of what you want to accomplish will allow you to offer more effective care.
3. What are the patient’s priorities in terms of the plan of care? Beyond listing their concerns, see if there are specific intentions related to those concerns. For instance, a patient may want to have a particular test or see a certain specialist. If time is limited, you can ask, “What is the one thing that you want us to be sure and take care of today?” or “What do you hope I will do about that issue?”
4. Which concerns need to be addressed today, and which ones can be deferred? If you have the ability to make use of continuity and follow-up visits, this can allow for some leeway. Remember that Whole Health is built around a team approach. Can others on the team help with some of the concerns as well?
5. What disagreements exist, and how can you negotiate them? Conflict is uncomfortable for many people working in health care. As you generate a plan, check for understanding and agreement. If it is not there, take time to clarify where the challenges are.

A good rule of thumb is that if you feel like you are working harder than your patient to address a certain issue, it may be time to reassess how important a given topic is for them. Often, a clinician may be focused on the disease process or a lab number, while the patient may be much more interested in how the disease will affect daily function, or what they saw about a topic on the Internet. See the example in Table 3-1 of two different ways a clinician could bring up the goal of improving blood sugars.

Table 3-1. Different Ways to Approach a Shared Goal

Statement A	Statement B
“Your A1c is clear up to 10. That means your sugars have been really high for a while, and we need to bring them down. Studies show this will put your heart, retinas, nerves, and kidneys at risk.”	“I know your goal is to dance at your granddaughter’s wedding. Keeping your sugars in a good place will help your heart, legs, and the rest of your body be up for it! And it will keep that A1c number down, too.”

Both statements are accurate, but it may be that the patient will be more engaged and likely to follow through with the plan if they hear statement B.

Confidence Ruler.

The second ruler to use, as appropriate, is the Confidence Ruler, illustrated in Figure 3-4.



Figure 3-4. The Confidence Ruler. Adapted from: Rollnick, Miller & Butler, *Motivational Interviewing in Health Care*, Guilford, 2008. IB 10-49.

It is important to do everything you can to increase their confidence that they can achieve a shared goal. Here are some helpful tips:

1. Assess and address barriers. The following questions might help:

- What might get in the way of achieving a goal? What are the biggest challenges you currently face?
- What might help overcome that barrier?
- What helped in the past?
- Would you like to hear some things that have worked for other people?
- Now, based on that, what could your plan look like right now? What can you do before your next health care visit?

2. Keep it straightforward. Some patients prefer elaborate plans, but many of them do best with just a few, very clear next steps.

3. Make use of SMART goals, when appropriate. “SMART” stands for:

- Specific
- Measurable
- Action-oriented
- Realistic
- Time-specific

SMART Goals

SMART goals may be an important part of a PHP. Some clinicians find that setting one SMART goal during a visit suits their patients well, while others will set more than one if time allows (though it is important not to overwhelm people by setting too many). As noted above, PHPs come in all shapes and sizes. SMART goals can be an important piece of them.

Building a clear “I will...” statement using these criteria for a SMART goal can increase the odds a goal will be successfully reached. Consider the difference between these two statements:

- Less SMART: “I will lose weight.”
- SMART: “I will eat at least two servings of vegetables each day, including a side salad with lunch and a vegetable with dinner. I will start this next Monday, and I will do it for a month before I check back in with my primary care team.”

The second goal offers specific details around how diet will change with diet changes that can be measured. It describes specific actions that realistically can be done. Timing, including both start times and when to check back with the care team, is clear.

The following tool can be used to create a SMART goal with a Veteran. Consider writing some for yourself as practice...and follow through with them!

Whole Health Tool: SMART Goal Setting

Begin by focusing on a goal that is important to you. This goal should tie in to what really matters. Once you have a goal in mind, apply the principles of SMART goals to it, as described in the table.

General Tips

- It is better to break the goal down into smaller goals, in order to be sure you will succeed.
- The more detail the better. “I will exercise more” is very vague. “Starting on Monday, July 1, I will walk in the mall for 20 minutes on Monday, Wednesday, and Friday” is more detailed and incorporates all of the SMART elements.
- Make sure both the clinician and the patient agree (at least to some degree) about the goal.
- Be sure to double check to see if you covered all the parts of a SMART goal.

SMART Goal Element	Questions to Consider	Your Notes
Specific	<ul style="list-style-type: none"> • Be very clear and detailed about what you want to do and why. • What is required? What are the challenges? • What are your assets and resources? 	
Measurable	<ul style="list-style-type: none"> • How much time will you spend? • How often (daily, weekly, monthly)? • How will you know you are making progress? • How will you know you have reached your goal? 	
Action-Oriented	<ul style="list-style-type: none"> • What actions are needed to achieve the goal? • Describe the ones you will be taking. 	
Realistic	<ul style="list-style-type: none"> • Is this goal worth it? • Is the goal lined up with your values? • Is the timing right? • Do you have what you need to reach the goal? • Is it really doable? • Build on small steps. 	
Time-Specific	<ul style="list-style-type: none"> • How long do you need? • Are there any deadlines you have to meet? • When will you start? 	

Write your goal below:

I will...

This exercise was adapted from: Rollnick, Miller & Butler, *Motivational Interviewing in Health Care*, New York: Guilford Press, 2008

Templates

Especially when you are first getting started, it can help to use a template as you are creating the health plan. An example from the OPCC&CT is provided below. Consider using it to create your own Personal Health Plan (PHP). Elements of a health plan might include the following:

- Personal mission (what really matters)
- Shared goals and SMART goals
- Recommendations related to the various parts of the Circle of Health
- Skill building and education
- Consults and referrals, including for CIH approaches
- Support, which can be offered by loved ones, Veteran peers, or mental health support groups
- Follow-up and a timeline for future visits. This is fundamental, to keep the momentum going.

The resources listed at the end of the chapter include materials from the Whole Health Library that feature patient vignettes. The vignettes include sample Personal Health Inventories (PHIs) and PHPs. The more of them you review, the more ideas you will have for what to put in yours. See the Personal Health Plan Template below as one example of a template you can consider using.

Whole Health Tool: Personal Health Plan (PHP) Template

Name:

Date:

What really matters:

Assets (What is going right already):

Challenges and Obstacles:

SMART Goal(s) (specific, measurable, action-oriented, realistic, time-specific):

Mindful Awareness:

Self-Care (Food & Drink, Recharge, Personal Development, Family/Friends & Coworkers, Power of the Mind, Spirit & Soul, Surroundings, Working the Body):

Professional Care (Prevention, Illnesses, Referrals, Screening, Complementary Approaches):

Community (Resources, Team Members):

Next Steps (Follow Up, Support):

Skill Building, Resources and Support

This final organizing principle of personal health planning centers on supporting the PHP, on implementing it for the long-term. Consider the following:

- **The PHP is a living document.** A person's health condition and social context change as they move through life. How does this process respond to those changes? How often should a health plan be reviewed and updated?
- Has the **plan been communicated effectively**? With every encounter a Veteran has in the system, clinicians and staff should welcome questions and ensure that there is mutual understanding about goals and next steps.
- Does the patient have **necessary training and skills** to follow through with their plan? You may want to have someone on the team take extra time to introduce them to a specific technique or approach, like a breathing exercise, an elimination diet, or how to take a particular dietary supplement.
- Has **follow up** been arranged? What will it look like? How will team members responsible for follow up communicate with the other members of the team?
- **Who is on the patient's team?** Consider all of the following:
 - Family members and/or friends
 - Primary care team members
 - Specialty care team members
 - Veteran peer supporters
 - Mental health professionals
 - Physical, occupational, and/or recreational therapists
 - Pharmacists
 - Chaplains
 - Dietitians
 - Complementary therapy clinicians (e.g. acupuncturist, chiropractor, herbalist, Healing Touch clinicians)
 - Companion animals or pets
 - Others?

Develop your own techniques for helping Veterans build their skills. Be sure you are aware of the latest Whole Health Resources, including those featured in the Resources sections at the end of each chapter in this manual. Try various ideas out in your daily practice. Institute small changes. Invite colleagues or team members to try them too. The form on the next two pages was created to assist you in exploring what your Whole Health practice might look like. You are strongly encouraged to fill it out.

Whole Health Tool: Personal Health Planning – Putting it All Together

Take a moment to envision how, based on all you have been learning, you want your Whole Health practice to look. Consider each of the questions below. Jot down answers as you feel appropriate.

1. Who are the members of your Whole Health/personal health planning team?

2. Do you have enough people on your team? If you could bring others on, who would they be?

3. What is the personal health planning experience like for patients, from the time they walk in the door to the time they leave?

4. Which assessment form do you use, and when do you give it to them?

5. What will a Personal Health Plan (PHP) look like? Will you use a template? Will you create your own? How long will you make the plan? Will it all be about the one SMART goal, or will you add other parts too?

6. What do you need to offer effective follow up? (E.g., resources, a directory of people you can refer to, a team member who will call and check in on their progress)

7. How will you document this in the chart?

8. What resources or support do you need?

The Four Stages of Whole Health Coaching

The Whole Health Coaching and Whole Health in Your Life courses offer a slightly different perspective on how to move through the Whole Health process. Figure 3-5 illustrates four stages of personal health planning.

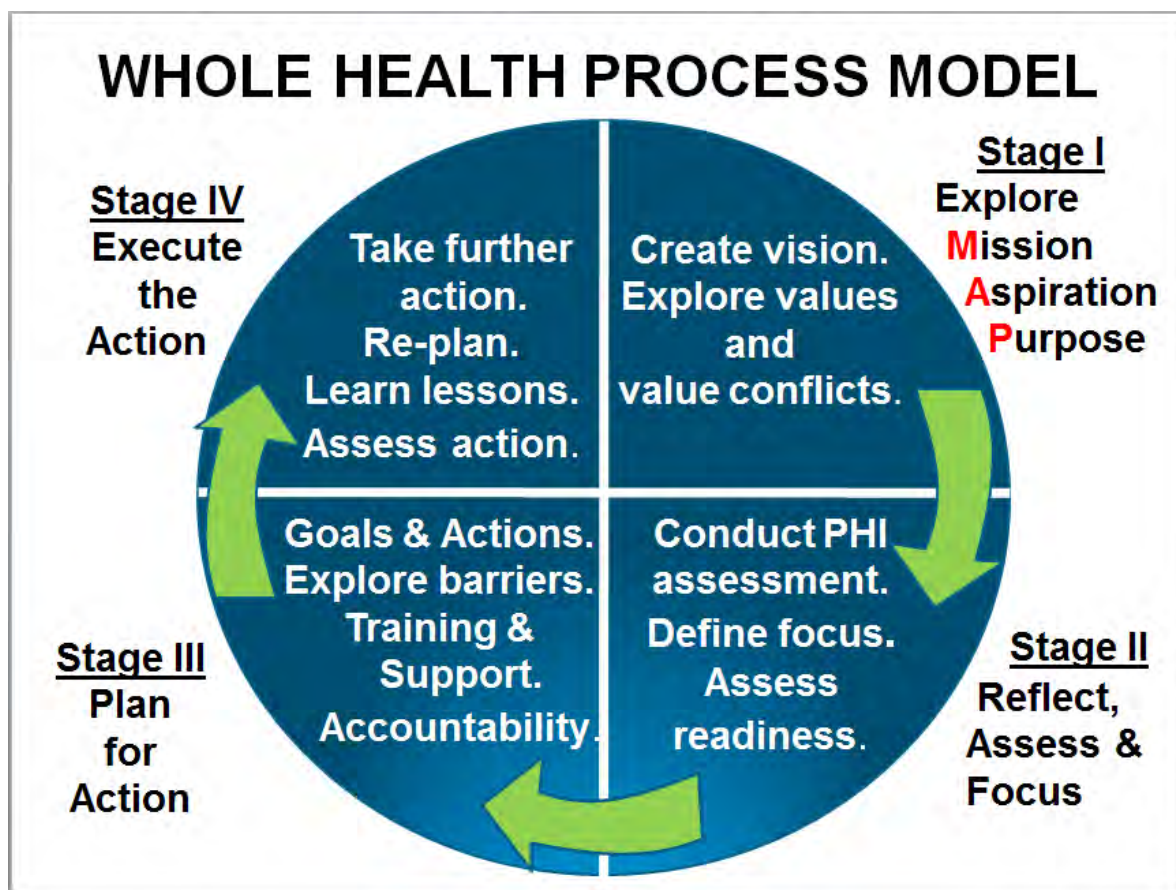


Figure 3-5. The Whole Health Process Model

The four stages summarized in this model closely parallel the Key Principles of Personal Health Planning featured in Figure 3-1. If you prefer, you can use this as a framework when adopting the Whole Health approach.

- **Stage I** focuses on outlining MAP. This process was discussed in Chapter 2, as part of Whole Health Assessment.
- **Stage II** starts with gathering information using the PHI. A discussion is focused around the completed PHI, and specifically, the Veteran is encouraged to reflect on the self-care areas of the Circle of Health and decide where they would like to focus.
- **Stage III** involves writing the plan. In addition to setting SMART goals or determining other actions to follow, barriers to success are also discussed. Supports are an important focus, as are ways to hold oneself accountable as one makes behavioral changes.

- **Stage IV** addresses what happens after the visit. What worked, and what did not? The plan is fine-tuned based on accumulated experience.

Conclusion

This chapter focused on tips for writing PHPs using SMART goals and PHP templates. It also covered ways to enhance skill building and support. The principles of personal health planning lay the foundation for practicing Whole Health. You also need to be skilled, as you “walk the circle” with your patients, at offering guidance related to each of the different aspects of the Circle of Health. The various elements of the Circle of Health are the focus of the remainder of this reference manual.

Resources for Writing Plans, Skill Building, and Support

Websites

VA Patient Centered Care Site

- “Whole Health: Personal Health Planning.”
http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AAACmABW4_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4527056491001.
Introduces the basics of creating a PHP.

Whole Health Library

- *VHA Whole Health: Personal Health Planning Staff Guide*. Available under “Key Resources” tab on the main Whole Health Library at
<http://projects.hsl.wisc.edu/SERVICE/key-resources/VA%20Whole%20Health%20-%20Personalized%20Health%20Planning%20Staff%20Guide.pdf>
- Module 3 Overview, *Taking Action: How to Write a Personal Health Plan*.
http://projects.hsl.wisc.edu/SERVICE/modules/3/M3_EO_Taking_Action.pdf
- Module 3 Tool, *Example of a Personal Health Plan for Bob*.
http://projects.hsl.wisc.edu/SERVICE/modules/3/M3_CT_Example_of_a_Personal_Health_Plan_for_Bob.pdf
- Module 3 Tool, *There Is Enough Time to Write Health Plans*.
http://projects.hsl.wisc.edu/SERVICE/modules/3/M3_CT_There_Is_Enough_Time_to_Write_Health_Plans.pdf
- Module 3 Tool, *Aspiration, Appreciation, Gratitude and Optimism. Focusing on What’s Going Right*.
http://projects.hsl.wisc.edu/SERVICE/modules/3/M3_CT_Aspirations_Appreciation_Gratitude_Optimism.pdf
- All of the overviews contain patient vignettes, and they conclude with sample health plans that it may help for you to look over for ideas on what you can suggest/discuss in various situations

Books

- *Spontaneous Healing: How to Discover and Embrace Your Body’s Natural Ability to Heal Itself*, Andrew Weil (2000)

- *The 12 Stages of Healing*, Donald Epstein (1994)

References

¹ Weiner SJ, Schwartz, A. Contextual errors in medical decision making: overlooked and understudied. *Acad Med*. 2016;91(5):657-62.

² Frank E, Rothenberg R, Lewis C, Brooke F, Belodoff B. Correlates of physicians' prevention-related practices findings from the women physicians' health study. *Arch Fam Med*. 2000;9:359-367.

³ Osterberg L, Blaschke T. Adherence to medication. *N Engl J Med*. 2005;353(5):487-497.

⁴ Burack RC, Carpenter RR. The predictive value of the presenting complaint. *J Fam Pract*. 1983;16:749-54.

⁵ Stewart MA, McWhinney IR, Buck CW. The doctor/patient relationship and its effect upon outcome. *J R Coll Gen Pract*. 1979;29:77-81.

⁶ Baker LH, O'Connell D, Platt FW. "What else?" Setting the agenda for the clinical interview. *Ann Intern Med*. 2005;143:766-70.

Chapter 4. Mindful Awareness

*In the end, just three things matter:
How well we have lived
How well we have loved
How well we have learned to let go*
—Jack Kornfield



What Is Mindful Awareness?

To understand mindful awareness, it can help to think about what it is like NOT to have it. We have all experienced examples of being on autopilot, not really noticing what is going on around us. After a long day, you arrive home with very little memory of the trip home. You go for a walk with your child, and you do not notice anything about the scenery, because your mind is cluttered with worries about the past and the future. You open a bag of chips or a box of cookies, and before you know it, the package is empty, and you hardly enjoyed the taste of a single bite.



Figure 4-1. Photo credit: ForbesOste via Flickr.com

Mindful awareness is the opposite of this. It is the antidote to tuning out. Mindful awareness is about noticing what is happening when it happens. It is about being aware of the sights and sounds on the drive home, being completely present when you are walking with your child, and tasting every bite of a snack (which might even allow you to feel full sooner so you eat less). Put another way:

Mindfulness is paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.¹

One of the striking things about the Circle of Health is that the “Mindful Awareness” ring immediately surrounds the “Me” at the center of the circle, as noted in Figure 4-2. Just as it is central to the Circle of Health, mindful awareness is central to the entire Whole Health approach. It can inform how we relate to others and how we choose to practice self-care. It

is at the root of feeling compassion, and it informs our state of being when we are “in the zone” with a given activity.

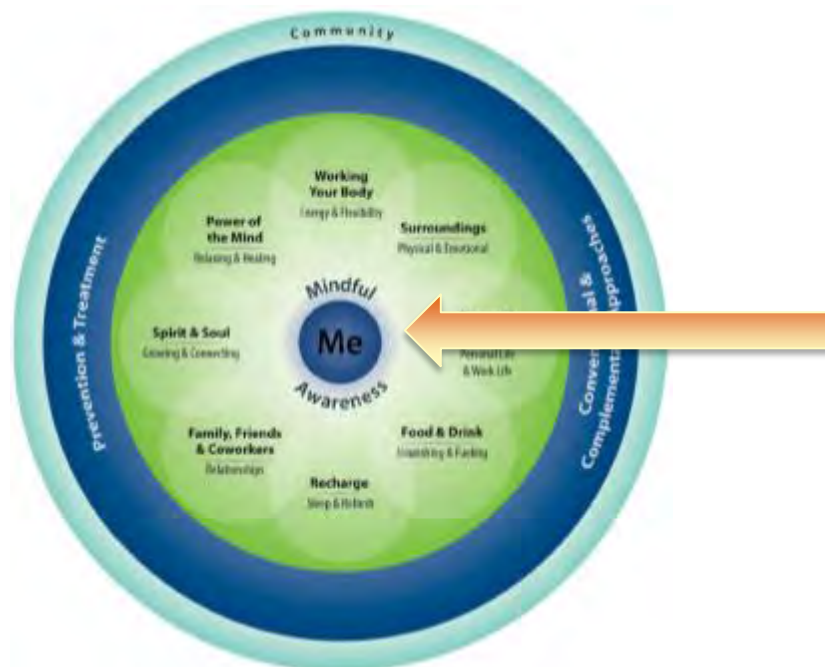


Figure 4-2. Mindful Awareness and the Circle of Health

In terms of health, you can imagine how mindful awareness can be important. It influences how we tune into our physical, mental, and emotional states, and it helps us to do so sooner, so that we can prevent a problem from progressing. As the saying goes, “The sorrow that hath no vent in tears, makes other organs weep.” Mindfulness is about noticing something is out of balance before it starts causing major physical symptoms.

Mindful Awareness, Mindfulness, and Meditation

Sometimes the terms mindful awareness, mindfulness, and meditation can be confusing. How do they differ? For the purposes of Whole Health and personal health planning, “mindfulness,” when used in the general sense of the word, is the same thing as mindful awareness. However, it is also a shorthand term used to describe Mindfulness Based Stress Reduction (MBSR), a specific course developed by the University of Massachusetts that introduces learners to various ways to cultivate mindful awareness. The term “mindfulness” is only used in Whole Health education to refer to this specific approach, an approach which is just one of many ways to cultivate mindful awareness.

“Meditation” can refer to any practice that may, among other things, help to cultivate mindful awareness. There are many meditation techniques a person can try, and some of the ones used specifically to help foster mindful awareness are described below. Remember, though, that not all meditation practices are focused on cultivating mindful awareness. Some focus on relaxation or some other specific goal.

When Have You Been Most Mindful?

Pause for a moment, and ask yourself the following:

- What circumstances allow you to be at a state of heightened awareness?
- When are you most present?
- When are you most peaceful or calm?
- What makes you optimally focused?
- When are you at your most centered?

These questions are frequently posed to participants in Whole Health courses when they are taught in person. Some answers have included the following:

- When I am playing with my kids
- When I am “in the zone” playing a sport
- When I am in the operating room
- When I pray
- When I am lost in a good book or movie
- When I am gardening
- When I watch my dog
- When I play my musical instrument

What about the activities you listed causes them to have such a positive effect on you? How can you bring those states of mind with you into other situations?

When exploring mindful awareness for yourself and with Veterans, those questions can prove helpful.

Mindful Awareness Research

It is important to emphasize that mindful awareness is an opportunity to be in the wholeness of life, including suffering, joy, peace, unrest, creativity, fullness, emptiness—a all of it. **It is not merely a technique for coping with a specific problem.** Nevertheless, there is an increasingly impressive body of research favoring the use of mindful awareness practices. Western science is now actively studying these techniques (many of them thousands of years old) and their health benefits.

The following list summarizes some of the latest research findings, as detailed in the Mindful Awareness Overview in the Whole Health Library.² Different studies may have focused on different techniques, but in all of them, mindful awareness was the goal.

General Research Findings

- Mindful awareness reduces psychological symptoms in people with cancer, hypertension, rheumatoid arthritis, psoriasis, tinnitus, multiple sclerosis, depressive disorders, and anxiety disorders.
- It assists with the treatment of alcohol and substance misuse.

Physiologic Effects of Mindful Awareness

- Alters brain activity. Long-term meditators have gamma wave oscillations not seen in others. Even people who have just begun meditating in the past two months show functional MRI changes.
- Leads to longer-lived relaxation states. Reduces markers of stress, including cortisol, C-reactive protein, tumor necrosis factor-alpha, blood pressure, and heart rate.³
- Activates the left anterior cerebral cortex and other areas of the brain which are linked to positive mood. Increases activation in brain attention centers.⁴
- Lengthens telomeres. The longer these structures at the end of a chromosome are, the lower a person's risk of chronic illness and mortality. Studies have linked compassion meditation to favorable effects on telomere length. For example, a 2014 review of 4 studies with 190 participants found significant benefit, even when people received just 11 hours of meditation training.⁵

Immune System Effects

- Enhances immune response to influenza vaccine
- Stabilizes CD4 counts in people with HIV infection
- Enhances natural killer cell function and alters interleukin levels

Psychiatric Disorders

- In general, decreases the severity of depression and anxiety
- Reduces rumination in people with anxiety and depression
- Mindfulness-based cognitive therapy is as effective as medications for depression relapse prevention.
- A 2017 meta-analysis found medium effect size for mindfulness in reducing PTSD symptoms. Benefits correlated to the amount of time spent training.⁶

Chronic Pain

- Decreases pain intensity, disability, and medication use; improved pain intensity and sleep
- Leads to improvements in many fibromyalgia symptoms

Other Findings

- Reduces inflammatory bowel syndrome (IBS) symptoms
- Reduces clinician burnout
- Improves quality of care in clinician practitioners
- Enhances altruism and allows cultivation of compassion over time⁷

Evidence Map of Mindfulness

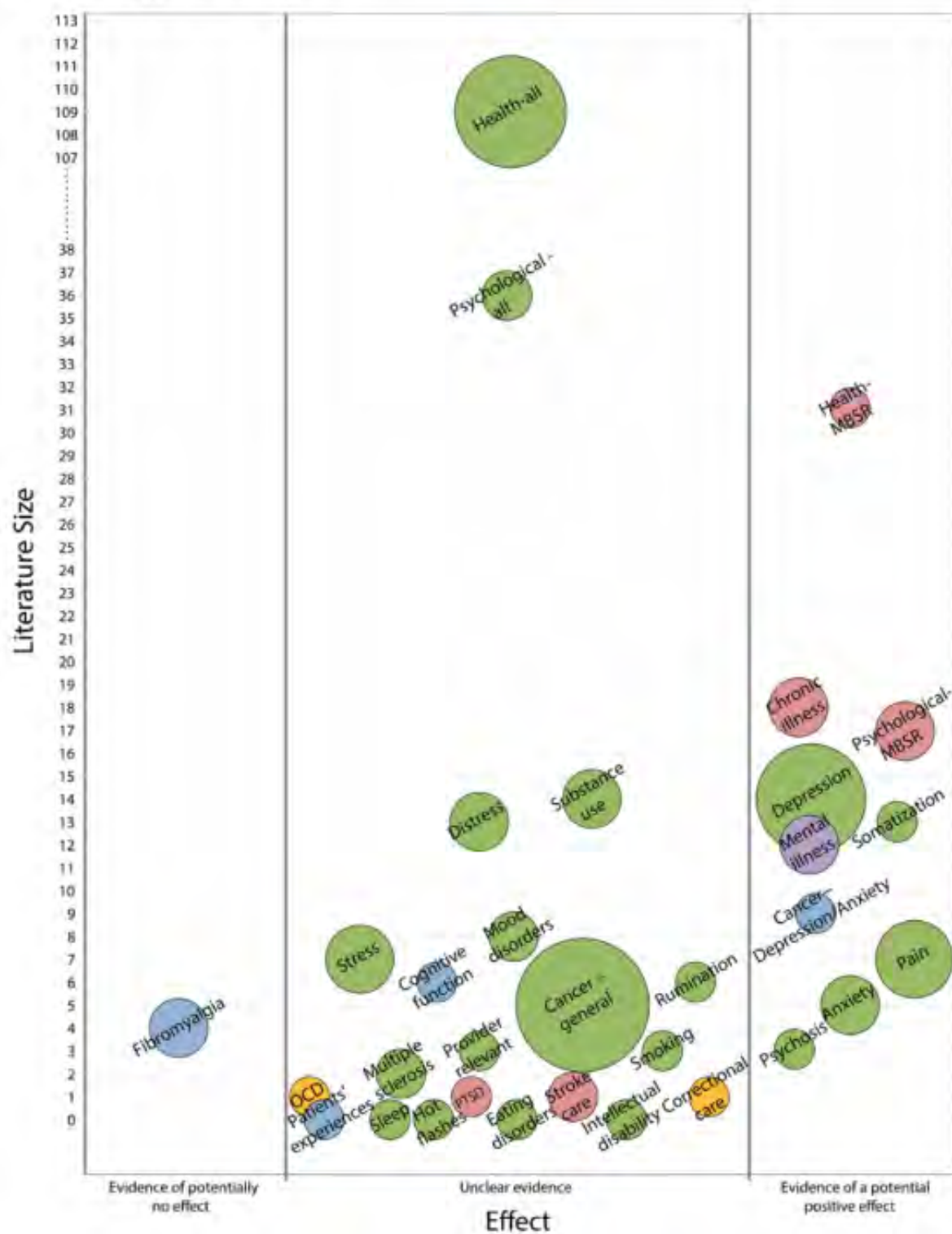


Figure 4-3. Evidence Map for Mindfulness Research (see description on next page)

A 2014 review by the VA Health Services Research and Development Service summarized the literature with the evidence map featured in Figure 4-3, on the previous page.⁸

The bubble plot summarizes systematic reviews of mindful awareness interventions published through February 2014. Each circle on the plot represents a clinical condition. The vertical axis represents the size of the literature. If a circle is toward the top, it means more research is available. The horizontal axis represents how effective the intervention seems to be. The farther to the right a circle is, the more the research indicates a benefit for that condition. Colors represent different types of interventions. Green circles indicate that a variety of interventions were used, pink are MBSR, purple are mindfulness-based cognitive therapy (MBCT), and blue are the combination of MBSR + MBCT.

Note that the strongest indications of benefits have been noted for people with mental health disorders.

Cultivating Mindful Awareness: Practice Tips

The following tips can be helpful if you are introducing the concept of mindful awareness to someone who is new to it:²

- It is essential to focus on the **present moment**. Do not get caught up in the past (e.g., regrets or ‘could have beens’) or the future (e.g., anxiety, or what could happen down the road).
- Note the word “practice.” **Practice is needed**. Mindful awareness is enhanced by regular practice. How much is not entirely clear, but starting at even a few minutes daily (or most days of the week) is a good starting place. In a typical MBSR course, learners are encouraged to practice 45 minutes a day.
- People who practice mindful awareness note improved **quality of life**. The find it becomes easier to work with challenging emotions and thought patterns.
- Cultivating mindful awareness can help you **understand/see more clearly**.
- Mindful awareness helps you to be more skillful with **how you think and react**.
- Many techniques involve **cultivating compassion** and improving how we relate to the world around us, including other people.
- There is **no one ‘right’ practice**, though some devotees may say otherwise. The key is tailoring the practice to the individual. Some people prefer movement, while others prefer sitting. Some use a variety of techniques, while others only use one.
- Mindful awareness has a number of health benefits (see below) but it is **best not to think of it as an intervention or therapy for a specific condition**, so much as an overall approach that can be beneficial to health in a variety of ways. It is an opportunity to be in the wholeness of life.
- Mindful awareness practices have arisen in diverse religions and spiritual communities throughout human history. Most people find that paying attention to the present moment and observing self are **compatible with their religious beliefs**. The MBSR course, for example, was specifically created to be neutral in this regard.

- Mindful awareness practice is not easy. It involves a certain amount of **discipline and hard work**.
- With time, mindful awareness practice evolves into a **way of being**.
- Safety. Mindful awareness is **not for everyone**. It should be used cautiously and be guided by a skilled professional for people with severe mental illness, such as psychosis or posttraumatic stress disorder. That said, mindful awareness is **quite safe**.

Metacognition

Metacognition is, put simply, the mind being aware of how it works. For example, consider states of mind you can attain while watching a movie. If cognition – or your usual thinking patterns – are the equivalent of being lost in the movie, to the point where you feel like it is your reality, then *metacognition* is akin to moving out of that state, into an awareness that you are in the theater, sitting in your seat, caught up in a movie that does not necessarily represent your reality. After you experience that broader awareness, you then have the opportunity to choose whether or not to escape back into the movie. The key is that you now consciously have chosen to do so.

Take a moment to explore this more **right now**.

- What is going on around you as you read this material?
- What other thoughts have been intruding?
- How is your body feeling?
- What is going on with you emotionally?
- What is the temperature of the room?
- What ambient sounds and smells surround you?
- How long has it been since you have taken a break, stood up from your chair, or rested your eyes?

Mindful awareness is, in part, about becoming more aware of your mind's patterns. As you come to recognize those patterns, it can be extremely empowering, for then you can consciously choose to make changes.

SOLAR and TIES—Two Mnemonics

These two helpful mnemonics can be applied with any mindful awareness practice. Consider working with them a few times a day. SOLAR is an acronym for

- **S**top
- **O**bserve
- **L**et it Be
- **A**nd **R**eturn

This practice involves taking pauses throughout your day to consciously notice what is going on around you – and inside you – in the present moment.

TIES is short for the four types of experiences that will come up as you practice mindful awareness. These are:

- **Thoughts**
- **Images**
- **Emotions**
- **Sensations**

It can be helpful to identify these as they arise in the SOLAR practice. The more you can catch moments of not being mindfully aware, the more readily your brain will be able to return to that state.

Whole Health Tool: SOLAR/TIES Meditation⁸

Stop

- Find a quiet space where you won't be interrupted.
- Set an alarm or timer for 5 minutes (or more). Then forget about time altogether.
- Sit comfortably, with a straight and relaxed spine, in an alert position. Eyes can be open or closed. Hands can be placed in any position you prefer.
- You can set an intention for this practice, if you would like. Examples: "May I gently keep myself in the present moment." "May I enjoy the benefits of stillness."

Observe

- Focus on body sensations. Note your posture and how your feet feel on the floor. Feel your body in contact with your seat.
- Allow breath to enter your nose at a natural rate and depth. Just let your body breathe, and note how that feels.
- Moment by moment, take a pause, note your breath, and simply observe whatever arises. If you are experiencing any of the TIES—thoughts, images, emotions, sensations—simply note that, then return to focusing on your body or your breath.

Let It Be

- For now, just let things be as they are. There is no need to react or change anything. Just witness, whether things are pleasant, neutral, or unpleasant.
- There is no need to strive or judge yourself or the practice. Just notice.

And Return

- If you get caught up in a thought, image, emotion, or sensation, just come back to your breath, to your awareness of your body in the present moment. Return again and again, without judgment, and with kindness to yourself.
- When you are signaled that time is up, take a moment while you are still in stillness to note how you feel.

This is a useful exercise to try with patients, including those who are relatively new to mindful awareness practices.

Mindful Awareness Techniques: Mindfulness Meditation

As noted above, there are many methods or situations where you can be mindfully aware. One of the most common methods for achieving mindful awareness practice is through some form of meditation. As mentioned earlier, this is not the only goal of meditation practices, but there are many examples of practices where it is given high priority. Examples include:

1. Seated meditation. If you are trying the exercises as you read this material, you have already done a few of these. This is the image most people have when they think of meditation—sitting on a pillow, legs crossed, holding very still. This is one form of meditation, but by no means is it the only one.
2. Body scan meditation. You bring your awareness to various parts of your body. There are many variations as far as how many body parts you focus on and the order in which you focus on them.
3. Movement meditation. Many people prefer to stay active because they feel physical activity helps them quiet their minds. Movement meditation can be as simple as walking very slowly while paying close attention to of each step, or it can be more elaborate, such as performing tai chi.
4. Chant and vocalization. There has been a significant amount of research in the VA supporting mantram meditation, for which the practitioner repeats a word or phrase while focusing on it deeply. Centering prayer, which is a meditation approach that arose within the Catholic tradition, also relies on focusing on a specific word.
5. Heart-centered meditations. There are many forms of heart-centered meditations. Examples include compassion meditation, loving-kindness practice, and gratitude practice. Tonglen, a Tibetan meditation, is another.
6. Eating meditation. Many people have tried eating meditations before (e.g., slowly eating a raisin). There are multiple mindful awareness exercises that are based on doing a familiar activity in a deliberate and aware fashion, such as drinking tea, eating one bite of food, or using a stethoscope.

Two mindful awareness exercises, focused on seated meditation and breath awareness, are featured next. A Compassion Meditation is included at the end of Chapter 10, Family, Friends & Coworkers. Links to other mindful awareness exercises are listed in the Resources section at the end of this chapter. As with any journey of self-discovery, approach mindful awareness with Veterans (and in your own life) with a spirit of curiosity, with the same attitude you might have when you have just traveled at an unfamiliar travel destination. This approach is often referred to as “beginner’s mind.”

Whole Health Tool: Seated Meditation

Most people, when they think about meditation, tend to envision seated practice. It is a fundamental mindful awareness approach. Follow these simple steps:

- Find a **comfortable place** where you won't be interrupted.
- Decide **how much time** you will spend sitting. Start with just a few minutes. Gradually build up. Twenty minutes is a good initial goal.
- Choose a **time of day** when you will be less likely to fall asleep while practicing.
- You **can sit in various ways**. Some people sit on the floor, or on a pillow. Others prefer a chair or a meditation bench. Sit comfortably, and use pillows or cushions as needed.
- Soften your **gaze** (i.e., focus your eyes a few feet in front of you) or close your eyes.
- **Choose something to focus on**. It may be your breath (as discussed in the Breath Awareness exercise, below), a candle, or even a particular word you repeat.
- **Set a timer**. If you find your mind wandering, gently bring it back and return your focus. Don't be hard on yourself. Remember, this is about being present non-judgmentally.
- When your timer goes off, give yourself a moment to **slowly shift out of the meditation**.
- Remember, this is a practice. **It will get easier with time**.

Whole Health Tool: Breath Awareness Exercise ⁸

Sit comfortably with the feet planted firmly on the floor. Lengthen your body through your back, neck, and the top of your head. Now, for the next two minutes, turn all of your awareness to your breathing. Without changing the rate or quality of your breathing, simply note the sensation of inhalation, the sensation of exhalation, and the pauses between these two dynamic states.

Now reflect:

- How easy was it to focus your attention on your breathing for two straight minutes?
- What distracting thoughts arose?
- What judgments or evaluations pulled your awareness away from your breathing?

Take two additional minutes to repeat the exercise above. This time, when your thoughts wander away from the breath, gently return your attention to your breathing. Judgments may arise—“I can’t concentrate,” or “This is boring.” When this happens, simply notice that this is a thought, and bring your attention back to your breathing. When your mind wanders, be gentle with yourself. Notice if you scold yourself for deviating from the breath. Accept the passing distraction, and focus your attention back on the breath.

Now reflect again:

- How did it feel taking an additional two minutes to focus on the breath?
- How easy or difficult was it to maintain your attention on the breath?
- What distracting thoughts and judgments arose?
- How easy or difficult was it to gently bring your awareness back to your breathing?
- How do you feel at the end of this exercise?

If you found it challenging to maintain present-moment awareness of the breath during the last exercise, take heart; the body is a constant ally in remaining grounded in the here and now. Your body feeds you constant updates about your experience of the present moment. Observe your breathing. Note the feeling of your feet on the floor. What signals are arising from your body—hunger, thirst, fatigue, discomfort, the need to go to the bathroom? What are you seeing, hearing, smelling, tasting, touching? In bringing the awareness to these ongoing status indicators, we are able to maintain presence in the current moment.

Mindful Awareness in the VA

Mindful awareness training is becoming increasingly common in the VA. In fact, as noted in Chapter 14, some of the ways to cultivate mindful awareness, such as meditation training, are specifically mentioned in the CIH Directive signed by the Undersecretary for Health last year as a CIH approach that, in the future, should be available in VA facilities nationwide. One way to increase availability to places like Community-Based Outpatient Centers is through telehealth. A 2017 review of 16 studies concluded that Web-Based Mindfulness Interventions may be helpful in alleviating physical symptom burdens, even when training is asynchronous (not taught live) or a web-based course.⁹ Medical research is likely only beginning to scratch the surface regarding the power mindful awareness has to favorably improve health and wellbeing.

Mindful Awareness Resources

Websites

VA Patient Centered Care Site

- Mindfulness Videos from the VHA Mindfulness Toolkit created by the Greater Los Angeles VA. Available under the “Instructional Videos” tab at <http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>
 - What is Mindfulness?
 - Why Mindfulness for the VA?
 - Four Ways to Cultivate Mindfulness
 - Beginning a Mindfulness Practice
 - Mindfulness and Compassion
- Mindfulness Audiofiles. Click on “Audiofiles and Podcasts” at <http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>.
Featured podcasts include:
 - Guided Meditation Podcast: Paced Breathing (8 minutes)
 - Guided Meditation Podcast: Mental Muscle Relaxation (5 minutes)
 - Guided Meditation Podcast: Mini Mental Vacation (7 ½ minutes)
 - Introduction to Meditation (5 minutes)
 - Grounding Meditation (5 minutes)
 - Mindfulness of Breathing Meditation (10 minutes)
 - Mindfulness of Sounds Meditation (10 minutes)
 - Compassionate Breathing Meditation (10 minutes)
 - Loving Kindness Meditation (10 minutes)
 - Body Scan Meditation (15 minutes)
 - Body Scan with Loving Kindness Phrases (15 minutes)

Whole Health Library

- Module 4 Overview, *Mindful Awareness*.
http://projects.hsl.wisc.edu/SERVICE/modules/4/M4_EO_Mindful_Awareness.pdf.
Excellent review of latest research.

- Module 4 Tool, *Bringing Mindful Awareness into Clinical Work*.
http://projects.hsl.wisc.edu/SERVICE/modules/4/M4_CT_Bringing_Mindful_Awareness_into_Clinical_Work.pdf
- Module 4 Tool, *Mindful Awareness Practice in Daily Living*.
http://projects.hsl.wisc.edu/SERVICE/modules/4/M4_CT_Mindful_Awareness_Practice_in_Daily_Living.pdf
- Module 4 Tool, *Practicing Mindful Awareness with Patients: 3-Minute Pauses*.
http://projects.hsl.wisc.edu/SERVICE/modules/4/M4_CT_Practicing_Mindful_Awareness_with_Patients.pdf
- Module 4 Tool, *Going Nowhere: Keys to Present Moment Awareness*.
http://projects.hsl.wisc.edu/SERVICE/modules/4/M4_CT_Going_Nowhere_Keys_to_Present_Moment_Awareness.pdf
- Module 8 Tool, *Mindful Eating*.
http://projects.hsl.wisc.edu/SERVICE/modules/8/M8_CT_Mindful_Eating.pdf
- Module 10 Tool, *Compassion Practice*.
http://projects.hsl.wisc.edu/SERVICE/modules/10/M10_CT_Compassion_Practice.pdf
- Module 28 Tool, *Mindfulness Meditation for Chronic Low Back Pain*.
http://projects.hsl.wisc.edu/SERVICE/modules/28/M28_CT_Mindfulness_Meditation_for_Chronic_Low_Back_Pain.pdf

Other Websites

- *Star Well Kit*. <http://www.warrelatedillness.va.gov/education/STAR/>. Resources from the War-Related Injury and Illness Study Center. Mindful awareness materials include:
 - Introduction, Part 3
 - Ben King - Deep Breathing (where a Veteran describes his experience)
 - Patrick Crehan - Mindfulness Meditation (where another Veteran describes his experience)
- *Evidence Map For Mindfulness*. Nice summation of the literature up through early 2015 by the VA Health Services Research and Development Service (QUERI).
http://www.hsrd.research.va.gov/publications/esp/cam_mindfulness-REPORT.pdf. Main site is www.fammed.wisc.edu/mindfulness
- University of Wisconsin Mindfulness in Medicine digital resources.
https://www.fammed.wisc.edu/sites/default/files/webfm-uploads/documents/outreach/im/module_meditation_patient.pdf
- Center for Investigating Healthy Minds. <http://www.investigatinghealthyminds.org/>
- Dartmouth College Student Wellness Center. Offers a variety of short guided meditation exercises, as well as others for relaxation and guided imagery.
<https://www.dartmouth.edu/~healthd/relax/downloads.html>
- Stop, Breathe, and Think. Free site with a variety of guided meditations and a smartphone app, <http://stopbreathethink.org>
- UCLA Mindful Awareness Research Center. Has several short meditations, including several in Spanish, <http://marc.ucla.edu/body.cfm?id=22>

- University of California San Diego Center for Mindfulness. Some somewhat longer guided meditations, <http://mbpti.org>
- University of Wisconsin Mindfulness Digital Resources. Multiple downloadable videos and recordings, www.fammed.wisc.edu/mindfulness
- Foundation for Active Compassion.
<http://foundationforactivecompassion.org/audios-videos-texts>
- Free Mindfulness. A site where several instructors have donated recordings.
<http://www.freemindfulness.org/download>
- A huge selection of exercises from Dharma.org.
<http://www.dharma.org/resources/audio#guided>
- The UCSD Center for Mindfulness.
<http://health.ucsd.edu/specialties/mindfulness/programs/mbsr/Pages/audio.aspx>
- Videos at University of Massachusetts Center for Mindfulness.
<http://www.umassmed.edu/cfm/resources/videos/>
- The Center for Contemplative Mind in Society.
<http://www.contemplativemind.org/practices/recordings>
- Mindfulness Based Cognitive Therapy information.
- <https://www.goodtherapy.org/learn-about-therapy/types/mindfulness-based-cognitive-therapy>
- Mindfulness Based Relapse Prevention, from the Addictive Behaviors Research Center at University of Washington. <http://www.mindfulrp.com/>. Has several recorded exercises at the bottom of the webpage

Books

- *Beginning Mindfulness: Learning the Way of Awareness*, Andrew Weiss (2004)
- *Calming Your Anxious Mind: How Mindfulness and Compassion Can Free You from Anxiety, Fear, and Panic*, Jeffery Brantley (2007)
- *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness*, Jon Kabat-Zinn (2006)
- *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*, Jon Kabat-Zinn (2005)
- *Happiness: Essential Mindfulness Practices*, Thich Nhat Hahn (2005)
- *Leave Your Mind Behind: The Everyday Practice of Finding Stillness Amid Rushing Thoughts*, Matthew McKay, (2007)
- *Mindfulness in Plain English*, Bhante Henepola Gunaratana (2002)
- *The Mindful Way Through Anxiety: Break Free from Chronic Worry and Reclaim Your Life*, Susan Orsillo (2011)
- *The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness*, Mark Williams (2007)
- *The Miracle of Mindfulness: An Introduction to the Practice of Meditation*, Thich Nhat Hahn (1999)
- *The Power of Now*, Eckhart Tolle (2004)
- See the meditation resources at the end of Chapter 12, Power of the Mind, as well.

Other Resources

- CDs
 - *Guided Mindfulness Meditation* (3 part series), Jon Kabat-Zinn, (2004)
 - *Mindfulness Meditation for Pain Relief: Guided Practices for Reclaiming Your Body and Your Life*, Jon Kabat-Zinn (2010)
 - *Living Without Stress or Fear: Essential Teachings on the True Source of Happiness*, Thich Nhat Hahn (2009)

References

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Chapter 5. Working the Body: Energy & Flexibility

Lack of activity destroys the good condition of every human being while movement and methodical physical exercise saves and preserves it.

—Attributed to Plato



This chapter is the first of a series of chapters focusing on the “Areas of Proactive Self-Care,” the green circles in the Circle of Health. Empowering people to take care of themselves in any of these eight areas is a worthy contribution to Whole Health. The eight self-care chapters in Part 2 of *Passport to Whole Health* will review what the research tells us about how each aspect of self-care contributes to well-being. General tips and specific tools will be offered to help you incorporate these important areas into Personal Health Plans (PHPs).

Benefits of Movement and Activity

The Exercise Is Medicine website, developed by the American College of Sports Medicine, asks a simple question:¹

What if there was one prescription that could prevent and treat dozens of diseases, such as diabetes, hypertension, and obesity? Would you prescribe it for your patients? Certainly.

Physical activity is that prescription, and there are few health conditions it does not have the potential to improve. To cite some important examples, the vast body of research in this area has shown the following:²

- It lowers all-cause mortality.
- It increases life span.
- It improves quality of life.
- It slows the negative effects of aging (even when initiated late in life).
- It reduces fatigue and helps regulate sleep.
- It promotes brain cell growth and enhances mental function, attention, memory, and processing speed.
- It improves mental health, including decreasing anxiety and depression.
- It helps prevent many chronic health problems, including:
 - Cardiovascular disease and other circulatory disorders
 - Cancer (e.g., colon, breast, and renal)
 - Type 2 diabetes
 - Hypertension
 - Obesity

- Dementia. A recent study found that routine exercise (tai chi, resistance training, aerobic, and multicomponent) all improved cognitive function of community-dwelling adults over age 50, regardless of their baseline cognitive status.³
- And, as everyone knows, it improves overall performance, range of motion, and muscular strength and endurance.

