



U.S. Department
of Veterans Affairs

VETERANS HEALTH ADMINISTRATION

PASSPORT to **WHOLE HEALTH**



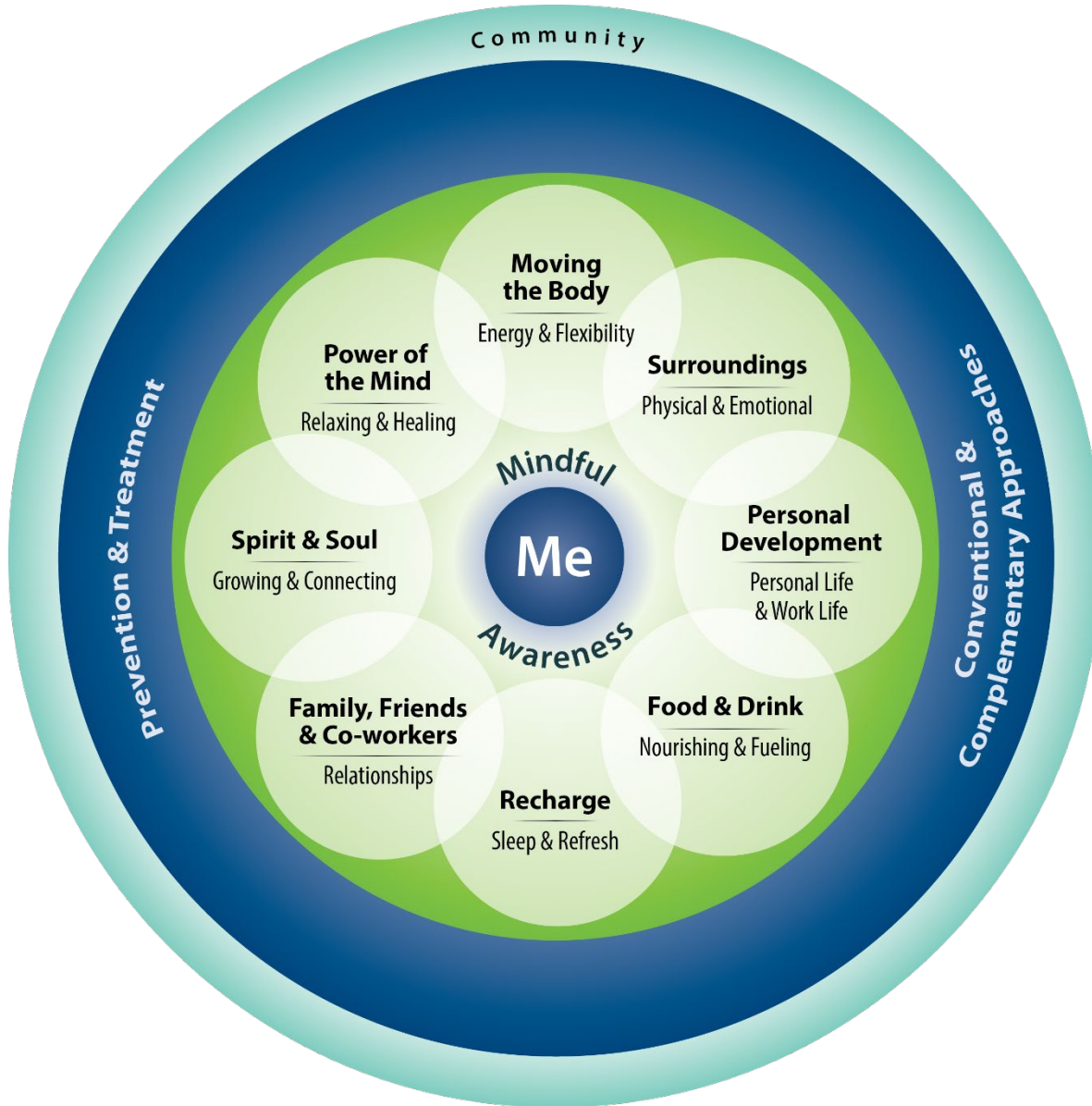
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The Circle of Health



Me + **Self Care** + **Professional Care** + **Community** = **Whole Health**

<https://www.va.gov/WHOLEHEALTH/>

The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) wish to thank and acknowledge the work of J. Adam Rindfleisch, MPhil, MD in the writing of this document over the past five years. Dr. Rindfleisch is currently the Vice Dean for Education at Whole Health School of Medicine and Health Sciences. The exceptional work in this document will continue to be reviewed and updated by Subject Matter Experts working under contract, and in collaboration with Techwerks, LLC and OPCC&T.


Passport to Whole Health
Version 7, October 2022

PASSPORT TO WHOLE HEALTH TABLE OF CONTENTS



Foreword..... vii

How to Use This Reference Manual x


Chapter 1. Whole Health: An Overview 1




- What Is Whole Health? 1
- What Whole Health Is Not..... 3
- Why a Whole Health System? 4
- The Circle of Health..... 6
- What Does Whole Health Look Like in Practice?..... 8
- What Does a Whole Health System Look Like? 11
-  Whole Health Tool: Elements of Patient Centered Whole Health Care 16
- Time to Start Your Journey!..... 18
- General Whole Health Resources..... 18





Chapter 2. Whole Health Clinical Care, Part I: Empowerment, Fundamentals, and Map to the MAP 24





- The Whole Health Clinical Care Journey 24
- Empower 27
- Fundamentals..... 28
-  Whole Health Tool: Introducing Whole Health—Your Elevator Speech 31
- Mapping to the MAP 33
-  Whole Health Tool: Mission, Aspiration, Purpose (MAP)..... 34
- Shared Goals 35
- Conclusion 36
- Resources for the Whole Health Clinical Care Journey 37

Chapter 3. Whole Health Clinical Care, Part II: Equipping, Personal Health Planning, and Integration 40


- Equip 40
-  Whole Health Tool: A List of Whole Health Education Offerings 42
- TeleWholeHealth 46
- Personal Health Planning 46
- Personal Health Inventory (PHI)..... 48
- Creating a Personal Health Plan: Tips on How to Empower and Equip..... 51



- Goal Setting Revisited: Shared Goals and SMART Goals..... 53
-  Whole Health Tool: SMART Goal Setting..... 56
- Integrate 58
-  Whole Health Tool: Personal Health Plan (PHP) 60
-  Whole Health Tool: How Do You Integrate This Into Your Work? 62
- Conclusion 64
- Resources for Writing Plans, Skill Building, and Support..... 64

- Chapter 4. Mindful Awareness..... 68**
- What Is Mindful Awareness? 68
- When Have You Been Most Mindful?..... 70
- Mindful Awareness Research 71
- Cultivating Mindful Awareness: Practice Tips..... 74
- SOLAR and TIES—Two Mnemonics..... 75
-  Whole Health Tool: SOLAR/TIES Meditation 77
- Mindful Awareness Techniques: Mindfulness Meditation 78
-  Whole Health Tool: Seated Meditation 79
-  Whole Health Tool: Breath Awareness Exercise..... 80
-  Whole Health Tool: Body Scan..... 81
- Mindful Awareness in the VA..... 83
- Mindful Awareness Resources 83





- Chapter 5. Moving the Body: Energy & Flexibility 90**
- Benefits of Movement and Activity 91
- Some General Physical Activity-Related Tips 92
- Questions to Ask About Moving the Body 93
-  Whole Health Tool: Mindful Movement..... 95
-  Whole Health Tool: Writing an Activity Prescription 97
-  Whole Health Tool: Incorporating Yoga..... 100
-  Whole Health Tool: Incorporating Tai Chi and Qi Gong..... 103
- Moving the Body Resources 106

- Chapter 6. Surroundings: Physical & Emotional 114**
- The Importance of Healthy Surroundings..... 114
- Questions to Ask About Surroundings..... 115
- Eight Aspects of Surroundings..... 116



- 1. Home..... 116
- 2. Work..... 117
- 3. Neighborhood..... 117
- 4. Emotional Surroundings..... 118
- 5. Climate and Ecology..... 119
- 6. Detoxification 120
- 7. Time in Nature 123
- 8. Healing Environments 124
-  Whole Health Tool: Healing Spaces and Environmental Design 125
- Surroundings Resources..... 127



- Chapter 7. Personal Development: Personal Life & Work Life 134**
 - The Many Facets of Personal Development..... 134
 - Questions to Ask About Personal Development 135
 - Fourteen Key Elements of Personal Development 136
 - 1. Improve the Quality of Your Work Life..... 136
 - 2. Foster Resilience 138
 - 3. Increase Happiness 140
 - 4. Cultivate Hope and Optimism..... 140
 - 5. Develop Self-Compassion 140
 - 6. Commit Random Acts of Kindness..... 141
 - 7. Enhance Humor and Laughter..... 141
 - 8. Build Creativity 142
 - 9. Balance (Integrate) Work and Other Areas of Life..... 142
 - 10. Explore Lifelong Learning 143
 - 11. Volunteer 144
 - 12. Improve Financial Health..... 145
 - 13. Practice Forgiveness 145
 - 14. Practice Gratitude 145
 -  Whole Health Tool: Forgiveness..... 146
 -  Whole Health Tool: Gratitude 148
 - Personal Development Resources 150






- Chapter 8. Food & Drink: Nourishing & Fueling..... 157**
 - The Benefits of Healthy Eating..... 157
 - Nutrition Assessment..... 159
 - Questions to Ask About Food & Drink 160


- Six Guidelines for Food & Drink..... 162
- 1. Be Clear Right Away About Motivation to Change 163
- 2. Incorporate Mindful Eating 163
-  Whole Health Tool: Mindful Eating Exercise 165
- 3. Be Realistic About Vitamins and Minerals..... 167
- 4. Be Able to Discuss Specific Eating Plans 167
-  Whole Health Tool: The Anti-Inflammatory Diet..... 170
-  Whole Health Tool: Eliminating Problematic Foods 173
- 5. Come Up with a List of Favorite Cookbooks, Recipes, and Cooking Websites..... 175
- 6. Develop a List of Your Favorite Eating Tips for Patients..... 175
-  Whole Health Tool: A Healthy Microbiome: The Role of Probiotics 181
- Food & Drink Resources 183

- Chapter 9. Recharge: Sleep & Refresh..... 192**
- The Importance of Sleep and Rest..... 192
- Questions to Ask Related to Recharge 193
- Eleven Tips for Improving Sleep 194
- Beyond Sleep: Additional Recharging Tips..... 200
- Recharge Resources..... 201

- Chapter 10. Family, Friends, & Co-Workers: Relationships..... 209**
- The Importance of Healthy Relationships..... 209
- Questions to Ask About Relationships..... 210
- Ten Tips for Enhancing Social Connection and Relationships..... 211
-  Whole Health Tool: Loving-Kindness Meditation 217
-  Whole Health Tool: Celebrating Good News 219
- Family, Friends, & Co-Workers Resources..... 219

- Chapter 11. Spirit & Soul: Growing & Connecting..... 224**
- The Importance of Spirituality, Meaning, and Purpose 224
- Spirituality in Unprecedented Times 225
- Inquiring About Spirituality 225
- Key Research about Spirituality and Religiosity..... 227
- Nine Tips for Working with Spirit & Soul in Personal Health Planning..... 230
-  Whole Health Tool: Spiritual Anchors 236
-  Whole Health Tool: Values—Figuring Out What Matters Most 238


- Spirit & Soul Resources 240
- Chapter 12. Power of the Mind: Relaxing & Healing 249**
 - Importance of the Power of the Mind 249
 - Questions Related to Power of the Mind 251
 - Ten Key Mind-Body Approaches 252
 - 1. Psychotherapies: Important Examples 253
 - 2. Autogenic Training 257
 - 3. Breathing Exercises 258
 - 4. Creative Arts Therapies 259
 - 5. Journaling and Therapeutic Disclosure 260
 - 6. Progressive Muscle Relaxation and Progressive Relaxation 260
 - 7.  Whole Health Tool: Biofeedback 262
 - 8.  Whole Health Tool: Guided Imagery 266
 - 9.  Whole Health Tool: Hypnosis 269
 - 10.  Whole Health Tool: Meditation 272
 - Power of the Mind Resources 276
- Chapter 13. Prevention: Being Proactive 291**
 - Proactive Care: Considering Prevention 291
 - Prevention “Commandments” 292
 - Prevention Resources 294
- Chapter 14. Introduction to Complementary and Integrative Health Approaches . 297**
 - Complementary and Integrative Health in the VA 297
 - Some Key Research Findings for Non-Pharmacological Approaches, By Condition 308
 - Complementary and Integrative Health Resources 309
- Chapter 15. Biologically-Based Approaches: Dietary Supplements 315**
 - What Are People Taking and Why? 315
 - Choosing Supplements 318
 - Supplement Safety 319
 -  Whole Health Tool: Reading Supplement Labels 323
 - Dietary Supplement Resources 324
- Chapter 16. Manipulative and Body-Based Practices 329**
 - Examples of Manipulation and Body-Based Approaches 329
 - Osteopathy 330

- Chiropractic Care 334
-  Whole Health Tool: Massage 339
- Manipulative and Body-Based Therapy Resources 344

Chapter 17. Energy Medicine: Biofield Therapies 351

- What Is a Biofield Therapy? 351
- Efficacy of Biofield Therapies 352
- Safety of Biofield Therapies..... 355
- Energy Medicine Resources 355

Chapter 18. Whole Medical Systems..... 359

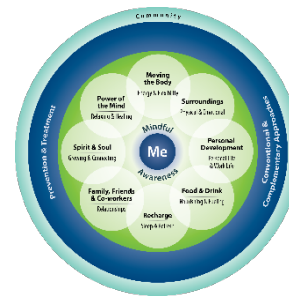
- Whole Systems: Chinese Medicine and Acupuncture..... 359
-  Whole Health Tool: Incorporating Acupuncture..... 363
- Whole Systems: Naturopathy 371
- Whole Systems: Homeopathy 373
- Whole Systems: Ayurveda..... 377
- Conclusion 381
- Whole Medical Systems Resources 382

Chapter 19. Whole Health and Community..... 393

- The Importance of Community 393
- Me: Individualizing Care Through Understanding Context 394
- Mindful Awareness: Noticing Judgments and Biases..... 398
- Social Determinants of Health and Self-Care: How Community Ties to Health Behaviors.. 401
- Professional Care: Healthy Health Care Communities 404
- Beyond Self-Care and Professional Care: The Community at Large..... 405
- Putting It All Together: Personal Health Planning Using the Power of Community..... 407
- Wrapping Up..... 408
- Community-Related Resources..... 409

Foreword

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Thank you for your interest in Whole Health! Together we are taking a huge step forward in how the VA—one of the largest integrated health care systems in the country—approaches its mission. We are transforming VA from an excellent disease-care system—in fact, one with outcomes consistently better than those in the private health care sector—to a system which treats disease while also truly supporting health and well-being. And this is not a change that will happen from the top down. Concerted effort at the national level must meet support from people like you—people who feel this in their depths, people who believe there can be a better way, people who are committed to leading the transformation of health care to higher levels of artful and whole-person healing. Thank you for your partnership.

We are not alone in calling for and helping create a change in the paradigm for health care in our country. The Institute for Healthcare Improvement is calling for a 'radical redesign' of health care in this country.¹ They call for changing the balance of power, to coproduce health and well-being in partnership with patients, families, and communities. They call for customizing care to the individual's needs, values, and preferences, guided by an understanding of “what matters” to the person in addition to asking “what's the matter?” They call for promoting well-being to focus on outcomes that matter most to people, appreciating that their health and happiness may not require health care.

So how do we go about this change? Whole Health. Whole Health is an approach to health care that empowers and equips people to take charge of their health and well-being and live their lives to the fullest. But this requires a change in how we think about health care—an expanded model in which clinical care is only one piece of the system, and not necessarily even the centerpiece. This change is the “cultural transformation” which is slowly but surely spreading across the VA.

Whole Health is a partnership with the Veteran across time and consists of three core elements. The first element in the Whole Health System is the Pathway, a process that helps empower people to reflect on their life and their health. They explore their Mission, Aspiration, Purpose (MAP). They learn the skill of mindful awareness, and how to pay attention and “listen” to their bodies and souls. They look at their self-care and their health care and identify where they are and where they would like to be. They begin to create their Personal Health Plan (PHP). This can be done in groups led by peers, or online individually or in groups. When each of us discovers what we live for—what we really want our health for—we are ready to learn new skills and approaches to improve our well-being.

The second element of this redesign is Well-Being Programs. Through well-being centers or programs, people learn new self-care strategies and find ongoing support; sometimes

this happens more formally in groups from trained peers or from health coaches, but sometimes it happens informally from fellow Veterans in a program or others they simply encounter along the way. They learn skills like mindfulness and other mind-body approaches; they learn nutritional approaches and new ways to shop and cook; they learn new ways to move their bodies that can also reduce stress and improve their sense of well-being, like yoga, tai chi, or qi gong. They can receive healing therapies such as acupuncture and massage. People who use these programs often have complex chronic conditions. Some are at the end of their lives, while others are strong and vital. And while people have diagnoses, it is not a medical, diagnosis-based approach.

The third element of this redesign is Whole Health Clinical Care. Treatment is provided in outpatient and inpatient settings attentive to healing environments, healing relationships, and integrative holistic approaches. Primary care, mental health and specialty clinicians all work collaboratively with the well-being centers (VA or non-VA/community) and provide seamless medical care, all grounded in the Veteran's MAP and their PHP.

We are making great progress in spreading Whole Health across the VA system. Here are just a few recent examples:

- The [VHA 2022-2028 Strategic Plan](#) includes Whole Health for Veterans and their families as a key component.²
- The new modernization effort brings Whole Health and Mental Health together as one of its ten priority areas, "Engaging Veterans in Lifelong Well-Being and Resilience."
- 37 new sites have been identified and funded as part of a new Breakthrough Learning Collaborative to deploy the Whole Health System in its entirety over the coming three years, in addition to the 18 flagship sites already underway.

And equally important is the strong support from VA leadership. Thanks to our partners in VA Health Services Research and Development (HSR&D), we now have hard data showing the impact of engagement with the Whole Health System on Veterans' well-being.³ Across the 18 Whole Health flagship sites launched as part of the Congressional mandate in the Comprehensive Addiction and Recovery Act (CARA), here are just a few of the changes we have been able to document:

- There was a threefold reduction in opioid use among Veterans with chronic pain who used Whole Health services compared to those who did not. Opioid use among comprehensive Whole Health users decreased 38% compared with an 11% decrease among those with no Whole Health use.
- Compared to Veterans who did not use Whole Health services, Veterans who did reported the following:
 - Greater improvements in perceptions of the care received as being more patient centered.
 - Greater improvements in engagement in health care and self-care.
 - Greater improvements in engagement in life, indicating improvements in mission, aspiration, or purpose.

- Greater improvements in perceived stress, indicating improvements in overall well-being.

The recognition that Whole Health is not just a new “program,” but rather a fundamental transformation in how the VHA sees its role in helping Veterans and their families, is taking root across the system. Driving this change is the strong VA leadership support, even stronger commitment from frontline providers and staff, the demand and positive feedback from Veterans, and the hard data demonstrating important positive outcomes.

And one more crucial point: part of this Whole Health cultural transformation—beyond how we deliver health care—requires a fundamental change in how we, each and every employee, address our own well-being. Exploring this new approach starts with you—with an opportunity to reflect on your own sense of mission and purpose, and all dimensions of your self-care. We invite every employee to engage in Whole Health, not only in how they treat Veterans and do their job, but also in their own daily experience and lives. Best wishes as you explore this exciting new approach!

References

¹Institute for Healthcare Improvement Leadership Alliance. New rules for radical redesign in health care. Institute for Healthcare Improvement website.

http://www.ihl.org/Engage/collaboratives/LeadershipAlliance/Documents/IHILeadershipAlliance_NewRulesRadicalRedesign.pdf. Accessed June 19, 2020.

² Department of Veterans Affairs FY 2022-2028 Strategic Plan. <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf>. Accessed: August 19, 2022.

³ Evidence-based research. VA Whole Health website. <https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp>. Accessed June 19, 2020.

How to Use This Reference Manual

Courses related to Whole Health have been taught at VA facilities nationwide since 2013. Over 63,000 VA employees took onsite courses at different medical centers or as part of virtual national courses, and another 53,000 completed online courses from 2013 to December 2021. *Passport to Whole Health* is to accompany courses, and it also may be used as a stand-alone resource for people who have not yet had the opportunity to take a course. You are encouraged to explore the different concepts presented here, try out the various tools (as appropriate based on your scope of practice), and use these resources to enhance your Veterans' Whole Health... as well as your own.

Passport to Whole Health is organized into 4 sections according to the different areas of the Circle of Health, which is on the first page of this guide, right after the front cover. It is designed to help you do the following:

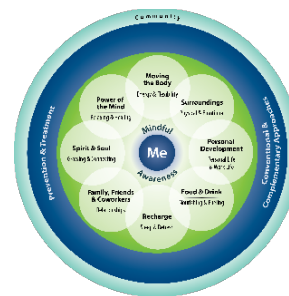
1. Incorporate the **Whole Health approach** more fully into your clinical (and/or other) work at VA.
2. Advance the **adoption of a Whole Health System** of care at your facility.
3. Improve your skills at providing **personalized, proactive, and patient-driven care**, a key strategic initiative for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

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

Chapter 1. Whole Health: An Overview

Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.

—Margaret Mead



Health care systems are dynamic. New scientific discoveries, new illnesses, patient demands, and social change keep them constantly evolving. There is a national—and international—movement underway to evolve health care into something that is more personalized, proactive, and patient-driven, offered by clinicians who are energized and fulfilled by their work.

Thousands of health care professionals worldwide have set out on a journey of discovery, exploring new models and approaches that are inclusive, respectful of patients as individuals, and informed by the evidence. In the VA, the Whole Health approach is an answer to the call for ongoing improvement of the care offered to the Nation’s Veterans.¹ It has rapidly gained momentum; leaders and teams from facilities nationwide are exploring the possibilities Whole Health offers. How can each clinician, staff member, leader, volunteer—all of us—contribute to a system that offers the best care possible?

A passport symbolizes the beginning of a journey. It enables a person to explore new territory. Like any passport, this *Passport to Whole Health* reference manual is designed to help you embark on new experiences, offering an opportunity for you to explore new ways of doing your work, caring for others, and even taking care of yourself. Ask yourself three key questions:

1. Where do you want your work in health care to take you?
2. How do you help your patients get to where they want to be with their health, based on what matters most to them?
3. How can you align how you practice with the reasons why you went into health care in the first place?

This reference manual offers potential answers.

What Is Whole Health?

“Whole Health, also known as ‘Personalized, Proactive, Patient-driven Care’ is an approach to health care that empowers and equips people to take charge of their health and well-being and to live their lives to the fullest.”²

Whole Health is built on the principles of Patient Centered Care, which includes “qualities of compassion, empathy, and responsiveness to the needs, values and expressed preferences of the individual patient.”³ Positive interpersonal interactions, healing relationships, and technically-skilled care are also key elements. Whole Health recognizes the importance of these elements and elaborates on them. At its core, Whole Health:

- **Centers around what matters most to each Veteran.** Whole Health is values-driven, and everything is built upon a person’s mission, aspiration, or purpose (MAP) in life.
- **Personalizes care.** Care is put into the context of each person’s life, and his or her specific aspirations and goals are given central importance. Care accounts for factors such as a person’s medical conditions, genome, lifestyle, needs, and social circumstances.
- **Is proactive,** focusing not only on what is wrong, but also on prevention and self-care. The goal is a future of well-being, joy, and vitality that involves much more than the management of problems once they arise.
- **Is patient driven.** The patient is the leader of his or her care team. They are an active participant in personal health planning, guiding the care they receive. The best possible outcome is alignment of an individual’s health care with their immediate and longer-term life goals. The patient is the source of control, and care is based on his or her needs and values.
- **Is built upon relationships** between patients and their care teams. Health care professionals, family members, peers, and other members of the patient’s community and social network offer support at many levels.
- **Focuses on unlocking the body’s innate ability to heal.** This holds true no matter what a person’s condition might be, and it goes beyond simply making diagnoses and managing diseases.
- **Is holistic.** Whole Health is about the whole person; it is inclusive of every aspect of who a person is—body, mind, spirit, and relationships with others. Physical well-being is important, but it is just the tip of the iceberg.
- **Applies to clinicians as well.** Clinicians are encouraged to apply the Whole Health approach to their own lives. Their well-being matters in and of itself, and healthier clinicians who role model healthy behaviors have healthier and more satisfied patients. For more information, go to [“Implementing Whole Health in Your Own Life: Clinician Self-Care”](#) in the [Whole Health Library](#).
- **Is evidence-based.** Medical literature is respected and given full consideration, as are other sources of understanding patients value.
- **Is inclusive** of an array of skills, tools, people, and programs. Whatever is safe, effective, and consistent with patient preferences can support Whole Health.

The shift toward Whole Health is a movement supported by national VA leadership. It is also a grassroots movement, advancing with one VA employee at a time, as individuals explore how the Whole Health approach fits into their work environment and their personal lives. Whole Health has evolved through the efforts of clinicians from a variety of backgrounds—dietitians, doctors, nurses, pharmacists, psychologists, MSAs, social workers, Whole Health Partners, chaplains, Whole Health Coaches, occupational therapists, physical therapists, recreational therapists, complementary health practitioners, and many others. Thanks to Whole Health, many of these dedicated individuals are connecting more with why they chose to go into a health care profession in the first place. How might Whole Health help you find even greater fulfillment in your work with Veterans?

What Whole Health Is Not

Over the years, as Whole Health has gained more footing within VA, some confusion has arisen about how Whole Health fits into larger framework of the VA health system. As you explore how Whole Health might inform your work and self-care, keep the following in mind:

- **Whole Health is not a separate program.** Whole Health is an overarching approach to care. While sites may be hiring Whole Health team members or adding space for Whole Health-related offerings, Whole Health is not limited to just those people or just that space. The goal is to weave Whole Health into every aspect of Veteran care, building bridges and removing siloes that limit optimal team function.
- **Whole Health includes, but is not limited to, offering complementary and integrative health (CIH) approaches to Veterans.** This is especially now that multiple CIH approaches are covered in the VA as part of the benefits package, and the VA [Integrative Health Coordinating Center](#) (IHCC) has been a vital component of the VA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) for several years. Whole Health is often equated to offering services like acupuncture or tai chi, but that is only part of what Whole Health encompasses.
- **Whole Health builds on the great work done as part of other VA efforts.** Programs like those conducted through [Health Promotion Disease Prevention](#), [Nutrition and Food Services](#), [VA Chaplaincy](#), and [Office of Mental Health Services](#) synergize beautifully with Whole Health. Whole Health and Employee Health are closely connected too.
- **Whole Health is not a “trend” or the “flavor of the day.”** Whole Health programming has been ongoing in VA since 2011, and it has rapidly expanded. From 2013 to 2021, over 63,000 VA employees took a Whole Health course in person or virtually, and another 53,000 took asynchronous online courses.
- Whole Health is featured prominently in the [VHA FY2022-2028 Strategic Plan](#); strategy 2.2 focuses on “VA and partners tailor the delivery of benefits and customize whole health care and services for the recipient at each phase of their life journey.”⁴ VHA’s long-range goals are aligned with overall VA goals for improvement and modernization of Veteran health services and strengthening VHA as a high-reliability organization, which includes delivering comprehensive and integrated Whole Health care. Coding data indicates that Whole Health encounters increased from 342,000 in FY16 to 616,000 in FY18 and 957,000 in FY19.
- **Whole Health is for everyone.** At its best, Whole Health is for all people on this planet, broad enough to embrace all expressions of being human. To this end, Whole Health includes the diversity and richness of cultural, financial, and social experience. Diversity is fundamental and vital, like the air we breathe and the water we drink, and it is encompassed by a Veteran’s MAP. Not only does it reflect a Veteran’s aspirations for his or her own physical health, but it can also take the form of an immediate or practical mission (e.g., “finding safe and stable housing” or “paying my bills”) and include exploring broader life dreams. The key is to honor

who each person is and how they feel the Whole Health approach can best serve their specific needs. That is the essence of personalized care.

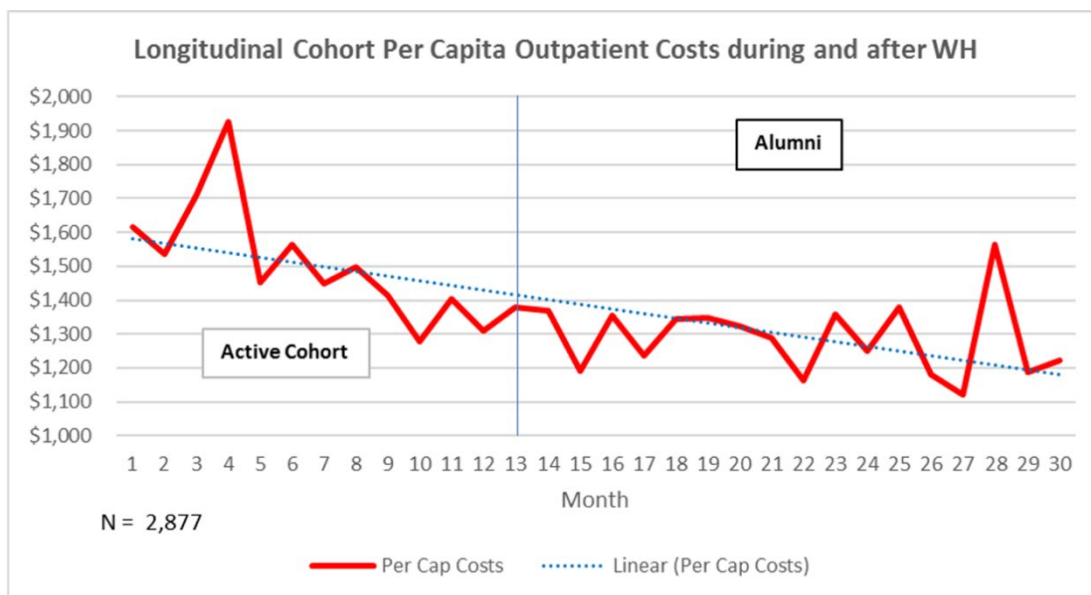
Why a Whole Health System?

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

- **Mortality rates.** Despite all that we spend on health care in the U.S., we do not do well compared to other countries when it comes to mortality rates and other health measures.⁵ When it comes to average life expectancy, the United States ranks 28th out of the 36 countries that are members of the Organisation for Economic Co-operation and Development.
- **Chronic disease.** Chronic diseases are on the rise. Over 60% of American adults have a chronic disease, and 40% have two or more.⁶ 7 out of every 10 deaths in our country are due to chronic disease.⁷ However, the “find it-fix it” model of medicine does not work well with these disorders. If you are treating strep throat, you can diagnose it with a lab test and prescribe an antibiotic, and typically the problem is solved. In contrast, if you are working with someone with a complex combination of diabetes, obesity, high blood pressure, depression, and irritable bowel syndrome (IBS), it may not be in the patient’s best interest to treat each condition in isolation, especially not with medications that interact with one another.⁸ Treating chronic conditions requires more time, effort, and collaboration among health care team members.
- **Lack of Prevention.** Many of the chronic problems we see are preventable. The U.S. Centers for Disease Control estimate that 20-40% of the 900,000 deaths each year that were related to the top five causes of death were preventable.⁹ 50% of adults are not meeting physical activity requirements, 90% of people over age two eat too much sodium, 15% of Americans smoke, and 1 in 3 Americans have cardiovascular disease, which is closely linked to unhealthy behaviors.⁷ However, it is not easy to get people to change their behaviors. For example, it is estimated in some studies that as many as half of patients (or more) do not take their medications as prescribed.¹⁰ For many chronic diseases, adherence to prescriptions drops even more, to the 20-30% range.¹¹
- **Clinician burnout.** Burnout among health care professionals is occurring at an alarming rate. Over 40% of nurses,¹² 39% of social workers,¹³ 60% of psychologists,¹² and over 42% of physicians (may be as high as 54%, depending on specialty)¹⁴ meet criteria for burnout. Burnout rates in the VA may be a bit lower than the national average, but in a 2018 survey of over 86,000 VA employees, fewer than half met the criteria for being fully “engaged.”¹⁵ The highest burnout rates were in administrative staff. Burnout is linked to depression, substance use disorder, and lower-quality patient care. Some surveys indicate that physician burnout has dropped slightly in the past 5 years.¹⁴
- **Patients are voting with their feet.** Well over a third of American adults use CIH approaches, but over 40% of people who use them do not disclose this to their health care clinicians.¹⁶ A study of 401 Veterans with chronic, non-cancer pain

found that 82% were using CIH.¹⁷ Mounting evidence supports some approaches as safe and effective ways to work with challenging health conditions. (Chapters 14-18 feature more information on CIH.) More broadly, a 2019 survey of 1395 Veterans from the 18 Whole Health Flagships found that 97% of respondents were “Very Interested” or “Somewhat Interested” in Whole Health or already using it.

- **Costs of health care.** Data from 2019, shows the fiscal benefits for using Whole Health, as noted in Figure 1-2.



* Does not include Community Care

Figure 1-2. Outpatient costs during and after receiving Whole Health programming for pain care.

But, imagine...

What would your practice be like if you could overcome some of these challenges? Answer the following questions:

- What if it were possible to offer better care, perhaps with fewer resources being spent on diagnostic testing, procedures, and medications? This is not to say those elements of modern medicine do not have a role, but what if it were possible to be more strategic about their use?
- What if your patients were more empowered, acting as co-creators of their own health plans?
- What if you could work more effectively with a larger, transdisciplinary team to support each patient’s needs, and what if your patients took the lead in co-creating that team?
- What if you could, as you felt comfortable, help your patients use CIH effectively, or at least provide informed guidance to your patients about their use? And what if those services were actually offered to Veterans at your facility? What if you could add an approach to your toolbelt by taking a VA-supported training?
- What if you could feel more invigorated by your work, with greater resilience and a lower risk for burnout?

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

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

The Circle of Health

The Circle of Health, featured below in Figure 1-3 and full size on the first page of this manual after the front cover, offers an overall perspective on the many important aspects of health and well-being. It draws in all the personal, professional, and community resources that can support each individual. Known more formally as the “Components of Proactive Health and Well-Being,” the circle is a visual representation that can be used by clinicians and patients alike to conceptualize all that Whole Health encompasses. The Circle diagram enables a person to see, at a glance, what might inform a Veteran’s PHP. It is something you can show a patient during a visit as a way to help them choose where they want to focus on in order to reach their goals.

As the “equation” across the bottom of Figure 1-3 shows, there are five key parts of the Circle of Health. These include:

1. **“Me” at the Center.** Whole Health accounts for each individual’s story and uniqueness. Patients are invited to explore what really, really matters to them—their life aspirations, not just their symptoms. That exploration guides goal setting for their care. To make a change, people have to be aware of what they need. An important aspect of putting “Me” at the center of the Circle of Health is the development of a PHP for each patient. The PHP is co-created by the patient and the care team. Even people with the same list of health problems will have very different goals and ultimately, very different PHPs to help them reach their goals. Chapters 2 and 3 describe what the Whole Health Clinical Care Journey is and suggest ways to bring it more fully into practice.
2. **Mindful Awareness.** Note how the “Me” circle is surrounded by “Mindful Awareness.” Central to mindful awareness is the ability to be fully aware and present in a non-judgmental way. This means noticing symptoms, as well as noticing our behavior and thought patterns, and how they affect our health. Mindful Awareness is discussed in Chapter 4.

- Self-Care.** Whole Health emphasizes the power of each individual to shape his/her health. Each of us has the innate capacity to heal, if only we are empowered to do so. Even people who cannot be cured, who cannot make their diseases go away, can experience a deeper sense of meaning, peace, joy, or comfort. Take a few minutes to look at the eight small circles within the larger one that immediately surrounds “Mindful Awareness.” Every one of those eight aspects of self-care can be explored, individually or in tandem with others. The elements of self-care are featured in Chapters 5-12.

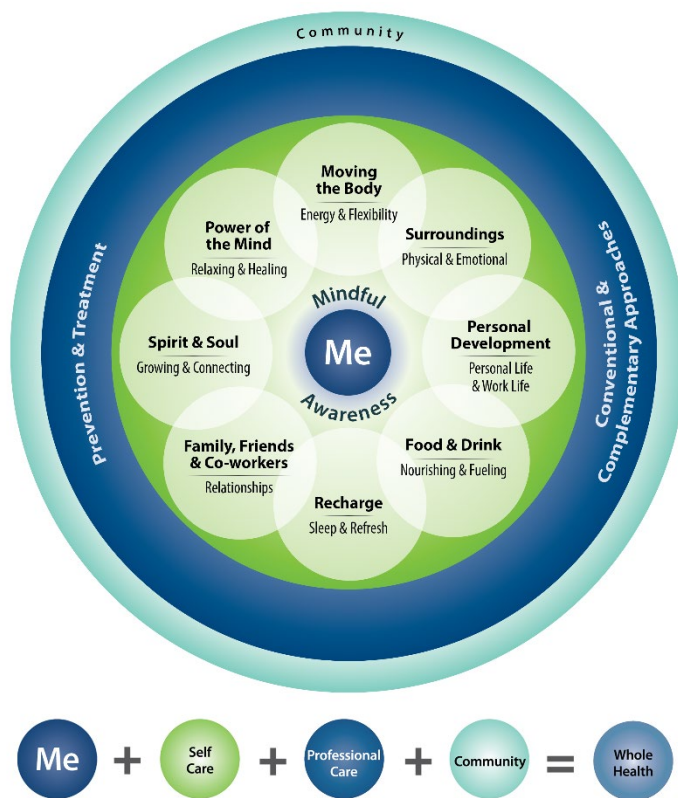


Figure 1-3. The Circle of Health

- Professional Care.** While self-care is fundamental, all of us also rely on the support of others, including our team of health care professionals. “Professional Care” is the focus of the next circle out from the “Self-Care” circle. Prevention and treatment are central to professional care and include both conventional medicine and CIH approaches. Chapter 13 discusses prevention while Chapters 14-18 focus on various aspects of professional care, with an emphasis on CIH, since that is typically what is least familiar to VA clinicians.
- Community.** Finally, encompassing all the other parts of the Circle of Health is the outer ring, “Community.” Community refers to the spaces in which we live, the resources we have available to us day-to-day, and our relationships with others in our broader environment. It includes where a person lives, works, and worships, and more. It includes all the people and groups a person connects with; it is everyone a Veteran relies on, as well as those who rely on him or her in return.

Community also connects with social and structural determinants of health, such as education, socioeconomic status, and access to care. From public health to health policy to quality improvement initiatives, many different factors shape health beyond the personal level. Leaders in a facility create the space and opportunity for Whole Health to happen. Just as there is a “Whole Me” at the center of the circle, there is a “Whole We” that enfolds it. This “We” can extend beyond individuals to social services, support groups, neighborhoods, culture, religious groups, Veteran organizations, and local and national health care systems. Chapter 19 explores this fundamental aspect of health care.

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

Typically, when people review this information, they realize that they already bring some aspects of the Whole Health approach into their work. The question becomes, how can they incorporate the Whole Health approach even more fully? Which of the following are you and your colleagues doing?

- Using Personal Health Inventories (PHIs)
- Mapping to the MAP (Mission, Aspiration, Purpose)
- Empowering Veteran self-care
- Honoring your own self-care needs
- Bringing forward your best therapeutic presence
- Expanding your toolbox to include additional resources, tools, and well-being approaches

What else might you do to bring Whole Health into the picture? (Chapters 2 and 3 will describe these elements of Whole Health care in more detail.)

What Does Whole Health Look Like in Practice?

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

- In some facilities, new enrollees into the VA health care system are invited right away to start on the Whole Health Pathway. They experience personal health planning, assemble their Whole Health team, and make detailed plans for follow up even as they are given support with their medical problems. Their experience may be supported by a Whole Health Coach or a Whole Health Partner, who can guide them through the process of exploring what really matters, setting goals, and beginning to create a PHP. This begins even before they seek clinical care.

- At some sites, people with difficult-to-treat chronic pain syndromes are referred to a Whole Health pain group, where they participate in shared medical appointments focused on various Whole Health topics. In addition, they have access to a variety of different CIH services, and their PHPs incorporate self-management and other elements tailored to each individual's needs. The primary care team works with other team members to optimize Veteran self-care.
- In multiple VA sites, every member of a Patient Aligned Care Team (PACT) becomes involved in Whole Health care, most commonly when Veterans come in for physical examinations (wellness visits). PHIs might be collected, shared goals and/or SMART goals are often outlined, and a PHP may be developed. The entire team participates, from the person who introduces the Veteran to the Whole Health model for the first time, to the LVN or LPN who rooms patients and asks what matters most to them, to the RN who calls to check in on their progress a few weeks after they are seen. Whole Health Coaches and Whole Health Partners—specially trained Veteran colleagues—are also team members in many facilities. (These roles are described in more detail later in this chapter.)
- Inpatient services, domiciliaries, and palliative care groups are helping Veterans in their care to create and implement PHPs as well.

A New Normal

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

- **You are seen as more than your list of health problems.** Your team knows your story and what matters most to you, and that information is well documented in the chart.
- **You are the captain of your own Whole Health care team,** which you helped to co-create. Your clinicians are like your first mates; they offer guidance, updates, and support as you steer the ship.
- **You are highly 'adherent'** to treatment recommendations because you trust your team, and you helped to outline what the treatment will be.
- **The clinicians and staff who serve you are role models** for Whole Health themselves and are at low risk for burnout. There is less staff turnover and a higher likelihood you will have continuity with your team over the long term.
- **Your clinician is rewarded for offering Whole Health,** because care metrics have shifted to place higher value on aspects of care such as empathy, collaboration, and self-care. Funding mechanisms are in place to support all of this as well.
- You can take for granted that **your clinician can openly discuss a wider range of self-care topics** such as your spirituality, relationships, surroundings, and CIH experiences.
- **Your clinicians document all aspects** of your Whole Health care, including your PHI, in your medical record using the [Personal Health Plan template](#). Other members of your team do the same. This information informs your entire team, and guides all your conversations about your care, ranging from a meeting with a

pharmacist, to a follow-up call with a nurse, to a formal consultation with a specialist or a visit with a CIH practitioner. You can now use a national [CPRS Personal Health Plan Template Educational Overview](#) to help with this.

- **Your care takes place in an optimal healing environment**, where even the artwork on the walls, the music in the background, and the magazines in the waiting rooms are health-promoting.
- **Communication is consistently impeccable**, with all the members of your team offering you empathy and genuine compassion.

For more information, check out the following overviews, featured on the [Whole Health Library](#) website: “[Whole Health in Your Practice, Part I](#),” “[Whole Health in Your Practice, Part II](#),” and “[Whole Health in Your Practice, Part III](#).” Part I focuses on personal health planning, Part II on clinician therapeutic presence, and Part III on weaving CIH into your practice.

The aspects of Whole Health care described in this chapter are becoming a reality at sites across the country.¹⁸ Fiscal year 2018 marked the launch of the full model in conjunction with the Comprehensive Addiction and Recovery Act (CARA) legislation, through the selection of 18 Flagship Facilities, one within each of VHA’s Veterans Integrated Service Networks (VISNs). These Flagship Facilities participated in the first Whole Health Learning Collaborative, a successful 18-month process through which sites received a comprehensive [Implementation Guide](#), education and training, resources and tools, and onsite support. A 2020 report on the outcomes for the 18 VA Whole Health flagship sites, which have now been incorporating Whole Health for the past 3 years, found that¹⁹:

- There was a 193% increase in use of Whole Health services by Veterans with chronic pain, 211% for those with mental health diagnoses, and 272% among those with chronic conditions in general.
- Those who used opioids for chronic pain reduced them three times as much if they used Whole Health services. Use decreased by 38% (versus 11%) in those who were comprehensive Whole Health users (people who had at least 8 visits including both core services and CIH).
- Preliminary findings (based on early findings over 6 months) indicate that self-reported health and well-being outcomes improve for those using Whole Health services.
- People are much more likely to see their care as more patient centered, to be more engaged in their care, and to be more engaged in their lives as a whole.
- Pharmacy costs seem to decrease, at least to a small degree.
- Employees who are involved with Whole Health report greater motivation, lower voluntary turnover, and lower burnout.
- Higher employee involvement with Whole Health is linked to higher ratings of hospital performance (e.g., SAIL measures).

During fiscal years 2016-2018, the OPCC&CT provided funding to 31 Whole Health Design Sites to develop various aspects of the Whole Health System model of care. A second Whole Health Collaborative commenced in June 2019 as part of the next wave of Whole

Health expansion across the enterprise. Each VISN selected two additional sites to participate in this next phase of the rollout, for a total of 36 new sites. Thirty-seven new Whole Health Learning Collaborative sites have also been selected. The intent is that, eventually, *all* VA facilities will adopt a Whole Health System model. The link below maps out the locations of the Design and Flagship sites. Note that some Flagships were previously Design Sites.

A listing of the Whole Health Education Sites can be accessed online.

[VA announces whole health flagship sites - Vantage Point](#)

Innovation Grant Sites, FY16 and 17 Design Sites, FY18 Flagship Sites, and FY19/FY20 Education Sites.

What Does a Whole Health System Look Like?

The journey towards Whole Health transformation is more than changing workflows or completing activities. It is about changing behaviors to impact our system's values and outcomes. The entire system of care must shift; we need nothing less than an entire Whole Health System of care. The Whole Health System Designation Framework describes the transformational journey sites can take in this direction, and outlines milestone accomplishments sites can achieve towards Whole Health transformation as they progress through four phases of implementation: **Preparation, Foundational, Developmental, and Full**. The framework describes key accomplishments across each phase and is organized around seven domains of focus: **Governance, Operations, Pathway, Well-Being, Clinical Care, Employee Whole Health, and Community Partnerships**.

The Designation Framework recognizes that how these accomplishments are achieved may vary from site to site, and that sites will work through Whole Health implementation at different paces. Key accomplishments are provided as outcome-type milestones with the intent to provide sites with the latitude and flexibility in how they choose to operationalize processes and practices along the Whole Health journey. The [Whole Health Designation Framework](#) was released in March 2019 along with VISN and site-level Self-Assessment Tools and posted on the OPCC&CT SharePoint Site.

There are three key aspects of the Whole Health System, as shown in Figure 1-4, below.

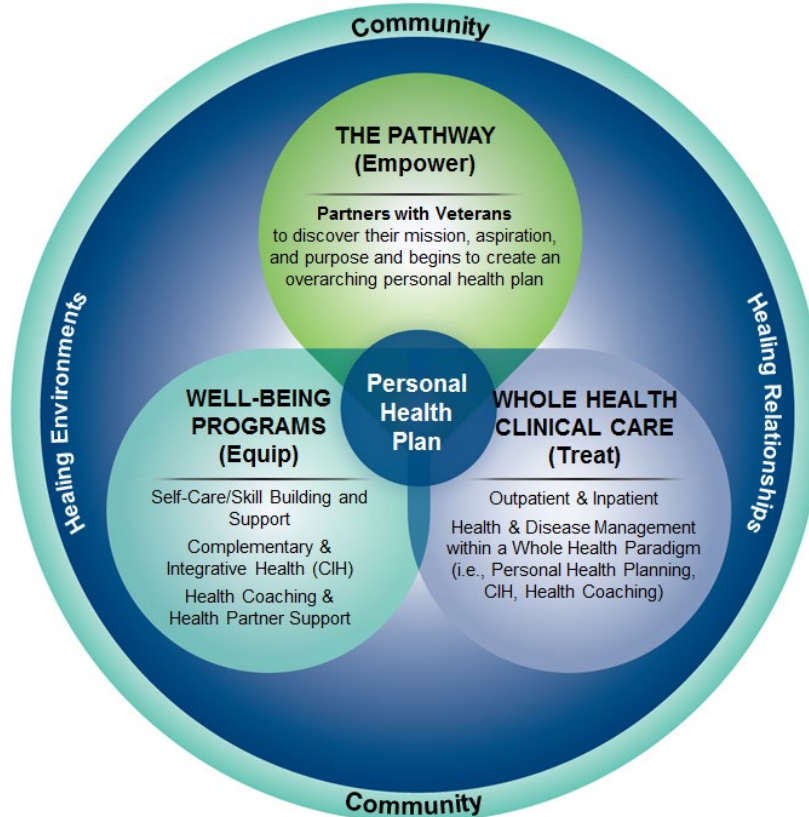


Figure 1-4. Key Elements of the Whole Health System

1. The Pathway: Empowering Veterans. Whole Health Partners, a new position in VA for non-clinical Veteran staff, can form a vital connection with fellow Veterans when they enroll and throughout their experience in VA. They facilitate other Veterans' exploration of their mission, aspiration, and purpose and help them create an overarching PHP, as appropriate. Pathway programming can be offered in the VA or the community and can be inclusive of family and caregivers. To support this element of the Whole Health System, VA has created other staff roles as well. Non-clinical Veteran staff can also be trained to facilitate Whole Health courses for Veterans, including the [Taking Charge of My Life and Health](#) course. Whole Health Coaches also have specific position descriptions in VA, and many sites are now incorporating them into Whole Health care teams. Note that Coaches and Partners also play a key role within Whole Health Well-Being programs. Table 1-1 summarizes these roles, as well as their required training and the tasks they perform.

2. Well-Being Programs: Equipping Veterans. Through this aspect of the Whole Health System, Veterans are equipped with the skills training and tools they need. This includes self-care practices, skill building, and CIH approaches. Thanks to collaborations between the VA's IHCC and a number of other VA program offices, Veterans have increased access to a variety of services. These include CIH approaches, such as acupuncture, meditation training, and therapeutic massage. Yoga and tai chi classes are also increasingly available. Veterans can be seen individually in support of their PHPs, but most services will be focused on cultivating self-care skills through ongoing classes and support. Sites may offer a series of classes that focus on a different aspect of self-care each time; the OPCC&CT has

created skill-building courses for each of the eight areas to support such efforts. (These are featured in the Resources section at the end of this chapter.) Well-Being programs will be closely connected to Whole Health Clinical Care and Whole Health Pathway programming.

Table 1-1. Whole Health Pathway Roles

Role	Provided By	Training Required	Primary Tasks
Whole Health Partner (WHP)	VA employees (ideally Veterans) who meet qualifications of WHP position description	<ul style="list-style-type: none"> • TCMLH 3-day Facilitator Training and/or WHC training • 2-day WHP training course after completing TCMLH Facilitator course and/or WHC course 	<ul style="list-style-type: none"> • Recruit Veterans to WH • Familiarize them with WH resources • Provide Veterans ongoing support • Engage Veterans briefly one-on-one with their PHP and help them get requested support services • If trained, offer Intro to WH and TCMLH courses • Conduct outreach to VSOs and other local Veteran services
Whole Health Coach (WHC)	VA employees who meet qualifications of WHC position description	VA WHC Training (currently two 3-day trainings with practice in between)	<ul style="list-style-type: none"> • Support Veterans as they mobilize internal strengths and external resources to create strategies for making sustainable and healthy lifestyle changes • Offer individual or group coaching, in person, telephonically, or via TeleWholeHealth. Sessions usually ongoing for several weeks to several months, depending on arrangement between Veteran and Coach • If they are Veterans and have the training, can facilitate Intro to WH and TCMLH groups
Facilitator, Intro to Whole Health	<ul style="list-style-type: none"> • Non-clinical Veteran Staff • WH Partners • Peer Support Specialists • Registered Veteran Volunteers 	2-hour <i>virtual</i> train-the-trainer session for OPCC&CT	<ul style="list-style-type: none"> • Facilitate Intro to WH • Engage participants • Introduce WH Concepts • Provide a WH experience • Encourage participation in TCMLH and other local programming

Role	Provided By	Training Required	Primary Tasks
Facilitator, TCMLH	<ul style="list-style-type: none"> • Non-clinical Veteran Staff • WH Partners • Peer Support Specialists • Registered Veteran Volunteers 	3-day <i>in-person</i> train-the-trainer session from OPCC&CT	<ul style="list-style-type: none"> • Facilitate TCMLH groups • Engage participants • Introduce WH Concepts • Provide a WH experience
Whole Health Mentor	<ul style="list-style-type: none"> • Pathway leaders who provide oversight of skill-building and fidelity for WH Partners, Coaches, and peer facilitators 	OPCC&CT Whole Health Mentor Course, a 2.5-day in-person training	<ul style="list-style-type: none"> • Apply effective strategies for ensuring fidelity to WH approach • Generate effective strategies for ongoing skill development • Create an overall plan for mentoring/leadership services • Outline the mentor role in relation to other supervisory chains

WH = Whole Health; OPCC&CT = Office of Patient Centered Care & Cultural Transformation; TCMLH= Taking Charge of My Life and Health, VSO= Veterans Service Organizations. For all Whole Health Courses, visit VA [Whole Health Hub SharePoint](#).

Veterans may choose to work with Whole Health Coaches individually or as part of a group, if Coaches are available at their site. The intent of coaching is to empower Veterans to identify and achieve their health and wellness goals. Veterans are encouraged to use their insight, mobilize internal strengths, optimally use external resources, and develop self-management strategies that support healthy lifestyle changes.²⁰ Qualitative data indicates that Whole Health Coaching training leads to positive changes at an individual and organizational level.²¹ Health coaching has been found to improve chronic disease management,^{22,23,24,25,26} and it is linked to improvements in quality of life, mood, and perceived stress.^{27,28} Research is promising, and more is still needed.²⁹

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

In a Whole Health System, VA clinicians are able to offer Whole Health to Veterans with full support from the entire VA chain of command. They are supported in their own self-care efforts as well, with the recognition that caregiver well-being is also highly valued in and of itself, with the added benefit that healthy clinicians are able to provide better care as well. To learn more, and gain a sense of what a Whole Health System might be like for a patient, go to “[Implementing a Whole Health System: Patient and Team Perspectives](#)” on the Whole Health Library website. Chapter 2 goes into more detail about the respective roles of Whole Health Partners, Coaches, and Facilitators.

Whole Health Tool: Elements of Patient Centered Whole Health Care

How are you doing with the key elements of Whole Health in your work? The following list of 22 questions was designed to help Whole Health team members evaluate what they are doing well in terms of offering Whole Health and ways they might make improvements. Many of the people who complete this questionnaire find they are already promoting Whole Health in a number of ways. As you continue to explore new ways to bring Whole Health into a practice, you can repeat this assessment and see how your answers change.

Every VA employee can be involved in this process to some degree. If you are not a health care provider/clinician, you could answer these questions from the perspective of one of the health care clinicians who takes care of you. How are they doing?

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

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

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

- _____ 1. During an interaction, I look at the Veteran more than I do at a computer or other screen.
- _____ 2. Beyond symptom-related questions, I ask about what matters most to them.
- _____ 3. I maintain equanimity while working with Veterans and colleagues. Feelings of frustration, impatience, or disappointment do not negatively affect my ability to support them.
- _____ 4. I work collaboratively with Veterans and their family/friends to set goals.
- _____ 5. I encourage people to be active leaders of their care teams, and I explore with them who they want on their team, including health professionals, as well family members, friends, members of the greater community, or practitioners of complementary and integrative health (CIH) approaches.
- _____ 6. I empower Veterans to take care of themselves.
- _____ 7. I know each Veteran's (or colleague's) story; in addition to medical conditions, I know about their relationships, interests and hobbies, and/or major life events.

- _____ 8. When appropriate, I focus on prevention of future health challenges.
- _____ 9. I model healthy behaviors and/or mention them when I am interacting with Veterans and colleagues, as appropriate.
- _____ 10. I am willing to answer/find out answers to questions about self-care and treatment approaches that are unfamiliar to me.
- _____ 11. The place where I interact with Veterans is a healing environment (e.g., artwork, elements from nature, low noise/music, pleasant smells, good lighting, and comfortable temperatures).
- _____ 12. I avoid being distracted during interactions with Veterans by unrelated thoughts or concerns. That is, I bring mindful awareness into my practice.
- _____ 13. People who interact with me can tell I enjoy seeing them and enjoy my work.
- _____ 14. I feel compassion for Veterans.
- _____ 15. I check to be sure my patients understand care instructions/suggestions.
- _____ 16. I am not rushed during visits with Veterans.
- _____ 17. I ensure patients have appropriate follow up after each visit.
- _____ 18. I communicate effectively with the rest of a person's care team.
- _____ 19. I demonstrate cultural humility. That is, I respect how my culture and that of the Veterans I meet may (or may not) influence my interactions with them.
- _____ 20. I routinely ask questions to better understand Veteran experiences with social determinants of health, recognizing there are powerful social influences and systemic barriers that can influence a person's ability to optimize self-care.
- _____ 21. I work with my team to minimize distractions during interactions, such as interruptions by staff related to other Veterans.
- _____ 22. As appropriate for my role, I document elements of Whole Health, such as what my patients' value, their self-care practices, and their Personal Health Plans (PHPs) in my visit notes.

Take a moment to review your answers. Which areas are your strong suits? Where would you like to make improvements? If you were to answer from the perspective of your own primary care provider, how would they do? You can choose any one of these areas and changes you would like to make. What support do you need from colleagues? From leadership? An important contributor to clinician burnout is not having control over one's practice environment. How much control do you have over the different aspects of your practice listed above? What can be improved?

Time to Start Your Journey!

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

General Whole Health Resources

Websites

VA Whole Health and Related Sites

The [VA Whole Health](https://www.va.gov/WHOLEHEALTH/) website offers a number of resources for a foundational understanding of Whole Health and various “Get Started” options. The dropdown menu in the upper left corner provides links to more in-depth materials for both clinicians and Veterans. <https://www.va.gov/WHOLEHEALTH/>

- [Circle of Health](https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp). “Walk around” the Circle of Health accessing videos, handouts, online tools, and other materials on the eight components of self-care. <https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp>
- [Whole Health: A Shift Towards Health](http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AAcMABW4_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=5166690410001). A nice introductory video, and a good one to show colleagues to introduce the concept to them. http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AAcMABW4_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=5166690410001
- [Evidence-Based Research](https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp). Includes all of the evidence maps mentioned in this reference manual. <https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp>
- [Veterans Whole Health Education Handouts](https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp). Reviewed by a national group of Veterans, as well as by VA clinicians. <https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
- [Whole Health Hub SharePoint](https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/Index.aspx). <https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/Index.aspx>
- [Whole Health Education Homepage](https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx). Multiple additional links and printable resources. <https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/Home.aspx>
- [Whole Health Community of Practice Calls](https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/COPs.aspx). People can join after taking the Whole Health courses. <https://dvagov.sharepoint.com/sites/VHAOPCC/Education/SitePages/COPs.aspx>
- [Integrative Health Coordinating Center \(IHCC\)](https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp). <https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp>
- [Whole Health Implementation Guide](https://www.va.gov/WHOLEHEALTHLIBRARY/docs/WH-ImplementationGuide.pdf). <https://www.va.gov/WHOLEHEALTHLIBRARY/docs/WH-ImplementationGuide.pdf>
- [Health Promotion Disease Prevention](https://www.prevention.va.gov/). <https://www.prevention.va.gov/>
- [Nutrition and Food Services](https://www.nutrition.va.gov/index.asp). <https://www.nutrition.va.gov/index.asp>

- [VA Chaplaincy](https://www.patientcare.va.gov/chaplain/index.asp). <https://www.patientcare.va.gov/chaplain/index.asp>
- [Office of Mental Health Services](https://www.mentalhealth.va.gov). <https://www.mentalhealth.va.gov>
- [VHA FY2022-2028 Strategic Plan](https://www.va.gov/oei/docs/va-strategic-plan-2022-2028.pdf). <https://www.va.gov/oei/docs/va-strategic-plan-2022-2028.pdf>

Whole Health Library Website

The [Whole Health Library](https://www.va.gov/WHOLEHEALTHLIBRARY/index.asp) features an array of Whole Health materials written for clinicians and Veterans, all of which have been peer-reviewed.

<https://www.va.gov/WHOLEHEALTHLIBRARY/index.asp>

You can use the search bar on the right or choose one of the tabs. Tabs include:

- The “Home” tab provides a general definition of Whole Health and features introductory videos.
- The “About” tab provides a more in-depth definition of Whole Health, how it began, and who is involved.
- Under the “Get Started” tab, you will find documents like the PHI, PHP, and the *Passport to Whole Health*.
- The “Implementation” tab has five overviews that present evidence-based approaches to implementing Whole Health in your personal and professional lives. Related Whole Health tools and additional resources are also available.
- The “Self-Care” tab has overviews that incorporate the latest research findings related to the eight areas of self-care and mindful awareness. Whole Health tools that can be used at point-of-care as well as resources are available for each overview.
- The “Professional-Care” tab has overviews that focus on applying CIH approaches and the latest research to treatment plans for specific conditions, such as men’s health, endocrine health, and cancer care. Related Whole Health tools that provide practical information for use at point-of-care and resources are available for each overview.
- The “Tools” tab has multiple resources clinicians can use at the point of care and provide greater detail about topics covered more generally in the overviews. Tools are listed in alphabetical order and may include topical resources (such as ‘asthma’) or details about specific strategies to apply Whole Health in your practice.
- Under the “Courses” tab, you will find manuals, PowerPoints, and additional materials for various Whole Health course offerings.
- “Veteran Handouts” contains peer-reviewed and Veteran-reviewed documents you can print for your Veterans. All relate to areas of the Circle of Health.

All of the materials can be read online or downloaded. In addition to materials related to the specific parts of the Circle of Health, there is an entire series devoted to pain and another focused on mental health. There are also materials that cover a range of body systems, including endocrine, cardiovascular, men’s health, women’s health, and the immune system.

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

- [Implementing Whole Health in Your Own Life: Clinician Self-Care](https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/index.asp). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/index.asp>
- [Implementing Whole Health in Your Practice, Part I: What a Whole Health Visit Looks Like](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-i-what-whole-health-visit-looks-like.asp). Overview.
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- There are eight [Whole Health for Skill Building](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp) courses for Veterans, one for each area of self-care in the Circle of Health.
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>

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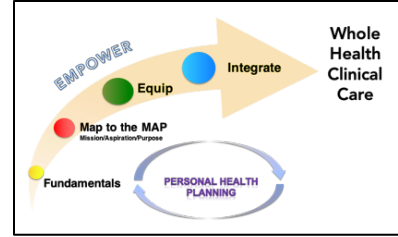
PASSPORT TO WHOLE HEALTH

Chapter 2. Whole Health Clinical Care, Part I: Empowerment, Fundamentals, and Map to the MAP

Chapter 2. Whole Health Clinical Care, Part I: Empowerment, Fundamentals, and Map to the MAP

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

—William Osler



Most people resonate with the underlying philosophy and principles that define Whole Health. Of course, then they want to know how to move from knowledge to practice. Important questions arise:

- This all sounds great in theory, but how do I make this real?
- What does this look like in my specific practice, or for my specific VA role?
- How does this fit in with what I/we are already doing?
- I have a lot of commitments and responsibilities, and access is a high priority at my site. Is it realistic to think I can do Whole Health as well?
- How do I apply this to my own self-care?

