Session 1

Welcome, Introductions and Overview
An Introduction to Peer Support Whole Health Training

Peer Support Whole Health is a person-centered planning process that -
1) looks comprehensively at a person’s health lifestyle;
2) is a strength-based and focuses on a person’s strengths, interests and natural supports;
3) stresses creating new health lifestyle habits and disciplines; and
4) provides peer support delivered by peer specialists to promote self-directed whole health.

The Peer Support Whole Health (PSWH) training was developed by Appalachian Consulting Group (ACG) and the Georgia Mental Health Consumer Network (GMHCN) as part of a National Association of State Mental Health Program Directors (NASMHPD) Technology Transfer Initiative (TTI) grant. Some of the tools are adapted from the evidenced based Chronic Disease Self-Management Program developed at Stanford University.

The purpose of the one-day training is to provide peer specialists with the skills needed to help another peer set, get and keep a whole health goal. PSWH is emerging as an exciting new role for peer specialists that clarifies how they promote self-directed resiliency and whole health that is transforming mental health systems.

The PSWH training is built on three beliefs.
1) People cannot be forced or coerced to change their unhealthy lifestyle habits; therefore participation in the PSWH training needs to be on a voluntary basis and participants acknowledge that they have health issues that they are thinking about dealing with.
2) People are more likely to create a healthier lifestyle when you focus on their interests, strengths, supports and what they see as possible; therefore the PSWH training helps people focus on what they want to create in their lives, not on what they need to change.
3) People find it easier to create new habits than to change or stop old habits; therefore the PSWH training focuses on creating new habits or disciplines on a weekly basis based, monitoring how well they are doing and accepting support from their peers.

The PSWH training is also built on a Person Centered Planning (PCP) process that focuses on six health lifestyle domains and five keys to success.

The six domains are:
1) Healthy Eating
2) Physical Activity
3) Restful Sleep
4) Stress Management
5) Service to Others
6) Support Network

The Five Keys to Success are:
1) A Person-Centered Goal that uses the SMART process to be written into a treatment plan
2) A Weekly Action Plan that uses a confidence scale
3) A Daily/Weekly Personal Log
4) Peer Accountability and Support
5) Weekly Peer Support Whole Health Group
Welcome and Introductions: Notes

Heart Math - Boulder Creek Calif.

This is another approach to stress reduction.

In Georgia a peer teach the relaxation response is medical bullede.
Peer Support Whole Health
Agenda

Day 1

8:30 – Welcome, Introductions and Overview

9:30 – BREAK

9:45 – Person Centered Planning for Peer Support Whole Health: Part 1

10:45 – BREAK

11:00 – Person Centered Planning for Peer Support Whole Health: Part 2

12:00 – LUNCH

1:00 – Person Centered Planning for Peer Support Whole Health: Part 3

2:00 – BREAK

2:15 – Implementing the Five Keys to Success

3:15 – BREAK

3:30 – Final Reflections, Evaluation and Next Steps

4:30 - Adjourn
The Shift from Stabilization and Maintenance to Recovery-Based Services

1980  People Cannot Recover

Up until around 1980, the belief that dominated the mental health system was that people diagnosed with a mental illness would not recover. More than likely the illness would get progressively worse. The best you could expect was to get people stabilized and then maintain them as best you could in supervised environments in which they would not be able to harm themselves or others and would not be causing too many problems. This usually involved high doses of medication, long stays in secure institutions and/or years in ‘day treatment programs’ designed to entertain with TV, table games, recreation, trips, outings and other ‘low stress’ activities. It is important that we understand the mindset and beliefs of what is call, “the old system,” because many of these beliefs have been hard to let go of and can still be found in many agencies and organizations today.

2003  People can and do recover

Around 1980, this began to change. Dr. William Anthony, director of the Center for Psychiatric Rehabilitation at Boston University, states that three things played a key role in enabling this change – the writings of consumers like Judi Chamberlain and Patricia Deegan, who were moving on with their lives, the longitudinal research of people like Dr. Courtney Harding and the emergence of the philosophy of psychosocial rehabilitation. By 1990, the concept of recovery had gained a foothold in many programs across the country. Anthony calls the 90’s the ‘Decade of Recovery.’ Individual consumers and staff were beginning to believe in the possibility of recovery, but as they began to creatively bring the concept of recovery into a variety of environments and program settings, they continued to run up against the constraints of the system.

2007  System can support recovery

In 2003, the President’s New Freedom Commission Report on Mental Health was issued. While the Report promotes the concept of recovery in its vision statement by saying, “We envision a time when everyone diagnosed with a mental illness will recover.” It goes on to state that the major focus of the current mental health system is not recovery. The system is currently oriented to the meet the requirements of the bureaucracy (system) and NOT the consumer. It focuses mainly on increasing the consumer’s ability to "manage symptoms" and NOT on managing life’s challenges. If recovery is to take hold, staff alone could not do the job. The system itself will have to become more supportive.

As a sign of this shift, funding agencies began to seek out proposals that were focused on system transformation.

Recovery involves the whole person

In 2006, the National Association of State Mental Health Program Directors (NASMHPD) issued a report entitled Morbidity and Mortality in People with Serious Mental Illness that states, “People with serious mental illness served by public mental health system die, on average, 25 years earlier than the general population.” This report is causing a major shift in the field of mental health.

NASMHPD Medical Directors’ Council has since recommended that states implement a standard set of health indicators to be recorded and used for the clinical care of each person served.

Three of the eleven TTI grants given by SAMHSA in 2009 were to states implementing programs that involved using peer specialists to help a consumer set and achieve whole health goals. The states were Michigan, Georgia and New Jersey.
The NASMHPD Report and Peers Leading Holistic Recovery

The NASMHPD report made the news in USA Today as a front-page lead story on May 3, 2007 titled, “Mental Illness Linked to Short Life.” The first paragraph of the USA Today story says, “Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that’s widened since the early ’90s when major mental disorders cut life spans by 10 to 15 years. . . .”

The report says that increased morbidity and mortality are largely due to preventable medical conditions such as metabolic disorders, cardiovascular disease and diabetes. And, the report highlights preventable risk factors that include obesity, smoking, substance abuse and inadequate access to medical care. The report also states that some psychiatric medications contribute to the risk.

The National Institute of Mental Health (NIMH) is funding a study in Georgia overseen by Dr. Benjamin Druss, the Rosalynn Carter Chair of Mental Health in the Rollins School of Public Health at Emory University. The NIMH study seeks to adapt an evidence-based medical self-management program for use with people receiving mental health services in the public sector. The program chosen for adaptation is the Chronic Disease Self-Management Program (CDSMP) developed by Kate Lorig, RN, DrPH at Stanford University.

According to Druss, CDSMP is “a peer-led, evidence-based disease self-management program demonstrated to result in sustainable change in healthy behaviors and health in persons with a range of chronic conditions. The current intervention is also consistent with current efforts to incorporate self-management and peer-support strategies in efforts to foster recovery in persons with serious mental illness.”

Druss also states, “Chronic Disease Self-Management has been implemented in a variety of populations and settings, including those who are poor, disadvantaged, and have low health literacy. Furthermore, it is particularly applicable to populations who have multiple risk factors and/or co-morbid conditions.”

Two Certified Peer Specialists have been hired by Emory University to help adapt the Chronic Disease Self-Management Program for consumers served by the public mental health system in the Atlanta area. The two-year NIMH research project underway in Georgia is called the Health and Recovery Peer (HARP) Project.
The Stress Response and The Relaxation Response

Research has shown that prolonged stress has an adverse affect on one’s health.

Why? What is going on?

In order to understand this, we need to understand three things –
1) Metabolism
2) Stressors
3) The Stress Response

The following are simple descriptions of a very complex process.

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

Stressors are anything that communicates danger to your security, threatens your sense of well-being or communicates to you that you are losing or are out of control.

The Stress Response, also known as the “Flight or Fight Response,” is the body preparing you to deal with the impending danger or stressor.

Metabolism increases to get you more energy to take on the danger.
Heart beats faster to get the blood and energy to the body.
Breathing speeds up to get more oxygen into the blood.
Blood pressure increases to get the blood flowing faster.
Nitric oxide decreases to constrict the blood vessels and restrict the blood flow to the body’s extremities, thus concentrating the blood in the internal organs and large muscles.

If the stressor is a Saber-tooth Tiger and you flee to safety or fight to victory, the danger no longer exists. You have burned most, if not all, of the energy that the body has produced and the body goes into a relaxation mode.

Metabolism decreases - no longer needs the extra energy to take on the danger.
Heart beat slows down - no longer needs to get the blood and energy to the body.

Breathing slows down - no longer needs to get more oxygen into the blood.
Blood pressure decreases – no longer needs to get the blood flowing faster.
Nitric oxide increases - no longer needs to constrict the blood vessels and restrict the blood flow to the body’s extremities, thus concentrating the blood in the internal organs and large muscles.

But what if the stressor is not a Saber-tooth Tiger? What if the stressor is work place demands that don’t go away? What if the stressor is living in the mental health system with no sense of control over your life?

What happens then?

The body continues to produce extra energy, expecting you to burn it up in either flight or fight. Not only is the energy not burned off, the body craves food full of energy.
because it thinks you will need the energy to flee or fight. But, you can't, or don't, do either.

What happens to all of that energy that you are not burning off by either fleeing or fighting? Much of it is held in the hormone called cortisol, which deposits fat deep in the abdomen known as visceral fat or the non-pinchable "belly fat". According to Marilyn Glenville, who wrote the book *Mastering Cortisol – Stop Your Body’s Stress Hormone From Making You Fat Around The Middle*, "belly fat has more to do with the action of stress hormones on your body than diet or lack of exercise. Belly fat comes mainly from the action of a stress hormone called cortisol, triggered by the fight-or-flight response crucial to the survival of all animals."