Some General Activity Tips

When you are thinking of incorporating Working the Body into the PHP (and it is one of the most commonly-discussed aspects of the Circle of Health), keep the following in mind:²

- **Focus on activity over ‘exercise.’** Remember that working the body involves more than just “exercise.” Exercise refers to structured and repeated activity with a specific intent. Some people prefer exercise, but many prefer to incorporate working the body with less regimented activities, like walking in a park, gardening, or playing with a pet or child.
- **Go beyond activity at work.** Some people argue they get their exercise through their work. Most recommendations suggest what really matters is “leisure time” physical activity, the activity that happens outside of working hours. Of course, using the stairs at work or walking at lunch or any number of extra activities during the work day can be counted.
- **Counsel about the risks of being sedentary, too.** Just as exercise is beneficial in many ways, the opposite is also true; being inactive is an independent risk for health problems. Many recent studies have shown that time spent being inactive is a health risk itself, even if a person exercises regularly.⁴ In fact, if a person exercises but otherwise sits most of the time, their likelihood of mortality is about 20% higher than if they are active about half the time during the day.
- Remember that, **while movement is important, there is more to it.** It is good to think about other aspects of Working the Body when you make recommendations. Many PHPs will incorporate not only aerobic activity, but also strength training and flexibility. Balance, dexterity, range of motion, and ability to perform daily tasks should also be considered.
- **Respect disabilities.** For some Veterans, Working the Body may mean more effectively using prosthetics or wheelchairs, management of contractures, or the care of a paralyzed limb.
- **Every bit counts.** In most of the research, any activity is better than none. Even a few minutes a day can have benefits.⁵
- **Use local talent.** That is, make good use of physical and occupational therapists. In the VA, recreational therapists can also be valuable members of the Whole Health team.
- **Emphasize safety.** Activity tends to be quite safe, if tailored to the individual, but there are some risks to certain patient populations.⁶ One study noted 1/100,000 marathoners are at risk for sudden cardiac deaths.⁷ It is also important to watch for the female athlete triad of disordered eating, amenorrhea, and osteoporosis.⁸ Note that 6-30% of military trainees have been noted to be injured monthly with

training.⁹ In general, probably 1% of people who do moderate or intense exercise are injured each month.¹⁰ The key is to tailor the routine and to have people remain mindfully aware of what their body is telling them when they are active.

Questions to Ask About Working the Body

The first step when it comes to incorporating areas of self-care is to ask the most helpful questions you can. Consider some of the following:

- What kind of relationship do you have with your body?
- What activities do you enjoy?
- How have your activities benefited you?
- Does the word “exercise” make you cringe or feel guilty?
- Is exercising something you enjoy?
- Do you exercise or move regularly?
- How active have you been in the past 30 days?
- Are you doing any strengthening activities?
- What do you do to maintain or improve your flexibility?
- Have you ever used a pedometer or other technology (phone applications, etc.) to support your physical activities?
- How is your balance?

Whole Health Tool: Writing an Activity Prescription

What Is It?

An activity prescription is a variation on an exercise prescription. The overall concept is the same, with the acknowledgement that the term ‘activity’ is less daunting than ‘exercise’ for some people.

This tool is about as individualized as they come, because it is really a framework for tailoring a plan for Working the Body to a given individual. When a clinician writes out a prescription (remember when they actually did it with pen and paper?) there is a power to that ceremony. Writing an exercise prescription can take advantage of that same power.

How It Works

The clinician uses a template outlining key aspects of activity. The more specific, the better. The goals are:

1. Come up with a specific activity that they are likely to enjoy.
2. Help them have a clear sense of why the activity is important to them.
3. Be clear about the specifics. Think of the power of SMART goals, as discussed in Chapter 3. “I will walk outside more” is not sufficient. Rather, it is best if it is more like this: “I will walk outside with my partner for 30 minutes in the evenings, every Monday, Wednesday, Friday, and Sunday, until I check back in with my doctor in 3 months.”
4. In the spirit of motivational interviewing, always check back with them regarding how they rate their plan on both the “Importance” and “Confidence” rulers (introduced in Chapter 3) and explore how both ratings can be increased, if necessary.

How To Use It

Create a form or template similar to the one on the next page. Ask about all the items in the FITT acronym. FITT stands for¹¹

- **Frequency**—how many times a week (or day)
- **Intensity**—low, moderate, or intense. A good rule of thumb is if you are doing the activity, and you can talk but not sing, it is moderate exercise. Heart rate will go up, and a person will break a sweat. If they are interested in more vigorous activity, remember the general rule of trying to keep maximum heart rate at around 85% of the number a person gets when they subtract their age from 220. For example, for a 60 year old man, $220 - 60 = 160$, and 85% of 160 is a target maximal heart rate of 136. Only focus on heart rate if they are not taking medications that slow their rate, like beta blockers.
- **Type of activity**—walking, swimming, yoga, etc.
- **Time**—how many minutes each activity session will be. Remember that, while there is some variation, many guidelines continue to recommend a total of 150 minutes per week.¹² Tailor it to each person. For instance, if someone has fibromyalgia or severe fatigue, they can still benefit from even a few minutes of exercise each day.¹³

Some recommendations for osteoarthritis suggest starting out at 20 minute intervals at first.¹⁴

If a patient is in a place where they are comfortable with taking it a step farther, you may also add in other elements of activity to consider. You could do additional recommendations (or even write new activity prescriptions) for an aerobic activity and resistance training or flexibility. You might specifically frame the prescription in terms of balance or improving function with a specific task.

<p>Activity Prescription for _____ Date: _____</p> <p>Activity:</p> <p>How many days a week I will do it:</p>
--

If they choose to do strength training, they might consider doing 8-10 different exercises, with 8-12 repetitions each. Weights are moved slowly and steadily. If the last repetition is no longer difficult, it is time to increase the weight. Most people alternate resistance training with aerobic exercise. Start gently, and be sure to use good technique.

If a person does flexibility training, they should remember to avoid bouncing; muscles should be lengthened slowly and gradually. Stretching can accompany any activity, both before and after. Remind people not to hold their breath when they stretch. Stretching can be a great mindful awareness activity. (See the discussion of Progressive Muscle Relaxation in Chapter 12.)

When To Use It

This is a recommendation that truly can be part of nearly everyone's Personal Health Plan (PHP). Be mindful of risk. Veterans, in particular, tend to be "people of action" and helping them tune in to this aspect of their health can lead to positive outcomes for any number of conditions.

What To Watch Out For (Harms)

- **Keep safety in mind.** Ensure patients are cleared by their primary care provider before they start a new activity program, as appropriate. Always consider whether they need to be evaluated in terms of heart disease risk.
- Remind them to tune into their bodies and **start any new activity gently.**
- **Be attuned to fall risk,** and be sure they have any assistive devices (canes, braces, walkers) they might need.

- **Tuning into the body more can be difficult at first if people have a lot of pain or tend to ‘check out’** of their bodies because of a history of trauma. In such cases, it may be helpful to enlist the assistance of a mental health professional.

Tips From Your Whole Health Colleagues

- It can also be helpful to talk about warming up and cooling down (5-10 minutes before and after sessions).
- Consider providing them with a handout that illustrates how to stretch.
- When you focus on physical activity, take time, if appropriate, to talk with them about both self-image and their perceptions of what their body is capable of.
- It can be helpful to make use of personal trainers, if that is an option.
- Whole Health coaching can be very helpful as someone tries to incorporate a new routine.
- There are many variants of activity and exercise prescriptions templates out there. Find one that suits your practice, or develop a template of your own.
- Remind people that mindful awareness can be woven in with any activity.
- If people are resistant to activity, it may help to begin an activity session with a mindful awareness exercise that brings awareness to the body, such as a body scan or walking meditation.
- People are more likely to stick with a program if it integrates well into their daily lives.
- Taking exercise classes can be a great way to enhance a person’s connections with others.
- Model and disclose your own healthy behaviors, as you deem appropriate.
- Encourage them to make activity enjoyable. Fun is an important element.

Many clinicians are not as familiar with yoga, tai chi, and qi gong as they are with other forms of exercise. The rest of this chapter will focus on these approaches to working the body.

Whole Health Tool: Incorporating Yoga¹⁵

What Is It?

Some people will remember a time before yoga studios could be found on almost every street corner in the United States, but yoga has been around for millennia. It is an ancient system of contemplative practice that originated in India. Most people associate yoga with hatha yoga, which draws in various physical postures. It should be noted, however, that one of the main purposes of yoga as originally practiced was to foster greater mindful awareness. A 2008 study found that 7% of US adults were practicing yoga, and nearly half did so because they wanted to improve their health.¹⁶

Some practitioners also incorporate pranayama, which is built around specific forms of yogic breathing.

How It Works

There are many theories about why yoga is beneficial. Of course, it is a form of physical activity, and many of its benefits probably occur through the same means as they do for other forms of physical activity. In addition, yoga has some novel effects. It increases mindfulness traits¹⁷ and decreases stress levels (especially, according to current studies, in the workplace).¹⁸ It also shifts brain waves to more relaxed patterns and reduces levels of the stress hormone, cortisol.¹⁹

How To Use It

For beginners, it is perhaps best to do yoga in a classroom environment, or to have some personalized training with a certified trainer. It can help to start with assistive devices like blocks.

When To Use It

Yoga can be used by a wide array of people. Yoga has been found to help with a number of different health issues,^{2,20} including cardiovascular disease, type 2 diabetes, and mood disorders. Some of the most-reviewed research is for nonspecific low back pain. A 2017 Cochrane review noted low to moderate evidence of small to moderate improvements.²¹ A 2014 review of systematic reviews, conducted by the VA Health Services Research and Development Service, concluded that at this time there is good evidence to support yoga for improving functional outcomes in patients with chronic, nonspecific low back pain. More study is needed in other areas.²² Yoga also shows promise for improving sleep,²³ and sexual function.²⁴ There are also benefits for functional status and fall prevention. Studies can be challenging to interpret, because there are so many different types of yoga interventions. It is also difficult to create control groups.

In addition to participating in classes where everyone is doing the same asanas (poses), a person may also work with a yoga therapist for a personalized approach. Yoga therapy, also known as therapeutic yoga, is focused specifically on healing. It first arose within Ayurveda, the traditional medicine of India. Most yoga research does not differentiate between therapeutic yoga and other forms, but it is gaining in popularity. Yoga in some form is offered in 73% of 131 different VA facilities surveyed.²⁵

What To Watch Out For (Harms)

When done with an experienced teacher and when done with a person's specific health issues in mind, yoga tends to be extremely safe.²⁶ Headstands, shoulder stands, and the lotus position (crossing the legs with both feet resting on top of the thighs) seem to be the most problematic when not done properly. Hot yoga classes, which involve vigorous movement in hot, humid rooms, are linked to more adverse events. The same protocols should be followed with yoga as for engaging in any new form of physical activity; if there are other health issues that may pose risks, a clinician should sign off prior to someone's starting yoga.

Tips From Your Whole Health Colleagues

- As with any technique, **try it for yourself** before you make recommendations that others use it.
- **Ask around your community** to learn which yoga teachers are most highly recommended.
- **Seek out teachers certified with the Yoga Alliance.** They will have Registered Yoga Teacher (RYT) as a title after their name.
- It is not advised to learn yoga through books or audiovisual media. **An in-person teacher is preferable.**
- **Consider yoga therapy** for sicker or more debilitated patients. Many of the best therapists have a background in health care.
- While it may be classed as a way to “work the body,” **yoga also aligns with other parts of the Circle of Health.** It cultivates mindful awareness, invokes the power of the mind, can become a spiritual practice, and, because it is often taught in a classroom venue, it can foster social connections. If one broadens yoga practice to include other areas beyond the yoga poses, they will be encouraged to eat a healthy diet and approach overall personal development in new ways as well.

Whole Health Tool: Incorporating Tai Chi and Qigong

What Are They?

Tai chi, also known as t'ai chi ch'uan, is an ancient Chinese martial art, recognized widely in modern times by its slow graceful gestures and flowing movements. Typically, it is said that tai chi is a form or expression of qigong, and some even argue that research about the two should not be treated separately, but rather as a unified whole.

Qi gong is a broader term. It is often applied to practices of movement that have many similarities to tai chi, but it traditionally encompasses more than that. Qi gong translates to “cultivation of vital energy,” and working with that energy (qi) can take many forms, including not only movements, but also other activities intended to improve chi flow. External qigong involves a practitioner directing the flow of chi; it is better classed as an energy medicine therapy rather than as a movement-based one.

How They Work

Tai chi and qi gong are said to work through a number of mechanisms.²⁷ As with any types of movement, they can improve strength, range of motion, and overall physical function. Benefits for fall prevention are likely due to improvements in strength and balance. They also boost immunity. Both can also be considered forms of movement meditations; as such, they likely have benefit in terms of mindful awareness and the mind-body connection. Proponents of energy medicine (discussed in Chapter 17) also suggest that they enhance subtle energy (qi) movement, which can positively influence health in many ways.

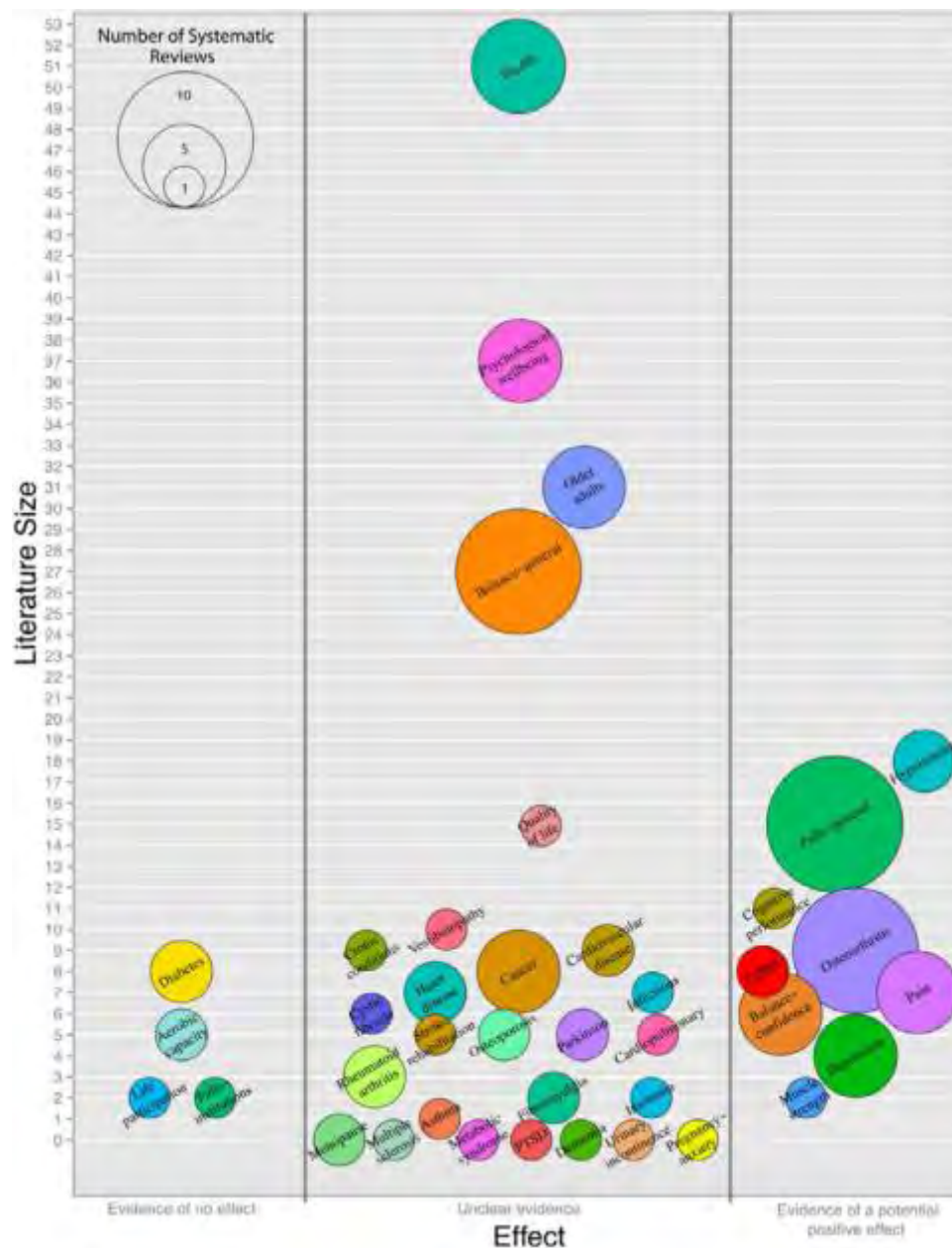
How To Use Them

Tai chi and qigong are often taught in a classroom format. As is the case for yoga, it is best for beginners to start in a class format to ensure good technique. There is a range of forms a person can learn; a person should start with the basics and then advance over time.

When To Use Them

There are a number of studies related to tai chi and qigong.^{2,28,29} For tai chi, some of the strongest evidence relates to the elderly, particularly for fall prevention. It may help with mood disorders and general mental well-being. Tai chi lowers heart rate, blood pressure, and cholesterol levels. It shows promise for preventing and treating osteoporosis. A recent review found tai chi shows promise for reducing fatigue.³⁰ Another review noted more research is still needed regarding tai chi and its effects on chronic pain.³¹

Figure 5-1 features the Evidence Map for Tai Chi, based on a 2014 compilation of systematic review data by the VA Health Services Research and Development Service Evidence-Based Synthesis Program. Each circle represents a different condition. The farther right a circle is, the greater the effect of the therapy. The higher up on the Y axis, the larger the literature size.

Figure 5-1. Evidence Map for Tai Chi.²⁹

What To Watch Out For (Harms)

Tai chi and qigong both seem to be quite safe, when used under the guidance of a skilled teacher. Both have enough of an aerobic component to merit the same cautions that would apply to doing any other aerobic activity.²

Tips From Your Colleagues

- Many VA facilities have classes available. If not, **look around for classes and teachers in your community.** Some health clubs have classes, as do many university settings. You can find an instructor on the American Tai Chi and Qigong

website, featured in the Resources section at the end of the chapter. The site is sponsored by the National Library of Medicine.

- **Try taking some classes yourself**, so that you can speak with more knowledge about them to others.
- While there is less research on **other martial arts**, it is reasonable to assume that they can have similar benefits to tai chi.

Working the Body Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Working Your Body.”
<https://www.youtube.com/watch?v=j4zdzDAorbA&feature=youtu.be>
- “Breathing, Stretching, Relaxing (BSR)” video from Greater LA.
<http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>

Whole Health Library

- Module 5 Overview, *Working Your Body*.
http://projects.hsl.wisc.edu/SERVICE/modules/5/M5_E0_Working_Your_Body.pdf
- Module 5 Tool, *Prescribing Movement*.
http://projects.hsl.wisc.edu/SERVICE/modules/5/M5_CT_Prescribing_Movement.pdf
- Module 5 Tool, *Yoga: Looking Beyond the Mat*.
http://projects.hsl.wisc.edu/SERVICE/modules/5/M5_E0_Working_Your_Body.pdf
- Module 5 Tool, *Improving Flexibility*.
http://projects.hsl.wisc.edu/SERVICE/modules/5/M5_CT_Improving_Flexibility.pdf

Other Websites

- MOVE! Weight Management Program. <http://www.move.va.gov>. Excellent resources. Be sure to look over the comprehensive list of handouts they provide at <http://www.move.va.gov/handouts.asp>
- StarWell Kit. <http://www.warrelatedillness.va.gov/education/STAR/>. Resources from the War-Related Injury and Illness Study Center. Materials related to Working Your Body include:
 - Nan Lu—Qigong and Energy Gates (Instructional Video)
 - Danny O’Brien—Chair Yoga (Instructional Video)
 - Kim Wade—Mindful Hatha Yoga (Instructional Video)
 - Introduction, Part 4: Veterans Explain how Qigong Helps Energy Flow Throughout the Body
 - Amy Dickinson—Yoga, Breathing, Stretching (Veteran Description)
 - Brian Bittings—Qigong (Veteran Description)
 - Nina Knight—Yoga, Breathing (Veteran Description)
 - Nino Morris—Qigong (Veteran Description)
- President’s Council on Fitness, Sports, and Nutrition. www.fitness.gov. Check out the Resource Center.
- American Council of Sports Medicine. <http://www.acsm.org>. Numerous guidelines, educational opportunities, and resources for physicians
- Centers For Disease Control Physical Activities Guidelines.
www.cdc.gov/physicalactivity/everyone/guidelines/index.html.

- American Council on Exercise information materials.
<http://www.acefitness.org/acefit/fitness-programs-article/2523/ACEFit-workout-advice-and-exercise-tips/>.
- US Department of Health and Human Services, Physical Activity Guidelines for Americans. www.health.gov/paguidelines
- Yoga websites
 - Arthur's Amazing Transformation.
<https://www.youtube.com/watch?v=qX9FSZlu448>. Watch how one Veteran reversed his obesity and pain through yoga.
 - iRest in the Military. Yoga-based practices supporting active-duty military and Veterans. <http://www.irest.us/projects/veterans>
 - International Association of Yoga Therapists. <http://www.iayt.org>. Professional organization dedicated to establishing yoga as a recognized and respected therapy
 - Warriors at Ease. <http://warriorsatease.com>. Focuses on bringing yoga and meditation to military communities around the world.
 - Yoga for Vets. <http://www.yogaforvets.org>. Nonprofit focused on bringing yoga to Veterans
- Tai chi and qigong information
 - Mayo Clinic introduction to tai chi. www.mayoclinic.org/tai-chi/ART-20045184
 - Supreme Chi Living is an online journal and community run by American Tai Chi and Qigong Association. It can be found at <http://www.americantaichi.net/about.asp>.
- Pilates Method Alliance. www.pilatesmethodalliance.org/. Great resource for Pilates, another movement-based approach not covered in detail in this guide

Books

- *Fitness and Health*, 6th ed., Brian Sharkey (2006)
- *Full-Body Flexibility: The 3-Step Method for Flexibility, Mobility, and Strength*, Jay Blahnik (2010)
- *Harvard Medical School Guide to Tai Chi*, Peter Wayne (2013)
- *Healing Moves: How to Cure, Relieve, and Prevent Common Ailments with Exercise*, Carol Krucoff (2009)
- *Qi Gong for Beginners*, Stanley Wilson (2007)
- *Strong Women Stay Young*, Miriam Nelson (2005)
- *The Complete Guide to Walking for Health, Weight Loss, and Fitness*, Mark Fenton (2008)
- *The Tai Chi Workbook*, Paul Crompton (1987)
- *The Way of Qigong: The Art and Science of Chinese Energy Healing*, Ken Cohen (1999)
- *Yoga for Arthritis: The Complete Guide*, Loren Fishman (2008)
- *Yoga for Back Pain*, Loren Fishman (2012)
- *Yoga for Osteoporosis: The Complete Guide*, Loren Fishman (2011)

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A man is not rightly conditioned until he is a happy, healthy, and prosperous being; and happiness, health, and prosperity are the result of a harmonious adjustment of the inner with the outer of the man with his surroundings.

The Importance of Healthy Surroundings

Epigenetics is the study of how the environment interacts with our genetic information to influence which genes are expressed and how.¹ In identical twins who have the same genome, one twin may show a certain trait or have a particular problem, while the other does not. Why? Their environment. One twin may have had more sun exposure, or more exposure to tobacco smoke. One twin may have been more active, or less stressed, or exposed to different toxins at work or at home. The possibilities for how differences in environment might have affected them are practically endless.

The findings of epigenetics studies can be cause for optimism. If our surroundings can cause changes in our gene expression, that means we can take steps to favorably influence the process. How might we do that?

When you are focusing on the “Surroundings” circle, several different aspects of our external world can be considered, including:²

1. home
2. work
3. neighborhood
4. emotional surroundings
5. climate and ecology
6. healing environments

Questions to Ask About Surroundings

The following questions represent a place to start when you are talking to people about their surroundings. For more detailed tools for assessing a person's surroundings using questionnaires or surveys, see the resources at the end of this chapter.

- Where do you live?
- What is your living situation (house, apartment, homeless, etc.)?

- Is your living situation stable?
- Do you have utilities in your living space (heat, electricity, air conditioning)?
- Do you feel safe there? If not, what is unsafe?
- Who lives with you?
- Do you have any pets?
- If you could change some things in your surroundings, what would they be?
- Do you live where you want to live?
- Where would you live if you could choose to live anywhere?
- Are you dealing with any pests, like bedbugs, roaches, or mice?
- Do you have clean water?
- Are you exposed to air pollution?
- Do you ever feel like your health is better when you are away from home for a while?
- Does anything happen at work that harms your health?
- Have you had any injuries at work?
- Are you exposed to things like lead, radon, cigarette smoke, or asbestos?

Let's consider each of the six aspects of surroundings in greater detail.

1. Home

There is a reason why many clinicians consider home visits invaluable. According to the National Center for Healthy Housing, a healthy home is all of the following:³

1. **Dry.** Keeping the home dry prevents problems with mites, roaches, molds, and rodents.
2. **Clean.** This also decreases pests and risk of infection. Clutter can be a cause of health issues (e.g., increased fall risk) and also a sign of them (e.g., hoarding behavior can indicate mental health problems).⁴ 5% of people meet the criteria for hoarding; their living spaces are cramped, unsanitary and potentially dangerous. In half of hoarders' homes, they do not use their sink, tub, stove, or shower because those items are full of accumulated objects.⁵ Hoarding often begins when a person has a traumatic experience in their teen years, and 75% of the time it is linked with other mental health issues, including obsessive compulsive disorder.⁵ Squalor, in contrast to hoarding, involves accumulation of refuse (garbage) in the home. People who live in squalor tend to be elderly and carry diagnoses of dementia, alcoholism, or schizophrenia.⁶
3. **Pest-free.** Bedbugs, poisonous spiders, roaches, and mice can all cause health problems. Pesticide residues can pose risk, so dealing with pests must be done properly.
4. **Safe.** This includes reducing fall risk, as well as preventing fires and poisoning. It can also tie in to violence in the home. It is important to ask about the presence of weapons in the home, since this can be associated with increased suicide and homicide risk.

5. **Contaminant-free.** Radon, asbestos, lead, tobacco smoke, and carbon monoxide can all be problematic. Removing shoes when coming into the home can reduce toxins that are brought in from outdoors. Use nontoxic cleaning products.
6. **Ventilated.** This helps with lung health and air quality.
7. **Maintained.** This ties in with all the above. A better-maintained home is a healthier home in terms of pests and safety, not to mention aesthetic appeal, which also influences health, as is discussed below.

Homelessness

When considering home environment, always ask about homelessness. The lifetime prevalence of homelessness in the US is thought to be between 5 and 14%,⁶ and as of 2016, Veterans comprise 11% of the homeless population, with about 39,500 Veterans homeless on any given night. On a positive note, the VA has reduced the number of homeless Veterans by 70% since 2005.⁷ Not surprisingly, homelessness is associated with unmet health needs, higher emergency department use, and poorer quality of life.

2. Work

Important elements of work environment include ergonomics, safety at work, and the overall ‘feel’ of the workplace. Stress related to commuting may also be a factor to consider, along with how much a person is working. A significant portion of people’s lives is spent at work; the average American has an 8.8 hour workday.⁸ The amount of control a person has at work and whether work demands are high or low both affect risk of death. A 2016 study of nearly 2,400 workers found that those in low-control, high-demand jobs had a 15.4% increase in odds of mortality, compared with a 34% decrease in mortality risk for those with high-control, high-demand jobs. Both groups were compared to workers with low job demands.⁹

When exploring surroundings at work, begin by asking about whether or not a person has a job.¹⁰ Unemployment increases mortality risk by 63% and contributes significantly to chronic illness.¹¹ Make use of vocational rehabilitation services when they are available. Be sure to consider ergonomics as well. Links to websites with information on how to harmonize workers with their jobs are listed in the Resources section at the end of this chapter.¹²

3. Neighborhood

The risk of crime and violence in one’s building or neighborhood is an important consideration. People from rural areas may face challenges with access to various care services. Similarly, time in nature is also important. A 2015 analysis of the Nurses’ Health Study data found that a higher level of green vegetation near where a person lives correlates with a lower risk of mortality.¹³ A 2016 review that included millions of people worldwide reached similar conclusions.¹⁴

4. Emotional Surroundings

Emotional surroundings can include anything that influences emotional well-being, including emotional abuse and exposure to domestic violence. Always consider the possibility of domestic violence and elder abuse. Over 35% of women and 29% of men have experienced rape, physical violence, or stalking by an intimate partner at some point in their lives.¹⁵ 7-12% of female Veterans have experienced intimate partner violence,¹⁵ and domestic violence perpetration rates are much higher for active service military personnel and Veterans with PTSD and depression.¹⁶ Information related to military sexual trauma is included in the Resource section at the end of this chapter.

An important aspect of working with emotional surroundings is simply recognizing one's emotional state on a regular basis; mindful awareness of emotions is important. More optimistic, altruistic, and generally happy people are less likely to be affected by challenging external circumstances; their health is likely to be better in general, and they are much more resilient.^{17,18,19}

Some ways to enhance positive emotional surroundings include:

- **Incorporate more humor.** Laughter leads to increases in heart and breathing rates and oxygen consumption, reduced muscle tension, decreased cortisol, and improved immune function.^{20,21}
- **Spend time with animals.** Consider getting a pet. There is good data supporting animal-assisted therapies.²²
- **Be cautious about the influences of information overload,** especially from negative media sources. In the media, the estimated ratio of negative to positive content has been estimated to be roughly 17:1.²³ Consider a media fast. (A guide to how to do one is listed in the Resources section at the end of this chapter)
- **Consider mind-body practices** to foster relaxation, compassion, and/or happiness. Examples are featured in Chapter 12. A gratitude practice can also prove beneficial. Gratitude is discussed in Chapter 7

Highly Sensitive People

It is also helpful to assess a patient's level of sensitivity. In the psychology literature, there is discussion of the "highly sensitive personality." Psychologist Elaine Aron described what it means to be a "highly sensitive person" (HSP) in her 1996 book of that title.²⁴ Highly sensitive people (HSPs)

- Are easily overwhelmed by intense sensory experiences
- Have trouble with being rushed or needing to make deadlines
- Work to avoid upsetting or overwhelming situations
- Tend to have a heightened aesthetic sense
- Like to withdraw after intense times, such as a busy day at work
- Tend to avoid violence, including in movies and TV
- May be particularly attuned as far as their intuition

When working with HSPs, or if you are one yourself, it can be helpful as a clinician to keep the following in mind:

- They are highly attuned to whether or not clinicians are hurried or stressed, and they may limit what they share during a visit based on their sense of how rushed you are.
- Many respond to very low doses of medications—both in terms of therapeutic benefits and adverse effects.
- It may help to encourage them to show up 10-15 minutes before they are supposed to see their clinician, if they have a tendency to be late.
- They may be affected strongly by the lighting in offices and examination rooms.
- They often do well with visualization exercises and guided imagery. It can be helpful to have them envision themselves in a protective “bubble” or “shield” that helps them filter out some of the stimuli that overwhelm them.
- HSPs often benefit from encouragement to honor their introverted natures and take a set amount of time as “alone time” each day.

5. Climate and Ecology

This might include whether there is sufficient sunlight to make vitamin D, risk of exposure to excess heat or cold, and the presence of allergy triggers and toxins. Consider exposure to cigarette smoke (including second hand). Air pollution (especially for people with breathing problems), water pollution, global climate change, and sanitation may all be relevant. Some people are more prone to seasonal affective disorder, too. A person can learn about their tap water (see the resource list at the end of this chapter) or have well water sampled.

We are exposed to thousands of toxins. A 2011 systematic review concluded that 4.9 million deaths (8.4% of the deaths worldwide) and 86 million “disability adjusted life years” were due to environmental exposures.²⁵ It can help to focus on reducing total chemical burden, rather than trying to reduce just one or a few exposures at time. Encourage people to minimize exposure to smoke, car exhaust, and farm chemicals. Avoid toxins like the bisphenol A (BPA) in beverage containers, and consider using more “green” cleaning products. Do as much as possible to ensure food is safe as well. See the resources at the end of the chapter for more details.

Be sure to ask Veterans specific questions related to the following:

- Exposure to Agent Orange or other chemical weapons
- Presence of shrapnel in the body
- Past encounters with radiation
- Risks related to biological weapons

There are a number of detoxification (“detox”) methods suggested in popular media.

Whole Health Tool: Detoxification²⁶

What Is It?

Detoxification, or “detox,” refers to a large variety of methods that are used with the intent of removing toxins from the body. Detox has been defined by complementary therapies researcher Edzard Ernst as follows:²⁷

In alternative medicine, ‘detox’ ... describes the use of alternative therapies for eliminating ‘toxins’ (the term usually employed by proponents of alternative medicine) from the body of a healthy individual who is allegedly being poisoned by the by-products of her own metabolism, by environmental toxins or (most importantly) by her own over-indulgence and unhealthy lifestyle (e.g. alcohol, cigarettes and food).

Many of these approaches are not new; Ayurvedic medicine has been using Panchakarma, an array of detoxification techniques (sweating, oil massage, purgatives, enemas, bloodletting, nasal irrigation and fasting), for thousands of years. 92% of naturopaths in the US use some form of detoxification in their practices.²⁸

How It Works

There are a number of detox methods available. Research supporting their use is limited.

- **Detox diets** purport to flush out the body and support toxin-removal efforts of the liver, kidneys, and lymphatics. Many of these diets feature some sort of fast or require people to limit the range of what they eat and drink. For instance, people might only be allowed to have water, organic fruit/vegetable juice, and soups. Or they may only be allowed to consume a lemonade-like drink, a laxative tea, and electrolytes.
- **Detox supplements** include a number of different herbal remedies and other compounds, including burdock, chlorella (green algae), cilantro, clay, dandelion root, glutathione, milk thistle, N-acetyl cysteine, and spirulina.
- **Chelation therapy.** Chelation involves the binding of a particular chemical compound to an ion (e.g., iron, mercury, or lead) to negate its toxic effects. Succimer and Dimaval, used to treat heavy metal poisonings, are examples of chelation agents used in emergency medicine. Ethylenediamine tetraacetic acid (EDTA) is a chelating agent that is FDA-approved for use with lead, mercury, arsenic, bismuth, copper, and nickel toxicity. Chelation therapy is thought to work in part by chelating calcium out of calcium deposits in blood vessels. Intravenous EDTA chelation is not formally approved for use in the treatment of vascular disease, Alzheimer’s, or autism, but some practitioners use it as a “complementary” therapy for these conditions. Prior to 2013, systematic reviews of EDTA chelation did not find overall benefit.²⁹ However, in 2013, EDTA chelation therapy received renewed attention when the Trial to Assess Chelation Therapy (TACT) concluded that EDTA modestly reduced risk of adverse cardiovascular outcomes in patients with a history of myocardial infarction (HR 0.82, 95% CI 0.69-0.99).

- **Colonics.** A colonic is, in essence, a therapeutic enema. Water and other substances, ranging from fiber and herbal remedies to probiotics or coffee, are instilled into the colon. Proponents of the practice suggest that it helps to decrease inflammation, thereby making the intestines less permeable to larger, potentially more allergenic molecules.³⁰ Recent reviews have failed to find substantive research supporting the use of this practice, though it is advocated by many organizations nonetheless.³¹
- **Sauna therapy** has been used for centuries, especially in Scandinavia. Thermal stress can increase heart rate, which enhances cardiac output. Peripheral vascular resistance can decrease sharply, as does diastolic blood pressure (but apparently not systolic pressure). Circulation to muscles, kidneys, and other organs increases. Effects on metabolic rate and oxygen consumption are comparable to moderate exercise. Norepinephrine output increases, but cortisol does not, unless cold-water immersion occurs after the sauna. Beta-endorphins likely provide pain-reducing and pleasurable effects. Saunas also lead to muscle relaxation and aldosterone secretion. Studies, while quite small, have shown some benefits, including improved respiration in pulmonary disease, improved blood pressures, reduction in depressive symptoms, and improvements in some chronic pain measures.²

How To Use It

- **Detox diets** tend to last for 7-10 days, though some may last for longer. Many of the more popular ones require purchasing a specific book or dietary supplements. Be cautious about how sales pitches and anecdotes can overshadow actual scientific knowledge. To avoid food toxins, it is useful to at least steer clear of the “Dirty Dozen” foods identified by the Environmental Working Group as being high in pesticides even after washing (as compared to the “Clean 15,” which are relatively safe):³²

The Dirty Dozen

(Most pesticide residues)

1. strawberries
2. spinach
3. nectarines
4. apples
5. peaches
6. pears
7. cherries
8. grapes
9. celery
10. tomatoes
11. sweet bell peppers
12. potatoes

The Clean 15 (Least Pesticide Residues)

1. sweet corn
2. avocados
3. pineapples
4. cabbage
5. onions
6. frozen Sweet peas
7. papayas
8. asparagus
9. mangos
10. eggplant
11. honeydew melon
12. kiwi
13. cantaloupe
14. cauliflower
15. grapefruit

- Resources related to **detox supplements** are featured in the Resources section at the end of this chapter.³³
- **Chelation** should only be done under close supervision by someone who is well-trained. (See the Tips From Your Whole Health Colleagues section, below).
- **Colonic** therapists are often members of the International Association of Colonic Hydrotherapists. People will often receive these on a regular basis. Use caution with compounds other than water.
- **Sauna therapy.** This can be used as tolerated, provided it is safe. Many people will sauna for 15-60 minutes, but there are many different recommendations around 'dose.' Start out at a lower amount of time and gradually increase.

When To Use It

It is challenging to know whether or not to use various detoxification methods. People will use them if they believe their dental amalgams are contributing to health issues, or if they feel they have “disseminated fungal overgrowth.” These diagnoses are controversial and not widely accepted in the medical community. People may also try them for skin problems, chemical intolerances, allergies, cognitive impairment, and many other indications. There are differences in opinion among different types of clinicians about which techniques to use. Become familiar with the research so you can offer guidance. You will have to decide how to balance between research findings, costs, and safety. (See the Tips From Your Whole Health Colleagues, below.)

What To Watch Out For (Harms)

Most detox methods are safe. Ideally, patients will update their health care teams about any approaches they use. Detox programs should be used with particular caution by people who are critically ill, have nutritional disorders such as iron deficiency anemia, or have endocrine disorders such as diabetes or thyroid disease.

- Supplements for detox are safe, but again, data is somewhat limited. Remember that oral glutathione is not processed into a usable form in the gut, so it is not a reasonable choice.
- Chelation therapy is known to have some complications, including injection site irritation and nausea/vomiting, hypotension, cardiac arrhythmias, hypocalcemia, renal failure, and (very rarely) death.³⁴
- Colonics may also have adverse effects. These include nausea, diarrhea, bloating, and cramping. More serious risks include bowel perforation, infection, and electrolyte changes.³⁴ There are case reports of significant adverse effects, such as arrhythmias, from coffee enemas.³⁵
- Sauna therapy is safe, so long as people are able to withstand the associated increases in metabolic rate, which are comparable to moderate exercise. Fainting due to low blood pressure or dehydration is possible. It is perhaps safest to sauna with others.

Tips From Your Whole Health Colleagues

- If a patient is asking about detoxification, weigh what we know about efficacy with what we know about safety. The more you know about them, the more knowledgeably you can advise Veterans.
- Remember there is a strong financial gain for many of those who advocate detoxification techniques. In particular, many focus their marketing on people with cancer. Note that the research for many techniques is sparse.
- Most integrative health clinics do not actively recommend chelation or colonic therapies. Encourage patients to do their homework in advance and ask their clinicians before they start one of these therapies.
- Here are some simple approaches to detoxification that are reasonable to suggest:
 - **Drink fluids.** Unless contraindicated for medical reasons, a standard detox practice that makes sense is to have people push fluids. 8-10 glasses of water a day is a reasonable goal for most people.
 - **Focus on a healthy diet.** It is safe to eat a predominantly fruit and vegetable diet for several days. Always pay attention to overall nutritional needs.
 - **Hydrotherapy** is another safe and easy approach to follow. Hot and cold showers and baths can be helpful.
 - **Exercise.** In addition to its many other health benefits, exercise is an excellent sudorific; i.e., it promotes detoxification via sweating. Glutathione, a compound involved in many of the body's detoxification chemical pathways, increases in muscle cells during exercise.
 - **Slow down and relax.** Take breaks. Enjoy yourself along the way.
 - **Sleep enough.** Remember that one role of sleep is to allow the brain to remove toxins and waste products.
 - **Spend time in nature.** Fresh air and natural beauty have few contraindications.
 - **Keep in mind that a detox might also involve removing oneself from toxic emotional environments, or from information overload.** Focus on positive emotions. Gratitude, optimism, and resilience can serve as a sort of “emotional detox.” Links to information on how to do a media fast are listed in the Resources section at the end of this chapter.

6. Healing Environments

Various groups have worked to identify all the elements that can go in to optimizing healing in a given space.³⁶ The healing environment might be defined broadly as including the healing relationship, healing intentions, and overall integrative care and ecological sustainability, but for the purposes of exploring “Surroundings” a focus on the physical attributes of a given space can be helpful. Are clinics and hospitals, not to mention the home and work environments, healthy places to be? Are noise levels, art, colors, and smells conducive to health? Always remember to ask, too, if your clinic, hospital, or other health care facility is doing all it can to reduce negative impacts on the environment.³⁷

Whole Health Tool: Healing Spaces and Environmental Design³⁶

What Is It?

Our sensory environment has a significant impact on health. Light levels affect mood and sleep quality.³⁸ Loud noises can influence blood pressure and heart rate for hours after a person hears them. Music can have a variety of effects.³⁹ It can calm people down or arouse them, and it influences dopamine release in the central nervous system. Choosing the right color can change the feel of a space; cool tones slow the autonomic nervous system, while warm tones activate it.⁴⁰ Art—particularly art that features the natural world (versus abstract art)—improves patient outcomes.⁴¹ Environmental design draws from evidence-based findings regarding what aspects of a health care environment can enhance health, above and beyond what is “done to” patients during clinician encounters, tests, and procedures. Important elements include smell, art, color, light, sound, music, nature, and temperature.

How It Works

Our senses connect the outer world with our central nervous systems, and different sensations can be arousing or calming. Intentionally choosing how to design a room, office, or clinic based on what we know about environmental design can lead to healthier emotional states, better sleep, less stress, and greater comfort.

How To Use It

If given a bit of encouragement, people often will share a number of great ideas about how to improve their sensory surroundings at home and work. Strategies to incorporate into a Personal Health Plan (PHP) may include one or more of the following:

- Buying light-opaque curtains or a sleep mask
- Wearing earplugs to bed
- Painting a room or adding more art to the walls
- Buying an electric heater or fan to adjust temperature (or provide some white noise)
- Purchasing a plant or enjoying time outside in nature
- Opening windows
- Having smokers cut back and/or smoke outdoors
- Cleaning with more natural household products that are free of fragrances
- Using specific aromatherapies

Places to find more detailed suggestions are listed in the Resources section at the end of this chapter.

When To Use It

These elements should be considered in all spaces—one’s home, at work, and in health care settings.

What To Watch Out For (Harms)

These approaches tend to be quite safe.

Tips From Your Whole Health Colleagues

- In order to modify your surroundings to be optimally healing, you first need to take note of them. It can be helpful to move through the different parts of your clinic or hospital (or home or office) as though you are a patient, taking all of your senses into account. How does each area feel to you?
- Some general principles of environmental design include:⁴²
 - **Give people choices.** Let them control the temperature or the radio station or the TV station. And let staff give input into artwork, furniture, and the overall environment.
 - **Enhance human connection,** while respecting privacy. Make waiting areas and other commons areas welcoming, while ensuring that staff knock on doors before entering.
 - **Keep sensory inputs healthy.** Keep noise down (carpet, soundproofing walls, and keeping noise down in nearby rooms can help), and use cleaners and hand gels that do not smell overly “chemical.”
 - **Ensure people can find their way around** easily. Maps and signs are part of a healing environment.
 - **Bring in art.** Art exposure can reduce pain, improve clinical and behavioral outcomes, and boost staff morale. Art can be a helpful diversion—videos, fireplaces, and aquariums can also be useful.
 - **Pay attention to color** as well. Remember that people in hospital beds and in examination rooms may spend time staring at the ceiling. Paint should not be overly reflective. People prefer soft tints of reds, blues, and greens with coral, colonial green, peach, rose, and pale gold being good options. Cooler colors are better for chronic patients and those who are likely to be under stress in places like a procedure waiting room.
 - **Make sure light exposure is good.** Photon levels influence mood and wakefulness. People in hospitals and nursing homes have better sleep at night with good daytime light exposure. People who receive more sunlight need less pain medication and feel less stress.
 - **Sound also matters.** Being startled by a noise can lead to changes in blood pressure and heart rate that last for hours. Noise can increase perceived pain and pain medication use. It may even lengthen hospital stay. Less noise correlates with less staff burnout. Varied and relaxing music can settle down heart and respiratory rates. Varying audio input seems to have more restful effects than total quiet.
 - **Enhance connection with nature.** People recover better from stress when exposed to natural settings, and views outside can be helpful. Windows are preferable in hospital rooms. Incorporate plants and provide fresh air.
 - Some clinicians appreciate **bringing in principles of feng shui**, which can be used to guide the design of a healing space.

Surroundings Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Surroundings” found at <https://www.youtube.com/watch?v=Ge3tx1klZrc&feature=youtu.be>

Whole Health Library

- Module 6 Overview, *Surroundings*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_EO_Surroundings.pdf
- Module 6 Tool, *Taking Stock: Assessing Your Surroundings*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Taking_Stock.pdf
- Module 6 Tool, *Environmental Cleanliness and Clutter Scale*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Environmental_Cleanliness_Clutter_Scale.pdf
- Module 6 Tool, *Detox Supplements*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Detox_Supplements.pdf
- Module 6 Tool, *A Media/Information Fast*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Media_Information_Fast.pdf
- Module 6 Tool, *Ergonomics*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Ergonomics.pdf
- Module 6 Tool, *Workaholism*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Workaholism.pdf
- Module 6 Tool, *Chelation, Cleanses, Saunas, and Supplements: What Every Clinician Should Know About Popular Approaches to “Detox.”*
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Chelation_Cleanses.pdf
- Module 6 Tool, *Detox Supplements*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Detox_Supplements.pdf
- Module 6 Tool, *Healthy Surroundings Through Environmental Design*.
http://projects.hsl.wisc.edu/SERVICE/modules/6/M6_CT_Healthy_Surroundings.pdf
- Module 8 Tool, *Food Safety*.
http://projects.hsl.wisc.edu/SERVICE/modules/8/M8_CT_Food_Safety.pdf

Other Websites

- Cleaning for Heroes. www.cleaningforheroes.org. Nonprofit that provides cleaning help for Veterans in some areas.
- Environmental Working Group. www.ewg.org. Has guides that focus on everything from pesticides in foods to green household cleaners and cosmetics
- Greenguard. www.greenguard.org. Source for guidance regarding healthy building materials and products.
- Homelessness Resources for Veterans. <http://www.va.gov/homeless>

- National Coalition for Homeless Veterans Helpline. <http://www.NCHV.org> (1-800-VET-HELP)
- International OCD Foundation Hoarding Fact Sheet. <https://iocdf.org/wp-content/uploads/2014/10/Hoarding-Fact-Sheet.pdf>
- VA Office of PTSD, Military Sexual Trauma Information. <http://www.ptsd.va.gov/public/types/violence/military-sexual-trauma-general.asp>
- Light therapy handout from University of Wisconsin. http://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/handout_light_therapy.pdf
- National Association of Professional Organizers. www.napo.net
- National Center for Prevention. http://www.prevention.va.gov/Healthy_Living/ has a number of resources for safety as part of the Healthy Living Messages.
- National Library of Medicine database on specific toxins. <http://www.nlm.nih.gov/medlineplus/environmentalhealth.html>. Includes a well-done introduction to environmental health and links to key resources. See the “Related Topics” list on the right side of the screen. Topics include air pollution, drinking water, molds, noise, and water pollution.
 - Other web resources are listed at the end of the Module 6 Overview, *Surroundings*, featured in the Whole Health Library section, on the previous page.
- Tox Town, National Library of Medicine. <http://toxtown.nlm.nih.gov>. This site has user-friendly images that not only show the user potential sources of toxin exposure but also link to reliable government sources of additional information.
- Detoxification diet information from the Academy of Nutrition and Dietetics. <http://www.eatright.org/resource/health/weight-loss/fad-diets/whats-the-deal-with-detox-diets>
- US Occupational Safety and Health Administration Safety and Health Topics. www.osha.gov/SLTC/index.html. Covers an array of different environmental toxins
- VA Public Health web page. <http://www.publichealth.va.gov>. Multiple resources, including a section, “Military Exposures.”