The Whole Health Clinical Care Journey

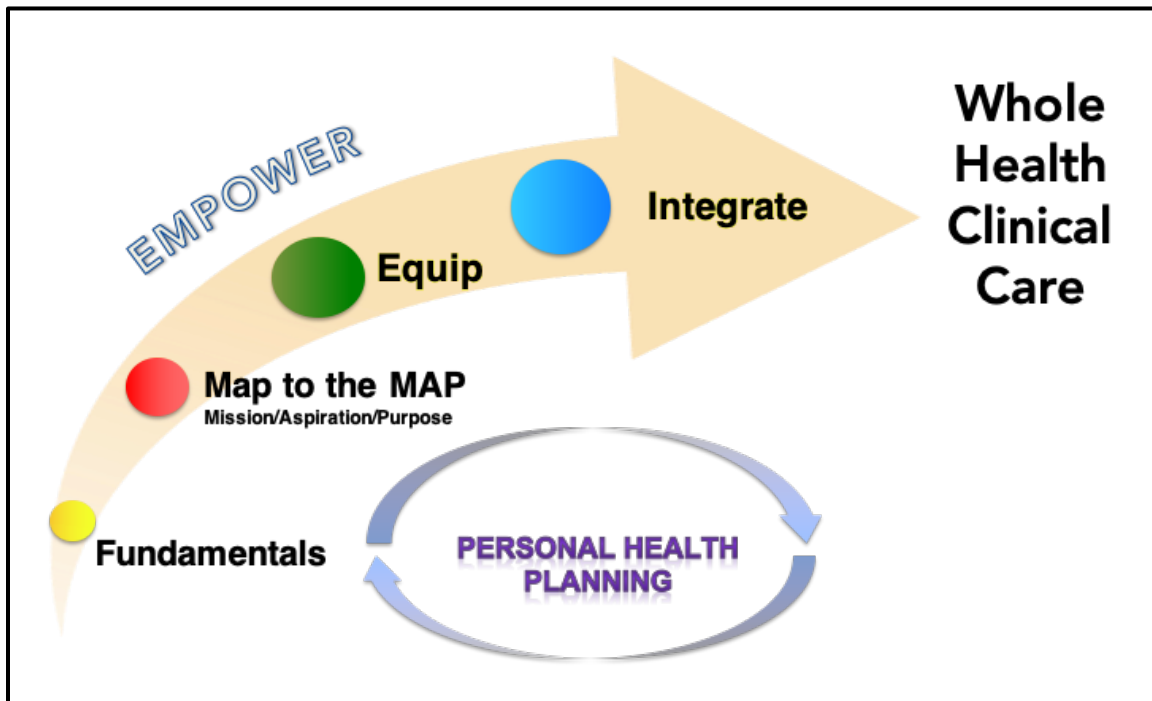


Figure 2-1. The Whole Health Clinical Care Journey

Figure 2-1 illustrates the Whole Health Clinical Care Journey. It captures the various elements that allow people to apply and implement Whole Health. The Journey to Whole Health Clinical Care is cyclical; different elements will come into play at different times as a

Veteran moves through the Whole Health System. Moving from left to right on the graphic (but noting they can occur in any order) the journey includes several important elements:

- **Empower.** As noted in Chapter 1, Whole Health is patient driven. Empowered patients take the initiative with their care, are captains of their care teams, and perpetuate healthy routines in their daily lives. Empowered clinicians and teams have the capacity and support needed to care for patients in whichever meaningful, connected ways patients would like. Whole Health requires an active approach to care; support from professionals is important and maintaining healthy patterns and a steady move toward one's goals is ultimately up to each individual.
- **Fundamentals.** It is vital for you to be able to define Whole Health so you can describe it to Veterans and colleagues (Chapter 1 covers this in detail.). Practicing Whole Health is made possible through effective communication, strong therapeutic relationships, and a commitment to care of the whole person—physical, mental, emotional, spiritual, and social. Experiences with other programs and resources relevant to Whole Health—e.g., [MOVE! Weight Management Program Home](#), [Healthy Living Messages](#) – National Center for Health Promotion and Disease Prevention, , [Goals of Care Conversation Training](#), [VA Voices](#), and [RELATIONS® for Healthcare Transformation](#) are of great value.
- **Map to the MAP.** “MAP” stands for “Mission, Aspiration, Purpose.” An essential piece of Whole Health is to build care on a person's deepest values. Asking why someone wants his or her health in the first place clarifies goals of care, and it leads to a higher level of engagement and follow through. **This is the game changer.** Here, individuals and teams discover what matters most to the people in their care (their MAP). They connect their work to the MAP by establishing shared goals in partnership with each Veteran, and they document how the Personal Health Plan (PHP) supports the Veteran's MAP. Clinical team members are empowered to connect to their own MAP and experience Whole Health for themselves.
- **Equip.** As Veterans pursue shared goals, they need education, resources, skill-building, and support. Clinicians and teams also must be equipped appropriately to provide excellent Whole Health care. As people who will be assisting others, they need to know both what resources and personnel are available to support Whole Health, and also how Veterans can access them. They also need to have resources available to them for their own self-care.
- **Integrate.** Effective Whole Health care requires seamlessly integrating all these different elements. How can we optimize each Veteran's experience as he/she seeks Whole Health care? The ultimate goal is to offer cutting-edge care that empowers and equips Veterans to live their lives to the fullest, in support of their MAP, on an ongoing basis. Measurement strategies are put into place to assess impact of all of these elements, and the logistics of the system (e.g., documentation, billing, coding, resource allocation, etc.) support this too.

These elements are also summarized in Figure 2-2. The Whole Health Clinical Care Journey reflects the process of personal health planning; it supports Veterans as they develop their PHPs. The PHP is the documented compilation of the above information, and it is Veteran owned. The PHP may be [brief](#), or [expanded](#), depending on Veterans' preferences and the

degree to which they are involved in the Whole Health System. This is a dynamic document which is now available as a national template titled [CPRS Personal Health Plan Template Educational Overview](#). It can be filled out by multiple care team members over time.

Key Characteristics of Practicing Whole Health Clinical Care



- Considering and caring for the Whole Person
- Practice across teams and over time
- Actively use foundational skills (communication, therapeutic presence, relationship building, and Motivational Interviewing).
- Equip using a broad range of resources and support
- Empower through connecting to Mission/Aspiration/Purpose
- Continue to provide excellent clinical care
- Map to MAP by setting shared goals that link to Mission/Aspiration/Purpose.

Figure 2-2. Key Characteristics of Practicing Whole Health Clinical Care

PHPs are individualized plans that are built around MAP and focus on meaningful and attainable goals. PHPs include MAP, self-care goals and activities, clinical and complementary care goals, and evolve over time. In the Whole Health Systems model (Figure 1-4), the personal health planning process is central to providing Whole Health care and is a team-based process.

No matter what kind of work you do with Veterans, these aspects of Whole Health care will have some relevance to your work. You may work with all of the different elements of the Whole Health Clinical Care Journey, or you may use just a few. Individuals and teams may be at different places along this journey and evolve over time to deliver more integrated Whole Health care. Remember, you don't have to draw in all of them at once. Even asking a Veteran or colleague how it is going as they work toward a Whole Health goal is offering Whole Health care at a fundamental level.

One care team member can do a great deal to advance Whole Health, and ideally, their impact can be magnified through the combined efforts of an effective, transdisciplinary team. Whole Health care is not about just one clinician or staff member taking on all the work. It is not the responsibility of any one department either; primary care is essential to moving Whole Health forward, and so is specialty care. Outpatient care and inpatient care work in synergy; there are no siloes. The PHP travels with each Veteran; everyone who takes care of a given Veteran will ideally supporting them around their MAP in some way, even if by simply asking them how they are doing working toward their goals. Busy

clinicians find it much easier to imagine working with the Whole Health approach when it is built upon team-based efforts. Continually ask yourself how you can best support Whole Health in your specific role. Honor scope of practice and think outside the box too. Ask for support. Remember (as discussed in Chapter 1) the potential of Whole Health Coaching and Whole Health Partners when it comes to optimizing care and dividing roles among different team members.

Sometimes, people ask which Veterans are best suited to receive Whole Health care. The answer? All of them, if they are willing. Of course, there are various factors you must take into consideration. If someone has an urgent or emergent problem, addressing that must take precedence, of course, but that can nevertheless be done within a Whole Health framework. Some of the most motivated and effective Whole Health clinical champions are Emergency Department personnel. Specific circumstances—such as if a Veteran is living with serious mental illness, homelessness, and/or palliative care needs—all shape how care will look, but they need not stop team members from using the Whole Health approach, as appropriate. Everyone can potentially benefit from mapping to the MAP and other aspects of Whole Health care. You may not ask about MAP at every visit, but you still may connect with it indirectly. Your therapeutic presence, including how you communicate and relate with each Veteran, supports their Whole Health experience. Trust your instincts about when and how to introduce the Whole Health approach to someone.

The rest of this chapter focuses on the first three of the elements of the Whole Health Clinical Care Journey: Empower, Fundamentals, and Mapping to the MAP. The concept of Shared Goals is also introduced. Chapter 3 goes into more detail about Equipping, Personal Health Planning, and Integration.

Empower

Empowering Veterans is central to Whole Health care. When patients are empowered, they are more satisfied with their care, more adherent to the care plan, and have better overall outcomes.¹ What exactly is empowerment? Empowerment has been defined in a number of ways, all of which tie in well with various aspects of the Whole Health approach:

- Being ill, and particularly having one or more chronic disease, can potentially make people feel powerless in every aspect of their lives.² Empowerment is about regaining some control. Choosing one's goals and being able to decide on how they want to reach them can bring a sense of greater power over one's health.
- Along similar lines, empowerment is also about self-determination.³ How can people take the initiative to advance their health, despite the challenges they face? Self-determination may involve having choice and influence over which treatments or testing one receives,¹ and it may involve exercising one's choices in other ways, such as deciding to work on a specific aspect of self-care or choosing to try a particular complementary approach.
- Acquiring knowledge, or mastery, related to one's health brings power as well.⁴
- Empowerment can also come through having support from care professionals (e.g., with shared decision-making, featured in Figure 2-3) and peers.⁴ Some researchers

note that empowerment is closely linked to patient centered care, noting that patients can empower themselves without additional help,⁵ though support from others may improve the likelihood of their feeling more empowered.

- Empowerment also involves finding meaning in one’s health challenges. Religion and spirituality can play an important part in this.⁴ In this regard, empowerment can be closely linked to Mapping to the Map.
- Empowering someone is, in and of itself, a way to enhance health.⁶ That is, being empowered increases your chances of being healthy.

Empowerment occurs across the Whole Health System. For example, from the moment they enter VA, or when those who are already enrolled to receive VA care first hear about Whole Health, Veterans are supported by Whole Health Partners. (This is part of the Whole Health Pathway, which is a key part of the Whole Health System, as shown in Figure 1-4). These Veterans, who are employed by the VA, are trained to do the following:

- Recruit Veterans to Whole Health
- Familiarize them with resources
- Introduce them to peer groups and other programs
- Work one-on-one regarding personal health planning
- Help them obtain support services
- Provide ongoing support over time

Whole Health Coaches are also trained to empower Veterans. They have additional training with facilitating conversations about MAP and helping Veterans set goals that matter to them. Coaches help Veterans notice and overcome barriers to achieving those goals, and they support them along the way, guiding them to appropriate resources and clinical care team members.

The training requirements and roles of Whole Health Partners, Coaches, and other non-clinical team members is described in Chapter 1 (Table 1-1). Ideally, all three components of the Whole Health System—the Whole Health Pathway, Well-Being Programs, and Clinical Care—work seamlessly together in ways that optimize Veterans’ ability (to draw on the title of one of the Whole Health courses) to “take charge of my life and health.”

Fundamentals

Since its inception in 2011, Whole Health has been built around grassroots efforts, informed by nationally supported educational programming. Different individuals, teams, and facilities have been encouraged to experiment with how Whole Health can best suit their specific needs. While innovation and creativity at the national, VISN, and local levels are strongly encouraged, individual efforts are the key to program success.

Some important examples of Whole Health fundamentals include the following:

- **Whole-Person Care.** The Whole Health approach recognizes that all aspects of a person’s life should be taken into consideration, including from what is going on at a molecular level (nutrition, medications), to how they are doing mentally/emotionally, to behaviors (physical activity, preventive care), to the bigger picture (surroundings, connections, spirituality, and relationships). Physical health is absolutely important, and it is only one aspect of health. The different aspects of our health are interconnected, so favorably influencing one may have a ripple effect, benefitting other aspects too. Adopting a Whole Health approach requires that you become comfortable with changing (expanding) the conversation to include a wider array of topics.
- **The Circle of Health.** The Circle of Health, described in Chapter 1, captures what Whole Health encompasses in the form of a graphic. An entire Whole Health encounter can be built around simply showing someone the circle and asking what areas they want to work on. The [Whole Health Library](#) website features Overviews and tools related to each of area of the Circle, and multiple [Veterans Whole Health Education Handouts](#) are also organized around the Circle’s various components.
- **Clinician Self-Care.** The importance of care of the caregiver in Whole Health cannot be overemphasized. It is as important for you to apply the Whole Health approach to your own life as it is for use it with Veterans whom you serve. You get to be the “Me” at the center of the Circle of Health, too! What is your MAP? How do you support it through your self-care? Check out “[Implementing Whole Health in Your Own Life: Clinician Self-Care](#)” to explore this important topic in more detail.
- **Therapeutic Presence.** One of the most powerful aspects of a Whole Health approach goes with you everywhere: your therapeutic presence. Who you are and the example you set can have a powerful influence on the health of those around you. Aspects of therapeutic presence that have good-quality research supporting their patient-care benefits include the following:
 - Empathy, kindness, and compassion
 - Effective communication; what you learned in Motivational Interviewing, training or taking the [RELATIONS® for Healthcare Transformation](#) course fits in beautifully here
 - Working with expectations
 - Focusing on strengths
 - Fostering engagement
 - Offering a safe space to explore, honoring differences in perspectives
 - Focusing on what really matters (MAP)
 - Practicing what you preach; that is, trying the various suggestions yourself that you recommend to others

For a detailed review (including a detailed bibliography) on the power of therapeutic presence, refer to “[Implementing Whole Health in Your Practice, Part II: The Power of Your Therapeutic Presence.](#)”

- **Honoring What Is Already Done Well.** As noted in Chapter 1, many programs in the VA already support or draw in elements from Whole Health. Of course, clinicians are not being asked to stop using their clinical skills. On the contrary, Whole Health is about ways to make them even more successful at using those skills (while building others, as appropriate).

Whole Health Tool: Introducing Whole Health—Your Elevator Speech

Imagine you are on an elevator, and some colleagues step in who are unfamiliar with Whole Health. They ask you to tell them about it. Or, imagine you are talking to a Veteran you have not met before—perhaps at the reception or information desk—and you want to give them a brief introduction to Whole Health care. If you have just 30 seconds to share before the elevator ride is over, or before you need to talk to the next patient in line, what would you say?

It helps to think this through in advance, and the following exercise can help. Take a few minutes to consider the following:

1. How do you personally define Whole Health?
2. How would you describe the Whole Health Clinical Care Journey to someone who has never heard of it before?

You might want to include some of the following snippets in your Whole Health care Elevator Speech. State them in your own words.

Whole Health...

- Is a different way to approach health care
- Is being adopted by many sites throughout the VA
- Aligns with VA strategic plan and the goals of patient centered care
- Is about personalized, proactive, patient-driven care
- Looks at the whole person
- Respects each person's individual uniqueness
- Encourages people to focus on MAP by asking, "Why do I want my health?," "What really matters to me?," "What brings me joy?"
- Incorporates mindful awareness
- Places importance on prevention and the work of the National Center for Health Promotion and Disease Prevention
- Honors the value of conventional care, especially for acute health concerns
- Places a high priority on self-care and what people can do to take care of themselves
- Is strength-based, acknowledging what people are already doing well
- Brings in complementary and integrative health (CIH) approaches, as appropriate
- Can involve creating Personal Health Plans (PHPs) for patients
- Is a team-based approach, with the patient being the captain of the team
- Focuses on improving clinician well-being as well

If you would like, jot down a draft of your Elevator Speech in the space below. This can be written in detail, or it may just be a few bullet points to jog your memory. After you practice it a few times, experiment with trying it out with a friend, a colleague, or some of the Veterans with whom you work. Ask for constructive feedback. If you work with a team, encourage everyone on your team to try this exercise. Determine where and when

you will share this summary with patients. You may wish to display posters or cards with the Circle of Health on them to facilitate discussion.

My Whole Health Elevator Speech:

The following are two examples of Elevator Speeches. Note what you like and do not like about each, to guide you as you create your own.

Example 1: Whole Health is a model of care that is getting increased attention in the VA. It focuses on you—your values, your goals, and why it is important to you to be healthy. Care is tailored to you as a unique person, it focuses on preventing problems (not just solving them when they come up), and having you be the main person guiding your care, instead of just having everyone tell you what to do. It focuses on self-care, and you can choose to explore different areas around that. It also involves helping you build the team you need to reach your goals, and that team includes not only you and your clinicians, but also might include your loved ones, fellow Veterans who want to help, Whole Health Coaches, or clinicians of complementary and integrative health (CIH) approaches, like acupuncture or meditation training.

Example 2: Whole Health focuses on what matters *to* you, instead of what is the matter *with* you. It is holistic—every aspect of who you are is important. We want you to have the skills, tools, and team you need so that you can achieve your goals and be in your best possible health. This builds on the great care you have already had in the VA up to this point.

In reality, your Elevator Speech will prove to be more of a discussion starter than simply a “speech” per se. The intent is that it will spark an ongoing dialog, to pique other people’s interest in Whole Health.

Mapping to the MAP

Whole Health begins with a focus on the individual. Care is personalized; it is not enough to practice “cookbook” medicine, where the same things are always done for any given health concern. Even if two people have the same diagnoses on their problem lists, they are going to need and respond differently to different therapeutic interventions. Even identical twins will differ in terms of what health problems they have and their explanations for why they have those problems. Perhaps most importantly, any given pair of people will answer differently when asked what they value most and how they want to bring it more fully into their lives.

Mapping to the MAP is about bringing each individual’s values to the forefront of their care and connecting clinical work directly to what matters most to the Veteran. It has been referred to as the “game changer” when it comes to Whole Health care. It honors individual uniqueness and sets the stage for effective personal health planning. It changes the conversations you have with Veterans and leaves room for more creativity and engagement on their part. People appreciate going over these topics, often commenting (pleasantly surprised) that they have never had someone in health care ask them about such things before. Answering MAP-related questions engages people more fully in their care and increases the odds they will set meaningful, achievable goals. Conversely, it can sometimes be difficult for people to identify their MAP. It may be a new concept for many people, and they may benefit from additional opportunities to self-explore or reflect (e.g., Pathway programs). While not common, this process can sometimes also uncover or highlight challenges relating to depression or suicide risk, indicating the need for additional action.

Care focused on a person’s core values deepens therapeutic relationships,⁷ increases patient (and clinician) engagement,¹ improves outcomes,⁸ and is more likely to lead to successful changes in behavior.⁹

We know that meaning and purpose have a significant impact on health too.

- People with a strong sense of purpose live longer.¹⁰ They are more likely to use preventive health care services,¹¹ but require other health care services significantly less than people with a low sense of purpose in life.¹²
- A review of 63 studies, including over 73,500 people, found that meaning in life was connected with better ratings of numerous different aspects of physical health.¹³
- Purpose in life correlates with lower incidence of sleep disorders,¹⁴ stroke risk,¹⁵ type 2 diabetes,¹⁶ and reduction of risk of myocardial disease.¹⁷
- Purpose in life is correlated with better scores for memory, executive function, and overall cognition.¹⁸ It is also linked to a decreased risk of Alzheimer’s disease and mild cognitive impairment in older people,¹⁹ as well as maintenance of physical function.²⁰
- Meaning in life is crucial to coping and psychological well-being.²¹

The following Whole Health tool offers some guidelines for elucidating what matters most to a Veteran, colleague, or loved one.

Whole Health Tool: Mission, Aspiration, Purpose (MAP)

One important method for gathering information is to ask questions that go right to the heart of what is most important to the person. These questions delve into the core values that are most likely to motivate someone to follow through with their goals.

Examples of “The Big Questions:”

- What REALLY matters to you in your life?
- What do you want your health for?
- What is your mission in life?
- What is your calling?
- What goals are most important to you, and how can being in good health help you to achieve them?
- What brings you a sense of joy and happiness?
- What is your vision of your best possible health?

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

- They list specific people in their lives or important **relationships**. Reviews of literature find that relationships, and particularly family relationships, are the most important source of meaning to people from all cultures and age groups.²²
- They mention a specific **experience**, be it travel, a hobby, or a daily activity.
- They talk about overall **quality of life and health span** (how long you live in a healthy state).
- **They are hesitant**, or they freeze. If this is the case, give them time to consider their answers and check back in with them later. Alternatively, if they are willing, you can have them complete an exercise to identify their values, which might help. Some exercises to explore values are offered in Chapter 7, “Personal Development.”

Some people prefer to use the term “meaning” instead of “mission” as part of MAP. Frame these questions using the wording that is most appropriate for each individual.

Once a person’s MAP has been outlined, the focus becomes setting shared goals that are connected to it.

Shared Goals

Shared goals arise at the point where an individual’s goals intersect with the goals of one or more members of their care team, as illustrated in Figure 2-3. These can include broad “Life and Health Goals” and/or more specific “Clinical Goals.”

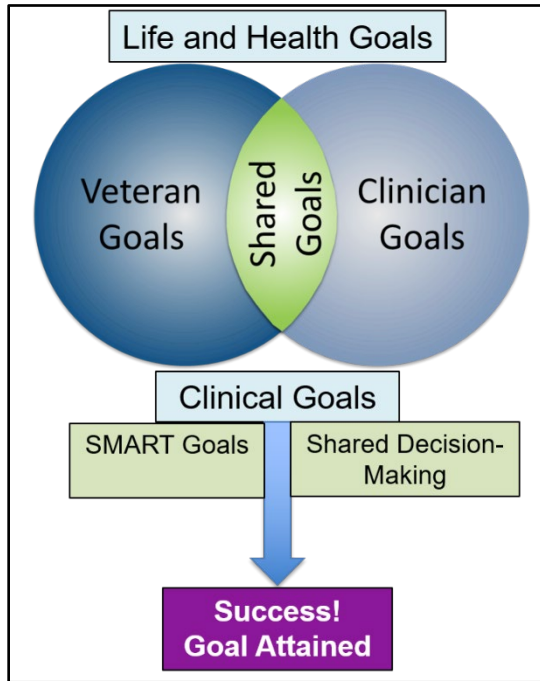


Diagram showing the Life and Health Goals, indicating the following:

At the top center is a rectangle titled Life and Health Goals. Below is a Venn diagram, the outer circles titled Veteran Goals and Clinician Goals, and the shared space being labeled Shared Goals. Below the Venn diagram is a rectangle titled Clinical Goals. Below are 2 rectangles labeled SMART Goals and Shared Decision-Making, and an arrow descends from the Clinical Goals box through the 2 rectangles to a final purple box that reads "Success! Goal Attained."

This helps explain how Shared Goals work and where Veteran and TeamGoals intersect.

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

For example, a Veteran may decide that his or her MAP is to “be around for my family for another 20 years, because they are what is most important to me.” A health care team member’s overall goal may be to prevent a heart attack because the Veteran is at high-risk for one. These goals overlap. As the patient and care team create a PHP together, they may choose to set goals that are more Specific, Measurable, Action-Oriented, Realistic, and Timed (i.e., “SMART” goals, discussed more in Chapter 3). Such goals should feel attainable to the Veteran and meet the clinician’s goal of reducing cardiac risk. This would be a great opportunity to reflect on the Personal Health Inventory (PHI) and areas the Veteran wants to focus on, or to use the Circle of Health to understand what is of interest to them right now. Depending on the Veteran’s areas of interest and levels of motivation, examples of shared goals might include limiting red meat to a certain number of servings per week (Food and Drink), daily 20-minute walks (Moving the Body), or beginning to meditate for 10 minutes 5 times a week (Power of the Mind).

Consider the following in terms of your work with Veterans:

1. Do you typically set goals with them?

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

Goal setting is an important organizing principle in personal health planning because it is closely linked to adherence.²³ We know that in a typical practice, as many as 50% of medications are taken incorrectly.²⁴ How can we improve those odds? The key is patient engagement, which has been referred to as the “blockbuster drug,” because it can improve outcomes for nearly any problem. A review of 722 articles found that there are four key elements to engaging patients²⁵:

1. Personalization—get to know the individual, and tailor the care to them (sound familiar?)
2. Access—educate them about options, provide information, guide and support them, and address practical (contextual) issues such as transportation and visit availability
3. Commitment—tie it in to values, to what really matters
4. Therapeutic alliance—have a great relationship with them. This happens through compassion, good communication, and excellent therapeutic presence

Here are few tips when it comes to shared goals:

- Always make sure a goal connects back to a person’s MAP, and that the connection is clear for them. This makes the goal relevant and increases adherence to the plan.
- As a health care team member, you should both share your perspectives and honor those of the person you are supporting. Be sure to communicate with them about what your goals are for them and why.
- Documentation should make it clear to all team members what someone’s MAP is and how their goals can help them move toward it.
- Even if patients tend to be passive (“*You are the expert, just tell me what to do*”) encourage them to reflect on and share their MAP.
- The additional time this takes is an investment up front, but you are more likely to get their buy in when it comes to following through with a plan you create together. Ultimately, that also builds trust and strengthens your therapeutic relationship.

Conclusion

This chapter introduced the Whole Health Clinical Care Journey and went into more detail about several of the important elements: how to Empower people when it comes to their health care, Whole Health Fundamentals, and Mapping to the MAP. Keep each of these areas in mind as you explore ways to bring Whole Health into your work. The next chapter will focus on the other three elements— Equipping, Personal Health Planning, and Integration.

Resources for the Whole Health Clinical Care Journey

In addition to the resources listed below, a more extensive resource list relevant to the Whole Health Clinical Care Journey is included at the end of Chapter 3.

Websites

VA Whole Health and Related Sites

- [Veterans Whole Health Education Handouts](https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp).
https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp
- [CPRS Personal Health Plan Template Educational Overview](https://dvagov.sharepoint.com/:w:/r/sites/VHAOPCC/_layouts/15/Doc.aspx?sourcedoc=%7B187F7E02-62A3-44A4-9D9C-894C706DA474%7D&file=PHP%20template%20educational%20overview_5-7-2019.docx&action=default&mobileredirect=true).
https://dvagov.sharepoint.com/:w:/r/sites/VHAOPCC/_layouts/15/Doc.aspx?sourcedoc=%7B187F7E02-62A3-44A4-9D9C-894C706DA474%7D&file=PHP%20template%20educational%20overview_5-7-2019.docx&action=default&mobileredirect=true
- [MOVE! Weight Management Program Home](https://www.move.va.gov). https://www.move.va.gov
- [Health Living Messages](https://www.prevention.va.gov/Healthy_Living/). VHA National Center for Health Promotion and Disease Prevention. https://www.prevention.va.gov/Healthy_Living/
- [Goals of Care Conversation Training](https://www.ethics.va.gov/goalsofcaretraining/practitioner.asp).
https://www.ethics.va.gov/goalsofcaretraining/practitioner.asp
- [Psychosocial Rehabilitation and Recovery-Mental Health](http://vaww.mentalhealth.va.gov/rc-psy-rehabilitation.asp).
http://vaww.mentalhealth.va.gov/rc-psy-rehabilitation.asp
- [VA Voices](https://news.va.gov/103024/veterans-support-connect/). https://news.va.gov/103024/veterans-support-connect/
- [Brief Personal Health Plan Template](https://www.va.gov/WHOLEHEALTH/docs/PHI_Jan2022_Final_508.pdf).
https://www.va.gov/WHOLEHEALTH/docs/PHI_Jan2022_Final_508.pdf
- [Long Personal Health Plan Template](https://www.va.gov/WHOLEHEALTH/docs/PHI-long-May22-fillable-508.pdf).
https://www.va.gov/WHOLEHEALTH/docs/PHI-long-May22-fillable-508.pdf

Whole Health Library Website

- [Whole Health Library](https://www.va.gov/wholehealthlibrary/). https://www.va.gov/wholehealthlibrary/
- [Implementing Whole Health in Your Own Life: Clinician Self-Care](https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/index.asp).
https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/index.asp
- [Implementing Whole Health in Your Practice, Part II: The Power of Your Therapeutic Presence](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-ii-power-therapeutic-presence.asp). Overview.
https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-ii-power-therapeutic-presence.asp

Other Websites

- [RELATIONS® for Healthcare Transformation](https://www.healthcareexcellence.org/relations-for-healthcare-transformation-2/). The Institute for Healthcare Excellence. https://www.healthcareexcellence.org/relations-for-healthcare-transformation-2/

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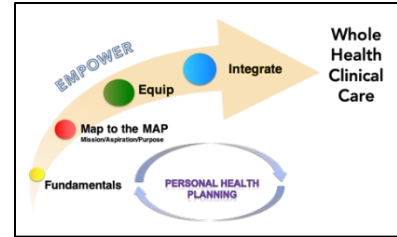
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Chapter 3. Whole Health Clinical Care, Part II: Equipping, Personal Health Planning, and Integration

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

—Marcel Proust



Chapter 2 introduces the Whole Health Clinical Care Journey and then focuses in on Empowerment, Fundamentals, and Mapping to the MAP. It closes with a discussion about Shared Goals. This chapter focuses on how to Equip Veterans, incorporate Personal Health Planning, and Integrate all of these different elements in a way that flows well and supports creation of an overall Whole Health System. The role of SMART goals is also discussed.

Equip






In order to reach their goals and move forward with their Mission, Aspiration, Purpose (MAP), Veterans—and care team members, whose self-care and well-being are also fundamentally important—must be equipped with the education, resources, skill-building, and support they need. To optimize care, team members need to be able to know *what* is available to equip Veterans and themselves, and they need to know *who* is available as well. There is a matchmaking element to Whole Health care.

As you consider how best to Equip Veterans for Whole Health, keep the following in mind:

- The Office of Patient Centered Care and Cultural Transformation (OPCC&CT) has created a number of educational resources, ranging from live courses taught at sites all around the country, to virtual offerings, such as online instruction. Multiple educational offerings for clinicians and non-clinicians are featured in the Whole Health tool, “A List of Whole Health Education Offerings” in the next section. The first two course listings are for half-day courses that can be taught at any site, with continuing education units offered. They have train-the-trainer curricula as well, so you or others at your site can teach others how to teach about Whole Health.
- Many sites have developed a list of local and facility-specific Whole Health resources. If your site has one already, keep adding to it. If you do not have one, create one!
- The [Integrative Health Coordinating Center](#) (IHCC) has a list of online, vetted complementary and integrative health (CIH) resources as well as a TeleWholeHealth to aid in delivery of CIH approaches.
- The Resources sections after the chapters throughout this reference guide were created to help you fill your Whole Health toolbox with ways to equip Veterans.
- Equipping is an important focus of Well-Being Programs, which are one of the three parts of the Whole Health System (Figure 1-4). Suggestions for how to support Veterans through supporting CIH approaches are provided in Chapters 14-18.




- Equipping also includes offering them the best that current clinical services have to offer, depending on Veterans' needs.
- Ask for support from your Field Implementation Team Consultant (FIT-C). There is one assigned to each site, and they are experts in tailoring Whole Health resources to a site's specific needs. You can find out who is assigned to your site on the [FIT SharePoint Page](#).
- One of the best approaches to learning about all these resources is to try them out for yourself, with your own self-care.

 **Whole Health Tool: A List of Whole Health Education Offerings**

Offerings for All Employees		
<p>Whole Health for You and Me (WH102/102F)</p> 	<p>Enables VA employees to personally experience WH in order to help foster a culture where WH is the model of care for Veterans. Employees learn about setting personal goals, mindfulness, self-care, resilience, complementary and integrative health, and the power of community through highly experiential activities. This course also introduces Employee Whole Health. It is now available as an initial 4-hour introduction to Whole Health; Whole Health 101 (8 hours) may continue being offered by sites that have already been using it. Train-the-Trainer curriculum is available for this course.</p>	<ul style="list-style-type: none"> • All employees who have not previously attended a WH course • Half-day, in-person curriculum • 4 CEUs • 102F is designated for Flagship sites • Available as a Virtual Offering • Modularized offering available as 4 x 1-hour blocks (F2F or Virtual)
Clinical Offerings <i>(Primary focus: training clinicians to incorporate WH into their clinical practice. Whole Health Staff are developing virtual options for both existing and new courses.)</i>		
<p>Applying Whole Health in Clinical Care (WH202)</p> 	<p>An intensive, highly practical 4-hour experience for busy VA clinicians and clinical teams that provides additional skills and tools to make clinical practice more effective, efficient, and satisfying. According to research, the vast majority of patients with chronic disease do not feel they are able to effectively support their own self-care and self-management. Whole Health 202 offers clinicians and teams a quick start guide for helping patients optimize their own health and well-being. An introductory course such as Whole Health 102 is recommended but not a prerequisite. Train-the-Trainer curriculum is available for this course.</p>	<ul style="list-style-type: none"> • All clinicians; recommended for clinical teams together when possible • Half-day, in-person curriculum • 4 CEUs • Virtual 4- hour course available • Modularized offering available as 4 x 1-hour blocks (F2F or Virtual) • Requirement: Local WH Education Champion, or clinical champion to partner with FIT as course faculty
<p>Whole Health in Your Practice</p> 	<p>Advances skills in the delivery of personalized, proactive, patient-driven care, extending beyond disease-based care to focus on health creation. Provides current evidence-based information and case studies and Complementary and Integrative Health approaches to treating common conditions. This course is largely experiential, with a focus on personal health planning and how to implement and sustain WH in practical and meaningful ways. Emphasis on clinician self-care and burnout prevention.</p>	<ul style="list-style-type: none"> • All clinicians • 3-day, in-person curriculum • 20.5 CEUs
<p>Whole Health for Pain and Suffering</p> 	<p>Education and skills-based practice on WH approaches to pain and suffering using complementary and integrative therapies. Provides evidence-based, safe, and effective non-pharmaceutical approaches to pain care. Shows how mind-body approaches and self-management can support coping and well-being for Veterans with pain. Emphasis on clinician self-care and burnout prevention.</p>	<ul style="list-style-type: none"> • Providers, clinicians, and others working with Veterans experiencing pain • 2-day, in-person curriculum • 14 CEUs (plus 4 CEUs for BFA)
<p>Eating for Whole Health</p> 	<p>Introduces clinicians to the WH approach as it relates to a fundamental aspect of self-care: nutrition. This advanced, stand-alone course is informed by the latest research, with areas of focus including optimizing nutrition for specific disease states, preventing chronic diseases, collaborating effectively with dietitians and other care team members, and sharing nutrition success stories.</p>	<ul style="list-style-type: none"> • Clinicians incorporating nutrition recommendations into Veterans' Personal Health Plans • 2-day, in-person curriculum • 14 CEUs






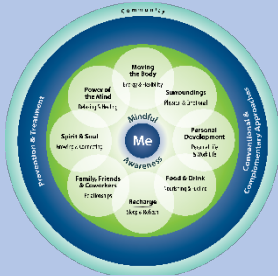

PASSPORT TO WHOLE HEALTH


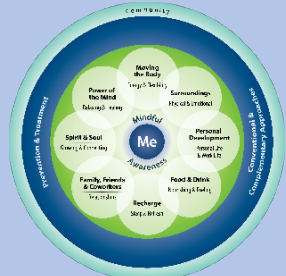
Chapter 3. Whole Health Clinical Care, Part II: Equipping, Personal Health Planning, and Integration

<p>Whole Health for Mental Health</p> 	<p>Explores a system of care where mental health is seamlessly incorporated as a core aspect of whole-person care. This highly experiential course offers tools and skill based on positive psychology, the recovery model, psychotherapeutic approaches, and evidence-based conventional care and CIH in order to assist Veterans with mental health concerns and enhance mental wellbeing for Veterans and VA staff.</p>	<ul style="list-style-type: none"> • Clinicians supporting Veterans’ mental health, such as primary care providers and mental health professionals • 2-day, in-person curriculum • 14.5 CEUs
<p>Whole Health Clinical Care Symposium</p> 	<p>This longitudinal symposium provides training, coaching and focused groupwork time for site-based teams comprised of a leadership sponsor, a Whole Health champion, a representative clinician, and an additional key stakeholder. It focuses on supporting teams in leading, facilitating, and sustaining Whole Health cultural transformation in clinical care settings at the facility level, using the Designation Framework for Whole Health System Implementation and applying change management principles</p>	<ul style="list-style-type: none"> • 2.5-day in-person curriculum combined with prequel and sequel work • WH Clinical Care practitioners • 20.5 CEUs • Participant teams of 4 attend • Formal endorsement from senior or executive leadership required
<p>Fundamentals of Whole Health Clinical Care</p> 	<p>Introduces the fundamentals of Whole Health clinical care to busy providers and healthcare teams. The class focuses on making even small changes in a busy practice to support Whole Health. The course addresses What is Whole Health, what are the key elements of Whole Health Clinical Care, and how to begin aligning care with a Veteran’s Mission, Aspiration and Purpose (Mapping to the Map).</p>	<ul style="list-style-type: none"> • Available as 1- hour Face to Face or Virtual live class • 1 CEU • Physicians, Psychiatrists, Nurses, Pharmacists, OT’s/PT’s, Psychologists, Social Workers, Dentists, Dieticians, etc.
<p>Complementary and Integrative Health in Your Practice</p> 	<p>Introduces the fundamentals of CIH approaches to healthcare and how they differ from conventional medicine. The class provides an overview of various CIH approaches and explores how they hold the potential to improve clinical outcomes. The course discusses CIH approaches looking at their unique benefits and how they can be an important part of caring for Veterans.</p>	<ul style="list-style-type: none"> • Available as 1- hour Face to Face or Virtual live class • 1 CEU • Physicians, Psychiatrists, Nurses, Pharmacists, OT’s/PT’s, Psychologists, Social Workers, Dentists, Dieticians, etc.
<p>A Closer Look at List One Approaches</p> 	<p>VA has identified certain Complementary and Integrative approaches as having enough evidence of promising or potential benefit to become part of the standard benefits package for Veterans. This training helps clinical staff understand more about these specific therapies and how to incorporate these into their clinical care.</p>	<ul style="list-style-type: none"> • Available as 1- hour Instructor led and online class • 1 CEU • Physicians, Psychiatrists, Nurses, Pharmacists, OT’s/PT’s, Psychologists, Social Workers, Dentists, Dieticians, etc.
<p>Non-Clinical Offerings <i>(Primary focus: training non-clinicians in their role as WH Coach, Facilitator, Partner, or Mentor.)</i></p>		
<p>Whole Health Coaching</p> 	<p>This highly experiential and practical course provides instruction and mentoring on effective communication and coaching skills. In VA’s Whole Health Coaching model, the coach works with a Veteran individually or in a group, to proactively take action toward behavior change that aligns with the Veteran’s goals and values in a present- and future-oriented process. Graduates are eligible to become National Board-Certified Health and Wellness Coaches.</p>	<ul style="list-style-type: none"> • Full- or part-time WH Coaches, volunteers, other non-clinical and clinical staff who incorporate WH Coaching into their interactions with Veterans • 9-day, in -person curriculum (three 3-day parts, 1 month apart with coaching practice sessions and asynchronous learning in between weeks) • 58 CEUs +15 Asynchronous CEUs

PASSPORT TO WHOLE HEALTH

Chapter 3. Whole Health Clinical Care, Part II: Equipping, Personal Health Planning, and Integration

<p>Taking Charge of My Life and Health Facilitator Training</p> 	<p>This train-the-facilitator course teaches Veteran peer facilitators how to lead the <i>Taking Charge of My Life and Health</i> group that empowers Veteran participants to become more proactive in their own health. Focus is on effective group facilitation skills through practice with feedback. Facilitators learn to assist Veterans in exploring their life mission, aspirations, and purpose; learning the practice of mindfulness; and goal setting, skill-building, and self-management of their health with the support of their peers. Train-the-Trainer curriculum is in pilot stage for this course.</p>	<ul style="list-style-type: none"> • Veteran volunteers, Peer Support Specialists, WH Partners, WH Coaches • 3-day, in-person curriculum • 19 CEUs
<p>Whole Health Partner Training</p> 	<p>WH Partners receive training in recruiting and engaging Veterans in the WH System. Partners learn how to guide Veterans through various offerings within the WH Pathway and to resources available in Wellness and Complementary and Integrative Health circles. Partners become well-versed in the Circle of Health, Four-Stage WH Process for navigating change, and the Personal Health Inventory.</p>	<ul style="list-style-type: none"> • WH Partners and WH Program Managers, Veteran volunteers, peers • 2-day, in-person curriculum • Prerequisite: Taking Charge of My Life and Health Facilitator Training, Introduction to Whole Health • 12.5 CEUs
<p>Whole Health Mentor Course</p> 	<p>Participants learn to support, enhance, and ensure the fidelity of services provided by the Whole Health Pathway including Whole Health Coaches, Whole Health Facilitators, and Whole Health Partners. Mentor participants will learn how to provide ongoing skill training and mentoring to staff through effective feedback techniques, continuing education, and skillful coordination with supervisors and clinical staff.</p>	<ul style="list-style-type: none"> • For professionals who will provide ongoing mentorship and training for WH Partners, WH Coaches, or facilitators at their facility • 2.5-day, in-person curriculum • Prerequisite: WH Coaching, WH Facilitated Groups, and/or WH Partner • 18 CEUs
<p>Virtual Offerings</p>		
<p>Whole Health Library</p> 	<p>This is the go-to site for all things WH. It includes essential tips on getting started with WH, overviews on all aspects of WH that synthesize the latest research, and practical tools to use at the point of care with Veterans. It also includes links to resources for both self-care and professional care.</p>	<p>Available at https://www.va.gov/WHOLEHEALTHLIBRARY/index.asp</p>
<p>Whole Health TMS/TRAIN Courses</p> 	<p>Accredited learning modules including Whole Health Foundation: A Personal Experience, Clinician Self-Care: You in the Center of the Circle of Health, Introduction to Complementary and Integrative Health Approaches, Mindful Awareness, Eating for Whole Health: Introduction to Functional Nutrition, Whole Health for Mental Health and Wellbeing, Whole Health Coaching Demonstration, Whole Health for Mental Health and Wellbeing Interviews, Nutrition for Pain: Whole Health Tools for Providers. Non-accredited modules include Whole Health Foundation: A Personal Experience and Facilitation Tips and Techniques. Additional courses are under development.</p>	<ul style="list-style-type: none"> • Links available on the Whole Health Education SharePoint for WH TMS/TRAIN, Passport to WH, and COPs 
<p>Passport to Whole Health Reference Manual</p> 	<p>Comprehensive reference manual on WH, the WH System, Personal Health Planning, mindful awareness, the areas of self-care, complementary and integrative health, and whole systems of medicine, etc. Complete with up-to-date hyperlinks of evidence and other resources. Passport to Whole Health Link</p>	<ul style="list-style-type: none"> • Links available on the Whole Health Education SharePoint for WH TMS/TRAIN, Passport to WH, and COPs

<p>Communities of Practice</p> 	<p>The following monthly calls are offered to continue skill-building, knowledge, and implementation strategies: WH Clinical COP, WH Coaching COP, and WH Facilitated Groups COP. Whole Health Communities of Practice</p>	<ul style="list-style-type: none"> Links available on the Whole Health Education SharePoint for WH TMS/TRAIN, Passport to WH, and COPs 
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Where to Start? *(Your site's Field Implementation Team Consultant can help you develop an education strategy that best supports WH transformation, and can also provide additional WH education resources and support.)*

Clinicians	Non-Clinicians
<ul style="list-style-type: none"> Attend 102 and 202 at facility or virtually to dive into Whole Health, OR Attend a two- or three-day clinical course (either virtually, as a traveler, or if home facility is hosting). All clinical offerings provide different points of entry depending on the interest of the clinician and the Whole Health implementation strategy at their facility. <i>Note: Prior attendance at WH 102/102F and/or 202 are strongly encouraged as the courses do not cover foundational WH knowledge. Additional prerequisite options include Whole Health Foundations: A Personal Experience and Fundamentals of Whole Health Clinical Care (both available on TMS).</i> <i>Clinicians who have attended a two- or three-day clinical course may find 100-series courses duplicative. There is some overlap of materials among all clinical courses.</i> 	<ul style="list-style-type: none"> Employees should select the course that corresponds with their role at the facility (such as WH Coach or WH Partner, facilitator of Taking Charge of My Life and Health, and/or mentor to Coaches/Partners/facilitators). <i>Note: If employees are serving in multiple roles, they may attend multiple non-clinical courses. There is some overlap of materials among all non-clinical courses.</i>

Virtual offerings are a great resource for clinicians and non-clinicians unable to attend a face-to-face course, or as a supplement to in-person offerings. Find face-to-face course sign-up and more information on the [Whole Health Education SharePoint](#)

A few additional options to consider include:

- As noted above, each VA facility has a FIT-C, who is an expert in all things Whole Health. A group of them is available to visit sites, when appropriate, and offer specific guidance related to Whole Health implementation. Check your Sharepoint site for a list of FIT-C.
- Skill-Building Courses for Veterans. These 60-80 minute courses, which focus on each of the eight areas of self-care, are available at the [Whole Health for Skill Building](#) section of the Whole Health Library website. Materials for each course include slides, participant handouts, and a faculty guide.

TeleWholeHealth

TeleWholeHealth is an important mechanism for equipping Veterans with Whole Health resources, tools, and experiences. It is built upon VA's Telehealth offerings and allows Veterans who may not otherwise have access to Whole Health resources to experience them virtually. Offerings may be focused on disease/symptom management and/or wellness. Offering CIH approaches via TeleWholeHealth allows them to be shared at other VA medical centers, Community Based Outpatient Clinics, and non-VA locations, which markedly improves access to them.

Key TeleWholeHealth links include:

- [TeleWholeHealth Resources](#)
- [VA Video Connect](#)
- [VA Video Connect for Providers](#)

Examples of what can be offered through TeleWholeHealth include *TeleYoga*, *TeleMeditation*, *TeleTaiChi* (and qi gong), *TeleWholeHealth Coaching*, *Intro to Whole Health* Telehealth classes, and TeleWholeHealth Facilitated groups, such as *Taking Charge of My Life and Health*.

If you wish to implement TeleWholeHealth, there is a local implementation process you can follow:

1. Meet with the Facility Telehealth Coordinator (FTC)
2. Determine what Telehealth modality is appropriate for the service you wish to offer
3. If you will be using Clinical Video Telehealth, a Telehealth Service Agreement will need to be created, detailing what services are to be provided
4. Establish clinic locations and utilize appropriate Whole Health and Telehealth stop codes and CHAR 4 codes
5. Implement a pathway for service, e.g., consults, scheduling, etc.

See the Resources section at the end of this chapter for a list of national TeleWholeHealth resources.

Personal Health Planning

Personal health planning is the process through which Veterans identify their MAP and outline their health and self-care goals (linked to their MAP). It also includes the activities and resources to help them pursue those goals. It begins the moment a Veteran first learns about Whole Health and continues throughout their Whole Health Clinical Care experience (Figure 2-1). The Personal Health Plan (PHP) is a summary of this information.

In the clinical setting, the personal health planning process is guided by Whole Health assessments, which may be informed by tools such as the Personal Health Inventory (PHI). The PHP evolves as Veterans choose which areas of the Circle of Health they would like to focus on and set goals (e.g., shared goals and SMART goals) related to what matters most to them. Ideally, every Veteran is able to articulate their PHP, *and* every member of the team

is willing and able to check in about how it is going with moving toward MAP and achieving goals. The best-case scenario would be that the Veteran's PHP is accessible to everyone on the health care team, no matter what a team member's particular role might be. Ideally, everyone on the team is aware of what a Veteran is working on and offering encouragement, and documentation reflects this.

The personal health planning process is unique for each person, focusing on each individual's values, health conditions, needs, and circumstances. It is built upon compassion, empathy, respect, excellent communication, cultural humility, and a genuine desire on the part of caregivers to support the health and well-being of Veterans. Ideally, these caregivers are applying Whole Health in their own lives as well.

Personal health planning is "where the rubber meets the road" in Whole Health care. In short, it involves gathering information, setting goals together with each Veteran, assembling the key elements of a plan, and then exploring how the Veteran can learn necessary skills to empower themselves to do self-care. It is also important to co-create a Whole Health team with Veterans, make appropriate referrals, and plan follow up.

Assessing Whole Health. Health assessments come in many shapes and sizes. Asking the MAP questions may be all there is time for in some visits. Forms filled out by the patient while checking in to a clinic can be helpful. Of course, gathering an updated patient history can also provide valuable information. So is a physical examination. One emphasis of the Whole Health approach is to bring additional focus to aspects of self-care, with an emphasis not only on the areas a person wants to work on, but also on what is going well. [MyHealtheVet](#) and the [National Center for Health Promotion and Disease Prevention](#) offer a number of assessment materials that shift focus in this way.

Often, a Whole Health assessment will, as time and other factors allow, involve completing a PHI. PHIs come in many forms. The [PHI](#) featured on the next page is the one most commonly being used. It starts with overall ratings of physical well-being, mental/emotional well-being, and quality of life (the "Vitality Signs"). Next, it moves through a series of questions related to MAP and the various self-care components of the Circle of Health. There is one question about Professional Care too. People rate where they are and where they would like to be when it comes to different aspects of care. The PHI concludes by asking what Whole Health (and achieving their MAP) would look like for a person and the next steps they want to take to get closer to that state. The team can review the PHI in advance and be better-equipped to have a patient-centered discussion. Answers can be entered into the medical record so that everyone on the team can access them.

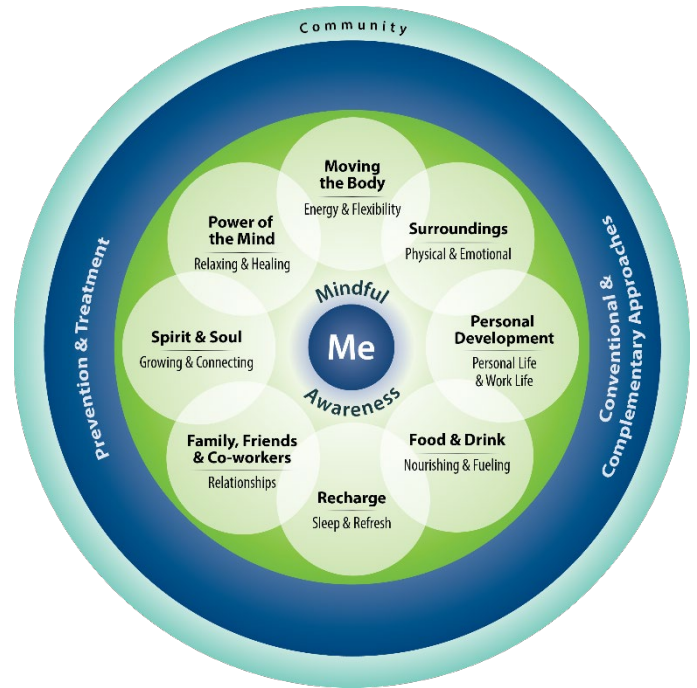
Other PHIs are in use at different VA facilities. The more detailed PHI, known formally as the [PHI Booklet](#), goes over the Whole Health process in layman's terms and allows Veterans to share more about how they chose to rate themselves in terms of where they are and where they want to be for various elements of the Circle of Health. The Resources Section at the end of this chapter has information and links to various PHIs. Note: most sites using PHIs have reported they have better success if they do not mail PHIs out to Veterans, but rather ask them to fill them out just prior to seeing a clinician or team.



Personal Health Inventory

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

- “Me” at the center of the circle: This represents what is important to you in your life, and may include your mission, aspirations, or purpose. Your care focuses on you as a unique person.
- Mindful awareness is about noticing what is happening when it happens.
- Your everyday actions make up the green circle. Your options and choices may be affected by many factors.
- The next ring is professional care (tests, medications, treatments, surgeries, and counseling). This section includes complementary approaches like acupuncture and yoga.
- The outer ring includes the people, places, and resources in your community. Your community has a powerful influence on your personal experience of health and well-being.



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

Physical Well-Being				
1 Not So Good	2	3	4	5 Great
Mental/Emotional Well-Being				
1 Not So Good	2	3	4	5 Great
Life: How is it to live your day-to-day life				
1 Not So Good	2	3	4	5 Great

What matters most to you in your life right now? Write a few words to capture your thoughts:

Where You Are and Where You Would Like to Be

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

Area of Self-Care	Where I am Now (1-5)	Where I Want to Be (1-5)
Moving the Body: Our physical, mental, and emotional health are impacted by the amount and kind of movement we do.		
Recharge: Our bodies and minds need rest in order to optimize our health. Recharging also involves activities that replenish your mental and physical energy.		
Food and Drink: What we eat, and drink can have a huge effect on how we experience life, both physically and mentally.		
Personal Development: Our health is impacted by how we spend our time. We feel best when we can do things that really matter to us or bring us joy.		
Family, Friends, and Co-Workers: Our relationships, including those with pets, have as significant an effect on our physical and emotional health as any other factor associated with well-being.		
Spirit and Soul: Connecting with something greater than ourselves may provide a sense of meaning and purpose, peace, or comfort. Spiritual connection can take many forms.		
Surroundings: Surroundings include where we live, work, learn, play, and worship—both indoors and out. Safe, stable, and comfortable surroundings have a positive effect on our health.		
Power of the Mind: Our thoughts are powerful and can affect our physical, mental, and emotional health. Changing our mindset can aid in healing and coping.		
Professional Care: Partnering with your health care team to address your health concerns, understand care options, and define actions you may take to promote your health and goals.		

Reflections

Now that you have thought about what matters to you in all of these areas, what would your life look like if you had the health you want? What kind of activities would you be doing? Or how might you feel different? What area might you focus on?

What might get in the way? How might you start?

After completing the Personal Health Inventory, talk to a friend, a family member, your health coach, a peer, or someone on your health care team about areas you would like to explore further. Or visit <https://www.va.gov/WHOLEHEALTH/index.asp>.

To become more familiar with the PHI, fill it out for yourself. This can serve as a helpful “mindful awareness moment” when you pause to reflect for a moment on your own Whole Health care.

Some PHI Pointers. As you review a PHI, consider the following:

- Answers for the first few questions, the **Vitality Signs**, can give an initial sense of whether or not a person is at risk for suicide.
- The question after the Vitality Signs covers some initial information to help you **learn about their MAP**.
- The next section, on the second page, allows a person to share perceptions of **where they are and where they would like to be** when it comes to the various aspects of Whole Health. This opens the door for Motivational Interviewing. The numbers can give you a sense of what to prioritize as you talk with them, but they may not reflect which areas they ultimately choose as a focus. People do not always choose the item they rated lowest. The numbers are simply a conversation starter.
- Remember to **focus on positives too and honor strengths**. Note areas where a person is already doing well, based on their self-rating. That area of their life might support them as they work on other areas where they gave themselves lower ratings.
- **How will you administer the PHI?** Will people fill it out in the waiting area, or while they are visiting with one of your team members, or at some other point?
- **How often should you have a person complete the PHI** again to keep it current? Some facilities suggest that a Veteran complete a new PHI yearly.
- **PHIs save time.** After looking over the information, you can rapidly move to asking more in-depth questions, because many of the questions you would have initially asked have already been answered in their written responses. This allows the conversation to become focused more rapidly.
- **PHIs get you started with creating the PHP and setting goals.** Patients are asked where they would like to start, and what specifically they can do to get underway. When in doubt about what to discuss, start by exploring their answers to those final PHI questions.
- It can help to **develop your own style**, or pattern, with reviewing PHIs. For the PHI, here is an example of three steps you can follow.
 1. Glance at the Vitality Signs, noting whether mental health or physical health seems to be a higher priority. How do they feel in general about the life they live? If these are rated particularly low, ask them about it right away. Assess suicide risk.
 2. Move on to the numbers relating to “Where you are and where you want to be.” While it is important not to become overly focused on the numbers and lose track of the rest of the information on the PHI, it can help to see where there are the biggest gaps between a person’s “Present” and “Desired” states. The areas with the biggest differences might be the best ones to ask about first. (Or perhaps it works best to mention the higher ratings first and go from there—you decide.)
 3. Always review the initial “What really matters to me” question on the first page and the “Reflections” section at the end. Answers to these questions provide an excellent starting point for co-creating the PHP with someone. Again, having these questions answered in advance helps Veterans focus and can save your team time.

Creating a Personal Health Plan: Tips on How to Empower and Equip

Creating a PHP is a little like matchmaking. In order to do it, you need to know patients well—including, of course, why their health is important to them. You also need to know your site well. That is, what VA and community resources can you share, and who can you recommend they see for additional support? What will follow-up look like? If you are going to recommend a less conventional therapy (e.g., a CIH approach), what do you know about its safety and efficacy?

Here are 12 tips to consider when you are figuring out how to create a PHP to equip a Veteran:

1. **Whole Health care is a team effort.** During Whole Health courses, when clinicians are first learning about how to do Whole Health visits, they often become quite concerned about having the time to incorporate this model with everything else they must do when they are seeing a Veteran. Each individual can have a huge impact on a given Veteran's Whole Health care, regardless of how many others around them are actively using a Whole Health approach. Ideally though, especially in a Whole Health System, everyone on the care team must take ownership of advancing the PHP. The PHP is not something simply discussed in a single visit with a primary care provider, or during a conversation with a hospital discharge planner. Entire Patient Aligned Care Teams (PACTs), inpatient care teams, and others must share responsibility for Whole Health care; in other words, care must be transdisciplinary. Everyone who contributes to the care of Veterans should become comfortable discussing MAP, whether they are a mental health professional, a Whole Health Coach, a dietitian, a pharmacist, a chaplain, a nurse, a Whole Health Partner, a physician, or any other team member.
2. **PHPs come in all shapes and sizes.** Sometimes, simply listening and offering compassion is sufficient to promote Whole Health. Sometimes a plan may be just one shared and/or SMART goal. Other plans may be more detailed and cover multiple aspects of the Circle of Health. Be careful not to overwhelm Veterans with too many suggestions at once. Ask them how much they can handle and make good use of follow-ups with various team members so that the plan can keep evolving.
3. **Your first order of business is to synthesize all the information at your disposal.** This includes what you can learn from the medical record, the physical exam (if that is in your wheelhouse), and diagnostic testing, as well as their body language and what family members or friends tell you. It also draws in the information from the PHI, if they have completed one. What do your instincts tell you about the Veteran and what will serve him or her the best?
4. **The Veteran, as much as possible, should be a co-author of the plan.** It should NEVER feel as though you are writing the plan by yourself. Have the entire team contribute, if possible. You do not have to go it alone. The Veteran should be the lead author.

5. **Follow up is ALWAYS part of the plan.** The patient should always leave the room with a clear sense of next steps as far as follow up visits, procedures, etc.
6. **Be aware of contextual errors.**¹ That is, don't forget about a patient's social context and how it could affect their care. As clinicians, we are trained to follow guidelines and use decision aids, but you have to make sure the PHP takes into account the specifics of a person's life. Can they afford the medications being prescribed or the dietary supplements being recommended? Do they have responsibilities to others that make it so they cannot be in a hospital or nursing home? Do they have transportation to the consultant you want them to see? Are they comfortable trying a new CIH approach? Be mindful of cultural concerns as well, remembering that just because a person belongs to a particular culture does not mean you automatically know who they are or what they believe. In the spirit of cultural humility, ask them how their culture influences their care preferences regarding their health care.²
7. It can help to **follow a PHP template.** There is now a national template available in the VA electronic medical record (CPRS). Refer to the [CPRS Personal Health Plan Template Educational Overview](#) for more information.
8. **Have tools and educational materials on hand** to help with education and skill-building. This saves time, and it helps patients understand the elements of the PHP more fully. For example, it may be helpful to have printed copies of the [Veterans Whole Health Education Handouts](#).
9. Similarly, **become familiar with various resources you can recommend** in a health plan. These might include classes available through your site's Well-Being Program, mindfulness training, shared medical appointment opportunities, local CIH practitioners, mental health offerings, Whole Health Coaches and Whole Health Partners who can be helpful, recreational therapy options, building vocational skills, or any of a number of other approaches specific to your local VA facility or community.
10. ALWAYS take some time, even if it is brief, to **focus on the positives.** Note what they are doing right. Help them identify their assets. Weave their strengths into the plan too.
11. One of the best ways to learn how to equip a Veteran for Whole Health is to **try this for yourself.** Research indicates you will be rated as much more believable if you model healthy behaviors and, as appropriate, briefly share you own health experiences with patients.³
12. **Compare notes with your colleagues.** What do your colleagues include in their Veterans' health plans? What are some of their favorite resources related to various parts of the Circle of Health? What techniques work best for them during a visit? How do they stay on time on a busy day? Ask people from your team, your site, and beyond. Invoke the wisdom of the group.

Concerns About Time

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

- **It saves time, after you have practiced it.** Initially, individual clinicians who started incorporating elements of Whole Health Clinical Care report spending an extra several minutes per visit when they incorporated Whole Health into the mix. Over time, the process becomes more efficient. For each patient, it is mainly an investment up front. Once you know a person fairly well, future conversations are actually easier, because their PHI has already been reviewed and they have already outlined their MAP. You do not have to have them start the process from scratch every time you see them. Remember that not all aspects of Whole Health have to be addressed at every visit, and in general, MAP and shared goals may not change for some time.
- **It is more rewarding,** so it is worth the time investment.
- **You can tailor how much time you spend** based on the specific situation. An inpatient stay is a great opportunity to focus on Whole Health in great detail. In contrast, during a busy clinic day, you may only have a minute or two, but you can still ask about someone's priorities, garner a piece of their story, suggest a referral or patient handout, or create one simple SMART goal they can focus on. And it is important to remember that your presence, in and of itself, can promote Whole Health. This is true because of who you are and how you relate to other people (your therapeutic presence), not just because of the plans you create.

Goal Setting Revisited: Shared Goals and SMART Goals

Chapter 2 discussed the link between Mapping to the MAP and setting shared goals. As Veterans elaborate on their MAP and what will help them to achieve it, their goals will likely become more specific. You can use the PHI to understand a Veteran's priorities and areas of motivation. This will be helpful in setting a shared goal together.

Shared goals, as described in Chapter 2, come first. Care professionals are sought out by patients because of their expertise; patients expect them to offer guidance and insight. Shared goals arise as clinicians and Veterans share their ideas and intentions with one another. Care team members may make statements such as:

- "You want to do [insert a goal here]. I want to support you with that."
- "So, our goal is [insert goal here]. Let's talk about how to do that together."
- *More specific:* "I know you are concerned about lowering your dose of pain medications, and I also know you want to be able to keep doing what you enjoy, like walking outside with your wife and dog. I want you to be able to do that to. Let's talk about how we might make it happen together."

- *Also, more specific:* “My goal is to see your cholesterol lab values improve, and your goal is to be able to march with your marching band in the Veteran’s Day parade. What’s great is that we have the common goal of protecting your heart and boosting your activity level. Let’s come up with a plan where you can work on one specific thing that will help both of our goals be achieved.”

When planning how to achieve shared goals, SMART goals can be important. Some clinicians find that setting one SMART goal during a visit suits their patients well, while others will set more than one if time allows (though it is important not to overwhelm people by setting too many). As noted above, you can equip people for Whole Health in multiple ways and SMART goals can be one important option to consider.

“SMART” stands for:

Specific
Measurable
Action-Oriented
Realistic
Timed

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

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

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

There are two “rulers” that can be helpful with goal setting. The first is the Importance Ruler, illustrated in Figure 3-1. Follow-through is only going to happen when people truly feel that doing something matters a lot to them. Encouraging people to talk about change, as is encouraged in Motivational Interviewing trainings, can be incredibly empowering.

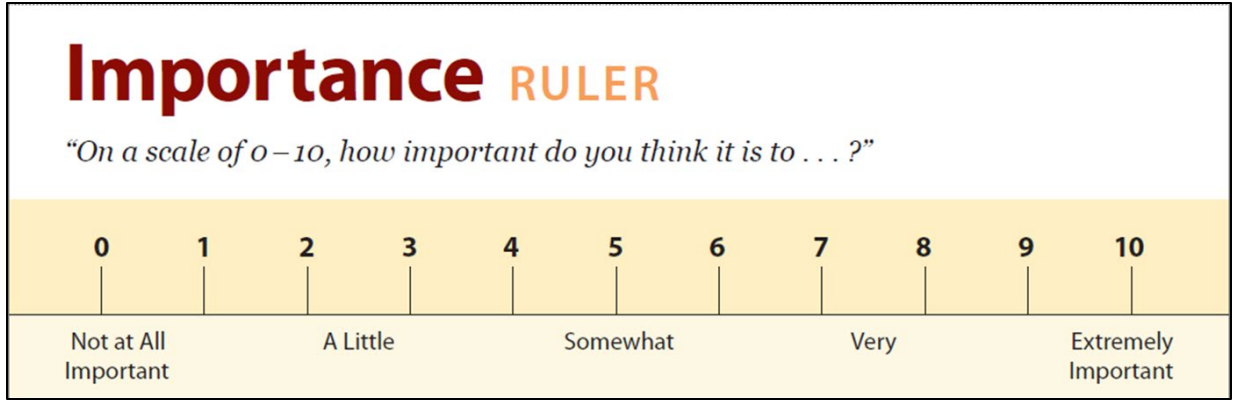


Figure 3-1. The Importance Ruler. Adapted from: Rollnick, Miller, Butler, *Motivational Interviewing in Health Care*, Guilford, 2008.