Mounting research shows that belly fat linked to stress can be dangerous and is associated with increased risk for heart disease, diabetes, some forms of cancer, affects the function of the liver and weakens the immune system.

**Is there a way to counter or stop the stress response when we are not able to flee or fight the danger?**

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

The founder of the Benson-Henry Institute (BHI) is Dr. Herbert Benson, a Harvard Medical School trained cardiologist. His work, started in the late 1960's, pioneered mind/body medicine by linking stress to physical health after observing that his patients had elevated blood pressure during regular check-ups. Dr. Benson's research found that by changing thought patterns, subjects experienced decreases in their metabolism, rate of breathing and heart rate, and had slower brain waves. These changes appeared to be the opposite of the commonly known “fight-or-flight,” or “stress response”, and Dr. Benson labeled it the "relaxation response" which is the foundation of mind/body medicine practiced at BHI. Dr. Benson is the author or co-author of more than 175 scientific publications and 11 books. His 1975 book, *The Relaxation Response*, became a number one bestseller.

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

- Metabolism decreases
- Heart beat slows down
- Breathing slows down
- Blood pressure decreases
- Nitric oxide increases

If practiced regularly, it can have lasting effects.
The Relaxation Response

To elicit the relaxation response there are two essential steps:

1. Repetition of a word, sound, phrase, or muscular activity. — Breathing
2. Passive disregard of everyday thoughts that inevitably come to mind and the return to your repetition.

The following is the generic technique taught at the Benson-Henry Institute:

1. Pick a focus word, or short phrase that has personal meaning to you.
2. Sit quietly in a comfortable position.
3. Close your eyes.
4. Relax your muscles, progressing from your feet to your calves, thighs, abdomen, shoulders, head and neck.
5. Breathe slowly and naturally, and as you do, say your focus word, sound, phrase, or prayer silently to yourself as you exhale.
6. Assume a passive attitude. Don’t worry about how well you’re doing. When other thoughts come to mind, simply say to yourself, “Re-focus,” and gently return to your repetition.
7. Continue for 10 to 20 minutes.
8. Do not stand immediately. Continue sitting quietly for a minute or so, allowing other thoughts to return. Then open your eyes and sit for another minute before rising.
9. Practice the technique once or twice daily. Good times to do so are before breakfast and before dinner.
Session 2

Person Centered Planning For Peer Support Whole Health: Part 1
Five Keys to Success

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

The Importance of a Goal in Creating the Life that One Wants:

"The most important self-management skill is goal setting." (Kate Lorig) The process involves setting, getting and keeping the desired goal.

Setting a goal involves getting in touch with what will improve the quality of your life.

Getting a goal involves creating an action plan.

Keeping a goal requires setting up an on-going support network.

"In order to move on with one’s life, the pull of the future must be greater than the drag of the past or the pain of the present." (Appalachian Consulting Group)

Notes:

Goals need to be reachable, realistic, up in the money, something people think they can do.

Ask: Why do you want to improve your health? — healthier, feel happy, be strong

Go for depth — usually not the first response.

Magic pill: fruit + vegetables
Person Centered Peer Support Whole Health Planning Process

*How much you choose to improve your health –
or if you choose to improve your health at all –*
*is entirely up to you.*

Five reasons why I may want to improve my health:

1) 
2) 
3) 
4) 
5) 

Healthy Eating

What are some foods, snacks, etc. that I tend to eat or drink on a regular basis?

What are some of my favorite foods?

What do I think are some healthy foods?

What do I think are some unhealthy foods?
What are some of the healthy foods that I like?

If I decided that it would be worth creating healthier eating habits in order to improve my health, the following are some things that I could do:

Physical Activity

I enjoy the following physical activities:

After doing these activities, I feel... accomplishment

I have often enjoyed the following physical activities in the past, but don’t, or can’t, do them now:

I might like to replace these with the following physical activities:

If I decided that it would be worth doing more physical activity in order to improve my health, the following are some things I could do:
Restful Sleep

I usually get ____ hours of sleep each night.

I usually wake up about _____ times during the night.

I think I need ____ hours of sleep to function well.

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

| Restless | 1 | 2 | 3 | 4 | 5 | Restful |

I know that I am not getting enough sleep when I experience the following or the following happens:

I have learned that I sleep better when I do the following before I go to bed:

I have learned that if I do the following, or if the following happens before I go to bed, I usually do not sleep well:

If I decided that it would be worth getting more restful sleep in order to improve my health, I could do the following things:
Session 3

Person Centered Planning for Peer Support Whole Health: Part 2
Stress Management

The following are some causes of stress in my life:

The following are my favorite activities for relaxing or having fun:

I do the following things on a regular basis to take care of myself:

When I am feeling stressed out, I like to do the following things to take care of myself:

If I decided that it would be worth reducing some of the stress in my life or practicing more stress management skills in order to improve my health, I could do the following things:

Service to Others

The following are some of the things that I have done or I am currently doing that I would define as ‘service to others’ or ‘altruism’:

Helping others has the following impact on me:
Some things that I might like to do to help others are:

If I decided that it would be worth getting more involved in service to others in order to improve my health, I could do the following things:

**Support Network**

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

The following are friends that I enjoy doing things with:

Some people in my support network are:

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

If I decided that it would be worth enlarging and strengthening my support network in order to improve my health, I could do the following to accomplish that:
Setting and Clarifying Your Whole Health Goal

Health Strengths: (Put a check mark by those that you think are your strengths)

General Health:
- My blood pressure is within the normal range.
- My blood sugar level is within the normal range.
- My cholesterol level is within the normal range.
- My body weight is within the normal range.
- I have a physical examination on a regular basis.
- I have a primary care doctor that I trust and can work with.
- I do not have any chronic illnesses.
- I have a chronic illness, but I have learned how to control it.
- My meds and coping skills have my psychiatric illness basically under control.
- I know what areas of my health that I want to improve.

Healthy Life Style:
- I know what foods are healthy and unhealthy.
- There are a variety of healthy foods that I enjoy eating.
- I know some healthy foods that I like and could add to my diet.
- I understand the health value of physical exercise.
- There are some physical activities that I do and enjoy.
- I know some physical activities that I enjoy and could add to my life.
- I regularly get an adequate amount of sleep.
- I know what causes me to sleep well and not sleep well.
- I know some things I could do to improve the quality of my sleep.
- I know what causes stress in my life.
- I know how to relax and take care of myself.
- I know some things I could do to make my life less stressful.
- I know that when I help others I feel better about myself.
- I am involved in activities that are helping other people.
- I know some things I could do to help others and that I would enjoy doing.
- I have people in my life that I enjoy being with.
- I have friends that I can call on in times of need.
- I know some things that I could do to increase my support network.
- I know some things I could do to improve my physical health.
- I am ready to work on improving my physical health.

I think my current life style is healthy in the following ways:
Session 4

Person Centered Planning
or
Peer Support Whole Health: Part 3
Stating My Whole Health Goal

While there are parts of my lifestyle that are healthy, I believe that I could use my strengths to create a healthier lifestyle. This would improve the overall quality of my life in the following ways:

One area of my health that I would like to improve is:

I want to improve this because...

I think I might be ready to do this because:

Taking all of this into consideration, my whole health goal is:
Using the S-M-A-R-T formula to clarify my Whole Health Goal.

To write good goals, they should be …

Specific: Your goal should be very clear and detailed. Meeting the next four criteria will do this.

Measurable: You must be able to tell when you have met your goal.

Achievable: It needs to be something that you are able to do within the time frame you set. Has a peer ever done this or something similar? Can it be broken down into a variety of doable activities?

Related: Your whole health goal needs to relate to improving your health.

Time Limited: There needs to be a date by which you will meet your goal.

Re-stating my whole health goal, using the following form:

In order to (why)

My whole health goal is (what I want to achieve)

By (when)

Some of the things I could possibly do are:

1)

2)

3)

4)

5)

6)

7)

8)

9)
Session 5

Implementing the Five Keys to Success
Five Keys to Success

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

Learning to create a **weekly action plan** that helps the person accomplish his goal is crucial to success. While the actions in the weekly action plan may vary from week to week, they need to 1) relate to the goal that a person has set and 2) consist of healthy actions that create a discipline in one’s lifestyle that is new. Remember the action plan needs to be something that the person wants to do and can expect to do it during the next week. The action plan needs to focus on what a person is creating that is new and is helping him move in the direction that he wants to move, not on changing or eliminating what he does not like or feels that he may be doing “wrong”. Don’t focus on the bad habits. That gives these habits power. Remember – “Whatever you focus your energies on, you give power to; therefore focus on what you want to create, not on what you want to change.” The action plan needs to focus on creating good habits, not on getting rid of bad ones. If a person wants to create an action plan for eliminating certain things in her life, that is certainly her choice, but try to stay focused on the positive, what the person wants - focus on strengths. Also, it is helpful if the plan contains actions that the person is able to do multiple times in order to establish a new discipline in his or her life.

Using the whole health goal that you just created, you will now ‘practice’ creating a weekly action plan. The action plan needs to answer the following questions.

1) What will you do? **I will walk.**
2) How much will you do? **One-half mile.**
3) How often will you do it? **Three time this week.**
4) When will you do it? **Monday, Wednesday and Friday**

Other examples – This week I **will eat at least three servings of fruits and/or vegetables** on **three different days** for lunch and/or dinner. (I have not been eating many fruits and vegetables, so this is a new discipline.) Using my pedometer, this week I **will walk** during the day at **least 5000 steps** on **five days** – M-T-W-F-Su. (Again, this is a new discipline, because I have not been using a pedometer or walking very much.)