Books

- *Clutter’s Last Stand*, Don Aslett (2005)
- *Fast Media, Media Fast: How To Clear Your Mind and Invigorate Your Life*, Thomas Cooper (2011)
- *Healing Spaces: The Science of Place and Well-Being*, Esther Sternberg (2010)
- *Home Enlightenment: Create a Nurturing, Healthy, and Toxin-Free Home*, Annie Bond (2008)
- *Home Safe Home: Creating a Healthy Home Environment*, Debra Dadd (2005)
- *Integrative Environmental Medicine*, Aly Cohen (2017)
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Chapter 7. Personal Development: Personal Life & Work Life

Life isn't about finding yourself. It is about creating yourself.

—George Bernard Shaw



The Many Facets of Personal Development

The Personal Development circle involves all the ways that someone can grow as a person. It focuses on how you spend your time and energy during the day, and how much you invest in doing what matters most. If a Veteran chooses to focus on Personal Development in the co-creation of a Personal Health Plan (PHP), it can be helpful to go over the following list of 14 well-researched items that might contribute to their PHP.¹ See which ones emerge as most important to them, and remember, focusing on any one of them can be sufficient for creating a PHP.

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|--|---|
| 1. Improve the Quality of Your Work Life | 8. Build Creativity |
| 2. Foster Resilience | 9. Balance Work and Other Areas of Life |
| 3. Increase Happiness | 10. Explore Lifelong Learning |
| 4. Cultivate Hope and Optimism | 11. Volunteer |
| 5. Develop Self-Compassion | 12. Improve Financial Health |
| 6. Commit Random Acts of Kindness | 13. Practice Forgiveness |
| 7. Enhance Humor and Laughter | 14. Practice Gratitude |

Questions to Ask About Personal Development

These are just a few of the questions you might consider when you discuss Personal Development during personal health planning:

- What do you do during the day?
- Describe a typical day (at home or at work or both).
- Do you work outside the home? Where do you work?
- What sort of work did you do before you retired?
- How is your relationship with your coworkers?
- How do you feel about the amount of time you work?
- Do you enjoy your work?
- Is your work fulfilling?
- To what extent are you defined by your job?
- Is your job an expression of who you are?
- Do you have the job you want? If not, what is your ideal job?
- What are your greatest strengths?
- What has enabled you to make it this far?

- What gives you the strength to take on life's burdens?
- What would help you to handle life's challenges better?
- Who are your role models?
- Are you happy?
- What makes you happy?
- Are you hopeful about the future?
- Are you an optimist or a pessimist?
- Are you kind to yourself?
- How many times a day do you laugh?
- What do you do well?
- What are you most proud of?
- What is your greatest talent?
- What creative and artistic pursuits do you enjoy?

This chapter highlights key elements related to these areas. If you would like to cover these topics in greater detail, you can review the Personal Development Overview by Singles and Mirgain. (See the Resources at the end of this chapter.) Social capital, another area linked to Personal Development, is covered in Chapter 10, Family, Friends, & Coworkers. Leisure time and hobbies, including taking breaks and vacations, are covered in Chapter 9, Recharge.

1. Improve the Quality of Your Work Life (QWL)

We know QWL is important in many professions. It can be useful to ask about one step a person could take to improve the quality of their work life. A 1997 meta-analysis among nursing staff found that the following workplace characteristics favorably influenced QWL:²

- **Autonomy.** It is important to have some control over one's work experiences.
- **Low levels of stress.** Chapter 12, Power of the Mind covers a number of options that might help with this.
- **Good relations** with supervisors.
- **Low levels of role conflict.** Everyone should be clear on their responsibilities.
- **Appropriate feedback** on performance. Good feedback is timely, constructive, and focused on personal and professional growth.
- **Opportunities for advancement.** What is a person's long-term trajectory at work?
- **Fair pay.** Is a person receiving a salary similar to others doing the same work?

Regardless of what sort of work a person does, discussing these factors might be helpful. In nursing, they are known to be linked to lower burnout rates, better working environments, and fewer injuries on the job. They are tied to better patient outcomes as well.³ For some, "work life" might include working at home, doing volunteer work, or doing child care.

Burnout. For all people in the helping professions, burnout is a high risk. For example, in Medscape's January 2017 Lifestyle Report, based on a survey of over 14,000 physicians from 30 different specialties, the number of physicians reporting being burnt out ranged

from 42-59%, depending on specialty.⁴ In a survey of 257 RN's, 63% reported burnout.⁵ In addition, as many as 60% of psychologists also struggle with burnout.⁶ A 2005 study of 751 practicing social workers found a current burnout rate of 39% and a lifetime rate of 75%.⁷

For health care workers, burnout occurs in part because of poor QWL due to excess workload, loss of autonomy, administrative burdens, and challenges balancing work demands with other aspects of life.⁸ Perfectionism, lack of stress-coping skills, unhealthy personal habits (such as substance use), poor relationships with colleagues, poor self-care, and difficult patients can also contribute.^{9,10} Burnout also affects teachers, lawyers, mental health professionals, social workers, and many other groups. It has three main elements:

1. Emotional exhaustion
2. Cynicism and depersonalization
3. A sense of low personal accomplishment

Many burnout questionnaires are used in the research, but burnout can quickly be assessed using two questions. They are worth asking routinely and include:¹¹

1. Do you feel burned out or emotionally depleted by your work?
2. Have you become more callous toward people since taking this job—treating patients and colleagues as objects instead of people?

Burnout has been found to improve with various interventions, including mindfulness training. In 2009, Krasner and colleagues³ evaluated how a course on mindful communication, offered to a group of 70 primary care physicians, improved all three aspects of burnout.¹² A University of Wisconsin group conducted a pilot study that provided abbreviated, tailored mindfulness training (18 hours) to 30 primary care clinicians.¹³ Data at nine months post-intervention showed statistically significant improvements in measures of job burnout, depression, anxiety, and stress. Another study of 93 different types of health care clinicians, including nurses, social workers, and psychologists, also found that all three subscales of the Maslach Burnout Inventory improved for participants after they took an eight-week mindfulness-based stress reduction course.¹⁴

Burnout can be reduced if a person has greater individual autonomy, a stronger sense of balance between work and other obligations, strong relationships with colleagues, and a sense of shared values at work. It helps if support for burnout reduction is offered at an institutional level.¹⁵

One simple method for decreasing burnout is the following exercise. Have Veterans give it a try, and try it yourself.

End of the Day Exercise

At the end of each day, on the way home from work, after dinner, or before you go to bed, ask yourself the following three questions:

1. What did I learn today, and how will that change what I do tomorrow?
2. What am I grateful for? Try to list at least three things.
3. What do I need right now to take care of myself?

Anything to reduce burnout is a positive step in the direction of Whole Health. Burnout is the “shadow side” of resilience, which is another fundamental aspect of personal development, for patients and clinicians alike.¹⁶

2. Foster Resilience

Resilience involves being able to adapt to changing environments, identify opportunities, adapt to constraints, and bounce back from misfortunes and challenges.¹⁷ Figure 7-1 is the Circle of Resilience, which explores how the Circle of Health might relate to fostering resilience.

Anything that can foster resilience can be an invaluable part of a PHP. How do we foster resilience? Cultivating positive emotions can help with our adaptability in the face of change or disruption. It has been noted that resilient people have negative emotions just as much as other people, but they generate many more positive emotions compared to those who are less resilient.¹⁷



Figure 7-1. The Circle of Resilience

The following are tips for increasing resilience in three different areas. They can be used by patients and clinicians alike. Many of these tie in to other parts of the Circle of Health as well.

1. Attitudes and perspectives

- Find a sense of meaning related to the work you do.
- Foster a sense of contribution.
- Stay interested in your roles.
- Accept professional demands.
- Come to terms with personal limitations (self-acceptance) and confront perfectionism.
- Work with thinking patterns.
- Develop a health philosophy for dealing with suffering and death.
- Exercise self-compassion.
- Give up the notion that you have to figure everything out.
- Practice mindful awareness.
- Interject creativity into work; consider an array of different therapeutic options, as appropriate.
- Treat everyone you see as though they were sent to teach you something important.
- Identify what energizes you and what drains you, seeking out the former.

2. Balance and Priorities

- Be aware of both personal and work goals.
- Balance work life and other aspects of life effectively.
- Set appropriate limits.
- Maintain professional development.
- Honor yourself.
- Exercise.
- Find time for recreation.
- Take regular vacations.
- Engage in community activities.
- Experience the arts.
- Cultivate a spiritual practice.
- Budget your time just as you might your finances, planning ahead when possible.

3. Supportive Relations

- Seek and offer peer support.
- Network with peers.
- Find a supportive mentor or role model.
- See your primary care provider.
- Consider having your own psychologist or counselor.
- Nurture healthy family, friend, and partner relationships.

3. Increase Happiness

An important question to ask in personal health planning is simply, “Are you happy?” Fostering happiness has, as you would expect, numerous benefits. There are three main aspects of happiness that are described in psychology research.¹

1. The **pleasant** life (positive emotions and pleasure)
2. The **engaged** life (pursuing work, relationships, and leisure)
3. The **meaningful** life (life has meaning and one serves something one believes is bigger than oneself). This ties into the question of “what really matters.” It can also tie into someone’s spirituality, as discussed in Chapter 11.

People who pursue all three aspects are the most satisfied,¹⁸ and the meaningful life is the one that has the most impact. Happier people are more successful, more socially engaged, and healthier.¹⁹ People are happiest if they can identify and use their signature strengths.²⁰ Studies show that happiness is linked to positive outcomes such as financial success, supportive relationships, mental health, effective coping, physical health, and longevity.²¹

4. Cultivate Hope and Optimism

The definition of hope involves three components. These include the following:

1. Having goals related to a situation.
2. Believing one has the ability to reach those goals.
3. Sensing one can know the path to follow in order to achieve goals in any situation.

Hope is linked to a stronger sense that life is meaningful,²² as well as to more positive emotions and productivity at work. Optimism is a more general term, based around the idea that positive things will happen in the future.

Optimism has been linked to taking more proactive steps for one’s health, more effective coping, better physical health, and better socioeconomic status. It also seems to be linked to persistence with educational pursuits, better income, and stronger relationships.²³ It is also associated with decreased pain sensitivity and better adjustment to chronic pain.²⁴ With practice, people can learn to be more optimistic. Mind-body skills training can be helpful, as noted in Chapter 12, Power of the Mind.

5. Develop Self-Compassion

Self-compassion involves directing care, kindness, and compassion toward oneself. It includes the realization that all experiences we have are part of the common experience of all people. Understanding that can help us be gentler with ourselves.

Mindful awareness is closely linked to self-compassion. One of the mindful awareness practices featured in Chapter 10 is the compassion, or metta, meditation. This practice begins by wishing oneself well. After that, you extend the compassion out to others. The practice also concludes with a moment of self-compassion.

Research indicates that having more self-compassion is linked to optimism and happiness, as well as to more successful romantic relationships.²⁵ Having more self-compassion may prevent compassion fatigue. A 2011 meta-analysis of 20 different studies found a large effect size when self-compassion was used to treat stress, anxiety, and depression. Self-

compassion was linked to having more happiness, optimism, curiosity, wisdom, exploration, and emotional intelligence, in addition to other qualities.²⁶

6. Commit Random Acts of Kindness

Random acts of kindness involve doing something for an unknown person that you hope will benefit them.²⁷ Examples might include paying for the order of the person behind you at the drive through restaurant or putting money in someone's expired parking meter. You can offer a stranger a flower, or write a kind note to someone about something you appreciate. These acts are linked to greater life satisfaction²⁸ and greater happiness.²⁹ Encourage Veterans to give them a try. It can help to strategize in advance about what those acts could be.

7. Enhance Humor and Laughter

In the 1970s, word spread that journalist Norman Cousins had improved his symptoms of ankylosing spondylitis through the use of humor.³⁰ Laughter affects us in many positive ways.³¹ Laughter increases our pulse, breathing rates, and oxygen use, and it decreases blood vessel resistance, all of which can be beneficial. After we laugh, we feel more relaxed. 10-15 minutes of laughter daily can burn 10-40 extra calories. Intense laughter relaxes muscle tone. Humor seems to calm down the sympathetic nervous system, which is responsible for the 'fight or flight' response. It lowers stress hormone levels. It also bumps up endorphins (the feel-good chemicals in the body) and helps immune system function.

In terms of specific illnesses, laughter:³¹

- Decreases anxiety
- Lowers heart attack risk in high-risk diabetics
- Increases good cholesterol (HDL)
- Is linked to lower coronary heart disease and reduced arrhythmias and recurrent heart attacks for people in cardiac rehabilitation
- Increases pain tolerance and decreases body inflammation
- Relaxes the airways
- Reduces allergic reactions

The great thing about laughter is that there are many ways to make it happen. Be sure to mention it to patients, so they know it 'counts' as something they can do for their Whole Health. Build up your own repository of jokes to use with patients, as appropriate. For some more ideas, including about how to do Laughter Yoga, see the resources at the end of this chapter. Laughter Yoga research is in its early stages, but it is known to improve depression in life satisfaction in elderly women.³² It also increases heart rate variability, which corresponds to better overall health.³³

8. Build Creativity

Creativity can be defined as the generation of something new, different, novel, or as taking something already known and elaborating on its uses, characteristics, or evolution. It can refer to a process (the “creative process”) or to the product that is generated from the process.¹ It can be helpful to explore what creative pursuits someone enjoys, because that can help guide personal health planning recommendations. Many creative activities can help a person relax, not to mention engage them socially.

In terms of research related to creativity, we know that it is enhanced by supportive environments, having control over aspects of your life, and internal motivation.³⁴ We know that it can engage problem solving as well as the generation of new ideas.³⁴ Creativity can be promoted through meditation.³⁵ Studies on the health benefits of creativity are still needed.

9. Balance Work and Other Areas of Life

Most of the literature on this topic can be searched using the term “Work-Life Balance.” However, this implies that work is not a part of ‘life,’ or perhaps that work has to be time spent doing something negative, which is not true for many people. As Swiss philosopher Alain de Botton put it, “There is no such thing as work-life balance. Everything worth fighting for unbalances your life.”³⁶

However you describe it, the balance between work and other aspects of life is:³⁷

- An important contributor to satisfaction and well-being to clinicians
- Made up of three types of balance, and all of them are important:
 1. Time balance—how much time is devoted to different activities
 2. Satisfaction balance—how much satisfaction different parts of your life give you
 3. Involvement balance—how much you engage in various responsibilities. It is not merely about balancing time; it is about being committed and present during all the aspects of your life
- Something you can enhance, using the following tips:³⁷
 1. Allow for spontaneity. This is not something you just plan; it is like walking across a stream on slippery rocks. You have to keep reassessing and changing course.
 2. Ensure that every day you accomplish something. AND every day you find joy or fun. AND every day you connect with another person in a positive way. Ask yourself from time to time if your work feels meaningful.
 3. Do not be trapped by delayed gratification. Allow yourself to experience positive aspects of life regularly.
 4. Check in with others for a perspective on how balanced you are. You may be enduring more than you realize, or working harder than you think.
 5. Share experiences with others—friends, loved ones, and colleagues.
 6. Advocate for institutional changes at work if there are threats to employees’ balance.

10. Explore Lifelong Learning

Research shows education is a powerful influence on health and well-being. It is linked to midlife cognitive abilities (how well you think as you age),³⁸ as well as longer telomere length.³⁹ Telomeres are areas on the ends of chromosomes; the longer they are, the lower a person's risk of chronic disease and death. More education corresponds with lower risk of mortality.⁴⁰ Higher education is one of the most effective ways to raise family income.⁴¹ Education seems to decrease stress and slow aging, too.⁴²

Lifelong learning keeps us up to date in an era when technology and research are constantly advancing. It can involve taking courses, completing a GED or degree program, working with vocational rehabilitation experts, or deciding how often to read up on new discoveries and innovations.

According to Singles and Mirgain, a lifelong learner:¹

- Is flexible
- Reflects on what has been learned
- Is aware of the need for lifelong learning
- Requests feedback
- Is able to share what has been learned
- Is motivated
- Clearly sees how they will use what they are learning and applies it to his/her life

Encourage Veterans to think about learning and how they would like to do it. Frame it in terms of work and financial well-being as well.

11. Volunteer

The strong presence of volunteer programs in VA programs is not only health-promoting for the recipients of the volunteers' efforts, but also for the volunteers themselves.

Volunteering:^{43,44,45,46}

- Increases longevity
- Improves functional ability
- Lowers rates of depression in the elderly
- Decreases heart disease incidence
- Improves mental health and life satisfaction, as well as quality of life
- Increases a sense of personal accomplishment
- Enhances social connections
- Benefits chronic illnesses more than medical care alone
- Leads to a "helper's high" in elderly women volunteers. Some also reported they felt stronger, calmer, and had fewer aches and pains

Veterans tend to enjoy working with other Veterans. Encourage them to volunteer. It can be helpful to have a list of options available for them to consider.

12. Improve Financial Health

Financial health refers to the state of a person's financial life or situation. It can include the amount of savings a person has, how much they spend on fixed expenses like mortgage or rent, or their ability to stay out of debt.¹ Financial literacy, the ability to make informed judgments and manage money, is also important.⁴⁷

What do we know about money and health?¹

- There is a small but positive link between income and happiness, but that decreases at higher income levels.
- Finances can be a significant source of stress for 76% of Americans. Mindful awareness can help to reduce this stress. If people can identify stressors and make a plan, this can prove helpful.
- A financial planner can help as well.
- Enrolling in a course to build financial skills may be useful. Additional resources for fostering financial health are available in the Resources section at the end of this chapter.

13. Practice Forgiveness

This is best framed as a Whole Health Tool.

14. Practice Gratitude

This is also best framed as a Whole Health Tool.

Whole Health Tool: Forgiveness

What Is It?

Forgiveness is a “...freely made choice to give up revenge, resentment, or harsh judgments toward a person who caused a hurt and to strive to respond with generosity, compassion, and kindness toward that person.”⁴⁸ When used therapeutically, forgiveness is a process—a series of steps to follow. It is not just an isolated event.

Forgiveness may also involve the need to forgive ourselves or to request forgiveness from another person for something we have done. It may also involve accepting a request for forgiveness.

As noted by Singles and Mirgain, the following are important points to keep in mind about forgiveness:¹

- Forgiveness does not require us to reconcile with the offender and have continued contact. There are times when it is in our best interest to stay away from the offender.
- Forgiveness is a process that can take time; it is not just a decision we make quickly. To forgive generally requires some emotional and mental energy on our part. (See the stages of forgiveness, listed later in this Whole Health tool).
- To forgive means that we have to fully accept what actually happened, how we were hurt, how our lives were affected by the offense, and even how we have changed as a result.
- When we do not forgive, we continue to give the negative experiences and the offender power over us. To forgive is to become free to move forward.
- We need never forget what happened; forgiveness does not have to involve forgetting. Despite our continued memory of the event, we nevertheless forgive and live life in the present.
- Forgiveness does not relieve offenders of their responsibility. If it is necessary to pursue justice, we can still take the action that is needed, such as pressing charges, filing complaints, or otherwise appropriately addressing concerns.

How It Works

Forgiveness reduces repetitive thoughts (ruminations) that may be begrudging, vengeful, or fearful. It does NOT condone the behavior or event that caused harm, but rather, it frees the victim of that harm from continuing to suffer after the fact. It has been said that forgiveness is “...giving up all hope of a better past.”

How To Use It

There are a number of forgiveness materials and books available to help people move through the forgiveness process. However, people should know that this process could trigger emotions and memories, so it may be helpful to work through with a licensed mental health professional, if needed.

The forgiveness process tends to move through stages.⁴⁹ These include:

1. Recognize the need to forgive. Learn how an offense has affected us and how it has continued to preoccupy us.
2. Acknowledge and release emotions.
3. Decide to forgive. Making the decision to forgive is an important step.
4. Change old beliefs and patterns. Gain a deeper understanding and try to experience more empathy and compassion for ourselves and the perpetrator.
5. Emerge into greater wholeness. Find meaning in the suffering, and recognize suffering is universal.

When To Use It

Forgiveness can be used whenever a person needs to work with traumatic past experiences. Currently, research shows that it is associated with the following:⁵⁰

- Improved mental health, as well as reduced negative affect and emotions
- Satisfaction with life
- Fewer physical ailments and somatic complaints
- Less medication use
- Reduced fatigue and better sleep quality
- Reduced depression, anxiety and anger
- Reduced risk of myocardial ischemia and better cholesterol numbers in patients with coronary artery disease
- Reduction of vulnerability to chronic pain
- For people with substance use disorders, a decrease in likelihood of using illicit drugs

What To Watch Out For (Harms)

Forgiveness is **not** a process that can be done in a hurry. It requires time for reflection and, often, time to work with a clinician or coach to move through the emotions and other challenges that come up as one moves through the process. A person should never be rushed through the stages of forgiveness.

Tips From Your Whole Health Colleagues

- If you are going to recommend forgiveness to people you see in your practice, become as familiar as you can with the resources at the end of this chapter.
- Remember that this is not a process that can be rushed. That said, it is completely worth the time investment.
- Use the resources at the end of this chapter to take the process deeper.

Whole Health Tool: Gratitude

What Is It?

Gratitude is a strong contributor to happiness and well-being. Found across all cultures, gratitude is universal. It shares origins with the word “gratia,” which means grace. It is both an attitude and a practice. It is closely linked to thankfulness and appreciation.

How It Works

Gratitude practice is a direct cause of well-being, and it also protects against negative emotions and mental states. Some of its benefits include the following:⁵¹

- Increased happiness, pride, and hope
- Enhanced social connection and decreased loneliness
- Reduced risk for depression, anxiety, and substance abuse disorders
- Improved body image
- Higher likelihood of performing acts of kindness, generosity, and cooperation
- Resilience and more robust physical health
- Better sleep and energy level

Keeping a gratitude journal led to more regular exercise, greater optimism, and more alertness, enthusiasm, determination, attentiveness, and energy. People also become more supportive of other people.⁵² Study participants who wrote about three good things that happened each day and why they happened felt happier and less depressed even 6 months later.⁵³

How To Use It

There are different ways to cultivate gratitude, and the following are just a few examples of exercises you can suggest.¹

Grateful Contemplation Exercise 1. Reflect on a happy moment that stays strong in your memory even though it may have happened years ago. Relive it, using all your senses. What about the experience stays with you? Was gratitude part of it? Write down your reflections.

Grateful Contemplation Exercise 2. Practice having an attitude of gratitude throughout the day. Think of cues you can use to remind you to be grateful. Examples might be a phone alarm, starting your commute home, sitting down to a meal (many people ‘say grace’ before meals), or passing through the doorway to a building or room. Acknowledge—and enjoy—the positive things that happened during your day.

Grateful Contemplation Exercise 3. A Written Gratitude Practice. Find a regular time at the end of the day to reflect on the day and write down five things you are grateful for. Take time to reflect on their value as you write them. Writing them down is more powerful than just thinking about them. Use a special journal, or write what you are grateful on a piece of paper, and put them into a jar. Consider listing simple everyday things, people in your life, personal strengths or talents, moments of natural beauty, and/or gestures of kindness from

others. Review the list every so often, perhaps monthly or yearly, as a reminder. Over time, this exercise may prove to be just as beneficial even if done just once a week.

Grateful Contemplation Exercise 4. Gratitude Visits.⁵³ Write *and deliver* a letter of gratitude to someone who has been very kind to you but whom you have never properly thanked. This practice has been found to lead to increased happiness and reduced depression.

When To Use It

Gratitude practice can be used by anyone. It may be particularly useful for those who do not routinely feel grateful or struggle with low mood or depression.

What To Watch Out For (Harms)

Gratitude practices tend to be quite safe.

Tips From Your Whole Health Colleagues

The following tips are from the Whole Health Library Overview on Personal Development:

- If you find your gratitude practice is getting stale, switch to another format and mix it up a bit to make it work for you.
- Pick one co-worker each day, and express thanks for what he or she is doing for the organization.
- Take turns going around the dinner table and share one thing each person is grateful for that happened that day.
- Express appreciation about what your partner, child, or friend does and who they are as a person.
- Go for a walk with a friend and talk about what you are most grateful for.
- Do an art project that focuses on your blessings and what is going well in your life.
- Write a thank you letter to yourself.
- Give thanks for your body.
- Pause to experience wonder about some of the ordinary moments of your life.
- Imagine your life without the good things in it, so as not to take them for granted.

Personal Development Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Personal Development.”
<https://www.youtube.com/watch?v=sYZfEA5RgNw&feature=youtu.be>

Whole Health Library

- Module 7 Overview, *Personal Development*.
http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_EO_Personal_Development.pdf. Has an extensive list of financial health resources
- Module 7 Tool, *Values*.
http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_CT_Values.pdf
- Module 7 Tool, *Creating a Gratitude Practice*.
[http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_CT_Creating a Gratitude Practice.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_CT_Creating_a_Gratitude_Practice.pdf)
- Module 7 Tool, *Forgiveness: The Gift We Give Ourselves*.
http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_CT_Forgiveness.pdf
- Module 11 Tool, *The Healing Benefits of Humor and Laughter*.
[http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_Healing Value of%20 Humor and Laughter.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_Healing_Value_of%20Humor_and_Laughter.pdf)
- Module 13 Tool, *Give Me a Break: How Taking Breaks from Work Leads to Whole Health*.
[http://projects.hsl.wisc.edu/SERVICE/modules/13/M13_CT_Give Me a Break How Taking Breaks from Work Leads to Whole Health.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/13/M13_CT_Give_Me_a_Break_How_Taking_Breaks_from_Work_Leads_to_Whole_Health.pdf)
- Module 13 Tool, *Work Life Balance: Tips and Resources*.
[http://projects.hsl.wisc.edu/SERVICE/modules/13/M13_CT_Work Life Balance Tips and Resources.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/13/M13_CT_Work_Life_Balance_Tips_and_Resources.pdf)
- Module 13 Overview, *Clinician Self Care*.
[http://projects.hsl.wisc.edu/SERVICE/modules/13/M13_EO_Clinician Self Care.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/13/M13_EO_Clinician_Self_Care.pdf)
Focuses specifically on clinicians’ Personal Development (and Self-Care).
- Module 30 Overview, *Self-Management of Chronic Pain*.
[http://projects.hsl.wisc.edu/SERVICE/modules/30/M30_EO_Self Management of Chronic Pain.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/30/M30_EO_Self_Management_of_Chronic_Pain.pdf). For patients with pain.

Other Websites

- Laughter Yoga International. <http://laughteryoga.org/english/laughteryoga>
- Wellness Proposals. <http://wellnessproposals.com/wellness-library/health-promotion/free-wellness-program-tool-kits/>. Offers a list of links to toolkits that can be used for creating wellness programs at work
- Forgiveness Resources
 - <http://www.psychologytools.org/forgiveness.html> (with worksheets, handouts, etc.).
 - <http://loveandforgive.org> and

- <http://www.thepowerofforgiveness.com/resources/> from Fetzer Institute (Offers free online materials)
- <http://www.forgivenessinstitute.org> from Dr. Robert Enright and colleagues
- <http://www.learningtoforgive.com> from Dr. Frederic Luskin and colleagues
- <http://www.forgivenessday.org/default.htm> Worldwide Forgiveness Alliance

Books

- *21 Keys to Work/Life Balance: Unlock Your Full Potential*, Michael Sunnarborg (2013)
- *A Life at Work: The Joy of Discovering What Your Were Born to Do*, Thomas Moore, (2009)
- *Encore: Finding Work that Matters in the Second Half of Life*, Marc Freedman (2008)
- *Enjoy Every Sandwich: Living Each Day as If It Were Your Last*, Lee Lipsenthal (2011) (Dr. Lipsenthal wrote this book shortly before his death from colon cancer.)
- *Finding Balance in a Medical Life*, Lee Lipsenthal (2007)
- *Forgive for Good: A Proven Prescription for Health and Happiness*, Fred Luskin (2002)
- *Forgiveness Is a Choice: A Step by Step Process for Resolving Anger and Restoring Hope*, Robert Enright (2001)
- *Forgiveness: A Bold Choice for a Peaceful Heart*, Robin Casarjian (1992)
- *Forgiveness: The Greatest Healer of All*, Neale Walsch (1999)
- *Life Is Not Work, Work Is Not Life: Simple Reminders for Finding Balance in a 24-7 World*, Walker Smith, (2001)
- *No Regrets: A Ten-Step Program for Living in the Present and Leaving the Past Behind*, Hamilton Beazley (2004)
- *Off Balance: Getting Beyond the Work-Life Balance Myth to Personal and Professional Satisfaction*, Matthew Kelly (2011)
- *Resilience: The Science of Mastering Life's Greatest Challenges*, Steven Southwick (2012)
- *Stop Living Your Job, Start Living Your Life: 85 Simple Strategies to Achieve Work/Life Balance*, Andrea Molloy (2005)
- *Striking a Balance: Work, Family, Life*, Robert Drago (2007)
- *The Forgiving Life: A Pathway to Overcoming Resentment and Creating a Legacy of Love*, Robert Enright (2012)
- *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families*, Wayne Sotile (2000)
- *Zen and the Art of Making a Living: A Practical Guide to Creative Career Design*, Laurence Boldt (2009)

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Chapter 8. Food & Drink: Nourishing & Fueling

Nothing tastes as good as healthy feels.
—Unknown



The Benefits of Healthy Eating

In an average lifetime, people in the United States eat around 35 tons (70,000 pounds) of food.¹ They will spend about 3 years and 8 months of their lives eating and drinking beverages (67 minutes a day),² and they will consume 152 pounds of sugar yearly (6 cups a week).³ We make dozens, if not hundreds, of nutrition-related choices each day.

No one will deny that healthy nutrition is important, and that the choices you make have important consequences for your health. What you eat and drink nourishes your body and mind, and it has an influence on any number of health issues. A 2015 study of nearly 216,000 people asked people to complete four diet quality surveys. Healthy diet scores were linked to lower risk of death from all causes as well as specifically from cardiovascular disease and cancer.⁴ A 2004 study concluded that 9% of mortality in women and 16% in men is linked to poor diet choices and noted that an increase in fruits, vegetables, whole grains, and lean meats markedly lowered one's risk of dying.⁵

Obesity and diabetes rates are climbing. In fact, over 2/3 of US adults and 1/3 of children are overweight or obese.⁶ Eating patterns are linked to blood vessel health, bone density, gut function, mental health, cancer risk, blood pressure, skin health, eye disorders, allergies, and many other aspects of health. Depending on what choices we make, our food and drink choices will either contribute to or prevent the development of chronic diseases.

But where to begin? Everyone seems to argue about what good nutrition means. How does a person tailor healthy eating habits to their lifestyle? How do you sort through it all as you create a Personal Health Plan (PHP)? In 2017, the VA Office of Patient Centered Care and Cultural Transformation collaborated with VA's Nutrition and Food Services leadership and various Functional Nutrition clinicians to create a course entitled, "Eating for Whole Health: Functional Approaches to Food and Drink."

Figure 8-1 illustrates some of the multiple aspects of Food and Drink that could potentially be considered when you are talking about this important aspect of self-care with your patients. Think of it as a close-up of the green Food and Drink Circle within the larger Circle of Health.

Remember, as you explore Food and Drink, to enlist the support of your local dietitians, keeping in mind that some of the diets below may be more or less familiar to various colleagues. Respect scope of practice as you guide Veterans to the clinicians who can be most helpful to them as they set their nutritional goals.



Figure 8-1. Food and Drink-Related Health Plan Options

Nutrition Assessment

Healthy eating begins with obtaining good, individualized information about eating patterns and preferences. You can do this when you gather a history, and you can also have them complete a food diary or various questionnaires in advance.

Interview Questions

When you are talking to someone about Food and Drink, consider asking some of the following questions:

General

- Do you have any concerns that you believe are related to the way you eat?
- How would you describe your relationship with eating?
- Are you satisfied with your eating habits? Why or why not?
- Do you ever skip a meal? How often, and which meals?
- What is typically your biggest meal?
- What are your favorite foods? What don't you like?
- What would you like to focus on today, in terms of your nutrition?
- Why is healthy nutrition important to you?

Eating and Drinking Patterns

- What is your eating pattern? How many meals do you eat a day, and when do you eat them?
- Have you recently changed the way you eat? If yes, for what reason?
- Do you follow a specific diet? Vegetarian? Low-carb? Mediterranean?
- How often do you eat out? What types of restaurants (fast food, fast casual, casual, fine dining)? What do you usually order?
- How often do you eat fast food? What do you usually get?
- How much water do you drink in a day?
- Do you drink anything else regularly (e.g. sodas, alcohol, caffeinated drinks, juice, sports drinks)?
- Do you ever eat when you are not hungry?
- Do you ever wake up in the middle of the night and eat?
- Do you ever binge eat?
- What is the most important thing for me to know about the role food plays in your life?
- What do you typically eat for breakfast? Lunch? Dinner? Snacks?
- Do you ever skip meals or fast?
- What are your comfort foods?
- Are you taking any vitamins, minerals, or other dietary supplements? Why?

Eating and Body Weight

- Have you been eating more or less than normal? If yes, for what reason?
- What is your usual weight?
- Have you gained or lost weight recently?
- What is your highest weight in adulthood? When were you that weight?
- What is your lowest weight? When were you that weight?
- Have you ever tried to intentionally lose weight? How much? If you succeeded, did you ever regain it back? How much? Why was it regained?
- What weight loss strategies (diets, exercise programs, etc.) have you used?
- Do you have the same body type as anyone else in your family?

Context for Eating

- Who are the members of your household? Who does the food shopping and preparation?
- Do you share your meals with others? Who?
- Who participates in food choices and mealtime in your household?
- Are the other members of your household supportive of your efforts to make dietary changes?
- Where do you eat? (At the kitchen/dining room table, in front of the tv/computer, in the car, at your desk, etc.)

Mindful Awareness and Nutrition

- Sometimes hunger is physical, but it can also be emotional or mental. When you eat, what part of yourself are you feeding?
- Are you an emotional or stress eater?
- Are you conscious of your cravings? What do you tend to crave and when?
- What factors influence how you choose your food?
- Do you do other activities, like driving, working, or watching TV while you are eating?
- How do you feel after eating? Physically (e.g. satisfied, stuffed, still hungry)? Emotionally (e.g. content, guilty, angry)?

Nutrition and Symptoms

- Are there any foods that do not agree with you?
- Do you have any food allergies, intolerances or sensitivities that you are aware of? What reactions have you noticed?
- How much of a role do you think what you eat plays in how you are feeling?
- Have you noticed that what you eat and drink affect your sleep?
- Do you ever feel like particular foods cause you to have more or less pain?
- Do any foods give you heartburn, gas, bloating, diarrhea or constipation? How soon after eating these do you notice these symptoms?

Food Diaries

Food diaries can also be a powerful tool for gathering more information about Food and Drink. Having a person keep track of what they eat and drink can help you watch for certain patterns. Ideally, a food diary, kept over 3-5 days, can be useful. However, if that is not possible, doing a 24-hour food recall can also be of value. Assess when they eat, what they eat, and how much they eat. It can also help for people to describe how they were feeling as they ate as well as document times when they were physically active or asleep. Documenting any symptoms they notice (and when they have them) can also be helpful.

As you look over a completed food recall, consider each of the following as topics to ask them about:

- Overall calorie consumption and portion sizes
- Proportions of macronutrients—carbohydrates fats and proteins—they eat
- Number of servings of fruits, vegetables, and nuts they consume
- Omega-3 fat intake
- Fiber intake
- How often they eat out versus cooking for themselves
- How pro- or anti-inflammatory their diet is (This is discussed more later in this chapter)
- Meal frequency and timing. Are there any indications of skipped meals, nighttime eating, or binge eating? (There are a number of recent articles about binge-eating disorder)⁷

- Length of time spent eating
- Whether they primarily eat alone or with others
- The degree to which they are eating mindfully. Are they doing other activities (watching TV, working at their desk) during their meals?
- Where they get their food. Do they have trouble affording good food? Do they live in a 'food desert?'

Any of these questions could be a starting point for creating a PHP. It may not be practical to ask them all, but even asking one or two can bring awareness to ways to eat more healthily. The Resources section at the end of this chapter includes links to food diary forms.

The sheer number of suggestions you can make regarding nutrition can feel overwhelming. Take it step by step, and remember, any one suggestion is a step in the right direction. Most people do best making small, incremental changes.⁸ Don't forget about having a dietician as part of the team, especially if eating is a major stumbling block for someone. The following are some guidelines you can follow as you incorporate Food and Drink into personal health planning:⁹

- Guideline 1. Be Clear Right Away About Motivation to Change
- Guideline 2. Incorporate Mindful Eating
- Guideline 3. Be Realistic About Vitamins and Minerals
- Guideline 4. Be Able to Discuss Specific Eating Plans
- Guideline 5. Come Up With a List of Your Favorite Cookbooks, Recipes, and Cooking Websites
- Guideline 6. Develop a List of Your Favorite Eating Tips for Patients

Each of these is covered in more detail below.

Guideline 1. Be Clear Right Away About Motivation to Change

Most people do best if they focus on one change—one SMART goal—at a time. SMART goals are discussed in Chapter 3. Examples of goals to consider include the following:

- Focus on a certain number servings of fruits and vegetables each day. 7-10 servings is a good ultimate goal, but intake can be increased gradually. Starting at 2-4 may be a good starting point.
- Change away from drinking sodas or other sugary drinks. Risk of type 2 diabetes increases by 18% for every additional sweetened beverage a person consumes each day.¹⁰
- Note one high calorie food that may be eliminated or reduced (e.g., peanut butter, cheese, donuts, or a snack food like potato chips). We know that higher intakes of fast foods (e.g., donuts) can increase risks for chronic problems such as depression.¹¹
- Discuss modifying their daily or weekly number of servings of red meat, alcohol, simple carbohydrates, etc.

- Increase fiber intake to recommended daily levels, as appropriate.
- Drink 8 glasses of fluid (not alcohol) daily.

Remember, you aren't doing this alone. Make use of your team. Specifically, if you are not a dietician yourself, consider enlisting the help of a dietician. Whole Health Coaches, if available, can also be incredibly helpful. And always—**always**—make the patient a part of decision making. If you are working harder than they are to set and achieve a nutrition goal, something is not working.

Guideline 2. Incorporate Mindful Eating

Chapter 4 introduces mindful awareness and describes a number of exercises that can help to cultivate it. Mindful eating is a powerful way to work with people who want to eat in a healthier way. They learn to pay more attention to their eating patterns and why they choose to eat what they do. They are encouraged to explore what “hunger” actually means and how it may or may not connect to a need for calories, or cravings, or emotional states.

Systematic reviews related to mindful eating show that it has promise for helping people with binge eating¹² and other eating disorders.¹³ Mindfulness-Based Eating Awareness Training (MB-EAT) is offered with increasing frequency and has shown benefit for stabilizing glucose levels in people with type 2 diabetes.¹⁴ More research is needed to quantify the benefits of mindful eating for weight loss.¹²

Examples of mindful eating practices can include the following:

- Carefully observing each phase of eating. This includes noting the appearance, smell, and texture of the food, bringing it slowly to the mouth, and slowly chewing it and swallowing while paying close attention to taste. It may also include considering where the food came from, or feeling gratitude for everyone who helped to produce it.
- Chewing a certain number of times with each bite
- Limiting other activities while eating. This could mean not watching TV or reading while eating, or being sure to be seated comfortably at a table during a meal.
- Experimenting with eating in complete silence

Mindful eating resources are listed at the end of this chapter, including links to various scripts you can use to take yourself or a Veteran through a mindful eating experience.

Guideline 3. Be Realistic About Vitamins and Minerals

People tend to assume they need to take multivitamin and mineral supplements and that these are beneficial. Some groups may, in fact, need specific nutrients to be supplemented. For instance:

- People who eat limited amounts of animal protein (e.g., vegetarians and especially vegans) may need to supplement vitamin B12.

- Some people—especially women who menstruate heavily—may need iron.
- Prenatal vitamins can be very important for expectant mothers.
- A recent study found that people who are obese tend to be more deficient in vitamin D than those who are normal weight.¹⁵
- Community-dwelling older adults may be at risk for deficiencies of vitamin D, B1 (thiamine), B2 (riboflavin), calcium, magnesium, and selenium.¹⁶

However, there is limited data to show that vitamin and mineral supplements make a difference for the considerable majority of people.¹⁷ Large-scale studies have not found an association between multivitamin use and mortality from all causes, cancer, or cardiovascular disease.¹⁸ Most recommendations favor getting vitamins and minerals from foods whenever possible. The role of these various chemical compounds in various chemical pathways cannot be understated; they are vital for immune system regulation, production of various signaling molecules, brain function, regulation of pain, and any number of other physiological functions that are fundamental to good health.

Guideline 4. Be Able to Discuss Specific Eating Plans

One of the most common questions that will come up in a Whole Health visit is, “So, what diet should I follow?” This is not an easy question to answer. In general, a simple answer is that any eating plan that is reasonable in terms of calorie content and nutritional quality may prove helpful. (Note that many dietitians and other clinicians prefer to use “eating plan” instead of “diet,” because the word “diet” has so many negative associations for people). The key is that a person must be consistent with following the plan; how well a person sticks to an approach to eating may be as important as the specifics of how they eat.¹⁹ A 2014 study concluded, “Head to head randomized controlled trials, providing the most robust evidence available, demonstrated that Atkins, Weight Watchers, and Zone achieved modest and similar long-term weight loss. Despite millions of dollars spent on popular commercial diets, data are conflicting and insufficient to identify one popular diet as being more beneficial than the others.”²⁰

As far as commercial weight-loss programs, a 2015 study reviewed 45 studies to see what programs were supported in the research up to that point.²¹ Weight Watchers and Jenny Craig programs were found to lead to an average of 2.6% and 4.9% of weight loss, in studies that were at least 12 weeks long. Nutrisystem was also found to be promising.

A 2017 systematic review involving over 1.5 million participants focused on how much different eating plans affected risk for developing type 2 diabetes.²² Relative risk of diabetes was 0.87 for people eating a Mediterranean eating plan, 0.79 for those using the Alternate Healthy Eating Index, and 0.81 for Dietary Approaches to Stop Hypertension (DASH).

It can be helpful to know where you can go to learn about the hundreds of different “fad” diets that come in and out of popularity. Some resources to help with that are listed at the end of this chapter.

In terms of recommending specific diets for Whole Health it is perhaps best, in the spirit of personalizing care, to explore with each individual patient what approach to eating might work best for him or her. Here are a few specific eating plans worth considering. They are referred to here as “diets” because that is how they are described in the medical literature.

Mediterranean Diet (MD)

The MD features:²³

- High consumption of fruits and vegetables
- Monounsaturated fats (mainly from olive oil)
- Whole grains and nuts
- Moderate intake of poultry, fish, and dairy with minimal consumption of red meat
- Good intake of water and moderate amounts of wine
- Cooking and eating at a leisurely pace, in the company of others

The MD has been linked to good overall health since it was first studied in the 1950s.²⁴ Data continues to come in regarding many of its favorable effects, which include the following:

- Similar weight loss and cardiovascular risk benefits to other popular diets, including the American Diabetes Association diet, low-fat diets, and low-carbohydrate diets²³
- Reduced incidence of cardiovascular syndromes, neurodegenerative diseases, type 2 diabetes, and allergy²⁵
- More healthy populations of microbes in the gut²⁵
- Reversal of age-related cognitive decline²⁶
- Decreased cancer risk. It lowers risk of overall cancer mortality by 10%, colorectal cancer 14%, prostate cancer 4%, and aerodigestive (e.g., mouth, pharynx, larynx) cancers 56%²⁷

The Mediterranean diet is, in essence, an anti-inflammatory diet.

The Anti-Inflammatory Diet (AID) and The Elimination Diet (ED)

The AID is one of the most commonly used tools in Integrative Health practices.

The ED is another very commonly used Whole Health Tool.

Whole Health Tool: The Anti-Inflammatory Diet²⁸

What Is It?

The Anti-Inflammatory Diet (AID) is a general name for an approach to eating that is intended to decrease inflammation (and related pain). It can have an impact on a number of chronic diseases.

How It Works

- Certain essential fatty acids, including omega-6's and omega-3's, are used by the body to produce eicosanoids (e.g., prostaglandins and leukotrienes, and thromboxanes). Most omega-6's lead to the production of pro-inflammatory compounds (e.g., PGE2 and LT2) and omega-3's to less inflammatory ones (e.g., PGE1, PGE3, and LTB5).
- Omega-3 fats, which are anti-inflammatory, alter gene expression and cell receptor signaling.
- Certain foods have more antioxidant effects. They are less likely to create free radicals, and they are linked to lower C-reactive protein (CRP) levels.
- Maintaining a healthy glycemic index/load keeps CRP levels down.
- A healthy gut microbiome seems to be linked to lower levels of inflammation.

How To Use It

Key recommendations for eating an AID include the following:²⁹

1. **Keep non-fish animal fat intake low.** They contain arachidonic acid, which is pro-inflammatory and increases clotting, vasoconstriction, and vasospasm. Wild sources of meat seem to be better than farm-raised ones. Visible fat should be trimmed off cuts of meat.
2. **Eat more fish.** Tilapia, anchovies, and wild salmon are safe options, whereas fish higher up the food chain, like sharks, swordfish, and golden bass are less ideal because of mercury levels. Aim for 2-3 servings of fatty, cold-water fish weekly.
3. **Limit omega-6 fats** such as corn, soy and vegetable oil. Coconut oil that hasn't been hydrogenated is probably okay, because it contains a lot of medium-chain fatty acids that the liver readily absorbs. Extra virgin olive oil is a healthy choice.
4. **Eat more omega-3's.** Go for 1-2 grams of docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA) daily. Omega-3 eggs are an option. 1 gram of fish oil has about 0.5-1 gram of combined omega-3's, so a standard dose of fish oil is 3-4 grams daily. To treat inflammatory conditions, consider 4-5 grams of fish oil daily.
5. Keep **vegetable and fruit intake** high. This is correlated to lower levels of inflammatory markers. Remember that corn and potatoes really don't count as vegetables.
6. Eating **whole grains** is linked to lower CRP levels.
7. Eating dietary **fiber** slows digestion and can reduce inflammation—go for at least 22 grams daily.
8. Eating **legumes**, four servings per week, has been found to reduce CRP.
9. Eating five or more servings of **nuts and seeds** weekly also lowers inflammatory markers.

10. Eat anti-inflammatory **herbs and spices**. Examples include turmeric, rosemary, ginger, oregano, clove, cumin, cayenne, and boswellia.
11. **Don't char food**, as charring is linked to inflammation (especially meat).
12. Pay attention to **glycemic load** (see the Glycemic Load clinician's guide).
13. **Avoid obesity**, which is in and of itself an inflammatory state. Even with healthy eating, portion size should be controlled.
14. Ensure adequate **magnesium** intake (6 mg/kg daily) from foods like spinach, peanuts, almonds, quinoa, mackerel, avocados, and brown rice.

The Mediterranean and Okinawan diets are excellent examples of AIDs.