The second ruler to use, as appropriate, is the Confidence Ruler, illustrated in Figure 3-2. Part of being empowered as a patient is having confidence in your ability to reach your goals.

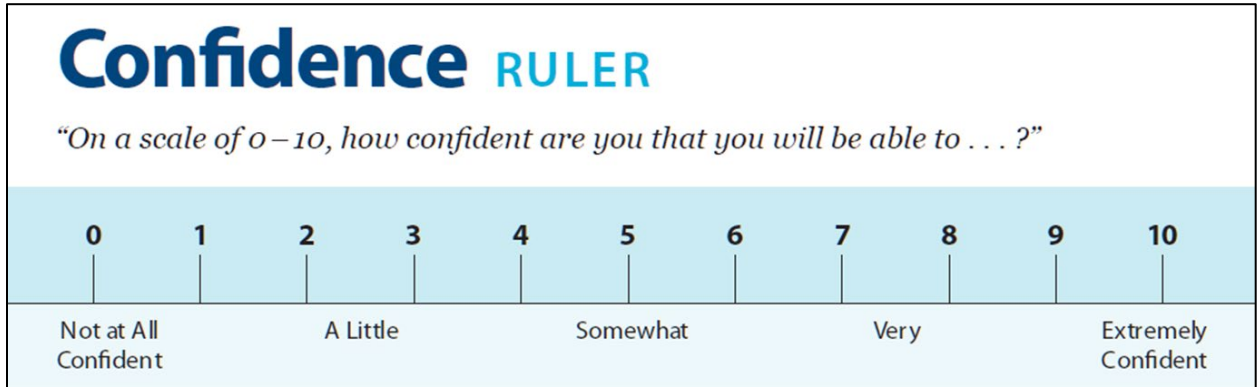


Figure 3-2. The Confidence Ruler. Adapted from: Rollnick, Miller, Butler, *Motivational Interviewing in Health Care*, Guilford, 2008.

Every time you set a goal with someone, pause to consider how they would assess its importance and how confidence they are they can reach it.

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

Whole Health Tool: SMART Goal Setting

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

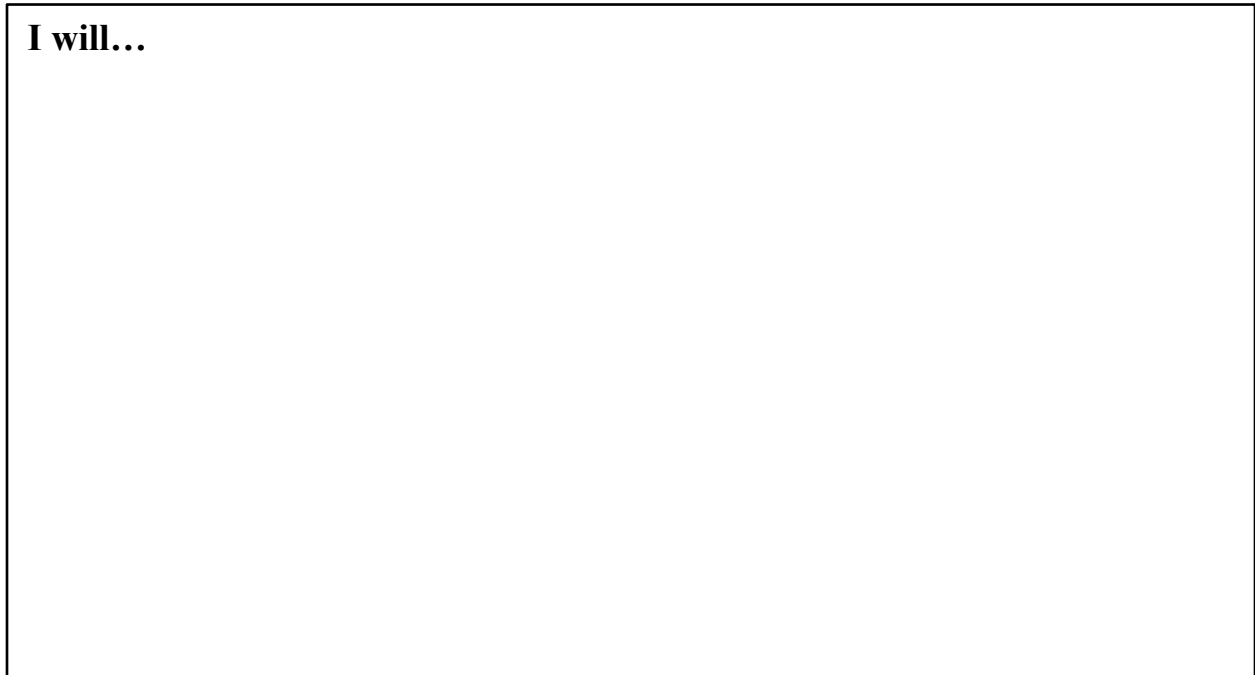
General Tips

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

SMART Goal Element	Questions to Consider	Your Notes
Specific	<ul style="list-style-type: none"> • Be very clear and detailed about what you want to do and why. • What is required? What are the challenges? • What are your assets and resources? 	
Measurable	<ul style="list-style-type: none"> • How much time will you spend? • How often (daily, weekly, monthly)? • How will you know you are making progress? • How will you know you have reached your goal? 	
Action-Oriented	<ul style="list-style-type: none"> • What actions are needed to achieve the goal? • Describe the ones you will be taking. 	
Realistic	<ul style="list-style-type: none"> • Is this goal worth it? On a scale of 1-10, how important is it to you? • Is the goal lined up with your values? • Is the timing right? • Do you have what you need to reach the goal? • Is it really doable? On a scale of 1-10, how confident are you that you can achieve it? 	
Timed	<ul style="list-style-type: none"> • How long do you need? • Are there any deadlines you have to meet? • When will you start? 	

Write your goal below:

I will...



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

Integrate

With so many potential aspects of Whole Health care—the Fundamentals, Mapping to the MAP, Empowering and Equipping, setting goals, and creating PHPs—it is possible to lose track of the big picture. Of all the elements of Whole Health care, Integration is imperative; Whole Health care should include a wide array of options, but it should never seem piecemeal. In fact, it is critical to incorporate this important aspect of the Whole Health Clinical Care Journey right from the beginning, to ensure Whole Health can be sustainable and successful. There are many ways integration can occur, including the following:

- **Integration of the all the elements in the Whole Health Clinical Care Journey.** Every member of the team, including the patient, should be aware of Whole Health fundamentals, as described in Chapter 2. They need to know what Whole Health is about and can describe it to others. Beyond that, they must understand the importance of talking about MAP. Team members should know their own MAP and be able to discuss others' as well. As MAP is elucidated, shared goals can be set, and the process of personal health planning moves forward. People are equipped through education, resources, skill-building, and support, not to mention routine follow up. These steps are revisited regularly over the course of a person's life.
- **Integration of team members.** As was noted earlier, Whole Health is a team effort. It is ultimately the responsibility of each individual Veteran to be the captain of their own team; no one health care professional can be solely responsible for providing Whole Health care. Seamless integration, with excellent communication, collegiality, and mutual respect, is essential. Increasing numbers of site leaders are now supporting Whole Health implementation. Five key elements are essential for optimal team function⁴:
 1. Shared goals everyone can articulate
 2. Clear roles; everyone knows their function and responsibilities, and everyone feels accountable
 3. Mutual trust, with safety to admit errors, ask questions, and try new things
 4. Effective communication
 5. Measurable processes and outcomes, with frequent feedback
- **Integration of a variety of perspectives on how to approach care.** This is the essence of “Integrative Medicine.” CIH, mind-body approaches, preventive strategies, medications, surgical procedures, and any number of other options can be appropriate components of Whole Health care. They should be integrated in a way that respects research findings and safety. There is also a respectful integration of previously developed VA projects and programs.
- **Integration of all the elements of a Whole Health System.** Chapter 1 describes the three essential elements of a Whole Health System—the Whole Health Pathway, Well-Being Programs, and Whole Health Clinical Care. Veterans ideally should move easily from one area to another. For example, a Veteran may discuss MAP with a

Whole Health Coach. They may then take a [Taking Charge of My Life and Health](#) course taught by a Whole Health Partner and use what they learn to set shared (and SMART) goals. Those goals might include something like a meditation class offered at their site's Well-Being Program, or a specific area they want to discuss with their clinical care team, such as optimizing nutrition or doing all they can to prevent heart disease. There should be good communication between the Coach, the Partner, the meditation teacher, the primary care team, and everyone else on the team, including the Veteran.

- **Integration of what is needed for logistical success.** The VA, like all health care institutions, is bureaucratic. To succeed, all the different parts of the system need to work together. For example, in the ideal Whole Health setting:
 - Billing and coding have been updated to allow for CIH and other well-being offerings in VA.
 - Community offerings and partnerships are seamlessly woven in.
 - Online, vetted resources are available.
 - TeleWholeHealth experiences are offered with increasing frequency.
 - A PHP template is available. There is now a Personal Health Plan Template in CPRS (refer to the [CPRS Personal Health Plan Template Educational Overview](#)). Templates can be a powerful tool for integrating all the different elements of Whole Health care.
 - The Whole Health for Life smartphone application (app) is being offered by the OPCC&CT as a tool for to help users explore want for their health and why. It can be used independently or with a Whole Health Partner or Coach. It guides the user through the PHI, lets them select a component on the Circle, and offers videos about the component of the Circle they choose. It then helps them create a SMART goal and action step(s) to achieve it. The app creates a PHI summary where the user can monitor their progress. The Whole Health for Life app will be released in 2020 in VA and commercial app stores.
 - Metrics are used, in a supportive and helpful way, to ensure that Whole Health is truly taking shape throughout facilities.
 - Whole Health is successfully interwoven with Employee Whole Health (which is true nationally, now that they both fall under the OPCC&CT).
 - Whole Health materials can be obtained through the purchasing department.
 - Whole Health team members can be hired easily.
 - The entire leadership structure of a site is supportive of Whole Health.

Whole Health Tool: Personal Health Plan (PHP)

This template was created to help Veterans and their care teams consider the full array of areas that can potentially contribute to Whole Health care. It is not necessary to cover every topic featured here; consider it a list of options.

Personal Health Plan for: _____

Date: _____

Mission, Aspiration, Purpose (MAP):

What really matters to me...

My Long-Term Goals:

Strengths (what's going right already)/Challenges:

MY PLAN FOR SKILL BUILDING AND SUPPORT

(Based on the Circle of Health)

Mindful Awareness:

Areas of Self-Care:

(You don't necessarily need something for every category.)

Moving the Body

Surroundings

Personal Development

Food and Drink

Recharge

Family, Friends, and Co-Workers

Spirit and Soul

Power of the Mind

PROFESSIONAL CARE: CONVENTIONAL AND COMPLEMENTARY

Prevention/Screening

Treatment (e.g., conventional and complementary approaches, active medications, and supplements)

Referrals, Consults and Future Appointments

Shared Goals

Community & Resources:

(groups, classes and organizations that can support me)

My Support Team:

(people who can support me)

Next Steps (Follow Up):

Please Note: This plan is for my personal use and does not comprise my complete medical or pharmacological data, nor does it replace my medical record.

 **Whole Health Tool: How Do You Integrate This Into Your Work?**

Take a moment to envision how, based on all you have been learning, you want your Whole Health practice to look. Consider each of the questions below, and jot down answers as you wish. If you do not have a “practice,” list qualities of where you would like to receive your own health care.

How can you support Whole Health in your particular role on the team?

Who is on your Whole Health dream team? Complementary Health providers? Community providers? Whole Health Coaches? Whole Health Partners?

Do you have any ways of doing assessment prior to Whole Health visits, using tools like the Personal Health Inventory? When are they completed?

What Whole Health resources will you use?

How do you weave personal health planning into your typical care plans (e.g., into the visit summary)? AVS? Will you use a template? Will you create SMART goals?

What do you need to offer effective follow up? (Examples: specific resources, a directory of people you can refer to, fellow team members who will call and check in on their progress)

How will you document your Whole Health care visits?

What resources or support do you need to succeed?

Conclusion

This chapter focused on Equipping Veterans, Personal Health Planning, and how to Integrate all the different aspects of Whole Health Clinical Care. In Whole Health Clinical Care, Veterans are encouraged to take gradual steps as they move toward their MAP, and care team members can support them every step of the way. Make use of all the tools at your disposal—courses for VA staff and Veterans, TeleWholeHealth, PHIs, SMART goals, and PHP templates. Most importantly, be resourceful; tailor the plan to each individual's needs. And be sure to integrate this into your own life too. You, as a caregiver, should also feel empowered and equipped, both to support Veterans and to take care of yourself.

One way to continue building your skills is to read on. The remainder of this reference manual focuses on the various components of the Circle of Health.

Resources for Writing Plans, Skill Building, and Support

Websites

VA Whole Health and Related Sites

- [Personal Health Inventory Booklet](https://www.va.gov/WHOLEHEALTH/docs/PHI-long-May22-fillable-508.pdf). The most detailed version of the PHI. <https://www.va.gov/WHOLEHEALTH/docs/PHI-long-May22-fillable-508.pdf>
- [PHI \(brief version\)](https://www.va.gov/WHOLEHEALTH/docs/PHI_Jan2022_Final_508.pdf). Online, fillable version of the PHI. https://www.va.gov/WHOLEHEALTH/docs/PHI_Jan2022_Final_508.pdf
- [An Intro on Mindfulness and Using the Personal Health Inventory](https://www.va.gov/WHOLEHEALTH/phi.asp). Overview. <https://www.va.gov/WHOLEHEALTH/phi.asp>
- [The Power of You](http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AACmABW4_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4527187306001). A video focused on how each clinician can bring Whole Health into a visit through his/her therapeutic presence. http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AACmABW4_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4527187306001
- [Whole Health: Personal Health Planning](http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AACmABW4_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4527056491001). Introduces the basics of creating a PHP. http://link.brightcove.com/services/player/bcpid4521574267001?bckey=AQ~~,AACmABW4_k~,u3UC4vmaozkRbnTOHzovpplgn0QYiIND&bctid=4527056491001.
- [Veterans Whole Health Education Handouts](https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp). <https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
- Change Management Resources
 - [VHA National Center for Organization Development Smart Change Toolkit](https://vaww.vashare.vha.va.gov/sites/NCOD/SitePages/SmartChange/SmartChangeHome.aspx). <https://vaww.vashare.vha.va.gov/sites/NCOD/SitePages/SmartChange/SmartChangeHome.aspx>
 - [Prosci Change Management](https://www.prosci.com). Prosci is contracted with VA to provide Change Management education/training. <https://www.prosci.com>
- [MyHealthVet](https://www.myhealth.va.gov/mhv-portal-web/home). Has excellent resources anyone (Veterans and clinicians) can use to take stock of their health in many areas. Try calculating your “Health Age.” <https://www.myhealth.va.gov/mhv-portal-web/home>
- [National Center for Health Promotion and Disease Prevention](https://www.prevention.va.gov). Has resources that can assist with taking stock and doing Whole Health assessment. <https://www.prevention.va.gov>.

- [My Life, My Story Program](#). Video of Veterans' narratives.
<https://www.youtube.com/watch?v=fpzgVlExS20&feature=youtu.be>
- TeleWholeHealth (TWH) Resources
 - [TWH Resources](#). You can find multiple resources to support TWH implementation, including a Telehealth Operation Manual, the TWH Supplement, and the Telehealth Training Calendar.
<https://telehealth.va.gov/type/clinic>
 - [TMS TWH Training](#). For providers and Whole Health Staff.
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/index.asp>
 - [VA Video Connect](#). <http://vaww.telehealth.va.gov/pgm/vvc/index.asp>
 - [VA Video Connect for Providers](#).
<http://vaww.telehealth.va.gov/pgm/vvc/providers/index.asp>
- [Integrative Health Coordinating Center \(IHCC\)](#).
<https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp>
- [Personal Health Plan \(PHP\) Template FAQs](#).
https://vaww.va.gov/PATIENTCENTEREDCARE/FAQ_Personal-Health-Plan-Template.asp
- [FIT Sharepoint Page](#).
<https://dvagov.sharepoint.com/sites/VHAOPCC/SitePages/FIT-programs.aspx>
- [Field Implementation Team \(FIT\) site visits](#).
https://vaww.va.gov/patientcenteredcare/Field_Implementation_Program.asp
- [CPRS Personal Health Plan Template Educational Overview](#).
https://dvagov.sharepoint.com/:w:/r/sites/VHAOPCC/_layouts/15/Doc.aspx?sourcedoc=%7B187F7E02-62A3-44A4-9D9C-894C706DA474%7D&file=PHP%20template%20educational%20overview_5-7-2019.docx&action=default&mobileredirect=true
- [TEACH](#). VHA National Center for Health Promotion and Disease Prevention (NCP).
<https://vaww.prevention.va.gov/VHEI/Teach.asp>
- [Personal Health Inventory](#). Brief version.
https://www.va.gov/WHOLEHEALTH/docs/PHI_Jan2022_Final_508.pdf
- [Personal Health Inventory Booklet](#).
<https://www.va.gov/WHOLEHEALTH/docs/PHI-long-May22-fillable-508.pdf>
- [Personal Health Plan Template](#). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Implementing Whole Health in Your Practice, Part I: What a Whole Health Visit Looks Like](#). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-i-what-whole-health-visit-looks-like.asp>
- [Implementing Whole Health in Your Practice, Part II: The Power of Your Therapeutic Presence](#). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-ii-power-therapeutic-presence.asp>

- All of the overviews contain patient narratives and have associated PHPs that may help you with ideas on what you can suggest/discuss in various situations.
- [Reviewing Bob's Personal Health Inventory Booklet](#) and [Bob's PHI \(brief version\)](#).
Nice examples of how a completed PHI might look.
 - <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/reviewing-bobs-personal-health-inventory-booklet.asp>
 - <https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Bobs-Brief-PHI-2019.pdf>
- [Questions You Can Ask During a Whole Health Visit](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/questions-whole-health-visit.asp>
- [The Circle of Health: A Brief Self-Assessment](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/the-circle-of-health-a-brief-self-assessment.asp>
- [Whole Health and the Life of a Clinician](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/whole-health-and-the-life-of-a-clinician.asp>
- [Narrative Medicine](#). Puts the importance of story, and of really knowing someone, into context. <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/narrative-medicine.asp>
- [VHA Whole Health: Personal Health Planning Staff Guide](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/docs/Overall-Approach-to-Personal-Health-Planning.pdf>
- [Whole Health for Skill Building](#). One course for the eight self-care areas of the Circle of Health. <https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
- [Taking Charge of My Life and Health—Facilitator Training](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-facilitated-groups.asp>
- [Whole Health Clinical Care Symposium](#). This course, piloted in 2020, is designed to help sites set aims and then use change management to implement Whole Health Clinical Care at their sites.
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-clinical-care-symposium.asp>

Books

- *Listening for What Matters: Avoiding Contextual Errors in Health Care*, Saul Weiner (2016)
- *Narrative Medicine: Honoring the Stories of Illness*, Rita Charon (2008)
- *Spontaneous Healing: How to Discover and Embrace Your Body's Natural Ability to Heal Itself*, Andrew Weil (2000)
- *The 12 Stages of Healing*, Donald Epstein (1994)

References

¹ Holt JM, Cusatis R, Winn A, et al. The Impact of Previsit Contextual Data Collection on Patient-Provider Communication and Patient Activation: Study Protocol for a Randomized Controlled Trial. *JMIR Res Protoc.* 2020;9(9):e20309. Published 2020 Sep 23. doi:10.2196/20309

² Foronda C, Baptiste DL, Reinholdt MM, Ousman K. Cultural humility: a concept analysis. *J Transcult Nurs.* 2016;27(3):210-217.

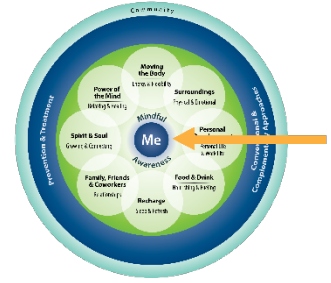
³ Lobelo F, de Quevedo IG. The evidence in support of physicians and health care providers as physical activity role models. *American Journal of Lifestyle Medicine.* 2014;10(1):36-52. doi:10.1177/1559827613520120

⁴ Smith, C. D., C. Balatbat, S. Corbridge, A. L. Dopp, J. Fried, R. Harter, S. Landefeld, C. Martin, F. Opelka, L. Sandy, L. Sato, and C. Sinsky. 2018. Implementing optimal team-based care to reduce clinician burnout. *NAM Perspectives.* Discussion Paper, National Academy of Medicine, Washington, DC.

<https://nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout>. doi:10.31478/201809c

Chapter 4. Mindful Awareness

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



What Is Mindful Awareness?

Mindful awareness is central to Whole Health, but the term is not familiar to some people. To understand mindful awareness, it can help to think about what it is like NOT to have it. We have all experienced examples of being on autopilot, not really noticing what is going on around us. After a long day, you arrive home with very little memory of the trip home. You go for a walk with your child, and you do not notice anything about the scenery, because your mind is cluttered with worries about the past and the future (Figure 4-1). You open a bag of chips or a box of cookies, and before you know it, the package is empty, and you hardly noticed, let alone enjoyed, a single bite.



Figure 4-1. Two different ways for the mind to be. Photo credit: ForbesOste via Flickr.com

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

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

Some people add “...and with compassion” to that definition. Practices to cultivate mindfulness are not new; a variety of world spiritual and philosophical traditions address mindfulness and have encouraged people to cultivate it for hundreds—if not thousands—of years.

One of the striking things about the Circle of Health is that the “Mindful Awareness” ring immediately surrounds the “Me” at the center of the circle, as noted in Figure 4-2. Just as it is central to the Circle of Health, mindful awareness is central to the entire Whole Health approach. It can inform how we relate to others and how we choose to practice self-care. It is at the root of feeling compassion, and it informs our state of being when we are “in the zone” (in a flow state) with a given activity.²

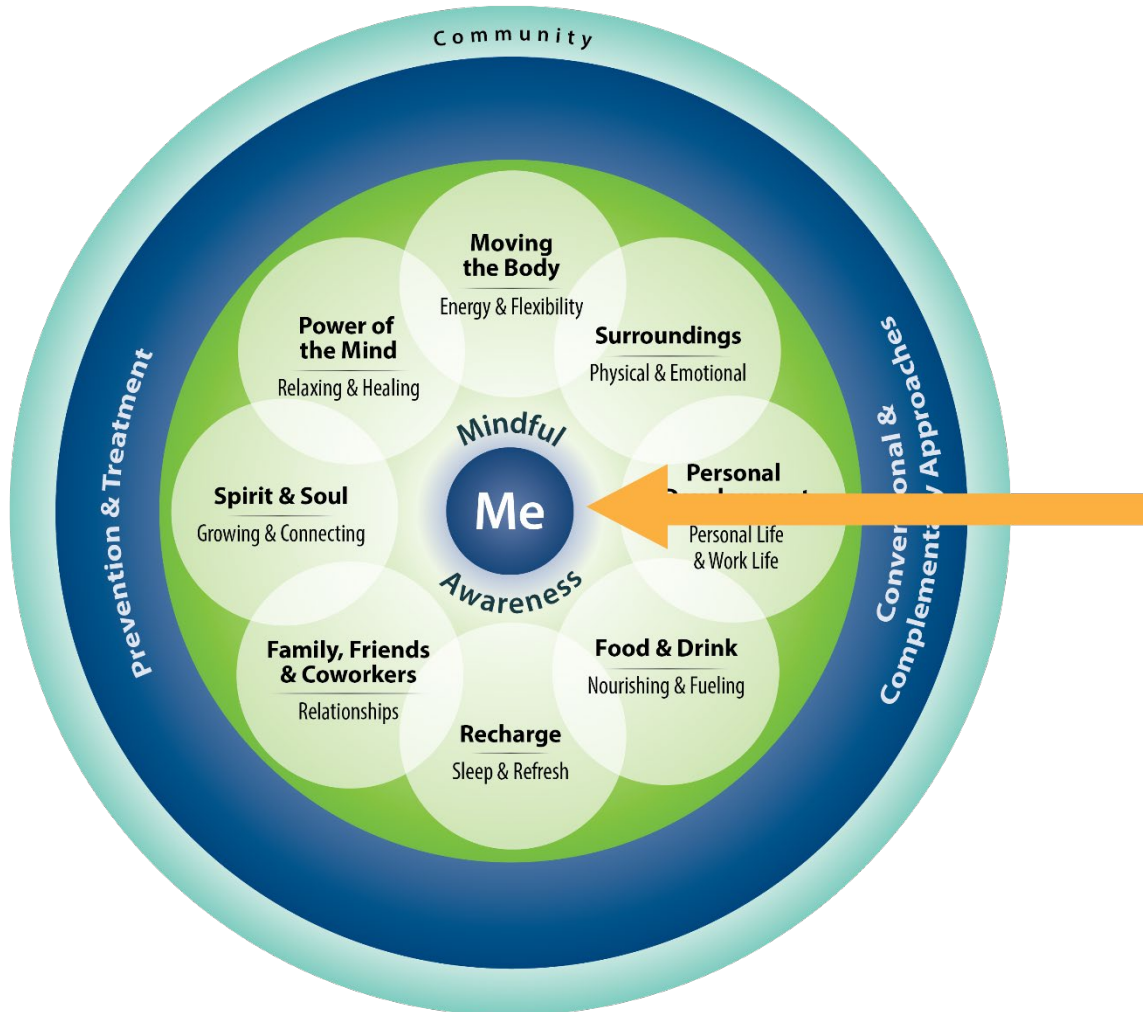


Figure 4-2. Mindful Awareness and the Circle of Health

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

Mindful Awareness, Mindfulness, and Meditation

Sometimes the terms *mindful awareness*, *mindfulness*, and *meditation* can be confusing. How do they differ? For the purpose of Whole Health and personal health planning, we use the term *mindful awareness* interchangeably with formal and informal mindfulness practice. *Formal mindfulness* includes specific practices, such as a meditation practice of sitting in stillness, usually with the eyes closed, while noticing the sensations of the breath in the body. There are many other examples of formal practices as well. An *informal mindfulness* practice typically means doing something you are already doing, like washing dishes or petting the cat, with your full attention to the unfolding of experience. *Mindfulness* means paying attention to the present moment with the qualities of non-judgment, kindness, and curiosity. We make a distinction between mindfulness, a way of being, and mindfulness-based interventions, such as Mindfulness-Based Stress Reduction (MBSR).

For Whole Health, we use the term *mindful awareness* to describe both the formal and informal practices of mindfulness, including becoming aware of bodily sensations, our clinging or aversion to these sensations, and how we work directly with mental phenomena and live our lives. At the heart of mindfulness is the idea that we suffer because we do not see the world clearly. The radical promise of mindfulness is clarity, ease, and happiness. Mindfulness-based interventions, like MBSR or the mindfulness classes available at many VA locations, teach Veterans to develop this mindful way of being.

Meditation is an umbrella term that includes mindfulness formal practice as well as other approaches, such as Transcendental Meditation®, Christian contemplative prayer, and others. Broadly, the term *meditation* refers to a family of self-regulation practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control. This fosters general mental well-being and the development of specific capacities such as calm, clarity, and concentration.

When Have You Been Most Mindful?

Pause for a moment, and ask yourself the following:

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

These questions are frequently posed during Whole Health courses. Some answers from participants have included the following:

- When I am playing with my kids
- When I am “in the zone” playing a sport
- When I am in the operating room
- When I pray or read scripture

- When I am lost in a good book or movie
- When I am gardening
- When I watch my dog
- When I play my musical instrument

What about the activities you listed causes them to have such a positive effect on you? How can you bring those states of mind with you into other situations? When exploring mindful awareness for yourself and with Veterans, those questions can prove helpful.

Mindful Awareness Research

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

The following list summarizes some of the latest research findings, including those detailed in the “[Mindful Awareness](#)” overview on Whole Health Library website.³ Different studies may have focused on different techniques, but in all of them, mindful awareness was the goal. Note that there have been some recent reviews calling for research in this area to be more rigorous; some mindful awareness-related studies have had methodological challenges.⁴

General Mindful Awareness Research Findings

- Lowers distress in non-clinical populations.
- Has a moderate effect size when it comes to general benefits for primary care patients with an array of different concerns.⁵
- Reduces psychological symptoms in people with cancer, hypertension, rheumatoid arthritis, psoriasis, tinnitus, multiple sclerosis, depressive disorders, and anxiety disorders.³
- Workplace mindfulness training interventions have a number of general benefits, (reduced anxiety and distress, increased well-being) though more research is needed to clarify the effect on burnout levels.⁶
- Seems to increase prosocial behavior (increases the likelihood that a person will help/support others).^{7,8}
- Reduces loneliness and increases social contact.⁹
- May improve sleep.¹⁰

Physiologic Effects of Mindful Awareness

- Alters brain activity. Long-term meditators have gamma wave oscillations not seen in others. Even people who have just begun meditating in the past 2 months show functional MRI changes.

- Leads to longer-lived relaxation states. Reduces markers of stress, including cortisol, C-reactive protein, tumor necrosis factor-alpha, blood pressure, and heart rate.¹¹
- Activates the left anterior cerebral cortex and other areas of the brain which are linked to positive mood. Increases activation in brain attention centers.¹²
- Increases gray matter volume in multiple parts of the brain,¹³ including the hippocampus.¹⁴
- Favorably influences T-lymphocyte counts in people with HIV and cancer.¹⁵
- Lengthens telomeres. The longer these structures at the end of a chromosome are, the lower a person's risk of chronic illness and mortality. Studies have linked compassion meditation to favorable effects on telomere length. Even just 11 hours of meditation training makes a measurable difference.¹⁶
- Lowers blood pressure in people with hypertension.^{17,18}

Immune System Effects³

- Enhances immune response to influenza vaccine.
- Stabilizes CD4 counts in people with HIV infection.
- Enhances natural killer cell function and alters interleukin levels.
- Favorably improves some inflammatory markers.¹⁸

Mental Health Effects

- In general, mindful awareness seems to decrease the severity of depression and anxiety, though studies with active control groups (groups that do something else besides mindfulness) are less convincing. Mindfulness Based Cognitive Therapy (MBCT) seems to be quite helpful.¹⁹
- MBCT is as effective as medications for depression reoccurrence prevention.
- MBCT has potential benefit for bipolar disorder as well, but more studies are needed.²⁰
- A 2017 meta-analysis found medium effect size for mindfulness in reducing PTSD symptoms. Benefits correlated to the amount of time spent training.²¹ Also mitigates the effects of combat stress.²²
- Assists with the treatment of alcohol and substance misuse, especially when combined with treatment as usual.²³
- Can reduce consumption of a number of substances of abuse²⁴ and decrease cravings for them.²³
- Has large effects in reducing ADHD core symptoms.²⁵
- Appears to be beneficial for depression and anxiety in people with spinal cord injury.¹⁰

Pain

- Decreases chronic pain intensity, related disability, and medication use.^{26,27}
- According to a 2017 meta-analysis, leads to a small decrease in chronic pain, as well as less depression and improved quality of life (though more studies needed).²⁶
- Leads to improvements in many fibromyalgia symptoms.²⁸
- Has short-term benefits for low back pain.²⁹

Other Findings

- Reduces irritable bowel syndrome (IBS) symptoms.³⁰
- Seems to improve clinician burnout scores, well-being, and the quality of their care.³¹
- A 2019 review of 26 studies of mindfulness training for health care providers found moderate evidence that it improved patient safety, led to better treatment outcomes, and enhanced level of patient-centered care.³² Another review found it also benefitted anxiety, depression, stress, well-being, and to some degree, burnout.³³ Yet another review specific to nurses found it favorably affected these factors for them as well, along with workplace stress and empathy levels.³⁴
- Enhances altruism and allows cultivation of compassion over time.³⁵
- Has many benefits as an adjunctive therapy for people with breast cancer.³⁶
- May be useful in preventing distracted driving.³⁷
- Has the potential to reduce distress in people with chronic dermatologic problems.³⁸
- Has initial support (low-quality evidence, per Cochrane) for supporting caregivers of people with dementia.³⁹
- MBCT can be helpful with tinnitus.⁴⁰
- Improves cognitive function and stress in people with dementia.⁴¹
- Helps with weight loss in overweight and obese individuals.⁴²
- Is helpful in palliative care.⁴³

Evidence Map of Mindfulness

To access the full image of this evidence map visit: [VA Health Services Research & Development: Management eBrief No. 88](#)

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Mindfulness⁴⁴ (refer to description on next page)

A 2014 review by VA Health Services Research and Development (HSR&D) summarized the literature with the evidence map featured on the previous page.⁴⁴

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

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

Cultivating Mindful Awareness: Practice Tips

The following tips can be helpful if you are introducing the concept of mindful awareness to someone who is new to it³:

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

beliefs. The MBSR course, for example, was specifically created to be neutral in this regard.

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

Metacognition

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

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

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

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

SOLAR and TIES—Two Mnemonics

These two helpful mnemonics can be applied with any mindful awareness practice.⁴⁵ Consider working with them a few times a day. This practice involves taking pauses throughout your day to consciously notice what is going on around you—and inside you—in the present moment. SOLAR is an acronym for

- **Stop.** Pause what you are doing for a moment.
- **Observe.** Notice what is happening. Tune into your thinking, emotions, and surroundings.
- **Let it Be.** Mindfulness is not about striving. You do not have to do something about what you notice. Just notice.

- **And Return.** Go back to what you are doing, hopefully a bit more in the present moment.

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

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

It can be helpful to identify these as they arise when you are doing the SOLAR practice. The more you can catch moments of not being mindfully aware, the more readily your brain will be able to return to that state. Some people find it helpful to think of the TIES items as being equivalent to secretions. Just as our bodies make mucus or saliva, they generate thoughts, images, etc. We can choose simply to observe that happening.

Many clinicians find using the SOLAR/TIES approach helpful as they move from one patient encounter to another. Simply pause for a moment of mindful awareness before you cross a threshold into a clinic or hospital room. This can help you go into the room without carrying anything in from your last encounter or conversation.

Whole Health Tool: SOLAR/TIES Meditation

Stop

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

Observe

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

Let It Be

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

And Return

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

This is a useful exercise to try with patients, including those who are relatively new to mindful awareness practices. You can use it in any number of situations throughout the day.

Mindful Awareness Techniques: Mindfulness Meditation

As noted above, there are many methods or situations where you can be mindfully aware. One of the most common methods for achieving mindful awareness practice is through some form of meditation. Not all meditation focuses on this as a goal, but there are many practices where it is given high priority. Examples include the following:

1. **Seated meditation.** If you are trying the exercises as you read this reference guide, you have already done a few seated meditations. This is the image most people have when they think of meditation—sitting on a pillow, legs crossed, holding very still. This is one form of meditation, but by no means is it the only one.
2. **Body scan meditation.** For this, you bring your awareness to various parts of your body. There are many variations as far as how many body parts you focus on and the order in which you focus on them.
3. **Movement meditation.** Many people prefer to stay active because they feel physical activity helps them quiet their minds. Movement meditation can be as simple as walking very slowly while paying close attention to each step, or it can be more elaborate, such as performing tai chi.
4. **Chant and vocalization.** There has been a significant amount of research in the VA supporting mantram meditation, for which the practitioner repeats a word or phrase while focusing on it deeply. Centering prayer, which is a meditation approach that arose within the Catholic tradition, also relies on focusing on a specific word.
5. **Heart-centered meditations.** There are many forms of heart-centered meditations. Examples include compassion meditation, loving-kindness practice, and gratitude practice. Tonglen, a Tibetan meditation, is another. Mindful self-compassion practices have also been gaining in popularity.⁴⁶ These practices do seem to have benefits.⁸
6. **Mindful eating.**^{40,47} Many people have tried eating meditations before (e.g., slowly eating a raisin). There are multiple mindful awareness exercises that are based on doing a familiar activity in a deliberate and aware fashion, such as drinking tea, eating one bite of food, or using a stethoscope. An eating meditation is featured in Chapter 8.

Two mindful awareness exercises, focused on seated meditation and breath awareness, and a body scan, are featured next. A loving-kindness meditation is included at the end of Chapter 10, “Family, Friends, & Co-Workers.” Links to other mindful awareness exercises are listed in the Resources section at the end of this chapter. As with any journey of self-discovery, approach mindful awareness with Veterans (and in your own life) with a spirit of curiosity, as though you just traveled to an unfamiliar travel destination and are trying to fully experience it. This approach is often referred to as “beginner’s mind.”

Whole Health Tool: Seated Meditation

Most people, when they think about meditation, tend to envision a seated practice. While this is only one of many ways to cultivate mindful awareness, it is a great place to start. Follow these simple steps:

- Find a **comfortable place** where you won't be interrupted.
- Decide **how much time** you will spend sitting. Start with just a few minutes. Gradually build up over time. 20 minutes is a good initial goal. You may notice benefits/positive changes even after just a few days or weeks.
- Choose a **time of day** when you will be less likely to fall asleep while practicing. Many people prefer mornings or evenings (or both) but do what works for you.
- You **can sit in various ways**. Some people sit on the floor, or on a pillow (like a *zafu* pillow). Others prefer a chair or a meditation bench. Sit comfortably, and use pillows or cushions as needed.
- Soften your **gaze** (i.e., focus your eyes a few feet in front of you) or close your eyes.
- **Choose something to focus on**. It may be your breath (as discussed in the Breath Awareness exercise, below), a candle, or even a particular word you repeat.
- **Be patient**. If you find your mind wandering, gently bring it back and return your focus. Don't be hard on yourself. Remember, this is about being present non-judgmentally. It is common for this to be challenging at first. Do not let that convince you that you are somehow "a bad meditator;" rather, think of this as an opportunity to gain a new skill.
- When your timer goes off, give yourself a moment to **slowly shift out of the meditation**.
- Remember, this is a practice. **It will get easier with time**.

Whole Health Tool: Breath Awareness Exercise

Sit comfortably with your feet planted firmly on the floor. Lengthen your body through your back, neck, and the top of your head. Now, for the next 2 minutes (you can set a timer), turn all of your awareness to your breathing. Without changing the rate or quality of your breathing, simply note the sensation of inhalation, the sensation of exhalation, and the pauses between the two.

Now reflect:

- How easy was it to focus your attention on your breathing for 2 straight minutes?
- What distracting thoughts arose?
- What judgments or evaluations pulled your awareness away from your breathing?

Take 2 additional minutes to repeat the exercise above. This time, when your thoughts wander away from the breath, gently return your attention to your breathing. Judgments may arise — “I can’t concentrate,” or “this is boring.” When this happens, simply notice that this is a thought, and bring your attention back to your breathing. When your mind wanders, be gentle with yourself. Notice if you scold yourself for deviating from the breath. Accept the passing distraction and focus your attention back on the breath.

Now reflect again:

- How did it feel taking 2 minutes just to focus on the breath?
- How easy or difficult was it to maintain your attention on the breath?
- What distracting thoughts and judgments arose?
- How easy or difficult was it to gently bring your awareness back to your breathing?
- How do you feel at the end of this exercise?

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

Whole Health Tool: Body Scan

This exercise invites you to sequentially tune in to the experience of various parts of the body. The goal is to bring full awareness to the status of the body, *not* to change the status of the body. You may benefit from practicing in relative peace and quiet with your eyes closed in the beginning, but ultimately this practice will be useful to you no matter your surroundings or circumstance. This exercise can take 5 minutes or more than an hour, depending on how you choose to practice and your familiarity with the technique.

1. Find a comfortable position. The first few times you do this practice, try lying on your back with your eyes closed.
2. Take 5 slow, deep breaths. Feel the rise of the abdomen as you breathe in, and the fall of the abdomen as you breathe out. Imagine you draw the breath in through the soles of the feet and release the breath out through the top of the head. Continue to breathe slowly and deeply throughout the exercise.
3. Note the sensations in your body as a whole. What information is your body giving you? What does your body ask you to recognize?
4. Now begin the sequential survey of each body area.
 - Begin with the toes of the left foot. Note the sensations they are sending you. Do you feel cool air, a soft blanket, a scratchy sock, or a confining shoe? Perhaps you don't feel anything. This is okay; simply spend a few moments in the experience of not feeling anything. Once you have fully experienced the status of your left toes, take a deep breath, and let go of the left toes. Let the sensation from this body area fade away.
 - Next move to the sole of the left foot. Note the sensations it is sending you. Note the lack of sensation if that is the case. Once you have fully experienced the status of the sole of the left foot, take a deep breath, and let go of the sole of the foot. Let the sensation from this body area fade away.
 - Continue the somatic evaluation of each body area with your full concentration. From the sole of the left foot, transition to:
 - Top of the left foot
 - Ankle
 - Shin
 - Calf
 - Knee
 - Thigh
 - Hip
 - Pelvis
 - Right lower extremity (in the same manner as the left)
 - Return to the pelvis
 - Abdomen
 - Lower, middle, and upper back

- Chest
 - Left fingers
 - Left hand, wrist, forearm, upper arm, shoulder
 - Right upper extremity (in the same manner as the left)
 - Neck
 - Face
 - Scalp
 - Crown of the head
- Once you finish with an area, take a deep breath and let that area go. If your concentration lapses, take a deep breath and pick up where you left off.
5. Close the practice by returning to the breath. Take 5 deep breaths, noting the rise and fall of the abdomen. Imagine inhaling through the soles of the feet and exhaling through the top of the head.

You can shift the timing of the meditation by focusing on more or fewer sections or parts of the body during the scan.

For a voice-guided body scan practice, visit the University of Wisconsin Department of Family Medicine and Community Health [Mindfulness Meditation Podcast Series](#).

Mindful Awareness in the VA

Mindful awareness training is becoming increasingly common in the VA. In fact, as noted in Chapter 14, some of the ways to cultivate mindful awareness, such as meditation training and tai chi, are now offered in VA facilities nationwide as part of the Veteran benefits package. VA sites are still trying to figure out the logistics of this. One option is to use Telehealth to bring training to more remote areas. A 2017 review of 16 studies concluded that Web-Based Mindfulness Interventions may be helpful in alleviating physical symptom burdens, even when training is asynchronous (not taught live), as in a web-based course.⁴⁸

Medical research is only beginning to scratch the surface regarding the power mindful awareness has to favorably improve health and well-being. When you are doing personal health planning, be “mindful” of mindful awareness as something you can bring in to the [Personal Health Plan](#) (PHP).

Mindful Awareness Resources

Websites

VA Whole Health and Related Sites

- [Mindfulness Awareness videos](#). From the VHA Mindfulness Toolkit created by the Greater Los Angeles VA. <https://www.va.gov/WHOLEHEALTH/circle-of-health/mindful-awareness.asp>
 - What is Mindfulness?
 - Why Mindfulness for the VA?
 - Four Ways to Cultivate Mindfulness
 - Beginning a Mindfulness Practice
 - Mindfulness and Compassion
- [Guided Meditation and Audio Files](#). <https://www.va.gov/WHOLEHEALTH/circle-of-health/mindful-awareness.asp>
 - Introduction to Meditation with Dr. Greg Sherpa (5 minutes)
 - Grounding Meditation (5 minutes)
 - Mindfulness of Breathing Meditation (10 minutes)
 - Mindfulness of Sounds Meditation (10 minutes)
 - Compassionate Breathing Meditation (10 minutes)
 - Loving Kindness Meditation (10 minutes)
 - Body Scan Meditation (15 minutes)
 - Body Scan with Loving Kindness Phrases (15 minutes)
 - An Intro on Mindfulness and Using the Personal Health Inventory (22 minutes)
 - Paced Breathing (7 minutes)
 - Mental Muscle Relaxation (5 minutes)
 - Mini Mental Vacation (7 ½ minutes)
- [Evidence Map of Mindfulness](#). Compilation of systematic review data by VA Health Services Research & Development (HSR&D). https://www.hsr.d.research.va.gov/publications/esp/cam_mindfulness.cfm
- [Veterans Whole Health Education Handouts](#).

<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>

- An Introduction to Mindful Awareness
- Mindful Awareness Practice in Daily Living
- Precautions with Using Mindful Awareness Practices
- Mindfulness facilitator training programs are also available. Contact Greg Serpa, John.serpa@VA.gov
- [STAR Well-Kit](#). War Related Illness and Injury Study Center.
<https://www.warrelatedillness.va.gov/education/STAR/>
 - Introduction, Part 3: Veterans Explain How Guided Meditation Enhances Well-Being
 - Ben King—Deep Breathing (Veteran describes his experience)
 - Patrick Crehan—Mindfulness Meditation (Veteran describes his experience)

Whole Health Library Website

- [Mindful Awareness](#). Overview. Excellent review of latest research.
<https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/mindful-awareness.asp>
- [Bringing Mindful Awareness into Clinical Work](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/bringing-mindful-awareness-clinical-work.asp>
- [Mindful Awareness Practice in Daily Living](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/mindful-awareness-practice-daily-living.asp>
- [Practicing Mindful Awareness with Patients: 3-Minute Pauses](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/practicing-mindful-awareness-patient.asp>
- [Going Nowhere: Keys to Present Moment Awareness](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/going-nowhere-keys-present-moment-awareness.asp>
- [Mindfulness Meditation for Chronic Low Back Pain](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/mindfulness-meditation-for-chronic-low-back-pain.asp>

Other Websites

- [Dartmouth College Student Wellness Center Mindfulness & Meditation](#). A variety of guided meditation exercises, as well as others for relaxation and guided imagery.
<https://students.dartmouth.edu/wellness-center/wellness-mindfulness/mindfulness-meditation>
- [Foundation for Active Compassion Media](#).
<https://foundationforactivecompassion.org/media/category/listen/>
- [Free Mindfulness Project](#). Instructors have donated recordings.
<http://www.freemindfulness.org/download>
- [Insight Meditation Society](#). A variety of talks and meditations.
<http://www.dharma.org/resources/audio/>
- [Mindfulness Based Cognitive Therapy information](#).

<https://www.goodtherapy.org/learn-about-therapy/types/mindfulness-based-cognitive-therapy>

- [UCLA Mindful Awareness Research Center Guided Meditations](http://marc.ucla.edu/body.cfm?id=22). Several in Spanish.
- [University of California San Diego Center for Mindfulness](https://medschool.ucsd.edu/som/fmph/research/mindfulness/programs/mindfulness-programs/MBSR-programs/Pages/audio.aspx).
- [University of Massachusetts Center for Mindfulness Videos](https://community.cfmhome.org/c/video-room).
- [University of Washington Addictive Behaviors Research Center Mindfulness-Based Relapse Prevention Resources](https://www.mindfulrp.com/for-clients). Recordings at the bottom of the page.
- [University of Wisconsin Department of Family Medicine and Community Health Mindfulness in Medicine](https://www.fammed.wisc.edu/mindfulness/).
 - [Mindfulness Resources](https://www.fammed.wisc.edu/mindfulness/resources/).
 - [Mindfulness Meditation Podcast Series](https://www.fammed.wisc.edu/mindfulness-meditation-podcast-series/).
- [University of Wisconsin-Madison Center for Healthy Minds](https://centerhealthyminds.org). A leader in mindfulness research.
- [The Center for Contemplative Mind in Society Guided Practices](http://www.contemplativemind.org/practices/recordings).

Apps and Monitoring Software

The popular phone apps listed below are free, although most have in-app purchases or memberships available. Find them by searching online or in your device's app store. See also Chapter 12, "Power of the Mind," for a list of related apps.

- **10% Happier**
- **Aura**
- **Breethe**
- **Buddhify**
- **Calm**
- **Headspace**
- **iMindfulness**
- **Insight Timer**
- **Meditation for Fidgety Skeptics**
- **Smiling Mind**
- **MyLife Meditation by Stop. Breathe. Think**

Books

- *A Clinician's Guide to Teaching Mindfulness: The Comprehensive Session-by-Session Program for Mental Health Professionals and Health Care Providers*, Greg Serpa (2015)
- *Altered Traits: Science Reveals How Meditation Changes Your Mind, Brain, and Body*, Daniel Goleman (2017)

- *Beginning Mindfulness: Learning the Way of Awareness*, Andrew Weiss (2004)
- *Calming Your Anxious Mind: How Mindfulness and Compassion Can Free You from Anxiety, Fear, and Panic*, Jeffery Brantley (2007)
- *Coming to Our Senses: Healing Ourselves and the World Through Mindfulness*, Jon Kabat-Zinn (2006)
- *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*, Jon Kabat-Zinn (2005)
- *Happiness: Essential Mindfulness Practices*, Thich Nhat Hahn (2005)
- *Leave Your Mind Behind: The Everyday Practice of Finding Stillness Amid Rushing Thoughts*, Matthew McKay (2007)
- *Mindful Movements: Ten Exercises for Well-Being*. Thich Nhat Hanh (2008)
- *Mindfulness in Plain English*, Bhante Henepola Gunaratana (2002)
- *The Mindful Way Through Anxiety: Break Free from Chronic Worry and Reclaim Your Life*, Susan Orsillo (2011)
- *The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness*, Mark Williams (2007)
- *The Miracle of Mindfulness: An Introduction to the Practice of Meditation*, Thich Nhat Hahn (1999)
- *The Power of Now*, Eckhart Tolle (2004)
- *Trauma-Sensitive Mindfulness: Practices for Safe and Transformative Healing*, by David A. Treleaven (2018)
- *Zen Mind, Beginner's Mind*, Shunryu Suzuki (2011)
- Also refer to the meditation resources at the end of Chapter 12, "Power of the Mind"

Other Resources

- CDs
 - *Body Scan: Managing Pain, Illness and Stress with Guided Mindfulness Meditation*, 2nd edition, Vidyamala Burch (2008)
 - *Guided Mindfulness Meditation* (3-part series), Jon Kabat-Zinn, (2004)
 - *Mindfulness Meditation for Pain Relief: Guided Practices for Reclaiming Your Body and Your Life*, Jon Kabat-Zinn (2010)
 - *Living Without Stress or Fear: Essential Teachings on the True Source of Happiness*, Thich Nhat Hahn (2009)
 - *Road Sage: Mindfulness Techniques for Drivers*, Sylvia Boorstein (2006) Audiobook CD

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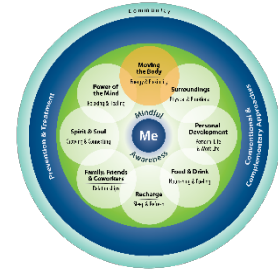
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Chapter 5. Moving the Body: Energy & Flexibility

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

—Attributed to Plato



This chapter is the first of a series of chapters focusing on the “Areas of Proactive Self-Care.” These are the eight smaller circles that make up the Self-Care Circle, which is (not by accident) the largest circle within the Circle of Health. The eight self-care chapters of this reference guide, Chapters 5-12, summarize research findings related to how each area of self-care contributes to well-being. These chapters provide general tips as well as specific “Whole Health Tools” designed to support Veterans and their care teams as they incorporate these important areas into [Personal Health Plans](#) (PHPs).

In 2018, the VA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) created skill-building courses for Veterans, one for each of the eight areas of self-care. The skill-building courses are designed to get Veterans thinking about options and to encourage them to zero in on specific options, or “subtopics” to incorporate into their PHPs. Figure 5-1 lists the Moving the Body subtopics. Note that there is a “Make One Small Change” circle that leaves room for creativity and flexibility, if Veterans do not see an option that interests them. There is also a subtopic circle focused on getting professional support (i.e., “Work with an Expert”). The Resources section of Chapter 1 describes how to access the skill-building course materials.

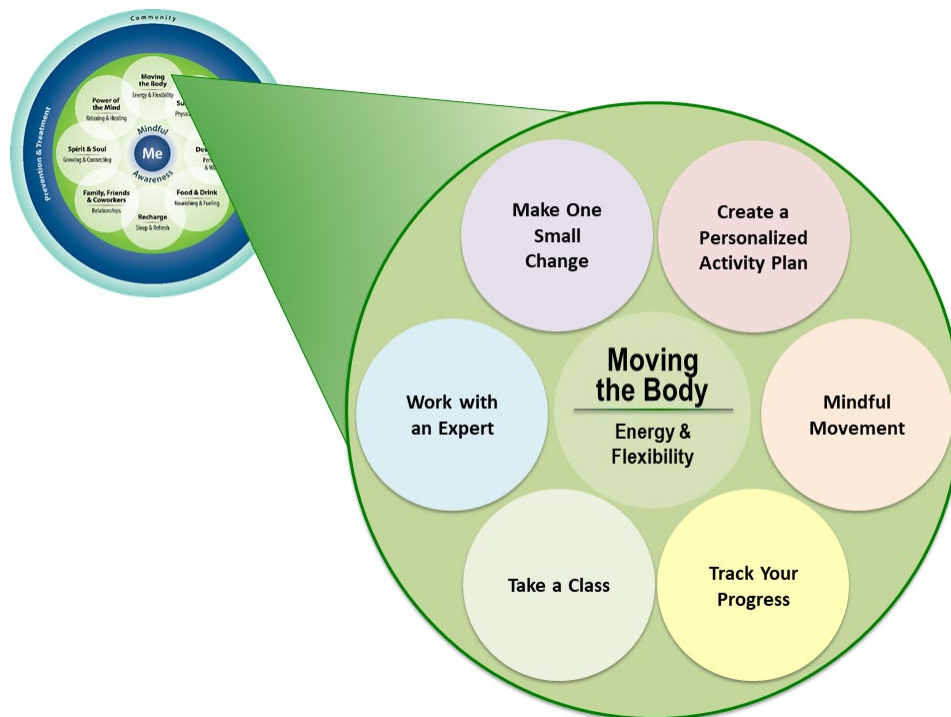


Figure 5-1. Subtopics within the Moving the Body Circle of Self-Care

Two subtopics specific to Moving the Body, personal activity plans and mindful movement, are discussed later in this chapter as Whole Health tools. It is helpful for people to track their progress with apps or monitoring devices, which are now widely available. Several are mentioned in the resources list at the end of this chapter. Mindful movement approaches—namely, yoga and tai chi/qi gong—are now covered services by the VA (as discussed in Chapter 14), and live and online instruction is increasingly available. In addition, Veterans should be encouraged make good use of the experts at their sites, including physical, occupational, and recreational therapists.

Benefits of Movement and Activity

Physical activity levels continue to decline worldwide. Physical inactivity contributes to at least 6-10% of the chronic national disease burden and premature mortality.¹ Moving the Body is one of the most common areas of self-care people choose to focus on in their PHPs, and for good reason: physical activity has a profound impact on health. The [Exercise is Medicine](#) website, developed by the American College of Sports Medicine, asks a simple question²:

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

Physical activity is that prescription, and there are not many health conditions it cannot benefit. To cite some important examples, the vast body of research in this area has shown the following^{3,4,5}:

- Physical activity lowers all-cause mortality and increases life span.
- It improves quality of life.
- It slows the negative effects of aging (even when initiated late in life).
- It reduces fatigue and helps regulate sleep.
- It promotes brain cell growth and enhances mental function, attention, memory, and processing speed. It improves executive function and academic performance.
- It reduces dementia risk.
- It improves mental health, including decreasing anxiety⁶ and depression.⁷ It also helps with ADHD and is likely to help with substance use disorder⁸ and bipolar disorder⁹ as well.
- It reduces pain, including chronic pain, low back pain, osteoarthritis pain, and musculoskeletal pain. It also improves global well-being and quality of life in fibromyalgia.
- Level of physical activity correlates with better postoperative outcomes.¹⁰
- It helps prevent or treat many other chronic health problems, including:
 - Cardiovascular disease and other circulatory disorders, like claudication. It counteracts the negative cardiac effects of stress.¹¹
 - Cancer (e.g., colon, breast, and renal)
 - Type 1 and type 2 diabetes
 - Hypertension

- Obesity
- Abnormal lipid (cholesterol) profiles
- Osteoporosis
- Stroke prevention and recovery
- Multiple sclerosis
- COPD and obstructive sleep apnea
- Pulmonary hypertension
- Heart failure
- Renal failure (especially regarding blood pressure)
- Psoriasis
- Erectile dysfunction
- It can help people with spinal cord injury, when tailored appropriately.
- It favorably alters gene expression and helps maintain telomeres.¹²
- It changes the gut microbiome in a positive way.
- It improves overall performance, range of motion, and muscular strength and endurance (as everyone knows).

Studies are discussed in more detail in the [“Moving the Body”](#) overview.

Some General Physical Activity-Related Tips

When you are thinking of incorporating Moving the Body into the PHP (and it is one of the most commonly discussed aspects of the Circle of Health), keep the following in mind³:

- **Focus on activity over “exercise.”** Remember that Moving the Body involves more than just “exercise.” Exercise refers to structured and repeated activity with a specific intent. Some people prefer exercise, but many prefer to incorporate Moving the Body with less regimented activities, like walking in a park, gardening, or playing with a pet or child.
- **Go beyond activity at work.** Some people argue they get their exercise through their work. Most recommendations suggest that what really matters is “leisure time” physical activity, i.e., the activity that happens outside of working hours. Of course, using the stairs at work or walking at lunch or any number of extra activities during the workday can be counted.
- **Consider sports.** A 2016 analysis of data for over 80,000 people found that all-cause mortality decreased markedly for people who participated in various sports. Hazard ratios were 0.85 for cycling, 0.72 for swimming, 0.53 for racquet sports, and 0.73 for aerobics.¹³
- **Counsel about the risks of being sedentary, too.** Just as exercise is beneficial in many ways, the opposite is also true; being inactive is an independent risk for health problems. Many recent studies have shown that time spent being inactive is a health risk itself, even if a person exercises regularly.¹⁴ In fact, if a person exercises but otherwise sits most of the time, their likelihood of mortality is about 20% higher than if they are active about half the time during the day.
- Remember that, **while movement is important, there is more to it.** It is good to think about other aspects of Moving the Body when you make recommendations.

Many PHPs will incorporate not only aerobic activity, but also strength training and flexibility. Balance, dexterity, range of motion, and ability to perform daily tasks should also be considered.

- **Respect disabilities.** For some Veterans, Moving the Body may mean more effectively using prosthetics or wheelchairs, management of contractures, or the care of a paralyzed limb.
- **Every bit counts.** In most of the research, any activity is better than none. Even a few minutes a day can have benefits.¹⁵
- **Use local talent.** That is, make good use of physical and occupational therapists. In the VA, recreational therapists can also be valuable members of the Whole Health team.
- **Encourage self monitoring.** Tracking progress using activity monitors, phone apps, wearables, and other devices is known to have health benefits, e.g., for cardiovascular disease.¹⁶ Refer to the Resource list at the end of this chapter for examples.
- **Emphasize safety.** Activity tends to be quite safe if tailored to the individual, but there are some risks to certain patient populations.¹⁷ One study noted 1/100,000 marathoners are at risk for sudden cardiac deaths.¹⁸ It is also important to watch for the female athlete triad of disordered eating, amenorrhea, and osteoporosis.¹⁹ Note that 6-30% of military trainees have been noted to be injured monthly with training.²⁰ In general, probably 1% of people who do moderate or intense exercise are injured each month.²¹ The key is to tailor the routine and to have people remain mindfully aware of what their body is telling them when they are active.
- **Focus on more than the health benefits.** A 2019 review of 39 papers indicated that older adults are more likely to exercise if they are reminded to consider “the wider set of goals and aspirations which are of greater personal importance” to them.²²

Questions to Ask About Moving the Body

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

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

To determine where someone would like to go with Moving the Body, there are some mindful awareness practices that can help. Chapter 4 includes a “Body Scan” Whole Health tool that offers guidance to sequentially bring awareness to different parts of the body. You can also try a Mindful Movement exercise, as outlined on the next page.

Whole Health Tool: Mindful Movement

This practice asks you to bring awareness to places in the body where we tend to carry stress, observing how it feels to invite these areas to soften. It offers a chance to explore what goes on with your body.

1. Find a comfortable seated position.
2. Take 5 slow deep breaths. Feel the rise of the abdomen as you inhale, and the fall of the abdomen as you exhale.
3. Relax and release the jaw.
 - Bring awareness to the left aspect of the jaw. Is this area tense, relaxed, or neutral?
 - You may notice that the upper and lower teeth on the left are clenched together. Separating them brings awareness and relaxation to the jaw.
 - Note the status of the right jaw and separate the teeth to facilitate relaxation.
 - Take a slow, deep breath, and observe how it feels to have the back teeth separated, and the jaw relaxed.
4. Relax and release the neck.
 - Bring awareness to your neck, noting whether the neck feels tense, relaxed, or neutral.
 - Hold your neck in a neutral position, looking straight ahead, with the back of the neck lengthened, and the chin slightly tucked.
 - Turn your head to look over your right shoulder. Take one deep breath before returning to neutral.
 - Repeat, looking to the left.
 - Raise your chin so that intersection of the wall with the ceiling comes into view. Take 1 deep breath before returning to neutral.
 - Lower the chin as far toward the chest as possible without straining. Take 1 deep breath before returning to neutral.
 - Bring the right ear down toward the right shoulder, leaving the shoulder relaxed. Take 1 deep breath before returning to neutral.
 - Repeat on the left side.
 - Take a slow, deep breath, and observe how it feels to have the neck relaxed.
5. Relax and release the shoulders.
 - Bring awareness to the shoulders, noting whether the shoulders feel tense, relaxed, or neutral.
 - Raise the shoulders toward the ears. Inhale deeply and allow the shoulders to relax down with the exhalation.
 - Roll the shoulders forward 3 times.

- Roll the shoulders backward 3 times.
 - Allow the shoulders to come to rest in a relaxed, neutral position.
 - Take a slow, deep breath, and observe how it feels to have the shoulders relaxed.
6. Take 5 slow, deep breaths. Feel the rise of the abdomen as you inhale, and the fall of the abdomen as you exhale.
 7. Maintain your awareness of the jaw, the neck, and the shoulders throughout your daily activities, and repeat this exercise whenever you feel tension building in these areas. This will help keep you tuned in to your moment-to-moment somatic experience, as well as encourage relaxation.

You can also take this exercise to the next level. Take an activity you do frequently, like walking, and do it very slowly. Focus on one area of your body, like your feet, for a period of time. Then shift your awareness to other places—calves, knees, thighs, hamstrings, and so on.

Whole Health Tool: Writing an Activity Prescription

What Is It?

An activity prescription is a variation on an exercise prescription. The overall concept is the same, with the acknowledgement that the term ‘activity’ is less daunting than ‘exercise’ for some people. A variety of team members can assist with writing them. Keep safety in mind (as discussed below), and honor scope of practice.