Once you have created an action plan, the question arises as to whether or not you will do what you said you will do. The **Confidence Scale** is used to increase the likelihood of success. Continued success - even in small doses - increases one’s self-confidence and the desire to set and accomplish more goals. It works like this. One decides, on a scale of 0-10 (0=no confidence and 10=total confidence), how confident you are about doing your weekly action plan. You want your score to be 7 or higher. You can increase the number by lessening the actions – the ‘how many’ and the ‘how much’, identifying and removing barriers or by increasing the support. If you say that you want to walk one mile a day on five days during the next week, but put a score of 5 on the Confidence Scale, you can increase that number to seven or more by lessening how far you will walk and/or on the number of days you will do it. Or, you can ask for certain
supports, i.e., someone to phone you each day to remind you, or someone to walk with you.

Write your weekly action plan on the following page. (There are extra copies of this page in the appendix.)
Weekly Action Plan

While one of the most important self-management skills is goal setting, breaking down a goal into “doable” steps and creating an action plan can help you accomplish your goal. Remember that your action plan is what you want to do and can do in a week.

Week ____
What?
How much?
How often?
When?
Confidence level?

Week ____
What?
How much?
How often?
When?
Confidence level?

Week ____
What?
How much?
How often?
When?
Confidence level?
A daily/weekly personal log is simply a way of keeping a record of what you actually do each week in relation to your weekly action plan. It may be a written record, an audio recorded record, a pictorial record or other forms of a log. It is important early on that the CPS, the peer, and the peer support group work out a simple and doable way of monitoring and recording progress so that this can be reported each week at the support group.

See log on the next page. (There are extra copies of the log in the appendix.)
### Daily Log Sheet:

**Week____**  
**Action Plan**

<table>
<thead>
<tr>
<th>DATE</th>
<th>What I did</th>
<th>Time/Amount</th>
<th>What was helpful/not helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Sunday</td>
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</tbody>
</table>

I participated in the weekly whole health peer support group. **Yes_____ No_____**

On a scale of 1-7 please indicate your level of progress toward achieving this goal:  
*(Circle the appropriate number)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Progress</td>
<td>Met Goal Completely</td>
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</table>
Peer accountability and support outside of the support group is very important. Ideally, this is a contact between the weekly support group meetings. This can be done two ways. The first way is that the CPS that is working with all of the peers in the PCP process and conducting the support group is the person who makes the contacts with each participant between the meetings. The second way is that during the support group meeting, each peer selects, or the group may suggest or assign, a peer to be the support person for another peer for the next week. It is best if this is not a ‘buddy system’ where two peers are playing that role for each other. ACG recommends the first way, at least for the first few weeks – especially if this is a billable service or billable time is seen as within the scope of the CPS job description.

Either way, the peer supporter arranges to contact his peer 2-4 days after the support group meets. This can be in person or by phone. The peer support person asks how the other person is doing in relation to her action plan and keeping her log. If she is doing OK, simply congratulate her and say you look forward to seeing her at the support group. If she says she is not doing well, ask how you can help.

The weekly peer support group is foundational to the success of the Peer Support Whole Health process. The following are suggested guidelines for conducting your weekly whole health peer support group.

1) All participants in the group should be working on a health goal and have agreed to use the Five Keys to Success.

2) The group can be facilitated by any one of its members. If it is facilitated by a CPS, the CPS needs to meet the criteria of guideline #1 above.

3) The group process is as follows:
   - First the leader welcomes everyone and shares her weekly action plan and what she did in the last week.
   - If the action plan was accomplished, the group celebrates the accomplishment(s) and then moves to the next person.
   - If the action plan was not accomplished, someone in the group asks what the barriers were, what could be done next week to succeed, and if the person wants suggestions from people in the group who have struggled with the same thing.
   - After brainstorming suggestions, ask the person to choose what is helpful and to use those suggestions next week.
   - Move to the next person.
   - After everyone has had a chance to share, you want to shift the focus to next week.
   - Starting again with the leader, each person will share his or her action plan for the next week and, using the Confidence Scale, state how confident they are in relation to accomplishing the actions. If the number is 7 or above, move to the next person. If it is less than 7, the group works with the person to get it to a 7 or higher.
   - Decide who will be the support peer for that person for the next week.
   - Move to the next person.
   - After everyone has had a chance to share, ask if anyone has anything else they would like to share in closing. (Remember that this is a whole health support group. Other issues and concerns can be dealt with after the group meeting is over.)
Session 6

Final Reflections, Evaluation and Next Steps
Individually list 5-7 concerns you have about implementing a whole health initiative in your local situation.

1) 
2) 
3) 
4) 
5) 
6) 
7) 

Notes on discussion:

Selection of participants:

Are you willing to:
- work on a health goal
- come to a group for 8 weeks
- use peer support
- be in an 8 week project
Final Reflection, Evaluation and Next Steps

List the 2-3 parts of the training that you've found to be the most helpful.

1)
2)
3)

List the 2-3 parts of the training that you've found to be the least helpful.

1)
2)
3)

List 2-3 ways you think the training could be improved.

1)
20
3)

What, if any, impact did the training have on you? How are you different?

What is the next step for you – either improving your own health or using this training to help others?
Peer Support
Whole Health
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Ten Beliefs that are Foundational to Initiating and Sustaining Change ..............................page 15
Taking Care of Oneself ..........................................................................................................page 17
Peer Support Whole Health Wall Quotations .................................................................To be handed out separately
The NASMHPD Report and Peers Leading Holistic Recovery

In October 2006, the Medical Directors Council of the National Association of State Mental Health Program Directors (NASMHPD) released a report entitled *Morbidity and Mortality in People with Serious Mental Illness* that states, "People with serious mental illness served by public mental health systems die, on average, 25 years earlier than the general population."

The NASMHPD report made the news in *USA Today* as a front-page lead story on May 3, 2007 titled, "Mental Illness Linked to Short Life." The first paragraph of the *USA Today* story says, "Adults with serious mental illness treated in public systems die about 25 years earlier than Americans overall, a gap that’s widened since the early ’90s when major mental disorders cut life spans by 10 to 15 years..."

The report says that increased morbidity and mortality are largely due to preventable medical conditions such as metabolic disorders, cardiovascular disease and diabetes. And, the report highlights preventable risk factors that include obesity, smoking, substance abuse and inadequate access to medical care. The report also states that some psychiatric medications contribute to the risk.

**Questions for group discussion:**

What caught your attention in these three paragraphs?

What did the report say were causes of early deaths?

What do you think might be other causes?

How many of you think you may have some physical conditions mentioned in the report?

How many of you would be interested in participating in a program to help you improve your health? Set a date and time to meet with those who are interested in order to explain the Peer Support Whole Health initiative.
“Relaxation Response” Reduces Psychiatric Symptoms, Stress
In a recent study cosponsored by DBSA as part of our whole health initiative, practicing the “relaxation response” was shown not only to lower stress levels but also reduce psychiatric symptoms, such as those associated with obsessive-compulsive disorder and phobic anxiety. The relaxation response (RR) is a physical state of deep rest that changes your physical and emotional responses to stress, causing your heart rate and breathing to slow down, your blood pressure to lower, your muscles to relax, etc. For this particular study, peer specialists trained in RR by the Benson-Henry Institute for Mind Body Medicine, led individuals diagnosed with mental illness in eight RR sessions at two peer centers in Georgia operated by AmericanWork, one of the study sponsors. The study was organized by the Appalachian Consulting Group and also sponsored by the Georgia Division of Mental Health, APS Healthcare and the Georgia Mental Health Consumer Network. Each session was 45 minutes, which included a discussion of stress management and a 20-minute RR meditation. Living with illnesses such as schizophrenia, bipolar disorder, and major depression, the participants also practiced RR on their own for five to 10 minutes twice a day, using a guided meditation CD. To evaluate their responses to RR, participants used three different self-reporting surveys:

- **Perceived Stress Scale**
  Also called the PSS, this scale rates a person’s perceived stress level over the past month.

- **Short Form (36) Health Survey (SF-36)**
  Also called the SF-36, this scale rates eight areas of a person’s health over the past month: general health, physical functioning, physical role functioning, emotional role functioning, bodily pain, mental health, vitality, and social functioning.

- **Symptom Checklist-90-R (SCL-90-R)**
  Also called the SCL-90-R, this scale evaluates how much individuals’ psychological symptoms have bothered them in the past week. The symptoms measured include those associated with obsessive-compulsive disorder, depression, anxiety and phobic anxiety, hostility, paranoia, and psychosis.
Georgia Peer Support Whole Health Pilot Project

Objectives:
1) Demonstrate that Medicaid will pay for the utilization of Peer Support to achieve whole health goals.
2) Demonstrate the impact of Peer Support on individuals' attainment to achieve whole health goals.
3) Introduce mental health service providers to the concept of Peer Support Whole Health.
4) Train over 10% of Georgia's peer specialist workforce in Peer Support Whole Health.
5) Train mental health consumers in Peer Support Whole Health.

Objectives in the Georgia peer to do the project randomized study by (WAP Researchers)
Peer Support Whole Health Evaluation
Report compiled for the Georgia Mental Health Consumer Network, Inc.

SUMMARY OF FINDINGS

Jeremy Lingle, M.S.
Adam Darnell, Ph.D.
EMSTAR Research, Inc.

July 2009

Method

- A pre-test and post-test survey, designed by GMHCN staff in consultation with the evaluators, was administered to all consumers.
- Pre-test data were collected during the final week of February 2009, and post-test data were collected during the final week of April.
- A total of 15 consumers completed both the pre-test and post-test.
- Demographics:
  - Gender: 73% female, 27% male.
  - Ethnicity: 67% African American, 33% Caucasian.
  - Age: Ranged from 22 to 66 years, with the largest group falling within the age range of 50 to 59 (n=7).