When To Use It

AIDs can be used in any chronic disease where inflammation is a component. Key examples with good associated research include:²⁹

- coronary heart disease
- type 2 diabetes
- rheumatoid arthritis and other autoimmune diseases
- chronic obstructive pulmonary disease
- Alzheimer's
- inflammatory bowel disease
- allergies and asthma (including eczema)
- cancer
- depression (people with severe depression are especially likely to improve)

What To Watch Out For (Harms)

- This diet is quite safe.
- Remind people that inflammation isn't all bad. We need it, just not chronically and not in excess. The goal is to decrease "meta-inflammation," the chronic, low grade damaging processes that use the same pathways as acute inflammation. In acute illness, fevers, swelling, and activation of the immune system are important to our health. It is not helpful to completely eliminate omega-6 fats.
- You may be asked to check levels of omega-3 fats. Most clinicians will have people try the diet first and only consider more investigations if it is not effective over time. People need not have an elevated sedimentation rate or C-reactive protein to benefit.

Tips From Your Whole Health Colleagues

- The AID can take a while to be effective. Patients should try it for at least six weeks, if not longer.
- Be sure to complement an AID with other ways to lower inflammation, such as the following:
 - Limit alcohol.
 - Balance glucose levels, so that there aren't large insulin spikes (insulin is pro-inflammatory).
 - Ensure adequate sleep.

- Keep stress levels low.
- Maintain a healthy mix of gut microorganisms. See Whole Health Tool: A Healthy Microbiome, later in this chapter.
- Many people assume they can just eat or supplement with alpha-linolenic acid (ALA), not to be confused with the other ALA, alpha-lipoic acid. ALA is found in flax oil. Less than 1% of it is converted into DHA and EPA, which are needed for the anti-inflammatory effect.
- For vegetarians, there are algae-derived omega-3 supplements available.

✂ Whole Health Tool: Elimination Diets³⁰

What Is It?

Elimination diets (ED's) involve the strategic removal of a specific food or foods from the diet in an attempt to reduce a given set of symptoms. Like drugs, foods can have both helpful and harmful effects. There are a number of different elimination diets in use. One that has gained currency in recent years is the FODMaP diet, particularly for people with irritable bowel and other functional bowel problems. It involves avoiding various types of sugars that give the diet its name, including **f**ermentable **o**ligo-, **d**i- and **m**onosaccharides and **p**olyols. Examples of the large number of foods eliminated in a FODMaP diet include various dairy products, foods that contain fructose (e.g., honey, apples, corn syrups), and certain grains (e.g., wheat, rye). Some vegetables, including onions and garlic, are also avoided.

How It Works

A person may develop intolerance to a particular food. This may be tied to a known structural or functional issue, such as lactose intolerance or celiac disease, but it may also be due to other, less clearly-defined, mechanisms. Intolerance can involve an IgE-mediated response or an accumulation of eosinophils, or it may be due to IgG, pseudo-allergies, cross-allergies, psychogenic effects, or other mechanisms.

Inflammation of the lining of the gut can be caused by food intolerances, disruptions in the microbiome, and other processes. It is thought to allow for increased permeability in the gut. If larger molecules are able to enter the bloodstream, immune responses and inflammation, with all their secondary effects, can occur.

How To Use It

There are four steps to an elimination diet.

1. **The Planning Phase.** It helps to use a food diary/log to explore the relationship between foods and symptoms. It details which foods are eaten, as well as symptom timing. Comfort foods and highly-craved foods are often the very foods that should be removed first. Work with the patient to create a list of potential culprits. Common ones include gluten, dairy, eggs, soy, citrus, fish, peanuts and/or tree nuts, shellfish, and food additives like the sweetener aspartame.
2. **The Avoidance Phase.** People may just choose to eliminate one food or food group, or (with appropriate guidance) they may remove a number of foods at once and then add one food back every so often. How long to eliminate is controversial, but try for at least 10 days, if not for 2-4 weeks. In some cases, people find it can take several days for the symptoms to improve; they may even describe low-level withdrawal symptoms, or a brief worsening of symptoms, after first stopping a food. It is important to avoid even the smallest amount of the food during this time. For example, if they eliminate dairy, have them stay off of all casein and whey-containing foods too. Label reading is key.

3. **The Challenge Phase.** Next, if symptoms decrease, it is important to re-introduce the food to verify whether or not symptoms recur. In essence, this equivalent to doing an “n of 1” trial. If symptoms come back, one can be fairly sure there is a link with eating the food in question. Add the food back in a small quantity at one meal, then in a larger quantity the next one. If multiple foods have been eliminated, and symptoms don’t recur after a day of adding a specific food (or food group) back, it is still recommended to go back off it while the other foods that have been eliminated have also been tested.
4. **The Long-Term Plan.** It is reasonable to stay off the food for 3-6 months. Sometimes people will become tolerant of an eliminated food after a period of time.

When To Use It

The list of potential indications for EDs is huge. Consider it for chronic conditions, where symptoms are fairly frequent and not likely to spontaneously improve on their own. Use it with people who have the financial (and emotional) resources to make shifts in their diet without too much difficulty. Fatigue, irritable bowel syndrome (IBS), allergic symptoms, chronic sinusitis, rheumatoid arthritis, ADHD, and headache tend to respond well in many instances. Consider it with autoimmune problems, arthritis, and pain of unknown cause.

What To Watch Out For (Harms)

- Never reintroduce a food that has previously caused an anaphylactic reaction.
- Use caution in people with eating disorders.
- Pay close attention to weight loss and gain.
- Ensure people are keeping their nutrition balanced. Are nutrient needs being met?
- Take care that people don’t overeat other foods to compensate for the groups they have eliminated.

Tips From Your Whole Health Colleagues

- Some patients will ask about lab testing for food intolerances. There are a number of private labs that provide these services. Most of them test for Immunoglobulin G (IgG) reactions to particular foods; many also test for IgE. Insurance rarely covers this testing, but many clinicians find it to be useful if initial ED trials have not clearly pointed toward a specific food or group of foods.
- Remember that some people may be bothered by more than one food group. If removing one food helps somewhat but not fully, consider elimination of other foods or food groups as well.
- Experience on the part of integrative health clinicians is markedly favorable when it comes to EDs.
- Combine EDs with approaches to promote a healthy microbiome. (see the Healthy Microbiome Whole Health Tool later in this chapter for more information)
- Some disorders seem to be affected by specific foods. Definitely try dairy elimination for sinusitis. And headaches are often linked to distinct groups of foods as well.

Guideline 5. Come Up With a List of Favorite Cookbooks, Recipes, and Cooking Websites

See the Resource section at the end of this chapter for some suggestions regarding cookbooks, recipes and websites that offer guidance around healthy eating, while respecting a person's budget.

Guideline 6. Develop a List of Your Favorite Eating Tips for Patients

One option for the PHP is to choose a specific eating tip with the patient and focus on it for a set period of time. Here is a brief overview of 10 Whole Health Eating Tips. You can cover one or more, depending on each patient's interest and motivation. Remember, many people will be more successful if they make one SMART Goal-based change at a time. The eating tips covered in the rest of this chapter include:⁹

- Whole Health Eating Tip #1: Pay Attention to Calories
- Whole Health Eating Tip #2: Be Careful with Eating Out and Eating Fast Food
- Whole Health Eating Tip #3: Eat Fruits and Vegetables
- Whole Health Eating Tip #4: Eat Healthy Carbohydrates
- Whole Health Eating Tip #5: Keep Glycemic Index and Load in Mind
- Whole Health Eating Tip #6: Choose Healthy Fats
- Whole Health Eating Tip #7: Eat Healthy Sources of Protein
- Whole Health Eating Tip #8: Eat Adequate (Not Excessive) Amounts of Nuts
- Whole Health Eating Tip #9: Choose Healthy Beverages
- Whole Health Eating Tip #10: Remember the Context of Each Meal
- Whole Health Eating Tip #11: Eat In a Way that Keeps Your Microbiome Healthy

Whole Health Eating Tip #1: Pay attention to calories

Cutting back on calories to 500 a day below an amount that maintains weight should lead to a weight loss of roughly a pound a week (though exactly how many calories are actually in a pound is actually a subject of some debate). It can be a hassle to do strict calorie counts, but it can help to remind people of how many calories they need daily to maintain their weight. Keep in mind that it is not just the number of calories, but also the form they are in when a person consumes them (i.e., what specific foods they eat). Table 8-1 is a simple guide for calculating caloric needs.

Table 8-1. Calculating Caloric Needs by Weight and Activity Level

Lifestyle	To calculate daily calorie needs, Multiply current body weight by this factor	
	Pounds	Kilograms
Confined to bed	12	20
Sedentary	13	25
Moderately active	15	30
Very active	17	30
Athlete in training	20	40-45
<i>For example, a moderately active person who weighs 150 pounds would want to eat $150 \times 15 = 2,250$ calories to maintain body weight.</i>		

A number of websites and phone apps can assist with calorie counting. See the Resources section at the end of this chapter for some suggestions. There are diets that encourage people to fast for brief periods (intermittent fasting), and some research finds this is helpful (though more studies are needed).³¹

Whole Health Eating Tip #2: Be Careful with Eating Out and Eating Fast Food

People who eat away from their homes are at much higher risk of eating more calories and unhealthy fats. Overall intake of some nutrients also decreases. This is all according to a systematic review of 29 studies conducted in 2012.³² Talk with patients about how often they eat out. Encourage them to eat more self-prepared meals, if this is possible. Negotiate with them about a maximum number of meals to eat out weekly, and discuss healthy options.

Whole Health Eating Tip #3: Eat Fruits and Vegetables

Fruit and vegetable consumption decreases mortality in general, and it specifically reduces deaths due to cardiovascular disease. A 2014 systematic review found that risk of death from all causes dropped by 5% and 6%, respectively, for each serving of vegetables or fruits a person eats daily.³³ The benefits started to diminish once people reached more than five daily servings of fruits and veggies combined.

Remind people that corn and potatoes are not really vegetables so much as grains/starches. Green leafy vegetables contain multiple nutrients, including indole-3 carbinol, which facilitates removal of cancer-causing chemicals by the liver. Red, orange, and yellow vegetables also contain carotenoids, which have numerous health benefits. Eating a rainbow of colors of foods (let cauliflower be the white food that is eaten, in place of starches) can be a simple way to vary the types of fruits and vegetables one eats.

Whole Health Eating Tip #4: Eat Healthy Carbohydrates

The National Research Council recommends that people eat 45-65% of calories from carbohydrates, keeping added sugars below 25% of calories.³⁴ Encourage patients not to eat too many simple sugars (e.g., processed foods, or foods that are ‘white’ like donuts, plain bagels, and white bread). In plant-based foods, 90-95% of the calories come from carbohydrates. Carbohydrates are absorbed more slowly and blood glucose levels stay lower if multiple small meals are eaten, rather than just a few large ones.³⁵

Fructose. Fructose is a simple sugar found in fruit, honey, and some vegetables. It is closely related to high fructose corn syrup (HFCS), which contains both fructose and sucrose (table sugar). In small quantities, fructose alone can decrease blood sugars. However, most Americans consume 40 grams of fructose a day, mostly as HFCS. This has been linked to metabolic syndrome and increased cardiac risk.³⁶

Fiber. Fiber refers to carbohydrates that are eaten but do not break down into sugars the gut can absorb. Most fiber travels all the way through the intestinal tract, serving a number of purposes as it does so. Fiber helps with bowel movements, controls cholesterol levels, prevents insulin resistance (and type 2 diabetes), reduces cardiovascular disease risk, and supports a healthy gut microbiome (the bacteria that live in the gut).⁹ People with a high fiber intake, compared to those with poor fiber intake, have a 77% lower risk for all-cause mortality.³⁷ The most beneficial fibers are those from cereals and whole foods.

Most American adults eat insufficient fiber (about 15 grams daily) but the Institute of Medicine recommends that women get 25 grams daily, and men 38. Good sources of fiber include:³⁸

- apples
- asparagus
- bananas
- beans
- blueberries
- broccoli
- cabbage
- carrots
- corn
- green, leafy vegetables
- mangoes
- nuts
- oranges
- peas
- popcorn
- potatoes with the skin
- pumpkins
- raisins
- strawberries
- whole wheat pasta

There are two types of fiber. Soluble fiber is found in many foods, including apples, beans, blueberries, lentils, nuts, oatmeal, pears, peas, psyllium, and strawberries. It helps with cholesterol and blood sugar control. Insoluble fiber helps with diverticular disease and constipation. It is found in couscous, barley, whole grains, brown rice, wheat bran, nuts, seeds, carrots, cucumbers and many of the other foods listed above.

Whole Health Eating Tip # 5: Keep Glycemic Index and Load in Mind⁹

Rather than getting caught up in whether or not a carbohydrate is simple or complex, it may be best to focus on glycemic index (GI) and glycemic load (GL). These measures take into account how much glucose a food releases into the blood. Glycemic index (GI) compares how much a particular food that contains 50 grams of carbohydrates will raise

blood glucose levels two hours after eating, relative to an equivalent amount of glucose (or white bread). The problem with the GI is that different foods have different amounts of carbohydrate by weight. For example, in order to get 50 grams of carbohydrates from carrots, you would have to eat at least five cups of them. To allow for more realistic comparisons, GL is used instead. GLs account for serving size.³⁹

A large 2014 study found that the quintile of patients with the highest food measures of GI and GL had a 33% higher risk of developing the type 2 diabetes.⁴⁰ There is also a correlation between high-GL diet and ischemic stroke risk, obesity, and chronic inflammation.⁹ A 2008 meta-analysis found that high GI and GL diets correlated with higher risks of certain cancers, including colon and ovarian cancer (but not pancreatic or breast cancers),⁴¹ and low GI/GL diets lowered gall bladder and coronary artery disease risk.⁴² Glycemic index/load resources are featured in the Resource section at the end of this chapter.

Whole Health Eating Tip #6: Choose Healthy_Fats

20-35% of calories should come from fat.³⁴ For years, we were discouraged from eating fat, and the fat-free foods market boomed. Unfortunately, this eating pattern did not help people to sustainably lose weight.⁴³ There are several categories of fats.²⁹

- **Saturated** fats do not have double bonds. They are solid at room temperature. Examples are butter, coconut oil, and palm oils. While there is discussion that coconut oil might have some unique properties, most saturated fats are best avoided.
- **Monounsaturated** fats are liquid at room temperature. They are found in olive, canola, and peanut oils, as well as in avocados. They tend to be a healthy choice.
- **Trans-fats** are the unhealthiest fat choice of all. In many countries, they are now banned as food ingredients. They are fats that have been chemically manipulated so that they will have a longer shelf life. Avoid them entirely, if possible. This requires looking at ingredient lists, because a food can contain small amounts of trans-fats and manufacturers can still technically be able to round down to “0” for trans fat per serving when they list contents on the food’s label.
- **Polyunsaturated** fatty acids (PUFAs) are liquid at room temperature. Our bodies cannot synthesize linoleic (omega-6) or linolenic (omega-3) acids, so they must be obtained in the diet by eating dark leafy greens, purslane, or meat from animals that were fed diets rich in PUFAs. Omega-3s are found in deep-sea fish, like salmon and sardines, as well as in walnuts.

Omega-3s are PUFAs that deserve special mention. They are precursors to anti-inflammatory compounds in the body, but they tend to be eaten in less-than-desired quantities in the American diet. Omega-3’s are discussed in the Anti-Inflammatory Diet Whole Health Tool.

Whole Health Eating Tip #7: Eat Healthy Sources of Protein

Roughly 10-35% of calories should come from protein.⁴⁴ For adults, the recommendation is 0.8 grams of protein per kilogram of body weight. Two or three servings a day is sufficient,

but most Americans eat more protein than is necessary (an average of 100 grams daily).⁴⁴ Eat animal proteins in moderation, as meats commonly contain saturated fats. Protein leads to more satiety than carbohydrates or fats. Encourage people to vary their protein sources to get all their essential amino acids. Meats, beans, lentils, rice, grains, egg whites, soy, and mushrooms all contain a good variety. It is often proteins that seem to trigger not only food allergies, but also food intolerances. See the Elimination Diet Whole Health Tool (earlier in this chapter) for more information.

Whole Health Eating Tip #8: Eat Adequate (Not Excessive) Amounts of Nuts

Eating a handful of nuts daily (not a canful, because they are high in calories) has been found to have health benefits in increasing numbers of studies. A 2016 systematic review and meta-analysis concluded that higher nut consumption is associated with lower risk of all-cause mortality, total cardiovascular disease (CVD), CVD mortality, and sudden cardiac death.⁴⁵ Nut consumption also lowered systolic blood pressure, especially eating pistachios.⁴⁶ Nut consumption is also linked to lower cancer mortality.⁴⁷

Whole Health Eating Tip #9: Choose Healthy Beverages

21% of our caloric intake comes in the form of beverages.⁴⁸ Cutting out soda, sweetened tea or coffee, juice, alcohol, energy drinks, smoothies, and milk—and replacing them with water—can markedly decrease calorie intake. Always ask how much alcohol and caffeine a person consumes as well. More resources related to beverages are listed at the end of this chapter.

Whole Health Eating Tip #10: Remember the Context of Each Meal

In addition to what a person eats, there are many other factors that are linked to how Food and Drink influence health. Examples include the following:

- Access. Does a person live in a food desert? Do they experience food insecurity?
- Food safety. Does the person eat whole foods, or processed foods? How many pesticides are they taking in when they eat?
- Culture and nutrition. How do a person's ethnicity, religious beliefs, family of origin, geographical location, or other factors influence their dietary patterns?
- Context of meals. Food psychology has demonstrated that glass size, plate size and color, number of foods offered during a meal, how many people eat together, and even the speed of the slowest eater at the table can influence our eating patterns.⁴⁹

Whole Health Eating Tip #11: Eat In a Way that Keeps Your Microbiome Healthy

Last but not least, do not forget about probiotics and their potential role. What follows is a tool to guide you if you choose to incorporate probiotics into a PHP.

Whole Health Tool: A Healthy Microbiome: The Role of Probiotics^{50,51}

What Is The Microbiome?

Trillions of microorganisms—mostly bacteria, and over 30,000 different species—live in the human gut. Which ones live there can have a marked effect on health. You can support a healthy microbiome through your diet as well as by taking various dietary supplements.

Probiotics are living organisms that offer benefits to their host. Prebiotics are the food they need to survive, and postbiotics are their metabolic byproducts (which can include vitamins and other nutrients). They are usually identified by their species. Common examples include *Lactobacillus acidophilus* and *Bifidobacterium bovis*.

How It Works

New roles for the gut microbiome are being discovered all the time. Some of the roles we know of so far include direct DNA signaling, vitamin production, interacting with the immune system, protecting the gut from attachment of harmful microbes, impeding the growth of harmful organisms, and modulating central nervous system function.

In order to be effective, probiotic foods and supplements should actually contain organisms that can survive exposure to the stomach acid and bile, and they should be able to effectively colonize once they reach the appropriate part of the gastrointestinal (GI) tract.

How To Use Probiotic Foods and Supplements

Nutrition and the Microbiome. Diets high in fiber, vegetables, and fruits are the best at helping the gut keep a healthy mix of microbes. Avoiding red meat and animal fats is also helpful. Common probiotic foods clinicians can encourage patients to eat include yogurt, milk (if not overly pasteurized), kefir, kombucha tea, sauerkraut, miso and tempeh (forms of soy) and pickles. Frozen foods tend not to have viable bacteria.

Probiotic Supplements. Capsules containing beneficial organisms are dosed based on colony forming units (CFUs). These are normally dosed in powers of 10. Standard doses are 1 billion (10^9) CFUs, or 10 billion (10^{10}) once or twice a day. There are many brands available, and some of them contain specially patented mixtures or species.

Some of the most-researched strains of probiotics include:

- *B. bifidum* Malyoth strain
- *B. longum*
- *Bifidobacterium lactis* BB12 (abbreviated as *B. lactis* BB12)
- *Lactobacillus acidophilus* DDS1 (abbreviated as *L. acidophilus* DDS1)
- *L. acidophilus* NAS
- *L. bulgaricus* LB-51
- *L. gasseri*
- *L. plantarum*
- *Lactobacillus rhamnosus* GG (available as the brand Culturelle)

- *Saccharomyces boulardii*—this is a yeast found to have several benefits. Keep it in mind for recurrent *Clostridium difficile* (“C. Diff”) colitis and inflammatory bowel disorders.

Have patients take probiotics on an empty stomach, and if they are taking an antibiotic, separate them by 2 hours. If they are heat-dried, they should be kept in the fridge, but if they are lyophilized, they can be kept at room temperature. It is unclear how long they should be taken, but 2 weeks to 2 months is typical, or longer if people have chronic conditions such as Crohn’s or irritable bowel syndrome (IBS).

When To Use It

Antibiotics, bowel preps, proton pump inhibitors, and exposure to pathogens (e.g., viral gastroenteritis) can all alter bowel flora. Many Integrative Health clinicians will use probiotics whenever they prescribe antibiotics or anytime a person has had an infectious gastrointestinal illness. They also seem to reduce inflammation, so they should be considered in any inflammatory process. Other indications include vulvovaginal candidiasis, eczema, IBS, respiratory infections, prevention of traveler’s diarrhea, and augmentation of *H. pylori* treatment.

What To Watch Out For (Harms)

Probiotics tend to be quite safe. There are a few case reports about them translocating into the bloodstream to cause abscesses, or infecting people with severe immunocompromise. Untested strains should not be used, nor should strains that are usually classed as pathogens. One study found negative outcomes in patients who were given probiotics when they had severe acute pancreatitis.

Tips From Your Whole Health Colleagues

- A number of clinicians report that the probiotic yeast, *Saccharomyces boulardii*, can be helpful.
- Research is starting to show that probiotic supplementation can alter brain function on functional MRI studies.
- There is a connection between gut flora and obesity as well.
- *Lactobacilli* tend to do more in the upper GI tract. *Bifidobacteria* are more likely to affect the colon.

Food & Drink Resources

Websites

VA Patient Centered Care Site

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

Whole Health Library

Course materials for Eating for Whole Health: Functional Approaches to Food and Drink. <http://projects.hsl.wisc.edu/SERVICE/courses/eating-for-whole-health/index.html>. Includes PowerPoints, course manual, and list of resources from course faculty.

- Module 8 Overview, *Food and Drink*.
<http://projects.hsl.wisc.edu/SERVICE/modules/8/M8 EO Food and Drink.pdf>
- Module 8 Tool, *What We Drink*.
<http://projects.hsl.wisc.edu/SERVICE/modules/8/M8 CT What We Drink.pdf>
- Module 8 Tool, *Choosing A Diet*.
<http://projects.hsl.wisc.edu/SERVICE/modules/8/M8 CT Choosing a Diet.pdf>
- Module 8 Tool, *The Anti-Inflammatory Diet*.
<http://projects.hsl.wisc.edu/SERVICE/modules/8/M8 CT Anti Inflammatory Diet.pdf>
- Module 8 Tool, *Food Safety*.
<http://projects.hsl.wisc.edu/SERVICE/modules/8/M8 CT Food Safety.pdf>
- Module 8 Tool, *Mindful Eating*.
<http://projects.hsl.wisc.edu/SERVICE/modules/8/M8 CT Mindful Eating.pdf>
- Module 18 Tool, *Promoting a Healthy Microbiome with Food and Probiotics*.
<http://projects.hsl.wisc.edu/SERVICE/modules/18/M18 CT Promoting a Healthy Microbiome with Food and Probiotics.pdf>
- Module 18 Tool, *Elimination Diets*.
<http://projects.hsl.wisc.edu/SERVICE/modules/18/M18 CT Elimination Diets.pdf>
- Module 18 Tool, *The FODMaP Diet*.
<http://projects.hsl.wisc.edu/SERVICE/modules/18/M18 CT The FODMaP Diet.pdf>
- Module 19 Tool, *Achieving a Healthy Weight*.
<http://projects.hsl.wisc.edu/SERVICE/modules/19/M19 CT Achieving a Healthy Weight.pdf>
- Module 19 Tool, *Glycemic Index*.
<http://projects.hsl.wisc.edu/SERVICE/modules/19/M19 CT Glycemic Index.pdf>
- Module 19 Tool, *Understanding Sweeteners*.
<http://projects.hsl.wisc.edu/SERVICE/modules/19/M19 CT Understanding Sweeteners.pdf>
- Module 20 Tool, *The DASH Diet*.
<http://projects.hsl.wisc.edu/SERVICE/modules/20/M20 CT The DASH Diet.pdf>

Other Websites

- 2015 Dietary Guidelines for Americans.
<http://health.gov/dietaryguidelines/2015/guidelines/>
- MOVE! Weight Management Program. <http://www.move.va.gov>. Excellent resources. Be sure to look over the comprehensive list of handouts they provide at <http://www.move.va.gov/handouts.asp>. There are dozens, and they feature diet as well as exercise. Check out their app, “MOVE! Coach” at <http://www.move.va.gov/moveCoachintro.asp>
- VA’s Nutrition and Health webpage. <http://www.nutrition.va.gov>. Has a “Get Help from a Dietitian” tab on the left.
- USDA’s National Nutrient Database for Standard Reference.
<https://ndb.nal.usda.gov>. Search for the contents of various nutrients, including fiber, in any given food. You can do a “Food Search” to see the nutrients in a particular food.
- USDA Economic Research Service, Food Access Research Atlas.
<https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>. Shows urban and rural food deserts on an interactive map.
- The Center for Mindful Eating. <http://thecenterformindfuleating.org>. This is where Mindful Awareness meets Food and Drink.
- Oldways Diet Guides. <https://www.oldwayspt.org>. Includes guidance on eating within various traditions (e.g., African Heritage, Latin American, Asian, Vegetarian/Vegan styles of eating).
- Dr. Weil’s Anti-Inflammatory Diet Food Pyramid. <http://www.drweil.com/diet-nutrition/anti-inflammatory-diet-pyramid/>.
- Oldways. Focuses on cultural eating traditions. <http://www.oldwayspt.org/health-professionals>. Has specific diet guides for people from Asian, African, and other backgrounds. Also has specific diets for people on blood thinners.
- Local Harvest Community-Supported Agriculture (CSA) site.
<http://www.localharvest.org/>. Search out CSAs in your area, or order fresh foods from around the country.
- Harvard School of Public Health Nutrition Source.
<https://www.hsph.harvard.edu/nutritionsource/>
- Mayo Clinic Nutrition Resource site. <http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/basics/nutrition-basics/hlv-20049477>
- California Dairy Research Foundation Probiotics Information.
<http://cdrf.org/home/checkoff-investments/usprobiotics/>. Nice summary of research.
- Recipe sites (Note that these are all .com sites. The VA Nutrition and Food Services Page also features a number of government-approved recipes.)
 - Epicurious. <http://www.epicurious.com>
 - My Recipes. <http://www.myrecipes.com>
 - Cooking Light Magazine. <http://www.cookinglight.com>
 - 101 Cookbooks. <http://www.101cookbooks.com>. Natural foods recipes
 - Sparkpeople. <http://www.sparkpeople.com>. Free registration allows access to a calorie counter and fitness programs

Books

- *Integrative Medicine*, 4th edition, David Rakel (2017). Available through VA library system. Includes chapters on food elimination, anti-inflammatory eating, DASH, FODMaP, and prescribing probiotics
- *Eat, Drink, and Be Healthy: The Harvard Medical School Guide to Healthy Eating*, Walter Willett (2005)
- *Eating Well for Optimum Health: The Essential Guide to Bringing Health and Pleasure Back to Eating*, Andrew Weil (2001)
- *In Defense of Food: An Eater's Manifesto*, Michael Pollan (2009)
- *Mindful Eating: A Guide to Rediscovering a Healthy and Joyful Relationship with Food*, Jan Bays (2009)
- *Mindless Eating: Why We Eat More Than We Think*, Brian Wansink (2007)
- *Nutrition in Clinical Practice*, 2nd edition, David Katz (2014)
- *Passionate Vegetarian*, Crescent Dragonwagon (2002)
- *The Low Glycemic Index Handbook*, Jennie Brand-Miller (2010)
- *The New Mediterranean Diet Cookbook*, Nancy Jenkins (2008)
- *The New Vegetarian Cooking for Everyone*, Deborah Madison (2014)
- *The Omnivore's Dilemma: A Natural History of Four Meals*, Michael Pollan (2007)
- *What I Eat: Around the World in 80 Diets*, Peter Menzel (2010)
- *Wheat Belly: Lose the Wheat, Lose the Weight, and Find Your Path Back to Health*, William Davis (2014). Many patients are reading books like this and have questions about their content.

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Chapter 9. Recharge: Sleep & Refresh

If there's a secret to a good night's sleep, it's a good day's waking.

—Rubin Naiman¹



The Importance of Sleep and Rest

Most people need 7-8 hours of sleep to function physically, mentally, emotionally, and socially, but 30% of the American population has chronic insomnia. Sleep has a significant impact on Whole Health. It is closely linked to cardiometabolic health.² When people who sleep under 5 hours nightly are compared with people who sleep 7 hours, they have:³

- A 42% greater chance of obesity
- 69% more hypertension
- 40% more diabetes
- 36% greater likelihood of having elevated lipids
- 62% greater risk of stroke
- 152% increase in risk of having a heart attack

We also know that people who sleep less have much higher mortality rates, as was noted in a recent systematic review that included over 70,000 elderly individuals.⁴

Sleep serves many purposes. It is a time when hormones, neurotransmitters, and other compounds are regenerated. It is a time when short-term memories are converted to long-term memories. Sleep is important to maintaining a healthy weight,⁵ and it is closely linked to mental health.⁶ Good sleep prevents work and motor vehicle accidents.^{7,8} Poor sleep is closely linked to suicidal ideation.⁹

In addition to sleep, daytime rest and opportunities to recharge are also important to health. These are discussed toward the end of this chapter. We know that people who do not take breaks from sitting during the day are at much higher risk of health concerns. Leisure time, hobbies, and vacations are important to well-being.

Questions to Ask Related to Recharge

- Are you satisfied with your energy level?
- What times of day are you most energized?
- What activities energize you and leave you feeling refreshed?
- What times of day is your energy lowest?
- What drains or lowers your energy?
- When your energy is depleted, what do you do? Nap? Eat?
- How many hours of sleep do you usually get each night?
- Do you sleep well?
- Do you wake up feeling well-rested?

- If you nap, can you sleep briefly and feel refreshed?
- Describe any issues you have with sleep.
- What have you tried to help you sleep better? Any medications or dietary supplements?
- Do you ever listen to guided imagery recordings to fall asleep?
- Do you do restorative practices like gentle yoga or mediation?

Ten Tips for Improving Sleep

As you work with someone on the Recharge section of the Circle of Health, consider the following to promote good sleep:

1. Rule out sleep disorders and other health issues that can lead to sleep problems.
2. Keep active during the day.
3. Consider Cognitive Behavioral Therapy for Insomnia (CBT-I).
4. Follow good sleep hygiene.
5. Consider light therapy.
6. Use mind-body practices.
7. Focus on nutrition and sleep.
8. Consider dietary supplements.
9. Give yoga a try.
10. Consider Chinese medicine.

1. Rule out sleep disorders and other health issues that can lead to sleep problems

Ask about snoring and whether a person has been observed to intermittently stop breathing at night, which may indicate obstructive sleep apnea. People may also note having restless legs (periodic limb movements of sleep). Are bladder problems playing a role? Could the thyroid be involved? Pain can also have a significant effect on sleep. 24% of patients report fatigue as a significant problem, and chronic fatigue syndrome/myalgic encephalomyelitis is a challenging problem that can be due to numerous different causes.¹⁰

Recent literature indicates that men and women who have recently served in the military have much higher rates of insomnia than the general population, at 25-54%.¹¹ Sleep problems are particularly common in people with posttraumatic stress and traumatic brain injury.¹² One study, focused on female service members, found that 75% of the women reported a traumatic event that correlated with the beginning of sleep problems; 10% reported sexual harassment, trauma, abuse, or rape.¹³

2. Keep active during the day

A review of six trials focused on people over 40 found that people who engage in moderate intensity aerobic and high-intensity resistance training had better insomnia scores and fell asleep faster, but they did not sleep longer at night or function differently during the day.¹⁴ One study found that people over age 60 who exercise had improved sleep at 16 weeks, and this included both sleep quality and time to fall asleep.¹⁵ It has not been conclusively shown that exercising before bed causes sleep problems.¹⁶

3. Consider Cognitive Behavioral Therapy for Insomnia (CBT-I)

CBT-I is widely considered to be the gold standard for insomnia treatment,¹⁷ and it is widely available in the VA. People are taught how to work with both behavioral and cognitive issues that interfere with sleep. Some key elements of CBT-I include the following:¹⁸

- Sleep restriction. With sleep restriction, the time a person sleeps is limited, especially during the day, to increase the drive to sleep and shift to a consistent sleep schedule.
- Stimulus control focuses on reducing anything that contributes to arousal. These approaches are often recommended as part of “sleep hygiene.”
- Relaxation involves the use of mind-body tools to help a person relax and move more easily into sleep.
- The cognitive component of CBT-I addresses unhelpful beliefs or feelings about sleep. For example, a person might have an exaggerated sense of how poor sleep will affect their function, or have a strong emotional response to waking up before they intended to do so. Simply normalizing how sleep is for people—letting them know that nighttime awakenings are normal—and helping them to respond more calmly to insomnia or early awakening can be quite helpful.

One systematic review noted that CBT-I has more durable long-term benefits than standard sleep medications.¹⁹ Best of all, patients treated with CBT-I continue to maintain and, in many cases, improve even more after the completion of treatment. For more information, including information about a CBT-I app created by the VA, see the Resources section at the end of this chapter.

4. Follow good sleep hygiene

Sleep hygiene is closely connected with stimulus control in CBT-I. Essentially it involves optimizing surroundings and circumstances to allow for good sleep. It works much better when used in conjunction with CBT. Recommendations to improve sleep hygiene include the following:¹⁸

- Only use the bed for sleep and sex. Do not read or watch TV in bed.
- Make sure that where one sleeps is comfortable.
- Avoid daytime napping.
- Go to bed and get up at the same time each day. A ritual, or standard set of activities followed before bed, can be helpful.
- If sleep is not happening, go somewhere else and do something relaxing.
- If worries come up, practice a mindfulness exercise, such as writing about concerns in a journal, so that they can be attended to during waking hours.
- Ensure the environment is dark. Use light-opaque curtains or a sleep mask, as needed.
- Keep the sleep environment quiet. Earplugs, if practical, can be considered.
- Keep the sleep environment cool.

- Avoid light exposure from anything with a screen before bed (some people suggest for at least an hour before bedtime). That includes tablets and smartphones.
- Move the alarm clock or turn it away to avoid watching the clock.
- Electromagnetic fields can affect sleep in a dose-related fashion,²⁰ suppressing melatonin release in the brain.²¹ It is best to minimize how many electrical devices are in the bedroom. Keep them as far away from the head of the bed as possible. It is best to use a battery-powered clock versus an electric one.
- Make sure certain allergies are not triggered by the sleep area. Keep the bedroom dust-free and clean, and if allergies seem to be a factor, consider a HEPA filter, mold control, removal of carpets, and hypoallergenic bedding that can be washed frequently.
- Aromatherapy. A very small trial found that vaporized lavender oil improved insomnia scores.²² A few drops of lavender oil can be placed on a cotton ball a foot or so from a person's head. Another review of 13 general aromatherapy studies concluded that readily available treatments effectively promote sleep.²³

5. Consider light therapy

Sitting within 3 feet of a light for 20-60 minutes, 2-3 times daily, can boost energy levels. Morning therapy seems to be most effective, and light levels should be from 2500 to 10,000 lux. Recent studies indicate that this is not only beneficial to people with seasonal affective disorder, but also to people with depression of any sort.²⁴ Depression is a common cause (or effect) of sleep disturbance. For more information about light therapy, see the Resource section at the end of this chapter.

6. Use mind-body practices

Any mind-body approaches, which elicit the relaxation response, can be used. The goal is to tailor the technique to individual preference.

- **Meditation.** A study of 24 long-term meditators and 24 meditation-naïve controls found that even two 8 hour sessions of compassion or other meditations led to alterations in non-REM sleep patterns.²⁵ A 2015 randomized controlled trial that compared mindful awareness training to sleep hygiene found that the mindfulness group had improvements in sleep quality superior to the other group.²⁶ A 2014 trial found that older people who received Mindfulness-Based Cognitive Behavioral Therapy for Insomnia had significantly fewer total wake times at night.²⁷ Another systematic review found that meditative movements (tai chi, qigong, and yoga) significantly improve sleep.²⁸
- **Mindfulness-Based Sleep Induction Technique.** A useful tool you can encourage patients to try on their own, when appropriate, is the Mindfulness-Based Sleep Induction Technique.¹⁸ It is designed to calm a racing mind when a person is trying to fall asleep. Follow these steps:
 1. Begin with abdominal breathing. Place one hand on your chest and the other on your abdomen. When you take a deep breath, the hand on the abdomen should rise higher than the one on the chest. This insures that the diaphragm is expanding, pulling air into the bases of the lungs. (Once you have this mastered,

- you do not have to use your hands). This diaphragmatic breathing stimulates the vagus nerve, which enhances the relaxation response.
2. Take a slow, deep breath in through your nose for a count of 3-4, and exhale slowly through your mouth for a count of 6-7. (Your exhalation should be twice as long as your inhalation).
 3. Allow your thoughts to focus on your counting or your breath as the air gently enters and leaves your nose and mouth.
 4. If your mind wanders, gently bring your attention back to your breath.
 5. Repeat the cycle for a total of 8 breaths.
 6. After each 8-breath cycle, change your body position in bed and repeat for another 8 breaths.

It is rare that a person will complete 4 cycles of breathing and body position changes before falling asleep

- **Other Approaches**

- **Guided imagery** (discussed in Chapter 12) has been found to improve sleep as well. Focusing on imagery was found to reduce time to fall asleep in one small study.²⁹
- **Image Rehearsal Therapy** can help those with chronic insomnia related to nightmares.³⁰ (Image rehearsal therapy is successfully used for nightmares in patients with PTSD. The approach should be done with a trained therapist.)
- **Breathwork** (also discussed in Chapter 12) involves conscious manipulation of breathing. Various breathing patterns can have an immediate effect on relaxation.³¹
- **Yoga Nidra**. The military has done pilots of the use of iRest Yoga Nidra, which is a secularized practice of a specific form of yogic meditation. Elements include deep relaxation, attention training, self-management tools, and mindful awareness of thoughts and emotions. A pilot study related to sleep found a trend toward improving waking somnolence.³² Other studies are in process.

A 2017 review looking at various psychological interventions for college students with insomnia found that CBT had large effects.³³ Sleep hygiene-based interventions had medium effects, as did other approaches, such as mindfulness, hypnotherapy. The effects of relaxation approaches were variable.

7. Focus on nutrition and sleep

Here are some general suggestions to keep in mind:

- When considering dietary changes to enhance sleep, remember that caffeine has a significant effect. It influences sleep onset and quality even in people who otherwise do not have sleep problems.³⁴ People tolerate caffeine less well with age—its half-life in the body increases.³⁵
- Alcohol may result in faster sleep onset, but sleep is disrupted in the second half of the sleep period. In people who drink frequently, the sleep benefit may go away while the disruption worsens.³⁶

- A healthy diet in general can provide the raw materials needed for the body to synthesize melatonin, which can lead to better sleep.

8. Consider dietary supplements

According to the Natural Medicines Database,³⁷ research has found the following about supplements for sleep (note that this website is extremely conservative about making supplement recommendations):

- St. John's wort is useful in the treatment of insomnia related to depression. Note that this supplement has multiple interactions with medications and should only be used by someone familiar with prescribing it.
- Melatonin, and valerian are classed as "Likely Safe" and "Possibly Effective." (Note: Melatonin is now on the VA formulary.)
 - Melatonin is secreted by the pineal gland when the brain senses declining light levels, and its release stops when light is present. Optimal dose varies greatly from one person to the next. A systematic review and meta-analysis of melatonin looked at 17 studies involving 284 study participants.³⁸ Melatonin treatment significantly reduced sleep onset latency by 4.0 minutes (95% CI 2.5-5.4), increased sleep efficiency by 2.2% (95% CI 0.2-4.2), and increased total sleep duration by 12.8 minutes (95% CI 2.9-22.8). It is especially effective in the setting of delayed sleep phase syndrome.³⁹ Melatonin is well tolerated. Take it about two hours before bedtime. A typical dose is 1-3 milligram(s), taken orally. Lower doses, like 0.3 milligrams, may be more effective for some people.
 - Valerian takes 2-4 weeks to have effect. It seems to increase the availability of the neurotransmitter GABA. Safety seems to be quite good, with just a few people reporting grogginess in the morning after taking it. A systematic review and meta-analysis that focused on 16 studies noted methodological problems and variability, but concluded the available evidence suggests it may improve sleep quality with minimal side effects.⁴⁰
- Lemon balm is classed as "Possibly Safe" and "Possibly Effective."
- Other supplements are rated as having insufficient evidence.
 - 5-hydroxytryptophan is used by the body to make serotonin, and serotonin can be converted to melatonin. In the 1990s, there were reports of eosinophilia-myalgia syndrome arising from what seems to be a contaminated batch of L-tryptophan.
 - Chamomile, usually taken as tea, tends to be quite safe. Many people use it for anxiety symptoms.
 - Many people will also use herbal teas containing hops and passionflower. These are safe, but efficacy is unclear in the research.

9. Give yoga a try

A pilot study found that daily yoga for 8 weeks was linked to improvements in self-rated sleep efficiency and total sleep time, with decreases in time to fall asleep and nighttime wakefulness.⁴¹ Another trial involving 139 people over age 60 found that all aspects of sleep improved.⁴² A large review of 18 studies found that sleep quality scores, time to sleep,

and sleep duration were improved.⁴³ See Chapter 5, Working the Body, for more information about yoga.

10. Consider Chinese medicine

Acupuncture has wide use in China as an insomnia treatment, and data is favorable. For example, a review of 46 trials of 3,811 participants found it was a safe and effective treatment.⁴³ A Cochrane review focusing on 33 trials found improvement in sleep measures but noted that effect sizes were small and that more study is needed.⁴⁴

Beyond Sleep: Additional Recharging Tips

Of course, Recharge does not just include sleep. Here are some additional recommendations to help people recharge in other ways. There are three areas to consider here:

1. Ensure a person is finding **time for leisure, creativity, and hobbies or other non-work interests**. This is discussed further in Chapter 7, Personal Development.
2. **Vacations and rest periods** decrease job stress and burnout and improve life satisfaction, even though the results fade quickly after one goes back to work.⁴⁵ When you go on vacation, really detach from work. Be careful not to let a vacation become a different form of stress. Length of vacation does not seem to matter.
3. **Taking breaks while working** is also important to health. We know that cardiac risk is decreased based on how often one interrupts times of inactivity. Frequent breaks for movement lower waist circumference and blood sugars.⁴⁶ Here are some tips related to taking breaks that you can share with Veterans:⁴⁵
 - Be clear about your workplace's break policy, and discuss it with your supervisor, as needed.
 - Build break time into your daily schedule. A five-minute break every 30 minutes is a common suggestion. Try for at least one per hour, and take longer breaks (15 minutes or so) in the middle of the morning and the afternoon. You can set a clock, watch, smartphone, or computer to give you reminders about when it is break time.
 - Be clear on how you will spend your break time. You can do nothing, stretch, have a healthy snack, take a moment for mindful awareness, listen to music, or even take a power nap.
 - Change locations during breaks, to help you make a clean break from working.
 - Consider a standing work station to keep yourself from becoming too sedentary.

Part of personal health planning can involve helping a Veteran be strategic about leisure time, breaks, and vacations. Just as you can create an activity prescription (as outlined in Chapter 5, Working the Body), you can also create a prescription for rest.

Recharge Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Recharge, Rest, Sleep.” <https://www.youtube.com/watch?v=zT-bbZmeW4I&feature=youtu.be>

Whole Health Library

- Module 9 Overview, *Recharge*.
http://projects.hsl.wisc.edu/SERVICE/modules/9/M9_EO_Recharge.pdf
- Module 9 Tool, *Hints for Encouraging Healthy Sleep*.
http://projects.hsl.wisc.edu/SERVICE/modules/9/M9_CT_Hints_for_Healthy_Sleep.pdf
- Module 9 Tool, *Neuroplasticity and Sleep*.
http://projects.hsl.wisc.edu/SERVICE/modules/9/M9_CT_Neuroplasticity_and_Sleep.pdf
- Module 9 Tool, *A Natural Approach to Sleep, Stress, and Insomnia*.
http://projects.hsl.wisc.edu/SERVICE/modules/9/M9_CT_A_Natural_Approach_to_Sleep.pdf
- Module 13 Tool, *Give Me a Break: How Taking Breaks from Work Leads to Whole Health*.
http://projects.hsl.wisc.edu/SERVICE/modules/13/M13_CT_Give_Me_a_Break_How_Taking_Breaks_from_Work_Leads_to_Whole_Health.pdf

Other Websites

- Society of Behavioral Sleep Medicine. <http://www.behavioralsleep.org/About.aspx>
- National Sleep Foundation. <http://www.sleepfoundation.org/>. An excellent resource for a sleep diary can be found at <http://sleepfoundation.org/sleep-diary/SleepDiaryv6.pdf>
- Information about iRest Yoga Nidra. <http://www.irest.us/>

Books

- *Healing Night: The Science and Spirit of Sleeping, Dreaming and Awakening*, Rubin Naiman (2005)
- *Insomnia: The Integrative Mental Health Solution*, James Lake (2015)
- *Say Good Night to Insomnia*, Greg Jacobs (2009)
- *Sleep Smarter*, Shawn Stevenson (2016)

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Chapter 10. Family, Friends, & Coworkers: Relationships

Replace 'I' with 'We' and illness becomes wellness.
—Swami Satchidananda



The Importance of Healthy Relationships

If you put an animal under stress and it is alone, its plasma cortisol, a stress hormone, will increase by 50%. If you stress the same animal when it is surrounded by familiar companions, its cortisol stays level.¹ The same holds true for people. The Alameda County study followed over 7,000 people for 9 years and found that the best predictor of mortality in people over 60 was how much social support they had.² We know that better social support correlates with better surgical outcomes,³ as well as with decreased frequency of colds.⁴ Cancer recurrences, development of dementia, and depression also decrease for those with positive social relationships.⁵ A 2016 review of 35 studies found benefit for connection in diabetes care as well (when done in person or using various communication technologies), including for self-care behavior, physical activity, weight management, and hemoglobin A1c levels.⁶

When all is said and done, connection is life. We are social beings, and we thrive on interaction. As you co-create a Personal Health Plan (PHP) with someone, keep in mind that the “Me” at the center of the Circle of Health is best served when there is a “We” offering support. In this chapter, the focus is on relationships with other individuals. In Chapter 14, we will focus on broader relationships with Community.

It is clear (and not surprising) that loneliness and lack of connection decrease health. A 2014 summary of 23 interviews with Veterans who had attempted suicide reported that one of the main issues contributing to their decision was loneliness and isolation.⁷ Isolation has a significant health impact. A 2015 analysis of 70 different studies found that social isolation is linked to a 29% higher likelihood of dying.⁸ These findings were consistent across gender, world region, and length of follow up. Loneliness and poor social connection lead to inflammation and chronic disease.⁹ There is a reason why solitary confinement is considered a terrible punishment.

In addition to asking a person **What** really matters, it is also important to ask

Who really matters.

Questions to Ask About Relationships

Social support has three dimensions, and all of them are important. Consider asking about all three:¹⁰

1. Who provides you with support?

2. How satisfied are you with the support? A negative relationship may be worse than no relationship at all.
3. What types of support do you receive? Social support can be emotional or instrumental (i.e., involves receiving labor, time, or funding from others). It may also involve receiving mentoring (feedback) or information.

To pursue this further, you can ask the following:¹⁰

1. Who are the 10 people in your life who matter the most to you? Who are you closest to in your family? Who is your best friend? Who is your most trusted colleague?
2. Who provides you with **emotional** support?
3. Who gives you **instrumental** support in the form of time, money, and other types of help?
4. What about your sources of **appraisal** support? Who gives you affirmation, evaluation, and feedback?
5. Finally, where do you get **informational** support? Who offers you advice, guidance, and helpful suggestions?