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

How It Works

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

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

How to Use It

Create a form or template similar to the one on the next page. Ask about all the items in the FITT acronym. FITT stands for²³

- **Frequency**—how many times a week (or day)
- **Intensity**—low, moderate, or intense. A good rule of thumb is if you are doing the activity, and you can talk but not sing, it is moderate exercise. Heart rate will go up, and a person will break a sweat. If they are interested in more vigorous activity, remember the general rule of trying to keep maximum heart rate at around 85% of the number a person gets when they subtract their age from 220. For example, for a 60-year old man, $220 - 60 = 160$, and 85% of 160 is a target maximal heart rate of 136. Only focus on heart rate if they are not taking medications that slow their rate, like beta blockers.
- **Type of activity**—walking, swimming, yoga, etc.
- **Time**—how many minutes each activity session will be. Remember that, while there is some variation, many guidelines continue to recommend a total of 150 minutes per week.²⁴ Tailor it to each person. For instance, if someone has fibromyalgia or

severe fatigue, they can still benefit from even a few minutes of exercise each day.²⁵ Some recommendations for osteoarthritis suggest starting out at 20-minute intervals at first.²⁶

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

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

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

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

When to Use It

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

What to Watch Out for (Harms)²⁷

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

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

Tips from Your Whole Health Colleagues

- Bring in all your **Motivational Interviewing** skills. Be collaborative, respectful, and open-minded.
- It can be helpful to **talk about warming up and cooling down** (5-10 minutes before and after sessions).
- Consider providing them with a handout that illustrates how to **stretch**. Refer to the Whole Health tool, “[Improving Flexibility](#).”
- Encourage **balance** as a guiding principle.
- When you focus on physical activity, take time, if appropriate, to talk with Veterans about both **self-image** and their perceptions of what their body is capable of.
- Bring in **mindful self-awareness**. What do they feel or think when the word “exercise” is brought up? Physical activity can be a way of understanding the body better. Yoga, tai chi, and other exercises can help a person develop greater insight into their mind-body connection. If people are resistant to activity, it may help to begin an activity session with a mindful awareness exercise that brings awareness to the body, such as a body scan or walking meditation.
- Whole Health **Coaches** and Whole Health **Partners** can be very helpful as someone tries to incorporate a new routine.
- It can be helpful to make use of **personal trainers**, if that is an option.
- Take advantage of free **smartphone apps**, such as “The 7 Minute Workout” or the “30 Day Squat Challenge.” There are apps tailored to different types of activity, like cycling, running, and weight training.
- There are many variants of activity and exercise **prescription templates** out there. Find one that suits your practice or develop a template of your own.
- People are more likely to stick with a program if it **integrates** well into their daily lives.
- Taking exercise **classes** can be a great way to enhance a person’s connections with others.
- Model and **disclose your own healthy behaviors**, as you deem appropriate.
- Encourage them to make activity **enjoyable**. Fun is an important element.

Many clinicians are not as familiar with yoga, tai chi, and qi gong as they are with other forms of exercise. The rest of this chapter will focus on these approaches to working your body. Note that “[Moving the Body](#)” also features Pilates, walking, and running as other interventions to consider.

For additional information, refer to the Whole Health tool, “[Prescribing Movement](#).”

Whole Health Tool: Incorporating Yoga

What Is Yoga?

Some people can remember a time before yoga studios could be found on almost every street corner in the United States, but yoga has been around for millennia. It is an ancient system of contemplative practice that originated in India over 5,000 years ago. Most people associate yoga with hatha yoga and other body-oriented practices (like Bikram, Vinyasa Flow, and Iyengar yoga). These forms of yoga incorporate various asanas, or physical postures. There are many other types of yoga as well, including jnana (knowledge), karma (action), and bhakti (devotion). One of the main purposes of yoga as originally practiced was to foster greater mindful awareness, to help people achieve states of “higher consciousness.”²⁸ In fact, it is often referred to as a “science of mind.” The word yoga originates from the Sanskrit *yug* which means union; it was intended to effectively connect mind and body.

As of 2015, 9.5% of U.S. adults (21 million) had practiced yoga, up from 6.1% in 2007.²⁹ According to the 2012 National Health Interview Survey,³⁰ 94% of those who practice yoga reported doing it for wellness reasons. 85% reported reduced stress, 55% reported improved sleep, 25% cut back or quit smoking, and 12% cut back or quit drinking alcohol.

How Yoga Works

There are many theories about why yoga is beneficial. Of course, it is a form of physical activity, and many of its benefits probably occur through the same means as they do for other forms of physical activity; some studies find comparable benefits for yoga compared to other forms of physical activity.³¹ In addition, yoga has some novel effects. It increases mindfulness traits³² and decreases stress levels (especially, according to current studies, in the workplace).³³ It shifts brain waves to more relaxed, focused patterns³⁴ and favorably shifts neurotransmitter balance.³⁵ It also reduces levels of the stress hormone, cortisol,³⁶ and it acts on the medial pain perception system of the brain to produce analgesia.³⁷

How to Use Yoga

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

Who Can Use Yoga

Honoring a person’s physical (and mental) health conditions, yoga can be used by most people. There are entire yoga courses designed for people with wheelchairs.

When to Use Yoga

It is not easy to summarize findings from yoga studies, because they focus on different forms of yoga and a variety of different asanas (postures). Some styles will integrate breathing and meditation and is then difficult to determine the relative effects of these different elements. Teachers may have different styles. Some will individualize yoga routines, while others will teach large classes that follow a specific set of asanas that everyone moves through together.

While more research is needed, yoga has been found to have a wide array of benefits, including the following, as summarized by Shah³ and Field³⁸ (and others, if noted):

Overall Well-Being

- Reduces levels of inflammatory biomarkers in multiple different chronic diseases³⁹
- Improves spinal mobility, flexibility, and muscle endurance
- Benefits functional status and fall prevention, including for those with a history of traumatic brain injury, stroke, Parkinson's, Alzheimer's, or multiple sclerosis⁴⁰
- Activates the parasympathetic nervous system and improves heart rate variability⁴¹
- Improves emotional well-being, quality of life, and cognitive function

Physical Diagnoses Where Yoga Research Has Found Benefit

- Cardiovascular disease, including improvement of cholesterol panels⁴²
- Type 2 diabetes⁴³ and glucose balance.⁴⁴ Reduces body mass index (BMI) and emotional eating
- Hypertension (high blood pressure)⁴⁵
- Nonspecific low back pain. A 2017 Cochrane review noted low to moderate evidence of small to moderate improvements.⁴⁶
- Neck pain (intensity, function, range of motion, quality of life, mood)⁴⁷
- Headaches
- Arthritis in general, osteoarthritis of the knee, and other rheumatic diseases⁴⁸
- Sleep
- Menopausal symptoms⁴⁹
- Sexual function
- COPD⁵⁰ and asthma
- Adjunctive care for breast cancer
- Neurological problems like multiple sclerosis, epilepsy, Parkinson's disease, Alzheimer's disease, and neuropathy⁵¹
- Cancer-related toxicities (fatigue, cognitive impairment, distress, sleep problems)⁵²

Mental Health Benefits of Yoga

We know that physical activity in its many forms is beneficial to mental health. Research indicates that yoga has these benefits, and perhaps others that are linked to something beside the exercise benefit.

- Yoga showed promise for improving positive mental health indicators in most of the 14 studies covered by a 2018 systematic review.²⁸ Indicators included life satisfaction, mindfulness (self-awareness), affect, self-compassion, forgiveness, gratitude, goal setting, optimism, and resilience, among others.
- A 2017 review found potential benefit for yoga for short-term depressive symptoms, but evidence for anxiety and PTSD is inconclusive.⁵³
- A 2013 review also found benefit for mood disorders.⁵⁴
- A 2013 review concluded only a weak recommendation could be made for yoga as an adjunctive therapy for PTSD.⁵⁵
- Yoga improves quality of life in people with schizophrenia, possibly through boosting oxytocin levels.⁵⁶

The effects of yoga interventions are typically found to be equal to or superior to other forms of exercise in studies that make comparisons,^{57,58} and there may be ways that yoga is superior to usual exercise for particular aspects of health.^{57,59} Preliminary data demonstrates that yoga practice is associated with increased mindfulness-related traits⁶⁰ and decreased stress levels.³²

In addition to participating in classes where everyone is doing the same asanas (poses), a person may also work with a yoga therapist for a personalized approach. Yoga Therapy, also known as therapeutic yoga, is focused specifically on healing. It first arose within Ayurveda, the traditional medicine of India. Most yoga research does not differentiate between therapeutic yoga and other forms, but it is gaining in popularity. According to VA tracking data, 84% of VA sites are now offering yoga (not including community care).

What to Watch Out for (Harms)

Generally, adverse events due to yoga were found to have a 12-month prevalence of 4.6% and a lifetime prevalence of 21%, but serious events are rare (<2% of injuries).⁶¹ Headstands, shoulder stands, and the lotus position (crossing the legs with both feet resting on top of the thighs) seem to be the most problematic when not done properly. Hot yoga classes, which involve vigorous movement in hot, humid rooms, are linked to more adverse events. The same protocols should be followed with yoga as for engaging in any new form of physical activity; if there are other health conditions that may pose risks, a clinician should sign off prior to someone's starting yoga.

Tips from Your Whole Health Colleagues

- **Try yoga for yourself** before you make recommendations that others use it.
- **Ask around your community** to learn which yoga teachers are most highly recommended.
- **Seek out teachers certified with the Yoga Alliance.** They will have Registered Yoga Teacher (RYT) as a title after their name.
- It is not advised to learn yoga exclusively through books or audiovisual media. **An in-person teacher is preferable.**
- **Consider Yoga Therapy** for sicker or more debilitated patients. Many of the best therapists have a background in health care.
- While it may be classed as a way to “Move the Body,” **yoga also aligns with other parts of the Circle of Health.** It cultivates mindful awareness, invokes the power of the mind, can become a spiritual practice, and, because it is often taught in a classroom venue, it can foster social connections. If one broadens yoga practice to include other areas beyond the yoga poses, they will be encouraged to eat a healthy diet and explore their overall personal development in new ways as well.
- The VA and other groups are actively exploring ways to teach yoga via **TeleWholeHealth**,⁶² which will likely make it more accessible in the future to people who are homebound or living in rural areas.

Whole Health Tool: Incorporating Tai Chi and Qi Gong

What Are Tai Chi and Qi Gong?

Tai chi, also known as t'ai chi ch'uan, is an ancient Chinese martial art, recognized widely in modern times by its slow graceful gestures and flowing movements. Tai chi is a form or expression of qi gong, and some even argue that research about the two should not be treated separately, but rather as a unified whole. Key features of tai chi include mindfulness, use of imagery (tai chi moves are based on using images as learning strategy), structural alignment, flexibility, relaxation, rhythmic breathing, social support, and integration of body, mind, and spirit.⁶³

Qi gong is a broader term. It is often applied to practices of movement that have many similarities to tai chi, but it traditionally encompasses more than that. Qi gong translates to “cultivation of vital energy.” Working with that energy (qi or chi) can take many forms, including movements and other activities intended to improve chi flow. External qi gong involves a practitioner directing the flow of chi; it is perhaps better classed as an energy medicine (biofield) therapy rather than as a movement-based one.

How Tai Chi and Qi Gong Work

Tai chi and qi gong are said to work through a number of mechanisms.⁶⁴ As with any types of movement, they can improve strength, range of motion, and overall physical function. Benefits for fall prevention are likely due to improvements in strength and balance. They also boost immunity⁶⁵ and reduce chronic inflammation.⁶⁶ Both can also be considered forms of movement meditation; as such, they likely have benefit in terms of mindful awareness and the mind-body connection. Proponents of energy medicine also suggest that they enhance subtle energy (qi) movement, which can positively influence health in many ways. Tai chi is also known to have beneficial effects on brain function in neuroimaging studies.⁶⁷

How to Use Them

Tai chi and qi gong are often taught in a classroom format. As is the case for yoga, it is best for beginners to start in a class format to ensure safety and good technique. People can learn a variety of forms. They should start with the basics and then advance over time.

Who Can Use Tai Chi and Qi Gong

2.5 million people practice tai chi in the U.S., and 500,000 more do qi gong.²⁹ It is particularly popular within elderly populations. If fall risk and range of motion are respected, tai chi can be tailored to almost anyone; wheelchair tai chi is popular at several VA facilities.⁶⁸ Tai chi and qi gong are offered in 82% of VA facilities (not counting community care).

When to Use Them

There are a number of studies of the health benefits of tai chi and qi gong.^{3,66,69,70} Remember, as is the case with many complementary approaches, these therapies are intended to benefit overall quality of life, not necessarily as a cure for any one problem or illness.

- Tai chi increases overall well-being and improves sleep.⁶⁶
- For tai chi, some of the strongest evidence relates to the elderly, particularly for fall prevention (it reduces falls by 43-50%).^{71,72} It also helps to reduce fear of falling. It also benefits balance in people who have had strokes.⁷³
- Tai chi benefits mobility and balance and disease progression in people with Parkinson's disease.⁷⁴ Tai chi improves osteoarthritis pain and is recommended by the American College of Rheumatology for osteoarthritis of the hip, hand, and knee.⁷⁵ Data is limited regarding tai chi for rheumatoid arthritis⁷⁶ but promising for fibromyalgia.⁷⁷
- Tai chi supports cardiac rehabilitation after myocardial infarction.^{78,79} There is a small to medium treatment effect for improvements in BMI.⁸⁰
- Tai chi improves cognitive function.⁸¹
- Tai chi promotes general mental well-being.⁸² It reduces the prevalence and severity of depression.⁸²
- Tai chi lowers heart rate, blood pressure, and cholesterol levels.
- Preliminary research shows promise for preventing and treating osteoporosis.⁸³
- It can also improve glucose management and hemoglobin A1C in type 2 diabetes.^{84,85}
- A recent review found tai chi shows promise for reducing fatigue.⁸⁶
- More research is needed regarding tai chi and its effects on chronic pain.⁸⁷
- A 2018 study found that tai chi is equivalent to pulmonary rehabilitation when it comes to outcomes for patients with COPD.⁸⁸
- Data is less clear regarding tai chi for chronic heart failure and hypertension.
- Qi gong has not been studied as extensively, but it shows promise for helping people with cancer with managing their symptoms and improving physical ability, functional ability, depression, anxiety, and balance.⁸⁹ More study is needed.

The next page features the Evidence Map of Tai Chi which is based on a 2014 compilation of systematic review data by VA Health Services Research and Development (HSR&D). Each circle represents a different condition. The farther right a circle is, the greater the effect of the therapy. The higher up on the Y-axis, the larger the literature size. It includes additional health conditions not mentioned in the list in this section.

What to Watch Out for (Harms)

Tai chi and qi gong both seem to be quite safe, when used under the guidance of a skilled teacher. Both have enough of an aerobic component to merit the same cautions that would apply to other aerobic activities, though they can be tailored for different people's needs.³

Tips on Tai Chi and Qi Gong from Your Colleagues

- Many VA facilities have classes available. If they do not, **look around for classes and teachers in your community**. Some health clubs have classes, as do many university settings. You can find an instructor on the [American Tai Chi and Qigong Association](#) website.
- **Try taking classes yourself**, so that you can speak more knowledgeably to others.

- While there is less research on **other martial arts**, it is reasonable to assume that they can have similar benefits to tai chi.

The full image of the [Evidence Map for Tai Chi](#) can be accessed online.

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Tai Chi⁷⁰

Moving the Body Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Working Your Body](#). Part of the components of Health and Well-Being Video Series.
<https://www.youtube.com/watch?v=j4zdzDAorbA&feature=youtu.be>
- [Veterans Whole Health Education Handouts](#).
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to Working the Body
 - Get Moving: Adding Physical Activity into Your Routine
 - An Introduction to Yoga for Whole Health
 - Introduction to Tai Chi and Qi Gong for Whole Health
- [Integrative Health Coordinating Center SharePoint on Tai Chi/Qi Gong](#).
https://www.va.gov/WHOLEHEALTH/professional-resources/Tai_Chi.asp
- CIH Listservs. To be added, contact:
 - Tai Chi/Qi Gong listserv: vhatai-chi-community-of-practice@DVAGOV.onmicrosoft.com
 - Yoga listserv: vhava-yoga@DVAGOV.onmicrosoft.com
 - Other listservs: Lana.Frankenfield@va.gov
- National CIH Subject Matter Experts, as of FY2020
 - Tai Chi/Qi Gong: Kavitha Reddy Kavitha.Reddy@va.gov; or Alison Whitehead. Alison.Whitehead@va.gov
 - Yoga: Alison Whitehead. Alison.Whitehead@va.gov
- [Evidence Map of Yoga for High-Impact Conditions Affecting Veterans](#). Compilation of systematic review data by VA Health Services Research and Development (HSR&D). <https://www.hsr.d.research.va.gov/publications/esp/yoga.pdf>
- [MOVE! Weight Management Program](#). <https://www.move.va.gov/MOVE/index.asp>.
 - Be sure to look over the comprehensive list of [handouts](#) they provide.
<http://www.move.va.gov/handouts.asp>
- [STAR Well-Kit](#). Resources from the War-Related Injury and Illness Study Center. Moving the Body materials include people describing their experiences or leading exercises in qi gong, chair yoga, and breathing.
<http://www.warrelatedillness.va.gov/education/STAR/>
- [Personal Health Plan Template](#). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Moving the Body](#). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/moving-the-body.asp>
- [Prescribing Movement](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/prescribing-movement.asp>
- [Improving Flexibility](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/improving-flexibility.asp>

- [Whole Health for Skill Building: Moving the Body.](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp)
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - PowerPoints
 - Mindful Awareness Script: A Mindful Awareness Body Scan

Other Websites

- [American Council on Exercise.](http://www.acefitness.org/acefit/fitness-programs-article/2523/ACEFit-workout-advice-and-exercise-tips/) <http://www.acefitness.org/acefit/fitness-programs-article/2523/ACEFit-workout-advice-and-exercise-tips/>.
- [Centers for Disease Control Physical Activities Guidelines.](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html) <http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>
- [Exercise is Medicine.](https://www.exerciseismedicine.org/) <https://www.exerciseismedicine.org/>
- [Guide to Stretches.](http://www.mayoclinic.org/healthy-living/fitness/multimedia/stretching/sls-20076840?s=1) Illustrated slide show from Mayo Clinic. <http://www.mayoclinic.org/healthy-living/fitness/multimedia/stretching/sls-20076840?s=1>
- [Make Your Body Work.](https://makeyourbodywork.com/how-to-exercise-at-home/) Links to 50 free online workouts that do not require a lot of supplies and can be done at home or while traveling. <https://makeyourbodywork.com/how-to-exercise-at-home/>
- [Physical Activity Guidelines for Americans.](https://health.gov/our-work/physical-activity/current-guidelines) U.S. Department of Health and Human Services. <https://health.gov/our-work/physical-activity/current-guidelines>
- [Pilates Method Alliance.](http://www.pilatesmethodalliance.org/) Resource for Pilates, another movement-based approach not covered in detail in this guide. www.pilatesmethodalliance.org/.
- [President's Council on Fitness, Sports, and Nutrition.](https://www.hhs.gov/fitness/index.html) Check out the Resource Center. <https://www.hhs.gov/fitness/index.html>
- Yoga websites
 - [Arthur's Amazing Transformation.](https://www.youtube.com/watch?v=qX9FSZJu448.%20) Watch how one Veteran reversed his obesity and pain through yoga. <https://www.youtube.com/watch?v=qX9FSZJu448.%20>
 - [Integrative Restoration Institute.](http://www.irest.us/projects/veterans) Yoga-based practices supporting active-duty military and Veterans. <http://www.irest.us/projects/veterans>
 - [International Association of Yoga Therapists.](http://www.iayt.org/) <http://www.iayt.org/>
 - [iRest®.](https://www.irest.org/) Based on teachings of Yoga Nidra. <https://www.irest.org/>
 - [Kula for Karma Yoga for Veterans Video Series.](http://www.kulaforkarma.org/veterans-video-series/) Yoga for PTSD, including adaptive yoga. <http://www.kulaforkarma.org/veterans-video-series/>
 - [Laughter Yoga International.](https://laughteryoga.org/laughteryoga/) <https://laughteryoga.org/laughteryoga/>
 - [Mindful Yoga Therapy.](https://www.mindfullyogatherapy.org/) Resources available to Veterans. <https://www.mindfullyogatherapy.org/>
 - [Veterans Yoga Project.](https://www.veteransyogaproject.org/) Check out the Practice Library quick link at the bottom. <https://www.veteransyogaproject.org/>
 - [Warriors at Ease.](http://warriorsatease.com/) Focuses on bringing yoga and meditation to military communities around the world. <http://warriorsatease.com/>
 - [Yoga Journal.](https://www.yogajournal.com/poses/yogafor/yoga-for-veterans) Yoga for Veterans articles. <https://www.yogajournal.com/poses/yogafor/yoga-for-veterans>

- [Yoga for Vets](http://www.yogaforvets.org/). Nonprofit focused on bringing yoga to Veterans. <http://www.yogaforvets.org/>
- [Yoga Warriors International](https://www.yogawarriors.com/). Veterans can search for a class or learn to be a teacher. <https://www.yogawarriors.com/>
- Tai chi and qi gong information
 - [American Tai Chi and Qigong Association](http://www.americantaichi.org/). <http://www.americantaichi.org/>
 - [Supreme Chi Living](http://www.americantaichi.net/). An online journal and community run by American Tai Chi and QiGong Association. <http://www.americantaichi.net/>
 - [Tai Chi Health](https://taichihealth.com/). Introduction videos under Tai Chi Fundamentals tab. <https://taichihealth.com/>
 - [Tai Chi: A Gentle Way to Fight Stress](http://www.mayoclinic.org/tai-chi/ART-20045184). Mayo Clinic's introduction to tai chi. <http://www.mayoclinic.org/tai-chi/ART-20045184>
 - [Tai Chi for Beginners 01: Tai Chi Fundamentals](https://www.youtube.com/watch?v=oCnCSOWgiUU). YouTube video. <https://www.youtube.com/watch?v=oCnCSOWgiUU>
 - [Tai Chi Fundamentals Adapted Program Seated Basic Moves Part 1](https://www.youtube.com/watch?v=UCTjyqX_vZ0). YouTube video. https://www.youtube.com/watch?v=UCTjyqX_vZ0
 - [Tai Chi Fundamentals® Basic Moves Part One](https://www.youtube.com/watch?v=dSsqgdRsf5U). YouTube video led by Tricia Yu. <https://www.youtube.com/watch?v=dSsqgdRsf5U>

Books

- *Fitness and Health*, 6th ed., Brian Sharkey (2006)
- *Full-Body Flexibility: The 3-Step Method for Flexibility, Mobility, and Strength*, Jay Blahnik (2010)
- *Healing Moves: How to Cure, Relieve, and Prevent Common Ailments with Exercise*, Carol Krucoff (2009)
- *Strong Women Stay Young*, Miriam Nelson (2005)
- *The Complete Guide to Walking for Health, Weight Loss, and Fitness*, Mark Fenton (2008)
- Yoga
 - *2,100 Asanas: The Complete Yoga Poses*, Daniel Lacerda (2015)
 - *Yoga for Arthritis: The Complete Guide*, Loren Fishman (2008)
 - *Yoga for Back Pain*, Loren Fishman (2012)
 - *Yoga for Osteoporosis: The Complete Guide*, Loren Fishman (2011)
- Tai chi and qi gong
 - *Harvard Medical School Guide to Tai Chi*, Peter Wayne (2013)
 - *Qi Gong for Beginners*, Stanley Wilson (2007)
 - *The Tai Chi Workbook*, Paul Crompton (1987)
 - *The Way of Qigong: The Art and Science of Chinese Energy Healing*, Ken Cohen (1999)

Apps and Monitoring Software

The popular phone apps listed below are free, although most have in-app purchases or memberships available. Find them by searching online or in your device's app store. Note there are many other fitness apps offered by large sporting goods companies that also tend to be highly rated.

- **7 Minute Chi.** Download an app that demonstrates various tai chi exercises.
- **C25K Pro.** Trains with 30-minute cardio workouts, 3 times a week for 8 weeks.
- **Cyclemeter**
- **Daily Workouts Fitness Trainer**
- **Daily Yoga**
- **Fitness Buddy**
- **Fitness Builder.** Strength training app.
- **FitOn.** Helps create a personalized class schedule.
- **Jefit.** Helps create workout plans based on where you work out and what equipment you do or do not have.
- **Lotus Yoga**
- **MyFitnessPal**
- **Simply Yoga**
- **SparkPeople**
- **Strava**
- **Strong Workout Tracker**
- **Sworkit.** Free for kids only.
- **Workout: Gym Tracker**
- **Yoga for Beginners**
- **Zombies, Run!** Adds a story and missions for users to complete with walking, jogging, or running

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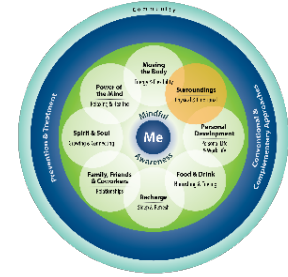
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Chapter 6. Surroundings: Physical & Emotional

The mountains are calling and I must go.
—John Muir

The Importance of Healthy Surroundings



We do not live in a vacuum; health is not just what is going on inside us. Our surroundings have a significant impact on who we are and how we feel. We know this instinctively and increasing numbers of studies are giving us a better understanding of how our surroundings affect our health.

Epigenetics is the study of how the environment interacts with our genetic information to influence which genes are expressed and how.¹ In identical twins who have the same genome, one twin may show a certain trait or have a particular problem, while the other does not. Why? Their environment. One twin may have had more sun exposure, or more exposure to tobacco smoke. One twin may have been more active, or less stressed, or exposed to different toxins at work or at home. The possibilities for how differences in environment might have affected them are practically endless. The findings of epigenetics studies can be cause for optimism.² If our surroundings can cause changes in our gene expression, that means we can take steps to favorably influence the process. How might we do that?

The skill-building courses for Veterans, introduced in the previous chapter, were designed to help learners zero in on specific “subtopics,” which could be incorporated into [Personal Health Plans](#) (PHPs). Figure 6-1 shows the subtopic circles for Surroundings. All of these topics are discussed in this chapter. Note that there is a “Make One Small Change” circle to remind Veterans that even small changes matter. It also allows them to come up with their own ideas if they do not find something they want to work with in the other circles.

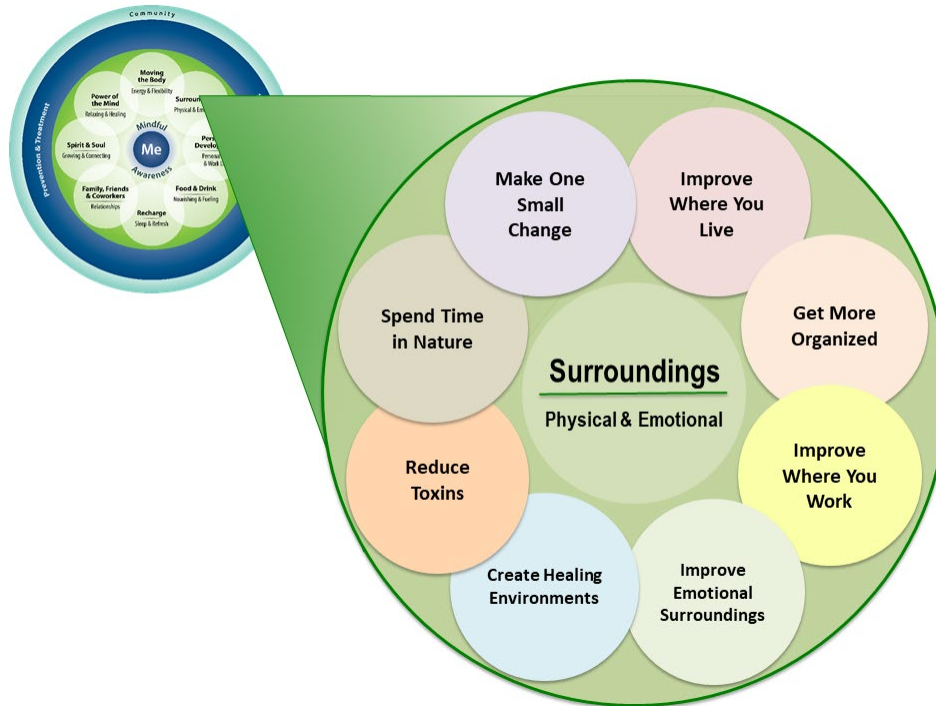


Figure 6-1. Subtopics within the Surroundings Circle of Self-Care

Questions to Ask About Surroundings

The following questions represent a place to start when you are talking to people about their surroundings. There are some excellent guides to taking an exposure history, including a good summary in a 2002 article by Marshall and colleagues.^{3,4} For more detailed tools for assessing a person's surroundings using questionnaires or surveys, refer to the Resources at the end of this chapter.

- Where do you live?
- What is your living situation (house, apartment, homeless, etc.)?
- Is your living situation stable?
- Do you have utilities in your living space (heat, electricity, air conditioning)?
- Do you feel safe there? If not, what is unsafe?
- Who lives with you?
- Do you have any pets?
- If you could change some things in your surroundings, what would they be?
- Do you live where you want to live?
- Where would you live if you could choose to live anywhere?
- Is your community or neighborhood safe?
- Do you live near any green spaces, like parks?
- How often do you spend time in nature?
- Are you dealing with any pests, like bedbugs, roaches, or mice?
- Do you have clean water?
- Are you exposed to air pollution?

- Do you ever feel like your health is better when you are away from home for a while?
- Does anything happen at work that harms your health?
- Have you had any injuries at work?
- Are you exposed to things like lead, radon, cigarette smoke, or asbestos?

Eight Aspects of Surroundings

The next sections cover seven aspects of surroundings—home, work, neighborhood, emotional surroundings, time in nature, and healing environments—in greater detail. To learn even more, go to the [“Surroundings”](#) overview.

1. Home

There is a reason why many clinicians consider home visits invaluable. According to the National Center for Healthy Housing, a healthy home is all of the following⁵:

- **Dry.** Keeping the home dry prevents problems with mites, roaches, molds, and rodents.
- **Clean.** This also decreases pests and risk of infection. Clutter can be a cause of health conditions (e.g., increased fall risk) and also a sign of them (e.g., hoarding behavior can indicate mental health problems). 5% of people meet the criteria for hoarding; their living spaces are cramped, unsanitary, and potentially dangerous. In half of hoarders’ homes, they do not use their sink, tub, stove, or shower because those items are full of accumulated objects.⁶ Hoarding often begins when a person has a traumatic experience in their teen years, and 75% of the time it is linked with other mental health conditions, including obsessive compulsive disorder.⁶ Squalor, in contrast to hoarding, involves accumulation of refuse (garbage) in the home. People who live in squalor tend to be elderly and carry diagnoses of dementia, alcohol use disorder, or schizophrenia.⁷
- **Pest-free.** Bedbugs, poisonous spiders, roaches, rats, and mice can all cause health problems. Pesticide residues can pose risk, so dealing with pests must be done properly.
- **Safe.** This includes reducing fall risk, as well as preventing fires and poisoning. It can also tie into violence in the home. It is important to ask about the presence of weapons in the home since this can be associated with increased suicide and homicide risk.
- **Contaminant-free.** Radon, asbestos, lead, tobacco smoke, and carbon monoxide can all be problematic. Remove shoes when coming into the home to reduce toxins that are brought in from outdoors. Use nontoxic cleaning products.
- **Ventilated.** This helps with lung health and air quality.
- **Maintained.** This ties in with all the above. A better-maintained home is a healthier home in terms of pests and safety, not to mention aesthetic appeal. This also influences health, as discussed below.

Homelessness

When considering home environment, always ask about homelessness. As of 2018, there were 553,000 homeless people in the U.S.⁸ As of 2019, there are about 37,000 Veterans homeless on any given night.⁹ Male Veterans are 30% more likely to be homeless than men who are not Veterans.⁹ On a positive note, the VA has reduced the number of homeless Veterans by nearly 50% since 2010, and in 2019, there was a 2.1% decrease in the number of homeless Veterans in the U.S., with 793 more Veterans having shelter.⁹ Not surprisingly, homelessness is associated with unmet health needs, higher emergency department use, and poorer quality of life. Veterans and their support team can call 1-877-4AID-VET to reach the National Coalition for Homeless Veterans.

2. Work

Important elements of work environment include ergonomics, safety at work, and the overall “feel” of the workplace. Stress¹⁰ and sedentary behaviors¹¹ related to commuting may also be factors to consider, along with how much a person is working. Active commuting (e.g., biking or walking to work) markedly decreases mortality, including mortality from cancer and heart disease.¹² A significant portion of people’s lives is spent at work; the average American has an 8.8 hour workday.¹³ The amount of control a person has at work and whether work demands are high or low both affect risk of death. A 2016 study of nearly 2,400 workers found that those in low-control, high-demand jobs had a 15.4% increase in odds of mortality, compared to people with low-control, low-demand jobs. Interestingly, people with high control, high-demand jobs had a 34% decrease in mortality risk compared to those with high-control jobs with low demand.¹⁴ There is also a correlation between coronary heart disease risk and having a high-effort, low-reward job. Meaningful work correlates with reduced depression (though relationship with anxiety and stress was less clear).¹⁵ Lower levels of job stress correlate with lower rates of insomnia.¹⁶

When exploring surroundings at work, begin by asking about whether or not a person has a job.¹⁷ Honor that it may be formal employment, or they may work all day as a caregiver to a family member, etc. Unemployment increases mortality risk by 63% and contributes significantly to chronic illness.¹⁸ Encourage Veterans to make use of vocational rehabilitation services when they are available. Be sure to consider ergonomics¹⁹ and the risks of prolonged sitting for desk work as well.¹¹ Links to websites with information on how to help workers harmonize with their jobs are listed in the Resources section at the end of this chapter.

3. Neighborhood

One’s general living circumstances also influence health. Some examples include the following:

- Risk of crime and violence in one’s building or neighborhood is an important consideration. A 2017 review found that exposure to community violence influences several areas of physical health.²⁰

- Perceived neighborhood safety is closely linked to older adults' health and well-being.²¹
- People from rural areas may have challenges accessing various care services.
- Living next to green spaces, such as parks is important, as described in the "Time in Nature" section later in this chapter. For instance, access to nature seems to be tied to less violence in urban settings.²²

4. Emotional Surroundings

Emotional surroundings can include anything that influences emotional well-being, including emotional abuse and intimate partner violence. Always consider the possibility of domestic violence and elder abuse. Over 35% of women and 29% of men have experienced rape, physical violence, or stalking by an intimate partner at some point in their lives.²³ 7-12% of female Veterans have experienced intimate partner violence,²³ and intimate partner violence perpetration rates are much higher for active service military personnel and Veterans with PTSD and depression.²⁴ One study of 407 post-9/11 Veterans found that 2/3 of both men and women in the sample had experienced intimate partner violence in the past 6 months, primarily in the form of psychological aggression.²⁵ In addition to physical injury, mental health sequelae are likely to occur, including depression, anxiety, PTSD, psychosis, self-harm, psychosomatic conditions, and decreased ability to trust others.²⁶ Veterans in your care could be survivors of abuse, or they may be perpetrators of this violence. Information related to military sexual trauma is included in the Resources section at the end of this chapter.

An important aspect of working with emotional surroundings is simply recognizing one's emotional state on a regular basis; mindful awareness of emotions is important. More optimistic, altruistic, and generally happy people are less likely to be affected by challenging external circumstances; their health is likely to be better in general, and they are much more resilient.^{27,28,29}

Some ways to enhance positive emotional surroundings include:

- **Incorporate more humor.** Laughter leads to increases in heart and breathing rates and oxygen consumption, reduced muscle tension, decreased cortisol, and improved immune function.^{30,31} Refer to the "[The Healing Benefits of Humor and Laughter](#)" Whole Health tool.
- **Spend time with animals.** Consider getting a pet. There is good data supporting animal-assisted therapies.³² Check out the "[Animal-Assisted Therapies](#)" Whole Health tool.
- **Be cautious about the influences of information overload,** especially from negative media sources. In the media, the estimated ratio of negative to positive content has been estimated to be roughly 17:1.³³ Consider a media fast, as described in the "[A Media/Information Fast](#)" Whole Health tool.
- **Consider mind-body practices** to foster relaxation, compassion, and/or happiness. Examples are featured in Chapter 12. A gratitude practice can also prove beneficial, as discussed in Chapter 7.

Highly Sensitive People

It can also help to assess a patient's level of sensitivity. In the psychology literature, there is discussion of the "highly sensitive person." Psychologist Elaine Aron described what it means to be a "highly sensitive person" (HSP) in her 1996 book of that title.³⁴ Highly sensitive people (HSPs) exhibit the following qualities:

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

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

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

5. Climate and Ecology

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

Global climate change poses a significant potential health risk as well.^{35,36} Taking action to ensure a healthy global environment is also contributing to Whole Health on a very large scale.

We are exposed to thousands of toxins. A 2011 systematic review concluded that 4.9 million deaths (8.4% of the deaths worldwide) and 86 million "disability adjusted life

years” were due to environmental exposures.³⁷ It can help to focus on reducing total chemical burden, by reducing just one or a few exposures at time; trying to reduce too many things at once can be overwhelming. Encourage people to minimize exposure to smoke, car exhaust, and farm chemicals. Avoid toxins like the bisphenol A (BPA) in beverage containers and consider using more “green” cleaning products. Do as much as possible to ensure food is safe as well. The Resources at the end of the chapter offer additional details.

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

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

6. Detoxification

Detoxification, or “detox,” refers to a large variety of methods that are used with the intent of removing toxins from the body.³⁸ These methods are frequently brought up by patients. Detox has been defined by complementary therapies researcher Edzard Ernst as follows³⁹:

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

Many of these approaches are not new; Ayurvedic medicine has been using Panchakarma, an array of detoxification techniques (sweating, oil massage, purgatives, enemas, bloodletting, nasal irrigation, and fasting), for thousands of years. 92% of naturopaths in the U.S. use some form of detoxification in their practices.⁴⁰ There are numerous books available in the popular press that focus on detox methods.⁴⁰

Popular Detoxification Methods

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

- **Detox supplements.** These include a number of different herbal remedies and other compounds, including burdock, chlorella (green algae), cilantro, clay, dandelion root, glutathione, milk thistle, N-acetyl cysteine (NAC), and spirulina. They are generally viewed as safe, but data supporting their use is limited, with the exception of perhaps milk thistle for some liver concerns and NAC, which is used in conventional medicine for acetaminophen overdose.^{41,42}
- **Chelation therapy.** Chelation involves the binding of a particular chemical compound to an ion (e.g., iron, mercury, or lead) to negate its toxic effects. Succimer and Dimaval, used in EDs to treat heavy metal poisonings, are examples. Ethylenediamine tetraacetic acid (EDTA) is a chelating agent that is FDA-approved

for use with lead, mercury, arsenic, bismuth, copper, and nickel toxicity. Chelation therapy is thought to work in part by pulling calcium out of calcium deposits in blood vessels. Intravenous EDTA chelation is not formally approved for use in the treatment of vascular disease, Alzheimer's, or autism, but some practitioners use it as a "complementary" therapy for these conditions.⁴³ Prior to 2013, systematic reviews of EDTA chelation did not find overall benefit.⁴⁴ However, in 2013, EDTA chelation therapy received renewed attention when the Trial to Assess Chelation Therapy (TACT) concluded that EDTA modestly reduced risk of adverse cardiovascular outcomes in patients with a history of myocardial infarction (HR 0.82, 95% CI 0.69-0.99). The TACT 2 trial is now underway.⁴⁵

- **Colonics.** A colonic is, in essence, a therapeutic enema. Water and other substances, ranging from fiber and herbal remedies to probiotics or coffee, are instilled into the colon. Proponents of the practice suggest that it helps to decrease inflammation, thereby making the intestines less permeable to larger, potentially more allergenic molecules.⁴⁶ Recent reviews have failed to find substantive research supporting the use of this practice, though groups like the International Association of Colonic Hydrotherapists still advocate its use.⁴⁷ Side effects include nausea, diarrhea, bloating and cramping; rarely people can experience bowel perforation, infection, and electrolyte changes.⁴⁸
- **Sauna therapy.** Sauna therapy has been used for centuries, especially in Scandinavia. Thermal stress can increase heart rate, enhancing cardiac output and decreasing peripheral vascular resistance.⁴⁹ Circulation to muscles, kidneys, and other organs increases. Effects on metabolic rate and oxygen consumption are comparable to moderate exercise. Norepinephrine output increases, but cortisol does not, unless cold-water immersion occurs after the sauna. Beta-endorphins likely provide pain-reducing and pleasurable effects. Saunas also lead to muscle relaxation and aldosterone secretion. A 2015 review noted that sauna bathing was linked to a reduced risk of sudden cardiac death, fatal coronary heart disease, and all-cause mortality.⁵⁰ Other studies have shown additional benefits, including improved respiration in pulmonary disease, improved blood pressures, reduction in depressive symptoms, reduced dementia risk, reduced venous thromboemboli (blood clots), and improvements in some chronic pain measures.^{49,50,51}
- **Detox diets** purport to flush out the body and support toxin-removal efforts of the liver, kidneys, and lymphatics. Many of these diets feature some sort of fast or require people to limit the range of what they eat and drink. For instance, people might only be allowed to have water, organic fruit/vegetable juice, and soups. Or they may only consume a lemonade-like drink, a laxative tea, and electrolytes. Often the diet's creator will sell products used for the diet. There is little evidence to support the use of these diets.

Use and Safety

It is challenging to know whether or not to use various detoxification methods. People will use them if they believe their dental amalgams are contributing to health conditions, or if they feel they have "disseminated fungal overgrowth." These diagnoses are controversial and not widely accepted in the medical community. People may also try them for skin problems, chemical intolerances, allergies, cognitive impairment, and many other

indications. There are differences in opinion among different types of clinicians about which techniques to use. As is appropriate to your scope of practice, become familiar with the research so you can offer guidance. You will have to decide how to balance between research findings, costs, and safety. (Other suggestions are featured in the “Tips from Your Whole Health Colleagues” section, below.)

- **Detox supplements** seem safe overall but are of unclear efficacy. Remember that oral glutathione is not processed into a usable form in the gut, so it is not a reasonable choice.
- **Chelation**, noting the risks, should only be done under close supervision by someone who is well-trained. Chelation therapy is known to have some complications, including injection site irritation and nausea/vomiting, hypotension, cardiac arrhythmias, hypocalcemia, renal failure, and (very rarely) death.³⁹
- **Colonic** therapists are often members of the International Association of Colonic Hydrotherapists. Evidence of benefit is limited. People will often receive these on a regular basis. Colonics rarely have adverse effects. These include nausea, diarrhea, bloating, and cramping.³⁹ More serious risks include bowel perforation, infection, and electrolyte changes. There are case reports of significant adverse effects, such as arrhythmias, from coffee enemas.³⁹
- **Sauna therapy.** This can be used as tolerated, provided it is safe. Many people will sauna for 15-60 minutes, but there are many different recommendations around ‘dose.’ Start out at a lower amount of time and gradually increase. Sauna therapy is safe, so long as people are able to withstand the associated increases in metabolic rate, which are comparable to moderate exercise. Fainting due to low blood pressure or dehydration is possible. It is perhaps safest to sauna with others. Do not drink alcohol prior to taking a sauna.
- **Detox diets** tend to last for 7-10 days, though some may last for longer. Many of the more popular ones require purchasing a specific book or dietary supplements. Be cautious about how sales pitches and anecdotes can overshadow actual scientific knowledge. To avoid food toxins, it is useful to at least steer clear of the “Dirty Dozen” foods identified by the Environmental Working Group as being high in pesticides even after washing (as compared to the “Clean 15,” which are relatively safe)⁵²:

The Dirty Dozen

(Most pesticide residues)

1. Strawberries
2. Spinach
3. Kale
4. Nectarines
5. Apples
6. Grapes
7. Peaches
8. Cherries
9. Pears
10. Tomatoes

The Clean 15

(Least pesticide residues)

1. Avocados
2. Sweet corn
3. Pineapples
4. Onions
5. Papayas
6. Frozen sweet peas
7. Eggplant
8. Asparagus
9. Cauliflower
10. Cantaloupe

The Dirty Dozen
(Most pesticide residues)
11. Celery
12. Potatoes

The Clean 15
(Least pesticide residues)
11. Broccoli
12. Mushrooms
13. Cabbages
14. Honeydew melon
15. Kiwis

Tips from Your Whole Health Colleagues

- If someone is asking about detoxification, weigh what you know about efficacy against safety data. The better you know the person, the better you can advise him or her.
- Remember there is a strong financial gain for many of those who advocate detoxification techniques. In particular, many focus their marketing on people with cancer. Note that the research for many techniques is sparse.
- A very limited number of Integrative Health clinics offer chelation or colonic therapies. Know who offers these therapies in your area.
- **Some reasonable suggestions.** The following are some simple approaches to detoxification that you might suggest:
 1. **Drink fluids.** Unless contraindicated for medical reasons, a standard detox practice that makes sense is to have people push fluids. 8-10 glasses of water a day is a reasonable goal for most people.
 2. **Focus on a healthy diet.** It is safe to eat a predominantly fruit and vegetable diet for several days. Always pay attention to overall nutritional needs.
 3. **Hydrotherapy** is another safe and easy approach to follow. Hot and cold showers and baths can be helpful.
 4. **Exercise.** In addition to its many other health benefits, exercise is an excellent sudorific (i.e. it promotes detoxification via sweating). Glutathione, a compound involved in many of the body's detoxification chemical pathways, increases in muscle cells during exercise.
 5. **Slow down and relax.** Take breaks. Enjoy yourself along the way.
 6. **Sleep enough.** Remember that one role of sleep is to allow the brain to remove toxins and waste products.
 7. **Keep in mind that a detox might also involve removing oneself from toxic emotional environments, or from information overload.** Focus on positive emotions. Gratitude, optimism, and resilience can serve as a sort of "emotional detox." Links to information on how to do a media fast are listed in the Resources section at the end of this chapter.
 8. **Spend time in nature.** Fresh air and natural beauty have few contraindications.

7. Time in Nature

There is good support in the medical literature for spending time in parks, gardens, and other areas of natural beauty. Here are some examples of some relevant studies:

- Data from the U.S. Nurses' Health Study found those with the highest quintile of "cumulative average greenness" near their home had a 12% lower rate of all-cause nonaccidental mortality than nurses in the lowest quintile.⁵³ A review of 12 studies that involved millions of people around the world found a correlation with "higher residential greenness" and mortality from cardiovascular disease.⁵⁴ All-cause mortality is also favorably affected.⁵⁵
- A study of over 345,000 people found that prevalence of 15 out of 24 different "diseases clusters" was lower if they lived within a 1 kilometer of a green space.⁵⁶ Depression and anxiety were affected more favorably than other disorders. Neck and back complaints, asthma, migraines and vertigo, diabetes, and medically unexplained physical symptoms also improved. The benefit was strongest for people with low socioeconomic status and children.
- Urban green spaces have favorable impacts on physical activity, mental health and well-being, and social contact, in addition to all the ecological benefits they confer.⁵⁷ A 2019 study indicated that older adults who live closer to natural environments have better physical functioning as they age.⁵⁸ People seem to learn better in natural settings too.⁵⁹
- Time in outdoor environments reduces stress, according to a 2018 review that looked at heart rate changes, blood pressure changes, and self-report measures.⁶⁰
- A 2016 review concluded that, while studies were limited, there was a suggestion of an association between exposure to nature and healthier childhood cognitive development and adult cognitive function.⁶¹ People with dementia who are in care facilities seem to have less agitation if they spend time in a garden.⁶²
- Green exercise, which is activity in a natural setting, increases self-esteem and mood, particularly for people with mental illness. Any sort of green environment has benefit, but the presence of water ("blue space") leads to even greater effects.⁶³ In a review of 13 trials, 9 of them showed that green exercise had more benefits than indoor exercise when it came to increasing energy and revitalization and decreasing depression, tension, confusion, and anger.⁶⁴
- A 2020 systematic review concluded there is a positive association between green space exposure and sleep, both in terms of quality and quantity.⁶⁵
- Ecotherapy, which involves interacting with nature to enhance healing and growth, is gaining popularity. It has been found to improve recovery times, reduce distress, benefit PTSD, reduce substance use disorder, and enhance well-being,⁶⁶ among many other benefits. Forest bathing and wilderness therapy are some popular examples of ecotherapies.

8. Healing Environments

Various groups have worked to identify all the elements that can make a specific space as healing as possible.⁶⁷ Consider your local health care facility. Are clinics and hospitals healthy places to be? Are noise levels, art, colors, and smells conducive to health? Are these facilities doing all they can to reduce negative impacts on the environment?⁶⁸ Environmental design involves shifting the attributes of a space so that it is as likely as possible to promote healing. It can inform the design of health care facilities, and it can also guide how we furnish or decorate our homes or workspaces.

Whole Health Tool: Healing Spaces and Environmental Design

What Is It?^{54,67}

Our sensory environment has a significant impact on health. Light levels affect mood and sleep quality.⁶⁹ Loud noises can influence blood pressure and heart rate for hours after a person hears them. Music can have a variety of effects.⁷⁰ It can calm people down or arouse them, and it influences dopamine release in the central nervous system. Choosing the right color can change the feel of a space; cool tones slow the autonomic nervous system, while warm tones activate it.⁷¹ Art—particularly art that features the natural world (versus abstract art)—improves patient outcomes.⁷² Environmental design draws from evidence-based findings regarding what aspects of a health care environment can enhance health, above and beyond what is “done to” patients during clinician encounters, tests, and procedures. Important elements include smell, art, color, light, sound, music, nature, and temperature.

How It Works

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

How to Use It

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

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

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

When to Use It

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

What to Watch Out for (Harms)

These approaches tend to be quite safe.

Tips from Your Whole Health Colleagues

- In order to modify your surroundings to be optimally healing, you first need to take note of them. It can be helpful to move through the different parts of your clinic or hospital (or home or office) as though you are a patient, taking all of your senses into account. How does each area feel to you?
- Some general principles of environmental design include⁷³:
 - **Give people choices.** Let them control the temperature or the radio station or the TV station. Let staff give input into artwork, furniture, and the overall environment.
 - **Enhance human connection**, while respecting privacy. Make waiting areas and other commons areas welcoming, while ensuring that staff knock on doors before entering.
 - **Keep sensory inputs healthy.** Keep noise down (carpet, soundproofing walls, and keeping noise down in nearby rooms can help) and use cleaners and hand gels that do not smell overly “chemical.”
 - **Ensure people can find their way around** easily. Maps and signs are part of a healing environment.
 - **Bring in art.** Art exposure can reduce pain, improve clinical and behavioral outcomes, and boost staff morale. Art can be a helpful diversion—videos, fireplaces, and aquariums can also be useful.
 - **Pay attention to color** as well. Remember that people in hospital beds and in examination rooms may spend time staring at the ceiling. Paint should not be overly reflective. People prefer soft tints of reds, blues, and greens with coral, colonial green, peach, rose, and pale gold being good options. Cooler colors are better for chronic patients and those who are likely to be under stress in places like a procedure waiting room.
 - **Make sure light exposure is good.** Photon levels influence mood and wakefulness. People in hospitals and nursing homes have better sleep at night with good daytime light exposure. People who receive more sunlight need less pain medication and feel less stress.
 - **Sound also matters.** Being startled by a noise can lead to changes in blood pressure and heart rate that last for hours. Noise can increase perceived pain and pain medication use. It may even lengthen hospital stay. Less noise correlates with less staff burnout. Varied and relaxing music can settle down heart and respiratory rates. Varying audio input seems to have more restful effects than total quiet.
 - **Enhance connection with nature.** People recover better from stress when exposed to natural settings, and views outside can be helpful. Windows are preferable in hospital rooms. Incorporate plants and provide fresh air.
 - Some clinicians appreciate **bringing in principles of feng shui**, which can be used to guide the design of a healing space.

Surroundings Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Surroundings](#). Part of the Components of Health and Well-Being Video Series.
<https://www.youtube.com/watch?v=Ge3tx1klZrc&feature=youtu.be>
- [Veterans Whole Health Education Handouts](#).
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to Surroundings for Whole Health
 - Assessing Your Surroundings
 - Too Much Bad News: How to Do an Information Fast
 - Toxins and Your Health
 - Workaholism
 - Improve Your Health by Removing Toxins From Your Body
 - Ergonomics: Positioning Your Body for Whole Health
- [National Center for Health Promotion and Disease Prevention](#).
<http://www.prevention.va.gov/>
- [Healthy Living Messages](#). http://www.prevention.va.gov/Healthy_Living/
- [Veterans Experiencing Homelessness](#). <http://www.va.gov/homeless>
- [VA National Center for PTSD: Types of Trauma](#). Includes military sexual trauma information. <https://www.ptsd.va.gov/understand/types/index.asp>
- [VA Public Health](#). Multiple resources, including a section, “Military Exposures.”
<http://www.publichealth.va.gov>
- [Personal Health Plan Template](#). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Surroundings](#). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/surroundings.asp>
- [The Healing Benefits of Humor and Laughter](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/healing-benefits-humor-laughter.asp>
- [Animal-Assisted Therapies](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/animal-assisted-therapies.asp>
- [A Media/Information Fast](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/media-information-fast.asp>
- [Improving Work Surroundings Through Ergonomics](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/improving-work-surroundings-through-ergonomics.asp>
- [Workaholism](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/workaholism.asp>
- [Informing Healing Spaces Through Environmental Design: Thirteen Tips](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/healing-spaces-environmental-design.asp>

- [Food Safety](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/food-safety.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/food-safety.asp>
- [Whole Health for Skill Building: Surroundings](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - Veteran Tool: “Thinking About Your Surroundings”
 - PowerPoints
 - Mindful Awareness Script: Mindful Awareness in Your “Special Place”

Other Websites

- [Bright Light Therapy: A Non-Drug Way to Treat Depression and Sleep Problems](https://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/handout_light_therapy.pdf). University of Wisconsin Integrative Medicine Department of Family Medicine and Community Health. https://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/handout_light_therapy.pdf
- [Detoxification diet information](http://www.eatright.org/resource/health/weight-loss/fad-diets/whats-the-deal-with-detox-diets). Academy of Nutrition and Dietetics. <http://www.eatright.org/resource/health/weight-loss/fad-diets/whats-the-deal-with-detox-diets>
- [Environmental Health and Medicine Education Resources for Health Professionals](https://www.atsdr.cdc.gov/emes/health_professionals/index.html). Agency for Toxic Substances and Disease Registry. https://www.atsdr.cdc.gov/emes/health_professionals/index.html
- [Environmental Working Group](http://www.ewg.org). Has guides that focus on everything from pesticides in foods to green household cleaners and cosmetics. www.ewg.org.
- [Sustainable Product Data](http://www.greenguard.org). Source for guidance regarding healthy building materials and products. www.greenguard.org.
- [International OCD Foundation Hoarding Fact Sheet](https://iocdf.org/wp-content/uploads/2014/10/Hoarding-Fact-Sheet.pdf). <https://iocdf.org/wp-content/uploads/2014/10/Hoarding-Fact-Sheet.pdf>
- [National Association of Professional Organizers](http://www.napo.net). www.napo.net
- [National Coalition for Homeless Veterans Helpline](http://www.NCHV.org). <http://www.NCHV.org>
- [National Library of Medicine Environmental Health](https://medlineplus.gov/environmentalhealth.html). A well-done introduction to environmental health and links to key resources. Refer to the “Related Topics” list for air pollution, drinking water, molds, noise, and water pollution. <https://medlineplus.gov/environmentalhealth.html>
 - Other web resources are listed at the end of the “Surroundings” overview featured in the Whole Health Library website section above.
- [Poisoning, Toxicology, Environmental Health, National Library of Medicine](https://medlineplus.gov/poisoningtoxicologyenvironmentalhealth.html). This site has user-friendly images that not only show the user potential sources of toxin exposure but also link to reliable government sources of additional information. <https://medlineplus.gov/poisoningtoxicologyenvironmentalhealth.html>.
- [U.S. Occupational Safety and Health Administration Safety and Health Topics](http://www.osha.gov/SLTC/index.html). Covers an array of different environmental toxins. www.osha.gov/SLTC/index.html.

Books

- *Clutter’s Last Stand*, Don Aslett (2005)

- *Fast Media, Media Fast: How To Clear Your Mind and Invigorate Your Life*, Thomas Cooper (2011)
- *Healing Spaces: The Science of Place and Well-Being*, Esther Sternberg (2010)
- *Home Enlightenment: Create a Nurturing, Healthy, and Toxin-Free Home*, Annie Bond (2008)
- *Home Safe Home: Creating a Healthy Home Environment*, Debra Dadd (2005)
- *Integrative Environmental Medicine*, Aly Cohen (2017)
- *Last Child in the Woods: Saving Our Children from Nature Deficit Disorder*, Richard Louv (2008)
- *Super Natural Home: Improve Your Health, Home, and Planet—One Room at a Time*, Beth Greer (2009)
- *The Not So Big Life: Making Room for What Really Matters*, Sara Susanka (2007)

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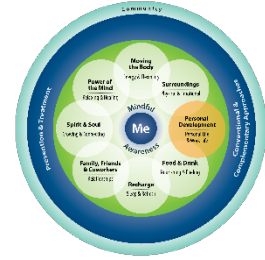
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PASSPORT TO WHOLE HEALTH
Chapter 7. Personal Development: Personal Life & Work Life

Chapter 7. Personal Development: Personal Life & Work Life

Life isn't about finding yourself. It is about creating yourself.
—George Bernard Shaw



The Many Facets of Personal Development

The Personal Development circle involves all the ways that you can grow as a person. It focuses on how you spend your time and energy during the day, and how you invest in what matters most to you. The possibilities seem almost endless for ways Veterans can choose to focus on Personal Development when they are creating their [Personal Health Plans](#) (PHPs). Working with Whole Health Partners and Coaches can certainly support Personal Development. What are some other possibilities?

One option is to look at the “subtopics” related to the Personal Development self-care circle, as shown in Figure 7-1. The subtopics were created for the self-care skill-building courses for Veterans, introduced in Chapter 5. These subtopics encourage Veterans to think about options and focus in on which ones they want to use in their PHP. Note that there is a “Make One Small Change” circle that leaves room for creativity, if Veterans do not see an option that interests them.

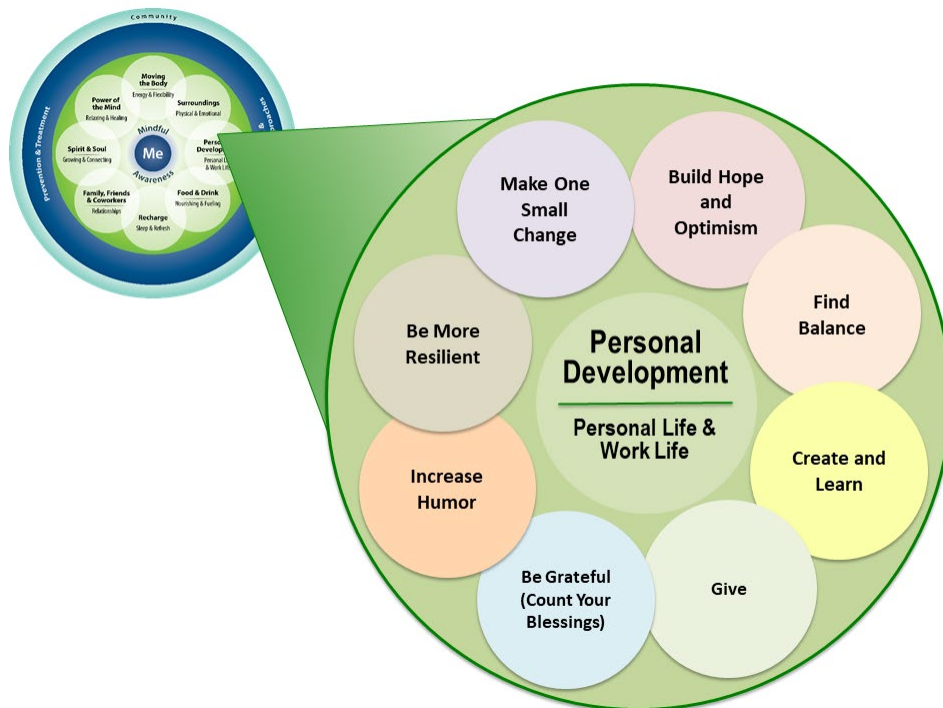


Figure 7-1. Subtopics within the Personal Development Circle of Self-Care

This chapter will review 14 well-researched items, tied in with these circles, that can be considered when Personal Development is the focus¹:

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

Questions to Ask About Personal Development

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

- What do you do during the day?
- Describe a typical day (at home or at work or both).
- Do you work outside the home? Where do you work?
- What sort of work did you do before you retired?
- How is your relationship with your co-workers?
- How do you feel about the amount of time you work? Is work balanced well with other aspects of your life?
- Do you enjoy your work?
- Is your work fulfilling?
- To what extent are you defined by your job?
- Is your job an expression of who you are?
- Do you have the job you want? If not, what is your ideal job?
- What are your greatest strengths? What has enabled you to make it this far?
- What gives you the strength to take on life's burdens?
- What would help you to handle life's challenges better?
- Who are your role models?
- Are you happy? What makes you happy?
- Are you hopeful about the future?
- Are you an optimist or a pessimist?
- Are you kind to yourself?
- How many times a day do you laugh?
- What do you do well?
- What would you like to learn more about?
- Do you do any volunteer work?
- What are you most proud of?
- What is your greatest talent?
- What creative and artistic pursuits do you enjoy?
- Is there anyone you feel you need to forgive?
- What are you grateful for? What are your blessings?

Fourteen Key Elements of Personal Development

This chapter highlights key elements related to the Personal Development area of self-care. If you would like to cover these and more topics in greater detail, go to [“Personal Development”](#) on the Whole Health Library website.

Personal Development topics can easily be classified as belonging under other circles too. Social capital, for example, is covered in Chapter 10, “Family, Friends, & Co-Workers.” Leisure time and hobbies, including taking breaks and vacations, are covered in Chapter 9, “Recharge.”

1. Improve the Quality of Your Work Life

We know Quality of Work Life (QWL) is important in many professions. When doing personal health planning, it can be useful to ask about one step a person could take to improve the quality of their work life. A 1997 meta-analysis among nursing staff found that the following workplace characteristics favorably influenced QWL.²

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

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

Burnout

For all people in the helping professions, burnout is a high risk. For example, in Medscape’s January 2020 Lifestyle Report, based on a survey of over 15,000 physicians from 29 different specialties, the number of physicians reporting being burnt out ranged from 29-54%, depending on specialty.⁴ Rates were higher in women and in people from Generation X versus baby boomers or millennials. In addition, as many as 60% of psychologists also struggle with burnout.⁵ A 2005 study of 751 practicing social workers found a current burnout rate of 39% and a lifetime rate of 75%.⁶ In a survey of 257 RN’s, 63% reported burnout.⁷ In a 2018 meta-analysis of 21 studies focused on nurses, rates of compassion fatigue and burnout were 53% and 52%.⁸

For health care workers, burnout occurs in part because of poor QWL due to excess bureaucratic challenges and long hours (these were the main causes noted in the Medscape

Survey)⁴ as well as workload, loss of autonomy, administrative burdens, and challenges balancing work demands with other aspects of life.⁹ Perfectionism, lack of stress-coping skills, unhealthy personal habits (such as substance use disorder), poor relationships with colleagues, poor self-care, and difficult patients can also contribute.^{10,11} Burnout also affects teachers, lawyers, mental health professionals, social workers, and many other groups. It has three main aspects:

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

Many burnout questionnaires are used in the research, but burnout can quickly be assessed using two questions. They are worth asking routinely and include¹²:

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

Burnout has been found to improve with various interventions, including mindfulness training. In 2009, Krasner and colleagues³ evaluated how a course on mindful communication, offered to a group of 70 primary care physicians, improved all 3 aspects of burnout.¹³ A University of Wisconsin group conducted a pilot study that provided abbreviated, tailored mindfulness training (18 hours) to 30 primary care clinicians.¹⁴ Data at nine months post-intervention showed statistically significant improvements in measures of job burnout, depression, anxiety, and stress. Another study of 93 different types of health care clinicians, including nurses, social workers, and psychologists, also found that all three subscales of the Maslach Burnout Inventory improved for participants after they took an eight-week Mindfulness-Based Stress Reduction course.¹⁵

Burnout can be reduced if a person has greater individual autonomy, a stronger sense of balance between work and other obligations, strong relationships with colleagues, and a sense of shared values at work. It helps if support for burnout reduction is offered at an institutional level.¹⁶ *It is NEVER helpful to place the blame for burnout on the person who is experiencing it.* Some employers and institutions mistakenly do so. Do not blame the victim.