Findings

Pre-test/post-test change

- Consumers showed improvements in their overall health.
  - 67% of consumers (n=10) showed a positive change in their whole health while 20% indicated that they had maintained their health over the 8-week period. Two individuals indicated a negative change in their whole health.
- Consumers showed improvements in their mental health as it relates to their physical health.
  - 47% of consumers (n=7) showed a positive change between the beginning and end of the project, 33% maintained the same rating from pre-test to post-test, and 20% showed a negative change.
- Consumers did not show improvements in the level at which their physical health impeded participation in life activities.
  - Overall, the same number of individuals showed change in the positive direction as in the negative direction (40% each), while 20% showed no change.
  - These results may also reflect an increase in the consumers’ awareness of the relationship between their physical health and their participation in activities rather than indicate a decrease in participation in those activities due to physical health impediments.
Progress toward meeting goals
- All consumers indicated that they had made progress toward meeting goals.
  - 20% of individuals indicated that they had met their first goal and 33% indicated that they had met their second goal.
- Consumers’ goals fell into the following general categories: improving eating habits, losing weight, increasing physical activity, improving specific markers of health (e.g., blood pressure, blood sugar, and cholesterol), and improving general health.

Positive results from improving physical health
- Responses from consumers indicated improvements in their physical activity (80%). They also noted an increased awareness of, and improvements in, eating habits (20%).

Contributions of Certified Peer Specialists
- Respondents found CPSs to be very helpful in assisting them to attain their whole health goals.
  - Average helpfulness rating was 6.5 out of 7 possible; 67% indicated the highest possible rating.
- CPSs contributed to goal accomplishment by encouraging and listening to consumers (33%) and by offering specific advice, training, and guidance (27%).

Perceptions of Peer Support Whole Health Initiative
- Most helpful aspects: Promoting physical activity (20%), healthy eating habits (20%), and providing training and resources (13%).
A Weekly Action Plan

While one of the most important self-management skills is goal-setting, breaking down a goal into “doable” step and creating an action plan can help you accomplish your goal. Remember that your action plan is what you want to do and can do in a week.

<table>
<thead>
<tr>
<th>Week _____</th>
<th>Week _____</th>
<th>Week _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>What?</td>
<td>What?</td>
<td>What?</td>
</tr>
<tr>
<td>How much?</td>
<td>How much?</td>
<td>How much?</td>
</tr>
<tr>
<td>How often?</td>
<td>How often?</td>
<td>How often?</td>
</tr>
<tr>
<td>When?</td>
<td>When?</td>
<td>When?</td>
</tr>
<tr>
<td>Confidence level?</td>
<td>Confidence level?</td>
<td>Confidence level?</td>
</tr>
</tbody>
</table>
Daily Log Sheet: Week____

Name_________________________ Reviewed By ______________________
Whole Health Goal #___:

<table>
<thead>
<tr>
<th>DATE</th>
<th>What I did.</th>
<th>Time/Amount</th>
<th>What was helpful/not helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
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<td>Wednesday</td>
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<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I participated in the weekly whole health peer support group.  Yes____ No____

On a scale of 1-7 please indicate your level of progress toward achieving this goal: (Circle the appropriate number)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Progress</td>
<td>Met Goal</td>
<td>Completely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appalachian Consulting Group, Inc. - 2009
Strategies to Increase Your Steps (Move Yourself-Cooper Clinic)

At home:
- Take your dog for a daily walk.
- Listen to an audio book or your favorite radio talk show while your walk.
- Wash your car by hand instead of taking it to the car wash.
- Rake your lawn.
- Walk to the corner or around the block or through your apartment complex whenever you check your mailbox.
- Get involved in active and fun recreational activities: hiking, ice skating, bike riding, gardening, bowling, dancing. Get the family involved as well.
- Actively play with your children instead of watching them. They will love the involvement.
- Walk around your house during TV commercials. You can log many hundreds of extra steps a day during these breaks. Put away the remote control and get up and change the channels on your TV.
- Walk as you talk on your cordless phone.
- Walk to a nearby store for items you can easily carry.

At work:
- Every hour or so, take a hundred steps around your office or building. Put some physical activity breaks (even 2- or 5-minute breaks) into your day timer. Program your computer to sound off when it is time for a break.
- Take the stairs instead of the elevator. Start with even one flight and challenge yourself to add a flight every week or two.
- Don’t email or call somebody within four hundred feet of you. Walk to the person and give them the message directly.
- If you take public transportation, get off a stop before yours, and walk the rest of the way. Do the same on the way home. If you drive to work, park farther away in the parking lot. Walk the ramps in the parking garage if it is not dangerous.
- Walk to and from lunch, if possible. Ten minutes there and ten minutes could add up to an extra thousand steps.
- Take the long way to the restroom. Use the stairs, if possible.

What else can you do to add physical activity?
- Start using a pedometer to count your steps and try to increase the number each week.
**Eating Pattern Assessment** (Move Yourself-Cooper Clinic)

For each of the food groups in the chart below, circle the foods that you usually eat from that particular category

<table>
<thead>
<tr>
<th>Food Group</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breads, cereals, and other starchy food</td>
<td>Whole grain breads, cereals, crackers and pasta; wild and brown rice; corn tortillas; beans prepared with healthy or limited fats.</td>
<td>White bread; presweetened cereal; granola; white rice; regular pasta; cornbread; muffins; regular crackers; flour tortillas; beans prepared with fat</td>
<td>Doughnuts; biscuits; croissants; pastries; egg noodles; high-fat crackers; refined beans; potato skins; French fries; pasta, potatoes, and rice prepared with butter, cream or cheese</td>
</tr>
<tr>
<td>Fruits and vegetables</td>
<td>4 or more servings of vegetables per day; 2 or more servings of fruit per day</td>
<td>2-4 servings per day of combined vegetables and fruit; canned fruit in heavy syrup</td>
<td>Less than 2 servings of fruits and vegetables a day, coconut; vegetables cooked with cream, butter or cheese</td>
</tr>
<tr>
<td>Dairy products</td>
<td>Skim or 1% milk; 1% yogurt; low-fat soy milk; nonfat cheese; cheese with less than 3 grams of fat per ounce</td>
<td>Reduced fat (2%) milk; 2% yogurt; reduced-fat cheese; light cream cheese; light sour cream</td>
<td>Whole milk; whole milk yogurt; custard-style yogurt; Regular sour cream; cream cheese; regular cheeses like ricotta, Swiss, American, cheddar</td>
</tr>
<tr>
<td>Meats, poultry, fish, eggs</td>
<td>Small to moderate portions of lean beef and port tenderloin; extra lean hamburger; skinless poultry; seafood; fish; egg whites or only a few eggs a week</td>
<td>Larger portions of lean beef and pork cuts; lean hamburger; ground turkey; poultry with skin</td>
<td>Marbled beef and pork; regular hamburger; bacon; sausage; bologna; hot dogs; fried chicken; fried fish; canned fish packed in oil; more than 6 egg yolks a week</td>
</tr>
<tr>
<td>Fats and oils</td>
<td>Use vegetable oils in moderation when preparing foods; consume moderate amounts of nuts, avocado, and olives; no trans fats</td>
<td>Often add fats and oils when preparing foods at home; use soft margarine</td>
<td>Always add fats and oils when preparing foods at home. Do not measure the amount of oil used. Frequently eat fried foods and fat foods. Use butter or stick margarine</td>
</tr>
<tr>
<td>Desserts and snacks</td>
<td>Pretzels; angel food cake; fig bars; graham crackers; low-fat crackers and cookies; low-fat popcorn; non-fat plain frozen yogurt without added sugar or fructose; sorbet</td>
<td>Low-fat chips; cakes; brownies; regular popcorn; sherbet</td>
<td>Regular potato, corn, and cheese chips; ice cream; candy; rich cakes; cookies; pies</td>
</tr>
<tr>
<td>Beverages</td>
<td>Water; less than 1 or 2 cups of coffee a day; 100% fruit juice; 100% vegetable juice; a variety of tea; little or no alcohol.</td>
<td>Few alcoholic beverages; sports drinks; fruit punch.</td>
<td>More than 2 cups of coffee a day; more than 2 drinks of: regular latte drinks, regular soft drinks, and hot chocolate.</td>
</tr>
</tbody>
</table>
Interpreting the Results

Into which column (one, two, or three) do most of your circled foods fall? If your answers are in -

*Column one:* Congratulations. You are enjoying a healthful diet that may help you reduce many of your risk factors for heart disease and stroke. Keep up the good work.

*Columns one and two:* You are doing a good job of eating a healthful diet. Make a few changes so more of your food choices are in column one.

*Column two:* Your diet is moderately healthy. You may have made some steps in the right direction. Keep making changes slowly until most of your food choices are in column one.

*Columns two and three:* Your diet is not as heart healthy as it could be. Try to move away from some foods in column three and eat them only once in a while. Make changes slowly so that more of your choices are in column two. Then try to move more into column one.

*Column three:* Your diet has room for improvement. Choose one or two food groups and start to slowly make changes toward two, then column one. Save the column three foods for eating on special occasions.
### The YOU Diet Crib Sheet (YOU on a Diet by Rosen and Oz)

**Meal Strategy**
Three main meals plus snacks, so you are never hungry. No eating within three hours of bedtime. Consider dessert an every-other-day treat.

**Waist Foods (eat ‘em)**
Whole-grain carbohydrates; fiber; nuts, which include healthy monounsaturated and polyunsaturated fats; protein such as lean meats (two-legged preferred) and fish.

**Waste Foods (Trash ‘em)**
Added sugars, simple carbohydrates, fructose as in high fructose corn syrup, trans fat, saturated fat, non-whole-grain flour, and enriched and/or bleached flour.