And here are some other key questions you can consider:

- Do you get the support you need from your loved ones?
- How often do you share your feelings and thoughts with others?
- Is there someone you would like to have come with you to your health care appointments?
- Are you close to your blood relatives (parents, siblings, extended family, children)?
- Who do you consider to be your family of choice? Is it your family of origin? Who else is important to you in your life?
- How deeply are your family members involved in each other's lives?
- Do you have a significant other?
- Do you feel supported by your partner?
- Do you have any children? What ages?
- Which relationships fulfill and/or strengthen you?
- What activities do you and your partner do together?
- Is anyone hurting you? (Never forget to ask about safety at home, as noted in Chapter 6, Surroundings)
- Have you been hit, kicked, punched, choked, or otherwise hurt by an intimate partner?
- If single: Are you satisfied with being single, and do you have the support you need in your life?
- Are you lonely?
- Do you have friends or family members you can talk to about your health?
- Tell me about your closest friend. What do friendships mean to you?
- Has an illness of a loved one ever affected you? Are you taking care of anyone with chronic illness?
- Who or what drains your energy? Can you change this?

- What do your partner and family think are the causes of your health issues?
- Are you sexually active? Are you satisfied with this aspect of your health, and why or why not?

Ten Tips for Enhancing Social Connection and Relationships

The following tips can help as you explore enhancing social connection.

1. Consider social capital, and ways to increase it

The term “social capital” was first introduced by Robert Putnam in *Bowling Alone: The Collapse and Revival of American Community*.¹¹ The act of bowling alone was used as a reference to the disintegration of U.S. after-work bowling leagues. It serves as a metaphor for the decline of social, political, civic, religious, and workplace connections in the United States.

Social capital refers to the value of belonging to one’s social networks. It is all the benefits that arise from reciprocal exchanges with others, be they family, friends, coworkers, or social, political, or religious organizations. These networks have value for health. You contribute in relationships, and just as other people or groups can count on you if they are in need, you can count on them. Your contributions to relationships increase your chances of receiving support in the future. An example of social capital would be the shared connection between two people who are both alumni of the same college; they are more likely to connect and share various resources with each other. There is a strong positive relationship between social capital and health, measured in terms of both self reports and mortality rates.¹² A study of 944 pairs of identical twins found that if they had higher degrees of social capital, they had better mental and physical health.¹³

2. Join a healthy group of some kind

This recommendation can be a helpful part of practically every PHP that is written. Strategize with Veterans about which groups they might like to join, respecting that some people are introverted and need to strike a healthy balance between social time and ‘alone time.’ Encourage Veterans to explore their options, and have a list of options handy. These may include:

- **Volunteer programs.** Volunteering and its benefits are discussed in Chapter 7, Personal Development.
- **Support groups.** Many of these are available in the VA. Some are even offered remotely, via telehealth. Find out what is offered in your area. Many of them center around a specific diagnosis, such as chronic pain, mental health, or substance use disorders (e.g., Alcoholics Anonymous can be quite beneficial). A study of the benefits of support groups for patients with malignant melanoma found that participants in a six-week support group had half the recurrence rate and a third of the mortality rate when compared to the control group at five years follow-up.¹⁴ More studies are needed.
- **Social media.** For Veterans comfortable with technology, sites like Facebook can be useful resources.¹⁵

- **Help with a community garden.** Many VA facilities are now sponsoring these, as well as farmer's markets where Veterans sell what they grow.
- **Join a gym.** This draws on Chapter 5, Working the Body, and offers potential for social connections.

3. Become more active in the local community

This ties in to the other suggestions listed above. Examples include the following:¹⁰

- Attend community events like civic celebrations, stage productions, and fundraisers.
- Attend local sporting events.
- Help with directing or organizing community events.
- Join a religious or spiritual community.
- Participate in the arts.
- Take (or teach) a course of some kind.

4. Make sure you have confidantes in your life, if possible

We know that health is influenced by the number of close confidantes a person has. Number of confidantes is more of a health indicator than how many friends one has or how many people one knows.¹⁶ That is, quality of relationships matters more than quantity. Ask people if they have someone in their lives they can confide in, someone they are comfortable telling secrets or sharing what is going on with them in terms of their health. In one study of older women, lack of a confidant was associated with lower reported physical function and vitality. The negative effect of not having confidantes was as strong as being a heavy smoker or overweight.¹⁷ Unfortunately, the number of confidantes per person has dropped over the years in the U.S.¹⁸ On the positive side, while people may not know their neighbors, and while people are less engaged than they used to be in civic activities, a 2009 report concluded that mobile phones and online social media may be helping people to connect in other ways.¹⁵

5. Connect with a significant other, if possible

Having a close relationship with a significant other is also health promoting. For example, in a study of 10,000 men with heart disease, being able to answer, "Yes, my wife shows me her love" was linked to 50% less angina and 50% fewer ulcers.¹⁹ In 1,400 men and women who had been through heart catheterization, the 5-year mortality rate was over three times higher for those who reported not being happily married or having a confidante.²⁰ A study of women who were anticipating receiving an electric shock looked at their functional MRIs. It was noted that they had fewer anxiety-related MRI findings if they were holding hands with their husbands (versus strangers) *and* they rated their marriages favorably.²¹

Recent research has also indicated that legalization of same-sex marriages has had numerous health-related benefits.²²

6. Connect with animals

Animals can be powerful healers. Animal-assisted therapy has been found to have a number of health benefits.²³ A number of VA's offer equine therapy programs (working with horses), therapy dog visits, or programs that help Veterans find pets. Resources for

learning more about animal-assisted therapy are featured in the Resources section at the end of this chapter.

7. Heal—or avoid—negative relationships

Conflicted or unfulfilled relationships can have a negative health impact, as you might expect.²⁴ Safety of one's emotional environment is covered in Chapter 6, Surroundings.

8. Cultivate communication skills

Everyone can learn simple communication skills that can foster better connections with others and help them to avoid negative interactions. Some examples of approaches you can teach Veterans about or try yourself include the following:⁵

- **Listen well.** Listen in a way where you are totally present, with full mindful awareness of what the other person is saying. Listen with your “entire self”—this means not only using your ears, but listening with your heart (tuning in to emotions) and closely observing body language. Good listeners are not judgmental; they are able to share about themselves without over-disclosing.
- **Inquiry.** Good communicating involves actively reflecting what has been said to you, showing the other person through clarifying questions that you are genuinely interested in them. Inquiry helps the other person to more easily draw their own conclusions; it does not involve the listener trying to impose those conclusions on them.
- **Nonviolent Communication (NVC).**²⁵ Created by Marshall Rosenberg, nonviolent communication teaches a series of steps one can follow in communicating with others. It was designed to steer interactions away from blame and criticism to a place of greater empathy and understanding. NVC assumes people share certain fundamental needs and are compassionate by nature. We can unlearn strategies that involve violence and come together through our common humanity to solve interpersonal differences. The process might include making an observation about an event and sharing the feeling it evokes, rather than making generalizations about the experience. NVC focuses on considering what you and the other person need. Then both people outline concrete steps that might be taken to improve a situation. More information on NVC is available in the Resources section at the end of this chapter.
- **“I Statements.”** These are another commonly-used communication tool.²⁶ Speaking strictly for yourself gives another person space for the opinions, beliefs, and thoughts they have that might be different from yours. Sentences being with “I” rather than “You.” For example, rather than generalizing by saying, “It is bad for you to do that,” a person could say, “I am opposed to doing that.” Instead of saying, “That movie was great,” a person could say, “I liked that movie. What did you think?” These statements do not attribute feelings to the other person, but they make the speaker's feelings and thoughts clear. This supports healthy dialog.
- **Use the 4 Habits Model.** This was created by Kaiser Permanente, to enhance clinician communication. Its four steps, which can inform any conversation where one person is trying to help another are as follows:²⁷

1. **Invest in the beginning.** Introduce yourself and put the other person at ease. Ask open-ended questions about concerns. Plan out the discussion with the other person. What do they want to accomplish with the conversation?
2. **Get the other person's perspective.** Ask them what is going on and what is concerning to them. If you are speaking of illness, explore how it has affected their life.
3. **Show empathy.** Empathy is the ability to mutually experience what is going on with others—thoughts, experiences, and emotions—while maintaining healthy boundaries.²⁸ Be open to the other person's emotions and show it through both verbal and nonverbal communication. We know that empathy is a powerful contributor to health and well-being.
4. **Invest in the end of the conversation.** Provide any information and education that is required. Involve the other person in deciding next steps, and summarize what has been discussed. Verify that the other person has asked all their questions and feels they have what they need to move forward.

9. Work with social workers

Social workers can be powerful allies when it comes to forging helpful relationships, finding support groups and community resources, or navigating the health care system in general.

10. Practice compassion

There are many ways to do this. One important way is through compassion meditation on the next page. We know that this type of meditation leads to progressive and favorable changes in brain function.²⁹

Whole Health Tool: Loving Kindness Meditation^{30,31}

Make sure you are in a comfortable position. Close your eyes or rest them comfortably with a soft gaze on a place a few feet in front of you. Begin with five deep breaths. Focus on using your abdomen to breathe first. As you breathe in, your abdomen should go out. As you breathe out, your abdomen should pull back in.

After you have settled into being aware of your breath, focus on the area around your heart. With each breath, draw love, compassion and acceptance into your heart. It can help to focus on people who ‘warm your heart’ or memories that ‘make your heart sing.’

Next, turn your attention to feeling compassion for yourself and for others. Recognize that compassion is the desire for freedom from suffering. In this state, focus **how you feel in your heart** into the statements below. Notice, as much as possible, without judging, the feelings, thoughts, sensations, or images that arise.

Pause with each statement—at least for the space of one breath—before moving on to the next one.

1. Start by directing the compassion towards yourself.

May I be safe and protected. (Breathe)

May I be balanced and well in body and mind. (Breathe)

May I be full of loving kindness. (Breathe)

May I be truly happy and free. (Breathe)

2. Next, direct this compassion toward someone you love or for whom you feel great gratitude. This can be a family member or friend, a teacher, a pet, a role model.

May you be safe and protected. (Breathe)

May you be balanced and well in body and mind. (Breathe)

May you be full of loving kindness. (Breathe)

May you be truly happy and free. (Breathe)

3. Now visualize someone you relate to in a neutral way, someone you neither like nor dislike. Perhaps this is someone you just passed on the street or a person you see on your way to work. (Use phrases from #2 again, with the breaths.)
4. If possible, turn your attention to someone who is challenging, someone that you might be having a hard time relating to. This need not be the most difficult person in your life—do this in a way that does not cause you distress. (Use phrases from #2 again.)
5. Now, direct this compassion toward all the Veterans/patients who you serve and their loved ones. (Again, use the phrases from #2. Remember to breathe.)
6. Next direct this compassion toward your colleagues who serve Veterans and their families. (Again, use phrases from #2.)
7. Direct this compassion toward all people and all beings everywhere.

May all living beings be safe and protected. (Breathe)

May all living beings be balanced and well in body and mind. (Breathe)
May all living beings be full of loving kindness. (Breathe)
May all living beings be truly happy and free. (Breathe)

8. And, finally, return to offering this compassion for yourself.

May I be safe and protected. (Breathe)
May I be balanced and well in body and mind. (Breathe)
May I be full of loving kindness. (Breathe)
May I be truly happy and free. (Breathe)

Family, Friends & Coworkers Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Family, Friends, and Coworkers.”
<https://www.youtube.com/watch?v=CmqMRCezb0&feature=youtu.be>

Whole Health Library

- Module 10 Overview, *Family, Friends, and Coworkers*.
http://projects.hsl.wisc.edu/SERVICE/modules/10/M10_EO_Family_Friends_and_Coworkers.pdf
- Module 10 Tool, *Compassion Practice*. http://projects.hsl.wisc.edu/SERVICE/modules/10/M10_CT_Compassion_Practice.pdf
- Module 14 Tool, *Animal-Assisted Therapies*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Animal_Assisted_Therapies.pdf

Other Websites

- Center for Nonviolent Communication. <https://www.cnvc.org>
- Information about social workers in the VA,
<http://www.socialwork.va.gov/socialworkers.asp>
- Information about support and peer-led groups in the VA.
https://www.ptsd.va.gov/public/treatment/cope/peer_support_groups.asp
- VA Caregiver Support. <http://www.caregiver.va.gov>. Programs available both in and out of the home to help caregivers support Veterans and themselves
- Compassion: Bridging Practice and Science, Stanford University e-book.
downloadable at <http://www.compassion-training.org/>
- Health Journeys. www.healthjourneys.com. Numerous resources involving guided imagery for various health issues and scenarios

Books

- *Be the Person You Want to Find: Relationship and Self-Discovery*, Cheri Huber (1997)
- *Bowling Alone: The Collapse and Revival of American Community*, Robert Putnam (2001)
- *Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives*, Nicholas Christakis (2009)
- *Emotional Intelligence*, Daniel Goleman (2006)
- *Lifeskills: 8 Simple Ways to Build Stronger Relationships, Communicate More Clearly, and Improve Your Health*, Virginia Williams (1999)
- *Nonviolent Communication: A Language of Life*, Marshall Rosenberg (2015)
- *The Brain That Changes Itself*, Norman Doidge (2007)
- *The Wisdom of Crowds*, James Surowiecki (2005)
- *The Zen of Listening: Mindful Communication in an Age of Distraction*, Rebecca Shafir (2003)

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Chapter 11. Spirit & Soul: Growing & Connecting

The twenty-first century will be all spiritual or it will not be at all.

—André Malraux



The Importance of Spirituality, Meaning, and Purpose

Spirituality, for many people, is at the heart of “what really matters.” It provides the context for health and well-being. It connects us to our deepest values and beliefs. It can be at the core of our resilience, and it can help us make sense of why we suffer, the nature of death and dying, and ultimately, the meaning of life. Drawing in Spirit and Soul can be foundational when it comes to providing individualized, person-centered care.¹

Roger Walsh, MD, author of *Essential Spirituality*, defines “spirituality” as the “...direct experience of the sacred.”² Fred Craigie, PhD, who teaches widely about spirituality in medicine, defines spirituality simply as, “what life is about.” “Religion,” in contrast, has been described as “...a body of beliefs and practices defined by a community or society to which its adherents mutually subscribe.”³ “Religiosity,” a term mainly used in research, is used to describe a person’s being religious.

Each of us experiences the sacred in different ways, and this is even true for people who belong to the same religion. Keeping the definitions of spirituality and religion general allows personal health planning to remain inclusive. That is essential if Whole Health care of “spirit and soul” is to be truly personalized to the needs of any given patient.

Questions to Ask About Spirituality

The goals of the spiritual history include the following:⁴

- Learn (and share as appropriate) about spiritual and religious beliefs.
- Assess spiritual distress and help them draw upon their strengths.
- Provide compassionate care.
- Assist with finding inner resources for healing and acceptance.
- Determine spiritual/religious beliefs that could affect the treatment choices.
- Identify whether or not someone needs a referral to a chaplain or other spiritual care provider.

To guide clinicians with lines of inquiry regarding spirituality, a number of assessment tools have been created. These include an array of mnemonics, including FICA,⁵ HOPE,⁶ FAITH,⁷ and SPIRIT,⁸ which were ranked among the best of 25 different assessment scales assessed in a recent review.

Most of the mnemonics include variations on the following questions:

- Do you have a sense of meaning and purpose? What gives you that sense?
- What does spirituality mean to you?
- Describe your spiritual belief system.
- Were you ever a member of a faith community?
- What gives you strength during difficult times in your life?
- How much do you feel connected to nature, to living things?
- What is it that you love?
- What would your family and your friends say they find most wonderful about you?
- What is your personal gift that you bring to the world?
- What motivates you to fight for your health?
- What are your greatest challenges?
- Are there specific practices or restrictions I should know about in providing care?

I AM SECURE: A Mnemonic for Veterans.

The “I AM SECURE” mnemonic was developed specifically for the Whole Health course, drawing subject matter for its questions from multiple different spiritual assessment tools, including the ones listed above.⁹ See the table below.

Table 11-1. The I AM SECURE Mnemonic⁹

Consider all of the following areas as you assess spiritual health and perspectives with a Veteran. Remember, you need not cover every topic in one visit.

Item	Sample Questions
<u>I</u>mpact of military service	Did your experiences in the military affect your spiritual or religious beliefs? If so, how?
<u>A</u>pproach to this topic in a medical setting	How do you want members of your care team to approach this topic? Do you prefer that they bring it up, or would you rather they did not?
<u>M</u>eaning	What gives you a sense of meaning and purpose? What really matters to you?
<u>S</u>pirituality	What does spirituality mean to you? If spiritual practices are a part of your life, describe what those practices are.
<u>E</u>ase	What gives you ease? What helps you through when times are hard? What gives you hope and peace of mind?
<u>C</u>ommunity	Do you belong to a specific faith community or religious group?
<u>U</u>nderstanding	What do you believe is the cause of your health problems? Why do you think this is happening?
<u>R</u>ituals and Ceremonies	Are there specific activities or ceremonies you would like to have arranged during hospital stays, or any beliefs that will affect how we take care of you? (Examples might include refusing to receive blood transfusions, eating kosher, or wanting to fast for Ramadan.)
<u>E</u>nd of Life	What are your perspectives on death? How do your beliefs affect your decisions about end-of-life issues? (A discussion of code status might also be relevant here.)

If your time is limited and you only have time to ask one specific question about spirituality, consider one of the following:

1. **Are you at peace?** This question has been found in the research to be a useful means for quickly determining if someone is in spiritual distress.¹⁰
2. **What gives you your sense of meaning and purpose?** This is perhaps more widely used, but not as frequently studied.
3. Or, put another way, as it is in the first question in the Personal Health Inventory (PHI), **What really matters to you in your life?**

Key Research about Spirituality and Religiosity

Spirituality and religiosity play an important part in health. A 2000 meta-analysis of all available studies on spirituality/religiosity found a 22% lower mortality rate for those who attended religious gatherings at least once a week versus not at all.¹¹ A 2011 meta-analysis reported an 18% reduction in mortality for people who report being religious and/or spiritual.¹² They noted the benefit of being religious/spiritual was equal in benefit to consuming fruits and vegetables in order to prevent cardiovascular events. In fact, having high levels of religiosity/spirituality had more of an impact on health than having air bags in your car, taking angiotensin receptor blockers for heart failure, taking statin drugs for cholesterol if you do not have heart disease, or being shocked by a defibrillator outside of a hospital. This is not to downplay the importance of those other interventions; rather, it is an acknowledgment that Spirit and Soul represents an important aspect of health and well-being.

Another study that followed nearly 5,300 adults for 28 years concluded that those who attended religious services one or more times weekly had, on average, a 23% lower mortality rate.¹³ This was *after* correcting for age, sex, education, ethnicity, baseline health, body mass index, and *even social connection*, which is often thought to be one of the key elements of religious practices that contributes to health benefits. Similarly, a meta-analysis of nearly 126,000 people found that people who met criteria for being “highly religious” had rates of survival that were 30% higher as compared with those who rated themselves as less religious.¹¹

Coping

Religiosity and spirituality have been found to help people cope with many problems, including:^{8,10}

- bereavement
- cancer
- chronic pain
- dental problems
- diabetes
- general medical illness
- heart disease
- irritable bowel syndrome (IBS)
- lung disease
- lupus
- natural disasters
- neurological disorders
- overall stress
- psychiatric illness
- vision problems
- effects of war

Pain

With respect to pain, prayer has been identified as the most frequently or second most frequently-used strategy; over 60% of chronic pain patients report that they use prayer to help them cope.¹⁴ In most prayer studies, it seems to be a positive resource for reducing pain and improving well-being and mood.¹⁵ Accessing religious and spiritual resources has been linked to decreased severity of arthritis pain, chronic pain, migraines, and acute pain.¹⁵ Often, it seems that it is not that the pain level is decreased so much as that a person's ability to tolerate the pain is improved.¹⁶

Mental Health

Over 80% of studies of religion and spirituality focus on mental health-related topics.⁸ A 2011 meta-analysis of psychotherapy that incorporated religious and spiritual perspectives found “enhanced psychological outcomes.”¹⁷ A 2016 review concluded the same.¹⁸ The National Health and Resilience in Veterans Study reported in 2017 that high levels of religiosity and spirituality markedly decreased life time risk of posttraumatic stress, major depressive disorder, alcohol-related problems, and suicidal ideation.¹⁹

One valuable conclusion of such studies is that “the incorporation of religion and spirituality into psychotherapy should follow the desires and needs of the client.”²⁰ See Table 11-2, later in this chapter, for more information on research regarding religion and spirituality and mental/behavioral health issues.

Health Behaviors

Religion and spirituality also influence health behaviors.¹⁰ Religious people smoke less and exercise more, and in a 2012 review, 13 out of 21 studies found a link between higher levels of religiosity/spirituality and a healthy diet. Of note, religious/spiritual people tend to be at higher risk for obesity, with the exception of people who are Amish, Jewish, or Buddhists. Forty-two of fifty good-quality studies found being religious strongly correlated with safer sexual practices as well.

Prayer May Help

Studying prayer is challenging, because there are different ways to pray, and a person may not be focused on something related to health when they are doing it. One study of a group of coronary care unit patients found that people who were prayed for did NOT have lower mortality rates, but they needed fewer antibiotics, did not require intubation (as did many people in the control group), and were less likely to develop pulmonary edema.²¹ While this and other studies have had promising results, others have not, and further research is needed.

Other Benefits

A 2005 systematic review found that religious activity may improve rates of in vitro fertilization, decrease hospital length of stay, increase immune function, improve rheumatoid arthritis symptoms, and reduce anxiety.²² Prayer and meditation activate the prefrontal part of the brain, and they increase blood flow to the frontal cortex, the cingulate area, and the thalami.^{20,23} Some spiritual practices increase flow to the superior parietal cortices, and this is linked to people having a sense of losing their physical boundaries.

Higher dopamine levels correspond to higher levels of religiosity and spirituality. People whose dopamine levels decrease (e.g., with the progression of Parkinson's disease) actually show a decline in their religiosity and spirituality.²⁴

Nine Tips for Working with Spirit & Soul in Personal Health Planning

The following tips are worth keeping in mind as you consider how to incorporate Spirit and Soul into health plans.

1. Meet people where they are

83% of American adults report they subscribe to a religious tradition.²⁵ 91% of Americans believe in God or a universal spirit,²⁶ 94% regard their spiritual health to be as important to them as their physical health, and each year, at least 25% of patients use prayer for healing.²⁷

In other words, patients are often spiritual and/or religious, and they want that to be reflected in their health care. In one survey, 77% of patients felt that physicians should consider their spiritual needs as a part of medical care. In a survey of 177 outpatients in a pulmonary clinic, two thirds said they would welcome questions about spirituality in a medical history; 16% said that they would not.²⁸ In another study, 28% of people said they would want their physician to pray silently with them.²⁹ The sicker people are, the more they seem to want their physicians to discuss spirituality, and the interest increases if people are nearing the end of their lives.²⁹

The Six Types of Spirituality—An Exercise⁹

As you consider spirituality as an element of self-care, it is especially important to appreciate how much variety there is when it comes to people's beliefs. Some clinicians find it helpful to think about the different forms that spirituality can take for people. Six are listed here, but the list is by no means all-inclusive. Note, too, that these are not mutually exclusive. For instance, a person can be very religious and through this, feel the close connection to people that might be called humanistic spirituality. Read about each type, and as you do, ask yourself which of the following resonates the most for you personally.

1. **Religious spirituality**—closeness and connection to the sacred as described by a specific religion. It fosters a sense of closeness to a particular Higher Power. Note that the other elements of spirituality listed here are common to many different religious traditions.
2. **Humanistic spirituality**—closeness and connection to humankind. It may involve feelings of love, reflection, service, and altruism.
3. **Nature spirituality**—closeness and connection to nature or the environment, such as the wonder one feels when walking in the woods or watching a sunrise. This is an important focus for many traditional healing approaches.
4. **Experiential spirituality**—shaped by personal life events; it is influenced by our individual stories.

5. **Cosmos spirituality**—closeness and connection to the whole of creation. It can arise when one contemplates the magnificence of creation or the vastness of the universe (e.g., while looking skyward on a starry night).
6. **Spirituality of the mysterious**—there is much that we simply cannot know or understand; it is not possible to fully grasp or know all the answers, and it is necessary to allow space for the unknowable.

2. Remember there can sometimes be negative aspects to spirituality and religion

For all the favorable data, keep in mind that not all religious and spiritual practices are without medical consequences. For some, spirituality and religiosity tie in with negative past (or present) experiences. In rare circumstances, because of their beliefs, people may

- Fail to seek care altogether
- Ignore or promote child abuse or religious abuse
- Refuse blood transfusions
- Refuse prenatal care
- Replace much-needed mental health care with religious practices
- Stop potentially life-saving medications

Spiritual struggles and distress can be linked to poorer health outcomes (mental and physical), and therefore, addressing them is of great importance.³⁰ Some people may choose—or be forced—to join a group that is more cult-like in nature and likely to have negative effects on health. Once again, the key is to ask questions about this area and tailor the Personal Health Plan (PHP) based on each individual's unique responses. It goes without saying that a clinician should NEVER attempt to impose his or her beliefs on a patient; proselytizing is not appropriate.^{6,31}

3. Consider “pathologies” of the spirit and soul

Spiritual distress and spiritual crisis occur when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength and connection in life, or when conflict occurs between their beliefs and what is happening in their life. This distress can have a detrimental effect on physical and mental health. Medical illness and impending death can often trigger spiritual distress in patients and family members.⁶

The previous section described research regarding the health effects of spirituality for specific physical and mental health issues. In addition, there are many challenges—some refer to them as pathologies—that are specifically spiritual in nature. Our patients experience issues that may not show up during a physical exam or on a standard health questionnaire, but they are no less important to address.

A review of 11 studies of people's spiritual needs in health-related situations concluded that there are 6 aspects of spiritual care that are most important to people and should be high priorities for clinicians (in this study, social workers):³²

- Meaning, purpose, and hope
- Relationship with God (or other Higher Powers)
- Spiritual practices (and being able to follow them despite health issues)
- Religious obligations (and, as above, being able to follow them despite health issues)
- Interpersonal connection
- Interactions with health care team members.

Table 11-2 lists specific spiritual concerns that may arise for patients and questions they might lead them to ask.^{33,34,35}

Table 11-2. Common Spiritual Concerns^{33,34,35}

Concern	Examples of Patient Questions or Statements
Spiritual alienation	Why do I feel abandoned by my Higher Power? I feel disconnected from myself, from others.
Spiritual anxiety	Will I ever find forgiveness? There is so much that I don't know.
Spiritual guilt	Am I being punished? Did I not do something well enough or correctly in my life? I regret so much.
Spiritual anger	I am angry with God. I hate the Universe. I feel betrayed.
Spiritual loss	I feel empty. Why don't I care anymore? I am not sure what matters anymore. My sorrow is overwhelming.
Spiritual despair	There is no way a Higher Power could ever care about me. I have lost my hope. Things feel meaningless.

Recognizing the presence of these concerns when they arise in a PHI or during a Whole Health conversation will guide what will be included in the PHP.

4. Know when to bring in assistance

At some point during an illness, a person may reach a point where self-reflection and trying to come to terms with their values becomes central to their well-being.³⁶ How much a clinician can do to help someone when they are doing this soul-searching will vary based on their personal beliefs and comfort level. Remember, it is a collaborative process. When true spiritual distress arises, it can be important to involve others with additional expertise. It may be that a person's PHP will enlist someone from the clergy, a spiritual director, a traditional healer, or others with expertise in these matters, depending on the patient's background and preferences.

Chaplains. Chaplains can serve as important members of the team. There is an extensive chaplaincy network within the VA system. Chaplains are professionals—often members of

the clergy—who have received advanced training working with people in health care settings. Board certification, while not completed by all chaplains, especially in more underserved locations, requires completion of 1,600 hours of supervised clinical pastoral education training in an accredited hospital-based program. Chaplain trainees must demonstrate competence in twenty-nine different areas. In VA facilities, chaplain coverage is available every day, 24 hours a day.

Chaplains can offer many services, including the following:³⁷

- Helping to integrate spiritual care with care of body and mind
- Assisting patients with making difficult decisions (primarily by being a sounding board rather than by telling them what to do)
- Contextualizing illness for a patient in terms of his/her personal spiritual practice or religious perspectives; helping someone explore the question, “Why is this happening to me?”
- Assisting with conflict resolution in patient care
- Supporting hospital staff and family members when they are in need

Consider asking for a chaplain’s assistance when:³⁷

- A patient, family member, or care team member displays symptoms of spiritual distress. These include the following:³⁸
 - Expressing a lack of meaning and purpose, peace, love, self-forgiveness, courage, hope, or serenity
 - Feeling strong feelings of anger or guilt
 - Displaying poor coping strategies
 - Struggling with moral injury. For example, profound ethical and moral challenges related to participation in war that can compromise psychosocial and spiritual health in Veterans³⁹
- Someone requires additional assistance with exploring the meaning of what is happening to them.
- A caregiver or family member needs support with coping with the illness or death of a loved one.
- A patient’s care involves circumstances where ethical uncertainties or challenges have arisen.
- A patient (or family member, with the patient’s permission) desires to connect with clergy from their religious group or wishes to have a particular ceremony, rite, or holiday observance performed.
- It might be helpful with a specific diagnosis.

A 2014 study involving a group of primary care centers in England found that, even after controlling for numerous variables, there was a significantly positive relationship between well-being scale scores and having had a consultation with a chaplain.⁴⁰ A 2013 survey of VA chaplains found that chaplains most commonly saw patients in the VA for anxiety, alcohol abuse, depression, guilt, anger, PTSD, and to help them as they struggled with understanding why loss or trauma happened in the first place.³⁹

5. Discuss forgiveness, if appropriate

This is discussed in more detail in Chapter 7, Personal Development. Studies indicate that people who are more inclined to forgive have lower blood pressure, muscle tension, and a healthier heart rate, and lower overall numbers of diagnosed chronic conditions.^{41,42} Of course, how forgiveness fits into a person's perspective will determine whether or not a clinician raises the topic during personal health planning; forgiveness receives different emphasis in different spiritual traditions.

6. Encourage people to start a spiritual practice of their choice

What this looks like will vary from person to person. Some people may choose to join a particular spiritual group or community, be it a church, a scripture study group, or even a 12-step program. Others may wish to find a teacher who will work with them individually, or they may choose a solo practice, such as praying or meditating quietly on their own on a regular basis. It may be helpful for clinicians to briefly describe a variety of spiritual practices that others find helpful. Time in nature can be a lovely spiritual practice in and of itself, as can various creative pursuits. Trust that patients will have insights into what works best if you help them explore their options.

7. Work with Spiritual Anchors

A spiritual anchor is an object, a person, a practice, or some other item that serves as a trigger to remind you of what matters most. It can help to encourage people to work through the Whole Health Tool to incorporate spiritual anchors into their day.

8. Avoid pitfalls along the way

There are some actions it is best not to take when focusing on Spirit and Soul. Take care not to proselytize. It is not helpful to try to impose your perspectives on others. Do not try to resolve unanswerable questions—you do not need to have the answers to help someone else. It also is best not to say any of the following:⁴³

- “It could be worse.”
- “We are all out of options.”
- “It’s God’s will.”
- “I understand how you feel.”
- “We all die.”

9. Know about values

The straightforward act of asking “What really matters?” can often help you learn about another person's values. Sometimes, though, people freeze, or they feel overwhelmed by possible answers. It may help for them to do some exercises to help them explore what they value as reviewed in the Whole Health Tool.

Whole Health Tool: Anchoring Exercise: A Sacred Object

At the completion of the Healer's Art course, medical students are given a small item, perhaps a small plush heart sewn by a volunteer. This is their "anchor," something that they can carry with them to remind them of what matters most to them during challenging times. There are many different ways to anchor yourself, and it can be helpful, as part of a Personal Health Plan (PHP), for a person to choose one. Here are some tips for working with a spiritual anchor:

1. **Choose an object** that reminds you of what gives you meaning and purpose. It should symbolize health and well-being for you in some way. Examples:
 - A photograph of a loved one
 - A stone from a favorite place
 - A special piece of jewelry
 - A copy of a poem or piece of artwork
 - Something written by a loved one or teacher
2. Keep that object with you. Wear it, carry it in your wallet or purse, put it in your pocket, or display it in a place at work where you spend a significant amount of time. The key is to have it situated where you can bring your awareness to it as needed.
3. **Tell others about your object, if appropriate.** A powerful group activity involves each member of a group sharing about their object with others, if they feel comfortable doing so. Sharing should be done in relatively small groups with a respect for confidentiality. While many people find it is helpful to have a physical object as an anchor, there are other types of anchors as well. Examples include:
 - A **breathing exercise** that you can use when things become stressful.
 - A **gesture, hand movement or body position** that can serve as an anchor. In some mindful awareness practices, mudras—special hand positions—are used. Placing one's hand over one's heart can also be a powerful reminder to bring the heart back into a given experience.
 - A **mindful awareness practice** that can be done routinely. For example, during a difficult situation, a person might do a loving-kindness meditation or compassion practice, as discussed in Chapter 10. Another option is for clinicians to pause and ground themselves with a deep breath every time they cross a threshold into a new room.
 - **Going to a specific location** can also be helpful. Every VA Hospital has a chapel or meditation room a person can visit from time to time. Many facilities also have gardens or lawns with benches.
 - **Play a specific song.** In this era of smartphones and laptops that have music files, taking a few minutes to play a favorite piece of music can serve as an excellent anchor.
 - **Pray, take a moment of silence, or simply be still**, when appropriate. How this is done is a matter of personal preference. Some clinicians set the intention of

simply thinking “I wish you well,” or “I wish you your highest good” every time they come into contact with a new patient or colleague.

Whole Health Tool: Values - Figuring Out What Matters Most

When you think about your Whole Health, one of the most important questions to ask yourself is, “What really matters to me?” In other words, what do you value the most?

Each of us has a unique answer to this question. One person might mention loved ones, while another person might mention a dream or goal they have. Some people answer that it is tied to their spiritual beliefs, while others may focus on something they want to do to help other people. The key is to find the best answer for you, and some people need some time to think about this. The exercises below were created to help you learn more about your values.⁴⁴ Choose one, and see what you learn.

Values Exercise 1: The “Sweet Spot”⁴⁵

Think of a time when you had one the richest, most beautiful experiences of your life. As you remember, use all of your senses. What did things look like? What did you hear? What do you recall in terms of smell, taste and touch? Note what thoughts come up, and what feelings. Write down or say out loud what comes up, and talk about it like it is happening right now. “I am noticing...” “I see and hear...” Ask yourself the following questions. It can help to jot down notes about the following:

- Why you chose that memory?
- What made it special?
- What did you do during this moment?
- What was it about you that helped make the moment so good?
- How were you treating other people, yourself, and the world around you at the time?

The answers that you write down can help you know more about your values, about what really matters to you.

Values Exercise 2: Happy 90th Birthday!

Picture yourself at your 90th birthday party. Everyone your life has ever touched is there. They are talking about you. If they shared a few statements that described the life you led, what would you want them to say? There are no limits. What would you want to be remembered for? Write down a few things you would want people to say about you. The things you write down can give you some ideas about what really matters, what you value the most.

Values Exercise: Top 10, Top 3⁴⁶

This exercise takes a bit more time, but it can be very powerful. Below is a list of common values people have. If you don’t know the meaning of a word, just skip to the next one. Start by circling the 10 values that matter most to you in your life. Then, narrow it down to 5, then 3. Why did you choose those? Can you narrow it down to just 1?

Important Personal Values

<ul style="list-style-type: none"> • Accomplishment, getting a lot done • Accuracy, getting things right • Adventure • Beauty • Calmness • Caring about others • Challenge • Change • Charity, giving to others • Commitment • Communication • Community • Competence, doing things with skill • Competition • Connection • Cooperation • Creativity • Decisive, good at making decisions • Determination, not giving up • Discipline • Discovery, learning new things • Diversity, having a lot of variety • Environment • Equality • Excellence, doing things very well 	<ul style="list-style-type: none"> • Fairness • Fairness and democracy • Faith • Family • Flair • Freedom, liberty • Friends • Fun • Generosity, sharing with others • Gentleness • Goodness • Goodwill • Gratitude, being thankful • Happiness • Hard work • Harmony • Health • Honor • Humor and laughter • Improvement • Improving, getting better • Independence • Individuality, being myself • Inner peace • Integrity • Intelligence, knowing a lot • Intensity, life is never boring 	<ul style="list-style-type: none"> • Joy • Justice • Kindness • Knowledge • Leadership • Love and romance • Loving life • Loyalty • Meaning • Merit • Money • Neatness, cleanliness • Obeying the law • Openness • Order • Organized • Patriotism, serving my country • Peace • Perfection • Perseverance, not giving up • Personal growth • Pleasing others • Pleasure • Power • Practicality, being realistic • Privacy • Progress • Prosperity, having a comfortable life • Punctuality, being on time 	<ul style="list-style-type: none"> • Quality of life • Reliability, people can trust me • Religion • Resourcefulness, having good ideas • Respect • Routine, having things be the same from day to day • Safety • Security • Seeing the big picture • Sensitivity, being aware of how others are doing • Service • Simplicity, life makes sense • Skill • Solving problems • Spirituality • Stability; life doesn't change much • Status • Strength • Success • Teamwork • Tolerance, accepting others • Unity or oneness • Working well with others
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Spirit & Soul Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Spirit and Soul.”
<https://www.youtube.com/watch?v=pN1tespCmD4&feature=youtu.be>

Whole Health Library

- Module 11 Overview, *Spirit and Soul*.
http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_EO_Spirit_and_Soul.pdf
- Module 11 Tool, *Spiritual Assessment Tools*.
http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_Spiritual_Assessment_Tools.pdf
- Module 11 Tool, *Assessing Your Beliefs about Whole Health*.
http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_Assessing_Your_Beliefs_about_Whole_Health.pdf
- Module 11 Tool, *How Do You Know That? Epistemology and Health*.
http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_How_Do_You_Know_That_Epistemology_and_Health.pdf
- Module 11 Tool, *Spiritual Anchors*.
http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_Spiritual_Anchors.pdf
- Module 11 Tool, *Collaborating with Chaplains: Frequently Asked Questions*.
http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_Collaborating_with_Chaplains.pdf
- Module 11 Tool, *The Healing Benefits of Humor and Laughter*.
http://projects.hsl.wisc.edu/SERVICE/modules/11/M11_Healing_Value_of%20Humor_and_Laughter.pdf
- Module 7 Tool, *Creating a Gratitude Practice*.
http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_CT_Creating_a_Gratitude_Practice.pdf
- Module 7 Tool, *Forgiveness: The Gift We Give Ourselves*.
http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_CT_Forgiveness.pdf
- Module 7 Tool, *Values*.
http://projects.hsl.wisc.edu/SERVICE/modules/7/M7_CT_Values.pdf

Other Websites

- Duke Center for Spirituality and Health. <http://www.spiritualityandhealth.duke.edu>
- Spirituality and Health Magazine. www.spiritualityhealth.com
- Spirituality and Practice. <http://www.spiritualityandpractice.com>. Provides information on books, films, and other media that tie into spirituality
- University of Minnesota Center for Spirituality and Healing. www.csh.umn.edu
- VHA National Chaplain Center. <http://www.va.gov/chaplain/>. Location based list at http://www.va.gov/CHAPLAIN/docs/NatChapDir_Location_3_27_14.pdf

- Spiritual Competency Resource Center. <http://www.spiritualcompetency.com/>. The organization also offers course and materials specific to the topic of forgiveness.
 - <http://spiritualcompetency.com/coursetopics.aspx?tid=22>
 - <http://www.spiritualcompetency.com/pdf/58.pdf>
- Another article on religions and forgiveness. http://www.psy.miami.edu/faculty/mmccullough/Papers/religion_forgiving_personality.pdf

Books

- *A Path With Heart: A Guide Through the Perils and Promises of Spiritual Life*, Jack Kornfield (1993)
- *A Year to Live: How to Live This Year as if it Were Your Last*, Stephen Levine (1998)
- *Being Mortal: Medicine and What Matters in the End*, Atul Gawande (2014)
- *Care of the Soul: A Guide for Cultivating Depth and Sacredness in Everyday Life*, Thomas Moore (1994)
- *Dying Well: Peace and Possibilities at the End of Life*, Ira Byock (1998)
- *Essential Spirituality: 7 Essential Practices to Awaken Heart and Mind*, Roger Walsh (2000)
- *Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying*, Maggie Callanan (2012)
- *Healing Words: The Power of Prayer and the Practice of Medicine*, Larry Dossey (1997)
- *Messy Spirituality*, Mike Yaconelli (2007)
- *My Grandfathers Blessings: Stories of Strength, Refuge, and Belonging*, Rachel Remen (2001)
- *Nurturing Spirituality in Children*, Peggy Jenkins (2008)
- *Spirituality in Patient Care*, Harold Koenig (2013)
- *The Biology of Belief*, Bruce Lipton (2007)

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Chapter 12. Power of the Mind: Relaxing & Healing



Peace.

It does not mean to be in a place where there is no noise, trouble, or hard work.

It means to be in the midst of those things and still be calm in your heart.

—Unknown

Importance of the Power of the Mind

Some people have problems that are labeled as “incurable.” Some injuries—physical, emotional, mental—cannot be undone or reversed. We cannot regrow a lost limb, or make it so that a traumatic brain injury never happened. We cannot make it so that bad past experiences never occurred. Most of the time, we cannot truly get rid of chronic diseases, either. However – and this is crucial – even if people are so sick as to be terminally ill, it is still possible for them to heal. They can be resilient, and they can move toward wholeness even with their diseases and disabilities. They can learn to cope with pain and move toward greater peace and joy, despite all that might be “wrong” or “broken.” The Power of the Mind helps to make that possible.¹

Historical Perspectives

The healing traditions of China and India have viewed the mind and body as an integral whole for millennia, but only in recent decades has the mind-body relationship been the focus of Western medical research. The Cartesian concept of mind-body dualism treated the physical body as separate from mind and emotions. Only now are the two being reconnected in Western medicine, as research teaches us more about the complex interrelationship of the mental and the physical. Rather than trying to focus on the “physical” or the “mental,” we are learning that perhaps it is best to focus attention on the whole person. After all, Whole Health is the goal.

Understanding of the Power of the Mind has slowly advanced in the West in the past few centuries.

- In the late 1800’s people began to appreciate that one’s mental life can have a significant impact on physical health, with the help of Freud, Jung, and others. **Psychology** was born.
- In the 1940’s, Henry Beecher found that saline injections reduced pain for wounded soldiers, and he coined the term “**placebo effect**.” We are only just beginning to understand how placebos can reduce pain, improve sleep, improve depression, and help with diagnoses like irritable bowel syndrome (IBS), asthma, heart problems, and headaches.¹ Even giving someone a placebo and telling them it is a placebo in advance still works in many studies.² For example, a 2016 study of 97 people with chronic low back pain found that they had an average of 1.5 points of improvement in their pain rating on a 10 point pain rating scale (versus 0.2 in controls) after being given an open-label placebo for 3 weeks; that is, knowing they were getting a

‘sugar pill’ did not stop the power of their minds from allowing for healing to occur.³ Disability ratings also markedly improved. The bottom line is that we know that perceptions and beliefs have a powerful effect on health.

- In the 1970s, Herbert Benson began to study what he described as the “**relaxation response**,” the body’s natural state of relaxation.⁴ As it happens, eliciting the relaxation response is what most mind-body approaches have in common.
- **Psychoneuroimmunology** looks at the relationship between our nervous system, our immune system, and our endocrine systems. We are discovering new ways thoughts and emotions have biochemical effects.⁵ When we think or feel emotion, our body chemistry changes.
- **Neuroplasticity** research has taught us that the nervous system can change in response to the environment, our behaviors, and the natural world.⁶ Once considered to be static, our brains are now understood to be undergoing constant changes. For example, parts of the brain can shrink in response to chronic pain (gray matter is lost),⁷ and they can also regrow with the use of mind-body techniques like meditation⁸ and cognitive behavioral therapy.⁹
- **Epigenetics** has taught us that our genetic expression changes in response to our environment. Study participants who use mind-body practices experience genetic and molecular changes that are not experienced by people in control groups.¹⁰

Questions Related to Power of the Mind

Ask any mental health professional—there are many questions that can help you understand what is happening in terms of a person’s mind. Here are some key examples, most of which are focused on stressors.

- What are the sources of stress in your life?
- Is money ever a source of stress?
- Is your physical health a source of stress?
- Is your mental health a source of stress?
- Do you have any habits or behaviors that cause you stress (e.g., smoking, alcohol, eating, gambling)?
- Is the health of one or more of the people you are close to a source of stress?
- Are there particular people who cause you stress?
- How well do you manage stress in your life?
- What are your coping strategies?
- How do you relax?
- Do you take time to recharge? How do you recharge?
- Do you meditate or have another sort of mindful awareness practice? How often do you use it?
- If your tears could speak, what would they say?
- What words would help me to know what you are feeling right now?
- If you could change one non-physical thing about your life, what would it be?
- How much do you feel you can control your life experience?
- What mind-body practices have you tried in the past?

As with all the areas of self-care, use these questions as a starting-off point as you consider which lines of inquiry are most helpful for you in your practice.

Ten Key Mind-Body Approaches

With greater understanding of the Power of the Mind has come the development of techniques that use the mind-body connection to enhance health and well-being. This chapter introduces a number of these approaches, describing what they are and what we know so far from the research about their safety and efficacy. For the purposes of personal health planning, there are some key mind-body approaches that it helps to know about. These include:

1. Psychotherapies. This chapter highlights several that are popular in the VA.
2. Arts Therapies. These include music therapy, visual arts therapy, and dance therapy, among others.
3. Autogenic Training
4. Biofeedback
5. Breathing Exercises
6. Clinical Hypnosis
7. Imagery
8. Journaling (and other forms of therapeutic disclosure)
9. Meditation
10. Progressive Muscle Relaxation and Progressive Relaxation

All of these techniques share some common characteristics. Many of them can be introduced as part of a routine office visit or hospital stay. Many of them make use of the power of the relaxation response; if a person can move out of sympathetic activation (fight or flight mode), their physiology and emotional state change. Heart rate and blood pressure decrease, brain waves change, and stress hormone levels go down.¹¹ A simple way to put it is that all of these approaches reduce stress, which matters a great deal, since stress can contribute to any number of health issues.

In general, all of these techniques can be beneficial in that they give patients more control over improving their health and they tend to be cost-effective. They can be more effective for managing chronic conditions, they are effective approaches for mental health challenges, and they can foster resilience and enhance wellness.¹² In general, mind-body approaches can be helpful for everything from heart disease, headaches, low back pain, and cancer-related symptoms, to postoperative outcomes, hypertension, arthritis, insomnia, incontinence, substance use disorders, and posttraumatic stress.^{13,14} More specifically, eliciting the relaxation response (through whatever means is helpful) can be effective for those disorders too. Doing so also decreases anxiety, depression, anger and hostility, premenstrual problems, rheumatoid arthritis, and temporomandibular joint pain, to name just a few conditions.¹⁵

1. Psychotherapies: Important Examples¹

Psychotherapy is a general term for the treatment of mental health issues that involves some sort of conversation/exploration with a mental health professional. A person may be asked to do “homework” to explore what is discussed in greater depth. It is important to be familiar with the different types available, so that you can suggest whichever type of therapy will be most useful for a given individual’s situation. Listed below are some of the most commonly used psychotherapies available to Veterans through the VA. Find out which ones are available locally in your area.