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

End of the Day Exercise

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

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

Anything to reduce burnout is a positive step in the direction of Whole Health. Burnout is the “shadow side” of resilience, which is another fundamental aspect of personal development, for patients and clinicians alike.¹⁷

2. Foster Resilience

Resilience involves being able to adapt to changing environments, identify opportunities, adapt to constraints, and bounce back from misfortunes and challenges.¹⁸ Figure 7-2 is the Circle of Resilience, which explores how the Circle of Health might relate to fostering resilience.

Anything that can foster resilience can be an invaluable part of a PHP. How do we foster resilience? Cultivating positive emotions can help with our adaptability in the face of change or disruption. It has been noted that resilient people have negative emotions just as much as other people, but they generate many more positive emotions compared to those who are less resilient.¹⁸ Increased attention is being paid to Veterans’ experiences with post-traumatic growth, which includes the positive psychological changes that can occur after trauma.¹⁹ The neurobiology of resilience is also garnering increased attention.^{20,21}



Figure 7-2. The Circle of Resilience

The following are tips for increasing resilience in three different areas. They can be used by patients and clinicians alike. Many tie in with other parts of the Circle of Health as well.¹

1. Attitudes and Perspectives

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

2. Balance and Priorities

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

3. Supportive Relations

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

3. Increase Happiness

An important question to ask when using the Whole Health approach is simply, “Are you happy?” Fostering happiness has, as you would expect, numerous benefits.²² There are three main aspects of happiness that are described in psychology research.¹

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

People who pursue all three aspects are the most satisfied,²³ and the meaningful life has the most impact. Happier people are more successful, more socially engaged, and healthier.²⁴ People are happiest if they can identify and use their signature strengths.²⁵ Studies show that happiness is linked to positive outcomes such as financial success, supportive relationships, mental health, effective coping, physical health, and longevity.¹⁸ It is important to remind people that the pursuit of happiness can be misdirected; people who equate money with happiness, for example, may end up less happy.²⁶ Ideally, happiness is one of an entire spectrum of healthy emotions people experience, when appropriate.

4. Cultivate Hope and Optimism

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

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

Hope is linked to a stronger sense that life is meaningful,²⁷ as well as to more positive emotions and productivity at work. Optimism is a more general term, based around the idea that positive things will happen in the future.

Optimism has been linked to taking more proactive steps for one’s health, more effective coping, better physical health, and better socioeconomic status. It also seems to be associated with persistence with educational pursuits, better income, and stronger relationships.²⁸ It is associated with decreased pain sensitivity and better adjustment to chronic pain as well.²⁹ A 2019 systematic review and meta-analysis found that optimism is associated with a lower risk of cardiovascular events and all-cause mortality.³⁰ With practice, people can learn to be more optimistic. Mind-body skills training can be helpful in cultivating optimism, as noted in Chapter 12, “Power of the Mind.”

5. Develop Self-Compassion

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

Mindful awareness is closely linked to self-compassion. One of the mindful awareness practices featured in Chapter 10 is the loving-kindness meditation. This practice begins by wishing oneself well. After that, you extend the compassion out to others. The practice also concludes with a moment of self-compassion. It is not uncommon for compassion-based meditations to begin with focusing on self-compassion as the beginning and ending points of cultivating compassion for others.

Research indicates that having more self-compassion is linked to optimism and happiness, as well as to more successful romantic relationships and overall well-being.^{31,32} Having more self-compassion is linked to greater levels of resilience.³³ A 2011 meta-analysis of 20 different studies found a large effect size when self-compassion was used to treat stress, anxiety, and depression.³⁴ It may reduce the likelihood of suicidal thoughts and self-harm as well.³⁵ Self-compassion was linked to having more happiness, optimism, curiosity, wisdom, exploration, and emotional intelligence, in addition to other qualities.³⁴ It is also linked to better self-care and lower levels of negative affect.^{36,37} It is linked to well-being outcomes in older adults.³⁸ A 2020 systematic review concluded that focusing on and using one's strengths improved psychological well-being in people with chronic illness.³⁹

6. Commit Random Acts of Kindness

Random acts of kindness involve doing something for an unknown person that you hope will benefit them.⁴⁰ Examples might include paying for the order of the person behind you at the drive through restaurant or putting money in someone's expired parking meter. You can offer a stranger a flower, or write a kind note to someone about something you appreciate. These acts are linked to greater life satisfaction⁴¹ and greater happiness.²⁴ Functional MRI studies indicate that imagining kindness activates the emotional regulation system of the brain. Kindness can become a self-reinforcing habit that becomes easier over time as neural connections build in a positive way.⁴² Encourage Veterans to give them a try. It can help to strategize in advance about what those acts could be.

7. Enhance Humor and Laughter

In the 1970s, word spread that journalist Norman Cousins had improved his symptoms of ankylosing spondylitis through the use of humor.⁴³ Laughter affects us in many positive ways.⁴⁴ Laughter increases our pulse, breathing rates, and oxygen use, and it decreases blood vessel resistance, all of which can be beneficial. After we laugh, we feel more relaxed. 10-15 minutes of laughter daily can burn 10-40 extra calories. Intense laughter relaxes muscle tone. Humor seems to calm down the sympathetic nervous system, which is responsible for the 'fight or flight' response. It lowers stress hormone levels. It also bumps up endorphins (the feel-good chemicals in the body) and helps immune system function.

In terms of specific illnesses, laughter⁴⁴:

- Decreases anxiety
- Lowers heart attack risk in high-risk diabetics
- Increases good cholesterol (HDL)

- Is linked to lower coronary heart disease and reduced arrhythmias and recurrent heart attacks for people in cardiac rehabilitation
- Increases pain tolerance and decreases body inflammation
- Relaxes the airways
- Reduces allergic reactions

The great thing about laughter is that there are many ways to make it happen. Be sure to mention it to patients, so they know it ‘counts’ as something they can do for their Whole Health. Build up your own repository of jokes to use with patients, as appropriate. For some more ideas, including about how to do Laughter Yoga, refer to the Resources at the end of this chapter. Laughter Yoga research is in its early stages, but it is known to improve depression in life satisfaction in elderly women.⁴⁵ It also increases heart rate variability, which corresponds to better overall health.⁴⁶ It also shows promise for improving depressive symptoms (weak evidence).⁴⁷

8. Build Creativity

Creativity can be defined as the generation of something new, different, novel; it may also involve taking something already known and elaborating on its uses, characteristics, or evolution. It can refer to a process (the “creative process”) or to the product that is generated from the process.¹ Creativity has many domains, or aspects; attitudes, skills, knowledge, motivations, and personality traits are all factors that lead to creative thinking and behavior.⁴⁸ It can be helpful to explore what creative pursuits someone enjoys, because that can help guide personal health planning recommendations. Many creative activities can help a person relax, not to mention engage them socially. The benefits of creative arts therapies are discussed in Chapter 12.

In terms of research related to creativity, we know that it is enhanced by supportive environments, having control over aspects of your life, and internal motivation.⁴⁹ We know that it can engage problem solving as well as the generation of new ideas.⁴⁹ Creativity can be promoted through meditation.⁵⁰ Studies on the health benefits of creativity are still needed. Research suggests that creativity can be enhanced if you keep a verbal or written record of ideas, put yourself in novel and interesting circumstances, learn something outside your area of expertise, seek out challenging tasks, or “sleep on” tough problems.⁵¹

Encourage people to consider all the different ways they could potentially make use of their creativity. Examples range from writing or making art to building something, doing improv, solving puzzles, or doing various crafts.

9. Balance (Integrate) Work and Other Areas of Life

Most of the literature on this topic can be searched using the term “Work-Life Balance.” However, this term implies that work is not a part of “life,” or perhaps that work has to be time spent doing something negative, which is not true for many people. As Swiss philosopher Alain de Botton put it, “There is no such thing as work-life balance. Everything worth fighting for unbalances your life.”⁵² Recently, people have begun to use the term,

“work-life integration.” Recently, it has also been referred to as “work-life blend,” given that it is now possible with technology to take work with us wherever we go. However you describe it, the balance between work and other aspects of life is⁵³:

- An important contributor to satisfaction and well-being for clinicians, and for everyone trying to find it; without it, quality of life and overall life satisfaction are adversely affected.⁵⁴
- Made up of three types of balance, and all of them are important:
 1. **Time balance**—how much time is devoted to different activities.
 2. **Satisfaction balance**—how much satisfaction different parts of your life give you.
 3. **Involvement balance**—how much you engage in various responsibilities. It is not merely about balancing time; it is about being committed and present during all the aspects of your life.
- Something you can enhance, using the following tips^{53,55}:
 1. Allow for **spontaneity**. This is not something you just plan; it is like walking across a stream on slippery rocks. You have to keep reassessing and changing course.
 2. Ensure that **every day you accomplish something**. AND every day you find joy or fun. AND every day you connect with another person in a positive way. Ask yourself from time to time if your work feels meaningful.
 3. **Do not be trapped by delayed gratification**. Allow yourself to experience positive aspects of life regularly.
 4. **Check in with others** for a perspective on how balanced you are. You may be enduring more than you realize or working harder than you think.
 5. **Share experiences** with others—friends, loved ones, and colleagues.
 6. **Advocate for institutional changes** at work if there are threats to employees’ balance.

For more information, go to the Whole Health tools, “[Work-Life Integration: Tips and Resources](#)” and “[Workaholism](#).”

10. Explore Lifelong Learning

Research shows education is a powerful influence on health and well-being. It is linked to midlife cognitive abilities (how well you think as you age),⁵⁶ as well as longer telomere length.⁵⁷ Telomeres are areas on the ends of chromosomes; the longer they are, the lower a person’s risk of chronic disease and death. More education corresponds with lower risk of mortality.⁵⁸ Higher education is one of the most effective ways to raise family income.⁵⁹ Education seems to decrease stress and slow aging, too.⁶⁰ Lifelong learning keeps us up to date in an era when technology and research are constantly advancing. It can involve taking courses, completing a GED or degree program, working with vocational rehabilitation experts, or deciding how often to read up on new discoveries and innovations.

Lifelong learning can also involve cultivating various life skills. Research indicates life skills are important to health. For example, a 2017 study of over 8,100 men and women over age 52 found that having five key life skills—conscientiousness, emotional stability, determination, control, and optimism—was favorably linked to wealth, income, mood, social connection, incidence of a number of chronic diseases, activities of daily living, walking speed, obesity, and self-rated health and well-being.⁶¹ Even lab results, like HDL cholesterol, vitamin D, and C-reactive protein were significantly better. No one skill was responsible; it was having a combination of various skills that made the most difference.

A lifelong learner ⁶²:

- Is flexible
- Reflects on what has been learned
- Is aware of the need for lifelong learning
- Requests feedback
- Is able to share what has been learned
- Is highly motivated
- Clearly sees how to use what has been learned and apply it in daily life
- Is aware of resources that can help with making future improvements

Encourage Veterans to think about learning and how they would like to do it. Frame it in terms of work and financial well-being as well. Vocational rehabilitation can be a great resource in many VA facilities.^{63,64}

11. Volunteer

In 2019, 77.4 million Americans—over 30% of the population—volunteered over 6.9 billion hours of their time for organizations, with an estimated economic value of \$167 billion.⁶⁵ Over 50% of people reported doing favors for their neighbors, and 43% noted they supported friends and family in some way. The strong presence of volunteer programs in VA programs is not only health-promoting for the recipients of the volunteers' efforts, but also for the volunteers themselves. Volunteering^{66,67,68,69,70,71}:

- Increases longevity
- Improves functional ability
- Lowers rates of depression in the elderly
- Decreases heart disease incidence
- Improves mental health and life satisfaction, as well as quality of life
- Increases a sense of personal accomplishment
- Enhances social connections
- Increases well-being for people with chronic illnesses compared to medical care alone
- Protects against cognitive aging (keeps the brain working well)
- Leads to a “helper’s high” in elderly women volunteers. Some also reported they felt stronger, calmer, and had fewer aches and pains.

Veterans tend to enjoy working with other Veterans. Encourage them to volunteer. If you do so, it can be helpful to be able to provide them with a list of options.

12. Improve Financial Health

Financial health refers to the state of a person's financial life or situation. It can include the amount of savings people have, how much they spend on fixed expenses like mortgage or rent, or their ability to stay out of debt.¹ Financial literacy, the ability to make informed judgments and manage money, is also important.⁷²

What do we know about money and health?¹

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

13. Practice Forgiveness

This is best framed as a Whole Health tool, which is located on the following page.

14. Practice Gratitude

This is also best framed as a Whole Health tool and is featured right after the Forgiveness tool.

Whole Health Tool: Forgiveness

What Is Forgiveness?

Forgiveness is a “...freely made choice to give up revenge, resentment, or harsh judgments toward a person who caused a hurt and to strive to respond with generosity, compassion, and kindness toward that person.”⁷³ When used therapeutically, forgiveness is a process—a series of steps to follow. It is not just an isolated event.

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

The following are important points to keep in mind about forgiveness¹:

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

How Forgiveness Works

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

How to Use It

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

The forgiveness process tends to move through stages.⁷⁴ These include the following:

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

When to Use Forgiveness

Forgiveness can be used whenever a person needs to work with traumatic past experiences. A 2019 meta-analysis found 128 studies including a total of more than 58,500 people that showed a positive relationship between forgiveness of others and physical health.⁷⁵ Currently, research shows that it is associated with the following⁷⁶:

- Improved mental health, as well as reduced negative affect and emotions
- Satisfaction with life and, potentially, better psychological health⁷⁷
- Fewer physical ailments and somatic complaints, as well as less medication use
- Reduced fatigue and better sleep quality
- Reduced depression, anxiety, and anger
- Reduced risk of myocardial ischemia and better cholesterol numbers in patients with coronary artery disease
- Decreased vulnerability to chronic pain
- For people with substance use disorders, a lower likelihood of using illicit drugs
- Better work life, if one practices forgiveness with co-workers; productivity, mental health, and physical health improve⁷⁸
- A weakened relationship between negative experiences and self-harm (according to self-forgiveness research)³⁵
- Better cognitive function (with self-forgiveness and decreasing one's hostility)⁷⁹

What to Watch Out for (Harms)

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

Tips from Your Whole Health Colleagues

- If you are going to recommend forgiveness to people you see in your practice, become as familiar as you can with the Resources at the end of this chapter.
- This process cannot be rushed. And, it is completely worth the time investment.
- Self-forgiveness is also important to explore.⁸⁰ It is linked to decreased risks of suicidal ideation and self harm.³⁵
- Use the Resources at the end of this chapter to take the process deeper, and if interested, refer to the Whole Health tool, "[Forgiveness: The Gift We Give Ourselves.](#)"

Whole Health Tool: Gratitude

What Is Gratitude?

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

How Gratitude Works

Gratitude practice is a direct cause of well-being, and it also protects against negative emotions and mental states. Some of its benefits include the following^{81,82,83}:

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

Gratitude influences our neural networks, including how the brain and heart connect with one another; this is revealed in studies that look for links between heart rate and activation of different parts of the brain on functional MRI.⁸⁴ Keeping a gratitude journal leads to more regular exercise, greater optimism, and more alertness, enthusiasm, determination, attentiveness, and energy. People also become more supportive of other people.⁸⁵ Study participants who wrote about three good things that happened each day and why they happened felt happier and less depressed even six months later.²⁵

Gratitude from patients to their care teams also has benefits. In a study of neonatal ICUs, medical teams performed better when patients expressed gratitude for their care.⁸⁶

How to Use It

There are different ways to cultivate gratitude, and the following are just a few examples of exercises you can suggest.²⁵

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

Grateful Contemplation Exercise 2: Gratitude Attitude. Practice having an attitude of gratitude throughout the day. Think of cues you can use to remind you to be grateful. Examples might be a phone alarm, starting your commute home, sitting down to a meal (many people “say grace” before meals), or passing through the doorway to a building

or room. Acknowledge—and enjoy—the positive things that happened during your day.

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

Grateful Contemplation Exercise 4: Gratitude Visits.²⁵ Write *and deliver* a letter of gratitude to someone who has been very kind to you but whom you have never properly thanked. This practice has been found to lead to increased happiness and reduced depression for the person writing the letter (and it helps the recipient too).

When to Use Gratitude

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

What to Watch Out for (Harms)

Gratitude practices tend to be quite safe.

Tips from Your Whole Health Colleagues

The following tips are from the Whole Health tool “[Creating a Gratitude Practice](#)”:

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

Personal Development Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Personal Development](#). Part of the Components of Health and Well-Being Video Series.
<https://www.youtube.com/watch?v=sYZfEA5RgNw&feature=youtu.be>
- [Veterans Whole Health Education Handouts](#).
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to Personal Development
 - Finding Balance
 - The Healing Power of Hope and Optimism
 - Create a Gratitude Practice
 - Forgiveness
 - What Matters Most? Exploring Your Values
 - Laughter Heals
- [Personal Health Plan Template](#). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Personal Development](#). Overview includes an extensive list of financial health resources. <https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/personal-development.asp>
- [Values](#). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/values.asp>
- [Creating a Gratitude Practice](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/creating-gratitude-practice.asp>
- [Forgiveness: The Gift We Give Ourselves](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/forgiveness-the-gift-we-give-ourselves.asp>
- [The Healing Benefits of Humor and Laughter](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/healing-benefits-humor-laughter.asp>
- [Taking Breaks: When to Start Moving, and When to Stop](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/taking-breaks-when-to-start-moving-and-when-to-stop.asp>
- [Work-Life Integration: Tips and Resources](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/work-life-integration-tips-and-resources.asp>
- [Workaholism](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/workaholism.asp>
- [Implementing Whole Health in Your Own Life: Clinician Self-Care](#). Overview. Focuses on clinicians' Personal Development (and Self-Care).
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/clinician-self-care.asp>

- [Self-Management of Chronic Pain](https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/self-management-chronic-pain.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/self-management-chronic-pain.asp>
- [Whole Health for Skill Building: Personal Development](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - PowerPoints
 - Mindful Awareness Script: A Mindful Awareness Experience to “Get Your Gratitude On”

Other Websites

- [Laughter Yoga International](https://laughteryoga.org/). <https://laughteryoga.org/>
- [Money Management International](https://www.moneymanagement.org/). Nonprofit agency that provides free education about credit and debt management. <https://www.moneymanagement.org/>
- [Money Smart](https://moneysmartcbi.fdic.gov). FDIC education program with online financial training materials. <https://moneysmartcbi.fdic.gov>
- [Self-Compassion](http://self-compassion.org). Includes practices and other resources. <http://self-compassion.org>
- Forgiveness Resources
 - [Fetzer Institute](https://fetzer.org/). <https://fetzer.org/>
 - [Forgive for Good](http://learningtoforgive.com/). <http://learningtoforgive.com/>
 - [International Forgiveness Institute](https://internationalforgiveness.com/). <https://internationalforgiveness.com/>
 - [The Forgiveness Project](https://www.theforgivenessproject.com/). <https://www.theforgivenessproject.com/>
 - [World Forgiveness Alliance](http://www.forgivenessday.org/). <http://www.forgivenessday.org/>

Books

- *21 Keys to Work/Life Balance: Unlock Your Full Potential*, Michael Sunnarborg (2013)
- *A Life at Work: The Joy of Discovering What Your Were Born to Do*, Thomas Moore (2009)
- *Encore: Finding Work that Matters in the Second Half of Life*, Marc Freedman (2008)
- *Enjoy Every Sandwich: Living Each Day as If It Were Your Last*, Lee Lipsenthal (2011) (Dr. Lipsenthal wrote this book shortly before his death from colon cancer.)
- *Finding Balance in a Medical Life*, Lee Lipsenthal (2007)
- *Forgive for Good: A Proven Prescription for Health and Happiness*, Fred Luskin (2002)
- *Forgiveness Is a Choice: A Step by Step Process for Resolving Anger and Restoring Hope*, Robert Enright (2001)
- *Forgiveness: A Bold Choice for a Peaceful Heart*, Robin Casarjian (1992)
- *Forgiveness: The Greatest Healer of All*, Neale Walsch (1999)
- *Life Is Not Work, Work Is Not Life: Simple Reminders for Finding Balance in a 24-7 World*, Walker Smith (2001)
- *No Regrets: A Ten-Step Program for Living in the Present and Leaving the Past Behind*, Hamilton Beazley (2004)

- *Off Balance: Getting Beyond the Work-Life Balance Myth to Personal and Professional Satisfaction*, Matthew Kelly (2011)
- *Resilience: The Science of Mastering Life's Greatest Challenges*, Steven Southwick (2012)
- *Stop Living Your Job, Start Living Your Life: 85 Simple Strategies to Achieve Work/Life Balance*, Andrea Molloy (2005)
- *Striking a Balance: Work, Family, Life*, Robert Drago (2007)
- *The Book of Forgiving: The Fourfold Path for Healing Ourselves and Our World*, Desmond Tutu (2015)
- *The Forgiving Life: A Pathway to Overcoming Resentment and Creating a Legacy of Love*, Robert Enright (2012)
- *The Medical Marriage: Sustaining Healthy Relationships for Physicians and Their Families*, Wayne Sotile (2000)
- *Zen and the Art of Making a Living: A Practical Guide to Creative Career Design*, Laurence Boldt (2009)

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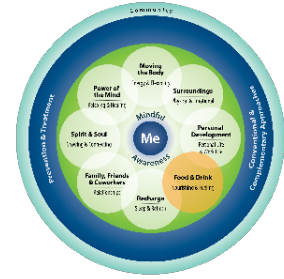
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Chapter 8. Food & Drink: Nourishing & Fueling

Nothing tastes as good as healthy feels.

—Unknown



The Benefits of Healthy Eating

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

No one will deny that healthy nutrition is important, and that the choices you make have important consequences for your health. What you eat and drink nourishes your body and mind, and it has an influence on any number of health conditions. A 2015 study of nearly 216,000 people asked people to complete four diet quality surveys. Healthy diet scores were linked to lower risk of death from all causes as well as specifically from cardiovascular disease and cancer,⁴ and an estimated 80,000 new cancer cases each year are linked to suboptimal diets.⁵ A 2004 study concluded that 9% of mortality in women and 16% in men is linked to poor diet choices and noted that an increase in fruits, vegetables, whole grains, and lean meats markedly lowered one’s risk of dying.⁶ Healthy dietary patterns have been associated with better overall health and quality of life.⁷

Obesity and diabetes rates are climbing. In fact, over 2/3 of U.S. adults and 1/3 of children are overweight or obese.⁸ Rates of obesity are influenced by disparity; rates are higher in low-income populations and in certain racial and ethnic minority groups who are not socially advantaged.⁹ Eating patterns are linked to blood vessel health, bone density, gut function, mental health, cancer risk, blood pressure, skin health, eye disorders, allergies, and many other aspects of health. Depending on what choices we make, our food and drink choices will either contribute to or prevent the development of chronic diseases, and they will influence how long we live.

But where to begin? Everyone seems to argue about what good nutrition means. How does a person tailor healthy eating habits to their lifestyle? How do you sort through it all as you create a [Personal Health Plan](#) (PHP), respecting what tens of thousands of studies (some of which contradict each other) have to offer? One way is to start with the “subtopics” of Food and Drink, listed in Figure 8-1. As noted in previous chapters, subtopics were developed for each of the 8 self-care areas in the Circle of Health for the Veterans’ skill-building course as a way to get Veterans thinking about different options for the PHP. Note that there is a “Make One Small Change” circle that leaves room for creativity, if Veterans do not see an option that interests them.

Note too, the circle “Work with a Dietitian.” Remember, as you explore Food and Drink, to enlist the support of your local dietitians, keeping in mind that some of the diets listed in this chapter and in other Whole Health resources may be more or less familiar to various

colleagues. Dietitians have devoted their careers to becoming experts on Food & Drink! Respect scope of practice as you guide Veterans to the clinicians who can be most helpful to them as they set—and follow through with—their nutritional goals. Many dietitians in the VA are now training or have trained in Integrative Functional Nutrition, allowing them to cultivate even more skills that are closely related to the Whole Health approach.

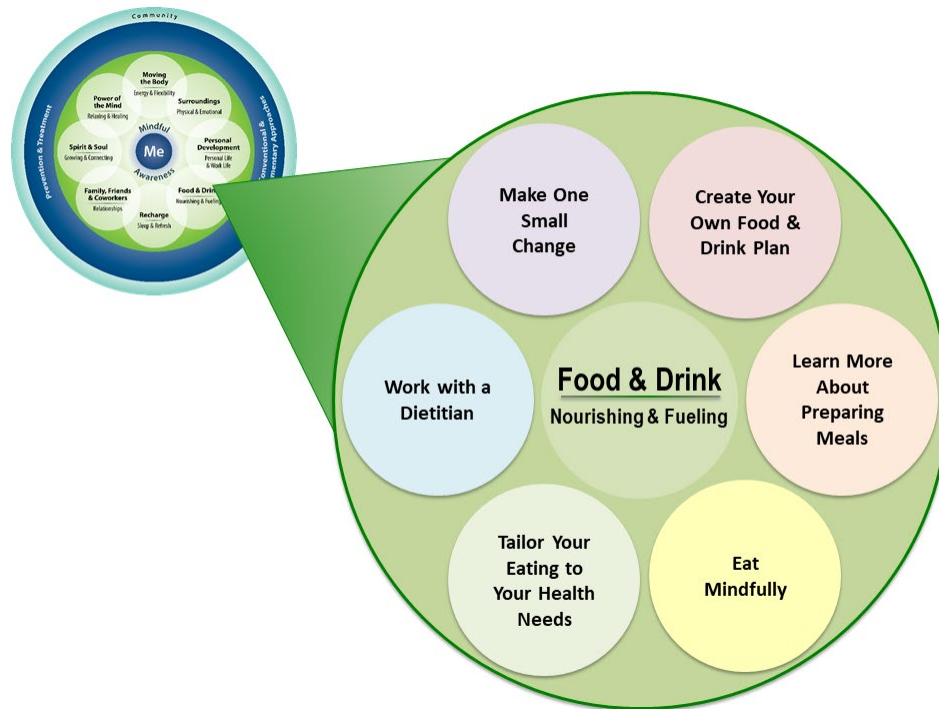


Figure 8-1. Subtopics within the Food and Drink Circle of Self-Care

A useful source of ideas is the *Eating for Whole Health: Nutrition for all Clinicians* course. In 2017, OPCC&CT collaborated with VA’s Nutrition and Food Services leadership and clinicians with a background in Integrative Health and Functional Nutrition to create the course. The following topics covered in *Eating for Whole Health* can provide additional ideas about what could be discussed with a Veteran:

General Guidelines

- Follow a specific eating plan
- Macronutrients (fats, carbs, etc.)
- Micronutrients (e.g., vitamins)
- Phytonutrients (from plants)
- Common Diets
- Nutrigenomics

Mindful Eating

- Start a daily practice
- Number of chews
- Pacing eating
- Eating without distractions
- Observing cravings
- Stress management

Cooking Tips

- Grocery shopping
- Try a new recipe
- Cooking classes, including with Healthy Teaching Kitchens

Prevention (seek dietitian support)

- Diet and cancer risk
- Diet and vascular disease
- Diet and blood glucose
- Other health conditions

Nutrition for Specific Health Conditions

- Referrals to dietitians (especially important for this topic)
- Diet and depression
- Diet and sleep
- Diet and pain
- Eliminating certain foods
- Probiotics

Food Preparation Tips

- Grocery shopping
- Using kitchen tools
- Cooking tips to maximize nutrient quality
- Cooking classes, including with Healthy Teaching Kitchens

Food in Context

- Food access and food deserts
- Food safety: nutrition composition, growing methods, toxicity, chemicals
- Food and social connection

Nutrition Resources

- Cookbooks
- Recipes
- Websites
- Nutrition classes
- Community programs

Nutrition Assessment

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

Questions to Ask About Food & Drink

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

General

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

Eating and Drinking Patterns

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

Eating and Body Weight

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

- Do you have the same body type as anyone else in your family?

Context for Eating

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

Mindful Awareness and Nutrition

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

Nutrition and Symptoms

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

Food Diaries

Food diaries can also be a powerful tool for gathering more information about Food and Drink. Having a person keep track of what they eat and drink can help you watch for certain patterns, and this can be done on paper, using web-based tools, or with apps.¹⁰ Ideally, a food diary, kept over 3-5 days, can be useful. However, if that is not possible, doing a 24-hour food recall can also be of value. Assess *when* they eat, *what* they eat, and *how much* they eat. It can also help for people to describe how they were feeling as they ate as well as document times when they were physically active or asleep. Documenting any symptoms, they notice (and when they have them) can also be helpful.

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

- Overall calorie consumption and portion sizes
- Proportions of macronutrients—carbohydrates fats and proteins—they eat
- Number of servings of fruits, vegetables, and nuts they consume
- Omega-3 fat intake
- Fiber intake
- How often they eat out versus cooking for themselves
- How pro- or anti-inflammatory their diet is (This is discussed in more detail later in this chapter.)
- Meal frequency and timing. Are there any indications of skipped meals, nighttime eating, or binge eating? (There are a number of recent articles about binge-eating disorder.)¹¹
- Length of time spent eating
- Whether they primarily eat alone or with others
- The degree to which they are eating mindfully. Are they doing other activities (watching TV, working at their desk) during their meals?
- Where they get their food. Do they have trouble affording good food? Do they live in a “food desert”?

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

The sheer number of suggestions you can make regarding nutrition can feel overwhelming. Take it step by step, and remember, any one suggestion is a step in the right direction. Most people do best making small, incremental changes.¹² Don't forget about having a dietitian as part of the team, especially if eating is a major stumbling block for someone.

Six Guidelines for Food & Drink

The following are some guidelines you can follow as you incorporate Food and Drink into personal health planning¹³:

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

Each of these is covered in more detail below.

1. Be Clear Right Away About Motivation to Change

You can ask people to rate the importance of making a Food and Drink change on a scale of 1-10. The Importance Scale is featured in Chapter 3. Most people do best if they focus on one change—one SMART goal—at a time. SMART goals are also discussed in Chapter 3. Examples of goals a person could consider include the following:

- Focus on a certain number of servings of fruits and vegetables each day. Consuming 7-10 servings is a good ultimate goal, but intake can be increased gradually. Starting with one more serving each day may be a good starting point.
- Change away from drinking sweetened sodas or other sugary drinks. Risk of type 2 diabetes increases by 18% for every additional sweetened beverage a person consumes each day.¹⁴ There is a strong association between sugar-sweetened beverages and heart disease that is independent from a person's weight.¹⁵ There is also a dose-response increase with risk of non-alcoholic fatty liver disease,¹⁶ and mortality rates increase in people who drink sugar-sweetened and artificially-sweetened beverages.¹⁷
- Choose one high calorie (or otherwise unhealthy) food that may be eliminated or reduced (e.g., peanut butter, cheese, donuts, or a snack food like potato chips). We know that higher intakes of fast foods (e.g., donuts) can increase risks for chronic problems such as depression.¹⁸
- Discuss modifying their daily or weekly number of servings of red meat, alcohol, simple carbohydrates, etc.
- Increase fiber intake to recommended daily levels, as appropriate. In addition to many other benefits, viscous fiber in the diet helps some with weight loss independently of calorie restriction.¹⁹
- Drink eight glasses of fluid (being careful about alcohol intake) daily. 20-30% of older adults are affected by dehydration.²⁰ Even a person who is not active requires an average of 1.5 liters of water daily.²¹

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

2. Incorporate Mindful Eating

Chapter 4 introduces the concept of mindful awareness. There are many ways to cultivate it, and mindful eating can be a powerful tool. People can learn to pay more attention to their eating patterns and why they choose to eat what they do. They are encouraged to explore what “hunger” actually means and how it may or may not connect calorie needs, or cravings, or emotional states.

Systematic reviews related to mindful eating show that it has promise for helping people with binge eating²² and other eating disorders.²³ It favorably influences food intake.²⁴

Mindfulness-Based Eating Awareness Training (MB-EAT) is offered with increasing frequency in health care organizations and has shown benefit for stabilizing glucose levels in people with type 2 diabetes.²⁵ Mindful eating is linked to decreases in depression symptoms.²⁶ A 2018 review concluded that mindfulness-based interventions are effective for reducing weight and changing behaviors in people who are overweight or obese.²⁷ A 2020 study found mindful eating is particularly helpful for people who are compulsive eaters.²⁸ Canada's national Food Guide now recommends mindful eating.²⁹

Examples of mindful eating practices can include the following:

- Carefully observe each phase of eating. This includes noting the appearance, smell, and texture of the food, bringing it slowly to the mouth, and slowly chewing it and swallowing while paying close attention to taste. It may also include considering where the food came from or feeling gratitude for everyone who helped to produce it.
- Chew a certain number of times with each bite. A 2019 study found that specific chewing training had a strong positive effect on energy intake and enjoyment of eating.³⁰
- Limit other activities while eating. This could mean not watching TV or reading while eating or being sure to be seated comfortably at a table during a meal.
- Experiment with eating in complete silence.

Electronic interventions to support mindful eating are increasingly available. More studies are needed, but they are a promising option.³¹ Mindful eating resources are listed at the end of this chapter. The following Whole Health tool is an example of a mindful eating exercise.

Whole Health Tool: Mindful Eating Exercise

Eating has far-reaching health consequences for individuals, societies, and the planet. These consequences can be positive or negative depending on our patterns and choices. The following exercise can help you to bring more awareness to your eating behaviors, while helping you to cultivate present-moment awareness. It requires that you have a food of your choice.

1. Sit comfortably, facing your food.
2. Minimize distractions. Avoid screens (e.g., phone, computer, television), background noise, printed materials, and other stimuli.
3. Note your internal state.
 - Do you feel hungry? Thirsty?
 - What is your emotional state—happy, sad, angry, frustrated, anxious, exhausted, energized, or neutral?
4. Look at what is on the table in front of you. Try not to label it as anything specific; rather, ask questions:
 - How does it look? Is the color bright, dull, varied, or uniform?
 - Does it appear hot, warm, or cold?
 - Does it appear dry or moist?
 - Do you detect an aroma from the food? How would you describe this aroma?
5. Take the first bite.
6. Put down whatever is in your hand—the food and/or your utensil. Note preliminary aspects of your experience with this first bite of food, including:
 - Temperature. Frozen, cold, cool, warm, hot, or super-hot?
 - Texture. Is it soft, firm, chewy, creamy, brittle, light, or dense?
 - Flavor. Is it mild, bland, sour, sweet, savory, salty, spicy, pungent, or rich?
 - Intensity. Mild, moderate, or extreme?
7. Take the first swallow.
 - Is the food easy or difficult to swallow?
 - How does this food feel passing from the mouth, to the esophagus, to the stomach?
8. Now take the next bite. With each subsequent bite, consider your ongoing experience with this food.
 - Continue to note the temperature, texture, flavor, and intensity.

- How does this food feel in your stomach?
- How do you feel, looking at the remainder of your portion?
- At what point do you begin to feel full? At what point do you feel that your hunger is entirely satisfied by this food?
- At what point do you decide to stop eating this food?

9. After eating, note how you feel.

- Do you feel hungry, thirsty, satisfied, full, or overly full?
- What is your emotional state? Did your emotional state influence your eating in this exercise?

10. Close your eating activity with a deep breath before moving on with your day.

Eating with this degree of attention to your experience may initially seem cumbersome or frustrating, but with time you will appreciate a richer, more satisfying eating experience.

3. Be Realistic About Vitamins and Minerals

People tend to assume they need to take multivitamin and mineral supplements and that these are beneficial. It is usually best to get vitamins through food versus supplementation, but some groups may, in fact, need specific nutrients to be supplemented. For instance:

- People who eat limited amounts of animal protein (e.g., vegetarians and especially vegans) may need to supplement vitamin B12.
- Some people—especially women who menstruate heavily—may need iron.
- Prenatal vitamins can be very important for expectant mothers.
- A recent study found that people who are obese tend to be more deficient in fat-soluble vitamins, folic acid, B12, and vitamin C than those who are normal weight.³²
- Community-dwelling older adults may be at risk for deficiencies of vitamin D, B1 (thiamine), B2 (riboflavin), calcium, magnesium, and selenium.³³

However, there is limited data to show that vitamin and mineral supplements make a difference for the considerable majority of people.³⁴ A 2019 study using National Health and Nutrition Examination Survey data found no indication that dietary supplement use provided a mortality benefit.³⁵ Large-scale studies have not found an association between multivitamin use and mortality from all causes, cancer, or cardiovascular disease.³⁶ Most recommendations favor getting vitamins and minerals from foods whenever possible. The role of these various chemical compounds in various chemical pathways cannot be understated; they are vital for immune system regulation, production of various signaling molecules, brain function, regulation of pain, and any number of other physiological functions that are fundamental to good health. We know that they play key roles in healthy genetic expression as well; for example, they help to preserve telomere length, which correlates with better overall health and longevity.³⁷

Different vitamins and minerals may be helpful in certain circumstances, and this can be explored on an individual basis. For example, a 2020 review and meta-analysis recently concluded that 500 mg of vitamin C daily led to a significant reduction of blood pressure in people with hypertension³⁸, and people with inflammatory bowel disease tend to be low in vitamin D.³⁹ Vitamin D is helpful in osteoporosis, but many factors (including dosing and individual fracture risk) come into play.⁴⁰

4. Be Able to Discuss Specific Eating Plans

One of the most common questions that might arise during a Whole Health visit is, “So, what diet should I follow?” This is not an easy question to answer. In general, a simple answer is that any eating plan that is reasonable in terms of calorie content and nutritional quality may prove helpful. (Note that many dietitians and other clinicians prefer to use “eating plan” instead of “diet,” because the word “diet” has so many negative associations for people). The key is that a person must be consistent with following the plan; adherence is key. How well a person sticks to an approach to eating may be as important as the specifics of how they eat.⁴¹ An extensive 2020 review looked at 14 popular diets followed by nearly 22,000 people in 121 trials.⁴² They concluded that “Moderate certainty evidence

shows that most macronutrient diets, over six months, result in modest weight loss and substantial improvements in cardiovascular risk factors.” At 12 months, the effects—and the benefits—have largely disappeared for most people.

As far as commercial weight-loss programs, a 2015 study reviewed 45 studies to see what programs were supported in the research up to that point.⁴³ Weight Watchers and Jenny Craig programs were found to lead to an average of 2.6% and 4.9% of weight loss, in studies that were at least 12 weeks long. Nutrisystem was also found to be promising.

A 2017 systematic review involving over 1.5 million participants focused on how much different eating plans affected risk for developing type 2 diabetes.⁴⁴ Relative risk of diabetes was 0.87 for people eating a Mediterranean eating plan, 0.79 for those using the Alternate Healthy Eating Index, and 0.81 for Dietary Approaches to Stop Hypertension (DASH).

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

In terms of recommending specific diets for Whole Health it is perhaps best, in the spirit of personalizing care, to explore with each individual patient what approach to eating might work best for him or her. Here are a few specific eating plans worth considering. They are referred to here as “diets” because that term is used for them in the medical literature. Check at your local facility to see what diets have been formally approved by NFS.

Mediterranean Diet

The Mediterranean Diet (MD) features^{45,46}:

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

Despite some recent questions around methodology of an important 2013 study,⁴⁷ the MD has been linked to good overall health since it was first studied in the 1950s.⁴⁸ Data continues to come in regarding many of its favorable effects, which include the following:

- Similar weight loss and cardiovascular risk benefits to other popular diets, including the American Diabetes Association diet, low-fat diets, and low-carbohydrate diets.⁴⁵ 2019 Cochrane review noted that currently the data for a “modest benefit” is “low or moderate”⁴⁹
- Reduced incidence of cardiovascular syndromes, neurodegenerative diseases, type 2 diabetes, and allergy,⁵⁰ as well as stroke⁵¹
- More healthy populations of microbes in the gut⁵²

- Reversal of age-related cognitive decline⁵² and potentially, prevention of Alzheimer's disease⁵³
- Decreased cancer risk. It lowers risk of overall cancer mortality by 10%, colorectal cancer 14%, prostate cancer 4%, and aerodigestive (e.g., mouth, pharynx, larynx) cancers 56%^{54,55}

The MD is, in essence, an anti-inflammatory diet.⁵⁶ The same is true for the Nordic Prudent diet, which is sort of the Baltic Sea/Scandinavian equivalent of the MD.⁵⁷ Of course, it is important to tailor a person's approach to eating to their geographical location, what foods they have access to, and their food preferences. Respect the cultural, religious, and other social influences that affect each person's food choices.

The Anti-Inflammatory Diet and Elimination Diets

The Anti-Inflammatory Diet (AID) is one of the most commonly used tools in Integrative Health practices. Eliminating problematic foods can also be helpful. Note that both of these are not formal eating plans per se, but overall approaches to eating that can be tailored to individual needs, when appropriate.

Whole Health Tool: The Anti-Inflammatory Diet

What Is It?

The Anti-Inflammatory Diet (AID) is a general name for an approach to eating that is intended to decrease inflammation (and related pain).⁵⁸ It can have an impact on a number of chronic diseases, including asthma, arthritis, hypertension, COPD, diabetes, cardiovascular disease, peripheral arterial disease, obesity, irritable bowel disease (IBD), nonalcoholic fatty liver disease, cancer, dementia, psoriasis, and depression,⁵⁹ to name a few.

How It Works

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

How to Use It

Key recommendations for eating an AID include the following⁵⁹:

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

- Eating **legumes**, 4 servings per week, has been found to reduce CRP.
- Eating 5 or more servings of **nuts and seeds** weekly also lowers inflammatory markers.
- Eat anti-inflammatory **herbs and spices**. Examples include turmeric, rosemary, ginger, oregano, clove, cumin, cayenne, and boswellia.
- **Don't char food**, as charring is linked to inflammation (especially meat).
- Pay attention to **glycemic load** (discussed in the "[Glycemic Index](#)" tool).
- **Avoid obesity**, which is in and of itself an inflammatory state. Even with healthy eating, portion size should be controlled.
- Ensure adequate **magnesium** intake (6 mg/kg daily) from foods like spinach, peanuts, almonds, quinoa, mackerel, avocados, and brown rice.

The Mediterranean and Okinawan diets are excellent examples of AIDs.

When to Use It

AIDs can be used in any chronic disease where inflammation is a component. Key examples with good associated research include⁵⁹:

- Coronary heart disease
- Type 2 diabetes
- Rheumatoid arthritis and other autoimmune diseases
- Chronic obstructive pulmonary disease
- Alzheimer's
- Inflammatory bowel disease
- Allergies and asthma (including eczema)
- Cancer
- Depression (people with severe depression are especially likely to improve)

What to Watch Out for (Harms)

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

Tips from Your Whole Health Colleagues

- The AID can take a while to be effective. Patients should try it for at least 6 weeks, if not longer.

- The AID is part of an anti-inflammatory lifestyle that includes many different aspects of good self-care. Be sure to complement an AID with other ways to lower inflammation, such as the following:
 - Limit alcohol.
 - Balance glucose levels, so that there aren't large insulin spikes (insulin is pro-inflammatory).
 - Ensure adequate sleep.
 - Keep stress levels low.
 - Stay active.
 - Maintain a healthy mix of gut microorganisms. This is discussed in the Whole Health tool, "A Healthy Microbiome," later in this chapter.
- Many people assume they can just eat or supplement with alpha-linolenic acid (ALA), not to be confused with the other ALA, alpha-lipoic acid. ALA is found in flax oil. Less than 1% of it is converted into DHA and EPA, which are needed for the anti-inflammatory effect.
- For vegetarians, there are algae-derived omega-3 supplements available.

Whole Health Tool: Eliminating Problematic Foods

What Is It?

Elimination diets (EDs) involve the strategic removal of a specific food or foods from the diet in an attempt to reduce a given set of symptoms.⁶⁰ Like drugs, foods can have both helpful and harmful effects. There are a number of different elimination diets in use. An elimination diet is not a formal diet that everyone follows the same way; it is tailored to each individual. Some of them remove one or more food groups (e.g., dairy, gluten-containing foods, or soy). Others are more specific, such as the Low FODMaP diet, which seems to be most helpful for people with irritable bowel syndrome and other functional bowel problems (go to [“The Low FODMaP Diet”](#) for more information).

How Elimination Diets Work

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

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

How to Use Elimination Diets

There are four steps to an elimination diet.

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

doing an “n of 1” trial. If symptoms come back, one can be fairly sure there is a link with eating the food in question. Add the food back in a small quantity at one meal, then in a larger quantity the next one. If multiple foods have been eliminated, and symptoms don’t recur after a day of adding a specific food (or food group) back, it is still recommended to go back off it while the other foods that have been eliminated have also been tested.

4. **The Long-Term Plan.** It is reasonable to stay off the food for 3-6 months. Sometimes people will become tolerant of an eliminated food after a period of time.

When to Use It

The list of potential indications for EDs is huge.⁶¹ Consider it for chronic conditions, where symptoms are fairly frequent and not likely to spontaneously improve on their own. Use it with people who have the financial (and emotional) resources to make shifts in their diet without too much difficulty. Fatigue, irritable bowel syndrome (IBS), inflammatory bowel disease (IBD), allergic symptoms, chronic sinusitis, rheumatoid arthritis, ADHD, gout, rheumatoid arthritis, chronic pelvic pain, asthma, autism, gastroesophageal reflux disease (GERD), migraine headaches, and numerous other health conditions often respond well. Consider it with autoimmune problems, arthritis, and pain of unknown cause as well.

What to Watch Out for (Harms)

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

Tips from Your Whole Health Colleagues

- Experience on the part of Integrative Health clinicians is markedly favorable when it comes to EDs.
- Some patients will ask about lab testing for food intolerances. There are a number of private labs that provide these services. Most of them test for Immunoglobulin G (IgG) reactions to particular foods; many also test for IgE. Insurance rarely covers this testing. See the [“Testing to Assess the Gastrointestinal Ecosystem”](#) tool for more information.
- Remember that some people may be bothered by more than one food group. If removing one food helps somewhat but not fully, consider elimination of other foods or food groups as well. Some disorders seem to be affected by specific foods. Try dairy elimination for sinusitis. Headaches are often linked to distinct groups of foods as well.
- Combine EDs with approaches to improving microbiome health. The “Healthy Microbiome” tool later in this chapter has more information.

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

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

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

In addition to following one or more of the guidelines listed above, another option for the Food and Drink portion of a PHP is to choose one specific eating tip with the patient and focus on it for a set period of time. Here is a brief overview of 10 Whole Health Eating Tips. You can cover one or more tip in your time with someone, depending on each patient's interest and motivation. Remember, many people will be more successful if they make one SMART Goal-based change at a time. The eating tips covered in the rest of this chapter (by no means an all-inclusive list) include¹³:

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

Whole Health Eating Tip #1: Pay attention to calories

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

A number of websites and phone apps can assist with calorie counting. Check out the Resources section at the end of this chapter for some suggestions. There are diets that encourage people to fast for brief periods (intermittent fasting), and research on intermittent fasting is increasingly favorable.⁶² Animal studies indicate intermittent fasting delays aging, improves cognition, changes microbiome and reduces oxidative stress.⁶³

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

Lifestyle	To calculate daily calorie needs, Multiply current body weight by this factor	
	Pounds	Kilograms
Confined to bed	12	20
Sedentary	13	25
Moderately active	15	30
Very active	17	30
Athlete in training	20	40-45

For example, a moderately active person who weighs 150 pounds would want to eat $150 \times 15 = 2,250$ calories to maintain body weight.

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

People who eat away from their homes are at much higher risk of eating more calories and unhealthy fats. Overall intake of some nutrients also decreases.⁶⁴ Most studies find a link between the intake of ultra-processed foods (the kind that is usually sold in fast food restaurants) and obesity, cholesterol levels, glucose levels, blood pressure, and metabolic syndrome.⁶⁵ Talk with patients about how often they eat out. Encourage them to eat more self-prepared meals, if this is possible. Negotiate with them about a maximum number of meals to eat out weekly and discuss healthy options.

Whole Health Eating Tip #3: Eat Vegetables and Fruits

There has been an increased move toward saying “vegetables and fruits” versus the other way around.⁶⁶ Vegetable and fruit consumption decreases mortality in general, and it specifically reduces deaths due to cardiovascular disease. A 2014 systematic review found that risk of death from all causes dropped by 5% and 6%, respectively, for each serving of vegetables or fruits a person eats daily.⁶⁷ The benefits started to diminish once people reached more than 5 daily servings of fruits and veggies combined. A 2017 meta-analysis/systematic review found that a graded improvement in risk from cardiovascular disease, cancer, and all-cause mortality.⁶⁸ Increased vegetable and fruit intake is also linked to reduced cognitive impairment risk⁶⁹ and is protective against depression.⁷⁰

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

Whole Health Eating Tip #4: Eat Healthy Carbohydrates

The National Research Council recommends that people eat 45-65% of calories from carbohydrates, keeping added sugars below 25% of calories.⁷¹ There is some debate about the relative proportion of carbohydrates a person should eat. The PURE study, which included over 135,000 people, found that higher carbohydrate intake is associated with an increased mortality risk, but was not found to be linked to cardiovascular disease risk or mortality.⁷² Encourage patients not to eat too many simple sugars (e.g., processed foods, or foods that are “white” like donuts, plain bagels, and white bread). In plant-based foods, 90-95% of the calories come from carbohydrates. Carbohydrates are absorbed more slowly, and blood glucose levels stay lower if multiple small meals are eaten, rather than just a few large ones.⁷³

Fructose. Fructose is a simple sugar found in fruit, honey, and some vegetables. It is closely related to high fructose corn syrup (HFCS), which contains both fructose and sucrose (table sugar). In small quantities, fructose alone can decrease blood sugars.⁷⁴ However, most Americans consume 40 grams of fructose a day, mostly as HFCS. This has been linked to metabolic syndrome and increased cardiac risk,^{75,76} as well as salt-sensitive hypertension,⁷⁷ and fatty liver disease.⁷⁸

Fiber. Fiber refers to carbohydrates that are eaten but do not break down into sugars the gut can absorb. Most fiber travels all the way through the intestinal tract, serving a number of purposes as it does so. Fiber helps with bowel movements, controls cholesterol levels, prevents insulin resistance (and type 2 diabetes), reduces cardiovascular disease risk, and supports a healthy gut microbiome (the bacteria that live in the gut).¹³ People with a high fiber intake, compared to those with poor fiber intake, have a 77% lower risk for all-cause mortality.⁷⁹ Fiber intake is protective against colon cancer,⁸⁰ pancreatic cancer,⁸¹ ovarian cancer,⁸² cardiovascular disease,⁸³ and stroke.⁸⁴ The most beneficial fibers are those from cereals and whole foods.

Most American adults eat insufficient fiber (about 15 grams daily) but the Institute of Medicine recommends that women get 25 grams daily, and men 38. Good sources of fiber include⁸⁵:

- Apples
- Asparagus
- Bananas
- Beans
- Blueberries
- Broccoli
- Cabbage
- Carrots
- Corn
- Green, leafy vegetables
- Mangoes
- Nuts
- Oranges
- Peas
- Popcorn
- Potatoes with skin
- Pumpkins
- Raisins
- Strawberries
- Whole wheat pasta

There are two types of fiber. Soluble fiber is found in many foods, including apples, beans, blueberries, lentils, nuts, oatmeal, pears, peas, psyllium, and strawberries. It helps with cholesterol and blood sugar control. Insoluble fiber helps with diverticular disease and

constipation. It is found in couscous, barley, whole grains, brown rice, wheat bran, nuts, seeds, carrots, cucumbers and many of the other foods listed above.

Whole Health Eating Tip # 5: Keep Glycemic Index and Load in Mind¹³

Rather than getting caught up in whether or not a carbohydrate is simple or complex, it may be best to focus on glycemic index (GI) and glycemic load (GL). These measures take into account how much glucose a food releases into the blood. Glycemic index (GI) compares how much a particular food that contains 50 grams of carbohydrates will raise blood glucose levels 2 hours after eating, relative to an equivalent amount of glucose (or white bread). The problem with the GI is that different foods have different amounts of carbohydrate by weight. For example, in order to get 50 grams of carbohydrates from carrots, you would have to eat at least 5 cups of them. To allow for more realistic comparisons, GL is used instead. GLs account for serving size.⁸⁶

A large 2014 study found that the quintile of patients with the highest food measures of GI and GL had a 33% higher risk of developing the type 2 diabetes.⁸⁷ Low-GI diets have been found to be more effected in controlling A1C and fasting blood glucose levels versus higher-GI diets.⁸⁸ There is also a correlation between high-GL diet and ischemic stroke risk, obesity, and chronic inflammation.¹³ A 2019 meta-analysis found that high GI diets correlated with potentially higher risks of certain cancers, including colorectal, bladder, and kidney cancer),⁸⁹ and low GI/GL diets lowered gall bladder and coronary artery disease risk.⁹⁰ Low GI diets also seem to favorably affect blood pressure.⁹¹ A few recent studies have questioned if these measures are the best for looking at disease risk or outcomes,⁹² but it has been found to be useful for many people. Glycemic index/load resources are featured in the Resources section at the end of this chapter and you can also learn more using the [“Glycemic Index”](#) tool in the Whole Health Library.

Whole Health Eating Tip #6: Choose Healthy Fats

While this is controversial, some experts suggest that 20-35% of calories should come from fat.⁷¹ For years, we were discouraged from eating fat, and the fat-free foods market boomed. Unfortunately, this eating pattern did not help people to sustainably lose weight.⁹³ The PURE study (a multi-country study of over 135,500 people) surprised many people when it found that “intake of total fat and each type of fat was associated with a lower risk of total mortality.”⁷² There are several categories of fats that include the following⁵⁹:

- **Saturated** fats do not have double bonds. They are solid at room temperature. Examples are butter, coconut oil, and palm oils. While there is discussion that coconut oil might have some unique properties, most saturated fats are best avoided.
- **Monounsaturated** fats are liquid at room temperature. They are found in olive, canola, and peanut oils, as well as in avocados. They tend to be a healthy choice.
- **Trans fats** are the unhealthiest fat choice of all. In many countries, they are now banned as food ingredients. They are fats that have been chemically manipulated so that they will have a longer shelf life. Avoid them entirely, if possible. This requires looking at ingredient lists, because a food can contain small amounts of trans fats

and manufacturers can still technically be able to round down to “0” for trans fats per serving when they list contents on the food’s label.

- **Polyunsaturated** fatty acids (PUFAs) are liquid at room temperature. Our bodies cannot synthesize linoleic (omega-6) or linolenic (omega-3) acids, so they must be obtained in the diet by eating dark leafy greens, purslane, or meat from animals that were fed diets rich in PUFAs. Omega-3s are found in deep-sea fish, like salmon and sardines, as well as in walnuts.

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

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

Roughly 10-35% of calories should come from protein, according to many expert sources.⁹⁴ For adults, the recommendation is 0.8 grams of protein per kilogram of body weight. 2 or 3 servings a day is sufficient, but most Americans eat more protein than is necessary (an average of 100 grams daily).⁹⁴ It is recommended to eat animal proteins in moderation, as meats commonly contain saturated fats, which may have negative health effects. A 2019 trial questioned whether white meat was superior to red for preventing cardiovascular disease.⁹⁵ Protein leads to more satiety than carbohydrates or fats. Encourage people to vary their protein sources to get all their essential amino acids. Meats, beans, lentils, rice, grains, egg whites, soy, and mushrooms all contain a good variety. It is often proteins that seem to trigger not only food allergies, but also food intolerances. The “Elimination Diet” Whole Health tool (earlier in this chapter) has more information.

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

Eating a handful of nuts daily (not a canful, because they are high in calories) has been found to have health benefits in increasing numbers of studies. A 2016 systematic review and meta-analysis concluded that higher nut consumption is associated with lower risk of all-cause mortality, total cardiovascular disease, cardiovascular disease mortality, and sudden cardiac death.⁹⁶ Nut consumption also lowered systolic blood pressure, especially eating pistachios.⁹⁷ Nut consumption is also linked to lower cancer mortality.⁹⁸

Whole Health Eating Tip #9: Choose Healthy Beverages

21% of our caloric intake comes in the form of beverages.⁹⁹ Cutting out soda, sweetened tea or coffee, juice, alcohol, energy drinks, smoothies, and milk—and replacing them with water—can markedly decrease calorie intake. Always ask how much alcohol and caffeine a person consumes as well. Keep in mind that many sweetened beverages contain HFCS, the effects of which are discussed above (Tip #1). More resources related to beverages are listed at the end of this chapter, and in the Whole Health Veteran Handout, “[An Introduction to Food and Drink for Whole Health.](#)”

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

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

- Access. Does a person live in a food desert, with limited access to food in general? Do they experience food insecurity? Do they live in a “food swamp,”¹⁰⁰ where there is food available, but most of it is unhealthy?
- Food safety. Does the person eat whole foods, or processed foods? How many pesticides are they taking in when they eat? To learn more, go to the “[Food Safety](#)” tool in the Whole Health Library.
- Culture and nutrition. How do a person’s ethnicity, religious beliefs, family of origin, geographical location, or other factors influence their dietary patterns?
- Context of meals. Food psychology has demonstrated that glass size, plate size and color, number of foods offered during a meal, how many people eat together, and even the speed of the slowest eater at the table can influence our eating patterns.¹⁰¹

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

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

Whole Health Tool: A Healthy Microbiome: The Role of Probiotics

What Is the Microbiome?

Trillions of microorganisms—mostly bacteria, and over 30,000 different species—live in the human gut.^{102,103} Which ones live there can have a marked effect on health. You can support a healthy microbiome through your diet as well as by taking various dietary supplements.

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

How It Works

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

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

How to Use Probiotic Foods and Supplements

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

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

Some of the most-researched strains of probiotics include:

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

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

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

When to Use Probiotics¹⁰²

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

What to Watch Out for (Harms)

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

Tips from Your Whole Health Colleagues

- A number of clinicians report that the probiotic yeast, *Saccharomyces boulardii*, can also be helpful.
- While more studies are needed, research indicates that the microbiome affects brain function¹⁰⁴ and emotional states.¹⁰⁵ Research into psychobiotics is showing promise.^{106,107} More studies are needed, but a 2019 study found that probiotics have significant therapeutic effects for people with depression.¹⁰⁸
- There is a connection between gut flora and obesity as well.¹⁰⁹
- *Lactobacilli* tend to do more in the upper GI tract. *Bifidobacteria* are more likely to affect the colon.
- More details are available in the [“Promoting a Healthy Microbiome with Food and Probiotics”](#) tool in the Whole Health Library.

Food & Drink Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Food and Drink](https://www.youtube.com/watch?v=Xa6-dyaFddo&feature=youtu.be). Part of the Components of Health and Well-Being Video Series. <https://www.youtube.com/watch?v=Xa6-dyaFddo&feature=youtu.be>
- [Veterans Whole Health Education Handouts](https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp).
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to Food and Drink for Whole Health
 - Carbohydrates and Your Health—Glycemic Index, Glycemic Load, and Blood Sugars
 - Deciding How to be a Healthier Eater
 - Eating to Reduce Inflammation
 - Healthy Tips on Eating Out and Grocery Shopping
 - Mindful Eating
 - How a Healthy Gut Makes for a Healthier You
 - Probiotics for Specific Conditions
 - How to Eat a Mediterranean Diet
 - Using an Elimination Diet to Help Learn if Certain Foods are Making You Sick
 - Eating to Reduce Irritable Bowel Symptoms: The FODMaP Diet
 - Whole Health Food, Drink, Activity and Symptom Log
- [MOVE! Weight Management Program](http://www.move.va.gov). <http://www.move.va.gov>.
 - [Move! Handouts](http://www.move.va.gov/handouts.asp). Feature diet as well as exercise.
<http://www.move.va.gov/handouts.asp>.
- [VA Nutrition and Food Services](http://www.nutrition.va.gov). Has listing of ways nutrition can influence health for a number of different diagnoses. <http://www.nutrition.va.gov>
 - [Get Help from a Dietitian](https://www.nutrition.va.gov/Get_Help_from_a_Dietitian.asp).
https://www.nutrition.va.gov/Get_Help_from_a_Dietitian.asp
 - [Recipe and Cookbooks](https://www.nutrition.va.gov/Recipes.asp). <https://www.nutrition.va.gov/Recipes.asp>
 - [Additional Resources](https://www.nutrition.va.gov/veteranNutritionLinks.asp).
<https://www.nutrition.va.gov/veteranNutritionLinks.asp>
- [Oncology Cookbook](http://vaww.nutrition.va.gov/clinicalNutrition/ptEd.asp#cancer_and_nutrition). Patient Education Site, Cancer and Nutrition.
http://vaww.nutrition.va.gov/clinicalNutrition/ptEd.asp#cancer_and_nutrition
- [Personal Health Plan Template](https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Food and Drink](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/food-drink.asp). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/food-drink.asp>
- [An Introduction to Food and Drink for Whole Health](https://www.va.gov/WHOLEHEALTH/Veteran-Handouts/docs/IntroFoodDrink-508Final-9-4-2018.pdf).
<https://www.va.gov/WHOLEHEALTH/Veteran-Handouts/docs/IntroFoodDrink-508Final-9-4-2018.pdf>
- [Choosing A Diet](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/choosing-a-diet.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/choosing-a-diet.asp>

- [Food Safety](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/food-safety.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/food-safety.asp>
- [Mindful Eating: Enhancing Your Relationship with Your Food](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/mindful-eating.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/mindful-eating.asp>
- [Promoting a Healthy Microbiome with Food and Probiotics](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/promoting-healthy-microbiome-with-food-probiotics.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/promoting-healthy-microbiome-with-food-probiotics.asp>
- [When Your Food & Drinks Could Be Causing You Problems: Elimination Diets](https://www.va.gov/WHOLEHEALTH/Veteran-Handouts/docs/EliminationDiets-Final508-03-25-2019.pdf). <https://www.va.gov/WHOLEHEALTH/Veteran-Handouts/docs/EliminationDiets-Final508-03-25-2019.pdf>
- [The Low FODMaP Diet](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/fodmap-diet.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/fodmap-diet.asp>
- [Achieving a Healthy Weight](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/achieving-healthy-weight.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/achieving-healthy-weight.asp>
- [Glycemic Index](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/glycemic-index.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/glycemic-index.asp>
- [Understanding Sweeteners](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/understanding-sweeteners.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/understanding-sweeteners.asp>
- [The DASH Diet](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/dash-diet.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/dash-diet.asp>
- [Testing to Assess the Gastrointestinal Ecosystem](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/testing-to-assess-the-gastrointestinal-ecosystem.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/testing-to-assess-the-gastrointestinal-ecosystem.asp>
- [Whole Health for Skill Building: Food & Drink](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - PowerPoints
 - Mindful Awareness Script: Mindful Eating
- [Eating for Whole Health: Nutrition for all Clinicians](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/eating-for-whole-health.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/courses/eating-for-whole-health.asp>
 - Course manual
 - PowerPoints
 - One-week menu with recipes
 - List of resources from course faculty.