**In a Hunger Emergency**
Apples, almonds, walnuts, edamane (Soybeans), sugarless gum, water, cut-up vegetables, low-fat yogurt and cottage cheese.

**Substitute Foods**
In any recipe or meal plan, you can replace any fruit or vegetable with another to make recipes to your taste.

**Meal Journal**
You can keep track of what you eat at mychoicescount.com

**Supplements**
Once a day take a multivitamin as an insurance policy against less-than-perfect food choices. (It is better if you split the pill and take half twice a day.) Other supplements need to be discussed with your doctor.

**The Team**
Don’t be afraid to enlist advice from qualified nutritionists and trainers. But one of your most important team members will be your support partner – someone who can encourage you and be a deterrent to failure, too (you will not want to report to that person a four-doughnut binge.)

**The YOU-Turn**
It’s OK to make mistakes. The important thing is to catch them, recognize them, control them, and allow yourself the opportunity to get back on the right (waist management) road.
<table>
<thead>
<tr>
<th>Restaurant</th>
<th>Main Dishes</th>
<th>Salad Dressings</th>
<th>Sides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wendy's</td>
<td>Mandarin Chicken Salad with roasted almonds (but without the crispy noodles)</td>
<td>Reduced-fat creamy ranch</td>
<td>Plain baked potato (ask for marinara sauce on top of it), mandarin orange cup, Caesar side salad without croutons, chili.</td>
</tr>
<tr>
<td>MacDonald's</td>
<td>Fruit and walnut salad Caesar salad with grilled Chicken</td>
<td>Newman's Own Cobb Dressing</td>
<td>Fruit and Yogurt parfait</td>
</tr>
<tr>
<td>Burger King</td>
<td>BK Veggie Burger (without cheese) Tendergrill Chicken Sandwich (without sauce)</td>
<td>Ken's light Italian dressing</td>
<td>Side Garden Salad</td>
</tr>
<tr>
<td>Taco Bell</td>
<td>Spicy Chicken Soft Taco</td>
<td>Bring your own</td>
<td>None at this time</td>
</tr>
<tr>
<td>Arby's</td>
<td>Arby's Chicken Breast Fillet</td>
<td>Raspberry Vinaigrette</td>
<td>None at this time</td>
</tr>
<tr>
<td>Domino's Pizza</td>
<td>Pizza with green pepper, onions, mushrooms with crunchy thin crust</td>
<td>Use your own</td>
<td>None at this time</td>
</tr>
</tbody>
</table>
Recovery Dialogue – Procedures

**Topic** – Ten Beliefs that Are Foundational to Initiating and Sustaining Change

**Handout:** A one-page sheet called ‘Ten Beliefs that Are Foundational…’

**Guidelines to the Facilitator:** - The purpose of this discussion is to help participants think through their personal beliefs relative to creating and sustaining change in their lives.

Today we want to talk about how we create and sustain change in our lives.

*Hand out the list “Ten Beliefs that Are Foundational…”*

After everyone has had time to read through the list, ask the following questions.

Which one caught your attention?

Did any of them surprise you?

What belief would you add?

*Have 3-4 people pick a belief and go through the set of questions.*
  - Was there a time you did not believe that?
  - What was your life like then?
  - What happened that caused you to start believing that?
  - How was your life different when you believed that?
  - How do you sustain that belief – not forget it?

*Have 3-4 people answer the following two questions.*

Which one of these beliefs will be the most helpful in your improving your overall health?

Why that one?

*Close the discussion by thanking the group for their participation.*
Ten Beliefs that Are Foundational to Initiating and Sustaining Change

1) I know more about my life than anyone - how it feels, how it is and how I want it to be.

   Therefore -

2) I am responsible for my own life. I cannot expect or count on anyone else to make my life the way I want it to be.

   I can be responsible because...

3) I have the ability to decide what I do with my life.

4) I have the ability to be aware of and manage my thoughts and emotions.

5) I have the ability to influence my life by my own actions.

6) I have the ability to act on my own behalf to create the life that I want.

7) I have the ability to make a decision and act on it.

8) I have the ability to catch, check and change my negative self-talk.

9) I have the ability to change my thinking and behavior.

10) (Add your own...)
Topic – Taking Care of Oneself

**Handout:** A one-page sheet called ‘Taking Care of Oneself – Fourteen Ways’

**Guidelines to the Facilitator:** The purpose of this discussion is to help participants think through ways that they can and do take care of themselves.

Today we want to talk about how we can take better care of ourselves.

*(Hand out the list “Taking Care of Oneself– Fourteen Ways”)*

After everyone has had time to read through the list, ask the following questions.

Which one caught your attention?

Did any of them surprise you?

Someone pick one of the ways of caring for yourself that you use and tell us what you do and what it does for you. *(Try to get most of the group to share.)*

What works against you taking care of yourself? What makes it difficult to take care of yourself?

What have you learned about taking care of yourself?

What do we as a group need to do to take care of one another?

*(Close the discussion by thanking the group for their participation.)*
Taking Care of Oneself – Fourteen Ways

Do something special for yourself... Have your hair done, go out for dinner or a movie, buy yourself a gift.

Do something that gives you space from the tensions and chaos of life... Go for a ride, take a walk, window shop.

Do something that engages your creativity or talents... Work in a garden, play the piano, write a poem.

Do something that you enjoy or relaxes you... Listen to music, take a hot bath, read a book.

Do something that takes some of the chaos out of your life and gives you a sense of control... Organize your day, create a ‘to do’ list, clean your house.

Do something that cuts over against old negative self-talk... Practice reality checks, create a Wall of Accomplishments, re-state the actual situation.

Do something that connects you with other people... Go to a support group, phone a friend, join a club.

Do something that connects you with your Higher Power... Go to church, Meditate, pray.

Do something that symbolizes a new decision you have made about how you are going to live... Shower and shave each morning, dress for the day, cut-out junk food.

Do something that enables you to give of yourself to someone else... Help in a soup kitchen, share with another person how you deal with difficulties, visit a shut-in.

Do something that prevents old patterns from setting in (i.e., isolating)... Schedule things you need to do, force yourself to make commitments, keep busy.

Do something that challenges your thinking... Read a good book, go to a seminar, take a course.

Do something that helps you reflect regularly on your life... Write in a journal, keep a daily gratitude list, note your week’s accomplishments.

Do something that keeps you healthy... Exercise at least 30 minutes a day, maintain a healthy diet, get adequate sleep.
Peer Support
Whole Health

Participant Manual

Created by:
Appalachian Consulting Group, Inc
Five Keys to Success

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

The Importance of a Goal in Creating the Life that One Wants:

The most important self-management skill is goal setting. (Kate Lorig) The process involves setting, getting and keeping the desired goal.

Setting a goal involves getting in touch with what will improve the quality of your life.

Getting the goal involves creating an action plan and developing a support network.

Keeping a goal requires setting up on-going supports.

“In order to move on with one’s life, the pull of the future must be greater than the drag of the past or the pain of the present.” (Appalachian Consulting Group)

Notes:
Person Centered Peer Support Whole Health Planning Process

How much you choose to improve your health —
or if you choose to improve your health at all —
is entirely up to you.

Five reasons why I may want to improve my health:

1) 
2) 
3) 
4) 
5) 

Healthy Eating

What are some foods, snacks, etc. that I tend to eat or drink on a regular basis?

What are some of my favorite foods?

What do I think are some healthy foods?

What do I think are some unhealthy foods?
What are some of the healthy foods that I like?

If I decided that it would be worth creating healthier eating habits in order to improve my health, the following are some things that I could do:

**Physical Activity**

I enjoy the following physical activities:

After doing these activities, I feel...

I have often enjoyed the following physical activities in the past, but don’t, or can’t, do them now:

I might like to replace these with the following physical activities:

If I decided that it would be worth doing more physical activity in order to improve my health, the following are some things I could do:
Restful Sleep

I usually get _____ hours of sleep each night.

I usually wake up about _____ times during the night.

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

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

Restless  1  2  3  4  5  Restful

I know that I am not getting enough sleep when I experience the following or the following happens:

I have learned that I sleep better when I do the following before I go to bed:

I have learned that if I do the following, or if the following happens before I go to bed, I usually do not sleep well:

If I decided that it would be worth getting more restful sleep in order to improve my health, I could do the following things:

Stress Management

The following are some causes of stress in my life:
The following are my favorite activities for relaxing or having fun:

I do the following things on a regular basis to take care of myself:

When I am feeling stressed out, I like to do the following things to take care of myself:

If I decided that it would be worth reducing some of the stress in my life or practicing more stress management skills in order to improve my health, I could do the following things:

Service to Others

The following are some of the things that I have done or I am currently doing that I would define as 'service to others' or 'altruism':

Helping others has the following impact on me:

Some things that I might like to do to help others are:
If I decided that it would be worth getting more involved in service to others in order to improve my health, I could do the following things:

**Support Network**

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

The following are friends that I enjoy doing things with:

Some people in my support network are:

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

If I decided that it would be worth enlarging and strengthening my support network in order to improve my health, I could do the following to accomplish that:
Setting and Clarifying Your Whole Health Goal

**Health Strengths:** (Put a check mark by those that you think are your strengths)

**General Health:**
___ My blood pressure is within the normal range.
___ My blood sugar level is within the normal range.
___ My cholesterol level is within the normal range.
___ My body weight is within the normal range.
___ I have a physical examination on a regular basis.
___ I have a primary care doctor that I trust and can work with.
___ I do not have any chronic illnesses.
___ I have a chronic illness, but I have learned how to control it.
___ My meds and coping skills have my psychiatric illness basically under control.
___ I know what areas of my health that I want to improve.