Cognitive Behavioral Therapy (CBT)

CBT is built on the principle that our feelings and behaviors are influenced by our thinking patterns, not just by external people and events. It focuses on analyzing one’s thinking to identify thought patterns that cause harm and then modify them. Changing our thinking patterns can foster greater happiness and well-being.

CBT uses a number of techniques. People might keep records of negative thoughts, feelings, and behaviors so that they can identify them and replace them. If they notice automatic thoughts about themselves, others, or life experiences, it is possible to begin to shift their responses. Negative thoughts are replaced with more adaptive thoughts. This is called cognitive restructuring, and it can be helpful with many psychological disorders. Once unhelpful thinking patterns, or cognitive distortions, are brought into a person’s awareness, a person can replace them with healthier patterns.

CBT is comparable with medications when it comes to depression treatment,¹⁶ and it has been found to be helpful with preventing depression relapse.¹⁷ It is also beneficial to people with Posttraumatic Stress Disorder (PTSD), social anxiety, obsessive-compulsive disorder, panic disorder, generalized anxiety, and overall anxiety about their health.¹

CBT practitioners watch for a variety of different cognitive distortions. Examples include the following:¹⁸

- all or nothing thinking
- overgeneralization
- filtering
- disqualifying positive experiences
- jumping to conclusions
- magnification and minimization
- emotional reasoning
- “should” statements
- labeling
- personalization
- blame

Acceptance and Commitment Therapy (ACT)¹⁹

ACT focuses on the function of a person’s thoughts, as opposed to trying to change their accuracy. Using mindful awareness and other techniques, people work to neutralize, or defuse, negative thoughts. The idea is to see the “...bad thought as a thought, no more, no less...”²⁰ ACT is popular in the VA for work with patients in pain. A 2015 review concluded that “...ACT is more effective than treatment as usual or placebo and...may be as effective in

treating anxiety disorders, depression, addiction, and somatic health problems as established psychological interventions.”²¹ More research is needed,²² but ACT has also shown promise for seizure control, increasing psychological flexibility, and disease self-management, to name just a few areas of ACT research.²³ It is also showing promise for substance use disorders.²⁴

Eye movement desensitization and reprocessing (EMDR)

Developed in the 1980s specifically to help people with traumatic memories and PTSD, EMDR involves a series of therapy sessions. During those sessions, a person receives bilateral stimulation, typically in the form of eye movements, tapping, and/or sound. Many practitioners follow a protocol that includes having people recall distressing images while receiving sensory inputs such as moving the eyes from side to side. The goal is to process negative memories and cope more effectively.

Research indicates that the eye movements in EMDR do indeed have a beneficial effect.²⁵ It is not clear why moving the eyes in specific ways while working with distressing memories can be helpful. Research indicates that EMDR is beneficial for PTSD, and the level of benefit is similar to that for other types of psychotherapy. EMDR seems to be more effective than medication alone.²⁶

Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Techniques

CPT²⁷ and PE²⁸ have been found to produce clinically significant improvement in PTSD symptoms in multiple randomized controlled trials.^{29,30} CPT focuses on changing maladaptive thoughts, while the main mechanism of PE is exposure exercises. Both CPT and PE are offered by the VHA, with CPT being the more widespread. The VA is actively studying the two for treatment of PTSD. Both have shown promise in research to date.^{31,32}

CPT typically involves 12 sessions. The focus is modifying unhelpful thought patterns that developed after a person experienced one or more traumas. These may include thoughts about safety, trust, control, self-esteem, other people, and relationships. Developing a more balanced and healthy understanding of the traumatic experience, oneself, and the external world helps to promote recovery. CPT is frequently used with people with PTSD.

PE typically involves 8-15 sessions. Patients talk through a traumatic memory and do exercises where they repeatedly imagine being exposed to the traumatic experience in a safe environment. The exercises call up the fear associated with the trauma and they learn to change, or correct, what they experience. With time, the repeated exposures lead to the habituation and/or extinction of conditioned fear responses. The traumatic memories lose their power.

Positive Psychology³³

Established in 1998 by Seligman and colleagues, positive psychology focuses on a person's skills and positive attributes, emphasizing how they can promote mental, physical, and emotional well-being. The focus is on strengths and positive qualities, rather than on what is wrong. Positive psychology interventions have been found to lead to lasting increases in happiness and decreased depressive symptoms in numerous studies.³³

Remember, when you are working with someone else, it is important to celebrate successes and focus on the positive in addition to looking at what might be “wrong” with them.

Interpersonal Therapy (IPT)

Developed in the 1970s, IPT is based on the idea that many psychological symptoms arise through interpersonal distress. Treatment usually is offered for 12-16 weeks and focuses on exploring relationships and how they influence—and are influenced by—one’s behavior and mood. IPT’s efficacy has been shown in randomized controlled trials.^{34,35}

Psychodynamic Therapy (PT)

PT is defined differently in various studies. Also known as insight-oriented therapy, it focuses on gaining insight into unconscious processes and how they manifest in the way a person behaves.³⁶ PT has been used widely in clinical practice for the treatment of depressive disorders, and it seems to be effective.³⁷ Recent meta-analyses suggest that both short-term and long-term psychodynamic psychotherapy are effective for depressed patients.

Marital therapy (MT)

Marital therapy, or couples therapy, involves working with both an individual and his/her significant other. If relationship problems are present, this can be a powerful approach. Several reviews have found that marital therapy is effective for treating depressive symptoms and reducing risk of relapse.³⁸ Involving a Veteran’s entire family in care can be helpful.

Problem-Solving Therapy (PST)

PST is a brief intervention, done in four to eight sessions. A therapist reviews the problems a person is experiencing in his or her life and then focuses on solving one or more of those problems to teach the patient more effective problem-solving techniques. PST has shown modest improvement in study participants with mild depressive symptoms; most studies have been done in geriatric populations.³⁹

2. Autogenic Training (AT)

AT was developed in 1932. Autogenic means “generated from within,” and many consider AT a form of self-hypnosis. It involves a series of simple exercises people can do on their own to increase relaxation without having to rely on a trained hypnotherapist.

AT practice involves repeatedly thinking of several specific phrases, with the goal of producing feelings of warmth, heaviness, and calm throughout the body. The goal is to activate the parasympathetic nervous system (that is, to elicit the relaxation response). At the core of AT is a set of standard exercises which focus on six physical manifestations of relaxation in the body:¹

1. Heaviness in the musculoskeletal system
2. Warmth in the circulatory system
3. Awareness of the heartbeat
4. Slowing down the breath

5. Relaxing the abdomen
6. Cooling the forehead

These exercises build on each other weekly. First, a person learns to relax the arms and legs. Next, they learn to regulate heart rate and breathing. Finally, relaxing the stomach, cooling the forehead, and feeling overall peace in the mind and body are added. Not everyone who does AT will experience all those sensations. In research studies, participants report overall effects of relaxation, such as reduced heart rate, lessening of muscular tension, and slower breathing, as well as reduced gastrointestinal activity, better concentration, less irritability, improved sleep, and other positive experiences.⁴⁰

A Brief Autogenic Therapy Experience¹

Try feeling each of the six Autogenic Training manifestations as you read through this exercise. If you have difficulty, start by just focusing on one specific part of the body, like your hands.

1. **Musculoskeletal system.** Allow yourself to feel heaviness in the muscles and bones. Can you tune in to specific bones or muscles?
2. **Warmth.** Focus on blood flow. It might help to focus on your hands or feet at first. Can you make them warmer?
3. **Pulse.** Can you tune in to your pulse? Where do you feel it?
4. **Breathing.** Note your respiratory rate. Take a few slow deep breaths to slow it down, as you feel comfortable.
5. **Abdomen.** Imagine your abdomen softening, like melting snow. Feel the breath in the abdomen.
6. **Forehead.** Allow your forehead to cool down. You might imagine an ice cube melting on it, or a gentle breeze blowing across it.

A meta-analysis of 60 studies found significant positive effects of AT treatment for a number of diagnoses, including:⁴¹

- anxiety
- bronchial asthma
- coronary heart disease
- functional sleep disorders
- migraine
- mild to moderate depression
- mild-to-moderate essential hypertension
- Raynaud's disease
- somatoform pain disorder (unspecified type)
- tension headache

For more information on AT, see the Resource section at the end of this chapter.

3. Biofeedback

Biofeedback involves the use of various devices to measure physiological activity, with the intent of improving health or performance. Seeing how these measurements change in response to different emotions, thoughts, or behaviors empowers a person to mentally control physical functions they may not have previously been aware they could control. Any number of devices can be used, from respiratory rate monitors and brain wave monitors (EEGs) to devices that measure skin conductance or heart rate variability. Consider biofeedback for people who tend to be more technology-minded or like to see concrete data related to how their mental efforts affect them physically.

Clinical biofeedback emerged as a discipline in the late 1950's, and since that time, it has expanded dramatically, and there have been many positive research findings.

Neurofeedback was found to benefit people with uncontrolled seizures.⁴² Biofeedback clearly helps with headaches and has been given a "Grade A" evidence rating by various national organizations.⁴³ A rating system for efficacy for biofeedback is used by national and international groups. Some of their ratings are as follows:⁴⁴

Biofeedback Research: A Summary

Level 5: Efficacious and Specific:

- urinary incontinence in females

Level 4: Efficacious

- anxiety
- attention deficit disorder
- headache in adults
- hypertension
- temporomandibular disorders
- urinary incontinence in males

Level 3: Probably Efficacious

- alcoholism/substance abuse
- arthritis
- chronic pain
- epilepsy
- fecal elimination disorders
- insomnia
- pediatric migraines
- traumatic brain injury
- vulvar vestibulitis

Level 2: Possibly Efficacious

- asthma
- cancer and HIV, effect on immune function
- cerebral palsy
- chronic obstructive pulmonary disease
- depressive disorders
- diabetes mellitus
- fibromyalgia
- irritable bowel
- mechanical ventilation
- motion sickness
- myocardial infarction
- PTSD
- Raynaud's disease
- repetitive strain injury
- stroke

- foot ulcers
- hand dystonia
- tinnitus
- urinary incontinence in children

Level 1: Not Empirically Supported

- autism
- eating disorders
- multiple sclerosis
- spinal cord injury

Biofeedback can enhance the effectiveness of other treatments by helping individuals become more aware of their own role in influencing health and disease; it can be quite empowering to patients.

4. Breathing Exercises

Breathing is essential to our survival, but most of the time we are not even aware we are doing it. Focusing on breath is an excellent way to bring our awareness into our bodies and into the present moment, and different breathing techniques can help us move out of a hyperaroused, fight-or-flight state into a more relaxed parasympathetic state. Breathwork is often combined with other mind-body approaches.

The qualities of relaxed breathing make up the acronym DASS: **Deep, Abdominal, Slow, and Smooth.**⁴⁵ Abdominal (diaphragmatic) breathing involves expanding the abdomen (instead of the chest) first when a breath is taken. Placing a hand over the abdomen and feeling motion can indicate it is being done correctly. Breathing is rapid and shallow during stressful situations, anxiety, and panic attacks, but within just a few minutes a person can learn how to deepen and slow breathing. Start with taking up to 10 slow, deep breaths. Deep breathing typically involves breathing in through the nose and out through the mouth. Start by both inhaling and exhaling for a count of 10.

There are many variations on rhythmic breathing.⁴⁵ You can simply count to the same number (e.g., 10) on the inhale and the exhale, or you can count in for 4 and out for 6 (the 4-6 breath). The 4-7-8 breath has been used in Eastern practices for centuries. You breathe in for a count of 4, hold for a count of 7, and exhale for a count of 8. If you do it for more than a few breathing cycles when you are first learning, it may make you a bit light-headed. In general, however, breathing exercises are quite safe, and nearly everyone can learn to do them.

Slowing breathing rate can lower blood pressure.⁴⁶ A review of research on several specific breathing techniques found a trend toward improvement in asthma symptoms, noting more study is needed.⁴⁷ A review of trials involving hyperventilation also found a trend toward improvement.⁴⁸ Breathing exercises can also significantly improve pulmonary function and quality of life for lung cancer patients.⁴⁹

For more breathing exercises and information, see the Resources section at the end of this chapter.

5. Clinical Hypnosis

Hypnosis has been used for thousands of years, but Western scientists first became familiar with it in the 1770s. It is derived from the Greek word *hypnos*, “to sleep.” Most clinical hypnotherapists use approaches developed by Milton Erickson in the early 20th century. Erickson viewed hypnosis as a way to calm and quiet the conscious mind so that the subconscious could be accessed.

The goal of hypnosis is to access a trance state, where a person has sharp focus and concentration. People are guided into this state through induction procedures which foster relaxation and an altered state of consciousness.^{1,50} Attention focuses and distractions diminish. It is a similar state to being lost in thought, daydreaming, or being caught up in a good book.

Hypnosis uses two strategies while a person is in the trance-like state, in order to change sensations, perceptions, thoughts, feelings, and behaviors. First, mental imagery and symbolism are used. For example, a person may be asked to imagine what his/her pain looks like. If they describe it as a sharp red object, they might be encouraged to shift the imagery, so that colors represent a healthier state (e.g., soft and cool blue). A person may also envision certain desired behaviors or visualize a procedure or surgery going smoothly in advance.

The second of the two hypnotic strategies is the use of suggestions. Ideas and suggestions are brought up to support the goals of the session. They are most likely to be effective when a person is relaxed, open to suggestions, able to experience sensations related to the suggestions, and able to envision the suggestions leading to results.

The American Society of Clinical Hypnosis compiles hypnotherapy research. In general, evidence is especially supportive for the following:^{1,51,52}

- Acute and chronic pain (back pain, cancer pain, dental anesthesia, headaches, and arthritis)
- Allergies, asthma
- Anxiety and stress management
- Burns
- Childbirth
- Concentration difficulties, test anxiety, and learning disorders
- Depression
- Dermatologic disorders (eczema, herpes, neurodermatitis, itching, psoriasis, warts)
- Gastrointestinal disorders (ulcers, IBS, colitis, Crohn’s disease)
- Hemophilia
- High blood pressure Nausea and vomiting associated with chemotherapy and pregnancy
- Obesity and weight control
- Raynaud’s disease
- Smoking cessation
- Surgery/Anesthesiology
- Trauma
- Palliative care in severe chronic disease
- Sexual dysfunction
- Sleep disorders

6. Creative Arts Therapies

Creative arts therapies (CATs), also known as expressive therapies, come in many forms.

- **Art therapy** is the therapeutic use of art making, with the support of a professional, by people dealing with illness, trauma, or other challenges. It can also be used by healthy people who seek personal development. Through creating art and reflecting on the experience, as well as on what they create, people can increase mindful awareness of themselves and others and learnt to cope better.
- **Music therapy** makes use of music to improve psychological, physical, cognitive, or social functioning.
- **Drama therapy** provides people the opportunity to tell their stories, set goals, solve problems, express feelings, and release pent-up emotions. Inner experience can be explored in greater depth, and social skills can be enhanced.
- **Dance therapy/movement therapy** is the psychotherapeutic use of movement to promote emotional, cognitive, social, and physical integration.

CATs during cancer treatment improve anxiety, depression, and overall quality of life.⁵³ Pain is significantly reduced as well, although fatigue is not, according to some studies. Dance therapy improved gait and speed for Parkinson's patients and healthy elderly people.⁵⁴ It may also help people with schizophrenia to function better.⁵⁵ Music therapy led to a mild reduction in post-operative pain⁵⁶ and depression,⁵⁷ and it improved performance during physical activity.⁵⁸

7. Imagery

Imagery is closely related to hypnosis. Also known as visualization, or more formally as guided imagery, this mind-body practice has been used throughout history. A typical session might start with a person being guided through relaxation exercises. After that, the clinician and the patient begin developing visual images. Initially, a positive image might be created to help the patient relax more. Sometimes the patient comes up with the image, and sometimes the practitioner does. Often, they collaborate.

When imagery is generated based on a health concern, a person is encouraged to be very descriptive and to use all their senses. They are also encouraged to note emotions. Some people gravitate more to certain senses. Imagery can be used to bring about general stress reduction, to focus on a specific outcome, and to gain insight, particularly by interactively exploring imagery. A person might intentionally shift the imagery, and in so doing, shift what the imagery represents.

Among other things, imagery can help with the following:^{1,59}

- activating the immune system
- anxiety
- childbirth
- depression
- managing chronic illness
- nightmares
- pain, including from arthritis and other rheumatic diseases

- fatigue
- improving athletic performance
- preparation for surgery or procedures
- stress management

It is possible for nearly anyone to use this technique. Some people prefer to work with a trained professional if they are using imagery to guide them regarding a physical or mental health issue. Professionals can teach patients to do ongoing work on their own. CDs and online downloads with imagery exercises are widely available. See the Resources section at the end of this chapter for more information.

Guided imagery is not advised (or should be used with extreme care) for individuals who have psychosis, hallucinations, delusions, delirium, dementia, religious beliefs that might be in conflict with the use of imagery, or a history of unprocessed trauma that might come up during the session.

8. Journaling and Therapeutic Disclosure

Writing about stressful, upsetting and traumatic experiences has been found to improve physical and mental health. Even just writing about emotionally difficult events or feelings for just 20 minutes at a time over 4 consecutive days has been found to be associated with relaxation and improvements with various health problems. The key is to “vent” emotionally when you write; therapeutic journaling is not merely about listing facts.

In general, journaling has comparable effects with other psychological interventions, but it can easily be done outside of a clinical environment. It may be useful for people in need of mental health support who live in remote areas, or who are unwilling/unable to do other forms of psychotherapy.

Expressive writing has shown to benefit for the following health concerns:^{1,60,61,62}

- Depression
- Immune response in HIV infection
- IBS
- Lung functioning in asthma
- Numbers of hospitalizations for people with cystic fibrosis
- Overall immune system functioning
- Pain intensity with chronic pelvic pain
- Pain level and overall physical health in cancer patients
- Post-operative complications
- PTSD
- Rheumatoid arthritis severity
- Time to fall asleep in poor sleepers
- Wound healing rates

For more information, see the Resource section at the end of this chapter.

9. Meditation

Throughout human history, different forms of meditation have been developed in many cultures worldwide. Meditation's broad scope makes defining and studying it challenging, because there are so many different types, with different styles, techniques, and goals. As noted in Chapter 2, some forms of meditation focus on mindful awareness, but others focus in different directions.

The word meditation derives from the Latin word “meditari” which means to engage in contemplation or reflection. In modern health care, it typically refers to a practice in which the mind is trained to maintain focused attention for various reasons, including to cultivate positive states of mind or to increase concentration and focus. There are meditations to foster awareness, and there are also meditations to enhance compassion and loving kindness (as discussed in Chapter 10).

Herbert Benson, who introduced the concept of the relaxation response, focused on the mental and physical effects of different forms of meditation, noting that they had certain features in common.⁶³ They enlist a quiet environment, and many forms encourage people to settle down their bodies, decreasing muscle tone. People are encouraged to simply watch—but not get caught up in—distracting thoughts, and often they are encouraged to focus their attention on one specific thing, like a word (a mantram) or the breath.

Mindfulness-Based Stress Reduction (MBSR). MBSR is one of the most common meditation-based training approaches used in US health care settings. It is widely taught in the VA. MBSR is an 8-week course that introduces learners to a number of different methods for cultivating mindful awareness, including seated meditation, movement approaches like yoga, compassion meditation, eating meditation, and others. The most common application of mindfulness used in health care settings today is the popular eight-week mindfulness-based stress reduction program (MBSR). Mindfulness-based cognitive therapy (MBCT) is an adaptation of the MBSR program for use in the treatment of depression, for which it has been used with good success.^{64,65} MBCT was also found to help Veterans with PTSD.⁶⁶

The number of studies of meditation has been exploding in recent years. The VA's Health Services Research and Development Service's Evidence-Based Synthesis Program created an evidence map for mindfulness to offer a quick overview of the state of the research up through early 2014.⁶⁷ (See Chapter 4, Mindful Awareness.) In general, it is clear that meditation has great potential to be beneficial for many health concerns. That said, keep in mind that meditation is not, in itself, intended to be a therapy for a specific health issue or issues. Rather, it is an overall approach to living and being in the world, and it can potentially be useful for everyone. The VA has done pioneering research focusing on mantram meditation, which has shown promise for a number of conditions.⁶⁷

One extensive meta-analysis focused on meditation noted the following:⁶⁸

- Many of the benefits seen in the research to date are related to psychological health and functioning. Meditation reduces stress and improves capacity to cope with any number of chronic disorders. Anxiety and depression benefit, for example.
- Physical aspects of illnesses that are strongly influenced by emotions are also significantly affected. Sleep and chronic pain both benefit,⁶⁹ as do blood pressure, fatigue, and quality of life after stroke.⁷⁰

Meditation tends to be safe and potentially efficacious for people with many different health concerns. It should be used carefully in people with significant trauma histories, psychosis, or hallucinations. People often wonder how long they should meditate if they decide to try a new technique. A good starting place is just a few minutes at a time. Many people aim for 20 minutes a day, over time. In the MBSR course, 45 minutes a day is encouraged, 6 days a week. If you decide to include meditation to a PHP, be sure to discuss the different types that are available, so that people can consider which ones are most in keeping with their personalities, time constraints, or interests. More detailed research findings related to meditation (the most-studied way to cultivate mindful awareness) are featured in Chapter 4, Mindful Awareness.

10. Progressive Muscle Relaxation (PMR)⁷¹ and Progressive Relaxation (PR)⁷¹

PMR was developed in the 1920s. It involves tensing and then relaxing various muscle groups in a sequential way. As the muscles relax, a person is encouraged to notice what it feels like when tension drains away. Early on, people are encouraged to repeatedly create tension and relaxation in different muscle groups; tension decreases with each repetition. At the end, a person may return to areas that are still carrying tension and relax them further. This technique can easily be taught to patients, and it can be adapted when a person has areas of tenderness or pain.

PR is similar to PMR, except it involves simply bringing awareness to muscle groups without increasing tension. It can be used by people who either cannot contract some of their muscles or find it uncomfortable to do so because of pain, recent surgery, or other reasons. PMR has been found to be useful with conditions such as chronic insomnia, migraines, cancer-related distress, IBS, and coping with inflammatory arthritis.⁷¹

Power of the Mind Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Power of the Mind.”
<https://www.youtube.com/watch?v=dbPNgJ4YkpM&feature=youtu.be>

Whole Health Library

- Module 12 Overview, *Power of the Mind*.
http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_EO_Power_of_the_Mind.pdf
- Module 12 Tool, *Meditation*.
http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Meditation.pdf
- Module 12 Tool, *Working With Our Thinking*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Working with Our Thinking.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Working_with_Our_Thinking.pdf)
- Module 12 Tool, *Therapeutic Journaling*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Therapeutic Journaling.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Therapeutic_Journaling.pdf)
- Module 12 Tool, *Clinical Hypnosis*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Clinical Hypnosis.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Clinical_Hypnosis.pdf)
- Module 12 Tool, *Biofeedback*.
http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Biofeedback.pdf
- Module 12 Tool, *Imagery*.
http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Imagery.pdf
- Module 12 Tool, *Autogenic Training*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Autogenic Training.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Autogenic_Training.pdf)
- Module 12 Tool, *Progressive Muscle Relaxation*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Progressive Muscle Relaxation.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Progressive_Muscle_Relaxation.pdf)
- Module 12 Tool, *Progressive Relaxation*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Progressive Relaxation.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Progressive_Relaxation.pdf)
- Module 12 Tool, *Breathing (General)*.
http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Breathing.pdf
- Module 12 Tool, *Diaphragmatic Breathing*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_The Power of Breath Diaphragmatic Breathing.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_The_Power_of_Breath_Diaphragmatic_Breathing.pdf)
- Module 12 Tool, *Power of the Mind: Additional Resources*.
[http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Power of The Mind Additional Resources.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_Power_of_The_Mind_Additional_Resources.pdf). See this link for an even more detailed list of resources related to different mind-body approaches
- Module 18 Tool, *Balloon Self-Hypnosis Technique for IBS and Abdominal Pain*.
[http://projects.hsl.wisc.edu/SERVICE/modules/18/M18_CT_Balloon Self Hypnosis Technique for IBS and Abdominal Pain.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/18/M18_CT_Balloon_Self_Hypnosis_Technique_for_IBS_and_Abdominal_Pain.pdf)
- Module 32 Tool, *Mind-Body Approaches and Depression*.
[http://projects.hsl.wisc.edu/SERVICE/modules/32/M32_CT Mind Body Approaches and Depression.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/32/M32_CT_Mind_Body_Approaches_and_Depression.pdf)
- Module 33 Overview, *Coping with Grief*.
[http://projects.hsl.wisc.edu/SERVICE/modules/33/M33_EO Coping with Grief.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/33/M33_EO_Coping_with_Grief.pdf)

Other Websites

- StarWell Kit. <http://www.warrelatedillness.va.gov/education/STAR/>. Resources from the War-Related Injury and Illness Study Center. Materials related to Meditation include Richard Miller's "Guided Meditation" and James Gordon's "Soft Belly Breathing." Ben King, a Veteran, also describes his experience with breathing exercises.
- National Center for Prevention. http://www.prevention.va.gov/Healthy_Living/. Has a number of resources for stress management as part of the Healthy Living Messages.
- Academy for Guided Imagery. www.acadgi.com
- American Society of Clinical Hypnosis. www.asch.net
- Association for Applied Psychophysiology and Biofeedback. www.aapb.org. Check out the "Clinician's Resource Library"
- Gratefulness. www.gratefulness.org. Nice compilation of gratitude resources

Books

- *A Whole New Mind: Why Right-Brainers Will Rule the Future*, Daniel Pink (2006)
- *Art as Medicine: Creating a Therapy of the Imagination*, Shaun McNif (1992)
- *Conscious Breathing: Breathwork for Health, Stress Release, and Personal Mastery*, Gay Hendricks (1995)
- *Guided Imagery for Groups*, Andrew Schwartz, (1997)
- *Guided Imagery for Self-Healing*, Martin Rossman,(2000)
- *How to Meditate: A Guide to Self-Discovery*, Lawrence Le Shan (1998)
- *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*, Peter Levine (2010)
- *Open Up By Writing It Down*, James Pennebaker (2016)
- *Teaching Meditation to Children*, David Fontana (2007)
- *The Body Keeps the Score: Brain Mind, and Body in the Healing of Trauma*, Bessel van der Kolk (2015)
- *The Cure Within: A History of Mind-Body Medicine*, Anne Harrington (2009)
- *The Emotional Freedom Technique Manual*, Gary Craig, (2008)
- *The Highly Sensitive Person*, Elaine Aron (1997)
- *The Meditator's Atlas: A Roadmap of the Inner World*, Matthew Flickstein (2007)
- *The Relaxation Response*, Herbert Benson (2000)
- *When Things Fall Apart: Heart Advice for Difficult Times*, Pema Chodron (2000)
- *Why Zebras Don't Get Ulcers*, Robert Sapolsky (2004)
- *Writing to Heal*, James Pennebaker (2004)
- Books by Cheri Huber (focus on various aspects of Meditation)
 - *Perils and Pitfalls of Practice: Responses to Questions about Meditation*
 - *The Fear Book*
 - *The Depression Book*
 - *When You're Falling, Dive*

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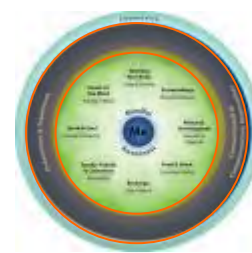
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Chapter 13. Prevention: Being Proactive

Treatment without prevention is simply unsustainable.

—Bill Gates



Whole Health emphasizes the value self-care in the green circles.

Receiving support from others is also important. The navy blue circle outside the green self-care circle represents all the care a person might receive from others, be they clinicians of conventional health care or complementary health practitioners.

Whether it is called “conventional,” “modern,” or “allopathic,” the interventions offered within mainstream medicine certainly can be beneficial. Surgery, antibiotics and other medications, and various other Western medicine interventions can indeed contribute to Whole Health. If you break your leg, it is best to go to your local Emergency Department and have it set, not focus on other therapeutic approaches.

The “one pill, one ill” or “find it, fix it” models of care have their place, but they do not work as well for people with chronic disease. These perspectives become particularly limited if a person is dealing with more than one chronic illness. It simply does not work to assume a treatment protocol for a given health problem will work for every person who has that problem.

Proactive Care: Considering Prevention

It also does not work to simply play a defensive game, to be in the mindset of responding only when problems arise. Prevention matters greatly. Consider the following:

- If you are a man who has high blood pressure, elevated blood sugars, and obesity and you smoke, you will have a 4.9 year decrease in life expectancy. If you are a woman, it is 4.1 years.¹
- A 2009 study followed over 23,000 people, noting the correlations between chronic diseases and the following four behavioral factors:¹ 1) more than 210 minutes a week of physical activity; 2) adhering to healthy diet principles; 3) never having smoked; and 4) having a body mass index less than 30. After adjusting for age, sex, occupation, and educational status, people who met all four criteria had:
 - A 78% lower risk of developing diabetes
 - An 81% lower risk of heart attack
 - A 50% lower risk of stroke
 - A 36% lower risk of cancer
- A Centers for Disease Control (CDC) analysis of statistics from 2008-2010 concluded, “...[W]hen considered separately, 91,757 deaths from diseases of the heart, 84,443 from cancer, 28,831 from chronic lower respiratory diseases, 16,973 from cerebrovascular diseases (stroke), and 36,836 from unintentional injuries potentially could be prevented each year.”²

- Tobacco smoking and hypertension are linked to 1/5 or 1/6 of all deaths in the US.³ 1/10 of deaths are due to being overweight or physically inactive. Low fruit and vegetable intake is estimated to have led to 58,000 deaths in 2005.
- Exercise seems to be comparable to medical treatment for secondary prevention of coronary heart disease, prevention of post-stroke rehabilitation and prevention of heart failure.⁴
- In 2014, the CDC estimated that, in the U.S., “vaccinations will prevent more than 21 million hospitalizations and 732,000 deaths among children born in the last 20 years.”⁵ Measles vaccinations, given in 73 countries, will prevent 13.4 million deaths. Providing 9 other vaccinations in those countries will save another 9.9 million lives.⁶

Prevention “Commandments”^{7,8}

These suggestions are just a few of the prevention tips you might mention during personal health planning. Some of them might fit into various self-care circles as well (for example, they involve modifying Surroundings or our Food and Drink) but it is helpful for clinicians and others to check in about them. Each item on the following list can have marked long-term benefits for Whole Health:^{7,8}

- Maintain a healthy weight.
- Avoid excessive alcohol.
- Be careful about fall risk, especially if you are over 65.
- Brush and floss your teeth (prevents gum disease, which can be related to chronic inflammation in the body).
- Do not operate motor vehicles when under the influence of any substances.
- Do not take recreational/illegal drugs.
- Don’t smoke or use tobacco in other ways.
- Keep firearms unloaded and locked away.
- Put carbon monoxide detectors and smoke detectors in your home.
- Use safe sex practices.
- Wear helmets when appropriate.
- Wear your seatbelt.
- Follow up with appropriate screening tests.
 - This includes cancer screening via mammograms, colonoscopy, Pap smears or other tests.
 - Review screening recommendations for your age with your care clinician during wellness visits, including any that are specific to you because of your family history.
 - Screening may include lab tests like blood sugar, cholesterol, blood counts, or other measures your care clinician feels appropriate.
 - Remember to have vision and dental screens as well.
- Stay up to date on your shots.
- Take your medications appropriately.

For more information on prevention recommendations, see the Resources list below.

Prevention Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Professional Care.”
<https://www.youtube.com/watch?v=Eq8kluiQnUo&feature=youtu.be>

Whole Health Library

- Module 20 Tool, *Hypertension*.
http://projects.hsl.wisc.edu/SERVICE/modules/20/M20_CT_Hypertension.pdf
- Module 20 Tool, *Lipids*.
http://projects.hsl.wisc.edu/SERVICE/modules/20/M20_CT_Lipids.pdf

Other Websites

- National Center for Health Promotion and Disease Prevention.
<http://www.prevention.va.gov>.
 - Offers great information on 9 Healthy Living Messages at http://www.prevention.va.gov/Healthy_Living/
 - Has a nice list of screening recommendations for men at [http://www.prevention.va.gov/Healthy_Living/Get Recommended Screening Tests and Immunizations for Men.asp](http://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Men.asp)
 - Also a list of all screening recommendations for women at [http://www.prevention.va.gov/Healthy_Living/Get Recommended Screening Tests and Immunizations for Women.asp](http://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Women.asp)
- VA Public Health, Health and Wellness section.
<http://www.publichealth.va.gov/health-wellness.asp>. Features a number of prevention resources for Veterans
- VA’s Health Topics A-Z. <http://www.va.gov/health/topics/>. Resources related to a large number of different diagnoses
- StarWell Kit. <http://www.warrelatedillness.va.gov/education/STAR/>. Resources from the War-Related Injury and Illness Study Center. Materials related to Complementary and Integrative Health (CIH) include
 - Introduction, Part 1: The Role of Integrative Medicine for Improving Veteran Health and Wellness
 - Views from the Provider Community
- US Preventive Services Task Force (USPSTF), updated Guide to Clinical Preventive Services. <https://www.uspreventiveservicestaskforce.org>. Their pocket guide is available at www.ahrq.gov/clinic.pocketgd.htm
- Institute of Lifestyle Medicine, Tools and Resources page.
<http://www.instituteoflifestylemedicine.org/tools-and-resources/>

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- ⁸ National Center for Health Promotion and Disease Prevention. 9 Healthy Living Messages. Veterans Health Administration website. http://www.prevention.va.gov/Healthy_Living/nine_healthy_living_messages.asp. Accessed September 21, 2016.

Chapter 14. Introduction to Complementary and Integrative Health Approaches

For many Americans, alternative therapies represent a new discovery, but in truth, many of these traditions are hundreds or thousands of years old and have been used by millions of people worldwide. One must realize that while treatments may look like alternatives to us, they have long been a part of the medical mainstream in their culture of origin.

—C. Everett Koop, former U.S. Surgeon General



Complementary and Integrative Health (CIH) in the VA

In addition to conventional clinical treatments, self-care strategies, and prevention, Whole Health is inclusive of CIH approaches. CIH approaches are specifically mentioned in the navy blue ring in the Circle of Health because of their importance in patient centered care. Data from the National Health Interview Survey suggest that 59 million Americans aged over 4 years had at least one expenditure related to CIH, with out-of-pocket expenditures of \$30.2 billion in 2012.¹ Some of these practices are controversial, while others are gaining greater acceptance and are being used in hospitals and medical clinics. According to the 2015 VA Health Analysis Information Group survey, most of the VA facilities surveyed (93% in 2015 vs. 89% in 2011) provide CIH service(s) to Veterans.² However, availability/accessibility are limited for many of them.

What is Complementary and Integrative Health?

Originally, people used the term “Alternative Medicine” and later “Complementary Alternative Medicine (CAM)” to describe practices that were not necessarily in the medical mainstream. Other terms over the years have included “Holistic Health” and simply “Complementary Medicine.” The term “Integrative Medicine” came into use in the 1990s, as increasing numbers of clinicians, researchers, policymakers, and patients explored the roles that various approaches might play as a part of integrated Personal Health Plans (PHPs) for patients.

According to the Academic Consortium for Integrative Medicine and Health,

Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by the evidence, and makes use of all appropriate therapeutic and lifestyle approaches, health care professionals, and disciplines to achieve optimal health and healing.³

In January 2015, the National Institutes of Health changed the name of the National Center for Complementary and Alternative Medicine (NCCAM) to the National Center for Complementary and Integrative Health (NCCIH). With this change, the term “Complementary and Integrative Health” has become increasingly commonplace. An

important example is the use of CIH in section 932 of the Comprehensive Addiction and Recovery Act (CARA), passed by Congress in July 2016. Section 932, entitled “Complementary and Integrative Health, directed the Department of Veterans Affairs (VA) to develop a plan within six months of CARA’s enactment describing the Veterans Health Administration’s (VHA) current and proposed efforts for expanding CIH, particularly around substance abuse and pain management.⁴

What Approaches Are Used?

The top 10 services provided in the VA are:²

1. Stress Management Relaxation Therapy (SMRT)
2. Mindfulness
3. Guided Imagery
4. Yoga
5. Progressive Muscle Relaxation Therapy (PMRT)
6. Art Therapy
7. Acupuncture
8. Music Therapy
9. Biofeedback
10. Animal-Assisted Therapy

While such lists can be informative, they can also be somewhat confusing, because there are disagreements about which therapies are “complementary” and which are not. For example, in many research studies, chiropractic is considered complementary, but in the VA, it is often classed as mainstream. Furthermore, many mind-body approaches are widely used and may not be considered to be outside the mainstream by many practitioners, but these therapies are often on lists of CIH approaches.

In addition, what services are offered may not be in keeping with what Veterans want. For example, massage is often featured at the top of their lists of preferred therapies, but it is not one of the top 10. VA Health Services Research and Development (HSR&D) is gathering data through an environmental to bring further understanding to this issue.

What Are They Used For?

The five main conditions for which these approaches are used in the VA include:²

1. anxiety disorders
2. depression
3. PTSD
4. stress management
5. musculoskeletal pain

In short, the conditions for which people most commonly seek CIH approaches are mental health and pain related. **In general, people are more likely to seek the approaches for conditions that are chronic, complex, and/or not easily treated within the conventional medical model.**

The Integrative Health Coordinating Center

Established within the Office of Patient Centered Care & Cultural Transformation in 2013, the VA's national Integrative Health Coordinating Center (IHCC) focuses its efforts on introducing safe and effective CIH approaches into VA facilities. The IHCC has two major functions:

1. Identify and remove barriers to CIH provision in the VHA System.
2. Serve as a clinical, educational, and research resource for Veterans, clinicians, and VA leadership.

Focus areas of the IHCC include:

- Working with the VA Office of Regulatory and Administrative Affairs to modify the standard medical Benefits Package as appropriate to offer CIH Services. This includes recent passage of the directive to advance CIH,⁵ current work on proposed regulation change, and exemption of co-payment for well-being approaches.
- Defining new occupations related to CIH. For instance, VHA is finalizing the new qualification standards for the occupation of Licensed Acupuncturist, and similar work is being done for Licensed Massage Therapist. Credentialing and validation are a key focus.
- Outlining business processes. The IHCC has created “stop codes” to track the utilization of CIH approaches. These include codes 159, a CIH Treatment Stop Code, and 139, a Well-Being Stop Code. Both can be in either the primary or secondary position. There are also now multiple CHAR 4 codes for an array of CIH approaches, as well as Whole Health coaching and working as a Whole Health Partner. Of note, Whole Health will now be a new price category (category 4) in the Veterans Equitable Resources Allocation (VERA). Ten CIH days of care will allow a Veteran to qualify for that category. Clarification around what the nature of those visits would need to be is ongoing, in coordination with the Allocation Resource Center (ARC)
- Preparing the current workforce for changes related to CIH provision. Whole Health educational programming includes courses such as Whole Health in Your Practice, Whole Health Coaching, Whole Health in Your Life, Whole Health for Pain and Suffering, Eating for Whole Health, and Taking Charge of my Life and Health. Online offerings include the Whole Health Library, and various TMS modules that offer continuing education credits. Examples of TMS courses include Clinician Self-Care: You in the Center of the Circle of Health, Introduction to Complementary Approaches, Eating for Whole Health: Introduction to Functional Nutrition, and Mindful Awareness.
- Working with Connected Care Home Telehealth and VA Voluntary Services to expand access to CIH instructors.
- Creating several new position descriptions for Yoga and Tai Chi Instructors as well as Whole Health Partners and Coaches.
- Building a research portfolio, in coordination with the VA HSR&D which is conducting more than 80 projects to evaluate the safety and efficacy of various CIH services and currently doing an environmental scan regarding CIH utilization in the VA. Examples of their research findings can be found in the HSR&D evidence maps, many of which are featured or cited in this reference manual.

- Partnering with groups outside of the VA, including the Department of Defense, various VA Program offices, and NCCIH.

The IHCC has been actively involved with guiding which CIH approaches will or will not be allowed within the VHA in the future. In May 2016, the Veterans Executive Council (VEC) and the Undersecretary for Health released a CIH Memorandum that was the first step in a three-tiered path for advancing policy related to CIH in the VHA. The memo supported CIH implementation and initiated a vetting process for CIH services via the VEC and the IHCC. The focus of this process has been to determine which approaches are supported by sufficient evidence of safety and efficacy to warrant their inclusion within the Medical Benefits Package.

In May 2017, the VA Undersecretary of Health signed a CIH Directive that divided CIH approaches into two discrete lists. The first list below includes services reviewed by an IHCC Advisory Group, consisting of directors of multiple VA program offices and found to have “evidence of promising or potential benefit.” These approaches must be offered either within VHA or in the community after the new community care contract is renegotiated. They include the following:

- Acupuncture
- Biofeedback
- Clinical Hypnosis
- Guided Imagery
- Meditation
- Tai chi
- Therapeutic massage (massage for a specific therapeutic purpose)
- Yoga

There is also a list of approaches that are generally considered safe according to common knowledge throughout the expert scientific community, both internal and external to the VA. The next list includes the following, and these approaches would *not* be mandated to be offered within all VA facilities, but could be offered:

- Acupressure
- Alexander Technique
- Animal-Assisted Therapy
- Emotional Freedom Technique
- Healing Touch
- Reflexology
- Reiki
- Therapeutic Touch

It is worth noting that some approaches classed as CIH approaches are already integrated into VA services. These include chiropractic as well as art and music therapy (under recreation therapy).

IHCC continually reviews these lists and inquiries from the field for vetting of additional approaches. Please refer to the links in the Resources section at the end of this chapter for the most updated lists.

The third and final step of this process will be regulatory changes that formally incorporate CIH coverage into the Medical Benefits Handbook. Resources for additional information on the work of the IHCC and regulatory efforts surrounding CIH are provided at the end of this chapter.

Perspectives on CIH

Everyone who works with Veterans can benefit from taking a moment to consider the following questions:

- How often do patients, colleagues, or family members bring up the topic of complementary and integrative approaches with you?
- How do you feel when they do? Angry? Uncertain? Frustrated? Enthused? Interested? Does this vary depending on which therapy is being discussed?
- Pick a CIH approach you have recently discussed with someone. Where would you place yourself on the “Spectrum of Complementary Integrative Health” (see Figure 14-1, below), and why? It might be instructive to compare your responses with those of your colleagues. Do you feel differently depending on which approaches are being discussed?

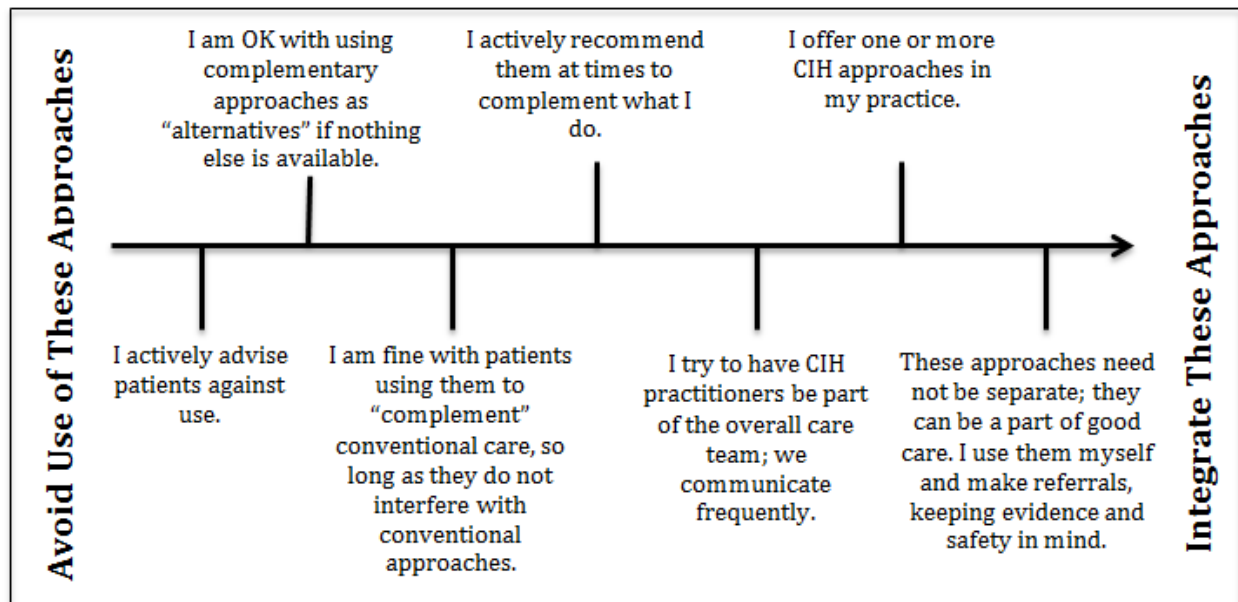


Figure 14-1. The Spectrum of Complementary and Integrative Health

Whole Health Tool: The ECHO Mnemonic

How do you decide if a Complementary and Integrative Health (CIH) approach would be worth using in your practice? One simple tool you might use is the ECHO mnemonic. The four letters in the word ECHO stand for:

- **Efficacy and Evidence**
What does the research tell us about how well the intervention works? (It can be helpful to review the Evidence Maps, created by VA's Health Services Research & Development. These are featured at the end of this chapter.)
- **Cost**
Is the therapy cost effective? How much would a patient have to pay out of pocket for this therapy? Would services be covered at all by insurance or other social programs? How challenging is it for a person to access this therapy, in terms of wait times or transportation?
- **Harm**
What does the research tell us about the potential for harm? How well can a given therapy mesh with other therapies a patient is currently receiving? Potential dietary supplement-drug interactions are of particular importance.
- **Opinions**
Does the therapy match the personal opinions, beliefs, and culture of the person who will be using it? Where are they getting the information that is informing their opinions?

All four components of ECHO are important. They are simply arranged in the order that they are to spell a memorable word.

Tips for Bringing CIH Into Your Work⁶

As clinicians explore bringing Whole Health approaches into their practices, they often ask about CIH approaches and how they can incorporate them. Here are 5 steps you can consider if you want to build your skills around CIH.

1. **Learn about different complementary approaches.** Ask your patients about the benefits of these approaches; they are often one your best sources of information about CIH. Why did they choose a particular therapy? What has their experience been? This is not to say that you must agree with their using these therapies. However, being able to offer advice so your patients do not seek it from less reliable sources is important, regardless of your specific opinions. It may be most helpful to begin with the CIH approaches that are on List One of the CIH Directive, since these will be available in the VHA in the near future (see the IHCC section earlier in this chapter). The Resources section at the end of this chapter has additional information.
2. **Know what CIH approaches are offered locally.** Meet the chiropractors at your clinic/hospital if you have not done so. Is anyone offering acupuncture or Battlefield Acupuncture (BFA)? Are there tai chi or yoga classes available? Is there a mindfulness instructor at your site? What qualifications do local practitioners have? Who are well-known clinicians in your community who your patients are seeing?
3. **Build a referral network.** As you learn more about complementary approaches and get to know various practitioners, consider taking it a step further and building a network of potential clinicians to whom you would refer. Your facility may have an existing environmental scan or Whole Health directory that lists resources at your site or in your community. Reach out to your Patient Centered Care Point of Contact. Be clear about whether or not your facility allows for referrals to non-VA personnel. Any communication with out-of-system clinicians must be done without any possibility for real or even perceivable gain on the VA clinician's part, and confidentiality must be respected.
4. **Receive treatments yourself.** In university settings where fellows are trained in Integrative Health, they are expected as part of their learning to have firsthand experience with various therapies. Want to recommend therapeutic massage to your patients? Try receiving a few different kinds yourself so that you can offer a more informed opinion. Want to be able to knowledgeably discuss acupuncture? See an acupuncturist yourself.
5. **If you feel comfortable doing so, learn some complementary approaches to weave into your practice.** Many Integrative Health practitioners do this. Some clinicians go so far as to acquire additional certification, but it may just mean that you pick up a few simple techniques you can offer in a short period of time, such as teaching abdominal breathing or leading mindful awareness experiences. Make strategic use of patient handouts to save time.