Other Websites

- [Anti-Inflammatory Diet and Pyramid](http://www.drweil.com/diet-nutrition/anti-inflammatory-diet-pyramid/). Dr. Andrew Weil website. <http://www.drweil.com/diet-nutrition/anti-inflammatory-diet-pyramid/>
- [Dietary Guidelines for Americans 2015-2020](https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines/guidelines/). <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines/guidelines/>
- [FoodData Central](https://fdc.nal.usda.gov/). USDA Agricultural Research Service. Search for the contents of various nutrients, including fiber, in any given food. You can do a “Food Search” to see the nutrients in a particular food. <https://fdc.nal.usda.gov/>

- [Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx). USDA Economic Research Service. Shows urban and rural food deserts on an interactive map. <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>
- [Local Harvest](http://www.localharvest.org/). Search out CSAs in your area or order fresh foods from around the country. <http://www.localharvest.org/>
- [Nutrition and Healthy Eating](http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/basics/nutrition-basics/hlv-20049477). Mayo Clinic. <http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/basics/nutrition-basics/hlv-20049477>
- [Oldways Cultural Food Traditions](https://www.oldwayspt.org). Guidance on eating within various traditions (e.g., African, Latin American, Asian, Mediterranean, Vegetarian/Vegan styles of eating). <https://www.oldwayspt.org>.
- [The Center for Mindful Eating](http://thecenterformindfuleating.org). Where Mindful Awareness meets Food and Drink. <http://thecenterformindfuleating.org>.
- [The Nutrition Source](https://www.hsph.harvard.edu/nutritionsource/). Harvard School of Public Health. <https://www.hsph.harvard.edu/nutritionsource/>
- [USProbiotics](http://cdrf.org/home/checkoff-investments/usprobiotics/). California Dairy Research Foundation and Mary Ellen Sanders PhD. Information provides a nice summary of research. <http://cdrf.org/home/checkoff-investments/usprobiotics/>
- Recipe sites (Note that these are all .com sites. The VA Nutrition and Food Services above features a number of government-approved recipes.)
 - [Epicurious](http://www.epicurious.com). <http://www.epicurious.com>
 - [My Recipes](http://www.myrecipes.com). <http://www.myrecipes.com>
 - [Cooking Light Magazine](http://www.cookinglight.com). <http://www.cookinglight.com>
 - [101 Cookbooks](http://www.101cookbooks.com). Natural foods recipes. <http://www.101cookbooks.com>
 - [Sparkpeople](http://www.sparkpeople.com). Free registration allows access to a calorie counter and fitness programs. <http://www.sparkpeople.com>

Books

- *Integrative Medicine*, 4th edition, David Rakel (2017). Available through VA library system. Includes chapters on food elimination, anti-inflammatory eating, DASH, FODMaP, and prescribing probiotics.
- *Eat, Drink, and Be Healthy: The Harvard Medical School Guide to Healthy Eating*, Walter Willett (2005)
- *Eating Well for Optimum Health: The Essential Guide to Bringing Health and Pleasure Back to Eating*, Andrew Weil (2001)
- *Good and Cheap: Eat Well on \$4/Day*, Leanne Brown (2014)
- *In Defense of Food: An Eater's Manifesto*, Michael Pollan (2009)
- *Mindful Eating: A Guide to Rediscovering a Healthy and Joyful Relationship with Food*, Jan Bays (2009)
- *Mindless Eating: Why We Eat More Than We Think*, Brian Wansink (2007)
- *Nutrition in Clinical Practice*, 2nd edition, David Katz (2014)
- *Passionate Vegetarian*, Crescent Dragonwagon (2002)
- *The Low Glycemic Index Handbook*, Jennie Brand-Miller (2010)
- *The New Mediterranean Diet Cookbook*, Nancy Jenkins (2008)
- *The New Vegetarian Cooking for Everyone*, Deborah Madison (2014)
- *The Omnivore's Dilemma: A Natural History of Four Meals*, Michael Pollan (2007)

- *What I Eat: Around the World in 80 Diets*, Peter Menzel (2010)
- *Wheat Belly: Lose the Wheat, Lose the Weight, and Find Your Path Back to Health*, William Davis (2014). Many patients are reading books like this and have questions about their content.

Apps and Monitoring Software

The phone app listed below is free. Find it by searching online or in your device's app store.

- **MOVE! Coach**

Special thanks to Samantha Sharp, MD, who wrote the original Whole Health Library materials on Food and Drink that inspired content for much of this chapter, as well as Sagar Shah, MD, who updated the library materials in 2018, and the entire Eating for Whole Health faculty team, who updated the materials again in 2020. Also, gratitude to the VA dietitians and other Nutrition and Food Service leaders who have offered feedback regarding content.

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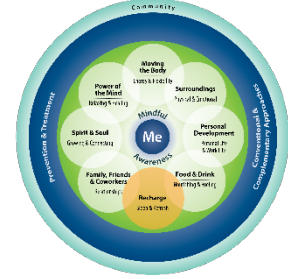
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Chapter 9. Recharge: Sleep & Refresh

If there's a secret to a good night's sleep, it's a good day's waking.
—Rubin Naiman¹

The Importance of Sleep and Rest



Most people need 7-8 hours of sleep to function physically, mentally, emotionally, and socially, but 30% of the American population has chronic insomnia. As of 2012, 70 million Americans were sleeping fewer than six hours nightly, and the number is growing.² On average, 20% of the adult population is sleep deprived.³ Sleep has a significant impact on Whole Health. For example, it is closely linked to cardiometabolic health.⁴ When people who sleep under five hours nightly are compared with people who sleep over seven hours, they have⁵:

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

It has even been found that sleep loss is comparable to physical inactivity when it comes to increasing the risk of insulin resistance; even one night of less than four hours of sleep leads to measurable blood glucose differences.² We also know that people who sleep less have increased sensitivity to pain.⁶ They also have much higher mortality rates, as was noted in a recent systematic review that included over 70,000 elderly individuals.⁷ In one study, men who averaged under six hours per night were four times more likely to die over 14 years.⁸ If people have a concussion, sleep deprivation increases brain damage,⁹ and sleep and immune system function are bidirectionally linked.¹⁰ Poor sleep is linked to poor glucose control in people with diabetes.^{11,12} Long (>9 hours) sleep duration, like short duration, is also associated not only with higher risks of stroke and heart disease, but also with a higher likelihood of colorectal cancer, increased mortality, cognitive decline and poor diet.¹³ Obstructive sleep apnea (OSA) is linked with metabolic disease and cognitive decline as well.¹⁴

Poor sleep is also closely linked to suicidal ideation.¹⁵ In a study of Veterans, those who reported sleeping less were much more likely to report having suicide attempts in the past year.¹⁵ One 2012 study found that sleep disorders were more likely to correlate with suicidal ideation in military personnel than depression or hopelessness.¹⁶ Insomnia is predictive of subsequent mental illness, particularly for depression.¹⁷ Sleep impairments have been linked to increased allostatic load, the “wear and tear” that happens if the body loses its ability to effectively respond to stress.¹⁸ Sleep and inflammation are closely linked.¹⁹

Sleep serves many purposes. It is a time when hormones, neurotransmitters, and other compounds are regenerated. It is a time when short-term memories are converted to long-term memories.²⁰ Sleep is important to maintaining a healthy weight (it allows ghrelin and leptin levels to balance),²¹ and it is closely linked to mental health,²² including emotional stability.²³ Good sleep prevents work and motor vehicle accidents.^{24,25} Being awake for 17-19 hours is like having a blood alcohol level of 0.05; after 24 straight hours, our brains function as though we have a level of 0.1. Not only that, but sleep deprivation is linked to increased alcohol use. Poor sleep can also lead to permanent cognitive defects and may contribute to risk of Alzheimer's.²⁶

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

For ideas for [Personal Health Plan](#) (PHP) content, you can look at the "subtopics" developed for skill-building courses for Veterans. These are intended to help them zero in on areas they could focus on. Figure 9-1 shows the subtopics for the Recharge circle.



Figure 9-1. Subtopics within the Recharge Circle of Self-Care

Questions to Ask Related to Recharge

- Are you satisfied with your energy level?
- At what time of day are you most energized?
- What activities energize you and leave you feeling refreshed?
- At what time of day is your energy lowest?

- What drains or lowers your energy?
- When your energy is depleted, what do you do? Nap? Eat?
- How many hours of sleep do you usually get each night?
- Do you sleep well?
- Do you wake up feeling well-rested?
- If you nap, can you sleep briefly and feel refreshed?
- Describe any problems you have with sleep.
- What have you tried to help you sleep better? Any medications or dietary supplements?
- Do you ever listen to guided imagery recordings to fall asleep?
- Do you do restorative practices like gentle yoga or mediation?

Eleven Tips for Improving Sleep

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

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

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

Ask about snoring and whether a person has been observed to intermittently stop breathing at night, which may indicate obstructive sleep apnea. People may also note having restless legs (periodic limb movements of sleep). Are bladder problems playing a role? Could the thyroid be involved? Pain can also have a significant effect on sleep. 24% of patients report fatigue as a significant problem, and chronic fatigue syndrome/myalgic encephalomyelitis is a challenging problem that can be due to a number of different causes.²⁷

Recent literature indicates that men and women who have recently served in the military have much higher rates of insomnia than the general population, at 25-54%.²⁸ Sleep problems are particularly common in people with posttraumatic stress and traumatic brain injury.²⁹ One study, focused on female service members, found that 75% of the women reported a traumatic event that correlated with the beginning of sleep problems; 10% reported sexual harassment, trauma, abuse, or rape.³⁰

2. Keep active during the day

Exercise improves a number of sleep outcomes.³¹ A review of six trials focused on people over 40 found that people who engage in moderate intensity aerobic and high-intensity resistance training had better insomnia scores and fell asleep faster, but they did not sleep longer at night or function differently during the day.³² A 2018 study found that people ages 45-86 had better sleep efficiency if they were more active and/or less sedentary.³³ One study found that people over age 60 who exercised had improved sleep at 16 weeks, including both sleep quality and time to fall asleep.³⁴ No studies have shown conclusively that exercising before bed causes sleep problems.³⁵ Benefits have also been found specifically for people with cancer.³⁶

Benefits for sleep seem to be tied to a variety of types of exercise. For example, results were similar for those who followed general activity recommendations or did high-intensity interval training.³⁷ A 2019 review found benefit for tai chi, qi gong, and yoga as well.³⁸

3. Consider Cognitive Behavioral Therapy for Insomnia

Cognitive Behavioral Therapy for Insomnia (CBT-I) is widely considered to be the gold standard for insomnia treatment.³⁹ It is highly effective,⁴⁰ including in VA and military populations,⁴¹ and it is widely available in the VA, compared to other organizations. People are taught how to work with both behaviors and thought patterns that interfere with sleep. Some key elements of CBT-I include the following⁴²:

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

CBT-I is an effective treatment for and seems to help treat depression.⁴³ One systematic review noted that CBT-I has more durable long-term benefits than standard sleep medications.⁴⁴ Best of all, patients treated with CBT-I continue to maintain and, in many cases, improve even more after the completion of treatment. CBT-I even works when people do it remotely on the Internet.⁴⁵ It has been noted that for all of its benefits, more research is still needed to gauge CBT-I benefit for military personnel or Veterans who are women, or who have substance use disorders.⁴¹ For more information, including

information about a CBT-I app created by the VA, refer to the Resources section at the end of this chapter.

4. Follow good sleep hygiene

Sleep hygiene is closely connected with stimulus control in CBT-I. Essentially it involves optimizing surroundings and circumstances to allow for good sleep. It works much better when used in conjunction with CBT. Recommendations to improve sleep hygiene include the following⁴²:

- Only use the bed for sleep and sex. Do not read or watch TV in bed.
- Make sure that where one sleeps is comfortable.
- Avoid daytime napping.
- Go to bed and get up at the same time each day. A ritual, or standard set of activities followed before bed, can be helpful.
- If sleep is not happening, go somewhere else and do something relaxing.
- If worries come up, practice a mindfulness exercise, such as writing about concerns in a journal, so that they can be attended to during waking hours.
- Ensure the environment is dark. Use light-opaque curtains or a sleep mask, as needed.
- Keep the sleep environment quiet. Earplugs, if practical, can be considered.
- Keep the sleep environment cool.
- Avoid light exposure from anything with a screen before bed (some people suggest for at least an hour before bedtime). That includes tablets and smartphones.
- Move the alarm clock or turn it away to avoid watching the clock.
- Electromagnetic fields can affect sleep in a dose-related fashion,⁴⁶ suppressing melatonin release in the brain.⁴⁷ It is best to minimize how many electrical devices are in the bedroom. Keep them as far away from the head of the bed as possible. It is best to use a battery-powered clock versus an electric one.
- Make sure certain allergies are not triggered by the sleep area. Keep the bedroom dust-free and clean, and if allergies seem to be a factor, consider a HEPA filter, mold control, removal of carpets, and hypoallergenic bedding that can be washed frequently.
- Aromatherapy. A very small trial found that vaporized lavender oil improved insomnia scores.⁴⁸ A few drops of lavender oil can be placed on a cotton ball a foot or so from a person's head. Another review of 13 general aromatherapy studies concluded that readily available treatments effectively promote sleep.⁴⁹

5. Consider light therapy

A 2019 Cochrane review found that evidence is limited for using light therapy to prevent seasonal affective disorder,⁵⁰ but many people report feeling recharged when they use this safe and relatively inexpensive therapy. Sitting within three feet of a light for 20-60 minutes, 2-3 times daily, can boost energy levels. Morning therapy seems to be most effective, and light levels should be from 2500 to 10,000 lux. Recent studies indicate that this is not only beneficial to people with seasonal affective disorder, but also to people with depression of any sort⁵¹ and possibly also for those with bipolar disorder.⁵² Depression is

a common cause (or effect) of sleep disturbance. For more information about light therapy, go to the Resources section at the end of this chapter.

6. Use mind-body practices

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

Meditation. A 2019 review including 18 trials with 1654 participants concluded that preliminary findings suggest that mindfulness meditation “...may be effective in treating some aspects of sleep disturbance.”⁵³ A study of 24 long-term meditators and 24 meditation-naïve controls found that even two 8 hour sessions of compassion or other types of meditation led to alterations in non-REM sleep patterns.⁵⁴ A 2015 randomized controlled trial that compared mindful awareness training to sleep hygiene found that the mindfulness group had improvements in sleep quality superior to the other group.⁵⁵ A 2016 meta-analysis found mild improvement of some sleep parameters with mindfulness meditation.⁵⁶ Another systematic review found that meditative movements (tai chi, qi gong, and yoga) significantly improve sleep.⁵⁷

Mindfulness-Based Sleep Induction Technique. A useful tool you can encourage patients to try on their own, when appropriate, is the Mindfulness-Based Sleep Induction Technique.^{42,58} It is designed to calm a racing mind when you are trying to fall asleep. Follow these steps:

1. Begin with abdominal breathing. Place one hand on your chest and the other on your abdomen. When you take a deep breath, the hand on the abdomen should rise higher than the one on the chest. This ensures that the diaphragm is expanding, pulling air into the bases of the lungs. (Once you have this mastered, you do not have to use your hands). This diaphragmatic breathing stimulates the vagus nerve, which enhances the relaxation response.
2. Take a slow, deep breath in through your nose for a count of 3-4, and exhale slowly through your mouth for a count of 6-7. (Your exhalation should be twice as long as your inhalation).
3. Allow your thoughts to focus on your counting or your breath as the air gently enters and leaves your nose and mouth.
4. If your mind wanders, gently bring your attention back to your breath.
5. Repeat the cycle for a total of eight breaths.
6. After each eight-breath cycle, change your body position in bed and repeat for another eight breaths.

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

Other Approaches

- **Guided imagery** (discussed in Chapter 12) has been found to improve sleep as well. Focusing on imagery was found to reduce time to fall asleep in one small study.⁵⁹
- **Image Rehearsal Therapy** can help those with chronic insomnia related to nightmares.⁶⁰ (Image rehearsal therapy is successfully used for nightmares in patients with PTSD. The approach should be done with a trained therapist.)
- **Breathwork** (also discussed in Chapter 12) involves conscious manipulation of breathing. Various breathing patterns can have an immediate effect on relaxation.⁶¹
- **iRest® Yoga Nidra**. The military has done pilots of the use of iRest® Yoga Nidra, which is a secularized practice of a specific form of yogic meditation. Elements include deep relaxation, attention training, self-management tools, and mindful awareness of thoughts and emotions. A pilot study related to sleep found a trend toward decreasing waking somnolence.⁶² Other studies are in process.

A 2017 review looking at various mind-body interventions for college students with insomnia found that CBT had large effects.⁶³ Sleep hygiene-based interventions had medium effects, as did other approaches, such as mindfulness and hypnotherapy. The effects of relaxation approaches were variable.

7. Focus on nutrition and sleep

Here are some general suggestions to keep in mind:

- When considering dietary changes to enhance sleep, remember that caffeine has a significant effect. It influences sleep onset and quality even in people who otherwise do not have sleep problems.⁶⁴ People tolerate caffeine less well with age; its half-life in the body increases.⁶⁵
- Alcohol may result in faster sleep onset, but sleep is disrupted in the second half of the sleep period. In people who drink frequently, the sleep benefit may go away while the disruption worsens.⁶⁶
- A healthy diet in general can provide the raw materials needed for the body to synthesize melatonin, which can lead to better sleep^{67,68}:
 - Nuts and seeds have the highest amounts, particularly walnuts, peanuts, flaxseeds, and sunflower seeds.
 - Vegetables and fruits with the most melatonin include asparagus, broccoli, cucumber, corn, olives, pomegranates, and tart cherries.
 - Good grain sources include rolled oats, barley, and rice.
 - Eggs and fish have more than other animal-sourced foods.
- Foods that contain tryptophan (e.g., turkey, milk, chicken, eggs, cheese, fish, peanuts, pumpkin seeds, and seame seeds).⁶⁹
- Avoid foods that can promote gastroesophageal reflux, like chocolate, tomatoes, onions, fats, mint, and alcohol.

8. Consider dietary supplements

Several supplements are commonly used for sleep, and it is worth it for clinicians to be familiar with them.⁷⁰

- **Melatonin** is secreted by the pineal gland when the brain senses declining light levels, and its release stops when light is present. Optimal dose varies greatly from one person to the next. A systematic review and meta-analysis of melatonin looked at 17 studies involving 284 study participants.⁷¹ Its effects are statistically significant, but they may not be all that meaningful clinically. Melatonin treatment reduced sleep onset latency by 4 minutes (95% CI 2.5-5.4), increased sleep efficiency by 2.2% (95% CI 0.2-4.2) and increased total sleep duration by 12.8 minutes (95% CI 2.9-22.8). It is more effective in the setting of delayed sleep phase syndrome.⁷² Melatonin is well tolerated. It should be taken about two hours before bedtime. A typical dose is 1-3 milligram(s), taken orally. Lower doses, like 0.3 milligrams, may be more effective for some people. Note: Melatonin is on the VA formulary.
- **Valerian** must be taken daily for 2-4 weeks to take effect. It seems to increase the availability of the neurotransmitter GABA. Safety seems to be quite good, with just a few people reporting grogginess in the morning after taking it. A systematic review and meta-analysis that focused on 16 studies noted methodological problems and variability, but concluded the available evidence suggests it may improve sleep quality with minimal side effects.⁷³ A 2020 review noted that valerian shows some promise for sleep and anxiety, but more studies are needed.⁷⁴
- **Lavender oil** shows some promise as a sleep aid, in very small trials.^{74,75}
- **Other commonly use supplements** have less research favoring their use.⁷⁰ These include German chamomile, 5-hydroxytryptophan (5-HTP), L-tryptophan, and teas that contain hops and passionflower. These tend to be safe, but efficacy is not clear from current research.

The tool "[Botanical Medicines to Support Healthy Sleep and Rest](#)" has additional information on dietary supplements for sleep. Chapter 15 has more information about the safe and appropriate use of dietary supplements.

9. Give yoga a try

Yoga was found in a large 2020 systematic review to be beneficial for women as a way of managing sleep problems.⁷⁶ A 2014 study concluded that yoga is beneficial for sleep in older adults in terms of sleep quality, sleep efficiency, and sleep duration and sleep latency.⁷⁷ Another trial involving 139 people over age 60 found that all aspects of sleep improved.⁷⁸ A large review of 18 studies found that sleep quality scores, time to sleep, and sleep duration were improved,⁷⁹ and yoga was found to improve sleep in patients with breast cancer.⁸⁰ Yoga also seems to help with restless legs syndrome.⁸¹ Chapter 5, "Moving the Body," has more information about yoga.

10. Consider Chinese medicine

Acupuncture has wide use in China as an insomnia treatment, and data is favorable. For example, a 2020 review of 13 trials with 911 participants found it had a significant effect

on insomnia compared to sham acupuncture groups. Similarly, a 2012 review of 46 trials of 3,811 participants found it was a safe and effective treatment.⁷⁹ A Cochrane review focusing on 33 trials found improvement in sleep measures but noted that effect sizes were small and that more study is needed.⁸² A 2017 trial including 72 people found that acupuncture was more effective than sham treatment for increasing sleep quality and psychological health in people with primary insomnia.⁸³ Another 2017 review found acupuncture to benefit depression-related insomnia.⁸⁴ Yet another 2017 review for cancer-related insomnia was less conclusive.⁸⁵ A 2020 review and meta-analysis found that acupuncture has benefits in OSA as well.⁸⁶

11. Know how to nap

A nap's length determines how recuperative it is, and longer is not necessarily better. Naps less than 30 minutes have been found to restore alertness, as long as they are not "ultrabrief" (30-90 seconds).⁸⁷ They have benefits that last from 1-3 hours. With short naps the brain moves through sleep stages 1 and 2, without rapid eye movement (REM) sleep; it appears that stage 2 is needed for a nap to be beneficial. Naps longer than 30 minutes are associated with more sleep inertia (grogginess), but 40-60 minute naps have longer-lasting cognitive benefits than shorter naps.⁸⁸ Relative risk of cardiovascular disease decreases when people regularly take short (under 30 minute) naps, then increases when naps are longer, especially when they are longer than 45 minutes.⁸⁹ Daytime napping is linked to more severe symptoms for people with fibromyalgia syndrome.⁹⁰

Beyond Sleep: Additional Recharging Tips

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

1. Ensure a person is finding **time for leisure, creativity, and hobbies or other non-work interests**. Ideally, this time should not all be sedentary.⁹¹ This is discussed further in Chapter 7, "Personal Development."
2. **Vacations and rest periods** decrease job stress and burnout and improve life satisfaction, even though the benefits may fade quickly after one goes back to work.⁹² One small study did find that anticipating a vacation may have beneficial effects in terms of how stress affects heart rates.⁹¹ A study of 4- to 5-day vacations found that people reported higher health and well-being during vacations, especially if they had more time for conversations with their partner, had more fun, and had fewer negative experiences.⁹³ Not surprisingly, working during vacation had negative effects. When you go on vacation, really detach from work. Be careful not to let a vacation become a different form of stress. Length of vacation does not seem to matter.
3. **Taking breaks while working** is also important to health. We know that cardiac risk is decreased based on how often one interrupts times of inactivity. Frequent breaks for movement lower waist circumference and blood sugars.⁹⁴ Here are some tips related to taking breaks that you can share with Veterans⁹²:

- Be clear about your workplace’s break policy, and discuss it with your supervisor, as needed.
- Build break time into your daily schedule. A five-minute break every 30 minutes is a common suggestion. Try for at least one per hour and take longer breaks (15 minutes or so) in the middle of the morning and the afternoon. You can set a clock, watch, smartphone, or computer to give you reminders about when it is break time.
- Be clear on how you will spend your break time. You can do nothing, stretch, have a healthy snack, take a moment for mindful awareness, listen to music, or even take a power nap.
- Change locations during breaks, to help you make a clean break from working.
- Consider a standing workstation to keep yourself from becoming too sedentary.

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

For more information on work breaks and vacations, check out “[Taking Breaks: When to Start Moving, and When to Stop.](#)”

Recharge Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Recharge, Rest, Sleep.](#) Part of the Components of Health and Well-Being Video Series. <https://www.youtube.com/watch?v=zT-bbZmeW4I&feature=youtu.be>
- [Veterans Whole Health Education Handouts.](#)
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to Recharge for Whole Health
 - Hints for Encouraging Healthy Sleep
 - Change Your Habits to Sleep Better
 - How Pausing and Taking Breaks Leads to Whole Health
 - Counseling for Insomnia
- [VA CBT-I.](#)
https://vaww.portal.va.gov/sites/OMHS/cbt_insomnia/Lists/CBTAbout/AllItems.aspx
- [Assessment and Treatment of Sleep Problems in PTSD.](#) National Center for PTSD Continuing Education Course.
https://www.ptsd.va.gov/professional/continuing_ed/assessment_tx_sleep_problems.asp
- [Personal Health Plan Template.](#) <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Recharge](https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/recharge.asp). Overview. <https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/recharge.asp>
- [Botanical Medicines to Support Healthy Sleep and Rest](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/botanical-medicines-healthy-sleep-rest.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/botanical-medicines-healthy-sleep-rest.asp>
- [Taking Breaks: When to Start Moving, and When to Stop](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/taking-breaks-when-to-start-moving-and-when-to-stop.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/taking-breaks-when-to-start-moving-and-when-to-stop.asp>
- [Whole Health for Skill Building: Recharge](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - Veteran Tool: Charting Your Energy
 - PowerPoints
 - Mindful Awareness Script: Mindful Awareness For the “Rest” of Us

Other Websites

- [Bright Light Therapy: A Non-Drug Way to Treat Depression and Sleep Problems. Handout](https://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/handout_light_therapy.pdf). University of Wisconsin Integrative Medicine Department of Family Medicine and Community Health. https://www.fammed.wisc.edu/files/webfm-uploads/documents/outreach/im/handout_light_therapy.pdf
- [iRest® Yoga Nidra](https://www.irest.org). <https://www.irest.org>
- [National Sleep Foundation](http://www.sleepfoundation.org/). <http://www.sleepfoundation.org/>
 - [Cognitive Behavioral Therapy for Insomnia](http://sleepfoundation.org/sleep-news/cognitive-behavioral-therapy-insomnia). <http://sleepfoundation.org/sleep-news/cognitive-behavioral-therapy-insomnia>
 - [Sleep Diary](http://sleepfoundation.org/sleep-diary/SleepDiaryv6.pdf). <http://sleepfoundation.org/sleep-diary/SleepDiaryv6.pdf>
- [Society of Behavioral Sleep Medicine](https://www.behavioralsleep.org). <https://www.behavioralsleep.org>

Books

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

Apps and Monitoring Software

The phone app listed below is free. Find it by searching online or in your device’s app store.

- **CBT-I Coach**. National Center for PTSD. An excellent app that makes CBT-I techniques more portable.

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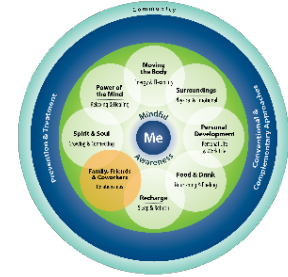
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PASSPORT TO WHOLE HEALTH
Chapter 9. Recharge: Sleep & Refresh

Chapter 10. Family, Friends, & Co-Workers: Relationships

It is in the shelter of each other that people live.
—Irish Proverb



The Importance of Healthy Relationships

If you put an animal under stress and it is alone, its plasma cortisol, a stress hormone, will increase by 50%. If you stress the same animal when it is surrounded by familiar companions, its cortisol does not change.¹ The same holds true for people; social support matters. The Alameda County study followed over 7,000 people for nine years and found that the best predictor of mortality in people over 60 was how much social support they had.² We know that better social support correlates with better surgical outcomes,³ as well as with decreased frequency of colds.⁴ Cancer recurrences, development of dementia, and depression also decrease for those with positive social relationships.⁵ A 2016 review of 35 studies found benefit for connection in diabetes care as well (when done in person or using various communication technologies), including for self-care behavior, physical activity, weight management, and hemoglobin A1C levels.⁶ Loss of social connectedness is also a major contributor to burnout.⁷

When all is said and done, connection is life. We are social beings, and we thrive on interaction. As you co-create a [Personal Health Plan](#) (PHP) with someone, keep in mind that the “Me” at the center of the Circle of Health is best served when there is a “We” offering support. In this chapter, the focus is more on relationships with other individuals. In Chapter 19, we will focus on broader relationships related to Community.

It is clear (and not surprising) that loneliness and lack of connection decrease health. A 2014 summary of 23 interviews with Veterans who had attempted suicide reported that some of the main conditions contributing to their decision were loneliness and isolation.⁸ A 2019 review went so far as to say that loneliness and social isolation should be included into suicide risk assessments.⁹ Isolation has a significant health impact. A 2015 analysis of 70 different studies found that social isolation is linked to a 29% higher likelihood of dying.¹⁰ These findings were consistent across gender, world region, and length of follow up. Loneliness and poor social connection lead to inflammation and chronic disease.¹¹ There is a reason why solitary confinement is considered a terrible punishment. It has been proposed that social disconnectedness be discussed to screen for heart disease risk,¹² and social connection is associated with a decrease in suicide risk and reduced mortality.¹³

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

Who really matters?

The diagram shown in Figure 10-1 is used in skill-building courses to give Veterans a framework for thinking about Family, Friends, and Co-Workers, or “who really matters.” The “subtopics” can offer ideas for how to bring one’s relationships more fully into focus

and assist in incorporating that aspect of self-care into their PHPs. Each of these areas is discussed in this chapter.

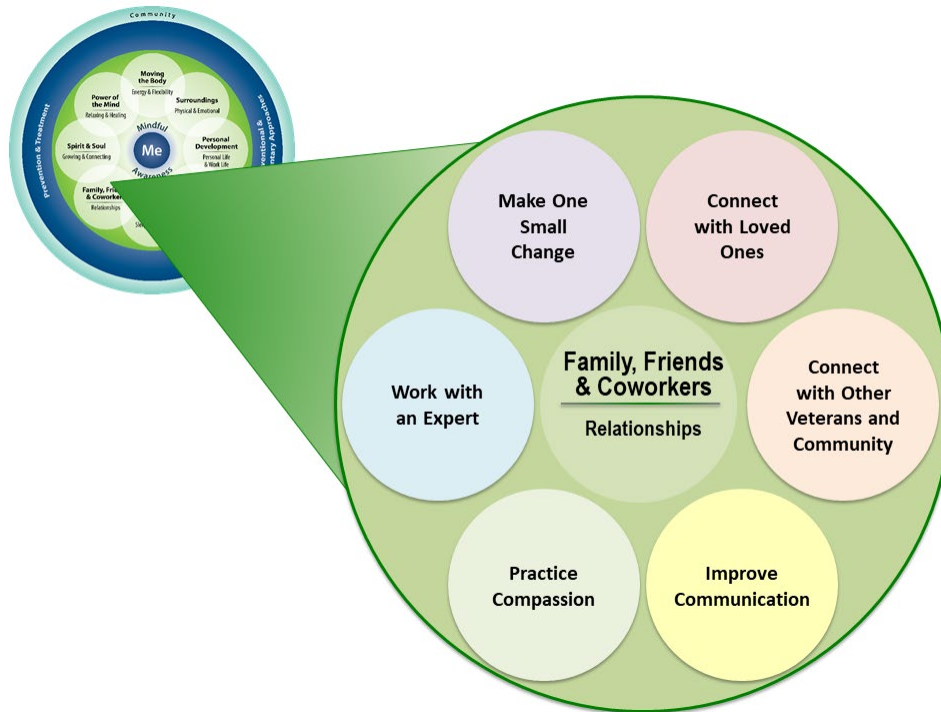


Figure 10-1. Subtopics within the Family, Friends, and Co-Workers Circle of Self-Care

Questions to Ask About Relationships

Social support has three dimensions, and all of them are important. Consider asking about all three¹⁴:

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

To pursue this further, you can ask the following¹⁴:

- Who are the **10 people** in your life who matter the most to you? Who are you closest to in your family? Who is your best friend? Who is your most trusted colleague?
- Who provides you with **emotional** support?
- Who gives you **instrumental** support in the form of time, money, and other types of help?
- What about your sources of **appraisal** support? Who gives you affirmation, evaluation, and feedback?

- Finally, where do you get **informational** support? Who offers you advice, guidance, and helpful suggestions?

And here are some other key questions you can consider:

- Which relationships fulfill and/or strengthen you?
- Do you get the support you need from your loved ones?
- Are you lonely?
- How often do you share your feelings and thoughts with others?
- Who or what drains your energy? Can you change this?
- Do you have friends or family members you can talk to about your health?
- What do your partner and family think are the causes of your health conditions?
- Has an illness of a loved one ever affected you? Are you taking care of anyone with chronic illness?
- Is there someone you would like to have come with you to your health care appointments?
- Are you close to your blood relatives (parents, siblings, extended family, children)?
- Who do you consider to be your “family of choice?” Is it your blood relatives? Who else is important to you in your life?
- How deeply are your family members involved in each other’s lives?
- Do you have a significant other?
- Do you feel supported by your partner?
- Are you sexually active? Are you satisfied with this aspect of your health, and why or why not?
- Do you have any children? What ages?
- What activities do you and your partner do together?
- Is anyone hurting you? Have you been hit, kicked, punched, choked, or otherwise hurt by an intimate partner? (Never forget to ask about safety at home, as noted in Chapter 6, “Surroundings.”)
- If single: Are you satisfied with being single, and do you have the support you need in your life?
- Tell me about your closest friend. What do friendships mean to you?
- In terms of COVID, how are you doing with balancing physical distancing and social connectedness?¹⁵
- Are you able to connect with the people you care about using different types of technology?
- If you are working, how are your relationships with your coworkers?
- Do you feel that the work you do is appreciated?

Ten Tips for Enhancing Social Connection and Relationships

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

1. Consider social capital, and ways to increase it

The term “social capital” was first introduced by Robert Putnam in *Bowling Alone: The Collapse and Revival of American Community*.¹⁶ The act of bowling alone was used as a reference to the disintegration of U.S. after-work bowling leagues. It serves as a metaphor for the decline of social, political, civic, religious, and workplace connections in the United States.

Social capital refers to the value of belonging to one’s social networks. It is all the benefits that arise from reciprocal exchanges with others, be they family, friends, co-workers, or social, political, or religious organizations. These networks have value for health. You contribute in relationships, and just as other people or groups can count on you if they are in need, you can count on them. Your contributions to relationships increase your chances of receiving support in the future. An example of social capital would be the shared connection between two people who are both alumni of the same college; they are more likely to connect and share various resources with each other. There is a strong positive relationship between social capital and both mental and physical health, and it seems to be protective of mortality, noting that is still unclear how social capital influences specific health outcomes.^{17,18} A study of 944 pairs of identical twins found that if they had higher degrees of social capital, they had better mental and physical health.¹⁹ In some studies, social capital seems to be linked to some potential negative health effects as well, depending on the nature of a person’s relationships.²⁰

2. Join a healthy group of some kind

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

- **Volunteer programs.** Volunteering and its benefits are discussed in Chapter 7, “Personal Development.”
- **Support groups.** Many of these are available in the VA. Some are even offered remotely, via Telehealth. Find out what is offered in your area. Many of them center on a specific diagnosis, such as chronic pain, mental health, or substance use disorders (e.g., Alcoholics Anonymous can be quite beneficial). A study of the benefits of support groups for patients with malignant melanoma found that participants in a six-week support group had half the recurrence rate and a third of the mortality rate when compared to the control group at five years follow-up.²¹ More studies are needed, however, as was shown by a 2016 review of the benefits of support groups which only found 1 of 9757 studies that met inclusion criteria.²²
- **Social media.** For Veterans comfortable with technology, sites like Facebook can be useful resources.²³
- **Help with a community garden.** Many VA facilities are now sponsoring these, as well as farmer’s markets where Veterans sell what they grow.
- **Join a gym.** This provides a combination of physical activity and social connection.

3. Become more active in the local community

This ties into the other suggestions listed above. Examples include the following:

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

See Chapter 19 for more about “Whole Health and Community.”

4. Have confidants in your life, if possible

We know that health is influenced by the number of close confidants a person has. Number of confidants is more of a health indicator than how many friends one has or how many people one knows.²⁴ That is, quality of relationships matters more than quantity. Ask people if they have someone in their lives they can confide in, someone they are comfortable telling their secrets, or with whom they can share what is going on with them in terms of their health. In one study of older women, lack of a confidant was associated with lower reported physical function and vitality. The negative effect of not having confidants was as strong as being a heavy smoker or overweight.²⁵

Unfortunately, the number of confidants per person has dropped over the years in the U.S.²⁶ On the positive side, while people may not know their neighbors, and while people are less engaged than they used to be in civic activities, a 2009 report concluded that mobile phones and online social media may be helping people to connect in other ways.²³ With the COVID-19 pandemic, concerns have been raised about the “infodemic”—the effect of a huge amount of negative media exposure—and an increase in mental health problems.²⁷

5. Connect with a significant other, if possible

Having a close relationship with a significant other is also health promoting. For example, in a study of 10,000 men with heart disease, being able to answer, “Yes, my wife shows me her love” was linked to 50% less angina and 50% fewer ulcers.²⁸ In 1,400 men and women who had been through heart catheterization, the five-year mortality rate was over three times higher for those who reported not being happily married or having a confidante.²⁹ A study of women who were anticipating receiving an electric shock looked at their functional MRIs. It was noted that they had fewer anxiety-related MRI findings if they were holding hands with their husbands (versus strangers) *and* they rated their marriages favorably.³⁰ Being unhappily married seems to be associated with worse health outcomes than being single, and negative partner interactions are associated with higher rates of depression, anxiety and chronic illness. Being married and being a parent a linked to well-being and mental health in old age.³¹ Recent research has also indicated that legalization of same-sex marriages has had numerous health-related benefits.³² Studies also indicate that involving loved ones in Veteran’s treatment for PTSD can improve outcomes for both the PTSD and the relationship.³³

A fascinating 2018 study measured EEG tracings on couples.³⁴ One person was subjected to pain, and the other would touch his/her hand to offer “social touch analgesia.” (We know that touch can have a pain-reducing effect.) Researchers found that both people would show certain alpha waves in the same parts of their brains, which were in the same area where the brain was stimulated by the pain. How much the coupling there was between the two people’s brains correlated to the degree of pain reduction the touch offered. A prior study by the same researchers found that coupling of the heart rate and respiration also occurred under similar circumstances.³⁵

6. Connect with animals

Animals can be powerful healers. Animal-assisted therapy (AAT) has been found to have a number of health benefits.³⁶ Having a companion animal reduces depression and loneliness, decreases anxiety, and enhances social skills; it often promotes physical activity as well.³⁷ Elderly people with depression may benefit from AAT.³⁸ A number of VAs offer equine therapy programs (working with horses), therapy dog visits, or programs that help Veterans find pets. The “[Animal-Assisted Therapies](#)” tool has additional information.

7. Heal—or avoid—negative relationships

Conflicted or unfulfilled relationships can have a negative health impact, as you might expect.³⁹ Intimate partner violence is experienced by over 1/3 of American women and psychiatric patients; in addition to physical injuries, it may cause depression, anxiety, PTSD, psychosis, self-harm, and many psychosomatic conditions.⁴⁰ Spousal conflict is associated with poor pain tolerance and higher blood pressure and heart rate in addition to significantly worse cardiovascular outcomes, endocrine function, and immunity.⁴¹ Many VAs offer couples and marriage counseling through their Mental Health and/or Chaplaincy service lines. Safety of one’s emotional environment is covered in Chapter 6, “Surroundings.”

8. Cultivate communication skills

Everyone can learn simple communication skills that can foster better connections with others and help them to avoid negative interactions. Some examples of approaches you can teach Veterans about or try yourself include the following⁵:

- **Listen well.** Listen in a way where you are totally present, with full mindful awareness of what the other person is saying. Listen with your “entire self”—this means not only using your ears, but also listening with your heart (tuning in to emotions) and closely observing body language. Good listeners are not judgmental; they are able to share about themselves without over-disclosing.
- **Inquiry.** Good communicating involves actively reflecting what has been said to you, showing the other person through clarifying questions that you are genuinely interested in them. Inquiry helps the other person to more easily draw their own conclusions; it does not involve the listener trying to impose those conclusions on them.
- **Nonviolent Communication (NVC).**⁴² Created by Marshall Rosenberg, nonviolent communication teaches a series of steps one can follow in communicating with others. It was designed to steer interactions away from blame and criticism to a

place of greater empathy and understanding. NVC assumes people share certain fundamental needs and are compassionate by nature. We can unlearn strategies that involve violence and come together through our common humanity to solve interpersonal differences. The process might include making an observation about an event and sharing the feeling it evokes, rather than making generalizations about the experience. NVC focuses on considering what you and the other person need. Then both people outline concrete steps that might be taken to improve a situation. More information on NVC is available in the Resources section at the end of this chapter.

- **“I Statements.”** This is another commonly used communication tool.⁴³ Speaking strictly for yourself gives another person space for the opinions, beliefs, and thoughts they have that might be different from yours. Sentences begin with “I” rather than “You.” For example, rather than generalizing by saying, “It is bad for you to do that,” a person could say, “I am opposed to doing that.” Instead of saying, “That movie was great,” a person could say, “I liked that movie. What did you think?” These statements do not attribute feelings to the other person, but they make the speaker’s feelings and thoughts clear. This supports healthy dialog.
- **Use the Four Habits Model.** This was created by Kaiser Permanente, to enhance clinician communication. Its four steps, which can inform any conversation where one person is trying to help another (including Whole Health visits), are as follows⁴⁴:
 1. **Invest in the beginning.** Introduce yourself and put the other person at ease. Ask open-ended questions about concerns. Plan out the discussion with the other person. What do they want to accomplish with the conversation?
 2. **Get the other person’s perspective.** Ask them what is going on and what is concerning to them. If you are speaking of illness, explore how it has affected his or her life.
 3. **Show empathy.** Empathy is the ability to mutually experience what is going on with others—thoughts, experiences, and emotions—while maintaining healthy boundaries.⁴⁵ Be open to the other person’s emotions and show it through both verbal and nonverbal communication. We know that empathy is a powerful contributor to health and well-being.⁴⁶
 4. **Invest in the end of the conversation.** Provide any information and education that is required. Involve the other person in deciding next steps and summarize what has been discussed. Verify that the other person has asked all their questions.

9. Work with social workers

Social workers can be powerful allies when it comes to forging helpful relationships, finding support groups and community resources, or navigating the health care system in general.⁴⁷ While noting that more research is needed, a 2017 review found that having social workers involved in care had positive effects on health outcomes and service utilization and saved costs.⁴⁸ The study concluded, “The economic and health benefits reported in these studies suggest that the broad health perspective taken by the social work profession for patient, personal, and environmental needs may be

particularly valuable for achieving goals of cost containment, prevention, and population health.” Social workers significantly contribute an additional, helpful perspective that honors the power of relationship.

10. Practice compassion and loving-kindness

There are many ways to do this. Loving-kindness meditation is a traditional Buddhist meditation wherein one focuses benevolence and support toward self and others.⁴⁹ Compassion-based interventions focus on tuning into suffering of oneself or others, with a commitment to prevent it. An example of a loving-kindness meditation is featured as a Whole Health tool on the next page.

Compassion based interventions and loving-kindness meditation have many benefits, whether a person is struggling with health conditions or not. These types of meditation lead to progressive and favorable changes in brain function.⁵⁰ They increase mindfulness, positive emotions, compassion, and self-compassion in a systematic review and meta-analysis of 22 studies.⁵¹ They also enhance pro-social behavior.⁵² Loving-kindness has been found to be effective in treating chronic pain. Compassion meditation was found to help with psychotic disorders, affective disorders, major depression, eating disorders, and suicide risk. A combination of the two was helpful with borderline personality disorder.^{51,49}

Whole Health Tool: Loving-Kindness Meditation

While many meditation exercises have you focus on what is happening with your thinking, this one focuses more on your heart.⁵³ Make sure you are in a comfortable position. Close your eyes or rest them comfortably with a soft gaze on a place a few feet in front of you. Begin with five deep breaths. Focus on using your abdomen to breathe first. As you breathe in, your abdomen should go out. As you breathe out, your abdomen should pull back in.

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

Next, turn your attention to feeling compassion for yourself and for others. Recognize that compassion is the desire for freedom from suffering. In this state, visualize radiating **how you feel in your heart** to everyone mentioned in the statements below. Without judgment, notice the feelings, thoughts, sensations, or images that arise.

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

1. Start by directing the compassion towards yourself.

May I be safe and protected. (Breathe)

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

May I be full of loving-kindness. (Breathe)

May I be truly happy and free. (Breathe)

2. Next, direct this compassion toward someone you love or for whom you feel great gratitude. This can be a family member or friend, a teacher, a pet, a role model, or someone else who has supported you sometime in your life.

May you be safe and protected. (Breathe)

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

May you be full of loving-kindness. (Breathe)

May you be truly happy and free. (Breathe)

3. Now visualize someone you relate to in a neutral way, someone you neither like nor dislike. Perhaps this is someone you just passed on the street or a person you see on your way to work.

May you be safe and protected. (Breathe)

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

May you be full of loving-kindness. (Breathe)

May you be truly happy and free. (Breathe)

4. Now, if possible, turn your attention to someone who is challenging, someone who you might be having a hard time relating to. This need not be the most difficult person in your life—do this in a way that does not cause you distress.

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

5. Now, direct this compassion toward all the Veterans/patients who you serve and their loved ones.

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

6. Next direct this compassion toward your colleagues who serve Veterans and their families.

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

7. Direct this compassion toward all people and all beings everywhere.

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

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

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

As you conclude, notice how you are feeling in your heart area, and in your body in general. Note, but try not to judge, any emotions that came up during this exercise.

Whole Health Tool: Celebrating Good News

We are often supportive to our friends and family members when they need our support in times of stress. We drop everything to be there when someone is struggling, and certainly that support strengthens your relationship. And, researchers have found that how you respond to good news may actually be more important for strengthening relationships.⁵⁴ Celebrating good news provides a boost of positive emotion for both you and the person you are supporting—and those positive conversations lay important groundwork for times when someone needs your support.

We can sometimes respond in ways that can undermine their good news. For example, we may:

- Squash the news by pointing out problems or providing negative feedback
- Shut down the conversation by minimizing the news or being distracted
- Steal the conversation by shifting focus to ourselves

Instead, think about how you can help celebrate the news using active, constructive responding—a term coined by Shelly Gable and her colleagues. Using active constructive responding means you ask questions to learn more about the news, show authentic interest, and be mindful of your reaction and respond intentionally. You may not be particularly excited or care about the news they are sharing, but that is less important than the care you are showing to the other person.

Think about times that a colleague, friend, or a family member came to you with good news. How did you respond? Note, but try not to judge, any emotions that come up as you think about your responses. We may not always be able to use active constructive responding every time someone shares good news, but you may be noticing some patterns in the way you respond to your friends, family, or colleagues. If so, the next time someone shares good news with you, take time to pause and celebrate with the person.

Family, Friends, & Co-Workers Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Family, Friends, and Co-Workers](#). Part of the Components of Health and Well-Being Video Series.
https://www.youtube.com/watch?v=_CmqMRCEzb0&feature=youtu.be
- [Veterans Whole Health Education Handouts](#).
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to Family, Friends and Coworkers: Relationships for Whole Health
 - Relationships and Health
 - Compassion Practice
 - Coping with Grief Following a Death

- [VHA Social Work](http://www.socialwork.va.gov/socialworkers.asp). <http://www.socialwork.va.gov/socialworkers.asp>
- [Peer Support Groups](https://www.ptsd.va.gov/gethelp/peer_support.asp). National Center for PTSD. https://www.ptsd.va.gov/gethelp/peer_support.asp
- [VA Caregiver Support](http://www.caregiver.va.gov). Programs available both in and out of the home to help caregivers support Veterans and themselves. <http://www.caregiver.va.gov>
- [Personal Health Plan Template](https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Family, Friends, and Co-Workers](https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/family-friends-coworkers.asp). Overview. <https://www.va.gov/WHOLEHEALTHLIBRARY/self-care/family-friends-coworkers.asp>
- [Animal-Assisted Therapies](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/animal-assisted-therapies.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/animal-assisted-therapies.asp>
- [Whole Health for Skill Building: Family, Friends, and Co-Workers](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - PowerPoints
 - Mindful Awareness Script: A Loving-Kindness Mindful Awareness Practice

Other Websites

- [Center for Nonviolent Communication](https://www.cnvc.org). <https://www.cnvc.org>
- [Health Journeys](http://www.healthjourneys.com). Resources involving guided imagery for various health conditions and scenarios. www.healthjourneys.com

Books

- *Bowling Alone: The Collapse and Revival of American Community*, Robert Putnam (2001)
- *Compassion: Bridging Practice and Science*. Stanford University e-book. <http://www.compassion-training.org/>
- *Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives*, Nicholas Christakis (2009)
- *Lifeskills: 8 Simple Ways to Build Stronger Relationships, Communicate More Clearly, and Improve Your Health*, Virginia Williams (1999)
- *Nonviolent Communication: A Language of Life*, Marshall Rosenberg (2015)
- *The Brain That Changes Itself*, Norman Doidge (2007)
- *The Wisdom of Crowds*, James Surowiecki (2005)
- *The Zen of Listening: Mindful Communication in an Age of Distraction*, Rebecca Shafir (2003)
- *Together: The Healing Power of Human Connection in a Sometimes Lonely World*, Vivek Murthy (2020)
- *Platonic: How the Science of Attachment Can Help You Make—And Keep—Friends*, Marisa G. Franco (2022).

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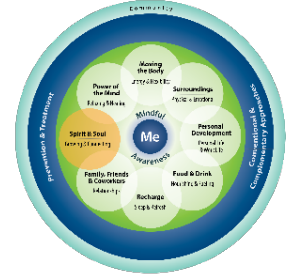
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Chapter 11. Spirit & Soul: Growing & Connecting

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



The Importance of Spirituality, Meaning, and Purpose

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

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

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

As you consider how to explore this very broad topic with Veterans, it is important to keep your scope of practice in mind. Many Whole Health team members are uncomfortable with talking about others’ religious or spiritual beliefs. Chaplains are there to help. Whole Health Chaplains are trained and designated to provide Veteran spiritual care. If someone needs a formal spiritual assessment, that should, of course, be done by a chaplain. If concerns about Spirit and Soul arise, it is always a good idea to bring in experts to be part of the Whole Health team. If you are a chaplain, keep educating other members of the team about your role and what you can offer Veterans. A more detailed description of chaplaincy is offered later in this chapter.

Figure 11-1 highlights some “subtopics” that can be considered when incorporating Spirit and Soul into a Veteran’s [Personal Health Plan](#) (PHP). The subtopics were developed for skill-building courses for Veterans and are related to each of the eight self-care topics in the Circle of Health. Note that there is a “Make One Small Change” circle that leaves room for creativity in case Veterans do not see an option that interests them. This chapter explores several of these subtopics in more detail.

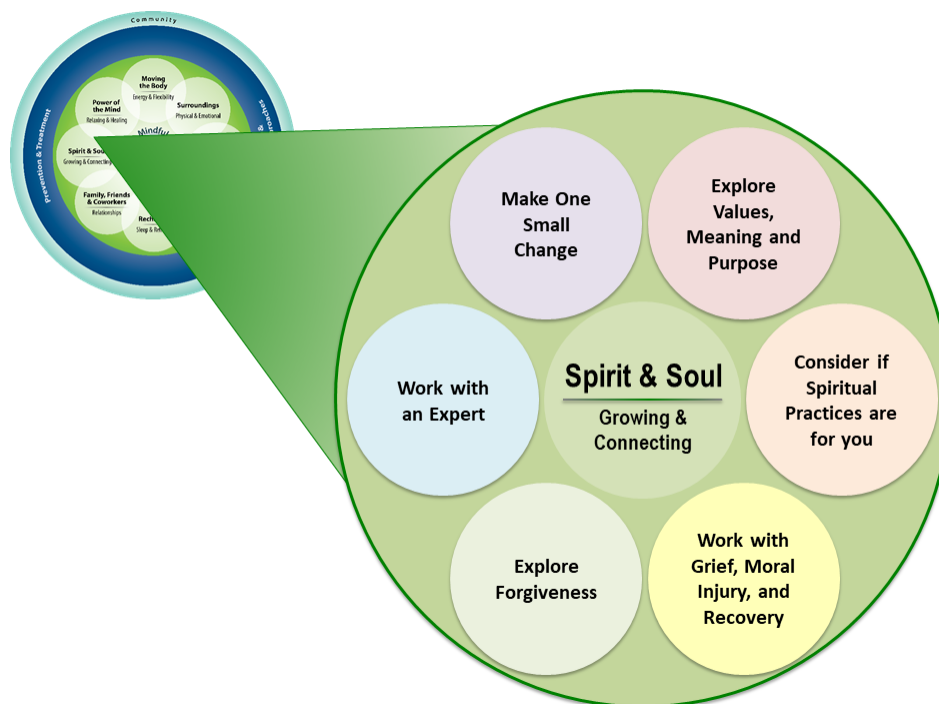


Figure 11-1. Subtopics within the Spirit and Soul Circle of Self-Care

Spirituality in Unprecedented Times

Increased isolation resulting from the global pandemic's required social distancing, canceled spiritual gatherings, and building closures make it challenging to connect spiritually based on traditional practices.⁶⁷ Though the public health precautions are necessary, they have caused an unprecedented prevalence of anxiety and uncertainty that has taken a toll on spiritual, physical, emotional, and mental well-being.⁶⁶ The pervasive anxiety and uncertainty experienced in light of the pandemic is intensified by disturbing patterns of violence and micro-aggressions due to systemic racism. During these challenging times, relying on spirituality is an essential coping mechanism for living with life-changing and traumatic events.⁶⁸ Spirituality, religion, or a connection to a higher power outside of ourselves is a way to practice self-care and elicit positive emotions. Engaging in non-traditional practices of spiritual connection such as nature walks, virtual gatherings, and in-person share circles can be beneficial for overall spiritual and emotional well-being.

Inquiring About Spirituality

If a Veteran is discussing Spirit and Soul for the purposes of creating a PHP, it may be appropriate to do one or more of the following⁴:

- Learn about their spiritual and religious beliefs and how these beliefs influence their Mission, Aspiration, Purpose (MAP).
- Ask if they are experiencing any spiritual distress (described below) and help them to draw upon their strengths and find the support they need. These needs may vary

based on lived experiences. Discuss spiritual and religious belief and/or practices.⁵ Explore deeply held values or intentions that could affect their treatment preferences. Common examples would be fasting in the hospital for religious reasons or not wishing to receive blood transfusions. Engage in clear communication to understand the Veterans' thoughts on code status and how involved they want loved ones to be in their care. Refrain from making assumptions on what is most important to the Veteran; if you have questions about the Veteran's priorities, ask them directly.

- Consider if it is appropriate based on the Veteran's belief system to use practices such as yoga and meditation, which have their origins in Eastern religious and spiritual traditions.
- Ask Veteran if they are struggling with grief, moral injury, or the need to forgive, and consider what resources are available to support them.
- If spiritual or religious concerns arise, know how to connect the Veteran with chaplains and other spiritual care providers as appropriate.
- Consider the Veteran's identifiable information. Veterans' needs may vary based on their lived experiences, gender identity, sexuality, social economic status (SES), race ethnicity, generational trauma, or other factors. Chaplains are in a unique position to offer support for these needs because of their training and focus on spiritual well-being.

To guide clinicians with lines of inquiry regarding spirituality, dozens of assessment tools have been created. Note that these are only used to get general information; again, if a spiritual assessment is needed, connect the Veteran with a chaplain or official in their religious community. Commonly used tools include FICA,⁶ HOPE,⁷ FAITH,⁸ and SPIRIT,⁹ which were ranked among the best of 25 different assessment scales in a recent review.

A few questions to ask during this process may be:

- Do you have a sense of meaning and purpose? What gives you that sense?
- What does spirituality mean to you?
- Were you ever a member of a faith community?
- What gives you strength during difficult times in your life?
- What motivates you to fight for your health?
- What are your greatest challenges?
- Are there specific practices or restrictions I should know about in providing care?

If Veterans identify as Black, Indigenous, People of Color (BIPOC), LGBTQIA, or Non-Binary, it is important to understand that they often face unique stress, trauma, and the burden of having to educate others about their lived experiences. To guide clinicians with lines of inquiry regarding spirituality, dozens of assessment tools have been created. Commonly used tools include FICA,¹⁰ HOPE,¹¹ FAITH,¹² and SPIRIT,¹³ which were ranked among the best of 25 different assessment scales in a recent review. Note that these tools are only used to get general information about patients; again, if a spiritual assessment is needed, connect the Veteran with a chaplain or official in their religious community.

Each Veteran's preference for spiritual care must be screened as part of a complete evaluation of the individual's health care needs. A spiritual care screening question may be asked by providers for the purpose of determining whether the Veteran has spiritual concerns that affect the Veteran's health care, has needs for accommodation of free exercise of religion or desires immediate spiritual care. A recommended screening question is: "Are there religious practices or spiritual concerns you want the chaplain, your physician, and other health care team members to know about?" The Veteran may decline to answer a screening question. If the Veteran gives a positive answer to the screening question and a more in-depth spiritual assessment is indicated, the provider must consult Chaplain Service. It is imperative that providers be sensitive and careful in their approach to patients as patients in spiritual or medical distress are often vulnerable. It goes without saying that a clinician should NEVER attempt to impose his or her beliefs on a patient; proselytizing is not appropriate.^{7,14} A VHA chaplain is the only subject matter expert authorized to conduct the spiritual assessment, devise a spiritual care plan, and provide appropriate spiritual care as desired by the Veteran.⁶⁹ (VHA Directive 1111, Spiritual Care, dated July 21, 2021).

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

- **Are you at peace?** This question has been found in the research to be a useful means for quickly determining if someone is in spiritual distress.¹⁵
- **What gives you your sense of meaning and purpose?** This is perhaps more widely used, but not as frequently studied.
- Or, as it is asked in the first question in the [Personal Health Inventory](#) (PHI), **What really matters to you in your life?**

Key Research about Spirituality and Religiosity

Spirituality and religiosity play an important part in health. Data from the Nurses' Health Study, which focused on over 74,000 participants over 16 years, found that mortality rate for those who attended weekly religious services was 845 deaths per 100,000 people per year, compared to 1,229 for those who had never attended.¹⁶ This represents a hazard ratio of 0.74. There seems to be a dose response too meaning that attending more than one service per week lowered the mortality risk even more.

A 2011 meta-analysis reported an 18% reduction in mortality for people who report being religious and/or spiritual.¹⁷ They noted the benefit of being religious/spiritual was equal in benefit to consuming fruits and vegetables to prevent cardiovascular events. It was also noted that having high levels of religiosity/spirituality had as much or more of an impact on health as having air bags in your car, taking angiotensin receptor blockers for heart failure, taking statin drugs for cholesterol in people without heart disease, or being revived by a defibrillator outside of a hospital. This is not to downplay the importance of those other interventions; rather, it is an acknowledgment that Spirit and Soul can have a powerful effect on health and well-being.

Another study that followed nearly 5,300 adults for 28 years concluded that those who attended religious services one or more times weekly had, on average, a 23% lower mortality rate.¹⁸ This was *after* correcting for age, sex, education, ethnicity, baseline health, body mass index, and *even social connection*, which is often thought to be one of the key elements of religious practices that contributes to health benefits. Similarly, a meta-analysis of nearly 126,000 people found that people who met criteria for being “highly religious” had rates of survival that were 30% higher as compared with those who rated themselves as less religious.¹⁹

Beyond attending religious services, having “a higher purpose in life” is also linked to better survival. A meta-analysis that included 10 studies with over 136,000 participants found that those with a sense of “higher purpose” had a relative risk of death or cardiovascular events of 0.83.¹⁹

Coping

Religiosity and spirituality have been found to help people cope with many problems, including the following^{9,Error! Bookmark not defined.}:

- Bereavement
- Cancer
- Chronic pain
- Dental problems
- Diabetes
- General medical illness
- Heart disease
- Irritable bowel syndrome (IBS)
- Lung disease
- Lupus
- Natural disasters
- Neurological disorders
- Overall stress
- Psychiatric illness
- Vision problems
- Effects of war

Pain

With respect to pain, prayer has been identified as the most frequently or second most frequently-used strategy; over 60% of chronic pain patients report that they use prayer to help them cope.²⁰ The 2010 Baylor Religion Survey reported that 87% of respondents had prayed for other people, 79% had prayed for themselves at some point, and 26% had tried laying on of hands.²¹ In most prayer studies, it seems to be a positive resource for reducing pain and improving well-being and mood.²² What form prayer takes will vary based on a person’s religious/spiritual background.

Accessing religious and spiritual resources has been linked to decreased severity of arthritis pain, chronic pain, migraines, and acute pain.²² Often, it seems that it is not that the pain level is decreased so much as that a person’s ability to tolerate the pain is improved.²³ A 2020 systematic review concluded that prayer emerged as a preferred option for people who wished to use it prior to having surgery or a painful procedure; researchers noted the effects did not seem to be opioid-mediated.²⁴

Mental Health

Over 80% of studies of religion and spirituality focus on mental health-related topics.⁹ A 2011 meta-analysis of psychotherapy that incorporated religious and spiritual perspectives found “enhanced psychological outcomes.”²⁵ Two other reviews have concluded the same.^{26,27} The National Health and Resilience in Veterans Study reported in 2017 that high

levels of religiosity and spirituality markedly decreased lifetime risk of posttraumatic stress, major depressive disorder, alcohol-related problems, and suicidal ideation.²⁸ Well-being, hope and optimism, volunteering and altruism, a lower incidence of depression, reduced anxiety, less substance use, and decreased suicide risk are all associated in the literature with higher levels of religiosity and spirituality.**Error! Bookmark not defined.**²⁹ A 2019 review found that about half of 152 prospective studies reviewed predicted a “significant but modest” decrease in depression over time.³⁰ A European study of nearly 24,000 people found that religiousness is associated with lower odds of depressive symptoms, particularly if people attended religious services.³¹ More than 130,000 (73%) addiction treatment programs in the U.S. include a spirituality-based element.³²

One valuable conclusion of such studies is that “the incorporation of religion and spirituality into psychotherapy should follow the desires and needs of the client.”³³ Table 11-2, later in this chapter, has more information on research regarding religion and spirituality and mental/behavioral health conditions.

Health Behaviors

Religion and spirituality also influence health behaviors.¹⁵ Religious people smoke less and exercise more, and in a 2012 review, 13 out of 21 studies found a link between higher levels of religiosity/spirituality and a healthy diet. Of note, religious/spiritual people tend to be at higher risk for obesity, with the exception of people who are Amish, Jewish, or Buddhist.⁷⁰ 42 of 50 good-quality studies found being religious strongly correlated with safer sexual practices as well.

Prayer May Help

Studying prayer is challenging, because there are different ways to pray, and a person may not be focused on something related to health when they are doing it. An early study of a group of coronary care unit patients found that people who were prayed for did NOT have lower mortality rates, but they needed fewer antibiotics, did not require intubation (as did many people in the control group), and were less likely to develop pulmonary edema.³⁴ A 2019 study involving a “contemporary, multiracial cohort” of 1039 people who were hospitalized for acute coronary syndromes (e.g., heart attacks) found physical and disease specific quality of life was better for those who either prayed for themselves or were prayed for by others.³⁵ This was after controlling for “sociodemographic, psychosocial, and clinical” characteristics.

Other Benefits

A 2005 systematic review found that religious activity may improve rates of in vitro fertilization, decrease hospital length of stay, increase immune function, improve rheumatoid arthritis symptoms, and reduce anxiety.³⁶ Religiosity and spirituality improve quality of life in people with cardiovascular disease.³⁷ A study that followed a diverse group of 16,000 elderly adults over 6 years found that religious attendance and private prayer were independently associated with better cognitive health, particularly in people who were Hispanic or black.³⁸ Addressing spirituality in both caregivers and patients during palliative cancer care can make care more effective.³⁹

Prayer and meditation activate the prefrontal part of the brain, and they increase blood flow to the frontal cortex, the cingulate area, and the thalami.^{33,40} Some spiritual practices increase flow to the superior parietal cortices, and this is linked to people having a sense of losing their physical boundaries. Higher dopamine levels correspond to higher levels of religiosity and spirituality. People whose dopamine levels decrease (e.g., with the progression of Parkinson’s disease) often become less religious and spiritual.^{Error! Bookmark not defined.}

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

Keep the following tips in mind as you consider how to incorporate Spirit and Soul into health plans.

1. Meet people where they are

According to a study published in 2020, among all U.S. adults 75% subscribe to a religious tradition. Roughly 70% of those are Christian, 5% are other religions (Jewish, Buddhist, Muslim, Hindu), and 23% are unaffiliated (atheist, agnostic, or “nothing in particular”).⁴¹ Of the unaffiliated people, 18% described themselves as religious, 37% said they were spiritual but not religious, and 43% said they were neither.⁴² 94% regard their spiritual health to be as important to them as their physical health, and each year, at least 25% of patients use prayer for healing.⁴³

In other words, patients are often spiritual and/or religious, and they want that to be reflected in their health care. In one survey, 83% of patients felt that physicians should consider their spiritual needs as a part of medical care.⁴⁴ In a survey of 177 outpatients in a pulmonary clinic, two thirds said they would welcome questions about spirituality in a medical history; 16% said that they would not.⁴⁵ In another study, 28% of people said they would want their physician to pray silently with them.⁴⁶ The sicker people are, the more they seem to want their physicians to discuss spirituality, and the interest increases if people are nearing the end of their lives.⁴⁶ A 2017 study found that 65% of physicians in a multispecialty referral center believe in God.⁴⁷ 45% reported praying regularly, and 21% had prayed with patients.