**Healthy Life Style:**
___ I know what foods are healthy and unhealthy.
___ There are a variety of healthy foods that I enjoy eating.
___ I know some healthy foods that I like and could add to my diet.
___ I understand the health value of physical exercise.
___ There are some physical activities that I do and enjoy.
___ I know some physical activities that I enjoy and could add to my life.
___ I regularly get an adequate amount of sleep.
___ I know what causes me to sleep well and not sleep well.
___ I know some things I could do to improve the quality of my sleep.
___ I know what causes stress in my life.
___ I know how to relax and take care of myself.
___ I know some things I could do to make my life less stressful.
___ I know that when I help others I feel better about myself.
___ I am involved in activities that are helping other people.
___ I know some things I could do to help others and that I would enjoy doing.
___ I have people in my life that I enjoy being with.
___ I have friends that I can call on in times of need.
___ I know some things that I could do to increase my support network.
___ I know some things I could do to improve my physical health.
___ I am ready to work on improving my physical health.

I think my current life style is healthy in the following ways:
While there are parts of my life style that are healthy, I believe that I could use my strengths to create a healthier life-style. This would improve the overall quality of my life in the following ways:

One area of my health that I would like to improve is:

I want to improve this because...

I think I might be ready to do this because:

Taking all of this into consideration, my whole health goal is:
**Using the S-M-A-R-T formula to clarify my Whole Health Goal.**

To write good goals, they should be ...

**S**pecific: Your goal should be very clear and detailed. Meeting the next four criteria will do this.

**M**easurable: You must be able to tell when you have met your goal.

**A**chievable: It needs to be something that you are able to do within the time frame you set. Has a peer ever done this or something similar? Can it be broken down into a variety of doable activities?

**R**elated: Your whole health goal needs to relate to improving your health.

**T**ime Limited: There needs to be a date by which you will meet your goal.

Re-stating my whole health goal, using the following form.

In order to (why)

My whole health goal is (what I want to achieve)

By (when)

Some of the things I could possibly do are:

1)  
2)  
3)  
4)  
5)  
6)  
7)  
8)  
9)  
10)
Five Keys to Success

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

Learning to create a weekly action plan that helps the person accomplish his goal is crucial to success. While the actions in the weekly action plan may vary from week to week, they need to 1) relate to the goal that a person has set and 2) consist of healthy actions that create a discipline in one’s life style that is new. Remember the action plan needs to be something that the person wants to do and can expect to do it during the next week. The action plan needs to focus on what a person is creating that is new and is helping him move in the direction that he wants to move, not on changing or eliminating what he doesn’t like or feels that he may be doing “wrong”. Don’t focus on the bad habits. That gives these habits power. Remember – “Whatever you focus your energies on, you give power to; therefore focus on what you want to create, not on what you want to change.” The action plan needs to focus on creating good habits, not on getting rid of bad ones. If a person wants to create an action plan for eliminating certain things in her life, that is certainly her choice, but try to stay focused on the positive, what the person wants - focus on strengths. Also, it is helpful if the plan contains actions that the person is able to do multiple times in order to establish a new discipline in his or her life.

Using the whole health goal that you just created, you will now ‘practice’ creating a weekly action plan. The action plan needs to answer the following questions.

1) What will you do? **I will walk.**
2) How much will you do? **One-half mile.**
3) How often will you do it? **Three time this week.**
4) When will you do it? **Monday, Wednesday and Friday**

Other example – This week **I will eat at least three servings of fruits and/or vegetables** on **three different days** for **lunch and/or dinner**. (I have not been eating many fruits and vegetables, so this is a new discipline.) Using my pedometer, this week **I will walk** during the day at **least 5000 steps** on **five days** – **M-T-W-F-Su**. (Again, this is a new discipline, because I have not been using a pedometer or walking very much.)

The **Confidence Scale** is part of the **Weekly Action Plan** and is explained on the next page.
Once you have created an action plan, the question arises as to whether or not you will do what you said you will do. The Confidence Scale is used to increase the likelihood of success. Continued success - even in small doses - increases one’s self-confidence and the desire to set and accomplish more goals. It works like this. One decides, on a scale of 0-1 (0=no confidence and 10=total confidence), how confident you are about doing your weekly action plan. You want your score to be 7 or higher. You can increase the number by lessening the actions – the ‘how many’ and the ‘how much’, identifying and removing barriers or by increasing the support. If you say that you want to walk one mile a day on five days during the next week. But put a score of 5 on the Confidence Scale, you can increase that number to seven or more by lessening how far you will walk and/or on the number of days you will do it. Or you can ask for certain supports, i.e., someone to phone you each day to remind you, or someone to walk with you.

Write your weekly action plan on the following page. (There are extra copies of this page in the appendix.)
Weekly Action Plan

While one of the most important self-management skills is goal-setting, breaking down a goal into “doable” step and creating an action plan can help you accomplish your goal. Remember that your action plan is what you want to do and can do in a week.

| Week _____ |
| What? |
| How much? |
| How often? |
| When? |
| Confidence level? |

| Week _____ |
| What? |
| How much? |
| How often? |
| When? |
| Confidence level? |

| Week _____ |
| What? |
| How much? |
| How often? |
| When? |
| Confidence level? |
A daily/weekly personal log is simply a way of keeping a record of what you actually do each week in relation to your weekly action plan. It may be a written record, an audio recorded record, a pictorial record or other forms of a log. It is important early on that the CPS, the peer, and the peer support group work out a simple and doable way of monitoring and recording progress so that this can be reported each week at the support group.

See log on the next page. (There are extra copies of the log in the appendix.)
### Daily Log Sheet: Week

**Whole Health Goal**

<table>
<thead>
<tr>
<th>DATE</th>
<th>What I did.</th>
<th>Time/Amount</th>
<th>What was helpful/not helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
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</tr>
<tr>
<td>Sunday</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

I participated in the weekly whole health peer support group. Yes _____ No _____

On a scale of 1-7 please indicate your level of progress toward achieving this goal: *(Circle the appropriate number)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Progress</td>
<td>Met Goal</td>
<td>Completely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Peer accountability and support outside of the support group is very important. Ideally, this is a contact between the weekly support group meetings. There are two ways this can be done. The first way is that the CPS that is working with all of the peers in the PCP process and conducting the support group is the person who makes the contacts with each participant between the meetings. The second way is that during the support group meeting, each peer selects, or the group may suggest or assign, a peer to be the support person for another peer for the next week. It is best if this is not a ‘buddy system’ where two peers are playing that role for each other. ACG recommends the first way, at least for the first few weeks – especially is this is a billable service or billable time is seen as within the scope of the CPS job description.

Either way, the peer supporter makes arrangements to contact his peer 2-4 days after the support group meets. This can be in person or by phone. The peer support person asks how the other person is doing in relation to her action plan and keeping her log. If she is doing OK, simply congratulate her and say you look forward to seeing her at the support group. If she says she is not doing well, ask how you can help.
The **weekly peer support group** is foundational to the success of the Peer Support Whole Health process. The following are suggested guidelines for conducting your weekly whole health peer support group.

1) All participants in the group should be working on a health goal and have agreed to use the Five Keys to Success.

2) The group can be facilitated by any one of its members. If it is facilitated by a CPS, the CPS needs to meet the criteria of guideline # 1 above.

3) The group process is as follows:

   - First the leader welcomes everyone and shares her weekly action plan and what she did in the last week.
   - If the action plan was accomplished, the group celebrates the accomplishment(s) and then moves to the next person.
   - If the action plan was not accomplished, someone in the group asks what the barriers were, what could be done next week to succeed, and if the person wants suggestions from people in the group who have struggled with the same thing.
   - After brainstorming suggestions, ask the person to choose what is helpful and to use those suggestions next week.
   - Move to the next person.
   - After everyone has had a chance to share, you want to shift the focus to next week.
   - Starting again with the leader, each person will share his or her action plan for the next week and, using the Confidence Scale, state how confident they are in relation to accomplishing the actions. If the number is 7 or above, move to the next person. If it is less than 7, the group works with the person to get it to a 7 or higher.
   - Decide who will be the support peer for that person for the next week.
   - Move to the next person.
   - After everyone has had a chance to share, ask if anyone has anything else they would like to share in closing. (Remember that this is a whole health support group. Other issues and concerns can be dealt with after the group meeting is over.)
Peer Support
Whole Health

Teacher’s Manual
Instructions to the facilitator

First of all, participation needs to be on a voluntary basis. The consumer needs to make the decision to participate. Improving one’s health is not something you force or coerce a person to do. In order to effectively participate, a person needs to be at a point in his life where he acknowledges that he has some areas of his health that he is concerned about and is considering working to improve them.

Therefore, how do you get people to decide they want to create a whole health goal and commit themselves to working on it using the Five Keys to Success? One way is to share the Morbidity and Mortality report and after discussion ask for volunteers who would like to work on improving their health. There is a short summary of the report and discussion questions in the Appendix.

When working with the whole health PCP process, you need to remember that it is built off of a strength-based approach and the statement “Whatever you focus your energies on you give power to; therefore focus on what you want to create and not on what you want to change.” The PCP process does not ask people to stop doing anything they are currently doing. You will be asking them to create some new, healthy habits or disciplines, monitor how well they are doing each week and accept support from their peers.
Person Centered Planning for Peer Support Whole Health

How much you choose to improve your health –
or if you choose to improve your health at all –
is entirely up to you.

The instructions for teaching Person Centered Planning for Peer Support Whole Health are written bold italics. In this Teacher’s Guide the questions are in the second person. In the Participant’s Manual, the questions are in the first person. This process may be done with an individual or with a group of individuals.

Paraphrase or read the following: Introduce the PCP by putting a large copy of the above quotation on the front wall and having some read it. A copy of this quotation is in the Appendix, along with other quotations that you might want to put on the walls of the training room if it is appropriate. Remind the group that this statement is foundational to the whole process.