Classifying CIH Approaches⁶

There are many ways of classifying CIH approaches. These classification systems have been referred to in the past as “CAM taxonomies.” Modules in the Whole Health curriculum draw upon the same taxonomy as was used in the VA’s 2011 HAIG survey.⁷ This classification scheme is based on one created in the 1990’s by the National Center for Complementary Alternative Medicine, which recently changed its name to the National Center for Complementary and Integrative Health (NCCIH). The scheme assigns complementary therapies into five different classes:

1. **Mind-body medicine.** These approaches are covered in Chapter 12, Power of the Mind.
2. **Biologically-based approaches.** These can include nutritional approaches (covered in Chapter 8, Food & Drink) as well as dietary supplements, discussed in Chapter 15.
3. **Manipulative and body-based therapies.** Examples of manipulative therapies include chiropractic, osteopathy, and massage (discussed in Chapter 16). Movement therapies (covered in Chapter 5, Working the Body) include yoga, tai chi, and qigong.
4. **Energy medicine** therapies (also known as biofield therapies) include Reiki, Healing Touch, and Therapeutic Touch. Biofield therapies are described in more detail in Chapter 17.
5. **Whole systems of medicine.** Ayurveda and naturopathy are examples of healing systems. They have their own unique methods of diagnosis and treatment, and entirely different concepts of the nature of illness. For more information, see Chapter 18.

Just as it can be helpful to consider each of the green circles of self-care in turn when you are creating a PHP, it can also help to consider each of these CIH categories, one at a time. Which ones, if any, do you think would be useful to a given Veteran?

Some of the approaches most commonly used in the VA, or in the U.S. in general, are described in the next four chapters. For biologically-based approaches, the focus will be on supplements. For manipulation and body-based therapies, massage, chiropractic, and osteopathy will be given focus. Energy medicine approaches will be considered as a group, and the whole systems of medicine receiving additional focus will include Chinese medicine and naturopathy. To learn even more about these CIH approaches and a wide variety of others, see the Resources section at the end of this chapter.

Complementary and Integrative Health Resources

Websites

VA Patient Centered Care Site and IHCC Resources

- “A Glimpse Into Integrative Health” Video.
https://www.youtube.com/watch?v=zl9p27Ih_DY&index=5&list=UUaW28mX6gCpTuWYJyPfWd-Q
- IHCC SharePoint (and various sub-files)
 - Main Site. <http://vaww.infoshare.va.gov/sites/OPCC/sitePages/IHCC-home.aspx>
 - CIH Resource Guide.
<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/OPCC/Shared%20Documents/CIH%20Resource%20Guide&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94>
 - Policy Folder.
<https://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2fsites%2fOPCC%2fShared%20Documents%2fIHCC%20Policy&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94>
 - Position Descriptions.
<http://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/OPCC/Shared%20Documents/CIH%20Position%20Descriptions%20and%20Functional%20Statements&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7b4AD754A9-57D5-4A13-A317-D62DAB4881EB%7d>
 - Coding Guidance.
<http://vaww.infoshare.va.gov/sites/OPCC/Shared%20Documents/CIH%20Coding%20Guidance>
 - CHAR 4 Code Updates.
<https://vaww.infoshare.va.gov/sites/OPCC/SitePages/CHAR4.aspx>
- VA Pulse IH Community.
<https://www.vapulse.net/groups/integrative-health-community>
- FIT SharePoint Page. <http://vaww.infoshare.va.gov/sites/OPCC/SitePages/FIT-programs.aspx>
- Important Email Addresses
 - IHCC Email. vhaopcctintegrativehealth@va.gov
 - FIT CIH Specialty Team Email. VHAOPCCCTCIHSpecialtyTeam@va.gov
- HSR&D Evidence Maps
 - Acupuncture. <https://www.hsrdr.research.va.gov/publications/esp/acupuncture.cfm>
 - Massage. <https://www.hsrdr.research.va.gov/publications/esp/massage.cfm>
 - Mindful Awareness.
https://www.hsrdr.research.va.gov/publications/esp/cam_mindfulness.cfm
 - Tai Chi. <https://www.hsrdr.research.va.gov/publications/esp/taichi.cfm>
 - Yoga. <https://www.hsrdr.research.va.gov/publications/esp/yoga.cfm>

Whole Health Library

- Module 14 Clinician Handout, *Integrative Health Glossary of Terms*.
<http://projects.hsl.wisc.edu/SERVICE/modules/26/Glossary%20integrative%20health%20directory%20with%20links.pdf>
- Module 14 Overview, *Introduction to Complementary Approaches*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_EO_Intro_to_Complementary_Approaches.pdf
- Module 14 Tool, *Tips for Working with Complementary Approaches in Your Practice*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Tips_for_Working_with_Complementary_Approaches_in_Your_Practice.pdf
- Module 14 Tool, *Savvy about Complementary and Integrative Health: The “CIH” Quiz*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Savvy_about_CIH_Quiz.pdf
- Module 14 Tool, *Deciding if an Approach is Worth Using: The E.C.H.O. Mnemonic*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Deciding_if_an_Approach_Is_Worth_Using_The_ECHO_Mnemonic.pdf
- Module 19 Tool, *Supplements to Lower Blood Sugar*.
http://projects.hsl.wisc.edu/SERVICE/modules/20/M20_CT_The_DASH_Diet.pdf
- Clinician Handout, *Integrative Health Pain Management 101 Series*.
http://projects.hsl.wisc.edu/SERVICE/modules/clinician-handouts/Integrative_Health_Pain_Management_FINAL.pdf
- Module 25 Tool, *Supplements for Pain*.
http://projects.hsl.wisc.edu/SERVICE/modules/26/M26_CT_Supplements_for_Pain.pdf
- Module 32 Tool, *Dietary Supplements and Mood*.
http://projects.hsl.wisc.edu/SERVICE/modules/32/M32_CT_Dietary_Supplements_and_Mood.pdf

Other Websites

- Academic Consortium for Integrative Medicine and Health (ACIMH).
<https://www.imconsortium.org>
- American Board of Integrative Medicine. <http://www.abpsus.org/integrative-medicine-requirements>
- National Center for Complementary and Integrative Health. <https://nccih.nih.gov>
- University of Arizona Integrative Medicine health resources.
<https://integrativemedicine.arizona.edu/resources.html>
- University of Maryland Medical Center Complementary and Alternative Medicine Guide. <http://www.umm.edu/health/medical/altmed>
- University of Wisconsin Integrative Medicine Resources.
www.fammed.wisc.edu/integrative

Books

- *Integrative Medicine*, 4th edition, David Rakel (2017)
- Weil Integrative Medicine Library. There are multiple titles, including:
 - *Integrative Cardiology*, Stephen Devries, (2010)

- *Integrative Dermatology*, Robert Norman (2014)
- *Integrative Environmental Medicine*, Aly Cohen, (2017)
- *Integrative Gastroenterology*, Gerard Mullin (2011)
- *Integrative Men's Health*, Myles Spar (2014)
- *Integrative Nursing*, Mary Jo Kreitzer (2014)
- *Integrative Oncology*, 2nd edition, Donald Abrams (2014)
- *Integrative Pain Management*, Robert Bonakdar (2016)
- *Integrative Pediatrics*, Timothy Culbert (2009)
- *Integrative Psychiatry*, Daniel Monti (2009)
- *Integrative Rheumatology*, Randy Horowitz (2010)
- *Integrative Women's Health*, 2nd edition, Victoria Maizes (2015)
- *A Guide to Evidence-Based Integrative and Complementary Medicine*, Vicki Kotsirilos (2011)
- *Complementary and Alternative Medicine: Legal Boundaries and Regulatory Perspectives*, Michael Cohen (2008)
- *Complementary and Integrative Medicine in Pain Management*, Michael Weintraub (2008)
- *Essentials of Complementary and Alternative Medicine*, Marc Micozzi (2015)
- *General Practice: The Integrative Approach*, Karryn Phelps (2011)
- *Integrative Cardiology*, John Vogel (2007)
- *Integrative Oncology*, Maurie Markman (2008)
- *Integrative Pain Medicine*, Joseph Audette (2008)
- *Textbook of Integrative Mental Health Care*, James Lake (2006)
- *The Duke Encyclopedia of New Medicine: Conventional and Alternative Medicine for All Ages*, Duke Integrative Medicine (2006)

References

¹ Nahin RL, Barnes PM, Stussman BJ. Expenditures on complementary health approaches: United States, 2012. *Natl Health Stat Report*. 2016;(95):1-11.

² Department of Veterans Affairs, Healthcare Analysis and Information Group, FY 2015 VHA Complementary And Integrative Health (CIH) Services, May 2015.

http://scienceblogs.com/insolence/files/2016/07/FY2015_VHA_CIH_signedReport.pdf. Accessed September 21, 2016.

³ Academic Consortium for Integrative Medicine & Health website.

<https://www.imconsortium.org/about/about-us.cfm>. 2017. Accessed September 3, 2017.

⁴ S.524 – Comprehensive Addiction and Recovery Act of 2016. Congress.gov website.

<https://www.congress.gov/bill/114th-congress/senate-bill/524/text>. 2016. Accessed September 20, 2017.

⁵ VHA Directive 1137: Provision of Complementary and Integrative Health (CIH). May 18, 2017.

[file:///C:/Users/hnr347/Downloads/1137_D_2017-05-18%20\(1\).pdf](file:///C:/Users/hnr347/Downloads/1137_D_2017-05-18%20(1).pdf). Accessed October 1, 2017.

⁶ Rindfleisch A. Introduction to complementary approaches: overview. Whole Health Library website.

http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_EO_Intro_to_Complementary_Approaches.pdf. 2014. Accessed September 21, 2016.

⁷ Healthcare Analysis and Information Group (HAIG). 2011 Complementary and alternative medicine survey. Department of Veterans Affairs, Veterans Health Administration website.

http://www.research.va.gov/research_topics/2011cam_finalreport.pdf. 2011. Accessed September 21, 2016.

Chapter 15. Biologically-Based Approaches: Dietary Supplements

The History of Medicine:

2000 BC—Here eat this root

1000 BC—That root is heathen; say this prayer

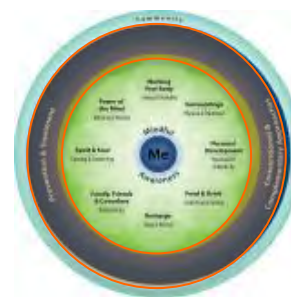
1850 AD—That prayer is superstition, drink this potion

1940 AD—That potion is snake oil, swallow this pill

1985 AD—That pill is ineffective, take this antibiotic

2000 AD—That antibiotic is artificial. Here, eat this root

—Anonymous



Nearly half of adult Americans reported taking a dietary supplement in the past month in the 2008 NHANES Survey,¹ and 20% of the US population regularly uses non-vitamin, non-mineral dietary supplements.² Herbal supplement sales have continued to rise in recent years,³ and – perhaps most importantly – 42% of people who take dietary supplements do not report their use to their medical clinicians.⁴

What Are People Taking and Why?

The top-selling herbal supplements in the US (for natural health markets) and the reasons people take them include:⁵

1. Turmeric—a popular and safe herbal anti-inflammatory
2. Wheat and barley grass—used in smoothies and green drinks and as a source of nutrients
3. Flaxseed and oil—seeds used as a fiber source and for cholesterol reduction
4. Aloe vera—burns and digestive health, depending on which part of the plant is used
5. Spirulina (blue-green algae)—used for a variety of complaints and as a source of nutrients
6. Milk thistle—liver tonic
7. Elderberry—used for respiratory infections and sore throats
8. Maca—a tonic, used to boost memory and sexual function
9. Echinacea—cold preventative
10. Oregano—used for respiratory infections

Top non-herbal, non-vitamin and non-mineral supplements include:²

1. Omega 3's (fish oil)—anti-inflammatory, source of essential fatty acids
2. Glucosamine—joint health
3. Chondroitin sulfate—joint health
4. Coenzyme Q10—used to boost energy and for high blood pressure and migraines

More information on specific supplements can be found using the Resources section at the end of this chapter.

The most common reasons people take supplements are:²

1. head and chest colds
2. muscle and joint conditions
3. gastrointestinal problems
4. anxiety and depression
5. insomnia
6. headache
7. menopause
8. cholesterol issues
9. chronic pain

The VA's Integrative Health Coordinating Center (IHCC) continues to explore ways to place appropriate dietary supplements on the VA formulary.

Whole Health Tool: Reading Supplement Labels⁶

To understand what people are taking, it can help to develop your skills with reading supplement labels. You can use the label information to guide conversations with patients about use, dosing, and quality of a product. Here are a few general tips:⁶

1. Is the supplement correctly and completely identified?
 - Do you know what form it is in?
 - Do you know the dose?
 - For herbal remedies, does it state the plant parts used or the way the plant was processed (e.g., what the plant material was dissolved in)?
2. Does the label have an appropriate claim statement?
 - Is there an appropriate structure/function claim and a disclaimer? (Examples include “Promotes immune function” or “Supports digestive health”)
 - Is there an appropriate health claim, if relevant? These are less common, because research findings related to the claim must be much more clear. Example: “Healthful diets with adequate folate may reduce a woman’s risk of having a child with a brain or spinal cord defect.”
3. Is the company’s contact information clearly and completely listed?
4. Is there a “Supplement Facts” section with all active and inactive ingredients?

If the product has a third-party certification, that also is a point in its favor. An example would be the symbol of the US Pharmacopeia (USP).

Supplement Safety

There are tens of thousands of supplement products available in the U.S. They are marketed as capsules, softgels, liquids, powders, and even food bars and drinks might be considered supplements depending on their ingredient lists. Part of the challenge of advising patients about them—and studying them—is that there is a great deal of variation in the forms they take. This is particularly true for herbals. Plants can be dissolved in water to make infusions, and more woody parts can be gradually boiled in water over time to create decoctions. In addition to being dissolved in water, though, a plant can also be dissolved in alcohol or glycerin to make a tincture. Tinctures and infusions of the same botanical can contain different chemical compounds. Essential oils (used in aromatherapy) are processed in an entirely different way as well. Chemical contents of a supplement made from the same plant can end up being very different depending on processing.

Supplements can also end up being quite different from one another for other reasons. For herbal remedies, there can be differences in biological effects because of the part of the plant used. For example, some Echinacea supplements will use the plant's roots, while others will use the above-ground parts. Even more challenging is that more than one species or subspecies of a plant may be referred to by the same name, even though they may be very different in terms of their biochemical effects. For example, “ginseng” can refer to Chinese ginseng or American ginseng, which are different species in the *Panax* genus, or it can refer to Siberian ginseng or other plants informally called “ginseng” which are not related to one another and contain totally different chemical compounds.

It is important to be able to discuss supplements' efficacy, and it is just as important to discuss safety. In general, supplements seem to be comparable to, if not much better than, medications when it comes to safety profile. However, many supplements have not been studied in great detail. Because of the 1994 Dietary Supplement Health and Education Act (DSHEA), supplements are treated as foods from a legal standpoint, not as pharmaceuticals.⁷ It is usually after they appear in the marketplace that products are monitored for safety and false label claims, as compared to pharmaceuticals where regulation is much more intense. As was the case with the removal of Ephedra as a weight loss supplement ingredient, there can be a lag between the appearance of adverse effects and removal of a harmful product.

Dietary supplements can be harmful because they contain compounds that are unsafe. They may also be unsafe because of the way they interact with foods, medications, or other supplements.⁸ For example, St. John's wort, which is beneficial in the treatment of depression, interacts with the cytochrome P450 system in the liver, altering the potency of many medications. Similarly, when certain supplements are taken with warfarin or other blood thinners, risk of complications from bleeding can increase. Some supplements that may contribute to increased bleeding risk—according to case reports or based upon theoretical concerns—include omega-3's, ginkgo, ginseng, ginger, and garlic.

Tips for Reducing Risks from Supplements⁶

1. Most importantly, **ensure that patients are telling their health care clinicians** about what they are taking. Simply remembering to ask can make a big difference.
2. **Learn about supplements** yourself, so that you can offer good advice. Resources to help are available in the Resources section at the end of this chapter.
3. Remember that just because products contain the same compounds, plants, etc., they are **not necessarily similar in terms of quality or biochemistry**.
4. **Use caution with imported supplements**, particularly from China or India; risk of contamination is higher with supplements from these areas.
5. While it may mean more work from the clinical end, it is not enough just to know specific compounds or plants and their effects. Safe supplement use also requires a **familiarity with manufacturers and specific products**.
6. A good rule of thumb is to **use the specific products that were used in research studies**. It is reasonable to support companies that have actually invested in doing supplement research, as this is, unfortunately, somewhat rare.
7. **Work with an online interaction checker** that is able to check supplement safety as well. Examples are listed at the end of this chapter.
8. **Make sure your patients are getting good information**. The Internet and health food store clerks are not always reliable sources of information.

Dietary Supplement Resources

Websites

Whole Health Library

- Module 15 Overview, *Dietary Supplements: An Overview*.
http://projects.hsl.wisc.edu/SERVICE/modules/15/M15_EO_Dietary_Supplements.pdf
- Module 15 Tool, *Top Supplements for Every Clinician to Know*.
http://projects.hsl.wisc.edu/SERVICE/modules/15/M15_CT_Top_Supplements_for_Every_Clinician_to_Know.pdf
- Module 15 Tool, *Choosing an Effective and Safe Dietary Supplement*.
http://projects.hsl.wisc.edu/SERVICE/modules/15/M15_CT_Choosing_an_Effective_and_Safe_Dietary_Supplement.pdf
- Module 15 Tool, *How To Read a Dietary Supplement Label*.
http://projects.hsl.wisc.edu/SERVICE/modules/15/M15_CT_How_to_Read_a_Dietary_Supplement_Label.pdf
- Module 15 Tool, *Dietary Supplement Information Resources*.
http://projects.hsl.wisc.edu/SERVICE/modules/15/M15_CT_Dietary_Supplement_Information_Resources.pdf
- Module 17 Tool, *Supplement/Botanical Interactions with Chemotherapy and Radiation*.
http://projects.hsl.wisc.edu/SERVICE/modules/17/M17_CT_Supplement_Botanical_Interactions.pdf
- Module 21 Tool, *Adaptogens*.
http://projects.hsl.wisc.edu/SERVICE/modules/21/M21_CT_Adaptogens.pdf

- Module 24 Tool, *Supplements for Skin Health*.
http://projects.hsl.wisc.edu/SERVICE/modules/21/M21_CT_Adaptogens.pdf
- Module 25 Tool, *Phytoestrogens*.
http://projects.hsl.wisc.edu/SERVICE/modules/25/M25_CT_Phystoestrogens.pdf

Other Websites

- National Center for Complementary and Integrative Health (NCCIH), Herbs at a Glance. <https://nccih.nih.gov/health/herbsataglance.htm>. Nice summaries related to a number of different botanicals
- National Institutes of Health Office of Dietary Supplements. <https://ods.od.nih.gov>. Check out their vitamin and mineral fact sheets.
- NIH Dietary Supplement Label Database. <http://www.dsld.nlm.nih.gov/dsld/>
- Natural Medicines. <https://naturalmedicines.therapeuticresearch.com>. Subscription site, available to VA facilities
- American Botanical Council. <http://abc.herbalgram.org>
- Consumer Lab. www.consumerlab.com. Subscription required. This group evaluates supplements to verify they contain what they claim they do

Books

- *An Evidence Based Approach to Phytochemicals and Other Dietary Factors*, Jane Higdon (2012)
- *An Evidence Based Approach to Vitamins and Minerals: Health Benefits and Intake Recommendations*, Jane Higdon (2011)
- *Clinical Botanical Medicine*, Eric Yarnell (2009)
- *Clinical Natural Medicines Handbook*, Chris Meletis (2008)
- *Dietary Supplements*, Pamela Mason (2011)
- *Herb Contraindications and Drug Interactions*, Francis Brinker (2010)
- *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies*, Michael Stargrove (2008)
- *National Geographic Guide to Medicinal Herbs*, Tieraona Low Dog (2010)
- *Principles and Practice of Phytotherapy: Modern Herbal Medicine*, Kerry Bone (2013)
- *Rational Phytotherapy*, Volker Schulz (2004)
- *The ABC Clinical Guide to Herbs*, Mark Blumenthal (2003)
- *The H.E.R.B.A.L. Guide: Dietary Supplement Resources for the Clinician*, Robert Bonakdar (2010)

References

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- ¹ Kennedy ET, Luo H, Houser RF. Dietary supplement use pattern of U.S. adult population in the 2007-2008 National Health and Nutrition Examination Survey (NHANES). *Ecol Food Nutr*. 2013;52(1):76-84. doi: 10.1080/03670244.2012.706000.
- ² Barnes PM, Bloom B, Nahin RL. Complementary and alternative medicine use among adults and children: United States, 2007. *Natl Health Stat Report*. 2008;(12):1-23.
- ³ Smith T, Lynch ME, Johnson J, Kawa K, Bauman H, and Blumenthal M. Herbal dietary supplement sales in US increase 6.8% in 2014. *HerbalGram*. 2015;107;52-59.

<http://cms.herbalgram.org/herbalgram/issue107/hg107-mktrpt-2014hmr.html>. Accessed September 21, 2016.

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⁵ Lindstrom A, Ooyen C, Lynch ME, Blumenthal M, Kawa K. Sales of herbal dietary supplements increase by 7.9% in 2013, marking a decade of rising sales: turmeric supplements climb to top ranking in natural channel. *HerbalGram*. 2014;103;52-56.

http://cms.herbalgram.org/press/2014/2013_Herb_Market_Report.html?ts=1485370419&signature=a2de04c94d8173fb80d4a2c66a642d61. Accessed September 21, 2016.

⁶ Kiefer D. Dietary supplements: overview. Whole Health Library website.

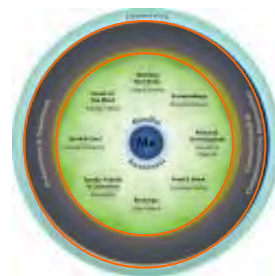
http://projects.hsl.wisc.edu/SERVICE/modules/15/M15_EO_Dietary_Supplements.pdf. Accessed September 21, 2016.

⁷ U.S. Food and Drug Administration. Dietary Supplement Health and Education Act of 1994. U.S. Food and Drug Administration website. <http://www.fda.gov/newsevents/testimony/ucm115163.htm>. Accessed September 21, 2016.

⁸ Sood A, Sood R, Brinker FJ, Mann R, Loehrer LL, Wahner-Roedler DL. Potential for interactions between dietary supplements and prescription medications. *Am J Med*. 2008 Mar;121(3):207-211. doi: 10.1016/j.amjmed.2007.11.014.

Chapter 16. Manipulative and Body-Based Practices

Tension is who you think you should be. Relaxation is who you are.
—Chinese proverb



Examples of Manipulation and Body-Based Approaches

This category of Complementary and Integrative Health (CIH) approaches includes a number of widely-used therapies. Often, yoga, tai chi and qi gong (which were discussed in Chapter 5, Working the Body), are included in this category. So are manipulative therapies such as chiropractic (which is considered mainstream in the VA Health System), massage, and osteopathy. Some less familiar therapies in this group include:

Feldenkrais

Feldenkrais, more formally known as Feldenkrais Method, was developed by physicist Moshe Feldenkrais in the 20th century. It may be offered in classes or one-on-one sessions. People explore their body's movement patterns and learn exercises that teach their bodies to more effectively carry themselves in space (use proprioception) in ways that minimize pain or unhealthy body positioning. Feldenkrais has few adverse effects when taught by a knowledgeable instructor.

Alexander Technique

Developed by an Australian actor of that name, this approach was developed in the late 19th century. It is widely used by performing artists. It focuses on developing proper body mechanics to minimize poor posture and excess tension in various parts of the body. This technique is also quite safe.

See the Resource section at the end of this chapter for more information on Feldenkrais and Alexander Technique, as well as other approaches. This chapter will focus in depth on two of the most popular manipulation and body-based therapies, Massage and Osteopathy. Note that while chiropractic is not formally considered a CIH approach in the VA, the discussion of the efficacy and safety of osteopathy is relevant to chiropractic as well.

Massage

Massage has been used since before recorded history, and it remains a popular CIH approach. In 2008, 8.3% of Americans had experienced some form of massage in the past year, up from 5% in a 2002 survey.¹ Aside from mind-body approaches and animal-assisted therapies, massage is one of the most widely available complementary approaches used in the VA. In 2011, 34 of 141 (24.1%) of sites surveyed reported offering some form of massage therapy to their Veterans.²

Massage therapist training and licensing standards vary greatly from state to state. There is also variability from school to school. Common certifications you will see after a therapist's

name include CMT (certified massage therapist) and LMT (licensed massage therapist). CAMT stands for “Certified Acupressure Massage Therapist.”

Types of Massage Therapy

Types of massage therapy include the following:³

Swedish massage (and similar schools). Swedish massage involves stroking and kneading the body using various methods. Five basic massage techniques are used, including:

- **Effleurage**—stroking with various degrees of pressure. This is what most people think of when they think of a massage.
- **Petrissage**—a kneading motion, done with the fingers and thumbs in a circular pattern
- **Tapotement**—rhythmic, vigorous tapping or slapping done to stimulate deep tissues
- **Friction**—use of the palm, forearm, heel of the hand, or even the elbows to roll, ring, and compress tissue
- **Vibration**—can be done using hands or using a machine

Shiatsu is based on massaging over trigger points and pressure points. Therapists most commonly use the balls of their thumbs and follow points called tsubos, which are often pressed or held, and correlate with acupuncture points.

Neuromuscular massage involves applying pressure throughout the body, not just in areas that are sore. Pressure is usually much higher than other forms of massage therapy. Neuromuscular therapy (or neuromuscular technique) involves a careful examination and manipulation of the soft tissues of a specific area of the body. It is often used to treat chronic pain.

Visceral massage involves the gentle manipulation of the visceral organs of the abdomen and pelvis. Mayan abdominal massage, which has been passed down for centuries, is one example.

Efficacy of Massage

Natural Standard gives massage therapy a category “C” rating for everything except cancer-related quality of life, which has a “B” classification; i.e., there is good scientific evidence.⁴ Key research findings related to massage include the following:

- A 2014 meta-analysis concluded that there is moderate evidence indicating that massage therapy improves neck pain, but not dysfunction (e.g., range of motion).⁵
- Another 2014 meta-analysis of 9 trials involving 404 patients with fibromyalgia found that treatment for 5 weeks or longer led to immediate and lasting improvements in pain, depression, and anxiety.⁶
- A systematic review concluded that massage therapy combined with anti-hypertensives was more effective than the drugs alone for lowering blood pressure.⁷

Reduction of systolic pressure averaged about 7 points, and 3.6 points for diastolic pressures. However, overall quality of the studies was poor.

- A 2007 review of massage therapy for pain concluded that there is “...fairly robust support for the analgesic effects of massage for nonspecific low back pain, but only moderate support for such effects on shoulder pain and headache pain.”⁸ There was only modest support for use in fibromyalgia, neck pain, carpal tunnel syndrome, and mixed chronic pain conditions.

While more research is needed, massage therapy’s overall safety and broad availability make it a worthwhile approach to consider. Some of the most popular indications for massage, which may or may not be supported by research, include:³

- Stress reduction
- Pain reduction (in pregnancy, with fibromyalgia, with burns, after exercise, with cancer, and in many other circumstances)
- Adjunctive treatment of mood disorders
- Managing chronic fatigue
- Decreasing bulimia symptoms (adolescents showed subjective improvements)
- Reducing agitated behaviors in people with dementia
- Enhancing restful sleep (the time a person spends relaxed during a massage may have the same benefits as good-quality sleep time)

Massage and Safety

When done by a skilled therapist, massage therapy is quite safe. Contraindications to massage, according to some therapists, include the following:⁹

- Infectious or contagious skin conditions
- Acute inflammation (e.g., rheumatoid arthritis, appendicitis)
- Massage near open skin wounds, burns, or other friable tissues
- Varicose veins and venous inflammation (thrombophlebitis)
- Sites of tumors or metastases. Even though it is unlikely that massaging an area with cancer would be any more likely to cause metastases to split off than exercise would, many practitioners recommend avoiding direct massage of cancerous areas.
- Low bone density (for techniques that use high pressure)
- Coagulopathies that would lead massage therapy to result in severe bruising
- Risk of recurrent bleeding at a site that has recently been injured or traumatized

A good therapist will always clarify whether there are any particularly vulnerable places, or places where a person simply prefers not to be touched. Appropriate draping should always be practiced.

Osteopathy

Osteopathic medicine is widely used by doctors of osteopathy (DOs) throughout the United States. It was developed in 1872 by Dr. Andrew Taylor Still. His focus was on developing a system of medical care that would promote the body’s innate ability to heal itself.¹⁰ He

called this system of medicine osteopathy.¹ As of 2014, there were 26 osteopathic medical schools in the United States. Their curriculum involves 4 years of academic study, similar to what their MD colleagues receive, in addition to 150 to 200 hours of training in Osteopathic Manual Therapy (OMT), which may also be referred to as osteopathic manipulative medicine (OMM).

Osteopathic physicians subscribe to the practice of treating the whole person, and trainees receive extensive training in structure and function of the musculoskeletal system. Approximately 50% of all osteopathic physicians go on to utilize OMT in their practice.¹¹ Approximately 65% of DOs are primary care physicians.²

The four tenets of osteopathic medicine include the following:¹²

1. The body is a unit.
2. The body possesses self-regulatory mechanisms.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based on an understanding of body unity, self-regulatory mechanisms, and the interrelationship of structure and function.

During OMT, clinicians look for “somatic dysfunctions,” which are improperly functioning components of the body’s framework system. These components include skeletal and myofascial structures and related vascular, lymphatic, and neural elements.¹³ Evaluation is accomplished through palpation of tender spots, identification of asymmetric bony landmarks and restricted joint motion, and/or abnormal tissue texture.

Osteopathic (and General Spinal Manual Therapy) Techniques

Osteopathy is one of several types of manipulative therapy. Many of the techniques it enlists are used by chiropractors as well. Once a somatic dysfunction has been identified, osteopathic physicians and others will use various techniques, including:¹¹

1. **High-velocity low-amplitude (HVLA).** The DO uses HVLA thrust techniques to push through a joint restriction and restore the range of motion of that joint.
2. **Springing techniques.** The physician repetitively and gently rocks or pulses movement against the restriction of a joint to restore the range of motion of that joint.
3. **Muscle energy technique.** The osteopath asks the patient to pull against resistance the osteopath provides to rebalance the muscles around the dysfunctional joint.
4. **Soft tissue techniques.** The physician kneads, stretches, or applies inhibitory pressure to relax soft tissues.
5. **Strain counterstrain techniques.** These techniques involve palpating tender points and putting joints and muscles into a position to take away the pain palpated in these areas. The position is held until the restriction releases (usually within approximately 90 seconds). This technique retrains the nervous system to relax the muscle via the Golgi tendon reflex.

6. **Facilitated positional release.** In these techniques, the joint or tissue is taken to the position of most comfort. Traction or compression is applied to facilitate the release of tissue tension.
7. **Still technique.** This technique is set up like facilitated positional release, but after traction or compression is applied, the joint is moved through its restrictive barrier.
8. **Cranial osteopathy.** This gentle manual technique emphasizes balancing the tension of the dura mater of the brain and working with subtle rhythmic pulsations of the cerebrospinal fluid to correct disturbances in the neuromuscular system. There are practitioners whose entire focus is craniosacral therapy.
9. **Lymphatic techniques.** These approaches generally promote the movement of the lymphatic fluid to promote healing. They are often used for lymphedema.

Efficacy of Osteopathy

Some of the studies described below focused on spinal manipulation therapy (SMT) in general, meaning they also apply to other manipulative therapies.

Low Back Pain (LBP).¹³ All major international guidelines for LBP (e.g., the British National Institute for Health and Care Excellence, the American College of Physicians, the American Pain Society, European Guidelines, the Italian Clinical Guidelines, and the Belgian Health Care Knowledge Centre) recommend SMT as a treatment option for acute and chronic symptoms. Patients most likely to respond to SMT include those with:¹⁴

- Pain present for less than 16 days
- Symptoms in the legs that do not go below the knees
- Low likelihood of avoiding activity due to fear of pain
- One or more hypomobile lumbar segments noted on palpation
- Internal rotation of one or both hips greater than 35 degrees.

A 2013 systematic review where two of 809 papers met inclusion criteria reported that one of those papers concluded OMT was similar to sham manipulation. The other concluded it had similar benefits to exercise and physical therapy.¹⁵ A 2013 update of a Cochrane review concluded that SMT “...is no more effective for acute low back pain than inert interventions, sham SMT, or as adjunct therapy,” noting that the number of studies focusing on this area is currently low and that more research is needed.¹⁶ A 2012 “overview of systematic reviews” drew the same conclusion.¹⁷ However, one OMT-specific review concluded that OMT significantly reduces low back pain,¹⁸ and other studies show benefits in reducing pain medication use¹⁹ and improving overall physical and physiological outcomes.²⁰

Neck Pain. A randomized, controlled trial (RCT) of 41 patients receiving OMT for chronic neck pain found significant reduction in pain intensity at 12 weeks compared to sham treatment.²¹ Another RCT of 201 patients receiving OMT found improved short-term physical and long-term psychological outcomes as compared to usual care.²² Another RCT found SMT was more effective than medication in subacute and acute neck pain.²³

Headaches. A study of 80 patients found that compared with those receiving massage therapy, the group receiving SMT had greater improvements in pain and disability.²⁴

Craniosacral therapy, a very gentle form of manipulation of the skull bones and the sacrum, is thought to be effective for headaches.²⁵ One systematic review concluded that massage therapy, physical therapy, relaxation, and chiropractic SMT might be as effective as the drugs propranolol and topiramate for migraine prevention.²⁶

Guidelines developed after a 2009 review concluded:²⁷

- For patients with episodic or chronic migraine headaches, spinal manipulation and massage are recommended.
- For patients with episodic tension-type headaches, spinal manipulation cannot be recommended.
- For patients with chronic tension-type headaches, a recommendation cannot be made for or against the use of spinal manipulation.

Other Diagnoses.¹³ For other conditions, research indicates the following:

- OMT reduces episodes of recurrent otitis media compared to usual care. The goal is to open the Eustachian tubes to allow the middle ear to drain.
- Pneumonia. Thoracic and abdominal lymphatic pump therapy is used to facilitate flow through the lymphatics and activate the immune system. OMT seems to decrease mortality rate and duration of antibiotics treatment.
- Fibromyalgia. A small study favored OMT for lowering pain threshold, perceived pain, chronic pain, and ability to perform activities of daily living.

Osteopathy and Other Forms of SMT: Safety¹³

Most studies of the risk of spinal manipulation do not distinguish between which practitioners do the manipulation, be it osteopaths, chiropractors, physical therapists, or others. Common transient effects after treatments include local pain, headache, tiredness or fatigue, and radiating pain. These occur in 30% to 61% of patients.²⁸ These symptoms begin within four hours and usually resolve within 24 hours. One systematic review found that worsening disk disease occurs in less than 1 in 3.7 million patients. One study found that 4.3% of subjects experienced neck stiffness after initial spinal manipulation, and it disappeared for all cases after two weeks.²⁹ Spinal manipulation was noted to have a low risk of stroke ranging from 1.46 to 5 strokes per 100,000 manipulations.³⁰

Keep body-based therapies in mind as you create Personal Health Plans (PHPs).

Chiropractic Care

This section on Chiropractic Care was contributed by Anthony J. Lisi, DC, Director, VHA Chiropractic Service, and Section Chief, Chiropractic Service VA Connecticut Healthcare System

Chiropractic care was originally developed in the late 1800s as a drug-free approach to health care, which was very appealing at that time, since many of the drugs in use had some serious side effects. The word “chiropractic” combines the Greek words *cheir* (hand) and *praxis* (practice) to describe a treatment done by hand. Hands-on therapy—especially spinal manipulation and other manual treatments—is central to chiropractic care.

In the United States, chiropractic care has historically been one of the most commonly used complementary health approaches.³¹ Approximately 14% of the general US population will see a chiropractor in a given year,³² and in patients with chronic pain the rate is as high as 40%.³³ Chiropractic care is covered by Medicare and most US insurance carriers. It has been provided in the Department of Defense health care system since 1995 and in the Department of Veterans Affairs health care system since 2004.³⁴ In 2015 the Joint Commission added chiropractic care to its pain management standards for health care facilities.³⁵ With these and other advancements and integration, today's chiropractic profession is often thought of as being "at the crossroads" between complementary and conventional medicine.³⁶

Training and Practice

Doctors of chiropractic (DCs) – also known as chiropractic physicians or simply chiropractors – are licensed and regulated in every US state and the District of Columbia. There are 15 US chiropractic schools, each accredited by the Council on Chiropractic Education,³⁷ with a curriculum of 4 academic years covering the biomedical sciences, public health, and other areas similar to medical school. Residency training is optional for chiropractors, but those seeking advanced training may complete a 1-year residency program and/or fellowship programs of another 1-2 years.

Chiropractors are typically trained and licensed to diagnose and manage a broad range of conditions using many treatments except prescription drugs and surgery. Most commonly this includes musculoskeletal problems like low back pain, arthritis, sports injuries, or other problems involving joints and muscles. An analysis of the use of complementary health approaches for back pain, based on data from the 2002 NHIS, found that chiropractic was by far the most commonly used therapy. Among survey respondents who had used any of these therapies for their back pain, 74% (approximately 4 million Americans) had used chiropractic. Among those who had used chiropractic for back pain, 66% perceived "great benefit" from their treatments.³⁸

History of Chiropractic Care in the VA

In response to Veteran demand, Congress authorized VA to begin providing chiropractic services in 1999. Since late 2004, chiropractic services have been included as part of the standard Medical Benefits Package available to all enrolled Veterans.³⁹ VA provides these services on-station and/or by community care mechanisms at all medical centers. In VA, DCs are physician-level licensed independent practitioners similar in level to optometrists and podiatrists.

VA chiropractic services are used by Veterans across the continuum of care, yet there is particular value in populations with a high prevalence of musculoskeletal conditions such as OEF/OIF/OND Veterans, chronic pain populations, women Veterans, older adults, and spinal cord injury/illness. From fiscal years 2005 through 2015 the number of VA chiropractic clinics increased from 27 to 65, and the number of Veterans receiving care at these clinics increased from over 4,000 to over 37,000. The number of Veterans receiving community chiropractic services during this time increased from over 1,000 to over 15,000.⁴⁰

Components of Chiropractic Care

A visit to a chiropractor starts with a history in which the patient discusses their current problem, overall health, and specific goals for care. The chiropractor will review any medical records, images or other studies related to the patient's health, and perform a standard physical examination of the area in question. This includes standard medical orthopedic and neurological examination procedures, along with some specialized hands-on assessment of the muscles and joints. It is rare that new x-rays or other studies will be needed, but if so the chiropractor will order the applicable tests. Once a diagnosis is made and it is determined that chiropractic treatment is appropriate, the chiropractor will work with the patient to formulate an individualized treatment plan that may include the following:

- Education and instruction on self-care, prevention, ergonomics, and how to best manage the problem from the patient's perspective
- Appropriate home exercises to improve flexibility, strength and/or balance
- Manual therapies for the joints such as manipulation or mobilization (explained in more detail below)
- Manual therapies for the muscles such as stretching, massage, and myofascial techniques
- Various mind-body approaches such as progressive muscle relaxation or stress reduction
- Nutrition and dietary advice
- Acupuncture

Some problems respond to chiropractic care more quickly than others, and some may not respond at all. In general, newer (acute) problems begin to improve within the first 1-2 visits, whereas older (chronic) problems might take 4-5 visits to show any response. A typical rule of thumb is to plan an initial trial of 4-6 visits. If there is no improvement, and no reasonable change in course that the chiropractor can provide, then the trial should be stopped and other treatment options considered. On the other hand, most patients do report some good benefit within the initial 4-6 sessions. Some may be fully improved and will be discharged from care with appropriate home instructions. Others may have partial benefit, and another few sessions could be provided to attempt to reach additional improvement. Even in longstanding, difficult problems, most patients tend to reach their plateau of improvement to chiropractic care within 8-12 visits. For chronic pain conditions that improve after the initial trial and then worsen sometime afterward, it can be appropriate to use additional chiropractic treatment from time to time to assist with flare-ups.

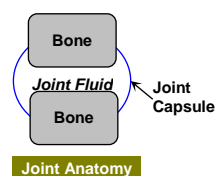
Important Facts About Spinal Manipulation

As mentioned above, various manual (hands-on) treatments are the mainstay of chiropractic practice. Although there are many names for various techniques, from a biomechanical perspective manual therapies can be classified into two groups: mobilization and manipulation. In each of those, the patient's joints are being moved by a doctor or other clinician. In mobilization techniques, the joint is moved by applying lower amounts of force using slower and typically repetitive movements. In manipulation

techniques, the joint receives a quicker, single thrust which aims to “pop” the joint. Following are the most common FAQs about manipulation:

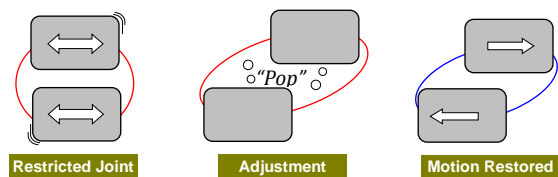
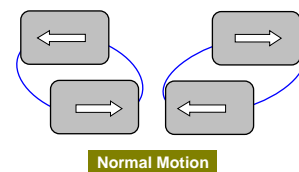
What Causes The Popping Sound? Are My Bones Cracking?

Your bones are not cracking! The popping sound is caused by movement of the joint surfaces and the joint’s lubricating fluid. To understand this better, you need to know a little bit more about the spinal joints.



A joint is made up of the surfaces of two bones that must slide over or pivot around each other for normal movement. These surfaces are lined with smooth cartilage and enclosed in an elastic tissue called the joint capsule. This capsule is filled with a fluid which lubricates and nourishes the cartilage.

The fluid is pressurized and has gasses dissolved inside, similar to carbonated soda. When a joint is injured or too stiff, the joint capsule becomes painful (left image below). During spinal manipulation, the joint capsule is stretched and some gas bubbles are released inside the capsule – similar to the bubbles that are released when a soda bottle is opened. And *that* is what causes the popping sound.



Many times, back and neck pain is the result of joints that are not moving properly. Imagine a door that only opens halfway because of a stiff hinge. You could still use it, but it is more troublesome than a door that opens fully. Tight spinal joints can be thought of in the same way as stiff hinges. When a proper force is applied to a “stuck” joint, its motion can be improved. Also, through a nervous system reflex, manipulation decreases muscle spasm or tension, and decreases pain sensation.

Effects of Adjustments

- Improved Motion
- Decreased Pain
- Decreased Muscle Tension
- Improved Muscle Performance

Does It Hurt?

A carefully-administered adjustment usually does not hurt. Many people feel a great deal of relief right afterward. But if your joints are very stiff, there could be some temporary increased soreness that typically goes away quickly and leads to improvement.

Is Spinal Manipulation Safe and Effective?

Spinal manipulation is very safe. There is a large amount of scientific evidence on the safety and effectiveness of spinal manipulation, so much so that it is included in widely recognized medical guidelines for the treatment of most low back and neck pain complaints.^{41,42,43,44} The risk of injury occurring as a side effect of manipulation is extremely low, especially when compared to other common treatments for back and neck

pain. However, as with all medical procedures, there is some inherent risk. VA chiropractors are well-trained and experienced to determine the safety of manipulation in your particular case. General research findings related to spinal manual therapies is summarized in the “Osteopathy” section of this chapter.

What Clinicians Deliver Spinal Manipulation?

Spinal manipulation can be delivered by medical doctors (although this is very rare), sometimes by DOs, and in some states manipulation is being added to the scope of practice for physical therapists. However manipulation is typically associated with the chiropractic profession. Chiropractic education requires extensive classroom work and hundreds of supervised patient encounters involving manipulation. Previous reports estimate that chiropractors provide over 94% of the spinal manipulation treatments in the US.⁴⁵

Relationship between Chiropractic Care, Opioids and Other Interventions

One important reason to consider chiropractic care is that it may prevent patients from receiving other types of treatments that have greater risk and higher cost. Studies have shown that patients with spinal pain conditions who receive chiropractic care are less likely to receive opioids.^{46,47,48} For spine-related conditions, early access to chiropractic services correlates with decreased chronic work disability, advanced imaging, spinal injections, elective lumbar surgery, and overall health care expenditures.^{49,50,51,52,53} Data from United Healthcare on over 4 million episodes of care for non-surgical spine conditions show that patients who never see a DC have double the total episode cost (\$1,309 vs. \$654) and are much more likely to receive an opioid prescription (13.3% vs. 4.8%) or an unnecessary MRI (48.7% vs. 26.2%) than patients who see a DC as the initial clinician for that problem.

Keep body-based therapies in mind as you create PHPs. They can be useful for many different patient issues.

Manipulation and Body-Based Therapy Resources

Websites

Whole Health Library

- Module 14 Tool, *Massage Therapy*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Massage_Therapy.pdf
- Module 14 Tool, *Osteopathic Medicine*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Osteopathic_Medicine.pdf

Other Websites

- National Certification Board for Therapeutic Massage and Bodywork.
<http://www.ncbtmb.org>
- American Massage Therapy Association (AMTA) Research Roundup.
<http://www.amtamassage.org/research/Massage-Therapy-Research-Roundup.html?src=navdropdown>

- Associated Bodywork and Massage Professionals.
<http://www.amtamassage.org/research/Massage-Therapy-Research-Roundup.html?src=navdropdown>. Has nice information for patients. See the “250 Variations” link to see a glossary of different massage therapy types.
- National Institutes of Health, National Center for Complementary and Alternative Medicine (NCCAM). Massage therapy info for patients.
<http://nccam.nih.gov/health/massage/massageintroduction.htm>
- Feldenkrais Guild of North America. www.feldenkrais.com

Books

- *Atlas of Osteopathic Techniques*, Alexander Nicholas (2015)
- *Basic Clinical Massage Therapy: Integrating Anatomy and Treatment*, James Clay (2008)
- *Body, Breath, and Being: A New Guide to the Alexander Technique*, Carolyn Nicholls (2014)
- *Feldenkrais: The Busy Person's Guide to Easier Movement*, Frank Wildman (2006)
- *Myofascial Pain and Dysfunction*, Volume 1, David Simons (1998). Excellent resource for strain-counterstrain
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- *The World's Best Massage Techniques: The Complete Illustrated Guide to Eastern and Western Techniques*, Victoria Stone (2010)

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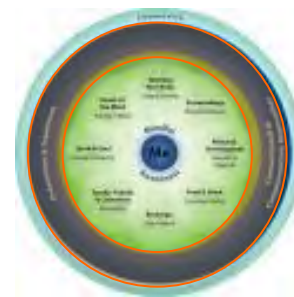
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Chapter 17. Energy Medicine: Biofield Therapies

$$E=mc^2$$

—Albert Einstein



What Is a Biofield Therapy?