The Six Types of Spirituality—An Exercise^{Error! Bookmark not defined.}

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

5. **Religious spirituality**—closeness and connection to the sacred as described by a specific religion. It fosters a sense of closeness to a particular Higher Power. Note that the other elements of spirituality listed here are common to many different religious traditions.

6. **Humanistic spirituality**—closeness and connection to humankind. It may involve feelings of love, reflection, service, and altruism.
7. **Nature spirituality**—closeness and connection to nature or the environment, such as the wonder one feels when walking in the woods or watching a sunrise. This is an important focus for many traditional healing approaches.
8. **Experiential spirituality**—shaped by personal life events; it is influenced by our individual stories. Many Veterans' find their spirituality is profoundly influenced by their experiences during wartime.
9. **Cosmos spirituality**—closeness and connection to the whole of creation. It can arise when one contemplates the magnificence of creation or the vastness of the universe (e.g., while looking skyward on a starry night).
10. **Spirituality of the mysterious**—there is much that we simply cannot know or understand; it is not possible to fully grasp or know all the answers, and it is necessary to allow space for the unknowable.

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

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

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

Spiritual struggles and distress can be linked to poorer health outcomes (mental and physical), and therefore, addressing them is of great importance.⁴⁸ Some people may choose—or be forced—to join a group that is more cult-like in nature and likely to have negative effects on health. Once again, the key is to ask questions about this area and tailor the PHP based on each individual's unique responses. As mentioned previously, it goes without saying that a clinician should NEVER attempt to impose his or her beliefs on a patient; proselytizing is not appropriate.^{7,49}

3. Consider “pathologies” of the spirit and soul

Spiritual distress and spiritual crisis occur when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength and connection in life, or when conflict occurs between their beliefs and what is happening in their life. This distress can have a detrimental effect on physical and mental health. Medical illness and impending death can often trigger spiritual distress in patients and family members.⁷

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

A review of 11 studies of people’s spiritual needs in health-related situations concluded that there are six aspects of spiritual care that are most important to people and should be high priorities for clinicians (in this study, social workers)⁵⁰:

- Meaning, purpose, and hope
- Relationship with God (or other Higher Power)
- Spiritual practices (and being able to follow them despite health conditions)
- Religious obligations (and, again, being able to meet them despite health conditions)
- Interpersonal connection
- Interactions with health care team members

Table 11-2 lists specific spiritual concerns that may arise for patients and questions they might lead them to ask.^{51,52,53}

Table 11-2. Common Spiritual Concerns

Concern	Examples of Patient Questions or Statements
Spiritual isolation	“I feel like I don’t belong on this earth.” “Is God pleased with who I am?” “I feel so alone.”
Spiritual disconnection	“Why do I feel abandoned by my Higher Power?” “I feel disconnected from myself, from others.” “God has forgotten about me.”
Spiritual anxiety	“Will I ever find forgiveness?” “There is so much that I don’t know.” “Do I have a purpose in life?”
Spiritual guilt	“Am I being punished?” “Did I not do something well enough or correctly in my life?” “I regret so much.”
Spiritual anger	“I am angry with God/the Universe.” “I hate God for not answering my prayers.” “I feel betrayed.”
Spiritual loss	“I feel empty.”

Concern	Examples of Patient Questions or Statements
	“Why don’t I care anymore?” “I am not sure what matters anymore.” “My sorrow is overwhelming.”
Spiritual despair	“There is no way a Higher Power could ever care about me.” “I have lost my hope.” “Things feel meaningless.”

Recognizing the presence of these concerns when they arise in a PHI or during a Whole Health conversation will guide what will be included in the PHP, including the decision to consult with a chaplain or other spiritual care expert.

4. Know when to bring in assistance

At some point during an illness, a person may reach a point where self-reflection and trying to come to terms with their values becomes central to their well-being.⁵⁴ When true spiritual distress arises, it is important to involve others with additional expertise. The chaplain can provide care for the patient in their spiritual distress or connect the patient with someone from the clergy, a spiritual director, a traditional healer, or others with expertise in these matters, depending on the patient’s background and preferences.

Chaplains. Chaplains can serve as important members of the team. There is an extensive chaplaincy network within the VA system. Chaplains are professionals—members of the clergy—who have received advanced training working with people in health care settings. Board certification, required for all chaplains, requires completion of 1,600 hours of supervised clinical pastoral education training in an accredited hospital-based program. In VA facilities, chaplain coverage is available every day, 24 hours a day.

Chaplains can offer many services, including the following⁵⁵:

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

Important examples of situations when it would be helpful to ask for a chaplain’s assistance include⁵⁵:

- Someone requires additional assistance exploring the meaning of what is happening to them.

- A patient, family member, or care team member displays symptoms of spiritual distress. These include the following⁵⁵:
 - Expressing a lack of meaning and purpose, peace, love, self-forgiveness, courage, hope, or serenity
 - Feeling strong feelings of anger or guilt
 - Displaying poor coping strategies
 - Struggling with moral injury. For example, profound ethical and moral challenges related to participation in war that can compromise psychosocial and spiritual health in Veterans.⁵⁶ Spirituality and religiosity can both exacerbate and ease struggles with moral injury.⁵⁷
- A caregiver or family member needs support with coping with the illness or death of a loved one.
- A patient's care involves circumstances where ethical uncertainties or challenges have arisen.
- A patient (or family member, with the patient's permission) desires to connect with clergy from their religious group or wishes to have a particular ceremony, rite, or holiday observance performed.
- It might be helpful if a patient receives a new diagnosis, such as terminal cancer, severe depression, anxiety, or a chronic illness like type 1 diabetes, which can be life-altering.
- A patient is struggling with problems related to forgiveness.
- A patient distrusts medical provider based on long-held beliefs and lived experiences of systematic discrimination in health care.
- A patient is coping with their lived experiences, gender identity, sexuality, SES, race and ethnicity, generational trauma, or mental challenges.

A 2014 study involving a group of primary care centers in England found that, even after controlling for numerous variables, there was a significantly positive relationship between well-being scale scores and having had a consultation with a chaplain.⁵⁸ A 2013 survey of VA chaplains found that chaplains most commonly saw patients in the VA for anxiety, alcohol use disorder, depression, guilt, anger, PTSD, and to help them as they struggled with understanding why loss or trauma happened in the first place.⁵⁶ The "[Spirit and Soul](#)" overview provides additional information and research related to chaplains.

5. Discuss forgiveness, if appropriate

This is discussed in more detail in Chapter 7, "Personal Development." Studies indicate that people who are more inclined to forgive have lower blood pressure, less muscle tension, a healthier heart rate, and lower overall numbers of diagnosed chronic conditions.^{59,60} Interpersonal forgiveness is an important concern for people with cancer.⁶¹ Having "trait forgiveness" reduces risk of burnout in physicians.⁶² Of course, how forgiveness fits into a person's perspective will determine whether or not a clinician raises the topic during personal health planning or refers them to a chaplain or other expert in working with forgiveness. Certainly, forgiveness receives different emphasis in different spiritual traditions. Forgiveness takes time, and clinicians who support the process should

be very familiar with what it entails. The Whole Health Library tool, “[Forgiveness: The Gift We Give Ourselves](#),” has more information.

6. Ask if it would be helpful to add a spiritual practice

What a spiritual practice looks like will vary from person to person. It is extremely important that care team members separate their personal practices or beliefs from this discussion. Some people may choose to join a particular spiritual group or community, be it a church, a scripture study group, or even a 12-step program. Others may wish to find a teacher who will work with them individually, or they may choose a solo practice, such as praying or meditating quietly on their own on a regular basis. It may be helpful for clinicians to briefly describe a variety of spiritual practices that other Veterans they have worked with have found helpful. Time in nature can be a rewarding spiritual practice in and of itself, as can various creative pursuits. Trust that patients will have insights into what works best if you simply bring up the topic.

7. Avoid pitfalls along the way

There are some actions it is best not to take when focusing on Spirit and Soul. Take care not to proselytize. It is not helpful to try to impose your perspectives on others. Do not try to resolve unanswerable questions—you do not need to have the answers to help someone else. It also is best *not* to say any of the following⁶³:

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

8. Work with Spiritual Anchors

A spiritual anchor is an object, a person, a practice, or some other item that serves as a trigger to remind you of what matters most. You, your colleagues, and your patients are encouraged to work through the “Spiritual Anchors” Whole Health tool, featured below.

9. Know about values

The straightforward act of asking “What really matters?” can often help you learn about another person’s values. Sometimes, though, people freeze, or they feel overwhelmed by possible answers. It may help for them to do some exercises to help them explore what they value as reviewed in the “Values—Figuring Out What Matters Most” Whole Health tool, which is featured later in this chapter.

Whole Health Tool: Spiritual Anchors

As clinicians, we continually witness the highs and lows of human existence; we confront suffering, experience a great deal of stress, and are often pushed to the limits in terms of our emotional and physical stamina. Having spiritual anchors available is one way to ground ourselves in what really matters during challenging times. Spiritual anchors can also serve to bring our patients to bring themselves back to what really matters to them as well.

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

- **Choose an object** that reminds you of what gives you meaning and purpose. It should symbolize health and well-being for you in some way. Examples are:
 - A photograph of a loved one
 - A stone from a favorite place
 - A special piece of jewelry
 - A copy of a poem or piece of artwork
 - Something written by a loved one or teacher
- **Keep that object with you.** Wear it, carry it in your wallet or purse, put it in your pocket, or display it in a place at work where you spend a significant amount of time. Make a treasured photo into your screen saver. The key is to have it situated where you can bring your awareness to it as needed.
- **Tell others about your object, if appropriate.** A powerful group activity involves each member of a group sharing about their object with others, if they feel comfortable doing so. Sharing should be done in relatively small groups with a respect for confidentiality. If this is done, remind people not to interrupt the sharing, and designate a specific amount of time for each person to share. When people share, they can describe the history of their anchor (what it is, where they got it), why it matters to them, and how they keep it in their awareness (e.g., they may place a photo where they will always see it when they open a wallet, or keep something in their pocket where they frequently will notice it.)
- Consider other options, if you prefer. While many people find it is helpful to have a physical object as an anchor, there are other types of anchors as well. Examples include the following:
 - A **breathing exercise** that you can use when things become stressful.
 - A **gesture, hand movement or body position** that can serve as an anchor. In some mindful awareness practices, *mudras*—special hand positions—are

used. Placing one's hand over one's heart can also be a powerful reminder to bring the heart back into a given experience.

- A **mindful awareness practice** that can be done routinely. For example, during a difficult situation, a person might do a loving-kindness meditation or compassion practice, as described in Chapter 10. Another option is for clinicians to pause and ground themselves with a deep breath every time they cross a threshold into a new room.
- **Going to a specific location** can also be helpful. Every VA Hospital has a chapel or meditation room a person can visit from time to time. Many facilities also have gardens or lawns with benches.
- A **specific song**. In this era of smartphones and laptops that have music files, taking a few minutes to play a favorite piece of music can serve as an excellent anchor.
- **Prayer, taking a moment of silence, or simply being still**, when appropriate. How this is done is a matter of personal preference. Some clinicians set the intention to simply think "I wish you well," or "I wish you your highest good" every time they come into contact with a new patient or colleague.
- **Working with a word or concept**. Examples might include cooperation, determination, appreciation, dedication, investigation, inspiration, passion, compassion, and perfection, among others.⁶⁴

Experiment with using an anchor yourself and explore using them with your patients. Doing so can be a useful means of bringing what really matters into daily life.

Whole Health Tool: Values—Figuring Out What Matters Most

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

Each of us has a unique answer to this question. One person might mention loved ones, while another person might mention a dream or goal they have. Some people answer that it is tied to their spiritual beliefs, while others may focus on something they want to do to help other people. The key is to find the best answer for you, and some people need some time to think about this. The exercises below were created to help you learn more about your values.⁶⁵ Choose one and see what you learn.

Values Exercise 1: The “Sweet Spot”⁶⁶

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

Ask yourself the following questions. It can help to jot down notes about the following:

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

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

Values Exercise 2: Happy 90th Birthday!

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

Values Exercise 3: Top Ten, Three⁶⁷

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

Important Personal Values

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

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach to: Spirit and Soul](#). Part of the Components of Health and Well-Being Video Series.
<https://www.youtube.com/watch?v=pN1tespCmD4&feature=youtu.be>
- [National VA Chaplain Service](#). <http://www.va.gov/chaplain/>
- [Veterans Whole Health Education Handouts](#).
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to Spirit and Soul for Whole Health
 - Deciding What You Need for Spiritual Health
 - How Do You Know That? Beliefs and Your Health
 - Spiritual Anchors
 - Chaplains
- [Personal Health Plan Template](#). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Spirit and Soul](#). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/spirit-soul.asp>
- [Assessing Your Beliefs about Whole Health](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/assessing-your-beliefs-about-whole-health.asp>
- [How Do You Know That? Epistemology and Health](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/how-do-you-know-that.asp>
- [The Healing Benefits of Humor and Laughter](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/healing-benefits-humor-laughter.asp>
- [Creating a Gratitude Practice](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/creating-gratitude-practice.asp>
- [Forgiveness: The Gift We Give Ourselves](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/forgiveness-the-gift-we-give-ourselves.asp>
- [Values](#). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/values.asp>
- [Whole Health for Skill Building: Spirit & Soul](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - PowerPoints
 - Mindful Awareness Script: Using Writing in a Mindful Awareness Practice

Other Websites

- [Duke Center for Spirituality and Health](http://www.spiritualityandhealth.duke.edu). <http://www.spiritualityandhealth.duke.edu>
- [Spirituality and Health Magazine](http://www.spiritualityhealth.com). www.spiritualityhealth.com
- [Spirituality and Practice](http://www.spiritualityandpractice.com). Provides information on books, films, and other media that tie into spirituality. <http://www.spiritualityandpractice.com>.
- [Spiritual Competency Resource Center](http://www.spiritualcompetency.com/). The organization also offers course and materials specific to the topic of forgiveness. <http://www.spiritualcompetency.com/>
- [University of Minnesota Earl E. Bakken Center for Spirituality and Healing](http://www.csh.umn.edu). www.csh.umn.edu

Books

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

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PASSPORT TO WHOLE HEALTH
Chapter 11. Spirit & Soul: Growing & Connecting

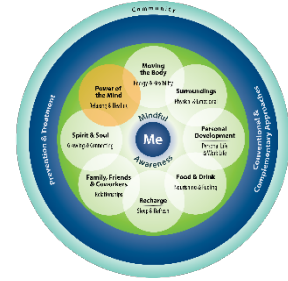
Chapter 12. Power of the Mind: Relaxing & Healing

Peace.

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

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

—Unknown



Importance of the Power of the Mind

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

Figure 12-1 highlights some “subtopics” that could be covered when incorporating Power of the Mind into a [Personal Health Plan](#) (PHP). These subtopics were developed to encourage Veterans to think about a variety of options and help them zero in on ones that could be used for their PHP. There is a “Make One Small Change” circle that leaves room for creativity, if Veterans do not see an option that interests them. Note that there is also a circle that relates to asking for professional support. This chapter explores these options in more detail.

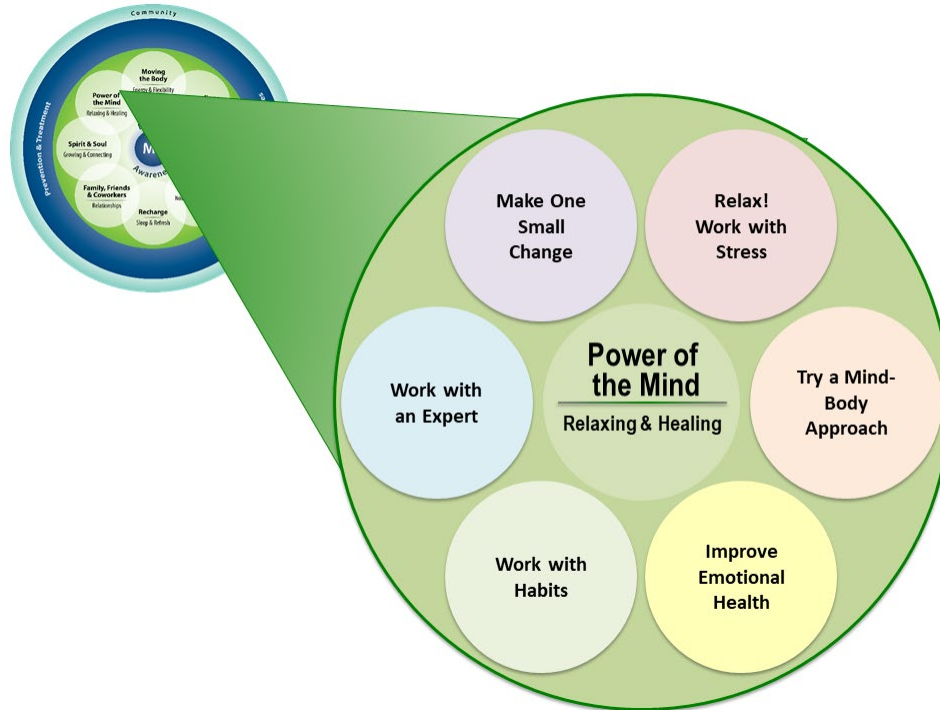


Figure 12-1. Subtopics within the Power of the Mind Circle of Self-Care

Historical Perspectives

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

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

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

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

- In the 1970s, Herbert Benson began to study what he described as the “**relaxation response**,” the body’s natural state of relaxation.⁴ As it happens, eliciting the relaxation response is what most mind-body approaches have in common.
- **Psychoneuroimmunology** (or psychoneuroendocrinology) looks at the relationship between our nervous system, our immune system, and our endocrine systems.⁵ We are discovering new ways thoughts and emotions have biochemical effects.⁶ When we think or feel emotion, our body chemistry changes. We know that inflammation has an important role in depression and fatigue related to chronic disorders; in fact, among other things, antidepressants decrease inflammation.⁷
- **Neuroplasticity** research has taught us that the nervous system can change in response to the environment, our behaviors, and the natural world.⁸ Once considered to be static, our brains are now understood to be undergoing constant changes. For example, parts of the brain can shrink in response to chronic pain (gray matter is lost),⁹ and they can also regrow with the use of mind-body techniques like meditation¹⁰ and Cognitive Behavioral Therapy (CBT).¹¹ Aerobic exercise influences the neuroplasticity of the motor cortex,¹² and calorie restriction and certain dietary approaches can prevent Alzheimer’s disease¹³.
- **Epigenetics** has taught us that our genetic expression changes in response to our environment. Study participants who use mind-body practices experience genetic and molecular changes that are not experienced by people in control groups.¹⁴ Avoiding or preventing adverse childhood experiences can help prevent a large number of future health problems, and avoiding socioeconomic deprivation is also hugely beneficial.^{15,16}

Questions Related to Power of the Mind

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

- What are the sources of stress in your life?
- Is money ever a source of stress?
- Is your physical health a source of stress?
- Is your mental health a source of stress?
- Do you have any habits or behaviors that cause you stress (e.g., smoking, alcohol, eating, gambling)?
- Is the health of one or more of the people you are close to a source of stress?
- Are there particular people who cause you stress?
- How well do you manage stress in your life?
- What are your coping strategies?
- How do you relax?
- Do you take time to recharge? How do you recharge?

- Do you meditate or have another sort of mindful awareness practice? How often do you use it?
- If your tears could speak, what would they say?
- What words would help me to know what you are feeling right now?
- If you could change one non-physical thing about your life, what would it be?
- How much do you feel you can control your life experience?
- What mind-body practices have you tried in the past?

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

Ten Key Mind-Body Approaches

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

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

Note that all of these techniques—these tools for your practice—share some common characteristics. Many of them can be introduced as part of a routine office visit or hospital stay. Many of them make use of the power of the relaxation response; if a person can move out of sympathetic activation (fight or flight mode), their physiology and emotional state change. Heart rate and blood pressure decrease, brain waves change, and stress hormone levels go down.¹⁷ A simple way to put it is that all of these approaches reduce stress, which matters a great deal, since stress can contribute to any number of health conditions.

In general, all of these techniques can be beneficial in that they give patients more control over improving their health and they tend to be cost-effective. They can be more effective for managing chronic conditions, they are effective approaches for mental health challenges, and they can foster resilience and enhance wellness.¹⁸ Generally, mind-body approaches can be helpful for heart disease, headaches, low back pain, chronic pain in general, and cancer-related symptoms, as well as postoperative outcomes, hypertension,

arthritis, insomnia, incontinence, cognitive impairment, substance use disorders, and posttraumatic stress.^{19,20,21} More specifically, eliciting the relaxation response (through whatever means is helpful) can be effective for those disorders too. Doing so also decreases anxiety, depression, anger and hostility, premenstrual problems, rheumatoid arthritis, temporomandibular joint pain, and IBS, to name just a few conditions.^{21,22,23,24}

Note that as of 2018, meditation, clinical hypnosis, biofeedback, and guided imagery (all featured in more detail as Whole Health tools below) are on List One, the list of complementary and integrative health (CIH) approaches that are now covered by the VA in accordance with [VHA Directive 1137](#). Sites are still determining specifically how these approaches will be offered, in terms of classes versus individual care, Telehealth versus live teaching, and overall decisions about what indications these approaches are best used for. This is discussed in more detail in Chapter 14.

If you want to learn more, refer to “[Power of the Mind](#)” overview and related Whole Health tools on the Whole Health Library website.

1. Psychotherapies: Important Examples

Psychotherapy is a general term for the treatment of mental health conditions that involves some sort of conversation/exploration with a mental health professional. A person may be asked to do “homework” to explore what is discussed in greater depth. It is important to be familiar with the different types available, so that you can suggest whichever type of therapy will be most useful for a given individual’s situation.¹

Evidence-based psychotherapy²⁵ is a high priority related to VA mental health care,²⁶ and research supporting its use for an array of conditions is promising.^{27,28} Listed below are some of the most commonly used (and effective) psychotherapies available to Veterans through the VA. The list is by no means exhaustive. Find out which ones are available locally in your area.

Acceptance and Commitment Therapy²⁹

Acceptance and Commitment Therapy (ACT) focuses on the function of a person’s thoughts, as opposed to trying to change their accuracy. Using mindful awareness and other techniques, people work to neutralize, or defuse, negative thoughts. The idea is to see a “...bad thought as a thought, no more, no less...”³⁰ ACT is popular in the VA for work with patients in pain and seems to be effective.³¹ A 2015 review concluded that “...ACT is more effective than treatment as usual or placebo and...may be as effective in treating anxiety disorders, depression, addiction, and somatic health problems as established psychological interventions.”^{32,33} A 2017 review found ACT to be as effective as Cognitive Behavioral Therapy (CBT) in the treatment of anxiety and depression.³³ More research is needed,³⁴ but ACT has also shown promise for seizure control, increasing psychological flexibility, and disease self-management, to name just a few areas of ACT research.³⁵ It is also showing promise for substance use disorders³⁶, fibromyalgia,³⁷ and cancer care.³⁸ It has been shown to be effective in group therapy for conditions like anxiety and depression.³⁹ A

2020 review concluded that it can help maintain long-term lifestyle and behavioral changes.⁴⁰

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is built on the principle that our feelings and behaviors are influenced by our thinking patterns, not just by external people and events. It focuses on analyzing one's thinking to identify thought patterns that cause harm and then modify them. Changing our thinking patterns can foster greater happiness and well-being.⁴¹

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

CBT is comparable with medications when it comes to depression treatment,⁴² and it has been found to be helpful with preventing depression reoccurrence.⁴³ It is effective as a treatment for both depression and anxiety in primary care.⁴⁴ It is also beneficial to people with PTSD, social anxiety, obsessive-compulsive disorder, panic disorder, generalized anxiety, and overall anxiety about their health.¹ Recent 2018 reviews found it is also beneficial for subacute low back pain,⁴⁵ eating disorders,⁴⁶ treatment-resistant depression,⁴⁷ and insomnia.⁴⁸ It is also likely useful for addictions⁴⁹ and IBS⁵⁰ as well as numerous other indications. Cognitive Behavioral Therapy for Insomnia (CBT-I) is discussed in Chapter 9. There is also CBT-CP (for chronic pain) and CBT-SUD, which is specifically for substance use disorders.

CBT practitioners watch for a variety of different cognitive distortions. Examples include the following⁵¹:

- All or nothing thinking
- Overgeneralization
- Filtering
- Disqualifying positive experiences
- Jumping to conclusions
- Magnification and minimization
- Emotional reasoning
- "Should" statements
- Labeling
- Personalization
- Blame

While CBT-informed apps may not be as effective as face-to-face encounters, they have shown benefit in recent reviews.⁵² Internet-Assisted CBT has good evidence in its favor.⁵³

Cognitive Processing Therapy and Prolonged Exposure Techniques

Cognitive Processing Therapy (CPT)⁵⁴ and Prolonged Exposure Techniques (PE)⁵⁵ have been found to produce clinically significant improvement in PTSD symptoms in multiple randomized controlled trials.^{56,57} CPT focuses on changing maladaptive thoughts, while the main mechanism of PE is exposure exercises. Both CPT and PE are offered by the VHA,

with CPT being the more widespread. The VA is actively studying the two for treatment of PTSD. Both have shown promise in research to date.^{58,59} A review of 750 Veteran charts, belonging to a diverse array of Veterans, found those who completed either therapy had significant reductions on their PTSD Checklist scores.⁶⁰

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

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

Dialectical Behavior Therapy

Initially developed in the 1990s as a treatment for borderline personality disorder, Dialectical Behavior Therapy (DBT) is now used for an array of diagnoses.⁶¹ Therapists characterize a person's behaviors as a natural reaction to reinforcers in the environment and focuses on shaping and reinforcing more adaptive behaviors while also offering a validating environment. In addition to being an effective treatment for people with borderline personality disorder,⁶² DBT has also been found to reduce self-inflicted violence in people who are suicidal,⁶³ though a trial specifically with high-risk suicidal Veterans did not find benefit.⁶⁴ It seems to show some benefit in reducing suicidal ideation.⁶⁵

Eye Movement Desensitization and Reprocessing⁶⁶

Developed in the 1980s specifically to help people with traumatic memories and PTSD, Eye Movement Desensitization and Reprocessing (EMDR) involves a series of therapy sessions. During those sessions, a person receives bilateral stimulation, typically in the form of eye movements, tapping, and/or sound. Many practitioners follow a protocol that includes having people recall distressing images while receiving sensory inputs such as moving the eyes from side to side. The goal is to process negative memories and cope more effectively. It is not clear why moving the eyes in specific ways while working with distressing memories can be helpful.

Research indicates that the eye movements in EMDR do indeed have a beneficial effect.⁶⁷ Research indicates that EMDR is beneficial for PTSD, and the level of benefit is similar to that for other types of psychotherapy. EMDR seems to be more effective than medication alone.⁶⁸ It has comparable benefits with CBT for the treatment of obsessive-compulsive disorder.⁶⁹

Interpersonal Therapy

Developed in the 1970s, Interpersonal Therapy (IPT) is based on the idea that many psychological symptoms arise through interpersonal distress. Treatment usually is offered for 12-16 weeks and focuses on exploring relationships and how they influence—and are influenced by—one’s behavior and mood. IPT’s efficacy, particularly for depression, has been shown in randomized controlled trials.^{70,71} It was found to be comparable to problem solving therapy and brief supportive psychotherapy in major depressive disorder for women with breast cancer.⁷² It is one of several psychotherapies noted in a 2018 Cochrane review to be beneficial for treatment-resistant depression.⁷³

Marital therapy

Marital therapy (MT), or couple’s therapy, involves working with both an individual and his/her significant other. If relationship problems are present, this can be a powerful approach. Several reviews have found that marital therapy is effective for treating depressive symptoms and reducing risk of reoccurrence.⁷⁴ Involving a Veteran’s entire family in care can be helpful. Other examples of therapies that include loved ones include Behavioral Family Therapy, Integrative Behavioral Couples Therapy, Cognitive Behavioral Conjoint Therapy for PTSD.

Positive Psychology⁷⁵

Established in 1998 by Seligman and colleagues, positive psychology focuses on a person’s skills and positive attributes, emphasizing how they can promote mental, physical, and emotional well-being. The focus is on strengths and positive qualities, rather than on what is wrong. Positive Psychology interventions have been found to lead to lasting increases in happiness and decreased depressive symptoms in numerous studies.⁷⁵

The Best Possible Self exercise used in Positive Psychology, encourages people to envision themselves in their best possible future, after they have worked hard to get there; it has been found to have a significant effect on well-being.⁷⁶ Remember, when you are working with others (or yourself), it is important to celebrate successes and focus on the positive in addition to looking at what might be “wrong” with them.

Problem-Solving Therapy

Problem-Solving Therapy (PST) is a brief intervention, done in 4 to 8 sessions. A therapist reviews the problems a person is experiencing in his or her life and then focuses on solving one or more of those problems to teach the patient more effective problem-solving techniques. PST has shown modest improvement in study participants with depressive symptoms; most studies have been done in geriatric populations.^{77,78,79} It was also found in one trial to prolong survival in older adults who have had a stroke,⁸⁰ and it can help with caregiver stress.⁸¹

Psychodynamic Therapy

Psychodynamic Therapy (PT) is defined differently in various studies. Also known as insight-oriented therapy, it focuses on gaining insight into unconscious processes and how they manifest in the way a person behaves.⁸² PT has been used widely in clinical practice for the treatment of depressive disorders, and it seems to be effective.⁸³ Recent meta-

analyses suggest that both short-term and long-term psychodynamic psychotherapy are effective for depressed patients. It also has benefit for people with personality disorders and anxiety disorders.^{84,85}

2. Autogenic Training

Autogenic Training (AT) was developed in 1932. Autogenic means “generated from within,” and many consider AT a form of self-hypnosis.⁸⁶ It involves a series of simple exercises people can do on their own to increase relaxation without having to rely on a trained hypnotherapist.

AT practice involves repeatedly thinking of several specific phrases, with the goal of producing feelings of warmth, heaviness, and calm throughout the body. The goal is to activate the parasympathetic nervous system (that is, to elicit the relaxation response). At the core of AT is a set of standard exercises which focus on six physical manifestations of relaxation in the body¹:

1. Heaviness in the musculoskeletal system
2. Warmth in the circulatory system
3. Awareness of the heartbeat
4. Slowing down the breath
5. Relaxing the abdomen
6. Cooling the forehead

These exercises build on each other weekly. First, a person learns to relax the arms and legs. Next, they learn to regulate heart rate and breathing. Finally, relaxing the stomach, cooling the forehead, and feeling overall peace in the mind and body are added. Not everyone who does AT will experience all those sensations. In research studies, participants report overall effects of relaxation, such as reduced heart rate, lessening of muscular tension, and slower breathing, as well as reduced gastrointestinal activity, better concentration, less irritability, improved sleep, and other positive experiences.⁸⁷

A Brief Autogenic Training Experience¹

Try feeling each of the six AT manifestations as you read through this exercise. If you have difficulty, start by just focusing on one specific part of the body, like your hands.

1. **Musculoskeletal system.** Allow yourself to feel heaviness in the muscles and bones. Can you tune in to specific bones or muscles?
2. **Warmth.** Focus on blood flow. It might help to focus on your hands or feet at first. Can you make them warmer?
3. **Pulse.** Can you tune in to your pulse? Where do you feel it?
4. **Breathing.** Note your respiratory rate. Take a few slow deep breaths to slow it down, as you feel comfortable.
5. **Abdomen.** Imagine your abdomen softening, like melting snow. Feel the breath in the abdomen.

6. **Forehead.** Allow your forehead to cool down. You might imagine an ice cube melting on it, or a gentle breeze blowing across it.

A meta-analysis of 60 studies found significant positive effects of AT treatment for a number of diagnoses, including⁸⁸:

- Anxiety
- Bronchial asthma
- Coronary heart disease
- Functional sleep disorders
- Migraine
- Mild-to-moderate depression
- Mild-to-moderate essential hypertension
- Raynaud's
- Somatoform pain disorder (unspecified type)
- Tension headache

For more information on AT, go to the Resources section at the end of this chapter.

3. Breathing Exercises

Breathing is essential to our survival, but most of the time we are not even aware we are doing it.⁸⁹ Focusing on breath is an excellent way to bring our awareness into our bodies and into the present moment, and different breathing techniques can help us move out of a hyperaroused, fight-or-flight state into a more relaxed parasympathetic state. Breathwork is often combined with other mind-body approaches.

The qualities of relaxed breathing make up the acronym DASS: **Deep, Abdominal, Slow, and Smooth.**⁸⁹ Abdominal (diaphragmatic) breathing involves expanding the abdomen (instead of the chest) first when a breath is taken. Feeling motion when a hand is placed on the abdomen indicates it is being done correctly. Breathing is rapid and shallow during stressful situations, anxiety, and panic attacks, but within just a few minutes a person can learn how to deepen and slow breathing and ease their stress. Start with taking up to 10 slow, deep breaths. Deep breathing typically involves breathing in through the nose and out through the mouth. Start by both inhaling and exhaling for a count of 10.

There are many variations on rhythmic breathing.⁸⁹ You can simply count to the same number (e.g., 10) on the inhale and the exhale, or you can count in for 4 and out for 6 (the 4-6 breath). The 4-7-8 breath has been used in Eastern practices for centuries. You breathe in for a count of 4, hold for a count of 7, and exhale for a count of 8. If you do it for more than a few breathing cycles when you are first learning, it may make you a bit light-headed. In general, however, breathing exercises are quite safe, and nearly everyone can learn to do them.

Slowing breathing rate can lower blood pressure.⁹⁰ A review of research on several specific breathing techniques found a trend toward improvement in asthma symptoms,

noting more study is needed.⁹¹ A review of trials involving hyperventilation also found a trend toward improvement.⁹² Breathing exercises can also significantly improve pulmonary function and quality of life for lung cancer patients.⁹³ Practicing breathing against an appropriate positive end-expiratory pressure can improve function in COPD.⁹⁴ Breathing exercises can also relieve the symptoms of gastroesophageal reflux⁹⁵ and help with coping with chronic osteoarthritis pain.⁹⁶

For more information, including a number of clinical tools you can use, go to the Resources section at the end of this chapter.

4. Creative Arts Therapies

Creative arts therapies (CATs), also known as expressive therapies, come in many forms.

- **Art therapy** is the therapeutic use of art making, with the support of a professional, by people living with illness, trauma, or other challenges. It can also be used by healthy people who seek personal development. Through creating art and reflecting on the experience, as well as on what they create, people can increase mindful awareness of themselves and others and learnt to cope better.
- **Music therapy** makes use of music to improve psychological, physical, cognitive, or social functioning.
- **Drama therapy** provides people the opportunity to tell their stories, set goals, solve problems, express feelings, and release pent-up emotions. Inner experience can be explored in greater depth, and social skills can be enhanced.
- **Dance therapy/movement therapy** is the psychotherapeutic use of movement to promote emotional, cognitive, social, and physical integration.

CATs during cancer treatment improve anxiety, depression, and overall quality of life.⁹⁷ Pain is significantly reduced as well, although fatigue is not, according to some studies. Art therapy leads to sustained improvement in cognitive function in elderly people.⁹⁸ Dance therapy improved gait and speed for Parkinson's patients and healthy elderly people.⁹⁹ It also helped with executive function in Parkinson's in one trial.¹⁰⁰ It may also help people with schizophrenia to function better,¹⁰¹ and it seems to have some benefits for people with heart failure.¹⁰² Movement and body awareness therapies also seem to have benefit as adjunct therapies for fibromyalgia.¹⁰³ Music therapy led to a mild reduction in post-operative pain¹⁰⁴ and depression,¹⁰⁵ and it improved performance during physical activity.¹⁰⁶ It seems to be beneficial in schizophrenia¹⁰⁷ and other mental health conditions,^{108,109} as well as for disruptive behavior, depression, and anxiety in dementia patients.^{110,111} Music therapy is beneficial in many ways to people at different stages of cancer care.¹¹² A 2018 systematic review did not find benefits of CATs for PTSD.¹¹³

In 2019, VA Health Services Research and Development (HSR&D) created the Evidence Map of Art Therapy.¹¹⁴ The conclusion was that methodological issues in studies are common, but there are preliminary positive effects for a range of health conditions.

5. Journaling and Therapeutic Disclosure

Writing about stressful, upsetting and traumatic experiences has been found to improve physical and mental health.¹¹⁵ Even just writing about emotionally difficult events or feelings for just 20 minutes at a time over four consecutive days has been found to be associated with relaxation and improvements with various health problems. The key is to “vent” emotionally when you write; therapeutic journaling is not merely about listing facts.

In general, journaling has comparable effects with other psychological interventions, but it can easily be done outside of a clinical environment. It may be useful for people in need of mental health support who live in remote areas, or who are unwilling/unable to do other forms of psychotherapy.

Expressive writing has shown to benefit for the following health concerns^{1,116,117,118}:

- Depression
- Overall immune system functioning and immune response in HIV infection
- IBS
- Lung functioning in asthma
- Numbers of hospitalizations for people with cystic fibrosis
- Pain intensity with chronic pelvic pain
- Pain level and overall physical health in cancer patients
- Post-operative complications
- PTSD
- Rheumatoid arthritis severity
- Time to fall asleep in poor sleepers
- Wound healing rates

For more information, refer to the Resources section at the end of this chapter.

6. Progressive Muscle Relaxation and Progressive Relaxation

Progressive Muscle Relaxation (PMR) was developed in the 1920s.¹¹⁹ It involves tensing and then relaxing various muscle groups in a sequential way. As the muscles relax, a person is encouraged to notice what it feels like when tension drains away. Early on, people are encouraged to repeatedly create tension and relaxation in different muscle groups; tension decreases with each repetition. At the end, a person may return to areas that are still carrying tension and relax them further. This technique can easily be taught to patients, and it can be adapted when a person has areas of tenderness or pain. PMR has been found to be useful with conditions such as chronic insomnia, migraines, cancer-related distress, IBS, and coping with inflammatory arthritis.^{119,120} A recent study found that it can also reduce anxiety and improve sleep in people with COVID-19.¹²¹ Combined with music, it reduced fatigue, lowered stress, and improved coping among intensive care nurses.¹²²

Progressive Relaxation (PR) is similar to PMR, except it involves simply bringing awareness to muscle groups without increasing tension. It can be used by people who either cannot contract some of their muscles or find it uncomfortable to do so because of pain, recent surgery, or other reasons. It has not been studied as extensively, but it can be used for the same indications as PMR.

7. Whole Health Tool: Biofeedback

What Is It?

Biofeedback uses various devices to measure physiological activities, with the intent of improving health or performance by learning to consciously control those activities. Clinical biofeedback emerged as a discipline starting in the late 1950s, as increasing numbers of technologies were developed to measure different body functions. Since that time, it has expanded dramatically.

Any number of body functions can be monitored in biofeedback. Certain biofeedback devices work best for different conditions. For example, measuring muscle tension can help with tension headaches, while neurofeedback works well for ADHD. Important examples of biofeedback devices include the following:

- Hand temperature (thermal biofeedback therapy)
- Skin conductance (electrodermal response)
- Respiratory rate and chest wall expansion
- Cardiovascular measurements, including heart rate (pulse) and heart rate variability (HRV), which are the beat-to-beat differences noted on a heart monitor
- Electroencephalography (EEG). EEG biofeedback is typically referred to as neurofeedback
- Muscle tension (electromyography)
- Number of steps, measured on a pedometer or other wearable device
- Body weight (even your scale is a biofeedback device of sorts)

A variety of qualified professionals can offer biofeedback, ranging from psychologists and physicians to dentists, nurses, social workers, occupational therapists, physical therapists, and social workers.

How It Works

Seeing how these measurements change in real time in response to different emotions, thoughts, or behaviors empowers a person to mentally control physical functions they may not have previously been aware they could control. The end goal is to learn how to change body functions to improve health and/or performance, in a way where ideally the changes will endure without continued use of an instrument.

In a clinical setting, a practitioner might combine biofeedback with other treatments, such as Cognitive Behavioral Therapy (CBT) or relaxation techniques. Biofeedback can provide one element of a multi-faceted intervention, enhancing the efficacy of other treatments by drawing a person's awareness to their own ability to consciously change their body functions.

How to Use It

Biofeedback is often offered by various mental health providers, particularly psychologists who have done additional certification. There are various products a person can use on

their own to do biofeedback as well, but it is best to have support from a trained professional, especially early on.

When to Use It

Consider biofeedback for people who tend to be more technology-minded or like to see concrete data related to how their mental efforts affect them physically.

The Evidence Map of Biofeedback, as created by VA Health Services Research & Development (HSR&D), is shown below. This was based on comprehensive literature review up through March 2018.¹²³

To access the full image of the evidence map for biofeedback visit: [Guided Imagery, Biofeedback and Hypnosis: A Map of the Evidence](#)

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Biofeedback¹²⁴

Recent studies have been especially favorable regarding the potential for biofeedback to treat various types of chronic pain¹²⁵ and swallowing function.¹²⁶ HRV can be useful for enhancing sports performance¹²⁵ and improving pulmonary function during asthma attacks.¹²⁷ A recent, large-scale review and meta-analysis found no benefit for biofeedback for stress urinary incontinence in women.¹²⁸ A 2018 study found benefit of muscle tension biofeedback for stroke rehabilitation.¹²⁹ More studies are needed, but biofeedback shows potential benefit for treating OCD as well.¹²⁹ Neurofeedback was found to benefit people with uncontrolled seizures.¹³⁰ Biofeedback helps with various types of headaches and has been given a “Grade A” evidence rating by various national organizations.¹³¹ A recent systematic review found support for visual biofeedback for balance in elderly populations.¹³² A 2019 Cochrane review concluded more irritable bowel syndrome (IBS) studies were needed to draw conclusions,¹³³ but a study indicates that home biofeedback helps with dyssynergic defecation.¹³⁴ Electrodermal feedback shows promise with reducing pain and chronic inflammation.¹³⁵

A 2017 meta-analysis found benefit for HRV training for stress and anxiety.¹³⁶ One study found benefit for chronic back pain,¹²⁵ another found it may help with reducing cravings in substance use disorders,¹³⁷ and still another found it reduced risk of admissions, emergency room visits, and depression in people with coronary artery disease.¹³⁸ Phone-based HRV interventions can improve cardiovagal function.¹³⁹

A rating system for efficacy for biofeedback is used by national and international groups. Some of their ratings, as featured on the website of the [Association for Applied Psychophysiology and Biofeedback](#), are as follows^{140,141}:

Biofeedback Research: A Summary

Level 5: Efficacious and Specific

- Constipation and fecal incontinence in females
- Fecal elimination disorders in females
- Urinary incontinence in females

Level 4: Efficacious

- Anxiety
- ADD and ADHD
- Constipation and fecal incontinence in males
- Fecal elimination disorders in males
- Headache in adults
- Hypertension
- Jaw area pain
- Temporomandibular disorders
- Urinary incontinence in males

Level 3: Probably efficacious

- Alcohol use disorder/substance use disorder
- Arthritis
- Asthma and other breathing problems
- Chest pain (non-cardiac)
- Chronic pain
- Epilepsy
- Hyperventilation
- Insomnia
- Low back pain
- Pediatric migraines
- Phantom limb pain
- Posture-related pain
- Stump pain

Level 2: Possibly efficacious

- Cancer and HIV, immune function
- Cerebral palsy
- Chronic obstructive pulmonary disease
- Depressive disorders
- Diabetes mellitus
- Fibromyalgia
- Foot ulcers
- Hand dystonia
- Irritable bowel syndrome
- Knee pain
- Kneecap subluxation
- Mechanical ventilation
- Motion sickness
- Myocardial infarction
- PTSD
- Raynaud's
- Repetitive strain injury
- Stroke
- Traumatic brain injury
- Tinnitus
- Urinary incontinence in children
- Vulvar vestibulitis

Level 1: Not empirically supported

- Autism
- Eating disorders
- Multiple sclerosis
- Spinal cord injury

The ratings of efficacy presented are compiled from The Association for Applied Psychophysiology and Biofeedback's list of disorders and treatments as well as Yucha and Gilbert's 2004 book on biofeedback and neurofeedback.

Biofeedback can enhance the effectiveness of other treatments by helping individuals become more aware of their own role in influencing health and disease; it can be quite empowering to patients.

What to Watch Out for (Harms)

Biofeedback is very safe, provided that instrumentation is operated correctly, and practitioners are able to set reasonable and safe parameters and goals for a person to aim for in terms of various physiological measures.

Tips from Your Whole Health Colleagues

Most experts would agree that it is best to obtain biofeedback from a qualified health care professional. Get to know practitioners at your site and in your local community. To find biofeedback professionals who practice in a certain part of the country, use the following as resources:

- [Association for Applied Psychophysiology and Biofeedback](#)
- [Biofeedback Certification International Alliance](#). The BCIA was established to provide certification for biofeedback providers worldwide.
- [International Society for Neuroregulation & Research \(ISNR\)](#). Organization built around neurofeedback.

8. Whole Health Tool: Guided Imagery

What Is It?¹⁴²

Guided imagery is a mind-body approach that uses the “mind’s eye”—one’s internal processes—to support healing. It is closely related to hypnosis, psychotherapy, and biofeedback, which may also incorporate the use of images as part of therapy. Also known as guided visualization, this mind-body practice has been used throughout history to change behaviors, perspectives, and physiology.

How It Works

A typical session might start with a person being guided through relaxation exercises. After that, the clinician and the patient begin exploring visual images, as the clinician offers various cues. Initially, a positive image might be created to help the patient relax more; for example, they may be encouraged to visit a safe or beautiful place. Sometimes the patient comes up with the image, and sometimes the practitioner does. Most often, they collaborate. Ultimately, guided imagery is controlled by the person experiencing it. This allows for a sense of mastery and control, which can fuel self-directed change efforts.¹⁴³

Guided imagery promotes an altered state of awareness. It is a means by which a person can communicate with their subconscious, or unconscious, mind. Images can distract from pain, as people work with and even alter imagery related to their discomfort; a person may visualize a change in the pain’s color, or replace the pain with a different feeling, such as warmth. Imagery can also induce relaxation and help people cope more effectively with stress.

As they are working with an image, a person is encouraged to be very descriptive and to use all their senses. They are also encouraged to note emotions that arise. Different people gravitate more to focusing on senses.

Imagery can affect almost all major physiologic control systems of the body, including¹⁴⁴:

- Respiration, heart rate and blood pressure
- Metabolic rate
- Digestive system motility and secretion
- Cortisol (stress hormone) levels
- Cholesterol levels
- Immune system activity
- Mood, including levels of anxiety and depression

How to Use It

Imagery can be taught one-on-one or in groups. A practitioner may record a session so that their patient/client will be able to do a given activity or exercise repeatedly.

Imagery can be used to bring about general stress reduction, to focus on a specific outcome, and to gain insight, particularly by interactively exploring imagery. A person might intentionally shift the imagery, and in so doing, shift what the imagery represents.

When to Use It

According to the VA Health Services Research & Development (VA HSR&D) group, based on a large-scale review of all imagery related studies up to March 2018, “There is moderate-level confidence that guided imagery is effective in improving diagnosis-related outcomes in patients with arthritis or other rheumatic diseases. The levels of confidence of guided imagery's effectiveness for other conditions was generally low, due to heterogeneity among the intervention modalities, high risk of bias, lack of blinding, and limited generalizability in some studies.”¹²³ Evidence from the VA HSR&D review is also shown below.

To access the full image of the evidence map for guided imagery visit: [Guided Imagery, Biofeedback and Hypnosis: A Map of the Evidence](#)

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Guided Imagery¹²⁴

While more study is clearly needed, guided imagery has shown particular promise with the following (noting that studies have their limitations)^{145,146,147}:

- Anxiety (in multiple conditions)
- Cancer: Better outcomes with chemo- and radiotherapies
- Childbirth
- Depression
- Fatigue
- Improving athletic performance
- Reducing blood pressure, cholesterol, and A1c levels
- Managing chronic illness in general
- Nightmares
- Pain, including from arthritis and other rheumatic diseases
- Parkinson’s disease tremors¹⁴⁸
- Post-operative pain
- Preparation for surgery or procedures
- Speed up fracture and burn healing
- Stress management
- Tobacco abstinence
- Weight loss

A 2019 study found that a combination of PMR and Interactive Guided Imagery significantly reduced stress in cancer patients.¹⁴⁹

It is possible for nearly anyone to use this technique. Some people prefer to work with a trained professional if they are using imagery to guide them through a physical or mental health issue. Professionals can teach patients to do ongoing work on their own. CDs and online downloads with imagery exercises are widely available. Refer to the Resources section at the end of this chapter for more information.

What to Watch Out for (Harms)

Guided imagery is not advised (or should be used with extreme care) for individuals who have psychosis, hallucinations, delusions, delirium, dementia, religious beliefs that might be in conflict with the use of imagery, or a history of unprocessed trauma that might come up during the session.

Tips from Your Whole Health Colleagues

A number of organizations offer information about Guided Imagery online. The [VA Whole Health Mobile Apps and Online Tools](#) suggests [Health Journeys](#) for Guided Imagery-related blogs and online imagery sessions.

9. Whole Health Tool: Hypnosis

What Is It?

Hypnosis has been used for thousands of years, but Western scientists first became familiar with it in the 1770s. It is derived from the Greek word *hypnos*, “to sleep.” Hypnosis had its start in the 18th century with Franz Anton Mesmer, who used it to treat a variety of mental health disorders.¹⁵⁰ Most clinical hypnotherapists use approaches developed by Milton Erickson in the early 20th century. Erickson viewed hypnosis as a way to calm and quiet the conscious mind so that the subconscious could be accessed. A recent demographically balanced survey of 1000 American adults found that 7.6% of them had had hypnosis, and 63% of those reported benefit.¹⁵¹

The goal of hypnosis is to trigger, strengthen, and then make use of a trance state. Trance is a naturally occurring state during which unconscious thought and symbolic logic are more dominant, while “higher” thought and logic are less so. When a person is in a trance state, nonvoluntary and involuntary body process become more easily controlled and changeable.

How It Works

People are guided into the trance state through induction procedures which foster relaxation and an altered state of consciousness.^{1,152} Attention becomes more focused, and distractions diminish. It is a similar state to being lost in thought, daydreaming, or being caught up in a good book.

Hypnosis uses two strategies while a person is in the trance-like state, in order to change sensations, perceptions, thoughts, feelings, and behaviors. First, mental imagery and symbolism are used. For example, a person may be asked to imagine what his/her pain looks like. If they describe it as a sharp red object, they might be encouraged to shift the imagery, so that colors represent a healthier state (e.g., soft and cool blue). A person may also envision certain desired behaviors or visualize a procedure or surgery going smoothly in advance.

The second of the two hypnotic strategies is the use of suggestions. Ideas and suggestions are brought up to support the goals of the session. They are most likely to be effective when a person is (1) relaxed, (2) open to suggestions, (3) able to experience sensations related to the suggestions, and (4) able to envision the suggestions leading to results.

People vary in terms of how well they can enter trance. Hypnotic ability is a relatively stable trait that often runs in families.¹⁵³

When to Use It

Hypnosis is most often used for improving sleep, changing habits, and reducing pain, anxiety, and irritable bowel syndrome (IBS) symptoms.¹ It has been found to provide non-pharmacological analgesia for invasive medical procedures,¹⁵⁴ and it reduced anesthesia needs, pain intensity, nausea, fatigue, and emotional upset in women undergoing breast surgery.¹⁵⁵ While it shows promise, more research is needed to support its use. In 2018,

the VA Health Services Research & Development (VA HSR&D) group concluded, “There is low-confidence evidence that hypnosis provides benefit over comparator interventions for anxiety in patients with cancer, breast cancer care (i.e., pain, distress, fatigue, nausea/vomiting, and hot flashes), and weight loss in obese participants. Limitations to the body of evidence include small, combined sample sizes, poor study quality, and inconsistencies among the studies that were included in the systematic reviews.”¹²³ The evidence gathered by VA HSR&D is shown in the graphic below.

To access the full image of the evidence map for hypnosis visit: : [Guided Imagery, Biofeedback and Hypnosis: A Map of the Evidence](#)

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Hypnosis¹²⁴

The American Society of Clinical Hypnosis compiles hypnotherapy research. In general, they conclude evidence is supportive for the following (and the list is by no means exhaustive)^{156,157,158,159,160}:

- Acute and chronic pain (back pain, cancer pain, dental anesthesia, headaches, and arthritis)
- Allergies, asthma
- Anxiety and stress management
- Burn wound care
- Cancer care
- Childbirth
- Concentration difficulties, test anxiety, and learning disorders
- Depression
- Dermatologic disorders (eczema, herpes, neurodermatitis, itching, psoriasis, warts)
- Fibromyalgia (especially combined with CBT or imagery)
- Gastrointestinal disorders (ulcers, colitis, Crohn's disease)
- Hemophilia
- High blood pressure
- IBS¹⁶¹
- Nausea and vomiting associated with chemotherapy and pregnancy
- Obesity and weight control
- Palliative care in severe chronic disease
- Raynaud's
- Surgery/Anesthesiology
- Trauma
- Sexual dysfunction
- Sleep disorders

A 2019 Cochrane review concluded that, while there is no evidence that hypnosis is harmful, evidence is insufficient to tell if clinical hypnosis is more effective than other approaches for smoking cessation, and if it has benefit, the benefit is small.¹⁶²

Often, hypnosis sessions are recorded so a person can use them repeatedly. Self-hypnosis can be a powerful approach itself.¹⁶³ Recent studies have also indicated that online hypnosis interventions may be effective for conditions such as migraines.¹⁶⁴

What to Watch Out for (Harms)

Hypnosis tends to be very safe, according to number of meta-analyses.^{159,165,166} A 2018 review found no adverse event reports, noting that some studies did not report on safety at all.¹⁶⁷ Using hypnosis to work through events in one's past may lead to the creation of false memories and trigger strong emotional reactions. Rarely, it can cause drowsiness, headache, dizziness, and/or anxiety.

Clinical hypnosis is very different from stage hypnosis. People may joke about not wanting to "cluck like a chicken," and they can be gently reminded that people in trance never lose control.

Tips from Your Whole Health Colleagues

The [American Society of Clinical Hypnosis](#) and other groups offer certifications programs in hypnotherapy.

10. Whole Health Tool: Meditation

What Is It?

Throughout human history, different forms of meditation have been developed in many cultures worldwide, often in association with religious traditions. Meditation's broad scope makes defining and studying it challenging, because there are so many different types, with different styles, techniques, and goals. Some forms of meditation focus on mindful awareness, which is described in depth in Chapter 4. Others focus in different directions.

The word meditation derives from the Latin word “meditari” which means to engage in contemplation or reflection; the term is closely related to the word “measure,” as in doing things according to proper measure. In modern health care, it typically refers to a practice in which the mind is trained to maintain focused attention for various reasons, including to cultivate positive states of mind or to increase concentration and focus. As one description put it, “through the active and intentional shaping of our brains (neuroplasticity), we can shape well-being.”¹⁶⁸ There are meditations to foster awareness, and there are also meditations to enhance compassion and loving-kindness (as discussed in Chapter 10).

From the perspective of many contemplative traditions, meditation may be defined as spiritual practices intended to bring about enlightenment, self-actualization, or transcendence.¹⁶⁸ From the perspective of neuroscience, meditation is frequently defined by researchers as one or more techniques for training attention, concentration, and/or awareness of how one's own mind works, with the intent of enhancing self-regulation in some way.¹⁶⁹ Depending on their scientific background, spiritual or religious perspectives, and personal experience, people will resonate with different definitions, and it is important for meditation instructors (and clinical team members who discuss meditation with others) to be respectful of this.

Herbert Benson, who introduced the concept of the relaxation response, focused on the mental and physical effects of different forms of meditation, noting that many of them have certain features in common, in terms of their effect on the body.¹⁷⁰ They enlist a quiet environment, and many forms encourage people to settle down their bodies. People are encouraged to simply watch—but not get caught up in—distracting thoughts, and often they are encouraged to focus their attention on one specific thing, like a word (a *mantram*) or the breath. Of course, while appreciating these points of commonality, it is important to recognize that the variety and richness of different ways to meditate is born of thousands of years of human experience from around the world. As you discuss meditation as an option, remember that it is not simply a therapy, or a “one size fits all” approach to care. Different people will gravitate toward different approaches, and often, after meditation training, people tend to explore how it might fit into their overall worldview and, if relevant for them, their perspectives on spirituality and religion.

Meditation approaches have been classified in various ways. For example, practices may be based on one or more of the following overarching approaches¹⁶⁸:

- Focused attention. The goal is to enhance concentration. Techniques use a single focus. Examples include breathing meditations, mantra meditation, and candle gazing.
- Open monitoring. Rather than one focus of concentration, these approaches encourage people to pay attention more broadly, noting what is happening with their thoughts, images, emotions, sensations, etc. Vipassana meditation, which informed the development of Mindfulness-Based Stress Reduction (MBSR), is an example.
- Non-dual. These approaches attempt to remove the distinction between self and other, to move into a more unified understanding of experience. These are taught, especially in Eastern traditions, to reduce attachments.
- Loving-kindness and compassion. These approaches move focus to well-being, often using mental imagery techniques. They focus on manipulating thoughts and emotions. A growing body of research supports their use.¹⁷¹

How It Works

An entire multidisciplinary field has arisen in the past few decades related to the scientific study of various types of meditation. Research in contemplative neuroscience, which often involves the use of measurement devices to study the brain (and occasionally other parts of the body) when a person is meditating, has been taking us in new directions with our understanding of the brain and its function. As described in Chapter 4, “Mindful Awareness,” various techniques can be used to alter brain activity in different areas

How to Use It

In developing a practice, here are some important considerations:

- Type of meditation. Remember that meditation is not always the stereotypical sitting on a cushion chanting; there are many options. The more familiar a team member is with different types of meditation, the more effective they will be at discussing options. Try different meditations yourself so you can speak from experience. Ask meditation teachers (in VA, they are often mental health professionals) for guidance.
- Whether or not to take a class. It can help for beginners to start out in a group environment.
- Frequency (once a week, three times a week, daily).
- How long? Many people start with a few minutes and build up. MBSR courses encourage people to meditate for 45 minutes six days a week.

Several different types of meditation commonly used in VA are listed here:

Mindfulness-Based Stress Reduction (MBSR) is one of the most common meditation-based training approaches used in U.S. health care settings.^{172,173} Jon Kabat-Zinn, who developed the course based on Buddhist meditation practices for the purpose of providing a secular experience for people in a hospital setting, introduced MBSR in the 1980s as an 8-week course that introduces learners to a number of different methods for cultivating mindful awareness, including seated meditation, movement approaches (hatha yoga),

compassion meditation, and eating meditation, among others. It is taught in over 200 medical centers nationwide, and it is widely taught in the VA.

Mindfulness-Based Cognitive Therapy (MBCT) is an adaptation of the MBSR. It features cognitive therapy-based exercises linking thinking and its result impact on feelings. It has been found to be beneficial for depression.^{174,175,176} MBCT has also been found to help Veterans with PTSD,¹⁷⁷ diabetes,¹⁷⁸ tinnitus,¹⁷⁹ irritable bowel syndrome (IBS),¹⁸⁰ and weight loss.¹⁸¹

iRest® Yoga Nidra. “iRest” is short for Integrative Restoration. This practice was developed specifically for a military/Veteran population in the early 2000s,¹⁸² based on the ancient practice of Yoga Nidra. Richard Miller developed a ten-step protocol for “meditative self-inquiry.”¹⁸³ iRest Yoga Nidra is used regularly as part of weekly care at Walter Reed, and has been adopted in a number of VA medical centers too. Research indicates it is helpful with a variety of conditions, including depression, anxiety, quality of life, insomnia, pain, traumatic brain injury sequelae, low self-esteem, and overall patient satisfaction.¹⁸⁴

Transcendental Meditation® (TM) reduces blood pressure¹⁸⁵ as well as anxiety and stress.¹⁸⁶ It decreases need for anxiety and PTSD medications in active military personnel.¹⁸⁷ In fMRI studies, it has been found to increase blood flow to attentional system of the brain and decrease flow to arousal areas.^{188,189}

Mantram Meditation (MM) was brought to the United States from India by Eknath Easwaran. A word, sound, or phrase is chanted repeatedly as a way to redirect thoughts, enhance concentration, and improve emotion. (If the person thinks the word/sound/phrase rather than speaking it aloud, it is called a “mantra” instead.) Mantram repetition elicits the relaxation response and helps with PTSD, insomnia, anxiety, and depression.^{190,191} It also improves pain and quality of life.¹⁹² Several trainings for VA staff are available on TMS. Research indicates MM may work on certain areas of the brain differently from other forms of meditation, because of the use of language it requires.¹⁶⁸

When to Use It

The number of studies of meditation has been increasing rapidly in recent years. The majority of the studies featured in Chapter 4, “Mindful Awareness,” describe the effects of various types of meditation in the context of cultivating mindfulness. The VA HSR&D’s Evidence-Based Synthesis Program created an Evidence Map of Mindfulness to offer a quick overview of the state of the research up through early 2014¹⁹³ (which is also featured in Chapter 4). In general, it is clear that meditation has great potential to be beneficial for many health concerns, and more research is needed because the quality of some of the research to date is varied.

Recent meta-analyses and reviews have noted the following about meditation:

- Many of the benefits seen in the research to date are related to psychological health and functioning.¹⁹⁴ Meditation reduces stress and improves capacity to cope with any number of chronic disorders. Anxiety and depression benefit, for example, as

does chronic pain.^{195,196} PTSD does as well.¹⁹¹ Suicidal ideation decreases in Veterans.¹⁹⁷

- Physical aspects of illnesses that are strongly influenced by emotions are also significantly affected.¹⁹⁸ Sleep and chronic pain both benefit,^{199,200,201} as do blood pressure, fatigue, and quality of life after stroke.²⁰² Meditation seems, in general, to enhance resilience to stress.²⁰³
- The American Heart Association noted that “studies of meditation suggest a possible benefit on cardiovascular risk” (though quality and quantity of data are limited).²⁰⁴
- Meditation, at least in part because it regulates the stress response, suppresses chronic inflammation, alters immune system function and favorably influences the gut microbiome.^{205,206} It lengthens telomeres, which correlates to reduced morbidity and mortality.²⁰⁷
- It has been calculated, based on study data, that having people over 60 do TM regularly “...could avert nearly 200,000 stroke cases and 50,000 stroke-related deaths over the course of 15 years.”²⁰⁸
- The VA has done pioneering research focusing on MM, which has shown promise for a number of conditions.¹⁹³
- TM drops blood pressure and average of 4/2 mm Hg, which is comparable to other lifestyle interventions.¹⁸⁵
- Going on meditation retreats also has benefit, including on depression, anxiety, stress, and quality of life.²⁰⁹

What to Watch Out for (Harms)

Meditation tends to be safe overall. If someone has severe mental illness, they might be best served by training in a group environment with a well-trained instructor.

Hallucinations can make meditation a challenge. It should be used carefully in people with significant trauma histories, psychosis, or hallucinations.

Tips from Your Whole Health Colleagues

Keep in mind that meditation is not, in itself, intended to be a therapy for a specific health condition or conditions. Rather, it is an overall approach to living and being in the world, and it can potentially be useful for everyone. Again, tailor the type of meditation used to the person. Some people prefer to be active, and tai chi and yoga (discussed in Chapter 5) are often referred to as movement-based meditations. Other activities can be meditative as well, but playing a sport, gardening, or other activities that involve focusing on the activity are not strictly types of meditation, based on the more specific sense of the term.