Continue by telling the group that improving one’s health is usually not an end in itself, but a means to an end. It is important to explore this question, because it is the end result that motivates. Ask, “Why do you want to be healthy?”

Have everyone (if working with a group) or the individual write five reasons why they may want to improve their health.

List five reasons why you may want to improve your health. (Remind the person that you are not asking for a commitment at this point, so the question is ‘why I may’ want to improve my health.)

1) 
2) 
3) 
4) 
5) 

After they have written five, ask them to share. If working with an individual, get all five. If working with a group, try to get everyone to share their most important.

Now we want to move into the planning process. This Person Centered Peer Support Whole Health Planning Process is designed to help a person explore six areas related to creating a healthy lifestyle. The six areas are 1) healthy eating, 2) physical activity, 3) restful sleep, 4) stress management, 5) service to others, and 6) support network. (Write the six on a flip chart and put on the front wall.)

The first three are probably obvious and immediately come to your mind when you think of a healthy lifestyle. The next three are from research done by the Benson-Henry Institute of Mind-Body Medicine at Massachusetts General Hospital in Boston. The findings showed that the body’s resilience to illness and ability to heal was increased when the person was involved in using the Relaxation Response (a form of stress management), altruism, (their word for service to others), and had a strong support network.
Each area in the PCWHPP begins with a few sentences that state the importance of that area. Then questions are asked that help a person explore these areas by looking at one’s likes, dislikes, interests, concerns and possibilities in that area. After the six areas of a healthy lifestyle are explored, there is a section that begins to pull together the previous work and focus the person’s attention on his or her major health concerns and choosing a whole health goal.

Toward the end of the process, people will look at their overall strengths related to all six areas and how they can use their interests and strengths to improve their overall health. Finally, the process focuses on explaining the Five Keys to Success – 1) A Self-determined goal, 2) A Weekly Action Plan, 3) Daily/Weekly Personal Log, 4) Peer Accountability and 5) Weekly Peer Support Group – and getting the person’s commitment to their participation.

**Healthy Eating**

*Paraphrase or read the following:* First we want to look at Healthy Eating. You have probably heard statements like:
“We are what we eat.” Or “You can eat your way to good or bad health.”

We all know how important food is. We all know how important a healthy diet is.

Yet, our diets are not always healthy.

A statement in a small pamphlet, *Heart Healthy Eating Made Simple*, from Harvard Medical School seems to say it the best –

*If someone developed a pill that*
  - improved cholesterol levels,
  - lowered blood pressure,
  - protected against heart disease and stroke,
  - strengthened bones,
  - guarded against diabetes, vision and memory loss, and
  - reduced the likelihood of some cancers -
  - and did all of this without any harmful side effects.
  - people would take it in a heartbeat.

Yet most of us turn our backs on the “magic pill” fruits and vegetable, which do all of this.

Let’s look at eating patterns.

What are some foods, snacks, etc. that you tend to eat or drink on a regular basis?

What are some of your favorite foods?

What do you think are some healthy foods?

What do you think are some unhealthy foods?

What are some healthy foods that you like?
If you decided that it would be worth creating healthier everyday eating habits in order to improve your health, what would be some things you could do? *(Here you want to push on the healthy eating patterns that the person could add to her life, not on what she would need to change or stop doing. Example – I could eat more fruits and vegetables. I could drink diet cokes. I could eat more fish.)*

**Physical Activity**

*Paraphrase or read the following:* Physical activity is crucial to the way we think and feel. It has a positive effect on every cell in the body. It can include anything from walking to playing with your children to working in the garden to housework to yard work. If may include exercise, but it is more than exercise. Physical activity can be fun. Research shows that physical activity is truly the best defense against everything from mood disorders to ADHD to addiction to menopause to Alzheimer’s disease. Getting your heart and lungs pumping can mean the difference between a calm, focused mind and a harried, unattentive self.

What are some physical activities that you enjoy doing?

How do you usually feel after doing these activities?

What are some physical activities that you have enjoyed in the past, but don’t or can’t do now?

What are some physical activities that you might like to replace these with?

If you decided that it would be worth doing more physical activity in order to improve your health, what would be some things you could do? *(Here you want to list the physical activities that the person could do, i.e., there is nothing stopping him from doing it except his decision. Also, you want these to be activities that the person would like to do. So when he shares, you might ask, “Could you see yourself doing that?” “Is that something that would be possible for you to do?” “Do you think you would enjoy doing that?”)*

You do not need to discuss what the person would have to stop doing or change about his lifestyle in order to add these activities. Keep the focus on what they could start doing that they aren’t doing now. Example – I could walk around the block. I could plant and tend a garden. I could walk around in the house for five minutes.

**Restful Sleep**

*Paraphrase or read the following:* Good, sound, restful sleep is crucial to health, efficiency and safety. Inadequate sleep can lead to illnesses, loss in productivity, and accidents. There are many things that an individual can do to improve the quality of his sleep without getting professional help. He might lessen caffeine intake, decrease or cut out violent, night-time TV, listen to peaceful music before going to bed, or take a hot aromatic bath.

How many hours of sleep do you usually get?

How many times do you usually wake up during the night?

How many hours of sleep do you think you need to function well?
How would you rate the quality of your sleep on a scale of 1-5? (Circle the appropriate number.)

Restless 1 2 3 4 5 Restful

How do you know when you have not been getting enough sleep?

What are some things that if you do them you sleep well?

What are some things that if you do them or if they happen you do not sleep well?

If you decided that it would be worth getting more restful sleep in order to improve your health, what would be some things you could do to accomplish that? (Remember you want the person to list the things they could do that they currently aren’t doing now – not the things they need to stop doing. Example – I could listen to some quiet, peaceful music for 30 minutes before I go to bed. I could get myself into a quiet inner space by meditating in the evening.)

**Stress Management**

*Paraphrase or read the following:* It has been said that we are different from our ancient ancestors in that we eat when we aren’t hungry, and we experience stress when we are not in physical danger.

We can experience stress
- in anticipating or worrying something that may happen in the future,
- by experiencing something happening in the present and
- by thinking about something that happened in the past.

According to Robert Sapolsky, “Prolonged stress can potentially make you sick or increase your risk of being sick.” And if you are sick or have a disease, stress increases the risk of your defenses – your immune system – being overwhelmed by the illness or disease. Simply put – Prolonged stress can negatively impact your overall health – physically, mentally and spiritually.

What are some causes of stress in your life?

What are your favorite activities for relaxing and having fun?

What are some things that you do on a regular basis to take care of yourself?

When you are feeling stress out, what do you do to take care of yourself?

If you decided that it would be worth reducing some of the stress in your life or practicing more stress management skills in order to improve your health, what would be some things you could do to accomplish that? (Remember you want the person to list the things they could do that they aren’t doing now – not the things they need to stop doing. Example – I could practice meditation on a regular basis. I could start saying no to people who place demands on me. I could spend more time doing things that make me feel good about myself.)

**Service to Others**

*Paraphrase or read the following:* When you help others, you help yourself. Among the research studies that Dr. Dean Ornish quotes in his book, *Love and Survival*, there are at least two that seem appropriate here.

Appalachian Consulting Group, Inc. – 2009 ©
Researchers from Cornell University followed 427 married women with children for 30 years. One finding of the study was that women who were members of volunteer organizations lived longer.

In a second study, one group of people watched a documentary movie about Mother Teresa’s service to the sick and dying poor of Calcutta’s worse slums. Another group watched a more neutral film. On average, those who watched the movie about Mother Teresa showed a significant increase in protective antibodies whereas those who watched a more neutral film did not.

In other words, just watching a film of someone embodying altruism improved the immune function. Just as chronic stress can suppress your immune system, altruism, love and compassion may enhance it.

What are some things that you have done or are currently doing that you would define as ‘service to others’ or ‘altruism’?

What impact does helping others have on you? How does it make you feel?

What are some things you might like to do to help others?

If you decided that it would be worth getting more involved in service to others in order to improve your health, what would be some things you could do to accomplish that? (Again, remember to keep the focus on what the person could do that she is currently not doing.)

Support Network

Paraphrase or read the following: Again, quoting Dr. Dean Ornish – In the one research study, the questions that researchers ask varied from ‘the number of people with whom you share interests’ to ‘do you have someone to confide in’ to ‘if you became ill, is there a friend who would drive you to the hospital or wait with you while the ambulance came’ to ‘do you have anyone who feels close to you’.

If the answers are mostly “no”, that person may have three to five times higher risk of premature death and disease from all causes – or even higher according to some studies.

Anything that promotes a sense of isolation often leads to illness and suffering. Anything that promotes a sense of love, intimacy, connection and community can lead to healing.

Name some people who you can trust to always be there for you?

Who are some of your friends that you enjoy doing things with?

Who are some people in your support network?

Do you regularly attend a support group of any kind? If so, what do you experience as the benefits?

If you decided that it would be worth enlarging and strengthening your support network in order to improve your health, what would be some things you could do to accomplish that? (Again, remember to keep the focus on what the person could do that she is currently not doing.)
Paraphrase or read the following: Now we want to step back and look at what we have learned by exploring the six areas of a healthy lifestyle. First we want to start with identifying some of our strengths. There are two sets of possible strengths no the next page – General Health and Healthy Lifestyle. Put a check mark in front of those that you consider to be true for you. Don’t hesitate to ask questions if you want something clarified.

After you have gone through both lists, write a brief statement as to how you and your current life-style are healthy.

Setting and Clarifying Your Whole Health Goal

Health Strengths: (Put a check mark by those that you think are your strengths)

General Health:
___ My blood pressure is within the normal range.
___ My blood sugar level is within the normal range.
___ My cholesterol level is within the normal range.
___ My body weight is within the normal range.
___ I have a physical examination on a regular basis.
___ I have a primary care doctor that I trust and can work with.
___ I do not have any chronic illnesses.
___ I have a chronic illness, but I have learned how to control it.
___ My meds and coping skills have my psychiatric illness basically under control.
___ I know what areas of my health that I want to improve.