According to one, quite inclusive definition: The term energy medicine derives from the perceptions and beliefs of therapists and patients that there are subtle, biologic energies that surround and permeate the body. It is suggested that these energies may be accessed in various ways...for diagnostic and therapeutic interventions.¹

Biofield therapies are based on the idea that not only are we surrounded by energy and vibration, we are energy and vibration. The nature of how energy, physical reality, and consciousness interconnect is one of the great mysteries of human existence; quantum physics offers some hints about these relationships, but we have much to learn. Dozens, if not hundreds, of different cultures and traditions have words referring to life energy. A vital force is said to be closely linked to consciousness and to animate everything that is alive. Names for this force include chi, prana, pneuma, fohat, mana, and orgone. Energy medicine is central to healing systems like Chinese medicine and Ayurveda (both discussed in Chapter 18). Bringing about healing through manipulation of life energy is a key element that biofield therapies have in common.²

Energy medicine is perhaps one of the most mysterious and controversial of all Complementary and Integrative Health (CIH) approaches; it is hard to discuss therapies when we are not clear on their mechanism of action. Nevertheless, data from the Centers for Disease Control indicate that 0.5% of the US population used some form of energy medicine in the past year,³ and 3.7 million Americans have used energy medicine at some point.⁴ The 2011 Healthcare Analysis and Information Group (HAIG) survey found that 10 of 141 (7%) VA systems offer some form of energy medicine to Veterans.⁵

Many hospitals incorporate Reiki, Therapeutic Touch, or Healing Touch into patient care. They are most often used to help people before or after surgery or cancer treatment. These approaches are most commonly introduced by nursing staff. Training in various energy medicine modalities varies. Some practices, such as Healing Touch, require four or more years of training, and learners must document hundreds of hours of patient care time prior to certification. In contrast, some forms of Reiki are taught over the course of just a few weekends (though it should be noted other forms of Reiki require years of training to achieve “master” status). Many biofield therapy practitioners describe what they do as a gift that they have cultivated without formal training. For many practitioners, their exposure to energy medicine was precipitated by some sort of health crisis or, as they describe it, healer’s journey.

A list of specific energy healing modalities, with descriptions and related websites, is featured in Table 17-1.⁶ Those listed are the ones that are most frequently used in the

United States, but the list is by no means comprehensive. Reiki, Therapeutic Touch, and Healing Touch are the most common, so they are listed first.

Table 17-1. Popular Biofield Therapies⁶

Name	Description
Reiki	Originated in Japan. Trainees are given “attunements” to allow them to pass universal healing energy through themselves to others. Works with specific healing symbols.
Healing Touch	Developed in the 1980s by Janet Mentgen, a registered nurse. The hands are used to maneuver the energy field, with a particular emphasis on the chakras. Extensive instruction and training required for certification.
Therapeutic Touch	Developed by Dolores Krieger, a nurse, and Dora Kunz in the 1970s. Light touch is used to influence the biofield. Widely used in hospital settings by nurses.
Acupuncture and acupressure	Needles are inserted into points along meridians, or energy channels, within the body. In acupressure, the points are stimulated by touch instead.
Barbara Brennan School of Healing	Focuses on energy healing according to detailed descriptions of energy anatomy and flow. This is an example of an energy healing modality that has been built upon the experiences and techniques of a specific teacher.
Emotional freedom technique, thought field therapy	Tapping with the fingers over of various meridian points is said to release stored negative emotional energy. Often classed as a mind-body therapy. Frequently used in treatment of posttraumatic stress
Flower essences	Extracts from various flowers are said to influence people according to the energetic nature of the plants they contain.
Polarity Therapy	Combines lifestyle modifications and other techniques to optimize the health of the energy field.
Quantum Touch	Popularized in books by Richard Gordon. Energy is directed for healing using intention, breathing, and other techniques. Strong emphasis on treating musculoskeletal issues, among others.
Shamanism	Often classed as a spiritual, rather than energetic, modality. Shamans use rituals, helpful spirits, journeys to the spirit world, or other techniques to gather information needed to bring about healing.

Efficacy of Biofield Therapies

Natural Standard concludes that there is not enough data to give A or B ratings of efficacy for any biofield therapies,⁷ and this was also the conclusion of a 2011 German review.⁸ General reviews and studies of the 3 most common biofield therapies are listed in this section. Note that these are based on systematic reviews when possible, but for many therapies, research remains scarce.

General Reviews

- A 2015 review⁹ reported that over 30 trials have now been done focusing on energy medicine and pain. Energy medicine seems to decrease pain intensity, but therapeutic effects are less clear when certain pain measurement instruments are used.
- The same 2015 review noted that over 15 studies of biofield therapies for cancer exist, mostly focused on the treatment of adjunctive symptoms.⁹ Results were most favorable where depression and fatigue were concerned, but only a few studies found benefit.
- A 2015 review of 30 palliative care-related studies published from 2008-2013 concluded research “...supports the use of biofield therapies in relieving pain, improving quality of life and well-being, and reducing psychological symptoms of stress.”¹⁰
- A 2015 review of biofield therapy studies focused on *non-human* subjects (plants and cell cultures) found that biofield therapies led to significant improvements in overall well-being.¹¹
- A 2010 review concluded that in general, biofield therapies show promise for reducing pain intensity, anxiety, and, for people with dementia, level of agitation.¹²
- A 2008 Cochrane review concluded from studies of a total of 1,153 patients receiving Healing Touch, Therapeutic Touch, or Reiki, that pain was reduced at least to a modest degree, by nearly 1 point on a 10-point rating scale.¹³
- A research survey done in 2003, which reviewed 2,200 published reports, found that 11 of 19 trials of energy healing which included a total of 1,122 people showed positive effects.¹⁴

Therapeutic Touch (TT)

- A 2010 study found improvement in pain and fatigue related to chemotherapy.¹⁵
- Another small study found TT decreases pain, cortisol, and levels of natural killer cells.¹⁶
- A 2014 Cochrane review concluded that “...there is no robust evidence that Therapeutic Touch promotes healing of acute wounds.”¹⁷
- A 2008 review concluded that TT does reduce pain and anxiety in patients with cancer.¹⁸
- A 2007 Cochrane review did not find any good-quality studies to assess the general effect of TT on anxiety.¹⁹

Reiki

- A 2015 Cochrane review found there was insufficient evidence to confirm whether or not Reiki is beneficial in people over age 16 with anxiety or depression.²⁰
- A 2014 review concluded that Reiki “may be effective” for pain and anxiety.²¹
- Reiki improved heart rate variability and emotional state for patients admitted to a Yale Hospital cardiology ward.²²
- A 2007 review found that Reiki was beneficial for depression in 1 of 4 studies, chronic pain in 1 of 3 studies, and in the only available study of its use for acute pain.²³

- A 2009 review of 12 studies concluded that 9 found benefit for Reiki for various indications; however, 11 of them were rated as being poor-quality.²⁴

Healing Touch (HT)

- A 2011 systematic review of 5 out of 332 studies that met inclusion criteria concluded, “Though the studies support the potential clinical effectiveness of Healing Touch in improving health-related quality of life in chronic disease management, more studies are required given that even the studies included with high-quality scores had limitations.”²⁵
- A 2012 study focused 123 combat-exposed, returning, active-duty military personnel with PTSD who were randomized to receive HT and guided imagery or treatment as usual.²⁶ Reductions in PTSD symptoms and depression were significant in the treatment group.
- In patients recovering from cardiac bypass surgery, HT decreased anxiety and length of stay. It did not affect use of pain medications or antiemetics.²⁷
- In 78 women with gynecologic cancers undergoing radiation therapy, HT improved vitality and physical function and decreased pain.²⁸

Safety of Biofield Therapies

Even though more research is needed, biofield therapies are relatively free of adverse effects.⁶ We know that many chronic diseases are exacerbated by anxiety and stress, so if energy modalities are effective in helping patients to relax, they may be worth considering, especially if patients prefer them. There are no reports of these therapies leading to morbidity of any significant duration. Problems may arise if a person defers vital biomedical interventions for an extended period of time to pursue energy modalities in their place.

During an energy medicine session, a patient may perceive physical sensations, such as tingling, temperature changes, pressure, or other sensory impressions. Pain is unlikely. Intense emotional experiences and memories may also surface, so energy medicine should be used with care in people with severe mental health disorders.

Biofield therapies can be useful adjuncts to other types of therapies, and they can also be helpful as stand-alone therapies. We still have much to learn about them, but many studies show promise, and they tend to be quite safe. The question is, will we ever come to understand their mechanism of action?

Energy Medicine Resources

Websites

Whole Health Library

- Module 14 Tool, *Energy Medicine* (Biofield Therapies).
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Energy_Medicine.pdf

Other Websites

- Barbara Brennan School of Healing. <http://www.barbarabrennan.com/>
- Healing Touch International. <http://www.healingtouchinternational.org/>
- Polarity Therapy. <http://www.polaritytherapy.org/>
- Quantum Touch. <http://www.quantumtouch.com/>
- Reiki. <http://www.reiki.com/>
- Therapeutic Touch. <http://www.therapeutictouch.org/>

Books

- Biofield Therapies. In: Rakel D, ed. *Integrative Medicine*, 4th ed, Adam Rindfleisch (2017)
- *Anatomy of the Spirit: The Seven Stages of Power and Healing*, Carolyn Myss (1996)
- *Energy Medicine for Women: Aligning Your Body's Energies to Boost Your Health and Vitality*, Donna Eden (2008)
- *Energy Medicine: Balancing Your Body's Energies for Optimal Health, Joy, and Vitality*, Donna Eden (2008)
- *Energy Medicine: The Scientific Basis*, James Oschman (2002)
- *Hands of Light: A Guide to Healing Through the Human Energy Field*, Barbara Brennan (1993)
- *Healing, Intention and Energy Medicine: Science, Research Methods, and Clinical Implications*, Wayne Jonas (2003)
- *Light Emerging: The Journey of Personal Healing*, Barbara Brennan (1993)
- *Quantum Touch: The Power to Heal*, Richard Gordon (2006)
- *Shamanic Journeying: A Beginner's Guide*, Sandra Ingerman (2008)
- *The Energy Healing Experiments: Science Reveals Our Natural Power to Heal*, Gary Schwartz (2008)
- *The Field: The Quest for the Secret Force of the Universe*, Lynne McTaggart.(2008)
- *The Subtle Body: An Encyclopedia of Your Energetic Anatomy*, Cyndi Dale (2009)
- *Wheels of Light: Chakras, Auras, and the Healing Energy of the Body*, Roslyn Bruyere (1994)

Other Resources

- *Self-Healing with Energy Medicine* (Self-Healing CD Series), Andrew Weil (2009)

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Chapter 18. Whole Systems of Medicine

To have a renewed body, you must be willing to have new perceptions that give rise to new solutions.

—Deepak Chopra



In essence, Whole Systems of Medicine encompasses all the Complementary and Integrative Health (CIH) approaches that do not fit into any other categorizations. Two will be covered in this chapter—Chinese medicine and naturopathy. Chinese medicine, and most notably, acupuncture, is the most popular “Whole System of Medicine” used in the VA. Many others exist, such as homeopathy, Ayurveda, shamanic practices, and curanderismo, a healing system popular in Mexico. The resources at the end of this chapter feature more information about some of these other approaches.

Chinese Medicine and Acupuncture

Chinese medicine has existed for thousands of years, and in the last several decades, various Chinese therapies have become increasingly popular in the West. This is particularly true for acupuncture. Chinese medicine looks at a person as a whole, not only in terms of who they are as an individual but also in terms of how they are connected with the natural world. It emphasizes preventing an illness from ever occurring, as opposed to dealing with it after it has occurred. Whole Health and Chinese medicine have a lot in common.

According to the National Health Interview Survey of 2007, 1.4% of Americans used acupuncture, up from 1.1% in 2002.¹ Use in the United States tripled between 1997 and 2007.² In the VA as of 2015, 79 hospital systems (60% of those surveyed) offered acupuncture, 25 offered acupressure, and 2 offered Chinese medicine in general.³ In the VA system, Battlefield Acupuncture (BFA), which involves placing 5 small needles in the ears, has gained increasing popularity as a treatment for pain.

There are many training programs available for learning Chinese medicine. In the US, there are over 50 colleges of acupuncture and Oriental Medicine. A Master’s in Acupuncture (M.Ac) takes three years, and a certification as a Master of Oriental Medicine typically takes three years as well.

Over 6,000 physicians in the United States have done additional acupuncture training and integrate acupuncture into their medical practices. Most of these clinicians (often said to provide “medical acupuncture”) work in primary care, but anesthesiologists and pain management specialists also make up a significant number.⁴ Non-MD acupuncturists can practice in over 25 states.

Key degrees and certifications incorporating Chinese medicine:

- DAc—Diplomate of Acupuncture
- DOM—Doctor of Oriental Medicine

- LAc or LicAc—Licensed Acupuncturist
- MAc—Master of Acupuncture
- MOM—Master of Oriental Medicine
- OMD—Oriental Medical Doctor
- RAc—Registered Acupuncturist
- C.Ac—Certified Acupuncturist (usually a physician trained in acupuncture)

Chinese philosophy is woven into Chinese medicine at a deep level. To learn more about yin-yang theory, five-element theory, and other Chinese perspectives on health and healing, see the Resources section at the end of this chapter. Diagnosis is done through using all the senses. Key tools include inspection, smell, listening, palpation (including taking pulses noting an elaborate array of details), in addition to taking a history.

Like naturopathy and other whole systems of healing, Chinese medicine includes a variety of therapeutic approaches. These are tailored to each person's individual needs, as well as to the skill sets of the practitioner. They include the following:

- *Chinese herbal medicine.* As of 1977, at least 5,767 different herbs were used in China.⁵ Herbal remedies are not prescribed according to a pattern of “one herb for one condition,” as they typically are in the West. Rather, most Chinese remedies are combinations of herbs. How the herbs are mixed is informed by an elaborate process.
- *Tui na* is a form of Chinese massage. It can be quite intense, with a number of various movements being used, including pushing, rolling, kneading, rubbing, and raking the skin with the fingers.
- *Qi gong*, involves the cultivation of energy (as mentioned in Chapter 17, Energy Medicine). It is discussed in Chapter 5, Working the Body, and there are many aspects of qi gong beyond the movement therapies that are gaining popularity in the West.
- *Chinese dietary therapy.* This involves preparing meals that balance the various forces of nature. Many food preparers in China know which foods are held to be helpful for which conditions.
- *Acupuncture (zhen), moxibustion, gua sha, and cupping.*⁶ These are actually seen as one therapy, despite their differences. Moxibustion involves burning the herb mugwort (*Artemisia vulgaris*) on acupuncture needles that have been inserted into specific points. It may also be placed directly over the skin. Gua sha is a technique that involves rubbing or scraping the skin. Cupping involves creating negative pressure over an acupuncture point and adhering a cup to the skin using the suction. It gained attention during the 2016 Summer Olympic Games.

Acupuncture, the most familiar Chinese medicine approach to Westerners, involves the placement of needles in the meridian points. Needles are usually 0.22-0.25 mm in diameter and of variable lengths. A typical session may include the insertion of anywhere from a few needles to dozens of them. Practitioners are taught very specific ways to locate each point based on various anatomical markers. For example, Pericardium 6 (the 6th point on the pericardium meridian) is two finger widths up the arm away from wrist crease between

two of the forearm tendons.⁷ This point is stimulated by motion-sickness bracelets, which have become increasingly popular in recent years and have shown benefit in several studies.⁸

Acupuncturists often say that how long one needs to receive acupuncture (i.e., the number of sessions) is proportional to time a person has had a disorder; that is, if a problem is chronic, it will take longer to respond to acupuncture. Many therapists will suggest a 1 to 3 sessions a week for the first few weeks and then scale back. Acute issues may heal with just one session.

Efficacy of Acupuncture

Because acupuncture is used much more widely in the US (and in the VA) than any other aspect of Chinese medicine, and because it has been researched much more thoroughly, we will focus on it in terms of efficacy and safety. Acupuncture research is challenging to do. Having a placebo group is tricky, and having “sham” acupuncture—using needles in non-points—sometimes also proves superior to no treatment at all. In addition, like so many CIH approaches, acupuncture therapy is individualized, so two people with the same conventional diagnosis may be treated in very different ways.

Research on mechanism of action. Truth be told, we still do not have a clear understanding of how acupuncture works from a physics/biochemistry perspective. Traditionally, the Chinese hold that health is related to the flow of qi (energy) and acupuncture allows it to flow. Western researchers have proposed many theories, including that acupuncture may stimulate release of certain neurotransmitters, that it causes cells to release chemicals that bind to opioid receptors and block pain, and/or that hormone levels and white blood cell activities are altered.⁹ Functional MRI studies have shown that needling specific acupuncture points (actual ones only, not sham ones) does indeed stimulate certain parts of the brain to change activity.

Research on clinical effects. Natural Medicines, a website that creates reviews of various therapies based on a full evaluation of the available literature, notes that the literature is particularly promising for the use of acupuncture for the following indications:⁹

- low back pain
- cervical spondylosis
- chemotherapy-related nausea and vomiting
- chronic daily headache
- dental procedures
- fibromyalgia
- insomnia
- knee pain
- labor pain
- migraine headaches
- neck pain
- osteoarthritis
- postoperative nausea and vomiting
- tendinopathy
- tension headache

In January 2014, the Department of Veterans Affairs Evidence-Based Synthesis Program (ESP) Center, created an evidence map for acupuncture.¹⁰ This “review of reviews” created visual overviews of the distribution of evidence for acupuncture and created summaries

that could be used to “inform policy and clinical decision making.” One hundred eighty-three systematic reviews met inclusion criteria. Three main domains were given attention: pain (65 studies), mental health (20 studies), and wellness (48 studies), and the evidence maps featured in Figures 18-1, 18-2, and 18-3 below were created. The bubble plots show three key pieces of information:

1. The volume of the research—that is, how many studies were found and how many subjects they included. This is represented by the position of the bubbles on the *y*-axis.
2. How effective—or not—acupuncture was as an intervention. This is represented by how far along the circles are on the *x*-axis.
3. How confident one could be that the effects that were found were real. Confidence is represented by a bubble’s size.

Based on these summaries, the best evidence supports the biggest circles that are the farthest out on the *x*- and *y*-axes (toward the upper right of the diagram). To summarize, the evidence suggests that acupuncture is best for use with:¹⁰

- | | |
|-------------------------|-------------------------------------|
| • headache (in general) | • irritable bowel syndrome (IBS) |
| • chronic pain | • postoperative nausea and vomiting |
| • migraine | • cancer adverse effects |
| • depression | • dysmenorrhea |
| • smoking cessation | • osteoarthritis |

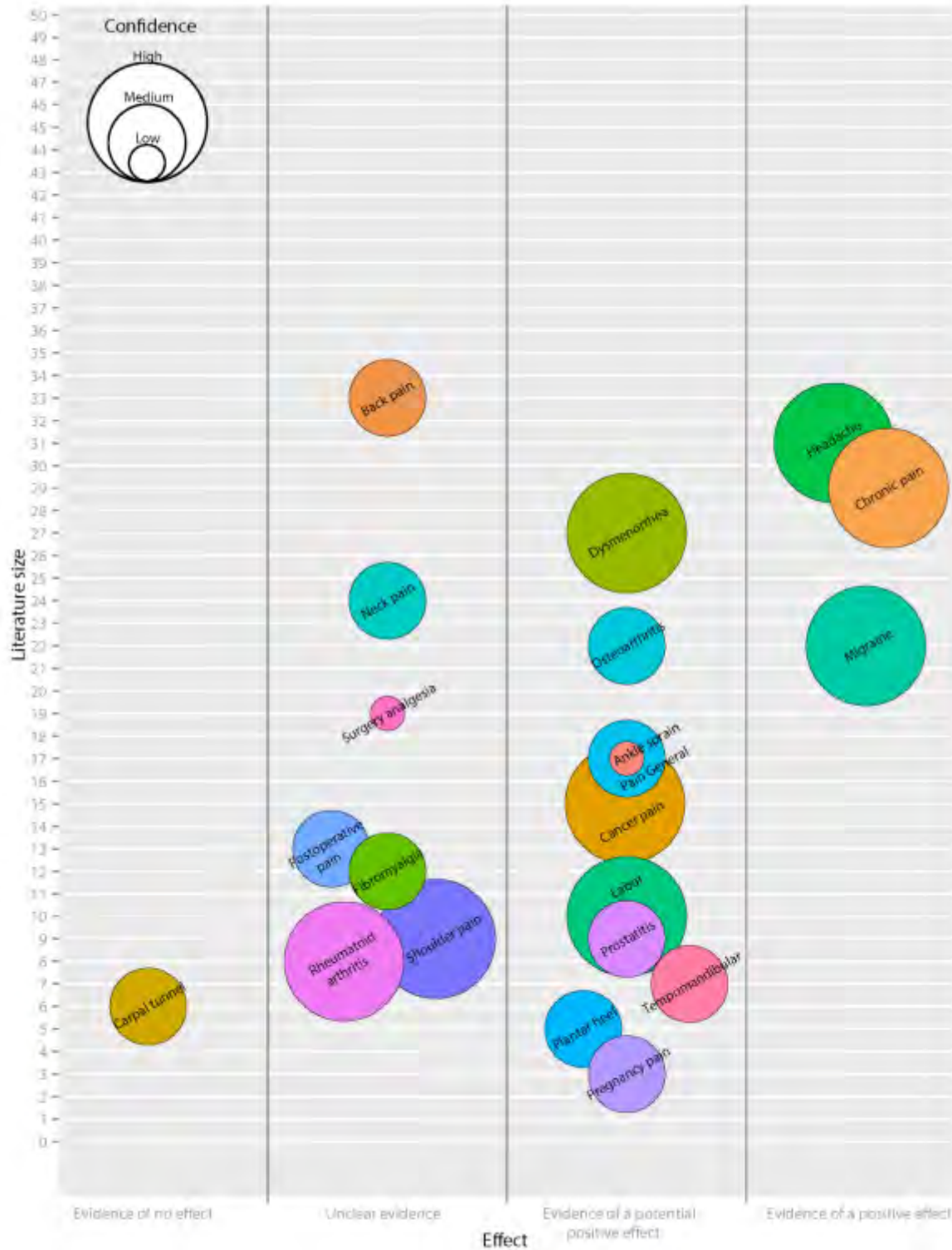


Figure 18-1. Evidence Map of Acupuncture for Pain.¹⁰

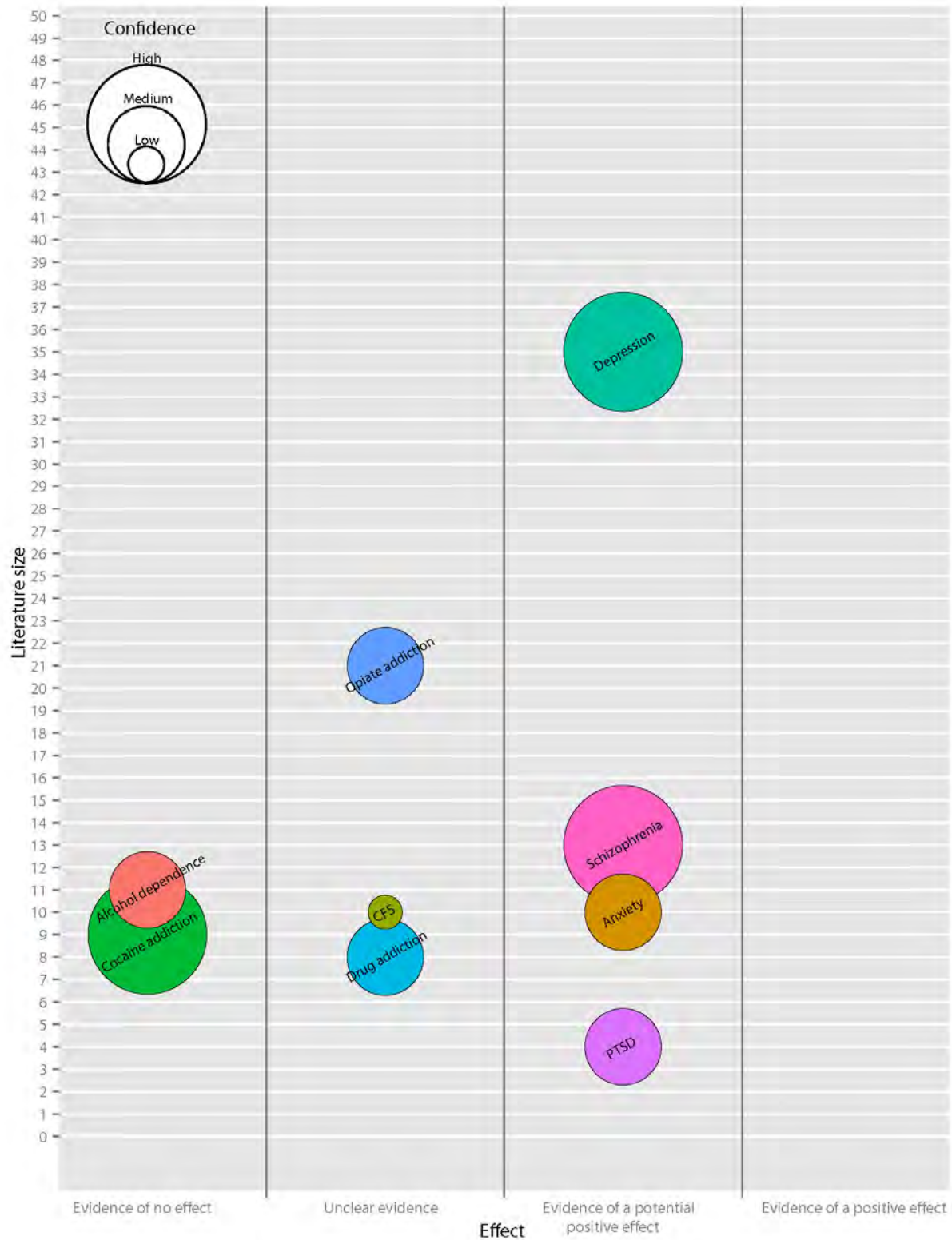
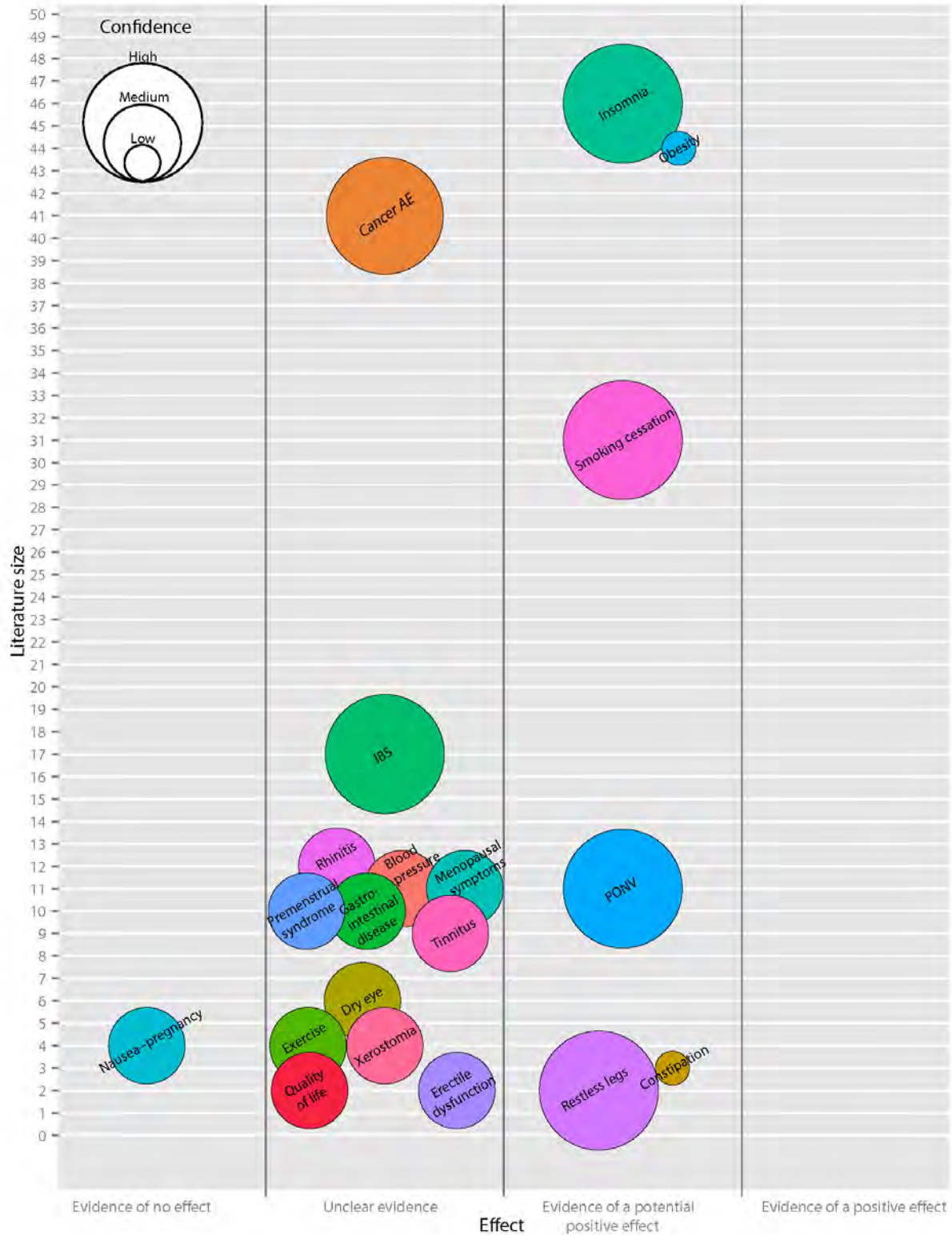


Figure 18-2. Evidence Map of Acupuncture for Mental Health.¹⁰

Figure 18-3. Evidence Map of Acupuncture for Wellness.¹⁰

A few specific studies done since the above diagrams were created are also worth noting:

- A 2013 systematic review concluded that evidence of effectiveness of acupuncture for PTSD is “...encouraging but not cogent.”¹¹
- A 2014 Cochrane review of acupuncture concluded that lack of evidence limits conclusions about acupuncture and smoking cessation.¹²
- A 2014 review regarding male sexual dysfunction concluded that acupuncture appears to have promise, but more studies are needed.¹³
- A 2012 Cochrane review of acupuncture for IBS concluded that trials did not show a benefit of true acupuncture compared with sham. In Chinese trials comparing antispasmodic drugs with acupuncture, acupuncture did have greater benefit.¹⁴
- A 2013 review focused on glaucoma found no conclusive benefit for acupuncture, but acupressure showed promise in one study.¹⁵
- A 2014 Cochrane review noted that the verdict is still out as far as acupuncture for ankle sprains.¹⁶

Safety of Acupuncture

Acupuncture is classed by Natural Medicines as “likely safe” when performed with appropriate sterile technique by an appropriately-trained practitioner.⁹ Few serious complications have been documented, despite millions of treatments conducted yearly.

The 2014 VA review of reviews on acupuncture, referenced above, also looked at adverse effects.¹⁰

- In the “Pain” studies, 12 reviews addressed adverse events, and all of these were minor—for example, bruising, temporary pain, faintness, and discomfort. They were comparable to adverse effects for control groups.
- Of the “Mental Health” reviews, 6 addressed adverse events. Most studies found no or minimal events. Adverse events from acupuncture were lower in number than those for antidepressants (10.2% versus 40.4%).
- In reviews of acupuncture for overall “Wellness,” 13 reviews noted adverse events. Again, reporting rates were rare. There was one report of a patient dropping out of a study because of pain.

A search through four Chinese journals found 1,038 total adverse event case reports up through 2010. Of these, 35 were cases where fatalities resulted, primarily because acupuncture was performed by someone who was not appropriately trained. Overly aggressive needling in the chest cavity can potentially cause pneumothorax, and poor sterile technique can lead to transmission of infection; in the United States, nearly all practitioners use disposable needles, so this is less of a concern. In the U.S., hospital-related adverse events occur at a much higher rate.¹⁷ Caution should also be used if someone is on blood-thinning medications or has uncontrolled seizures.

A 2012 review of all known complications related to acupuncture reported to the British National Health Service noted 325 incidents that met inclusion criteria. They concluded that “Adverse events reported include retained needles (31%), dizziness (30%), loss of

consciousness/ becoming unresponsive (19%), falls (4%), bruising or soreness at needle site (2%), pneumothorax (1%), and other adverse reactions (12%). The majority (95%) of the incidents were categorized as low or no harm.”¹⁸

Because acupuncture has a relaxing effect, it is important that people be careful they are not too drowsy to operate machinery after treatment. Discretion should be exercised as far as tolerability in people with severe needle phobias or severe mental health concerns. As a side note, there are reports of imported herbal supplements from China, which may be used in association with acupuncture, being adulterated with toxic compounds.¹⁹

Whole Systems of Medicine: Naturopathy

The term “naturopathy” was coined in 1895 by John Scheel and later purchased by Benedict Lust, the “Father of Naturopathy.” As of 2006, there were 4,010 licensed Naturopathic Doctors (NDs) in the United States and Canada. ND licensing is done by the states, and currently 17 states require NDs to be licensed to practice. Most licensed naturopathic physicians (NDs) are trained in primary care. They can write prescriptions and order diagnostic testing.²⁰ There are also many other practitioners, often billed as “Naturopathic Consultants” or simply “naturopaths,” who are often credentialed through less rigorous means.

According to the 2007 National Health Interview Survey, 0.3% of those surveyed had sought care from a naturopathic practitioner.¹ This equates to an estimated 729,000 adults and is a slight increase from 2002. The VA Healthcare Analysis and Information Group (HAIG) survey of 2015 found that 2 or fewer VA facilities currently offer naturopathy.³ Nevertheless, naturopathy is increasingly popular, and it is important for people who work with Veterans to be able to discuss this healing system with them if a Veteran has questions or is seeing someone outside of the VA.

Naturopathy is often classed as system of medicine, rather than as a specific therapy. It might best be viewed as an **overall philosophy of care**—an approach that incorporates many different therapies based on how well they resonate with naturopathy’s seven key principles. These principles tie in nicely the concepts of personalized, proactive, patient-driven care and the Whole Health approach. They include:²⁰

1. Respect the **healing power of nature (vis medicatrix naturae)**. The body’s power to heal itself is key. The clinician’s role is to support and enhance that process.
2. **First, do no harm**. Naturopathy begins with the simplest and least invasive approaches and scales up only as necessary.
3. **Find the cause** (do not just treat the symptoms). Naturopathic physicians seek out the underlying cause of a disease; simply suppressing symptoms is strongly discouraged.
4. **Treat the whole person**. Physical, mental, emotional, spiritual, and social factors are all taken into account.
5. **Focus on prevention**. This is highly valued. Patient education and lifestyle choice counseling are considered fundamental.

6. Keep the **focus on optimal health and balance**. (This goes beyond prevention.) This can mean focusing on reaching greater wellness, regardless of the severity of a disease or one's risk of death.
7. **The clinician is a teacher**. The word "doctor" is tied to the word "*docere*," which means teacher. The clinician engages the patient as a respected member of his or her team.

Naturopathy encompasses many modalities. ND students have the option to focus on certain areas as they move through their training. These include the following:²¹

- Diet and clinical nutrition
- Behavioral change, including working with mindful awareness techniques
- Hydrotherapy, the internal and/or external use of water in various forms (ice, liquid water, or steam)
- Homeopathy
- Botanical medicine
- Detoxification. See Chapter 6, Surroundings, for more information on "detox" approaches
- Naturopathic physical medicine, the therapeutic use of exercise, physiotherapy, energy work, manipulation, and other approaches
- Acupuncture

Efficacy of naturopathy

Most research on CIH approaches focuses on separate interventions. It is more difficult to study a system like naturopathy, which uses combinations of therapeutic approaches. Some of these approaches may synergize with each other. Since NDs tailor their health plans to the individual and his or her needs, it is difficult to keep the intervention consistent for a randomized controlled trial format.

A 2009 study of 75 people with anxiety were followed for 8 or more weeks as they received either naturopathic care, which was tailored for each individual, or psychotherapy.²² Both groups had equivalent, and statistically significant improvements, and average symptom inventory scores decreased by 30.5% in the naturopathy group. A 2013 Canadian study of postal workers with increased cardiovascular disease risk who received either "enhanced usual care" or "individual care" from an ND markedly reduced their 10-year cardiovascular risk relative to the control group.²³ Another study found that naturopathy was superior to physical exercise over 12 weeks for the treatment of rotator cuff tendonitis.²⁴ Studies on the effects of naturopathic care for type 2 diabetes, gum disease, and breast cancer prevention are ongoing.

Ultimately, understanding the efficacy of naturopathy requires a familiarity with the efficacy of the various complementary approaches encompassed by it. For instance, hydrotherapy, one of several tools in the naturopathic toolbox, has favorable immunomodulatory effects, and rheumatoid arthritis, osteoarthritis, wound healing, hemorrhoids, heart failure, and varicose veins seem to improve with its use (according to multiple studies); however, all of these studies have been criticized for having

methodological problems.²⁵ Other approaches, such as the use of specific herbal remedies, have much more evidence-based support.

Safety of naturopathy

Reports of adverse effects of naturopathy are rare, but safety is contingent to some degree on the skill and knowledge of a given practitioner. Patients should be clear about what the practitioners' qualifications are before they go for a visit. In general, the methods used preferentially by naturopaths are much less invasive or harmful than many conventional medicine interventions. NDs are preferable to other types of naturopaths. It is important to be certain that naturopaths are aware of all the medications a person is taking, and conversely, they should communicate with the medical team regarding supplement recommendations they make.

With hundreds—or even thousands of years—of accumulated information related diagnosis, prevention, self-care, and treatment, Whole Systems of Medicine have great potential to inform personal health planning. Get to know the various practitioners of Chinese medicine, Ayurveda, naturopathy, and other Whole Systems of Medicine in your local area. Consider experiencing these therapies yourself. It can be quite powerful to enlist an entirely different philosophy and perspective for patients, especially if they have a complex health history. It is not uncommon, for example, for a Chinese medicine practitioner to be able to link seemingly unrelated symptoms to an overall Chinese medicine diagnosis, such as “yin deficiency.”

Resources: Whole Systems of Medicine

Websites

Whole Health Library

- Module 14 Tool, *Acupuncture and Traditional Chinese Medicine*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Acupuncture_and_Traditional_Chinese_Medicine.pdf
- Module 14 Tool, *Ayurveda*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Ayurveda.pdf
- Module 14 Tool, *Naturopathy*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Naturopathy.pdf
- Module 14 Tool, *Homeopathy*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Homeopathy.pdf
- Module 14 Tool, *Integral Medicine*.
http://projects.hsl.wisc.edu/SERVICE/modules/14/M14_CT_Integral%20Medicine.pdf

Other Websites

- American Association of Naturopathic Physicians. <http://www.naturopathic.org/>. Can help you find local naturopathic physicians
- Ayurvedic Medicine: An Introduction. National Center for Complementary and Alternative Medicine (NCCAM) patient handout.
<http://nccam.nih.gov/health/ayurveda/introduction.htm>

- National Ayurvedic Medical Association website. <http://www.ayurvedanama.org/>. Note that there is a professional listing tab to find local practitioners at <http://www.ayurvedanama.org/search/custom.asp?id=945>. There are many online quizzes you can take to determine your doshas, including <http://www.naturdoctor.com/Chapters/Quiz/AyurvedicQuiz.html>
- Traditional Chinese Medicine Discovery. <http://tcmdiscovery.com/acupuncture/list.asp?classid=1>. Has photos of each meridian, with detailed descriptions
- National Ayurvedic Medical Association. <http://www.ayurvedanama.org/?page=MemberSchools>. Learn more about specific schools or to check on credentials for someone in the United States.
- Yin-Yang House. <http://www.yinyanghouse.com/> Nice introduction to Chinese medicine. Has a comprehensive set of acupuncture meridian diagrams

Books

- *Acupressure's Potent Points: A Guide to Self-Care for Common Ailments*, Michael Gach (1990)
- *Ayurvedic Cooking for Westerners: Familiar Western Food Prepared with Ayurvedic Principles*, Amadea Morningstar (1995)
- *Between Heaven and Earth: A Guide to Chinese Medicine*, Harriet Beinfield (1992)
- *Chinese Self Massage Therapy: The Easy Way to Health*, Ya-Li Fan (1999)
- *Clinical Naturopathy: An Evidence-Based Guide for Practice*, Jerome Sarris (2014)
- *Textbook of Ayurveda I: Fundamental Principles*, Vasant Lad (2001)
- *Textbook of Ayurveda II: Complete Guide to Clinical Assessment*, Vasant Lad (2007)
- *Textbook of Ayurveda III: General Principles of Management*, Vasant Lad (2012)
- *Textbook of Natural Medicine*, Joseph Pizzorno (2012).
- *The Web That Has No Weaver: Understanding Chinese Medicine*, Ted Kaptchuk (2000)
- *Voices of Qi*, Alex Holland (2000)

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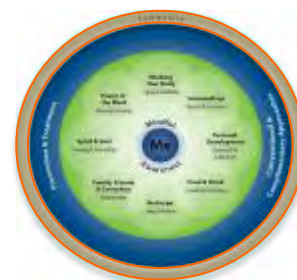
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Chapter 19. The Whole Health Community

Small acts, when multiplied by millions of people, can transform the world.

—Howard Zinn



Healing Benefits of Community

Now, we move to the last of our parts of the Circle of Health, Community. Previous chapters have covered various aspects of personalized, proactive, and patient-driven care in great detail. We have placed Veterans at the center and explored the ways they can be empowered to help themselves or receive support from others, including their medical professionals. It is important to recognize that all of these areas of Whole Health—Complementary and Integrative Health (CIH), Food and Drink, Mindful Awareness, Spirit and Soul, etc. —all of them happen to a person within a broader context. Community is that context. It includes those upon whom we rely, and those who rely on us.

When we talk about Whole Health and personal health planning, the scenario that comes to mind first for most people is a clinical encounter. An individual, perhaps with loved ones, sees different members of the care team (or in rare instances a whole team at once) one at a time, and a plan is created (or, depending on communication among team members, several plans). However, there are other perspectives. Whole Health can be provided to multiple people at once, in group courses or shared medical visits. And how might a public health nurse, a policy maker or a hospital administrator, or someone responsible for preventing epidemics see Whole Health?

Some aspects of Whole Health, or any type of care, are very explicit and clearly defined. Personal Health Inventories (PHIs) collect tangible information, Personal Health Plans (PHPs) outline specific SMART goals or next steps. Other elements that influence Whole Health are more subtle. For example, what a clinician brings to the table in terms of his or her own presence, including communication skills, ability to educate, compassion, and technical skills also contribute to Whole Health, even if they are not explicitly mentioned during the visit. The same is true when it comes to clinician self-care; it has an impact on patients too, even if it is not measured as frequently as, say, the effects of a dose of a medication or a given form of exercise.¹

More Obvious Aspects of Community

Community has both explicit and subtle influences on health too. Some of the more obvious ways community contributes to Whole Health have already been covered in previous chapters. For example:

- **Involvement in community groups and activities**, and the importance of social capital within community were described in Chapter 10, Family, Friends, & Coworkers.
- Chapter 11, Spirit & Soul, explored the health benefits and value of **spiritual and religious communities**.

- Chapter 7, Personal Development, mentioned the power of engaging Veterans in activities like **volunteering or learning in a classroom environment** to build community and camaraderie.
- As noted in Chapter 6, aspects of our Surroundings, including the safety of our neighborhoods, access to clean air and water, and availability of safe and affordable housing within one's community are all important.²

More Subtle Aspects of Community

In addition to the more obvious aspects of community listed above, there are more subtle ways Community affects health. The following also have a profound influence on patient centered care and Whole Health, though they are not usually talked about in a clinician-patient encounter:

- **Public health.** Each of us benefits from measures to contain diseases like tuberculosis, or to vaccinate against diseases that would otherwise harm entire populations of people.
- **Policy.** Laws exist to keep people safe in any number of ways. It is possible to discuss the Whole Health approach because of legislation, funding, and support sponsored and supported by leadership at the national, VISN, and local leadership level.
- **Environment.** At the largest-scale level, we belong to the community of humanity and the community of life on earth. There is no doubt that decisions on the other side of the planet can influence our day-to-day experiences of our world. Pollution is a community issue. Global warming is a community issue. How environmentally friendly, or "green," our health care facilities are is a community issue.
- **Culture.** People belonging to a given culture are unique, but cultural standards and norms do influence perspectives on health. Being part of an ethnic group, following various traditions, and the influences of one's family of origin can all inform health care behaviors and preferences. Practicing with cultural humility is essential.^{3,4}
- **Engagement and partnerships.** A powerful ally on the team is a social worker, or someone else versed in what programs, classes, and support mechanisms are available not only in the VA, but at the community, county, state, and national level. There are many communities that have programs where volunteers offer free or discounted services specifically for Veterans, such as acupuncture, yoga classes, or even housecleaning services. Your VA Medical Center's Health Promotion and Disease Prevention Program Manager is another good resource for VA and community programs and resources.
- **Leadership and advocacy.** Buy-in from leaders makes all the difference in terms of whether or not clinicians, peer partners, health coaches, and others can fully offer their expertise. Meeting with leaders in your facility is as important to promoting Whole Health as talking to a patient about something like healthy eating (which we all know is extremely important). If something is not going well, or if obstacles are compromising your ability to offer Whole Health, seek help or support. Write your Congressperson. Talk to your supervisor. Step up on behalf of your Veterans.

- **Equity and social justice.** Tragically, poverty, race, educational status, and other such measures are all linked to morbidity and mortality.⁵ Programs to improve a Veteran's situation in such areas make an important difference.
- **Program evaluation.** Many people shy away from quality improvement efforts, but asking what can be done to improve programming, or to evaluate how a program is doing in terms of outcomes measures, can contribute to an environment more supportive of Whole Health.
- **Wise use of resources.** The US is the only country in the “developed world” that spends more of its gross domestic product on health care than on social services.⁶ Consider these statistics:
 - The US spends more on health care than any other country, but our life expectancy and overall health are rate lower than for many other countries'.⁶
 - U.S. clinicians order many more diagnostic tests than most countries, and many of these tests are not needed to influence care outcomes.
 - Americans visit the doctor fewer times per year than people in most other countries, but care is still much more expensive.
 - 165,000 Americans died due to overdoses of prescription opioids between 1999 and 2014.⁷ Meanwhile, 83% of the world's population has no access to opioid pain medications, largely because they are all being consumed in the United States.⁸

Only by engaging both at work and as citizens within our greater communities can we truly influence Whole Health care at all *levels*. Clinicians can do this, and patients must as well. When all is said and done, we are all patients. We are all able to benefit from a healthy system. And our Whole Health favorably influences the health of everyone else in our Community.

Wrapping Up

On that note, we have reached the conclusion of our journey around the Circle of Health. Best wishes as you bring the various elements of the circle into your practice, and best wishes as you work to take care of your own personal Whole Health as well. May this *Passport to Health Reference Manual* point you in new and valuable directions, so that you and the Veterans who seek your care can achieve things you previously did not think were possible!

Community-Related Resources

Websites

VA Patient Centered Care Site

- Components of Health and Well-Being Video Series, “A Patient Centered Approach To: Community.”
<https://www.youtube.com/watch?v=m2rZ4taMhyc&feature=youtu.be>

Whole Health Library

- VA Public Health site. <http://www.publichealth.va.gov>

Other Websites

- The Social Work Practitioner, “What is Cultural Humility?”
<https://thesocialworkpractitioner.com/2013/08/19/cultural-humility-part-i-what-is-cultural-humility/>

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- ⁶ US spends more on health care than other high-income nations but has lower life expectancy, worse health. The Commonwealth Fund website. <http://www.commonwealthfund.org/publications/press-releases/2015/oct/us-spends-more-on-health-care-than-other-nations>. 2015. Accessed September 21, 2016.
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- ⁸ Brady KT, McCauley JL, Back SE. Prescription opioid misuse, abuse, and treatment in the United States: an update. *Am J Psychiatry*. 2016;173(1):18-26. doi: 10.1176/appi.ajp.2015.15020262. Epub 2015 Sep 4.