Healthy Life Style:
___ I know what foods are healthy and unhealthy.
___ There are a variety of healthy foods that I enjoy eating.
___ I know some healthy foods that I like and could add to my diet.
___ I understand the health value of physical exercise.
___ There are some physical activities that I do and enjoy.
___ I know some physical activities that I enjoy and could add to my life.
___ I regularly get an adequate amount of sleep.
___ I know what causes me to sleep well and not sleep well.
___ I know some things I could do to improve the quality of my sleep.
___ I know what causes stress in my life.
___ I know how to relax and take care of myself.
___ I know some things I could do to make my life less stressful.
___ I know that when I help others I feel better about myself.
___ I am involved in activities that are helping other people.
___ I know some things I could do to help others and that I would enjoy doing.
___ I have people in my life that I enjoy being with.
___ I have friends that I can call on in times of need.
___ I know some things that I could do to increase my support network.
___ I know some things I could do to improve my physical health.
___ I am ready to work on improving my physical health.

I think my current life style is healthy in the following ways:
Paraphrase or read the following: Now we want to begin to pull all of this together and come up with a possible whole health goal. Then we will work on refining the goal.

While there are parts of your life style that are healthy, do you believe that you could use your strengths to create healthier life-style? And if you did this, how might it improve the overall quality of your life?

What is one area of your health that you would like to improve is? (You need to make sure that people have understood this question. Get out some examples. This needs to focus on an area of their health – not on actions they might take to improve their health, like quit smoking, or losing weight, or exercising more. Why do they want to do that? What about their health do they want to improve.)

Why do you want to improve this area?

Why do you think you might be ready to do this?

Taking all of this into consideration, what is your whole health goal?

Paraphrase or read the following: Now we want to take your initial statement of your goal begin to refine it by testing it over against the SMART Formula. Read or have someone(s) read the SMART Formula. Go through each part, with examples, until you feel that the group understands all of them.

Have 2-3 people share there goal statement. Use the SMART Formula to check out the goal. Ask if the goal is “specific”? Remind the group that this will become clear as we go through the remaining four part of the SMART Formula. If the way that the goal as stated does not meet the particular criteria, work with it until it does. After you have worked with 2-3 goal statements from the group, break the larger group into small teams of 3-4 to continue to work on revising their goal statements to meet the SMART Formula. It is very important that everyone’s goal statement meets the SMART Formula before proceeding to the next section.

Using the S-M-A-R-T formula to clarify my Whole Health Goal.

To write good goals, they should be …

Specific: Your goal should be very clear and detailed. Meeting the next four criteria will do this.

Measurable: You must be able to tell when you have met your goal.

Achievable: It needs to be something that you are able to do within the time frame you set. Has a peer ever done this or something similar? Can it be broken down into a variety of doable steps?

Related: Your whole health goal needs to relate to improving your health.

Time Limited: There needs to be a date by which you will meet your goal.

Re-stating my whole health goal: Have people use the following form to restate their whole health goal

In order to (why)
My whole health goal is (what I want to achieve)
By (when)
Some of the things I could possibly do are:

1)  
2)  
3)  
4)  
5)  
6)  
7)  
8)  
9)  
10)
Five Keys to Success

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

Learning to create a weekly action plan that helps the person accomplish his goal is crucial to success. While the actions in the weekly action plan may vary from week to week, they need to 1) relate to the goal that a person has set and 2) consist of healthy actions that create a discipline in one’s life style that is new. Remember the action plan needs to be something that the person wants to do and can expect to do it during the next week. The action plan needs to focus on what a person is creating that is new and is helping him move in the direction that he wants to move, not on changing or eliminating what he doesn’t like or feels that he may be doing “wrong”. Don’t focus on the bad habits. That gives these habits power. Remember - “Whatever you focus your energies on, you give power to; therefore focus on what you want to create, not on what you want to change.” The action plan needs to focus on creating good habits, not on getting rid of bad ones. If a person wants to create an action plan for eliminating certain things in her life, that is certainly her choice, but try to stay focused on the positive, what the person wants - focus on strengths. Also, it is helpful if the plan contains actions that the person is able to do multiple times in order to establish a new discipline in his or her life.

Using the whole health goal that you just created, you will now ‘practice’ creating a weekly action plan. The action plan needs to answer the following questions.

1) What will you do? **I will walk.**
2) How much will you do? **One-half mile.**
3) How often will you do it? **Three time this week.**
4) When will you do it? **Monday, Wednesday and Friday**

Other example – This week **I will eat** at least **three servings of fruits and/or vegetables** on **three different days** for lunch and/or dinner. (I have not been eating many fruits and vegetables, so this is a new discipline.) Using my pedometer, this week **I will walk** during the day at **least 5000 steps** on **five days** – M-T-W-F-Su. (Again, this is a new discipline, because I have not been using a pedometer or walking very much.)

The **Confidence Scale** is part of the **Weekly Action Plan** and is explained on the next page.

Once you have created an action plan, the question arises as to whether or not you will do what you said you will do. The Confidence Scale is used to increase the likelihood of success. Continued success - even in small doses - increases one’s self-confidence and the desire to set and accomplish more goals. It works like this. One decides, on a scale of 0-10 (0=no confidence and 10=total confidence), how confident you are about doing your weekly action plan. You want your score to be 7 or higher. You can increase the number by lessening the actions – the ‘how many’ and the ‘how much’, identifying and removing barriers or by increasing the support. If you say that you want to walk one mile a day on five days during the next week. But put a score of 5 on the Confidence Scale, you can increase that number to seven or more by lessening how far you will walk and/or on the number of days you will do it. Or you can ask for certain supports, i.e., someone to phone you each day to remind you, or someone to walk with you.

**Write your weekly action plan on the following page.** (There are extra copies of this page in the appendix.)
Weekly Action Plan

While one of the most important self-management skills is goal-setting, breaking down a goal into “doable” step and creating an action plan can help you accomplish your goal. Remember that your action plan is what you want to do and can do in a week.

<table>
<thead>
<tr>
<th>Week</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>What?</td>
<td></td>
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<tr>
<td>How much?</td>
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<tr>
<td>How often?</td>
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<tr>
<td>When?</td>
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<tr>
<td>Confidence level?</td>
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</tbody>
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<th>Week</th>
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<td>When?</td>
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<tr>
<td>Confidence level?</td>
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</tbody>
</table>
A daily/weekly personal log is simply a way of keeping a record of what you actually do each week in relation to your weekly action plan. It may be a written record, an audio recorded record, a pictorial record or other forms of a log. It is important early on that the CPS, the peer, and the peer support group work out a simple and doable way of monitoring and recording progress so that this can be reported each week at the support group.

See log on the next page. (There are extra copies of the log in the appendix.)
### Daily Log Sheet

Week__
Whole Health Goal __________

<table>
<thead>
<tr>
<th>DATE</th>
<th>What I did.</th>
<th>Time/Amount</th>
<th>What was helpful/not helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
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<td></td>
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<tr>
<td>Wednesday</td>
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<td>Friday</td>
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<tr>
<td>Saturday</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I participated in the weekly whole health peer support group.  Yes____  No____

On a scale of 1-7 please indicate your level of progress toward achieving this goal: *(Circle the appropriate number)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Progress</td>
<td>Met Goal</td>
<td>Completely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Peer accountability and support outside of the support group is very important. Ideally, this is a contact between the weekly support group meetings. There are two ways this can be done. The first way is that the CPS that is working with all of the peers in the PCP process and conducting the support group is the person who makes the contacts with each participant between the meetings. The second way is that during the support group meeting, each peer selects, or the group may suggest or assign, a peer to be the support person for another peer for the next week. It is best if this is not a 'buddy system' where two peers are playing that role for each other. ACG recommends the first way, at least for the first few weeks – especially is this is a billable service or billable time is seen as with in the scope of the CPS job description.

Either way, the peer supporter makes arrangements to contact his peer 2-4 days after the support group meets. This can be in person or by phone. The peer support person asks how the other person is doing in relation to her action plan and keeping her log. If she is doing OK, simply congratulate her and say you look forward to seeing her at the support group. If she says she is not doing well, ask how you can help.

The weekly peer support group is foundational to the success of the Peer Support Whole Health process. The following are suggested guidelines for conducting your weekly whole health peer support group.

1) All participants in the group should be working on a health goal and have agreed to use the Five Keys to Success.
2) The group can be facilitated by any one of its members. If it is facilitated by a CPS, the CPS needs to meet the criteria of guideline # 1 above.
3) The group process is as follows:
   - First the leader welcomes everyone and shares her weekly action plan and what she did in the last week.
   - If the action plan was accomplished, the group celebrates the accomplishment(s) and then moves to the next person.
   - If the action plan was not accomplished, someone in the group asks what the barriers were, what could be done next week to succeed, and if the person wants suggestions from people in the group who have struggled with the same thing.
   - After brainstorming suggestions, ask the person to choose what is helpful and to use those suggestions next week.
   - Move to the next person.
   - After everyone has had a chance to share, you want to shift the focus to next week.
   - Starting again with the leader, each person will share his or her action plan for the next week and, using the Confidence Scale, state how confident they are in relation to accomplishing the actions. If the number is 7 or above, move to the next person. If it is less than 7, the group works with the person to get it to a 7 or higher.
   - Decide who will be the support peer for that person for the next week.
   - Move to the next person.
   - After everyone has had a chance to share, ask if anyone has anything else they would like to share in closing. (Remember that this is a whole health support group. Other issues and concerns can be dealt with after the group meeting is over.)