Research continues to confirm that even eight weeks of meditation training will lead to significant changes in brain function.²¹⁰

Certification in meditation instruction is offered through a number of institutions, including the Oasis Institute Center for Mindfulness, University of Massachusetts Medical School, and the VA CALM program. See the Resources list at the end of this chapter.

Power of the Mind Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Power of the Mind](#). Part of the Components of Health and Well-Being Video Series.
<https://www.youtube.com/watch?v=dbPNgJ4YkpM&feature=youtu.be>
- [Veterans Whole Health Education Handouts](#).
<https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp>
 - An Introduction to the Power of the Mind
 - Breathing and Health
 - Progressive Muscle Relaxation and Progressive Relaxation
 - Seated Meditation
 - Biofeedback
 - Mantram Meditation
 - Autogenic Training
 - Hypnotherapy
- [Evidence Maps](#). Compilation of systematic review data by VA Health Services Research and Development (HSR&D).
<https://www.hsr.d.research.va.gov/publications/esp/reports.cfm>
 - [Evidence Map of Guided Imagery, Biofeedback, and Hypnosis](#). Summary of findings.
https://www.hsr.d.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no153&eBriefTitle=Guided+Imagery%2C+Biofeedback%2C+and+Hypnosis
 - [Cyber Seminar on Guided Imagery, Biofeedback, and Hypnosis](#). Includes detailed Evidence Maps for each intervention.
https://www.hsr.d.research.va.gov/for_researchers/cyber_seminars/archives/3631-notes.pdf
 - [Evidence Map of Mindfulness](#).
https://www.hsr.d.research.va.gov/publications/esp/cam_mindfulness-REPORT.pdf
- Integrative Health Coordinating Center SharePoint Communities.
 - [Integrative Health Coordinating Center SharePoint on Biofeedback](#).
<https://www.va.gov/WHOLEHEALTH/professional-resources/Biofeedback.asp>
 - [Integrative Health Coordinating Center SharePoint on Clinical Hypnosis](#).
<https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Clinical-Hypnosis.aspx>
 - [Integrative Health Coordinating Center SharePoint on Guided Imagery](#).
https://www.va.gov/WHOLEHEALTH/professional-resources/Guided_Imagery.asp
- CIH Listservs. To be added, contact:
 - Biofeedback listserv: vhabiofeedback-cop@DVAGOV.onmicrosoft.com
 - Clinical Hypnosis listserv: vahypnosis@DVAGOV.onmicrosoft.com

- Guided Imagery listserv: vhaguided-imagery-community@DVAGOV.onmicrosoft.com
- Meditation listserv: vhameditation-community@DVAGOV.onmicrosoft.com
- Other listservs: Lana.Frankenfield@va.gov
- National CIH Subject Matter Experts, as of FY20.
 - Biofeedback: David Gaffney. David.Gaffney@va.gov
 - Clinical Hypnosis: David Gaffney. David.Gaffney@va.gov
 - Guided Imagery: David Gaffney. David.Gaffney@va.gov
 - Meditation: Kavitha Reddy Kavitha.Reddy@va.gov; or Alison Whitehead Alison.Whitehead@va.gov
- [Guided Meditation Audio Files](https://www.va.gov/WHOLEHEALTH/circle-of-health/mindful-awareness.asp). <https://www.va.gov/WHOLEHEALTH/circle-of-health/mindful-awareness.asp>
 - Introduction to Meditation with Dr. Greg Sherpa (5 minutes)
 - Grounding Meditation (5 minutes)
 - Mindfulness of Breathing Meditation (10 minutes)
 - Mindfulness of Sounds Meditation (10 minutes)
 - Compassionate Breathing Meditation (10 minutes)
 - Loving Kindness Meditation (10 minutes)
 - Body Scan Meditation (15 minutes)
 - Body Scan with Loving Kindness Phrases (15 minutes)
 - An Intro on Mindfulness and Using the Personal Health Inventory (22 minutes)
 - Paced Breathing (7 minutes)
 - Mental Muscle Relaxation (5 minutes)
 - Mini Mental Vacation (7 ½ minutes)
- CALM Program. This training course for mindfulness instructors is offered through the OPCC&CT. The course contact person is Dr. Greg Serpa, at John.Serpa@va.gov.
- [STAR Well-Kit](http://www.warrelatedillness.va.gov/education/STAR/). <http://www.warrelatedillness.va.gov/education/STAR/>
 - Meditation materials include: Richard Miller’s “Guided Meditation” and Patrick Crehan—Mindfulness Meditation (where a Veteran describes his experience).
 - Breathing materials include: James Gordon’s “Soft Belly Breathing” and Ben King, a Veteran who describes his experience with breathing exercises.
- [National Center for Health Promotion and Disease Prevention](http://www.prevention.va.gov/Healthy_Living/). A number of resources for stress management as part of the Healthy Living messages. http://www.prevention.va.gov/Healthy_Living/
- [Personal Health Plan Template](https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Power of the Mind](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/power-of-the-mind.asp). Overview. <https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/power-of-the-mind.asp>
- [Working with Our Thinking](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/working-with-our-thinking.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/working-with-our-thinking.asp>

- [Therapeutic Journaling](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/therapeutic-journaling.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/therapeutic-journaling.asp>
- [Autogenic Training](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/autogenic-training.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/autogenic-training.asp>
- [Progressive Muscle Relaxation](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/progressive-muscle-relaxation.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/progressive-muscle-relaxation.asp>
- [Progressive Muscle Relaxation and Progressive Relaxation](https://www.va.gov/WHOLEHEALTH/veteran-handouts/docs/ProgressMuscleRelax_Final508_11-13-2018.pdf).
https://www.va.gov/WHOLEHEALTH/veteran-handouts/docs/ProgressMuscleRelax_Final508_11-13-2018.pdf
- [Breathing and Health](https://www.va.gov/WHOLEHEALTH/veteran-handouts/docs/BreathingAndHealth-508Final-9-4-2018.pdf) (General). <https://www.va.gov/WHOLEHEALTH/veteran-handouts/docs/BreathingAndHealth-508Final-9-4-2018.pdf>
- [The Power of Breath: Diaphragmatic Breathing](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/diaphragmatic-breathing.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/diaphragmatic-breathing.asp>
- [Power of the Mind: Additional Resources](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/power-of-the-mind.asp). Refer to this link for an even more detailed list of resources related to different mind-body approaches.
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/power-of-the-mind.asp>
- [Balloon Self-Hypnosis Technique for IBS and Abdominal Pain](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/balloon-self-hypnosis-technique-ibs-abdominal-pain.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/balloon-self-hypnosis-technique-ibs-abdominal-pain.asp>
- [Coping with Grief](https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/coping-with-grief.asp). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/professional-care/coping-with-grief.asp>
- [Whole Health for Skill Building: Power of the Mind](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-skill-building.asp>
 - Faculty Guide
 - Veteran Handout
 - PowerPoints
 - Mindful Awareness Script: “Dropping In”

Other Websites

- [Academy for Guided Imagery](http://www.acadgi.com). www.acadgi.com
- [American Society of Clinical Hypnosis](http://www.asch.net). www.asch.net
- [Association for Applied Psychophysiology and Biofeedback](https://www.aapb.org/i4a/pages/index.cfm?pageid=1). Check out the “Clinician’s Resource Library.”
<https://www.aapb.org/i4a/pages/index.cfm?pageid=1>
- [Biofeedback Certification International Alliance](https://www.bcia.org/i4a/pages/index.cfm?pageid=1).
<https://www.bcia.org/i4a/pages/index.cfm?pageid=1>
- [Dartmouth College Student Wellness Center](https://www.dartmouth.edu/~healthed/relax/downloads.html). Offers a variety of short guided meditation exercises, as well as others for relaxation and guided imagery.
<https://www.dartmouth.edu/~healthed/relax/downloads.html>
- [Gratefulness](http://www.gratefulness.org). Compilation of gratitude resources. www.gratefulness.org
- [Health Journeys](http://www.healthjourneys.com/). Numerous resources involving guided imagery for various health conditions and scenarios. <http://www.healthjourneys.com/>

- [Health Journeys Guided Imagery Audio Library](https://www.healthjourneys.com/partneraccess/index/display/token/00_nsrcONaPPPo2qdk8IpDpyc6s86k9FnriuQkwdqFl6FIKIhfAfUAGxEVUEehkUS1t4MypCQzTX9Qi6JE8rNpUsGM67wnig3lc8yeSkTsBdTbW52A0I2hQDMMGXmDYN3lqQRMbP5786IQcfM7y8Gg==). Available as a free podcast. https://www.healthjourneys.com/partneraccess/index/display/token/00_nsrcONaPPPo2qdk8IpDpyc6s86k9FnriuQkwdqFl6FIKIhfAfUAGxEVUEehkUS1t4MypCQzTX9Qi6JE8rNpUsGM67wnig3lc8yeSkTsBdTbW52A0I2hQDMMGXmDYN3lqQRMbP5786IQcfM7y8Gg==
- [Heart Math for Troops, Veterans and Families](https://www.facebook.com/heartmathtroopsveteransfamilies/). Free 3-hour intro for Veterans. <https://www.facebook.com/heartmathtroopsveteransfamilies/>
- [International Society for Neuroregulation & Research \(ISNR\)](https://isnr.org). <https://isnr.org>
- [UCLA Mindful Awareness Research Center](http://marc.ucla.edu/body.cfm?id=22). Has several short meditations, including several in Spanish. <http://marc.ucla.edu/body.cfm?id=22>
- [University of California San Diego Center for Mindfulness](http://mbpti.org/). Some somewhat longer guided meditations. <http://mbpti.org/>
- [University of Massachusetts Memorial Health Care Center for Mindfulness](https://www.umassmemorialhealthcare.org/umass-memorial-center-mindfulness). <https://www.umassmemorialhealthcare.org/umass-memorial-center-mindfulness>

Books

- *A Whole New Mind: Why Right-Brainers Will Rule the Future*, Daniel Pink (2006)
- *Art as Medicine: Creating a Therapy of the Imagination*, Shaun McNif (1992)
- *Conscious Breathing: Breathwork for Health, Stress Release, and Personal Mastery*, Gay Hendricks (1995)
- *Evidence-Based Practice in Biofeedback and Neurofeedback* (3rd ed), Gabriel Tan (2017)
- *Guided Imagery for Groups*, Andrew Schwartz, (1997)
- *Guided Imagery for Self-Healing*, Martin Rossman (2000)
- *How to Meditate: A Guide to Self-Discovery*, Lawrence Le Shan (1998)
- *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness*, Peter Levine (2010)
- *Open Up by Writing It Down*, James Pennebaker (2016)
- *Practicing Mindfulness: 75 Essential Meditations to Reduce Stress, Improve Mental Health, and Find Peace in the Everyday*, Matthew Sockolov (2018)
- *Teaching Meditation to Children*, David Fontana (2007)
- *The Body Keeps the Score: Brain Mind, and Body in the Healing of Trauma*, Bessel van der Kolk (2015)
- *The Cure Within: A History of Mind-Body Medicine*, Anne Harrington (2009)
- *The Emotional Freedom Technique Manual*, Gary Craig (2008)
- *The Highly Sensitive Person*, Elaine Aron (1997)
- *The Meditator's Atlas: A Roadmap of the Inner World*, Matthew Flickstein (2007)
- *The Relaxation Response*, Herbert Benson (2000)
- *When Things Fall Apart: Heart Advice for Difficult Times*, Pema Chodron (2000)
- *Why Zebras Don't Get Ulcers*, Robert Sapolsky (2004)
- *Writing to Heal*, James Pennebaker (2004)
- Books by Cheri Huber (focus on various aspects of Meditation)
 - *Perils and Pitfalls of Practice: Responses to Questions about Meditation*
 - *The Fear Book*

- *The Depression Book*
- *When You're Falling, Dive*

Apps and Monitoring Software

The popular phone apps listed below are free, although most have in-app purchases or memberships available. Find them by searching online or in your device's app store. Note that these are not scientifically tested—you may want to have people try a variety (or search for others) to see what is most helpful.

- **10% Happier.** Meditation for Fidgety Skeptics. Focused on those who are not sure they want to meditate. Premium version has videos.
- **Anxiety Free.** Self-hypnosis for anxiety and stress management.
- **Aura.** Has daily meditations, nature sounds, stories, music, and coaching.
- **BioZen.** Created by U.S. Department of Defense.
- **Breathe2Relax.** Guides you in diaphragmatic breathing.
- **Breeth.** Variety of meditations, inspirational talks, and lectures.
- **Buddhify.** 200+ meditations for different indications. One-time purchase fee; in-app purchases also available.
- **Calm.** Had multiple meditations and progress trackers.
- **Deep Sleep and Relax Hypnosis.** Self-hypnosis for people with poor sleep.
- **Digipill.** Uses neurolinguistic programming and psychoacoustics. Hypnotic suggestions focused on an array of topics.
- **Elite HRV.**
- **Ensō.** For those with more experience. Has timers that can be set at different intervals to keep you alert.
- **Happify.** Helps users with resources to combat negativity, anxiety and stress.
- **Harmony Hypnosis Meditation.** Self-hypnosis and meditation resources. Different messages for each ear come through your earphones (dual vocal delivery).
- **Headspace.** Hundreds of guided meditations. Monthly fee after trial.
- **Hypnobox.** Customizable self-hypnosis app.
- **Inscape.** Meditations, music, and breathing exercises suggested based on your goals.
- **Insight timer.** Has a variety of guided meditations and a tracker.
- **Meditation and Relaxation Pro.** Simple and effective guides that allow you to choose a focus or goal.
- **My Mood Tracker.** Way to look for patterns in mood shifts. One-time fee.
- **Personal Zen.** Games to reduce anxiety levels.
- **Relax and Sleep Well Hypnosis.** Hypnotherapy and meditation sessions.
- **Sattva.** Build around meditation traditions from India.
- **Simple Habit.** 5-minute meditations from an array of teachers. Has coaching, stories, and motivational guides as well.
- **Smiling Mind.** Created by a psychologist, tailors meditations to age; includes programs for group use.

- **Stop, Think, and Breathe.** You check in with your current feelings, and meditations are suggested accordingly. Multiple free activities; also has a premium membership option.
- **The Breathing App.** Allows you to customize your own breathing exercises.
- **The Mindfulness App.** Offers a 5-day guided practice and introduction to mindfulness, personalized options, and daily reminder settings.

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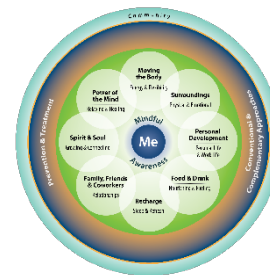
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Chapter 13. Prevention: Being Proactive

Treatment without prevention is simply unsustainable.
—Bill Gates



Chapters 5-12 emphasize the importance self-care as part of Whole Health. In this chapter and the remaining ones, we transition outward to the other parts of the circle. The next circle moving out from the center is Professional Care. While Veteran (and team member) self-care is fundamental to Whole Health approach, it is complemented—and shored up—by professional care. It is important to take the time to discuss who is on a Veterans’ care team, emphasizing that they are their own team captains. Veterans need people to empower and equip them with what they need to succeed, be it education, skill building, resources, or support.

The Professional Care circle represents all the ways a person might receive help from others, be they conventional or complementary health practitioners. Whether it is called “conventional medicine,” “biomedicine,” or “Western medicine,” the interventions offered within mainstream medicine have many potential benefits, and they are as much a part of Whole Health as the other Circle components. Among these, prevention is of central importance. Whole Health care must be proactive.

The “one pill, one ill” or “find-it, fix-it” models of care have their place, but they do not work well for people with chronic disease. These diagnosis-focused frameworks become particularly limiting if a person is living with more than one chronic illness. It simply does not work to assume a treatment protocol for a given health problem will work for every person who has that problem. Treating someone with a combination of diagnoses, such as fibromyalgia, irritable bowel syndrome (IBS), headaches, depression, psoriasis, diabetes, obesity, and hypertension (or sometimes even just one of those conditions) can often be challenging. Ideally, it is helpful to have as many tools as you can. Prevention, keeping the problems from ever happening in the first place, is the focus of this chapter. Complementary and integrative health (CIH) is the focus of Chapters 14-18.

Proactive Care: Considering Prevention

Majority of life-threatening disease around the globe is now chronic and linked to health behaviors.¹

It does not work to simply play a defensive game, to be in the mindset of responding only when problems arise. Prevention matters greatly. Consider the following:

- Eliminating unhealthy behaviors would prevent 80% of cases of stroke, heart disease, and type 2 diabetes, and it would prevent 40% of cancers.¹
- A 2018 review of data from the Nurses’ Health Study and the Health Professionals Follow-up Study focused on the effects of five healthy behaviors: never smoking, body mass index of 18.5-24.9, moderate alcohol intake, high diet quality score, and

≥30 minutes daily of moderate to vigorous physical activity.² Hazard ratios for people doing all five behaviors versus none of them were as follows: 0.26 for all-cause mortality, 0.35 for cancer mortality, and 0.18 for cardiovascular mortality. Women who had none of the positive behaviors would be expected, at age 50, to live another 29 years; for men, that would be 25 ½ years. People who practice all five behaviors would increase their years of life beyond age 50 by an average of 43 more years for women and 38 more for men.

- A 2009 study followed over 23,000 people, noting the correlations between chronic diseases and the following four behavioral factors²: 1) more than 210 minutes a week of physical activity; 2) adhering to healthy diet principles; 3) never having smoked; and 4) having a body mass index less than 30. After adjusting for age, sex, occupation, and educational status, people who met all four criteria had:
 - 78% lower risk of developing diabetes
 - 81% lower risk of heart attack
 - 50% lower risk of stroke
 - 36% lower risk of cancer
- A Centers for Disease Control (CDC) analysis of statistics for Americans collected from 2008-2010 concluded that “...when considered separately, 91,757 deaths from diseases of the heart, 84,443 from cancer, 28,831 from chronic lower respiratory diseases, 16,973 from cerebrovascular diseases (stroke), and 36,836 from unintentional injuries potentially could be prevented each year.”³
- 1/5 or 1/6 of all deaths in the U.S. are linked to tobacco smoking and hypertension.⁴ 1/10 of deaths are due to being overweight or physically inactive. Low fruit and vegetable intake is estimated to have led to 58,000 deaths in 2005.⁴
- Exercise seems to be comparable to medical treatment for secondary prevention of coronary heart disease, prevention of post-stroke rehabilitation, and prevention of heart failure.⁵
- In 2014, the CDC estimated that, in the U.S., “vaccinations will prevent more than 21 million hospitalizations and 732,000 deaths among children born in the last 20 years.”⁶ Measles vaccinations, given in 73 countries, will prevent 13.4 million deaths. Providing nine other vaccinations in those countries will save another 9.9 million lives.⁷
- 130 Americans die each day from opioid overdoses.⁸

Prevention “Commandments”

The suggestions that follow are just a few of the prevention tips to consider during personal health planning.^{9,10} Some of them might tie in with various self-care circles on the Circle of Health as well. Each item on the following list can have marked long-term benefits for Whole Health, and many of them come from the VHA National Center for Health Promotion and Disease Prevention’s (NCP) [Healthy Living Messages](#), which are described in detail at their website.^{9,10}

- Maintain a healthy weight.
- Avoid excessive alcohol.

- Be careful about fall risk, especially if you are over 65.
- Brush and floss your teeth (prevents gum disease, which can be related to chronic inflammation in the body).
- Do not operate motor vehicles when under the influence of any substances.
- Do not take recreational/illegal drugs.
- Don't smoke or use tobacco in other ways.
- Keep firearms unloaded and locked away.
- Put carbon monoxide detectors and smoke detectors in your home.
- Use safe sex practices.
- Wear helmets when appropriate.
- Wear your seatbelt.
- Follow up with appropriate screening tests.
 - This includes cancer screening via mammograms, colonoscopy, Pap smears or other tests.
 - Review screening recommendations for your age with your care clinician during wellness visits, including any that are specific to you because of your family history.
 - Screening may include lab tests like blood sugar, cholesterol, blood counts, or other measures your care clinician feels appropriate.
 - Remember to have vision and dental screens as well.
- Stay up to date on your shots.
- Take your medications appropriately.

Another way to favorably affect the progression of chronic disease is through well-being interventions. A 2019 study reviewed 34 articles (1,635 participants) and concluded that for type 1 or type 2 diabetes, an array of well-being interventions can have benefit for health outcomes; the challenge is that it is not yet possible to say whether any one particular well-being approach is superior to others.¹¹

A 2014 systematic review of 10 trials concluded that engagement itself "...should be quantified as part of a comprehensive risk appraisal given its apparent value in helping individuals to effectively self-manage chronic disease."¹² The review of 10 trials found that people with multiple chronic disease responded favorably to a variety of interventions to enhance engagement, with improved outcomes such as hemoglobin A1c, blood pressure, cholesterol measures, depression scores, and overall quality of life. A 2017 review of 722 articles identified four key elements that are key to a person being engaged: 1) Personalization, 2) Access, 3) Commitment, and 4) Therapeutic Alliance.¹³ A healing environment also contributes. Whole Health leaves room for care teams to offer all of these aspects of care. In fact, caring for patients through more global models, with engagement as a focus, is central to the Whole Health approach.

The NCP has links to recommended screening tests and immunizations for men and women (Refer to the Resources section at the end of this chapter for more information.) On [My HealthVet](#), people can enter data about their behavior practices and risk factors to get an

estimate of their health age (their age based on how much their health behaviors add to or take away from their life expectancy, in comparison with their actual age).

Remember, proactive care is fundamental to Whole Health. Do all you can to keep people from developing problems in the first place. It is all about primary prevention. How often do you consider preventive mental health? Or taking steps to preventing the development of chronic pain? A preventive mindset can be useful, even when working with people who have a number of chronic illnesses. Build and maintain skills, like Motivational Interviewing, that increase your ability to help others change their behaviors. And remember, all of this applies to your own self-care as well. What are you doing for yourself when it comes to preventive care?

Prevention Resources

Websites

VA Whole Health and Related Sites

- [A Patient Centered Approach To: Professional Care](#). Part of the Components of Health and Well-Being Video Series.
<https://www.youtube.com/watch?v=Eq8kluiQnUo&feature=youtu.be>
- [My HealthVet](#). <https://www.myhealth.va.gov>
- [National Center for Health Promotion and Disease Prevention](#).
<http://www.prevention.va.gov>
 - [Healthy Living Messages](#).
https://vaww.prevention.va.gov/Healthy_Living_Messages.asp
 - [Get Recommended Screening Tests and Immunizations for Men](#).
http://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Men.asp
 - [Get Recommended Screening Tests and Immunizations for Women](#).
http://www.prevention.va.gov/Healthy_Living/Get_Recommended_Screening_Tests_and_Immunizations_for_Women.asp
- [Health and Wellness](#). VA Public Health. A number of prevention resources for Veterans. <http://www.publichealth.va.gov/health-wellness.asp>
- [Health Topics A to Z Index](#). VA Health Care. Resources related to a large number of different diagnoses. <http://www.va.gov/health/topics/>
- [STAR Well-Kit](#). Materials related to complementary and integrative health (CIH). <http://www.warrelatedillness.va.gov/education/STAR/>
 - Introduction, Part 1: The Role of Integrative Medicine for Improving Veteran Health and Wellness
 - Views from the Provider Community

Whole Health Library Website

- [Hypertension](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/hypertension.asp>
- [Lipids](#). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/lipids.asp>

Other Websites

- [U.S. Preventive Services Task Force](https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations). U.S. Preventive Services Task Force.
<https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>
 - [The Guide to Clinical Preventive Services](https://www.ahrq.gov/sites/default/files/publications/files/cpsguide.pdf).
<https://www.ahrq.gov/sites/default/files/publications/files/cpsguide.pdf>
- [Tools and Resources](https://www.instituteoflifestylemedicine.org/?page_id=12). Institute of Lifestyle Medicine.
https://www.instituteoflifestylemedicine.org/?page_id=12

Apps and Monitoring Software

The phone app listed below is free. Free it by searching online or in your device's app store.

- **Prevention TaskForce App**. U.S. Preventive Services Task Force Recommendations.

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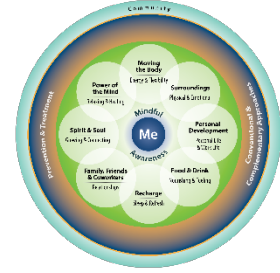
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PASSPORT TO WHOLE HEALTH
Chapter 13. Prevention: Being Proactive

Chapter 14. Introduction to Complementary and Integrative Health Approaches

For many Americans, alternative therapies represent a new discovery, but in truth, many of these traditions are hundreds or thousands of years old and have been used by millions of people worldwide. One must realize that while treatments may look like alternatives to us, they have long been a part of the medical mainstream in their culture of origin.

—C. Everett Koop, former U.S. Surgeon General



Complementary and Integrative Health in the VA

In addition to conventional clinical treatments, self-care strategies, and prevention, Whole Health is inclusive of complementary and integrative health (CIH) approaches. CIH approaches are specifically mentioned in the Professional Care circle in the Circle of Health because of their importance in patient centered care. Data from the National Health Interview Survey suggests that 59 million Americans aged over four years had at least one expenditure related to CIH, with out-of-pocket expenditures of \$30.2 billion in 2012.¹ A 2017 national convenience sample of 3346 Veterans found that in the past year²:

- 52% had used any CIH
- 44% had used massage therapy
- 37% had used chiropractic
- 34% had used mindfulness and 24% had used other types of meditation
- 25% used yoga

The main reasons Veterans used these approaches was for stress reduction/relaxation or pain. 84% said they were interested in trying/learning more about one or more CIH approaches.

Some CIH approaches remain controversial, while others are gaining greater acceptance among hospitals and medical clinics. With new mandates requiring that certain integrative therapies be offered to all Veterans (described below under “List One” and “List Two”), availability of these approaches is increasing.³

Definitions

Originally, providers used the term “Alternative Medicine” and later “Complementary and Alternative Medicine (CAM)” to describe medical practices that were not considered mainstream. Other terms used over the years have included “Holistic Health” and simply “Complementary Medicine.” The term “Integrative Medicine” came into use in the 1990s as increasing numbers of clinicians, researchers, policymakers, and patients explored the roles that various approaches might play as a part of integrated [Personal Health Plans](#) (PHPs) for patients. The idea is that multiple therapeutic approaches may synergize to optimize health. CIH approaches are effective at empowering patients,⁴ giving them a sense of control over their health,⁵ and personalizing care.⁷

According to the Academic Consortium for Integrative Medicine and Health, Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by the evidence, and makes use of all appropriate therapeutic and lifestyle approaches, health care professionals, and disciplines to achieve optimal health and healing.^{vii}

In January 2015, the National Institutes of Health changed the name of the National Center for Complementary and Alternative Medicine (NCCAM) to the National Center for Complementary and Integrative Health (NCCIH). With this title change, the term “complementary and integrative health” became increasingly commonplace. An important example is the use of CIH in section 932 of the Comprehensive Addiction and Recovery Act (CARA), passed by Congress in July 2016. Section 932, entitled “Complementary and Integrative Health,” directed the Department of Veterans Affairs to report on plans for expanding CIH, particularly for substance use disorder and pain management.⁸ In January of 2020, the ten-member Creating Options for Veterans’ Expedited Recovery (COVER) Commission, in accordance with CARA, released a report to the President with a list of ten recommendations to guarantee Veterans can receive the comprehensive mental health care they need.⁹ The second recommendation in this report was to “establish an ongoing research program focused on testing and implementation of promising adjunctive CIH modalities associated with positive mental health, functional outcomes, and wellness that support whole health and the VA Health Care Transformation Model.”

There are disagreements about which therapies should or should not be classified as “complementary.”¹⁰ For example, in many research studies, chiropractic is considered complementary, but in the VA, it is classified as mainstream and has not always been discussed in surveys related to VA’s CIH offerings. Furthermore, many mind-body approaches are widely used by specialties such as mental health and not considered to be outside the mainstream by these clinicians, but they are nevertheless classified as CIH approaches by many researchers.¹¹

What Are These Approaches Used for?

According to the Healthcare Analysis Information Group (HAIG) survey of 2015, which surveyed sites about use of an array of different CIH practices, the five main conditions for which CIH approaches are used in the VA include¹¹:

- Anxiety disorders
- Depression
- PTSD
- Stress management
- Musculoskeletal pain

In short, the conditions for which people most commonly seek CIH approaches are related to pain and mental health. In general clinicians and patients are more likely to seek CIH approaches for conditions that are chronic, complex, and/or not easily treated within the conventional medical model.

The Integrative Health Coordinating Center

Established within the VHA Office of Patient Centered Care and Cultural Transformation (OPCC&CT) in 2014, the VA’s national [Integrative Health Coordinating Center](#) (IHCC)

focuses its efforts on introducing safe and effective CIH approaches into VA facilities. The IHCC has two major functions:

1. Identify and remove barriers to CIH provision in the VHA System.
2. Serve as a clinical, educational, and research resource for Veterans, clinicians, and VA leadership.

Focus areas of the IHCC include:

- Working with the VA Office of Regulatory and Administrative Affairs to **modify the standard medical Benefits Package** as appropriate to offer CIH Services. This includes the 2017 directive to advance CIH,⁷ current work on proposed regulation change, and exemption of co-payment for well-being approaches.
- **Tracking field implementation** of the CIH Directive. Since 2017, IHCC has been monitoring delivery of CIH approaches on List One in all facilities in an effort to help sites implement care through face-to-face or virtual means. IHCC maintains a utilization report based on Char 4 codes, CPTs and health factors.
- Defining **new occupations related to Whole Health and CIH**. For instance, VHA has finalized the qualification standards for the occupation of licensed acupuncturist, which is officially a VHA profession. The Massage Therapist Qualification Standard was released in March of 2019.⁸ Position descriptions have also been created for yoga and tai chi instructors. IHCC continues to work with VHA Human Resources on modernization efforts to streamline positions and hiring practices.
- Outlining **business processes**. The IHCC has created “clinic stop codes” to track the utilization of CIH approaches. These include codes 159, a CIH Treatment Stop Code, and 139, a Well-Being Stop Code. 139 is non-billable in the primary position. 159 carries a \$15 co-pay, but only for category 7-8 Veterans. Both can be in either the primary or secondary position. There are now multiple CHAR 4 codes for an array of CIH approaches. Of note, Whole Health is in price category 4 in the Veterans Equitable Resources Allocation (VERA). Ten days of care will allow a Veteran to qualify for that category, and care can include CIH approaches as well as many other self-management, stress-reduction, educational, rehabilitation, and psychology CPTs. Clarification around what the nature of those visits would need to be is ongoing, in coordination with the Allocation Resource Center (ARC). Refer to the resource list at the end of this chapter for [Coding Guidance](#) resources.
- **Preparing the current workforce for changes** related to CIH provision. IHCC collaborates closely with the developers and faculty for the various Whole Health clinical and non-clinical courses sponsored by OPCC&CT. Online offerings also include various TMS and TRAIN courses that provide continuing education credits, including *Introduction to Complementary and Integrative Health Approaches*, *Clinician Self-Care: You in the Center of the Circle of Health*, *Eating for Whole Health: Introduction to Functional Nutrition*, and *Mindful Awareness*. Two other one-hour courses were recorded in 2019: *Complementary and Integrative Health in Your Practice* and *Complementary and Integrative Health—A Closer Look at List One Approaches* (VA Directive 1137 “List One”). Chapter 3 has more information on these courses, and a current list of available courses can be found on the Whole Health Education home page under [Whole Health TMS Modules](#). In addition, IHCC offers clinical hypnosis training for VHA clinicians and will offer Guided Imagery Foundations and Certification courses.

- Expanding access to CIH services through use of **Telehealth modalities** (TeleWholeHealth, discussed in Chapter 3), volunteer providers, and virtual courses. With the COVID pandemic, all of the OPCC&CT Whole Health courses were modified to be offered in a virtual format. Additionally, many services such as Tai Chi and Yoga are offered virtually.
- **Building a CIH research portfolio**, in coordination with VA research partners. Examples of their research findings include the HSR&D evidence maps, many of which are featured or cited in this reference guide. A large initiative including NIH, VA, and DoD is focusing on CIH and pain. Another study focusing on CIH in mental health care is also underway. CIH is an integral part of the Whole Health System of care, and there is now a report by the Center for Evaluating Patient-Centered Care in VA (EPCC-VA) which provides a [progress report](#) on outcomes for the Whole Health Systems Pilot at the 18 Flagship Sites.¹⁴
- **Partnering with groups outside of OPCC&CT**, including the DoD, various VA Program offices, and NCCIH.
- Working closely with the Office of Community Care to **inform delivery of CIH approaches in the community**. As part of MISSION Act, CIH approaches provided through Directive 1137 List One (see below), are a part of the Veterans' Medical Benefits Package. CIH providers will be a part of the new community care network contract (excluding guided imagery and yoga).
- **Partnering with workgroups for the new electronic health record** within VHA in order to include necessary elements for scheduling and documenting CIH encounters.

Approval process for additional CIH approaches.

The IHCC serves as the principal advisor to the Under Secretary for Health on CIH-related strategy and operations, to include analysis of any legislation or proposals that would impact or pertain to the delivery of CIH practices within VHA. In 2016, at the direction of the VA Under Secretary for Health, IHCC formed an Advisory Group to plan for the introduction of CIH formally into VHA. The IHCC Advisory Workgroup (IHCCAW) is made up of subject matter experts and leaders from various VA Program Offices.

The role of the IHCCAW is to evaluate and advise on which CIH approaches should be moved forward in VHA and in what timeframe. The IHCCAW serves in part as a national consult service for the field and reviews CIH approach approval requests (from VISN Directors, Facility Directors, or VA practitioners). Based on complete review, the workgroup makes its clinical recommendations to IHCC. IHCC forwards positive recommendations from the IHCCAW to the VHA National Leadership Council's (NLC) Whole Health Experience Committee (WHEC), and then to the Under Secretary for Health (USH), for final approval.

[VHA Directive 1137—Provision of Complementary and Integrative Health \(CIH\)](#) was approved by the Acting Under Secretary for Health on May 19, 2017. The CIH Directive establishes internal policy regarding the provision of CIH approaches in VHA and features two lists of CIH approaches.

LIST ONE currently includes:

- Acupuncture

- Biofeedback
- Clinical Hypnosis
- Guided Imagery
- Massage Therapy (for pain)
- Meditation
- Tai Chi/Qi Gong
- Yoga

The eight complementary approaches featured on List One are subject to the clinical caveats 1 and 2 below. Given the level of evidence supporting their use, they **must** be made available to Veterans across the system, either within a VA medical facility or in the community. Note: chiropractic care is not included in this list as it is covered under earlier policy.

Clinical Caveat 1: Adequate evidence exists to support the use of the above-subject practices together with conventional care, reflecting current opinion and practice in the medical community. This listing serves, however, as only guidance. Whether any of these CIH approaches is in fact appropriate for a particular Veteran (or other person) must still be determined by the practitioner (together with the responsible treating provider if the practitioner is not also that) in the exercise of their joint clinical judgment and accounting for the patient’s individual clinical factors. In instances when there is no consensus, practitioners will defer to the responsible treating provider. Care will account for the Veteran’s preference, if known, as well as any contraindications to treatment.

Clinical Caveat 2: Some CIH approaches evolve into conventional care modalities over time, and some may end up being pulled from practice. Identifying CIH approaches for use in Veterans’ personalized health plans is a fluid and dynamic process. VHA practitioners need to verify on the VHA’s Intranet SharePoint site that a CIH approach they wish to practice is still on either List One or List Two. These listings will be up-to-date and should be given priority over the listings below, which must await formal policy revisions to be updated

To learn more about the List One CIH approaches, go to the following chapters of this reference guide:

- Chapter 5: Tai Chi/Qi Gong and Yoga
- Chapter 12: Biofeedback, Clinical Hypnosis, Guided Imagery, and Meditation
- Chapter 16: Massage Therapy
- Chapter 18: Acupuncture

Use of the List One approaches is now tracked, and overall, it has been increasing (Table 14-1). All sites are providing CIH; different sites are at different phases of implementation.

Table 14-1. Percentage of VA Sites Using List One Approaches in FY20*

Approach	Percentage of 141 Sites Offering
Acupuncture/Battlefield Acupuncture	91%
Biofeedback	69%
Clinical Hypnosis	33%
Guided Imagery**	57%
Massage Therapy	79% (includes manual therapies done by non-massage therapists as well)

Meditation/MBSR*	83%
Tai Chi / Qi Gong	82%
Yoga	84%
*From directive data.	

LIST TWO includes *optional* CIH approaches. Subject to caveats 1 and 2 (outlined above), the Under Secretary for Health, acting through the IHCC under OPCC&CT, sanctions the optional use of the CIH approaches on this list. CIH approaches are included because they are generally considered by those in the medical community to be safe when delivered as intended, by an appropriate VHA practitioner or instructor. They may be made available to enrolled Veterans, within the limits of VA medical facilities. It is important to note these approaches must still only be offered by practitioners who have proper scope of practice and appropriate training.

List Two includes the following:

- Acupressure
- Alexander Technique
- Animal-Assisted Therapy
- Aromatherapy
- Biofield Therapies
- Emotional Freedom Technique
- Healing Touch
- Reflexology
- Reiki
- Rolfing
- Somatic Experiencing
- Therapeutic Touch
- Zero Balancing

Note that some modalities classified as CIH approaches in past VA site surveys, such as the HAIG report,¹¹ are already integrated into VA services and are not on either list. These include chiropractic as well as art and music therapy (which are classified under recreation therapy).

If you are providing an approach that is not on List One or Two and would like the IHCCAW to review, please send your request to integratedhealthservices@DVAGOV.onmicrosoft.com. Resources for additional information on the work of the IHCC and regulatory efforts surrounding CIH are provided at the end of this chapter.

Perspectives on Complementary and Integrative Health

Everyone who works with Veterans can benefit from taking a moment to consider the following questions:

- How often do patients, colleagues, or family members bring up the topic of CIH approaches with you?
- Do you ever find that patients do not disclose their use of CIH to you as a member of their care team?
- How do you feel when they do share their interest in CIH? Angry? Uncertain? Frustrated? Enthused? Interested? Does this vary depending on which therapy is being discussed? Which CIH approaches are you comfortable with, and which ones elicit concern?
- Pick a CIH approach you have recently discussed with someone. Where would you place yourself on the “Spectrum of Complementary and Integrative Health” (Figure 14-1), and why? It might be instructive to compare your responses with those of your

colleagues. Do you feel differently depending on which approaches are being discussed?

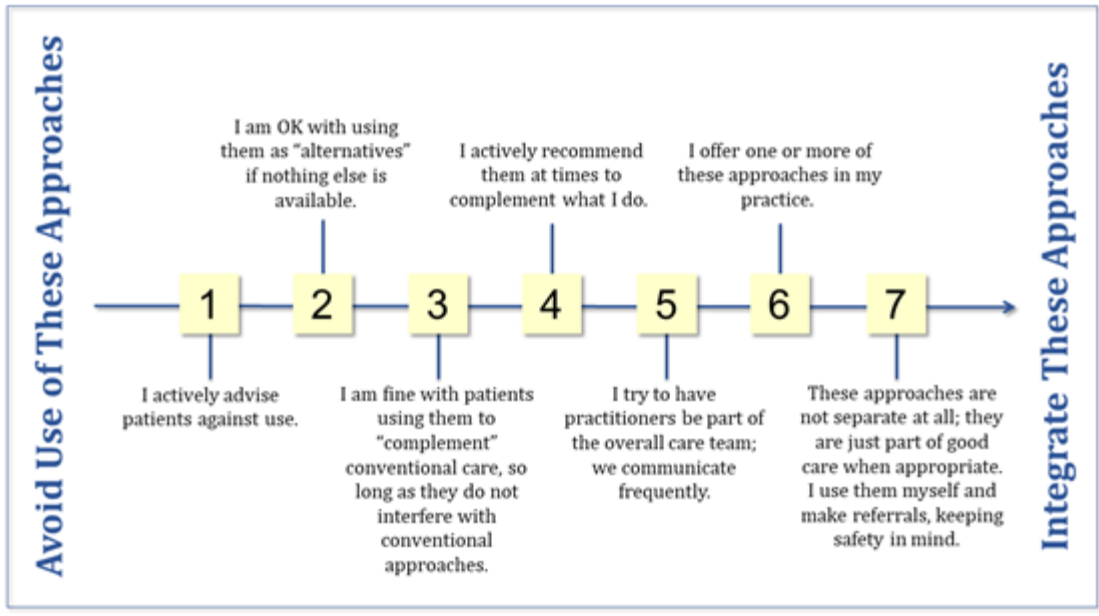


Figure 14-1. The Spectrum of Complementary and Integrative Health Diagram showing the Approaches to CIH that should be avoided/integrated, indicating the following: Graphic consists of a horizontal spectrum ranging from one to seven, with the higher numbers indicating approaches that should be integrated/are more desirable. Under 1, it reads I actively advise patients against use (of CIH). Number 2 reads I am OK with using them as "alternatives" if nothing else is available. Number 3 reads I am fine with patients using them to "complement" conventional care, so long as they do not interfere with conventional approaches. number 4 reads I actively recommend them at times to complement what I do. Number 5 reads i try to have practitioners be part of the overall care team: we communicate frequently. Number 6 reads I offer one or more of these approaches in my practice. Number 7 reads these approaches are not separate at all: they are just part of good care when appropriate. I use them myself and make referrals, keeping safety in mind.

Whole Health Tool: The ECHO Mnemonic

How do you decide if a complementary and integrative health (CIH) approach would be worth recommending or using in your practice? One simple tool you might use is the ECHO mnemonic. The four letters in the word ECHO stand for Efficacy, Cost, Harms, and Opinions. All four components of ECHO are equally important.

Efficacy

What does the research tell us about how well something works? Where are there gaps in the research? What do we (and our patients) know about efficacy from our past experiences with using these approaches?

It is always worthwhile to know the state of the research on a given therapy, be it CIH or otherwise, recognizing that there is not the same financial impetus to study various CIH approaches as there is to study pharmaceuticals or devices used in medical procedures. Fortunately, the NCCIH has done much to advance CIH research.

Research in CIH modalities may be difficult because the mechanism of action may not correlate with current scientific principles, or because aspects of a treatment or desired outcome are difficult to measure, define, or manipulate. Some therapies are highly individualized, and skills may vary greatly from one practitioner to the next. Blinding and placebo control can be a challenge for some therapies, and when an entire medical system, like Ayurveda or naturopathy is being used, multiple therapeutic approaches might be used simultaneously.¹⁰

It can be helpful to review the evidence maps, created by VA's Health Services Research & Development (HSR&D). These are featured in the Resources section at the end of this chapter and are highlighted throughout this reference manual.

Costs

Is the therapy cost-effective? How much would a patient have to pay out-of-pocket for this therapy? Would services be covered at all by insurance or other social programs? How challenging is it for a person to access this therapy, in terms of wait times or transportation? It's worth noting that some people will pay thousands of dollars out-of-pocket for CIH approaches.

Harms

What does the research tell us about the potential for harm? How well can a given therapy mesh with other therapies a patient is currently receiving? Are there any possible interactions between different therapies, such as between medications and dietary supplements?

In 2000, a group of female researchers posed as being eight weeks pregnant with nausea. They asked health food store clerks for advice and found that 89% of the time, clerks were willing to offer advice, but 15% of the time, products suggested were *contraindicated* in pregnancy. When ginger was recommended as an antiemetic, the suggested dosing was not what was supported by the latest research. Thus, the more you can help people make informed decisions, and the more you are aware of potential risks of CIH therapies, the better.

The List One therapies tend to be quite safe overall, but it is still important to be able to know when they are indicated. It helps to know which providers in your community are the most skilled with different approaches. If something is relatively safe, it is easier to feel

justified in trying it, even if there is limited information available about efficacy. Additionally, make certain that taking time to try a given CIH approach will not inappropriately delay the use of a proven conventional treatment.

Opinions

Does the therapy match the personal opinions, beliefs, and culture considerations of the person who will be using it? Where are they getting the information that is informing their opinions?

People have strong beliefs about the CIH approaches they have chosen, often based on positive personal experiences. We know that a therapy's success is linked to how strongly a patient believes in it.¹⁶ Matching treatments to people's belief systems increases their likelihood of being engaged in their care.^{17,18}

Tips for Bringing Complementary and Integrative Health Into Your Work

As clinicians explore bringing Whole Health approaches into their practices, they often ask about CIH approaches and how they can incorporate them.¹⁹ Here are five steps you can consider if you want to build your skills around CIH.

1. **Learn about different complementary approaches.** Ask your patients about the benefits of these approaches; they are often one your best sources of information about CIH. Why did they choose a particular therapy? What has their experience been? This is not to say that you must agree with them using these therapies. However, being able to offer advice could mean that your patients will be less likely to seek it from less reliable sources, such as various internet sites. It may be most helpful to direct your learning by beginning with the CIH approaches on List One, since these are available to Veterans in the VHA system. (See the IHCC section earlier in this chapter). The Resources section at the end of this chapter has additional information.
2. **Know what CIH approaches are offered locally and virtually.** Meet the chiropractors at your clinic/hospital if you have not already done so. Is anyone offering acupuncture or Battlefield Acupuncture (BFA)? Are there tai chi or yoga classes available? What online resources do you have? See what is available on the [VA Mobile App and Online Tools](#) pages. Are there other facilities that are offering CIH approaches and can partner through telehealth? Is there a mindfulness instructor at your site? What qualifications do local practitioners have? Which practitioners in your community are your patients seeing, and why? Note that OPCC&CT experts such as Field Implementation Team (FIT) consultants are available to help provide guidance, tools, and materials to answer these questions.
3. **Build a referral network.** As you learn more about complementary approaches and get to know various practitioners, consider building a network of clinicians to whom you would refer. Your facility may have an existing environmental scan or Whole Health directory that lists resources at your site or in your community. Reach out to your Whole Health Point of Contact. Be clear about whether or not your facility allows for referrals to non-VA personnel. Any communication with out-of-system clinicians must be done without any possibility for real or even perceivable gain on the VA clinician's part, and confidentiality must be respected.

4. **Receive treatments yourself.** In university settings where fellows are trained in Integrative Health, they are expected as part of their learning to have firsthand experience with various therapies. Want to recommend therapeutic massage to your patients? Try receiving a few different kinds yourself so that you can offer a more informed opinion. Want to be able to knowledgeably discuss acupuncture? See an acupuncturist yourself.
5. If you feel comfortable doing so, **learn some CIH approaches to weave into your practice.** Many Integrative Health practitioners do this. Some clinicians go so far as to acquire additional certification, but you could also just pick up a few simple techniques you can offer in a short period of time, such as teaching abdominal breathing or leading mindful awareness experiences. Make strategic use of patient handouts to save time. Of course, honor the scope of practice requirements for your particular profession. Also, be respectful of the fact that it can take time and effort to master these techniques.

Classifying Complementary and Integrative Health Approaches

There are many ways of classifying CIH approaches.¹⁹ These classification systems have been referred to in the past as “CAM taxonomies.” Sections in the [Whole Health Library](#) website draw upon the same taxonomy as was used in the VA’s 2015 HAIG survey.¹¹ This classification scheme is based on one created in the 1990s by the National Center for Complementary Alternative Medicine (NCCAM), which is now the National Center for Complementary and Integrative Health (NCCIH). NCCIH’s original scheme assigned complementary therapies into five different classes (it has since been changed to just three categories, but to stay consistent with past VA documents, and be more inclusive, the five-category system will be used here):

1. **Mind-body medicine.** These approaches are covered in Chapter 12, “Power of the Mind.”
2. **Biologically-based approaches.** These can include nutritional approaches (covered in Chapter 8, “Food & Drink”) as well as dietary supplements, which are discussed in Chapter 15.
3. **Manipulative and body-based therapies.** Examples of manipulative therapies include chiropractic, osteopathy, and massage (discussed in Chapter 16). Movement therapies in this category (covered in Chapter 5, “Moving the Body”) include yoga, tai chi, and qi gong.
4. **Energy medicine** therapies (also known as biofield therapies) include Reiki, Healing Touch, and Therapeutic Touch. Biofield therapies are discussed in more detail in Chapter 17.
5. **Whole Medical Systems.** Ayurveda, Traditional_Chinese Medicine (of which acupuncture is one component) and naturopathy are examples of healing systems. They have their own unique methods of diagnosis and treatment, based on entirely different concepts of the nature of illness. For more information, refer to Chapter 18.

Just as it can be helpful to consider the self-care circles one-by-one when you are creating a PHP, it can also help to consider each of these CIH categories, one at a time. Which ones, if

any, do you think would be useful to a given Veteran? Even if you would not recommend a particular therapy yourself, it is useful to be able to have an informed discussion about them with your patients.

Some of the approaches most commonly used in the VA, or in the U.S. in general, are described in the next four chapters. For biologically-based approaches, the focus will be on supplements. For manipulation and body-based therapies, massage, chiropractic, and osteopathy will be given focus. Energy medicine approaches will be considered as a group, and the whole systems of medicine receiving additional focus will include Chinese medicine and naturopathy, along with a brief mention of Ayurveda and homeopathy. To expand your understanding of these CIH approaches and a wide variety of others, check out the Resources section at the end of each chapter. Again, mind-body approaches are featured in Chapter 12. An even more detailed look at incorporating CIH into practice, "[Implementing Whole Health in Your Practice, Part III: Complementary and Integrative Health for Veterans](#)" is available on the Whole Health Library website.

Some Key Research Findings for Non-Pharmacological Approaches, By Condition

Table 14-2 lists a variety of health conditions and the non-pharmacologic approaches (in alphabetical order) with the strongest research support.

Table 14-2. Conditions for Which Non-Pharmacologic Approaches Have Particularly Strong Research Support

Diagnosis	CIH Approaches with strong evidence supporting use
Anxiety	CBT, MBCT, MBSR, Meditation, Music Therapy, Yoga
Cardiovascular Disease	Meditation, Relaxation Therapies
Depression	ACT, acupuncture (potentially effective), CBT, Massage Therapy (people with cancer), Meditation, MBSR, Yoga
Fall Prevention	Tai Chi
Fibromyalgia	Acupuncture, CBT, Exercise, Hydrotherapy, Mindfulness Meditation, Tai Chi, Myofascial Release
Hypertension	Biofeedback, Meditation, Tai Chi, Yoga
Insomnia	CBT-Insomnia, MBSR
Irritable Bowel Syndrome	Clinical Hypnosis, CBT, Relaxation Exercises
Low Back Pain	Acupuncture, Exercise, CBT, Massage Therapy, MBSR, Spinal Manipulation, Tai Chi, Yoga
Migraine	Acupuncture, Biofeedback (including EMG), CBT, Relaxation Therapies, Spinal Manipulation (if tension headache)
Nausea and Vomiting	Acupuncture
Obesity	Mindfulness/Meditation, Yoga
Pain, Including Post-Operative	ACT, Acupuncture (moderate to strong for knee, TMJ, neck), Alexander Technique (neck), Biofeedback, Clinical Hypnosis, CBT, exercise, Guided Imagery, Massage Therapy, Mindfulness/Meditation, Spinal Manipulation (neck), Tai Chi, Dry Needling
PTSD	CBT, EMDR, Mindfulness/Meditation, Yoga
Substance Use Disorder	CBT, Mindfulness-Based Relapse Prevention (affects withdrawals and cravings)
Tobacco Dependence	Acupuncture (possible positive effect), CBT, Mindfulness, Clinical Hypnosis

ACT = Acceptance and Commitment Therapy; CBT = Cognitive Behavioral Therapy; EMDR = Eye Movement Desensitization and Reprocessing; EMG = Electromyogram; MBSR = Mindfulness-Based Stress Reduction, MBCT = Mindfulness-Based Cognitive Therapy;

This table and its full bibliography can be found on [Non-Pharmacologic Approaches to Clinical Conditions](#). A more comprehensive Library of Research Articles on Veterans and CIH Therapies is also available on the VA website.³

Complementary and Integrative Health Resources

Websites

VA Whole Health and Related Sites

- [A Glimpse Into Integrative Health](https://www.youtube.com/watch?v=zl9p27Ih_DY&index=5&list=UUaW28mX6gCpTuWYJyPfWd-Q). Video.
https://www.youtube.com/watch?v=zl9p27Ih_DY&index=5&list=UUaW28mX6gCpTuWYJyPfWd-Q
- [IHCC SharePoint](https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp). Has document libraries for all of the different CIH approaches.
<https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp>
 - [CIH Resource Guide](https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?FolderCTID=0x012000965D235B81AE9A40B070A146F202ECC1&View=%7B4BA2C7D3%2DD49A%2D456C%2DA49A%2DB6B2153C997B%7D&id=%2Fsites%2FVHAOPCC%2FShared%20Documents%2FCIH%20Resource%20Guide%2FCIH%20Resource%20Guide%5FFinal%5FAug2019%2Epdf&parent=%2Fsites%2FVHAOPCC%2FShared%20Documents%2FCIH%20Resource%20Guide).
<https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?FolderCTID=0x012000965D235B81AE9A40B070A146F202ECC1&View=%7B4BA2C7D3%2DD49A%2D456C%2DA49A%2DB6B2153C997B%7D&id=%2Fsites%2FVHAOPCC%2FShared%20Documents%2FCIH%20Resource%20Guide%2FCIH%20Resource%20Guide%5FFinal%5FAug2019%2Epdf&parent=%2Fsites%2FVHAOPCC%2FShared%20Documents%2FCIH%20Resource%20Guide>
 - [Policy Folder](https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp).
<https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp>
 - [Position Descriptions](https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/VHAOPCC/Shared%20Documents/CIH%20Position%20Descriptions%20and%20Functional%20Statements&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7b4AD754A9-57D5-4A13-A317-D62DAB4881EB%7d).
<https://dvagov.sharepoint.com/sites/VHAOPCC/Shared%20Documents/Forms/AllItems.aspx?RootFolder=/sites/VHAOPCC/Shared%20Documents/CIH%20Position%20Descriptions%20and%20Functional%20Statements&FolderCTID=0x01200092D5EAC253479641B8D0A20FE4165E94&View=%7b4AD754A9-57D5-4A13-A317-D62DAB4881EB%7d>
 - [Whole Health System Coding and Tracking Guidance](https://www.va.gov/WHOLEHEALTH/veteran-resources/MobileApps-OnlineTools.asp).
<https://www.va.gov/WHOLEHEALTH/veteran-resources/MobileApps-OnlineTools.asp>
 - [Standard Episodes of Care \(SEOCs\)](https://seoc.va.gov/). For various CIH approaches in VA.
<https://seoc.va.gov/>
- [TeleWholeHealth Resources](https://telehealth.va.gov/type/clinic). <https://telehealth.va.gov/type/clinic>
- [VA Mobile Apps and Online Tools](https://www.va.gov/WHOLEHEALTH/veteran-resources/MobileApps-OnlineTools.asp). <https://www.va.gov/WHOLEHEALTH/veteran-resources/MobileApps-OnlineTools.asp>
- CIH Listservs. To be added, contact:
 - Any listerv: Lana Frankenfield Lana.Frankenfield@va.gov
 - Acupuncture listerv: vhava-bfa-community@DVAGOV.onmicrosoft.com
 - Biofeedback listerv: vhabiofeedback-cop@DVAGOV.onmicrosoft.com
 - Clinical Hypnosis listerv: vahypnosis@DVAGOV.onmicrosoft.com
 - Guided Imagery listerv: vhaguided-imagery-community@DVAGOV.onmicrosoft.com
 - Massage Therapy listerv: vhamassage@DVAGOV.onmicrosoft.com
 - Meditation listerv: vhameditation-community@DVAGOV.onmicrosoft.com
 - Tai Chi and Qi Gong listerv: vhatai-chi-community-of-practice@DVAGOV.onmicrosoft.com
 - Yoga listerv: vhava-yoga@DVAGOV.onmicrosoft.com

- National CIH Subject Matter Experts, as of FY 2020.
 - Acupuncture: Juli Olson Juli.Olson@va.gov
 - Biofeedback: David Gaffney David.Gaffney@va.gov
 - Chiropractic: Anthony Lisi Anthony.Lisi@va.gov
 - Clinical Hypnosis: David Gaffney David.Gaffney@va.gov
 - Guided Imagery: David Gaffney David.Gaffney@va.gov
 - Massage Therapy: Sharon Weinstein Sharon.Weinstein@va.gov
 - Meditation: Kavitha Reddy Kavitha.Reddy@va.gov, or Alison Whitehead Alison.Whitehead@va.gov
 - Tai Chi/Qi Gong: Kavitha Reddy Kavitha.Reddy@va.gov, or Alison Whitehead Alison.Whitehead@va.gov
 - Yoga: Alison Whitehead Alison.Whitehead@va.gov
- Important Email Addresses.
 - For national CIH program/policy questions contact vhaintegrative-health-community@DVAGOV.onmicrosoft.com
 - For course related questions, email the WH Education Team wheducation@DVAGOV.onmicrosoft.com
 - For CIH Field Implementation Questions contact VHAOPCCCTCIHSpecialtyTeam@va.gov
 - For Whole Health and CIH Tracking and Coding Questions contact VHAOPCC&CTWHSTrackingTeam@va.gov
- [Evidence Maps](#). Compilation of systematic review data by VA Health Services Research and Development (HSR&D).
<https://www.hsrdr.research.va.gov/publications/esp/reports.cfm>
 - [Evidence Map of Acupuncture.](https://www.hsrdr.research.va.gov/publications/esp/acupuncture.cfm)
<https://www.hsrdr.research.va.gov/publications/esp/acupuncture.cfm>
 - [Evidence Map of Guided Imagery, Biofeedback, and Hypnosis.](https://www.hsrdr.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no153&eBriefTitle=Guided+Imagery%2C+Biofeedback%2C+and+Hypnosis)
https://www.hsrdr.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no153&eBriefTitle=Guided+Imagery%2C+Biofeedback%2C+and+Hypnosis
 - [Evidence Map of Massage for Pain.](https://www.hsrdr.research.va.gov/publications/esp/massage.cfm)
<https://www.hsrdr.research.va.gov/publications/esp/massage.cfm>
 - [Evidence Map of Mindfulness.](https://www.hsrdr.research.va.gov/publications/esp/cam_mindfulness.cfm)
https://www.hsrdr.research.va.gov/publications/esp/cam_mindfulness.cfm
 - [Evidence Map of Tai Chi.](https://www.hsrdr.research.va.gov/publications/esp/taichi.cfm)
<https://www.hsrdr.research.va.gov/publications/esp/taichi.cfm>
 - [Evidence Map of Yoga for High-Impact Conditions Affecting Veterans.](https://www.hsrdr.research.va.gov/publications/esp/yoga.cfm)
<https://www.hsrdr.research.va.gov/publications/esp/yoga.cfm>
 - [Evidence Map of Aromatherapy and Essential Oils.](https://www.hsrdr.research.va.gov/publications/esp/aromatherapy.cfm)
<https://www.hsrdr.research.va.gov/publications/esp/aromatherapy.cfm>
 - [Evidence Map of Art Therapy.](https://www.hsrdr.research.va.gov/publications/esp/art-therapy.cfm)
<https://www.hsrdr.research.va.gov/publications/esp/art-therapy.cfm>
 - Giannitrapani et al. [Synthesizing the Strength of the Evidence of Complementary and Integrative Health Therapies for Pain.](#) *Pain Medicine.*

2019. Excellent evidence map for pain and CIH (not from HSR&D).
<https://academic.oup.com/painmedicine/article/20/9/1831/5487508>

- [VHA Directive 1137: Provision of Complementary and Integrative Health](#). VA Publications.
https://vawww.va.gov/vhapublications/ViewPublication.asp?pub_ID=5401
- [Whole Health System of Care Evaluation: A Progress Report on Outcomes of the WHS pilot at 18 flagship sites](#).
https://www.va.gov/WHOLEHEALTH/docs/EPCCWholeHealthSystemofCareEvaluation-2020-02-18FINAL_508.pdf
- Courses that offer continuing education credits are available through [TMS and TRAIN](#). Courses include: *Clinician Self-Care: You in the Center of the Circle of Health* (VA TMS Item Number: 29697); *An Introduction to Complementary and Integrative Health Approaches* (VA TMS Item Number: 29890); *Eating for Whole Health: Introduction to Functional Nutrition* (VA TMS Item Number 34592); and *Mindful Awareness* (VA TMS Item Number: 31300). Site has complete description of these courses as well as the TMS and TRAIN ID Numbers.
<https://dvagov.sharepoint.com/sites/VHAOPCC/Whole%20Health%20Online%20Modules/Forms/AllItems.aspx>
- [Personal Health Plan Template](#). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Whole Health Library](#). <https://www.va.gov/wholehealthlibrary/>
- [Implementing Whole Health in Your Practice, Part III: Complementary and Integrative Health for Veterans](#). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-iii-complementary-integrative-health.asp>
- [Complementary and Integrative Approaches in the VA: A Glossary and Where You Can Learn More](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/complementary-approaches-glossary.asp>
- [Savvy about Complementary and Integrative Health: The “CIH” Quiz](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/savvy-about-complementary-integrative-health.asp>
- [Non-Pharmacologic Approaches to Clinical Conditions](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/non-pharmacologic-approaches-to-clinical-conditions.asp>
- Whole Health courses
 - [Whole Health Partner](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-partner.asp>
 - [Whole Health in Your Practice](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-in-your-practice.asp>
 - [Whole Health for Pain and Suffering](#).

- <https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-for-pain-and-suffering.asp>
- [Eating for Whole Health.](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/eating-for-whole-health.asp)
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/eating-for-whole-health.asp>
 - [Taking Charge of My Life and Health.](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-facilitated-groups.asp)
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-facilitated-groups.asp>
 - [Whole Health Coaching.](https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-coaching.asp)
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-coaching.asp>

Other Websites

- [National Center for Complementary and Integrative Health \(NCCIH\).](https://nccih.nih.gov)
<https://nccih.nih.gov>
- [Academic Consortium for Integrative Medicine and Health \(ACIMH\).](https://www.imconsortium.org)
<https://www.imconsortium.org>
[Integrative Medicine Board Certification Eligibility Requirements.](http://www.abpsus.org/integrative-medicine-requirements) American Board of Physician Specialists. <http://www.abpsus.org/integrative-medicine-requirements>
- [Andrew Weil Center for Integrative Medicine health resources.](https://integrativemedicine.arizona.edu/resources.html)
<https://integrativemedicine.arizona.edu/resources.html>
- [University of Wisconsin Department of Family Medicine and Community Health Integrative Medicine Resources.](http://www.fammed.wisc.edu/integrative) www.fammed.wisc.edu/integrative
- [Integrative Pain Management Series 10 Hours.](https://integrativemedicine.arizona.edu/online_courses/pain_series.html)
https://integrativemedicine.arizona.edu/online_courses/pain_series.html

Books

- *A Guide to Evidence-Based Integrative and Complementary Medicine*, Vicki Kotsirilos (2011)
- *Complementary and Alternative Medicine: Legal Boundaries and Regulatory Perspectives*, Michael Cohen (2008)
- *Complementary and Integrative Medicine in Pain Management*, Michael Weintraub (2008)
- *Essentials of Complementary and Alternative Medicine*, Marc Micozzi (2015)
- *General Practice: The Integrative Approach*, Karryn Phelps (2011)
- *Integrative Cardiology*, John Vogel (2007)
- *Integrative Medicine*, 4th edition, David Rakel (2017)
- *Integrative Medicine Library*, Andrew Weil. There are multiple titles, including:
 - *Integrative Addiction and Recovery*, Shahla Modir (2018)
 - *Integrative Cardiology*, Stephen Devries, (2010)
 - *Integrative Dermatology*, Robert Norman (2014)
 - *Integrative Environmental Medicine*, Aly Cohen, (2017)
 - *Integrative Gastroenterology*, Gerard Mullin (2011)
 - *Integrative Geriatric Medicine*, Mikhail Kogan (2017)

- *Integrative Men's Health*, Myles Spar (2014)
- *Integrative Nursing*, Mary Jo Kreitzer (2014)
- *Integrative Oncology*, 2nd edition, Donald Abrams (2014)
- *Integrative Pain Management*, Robert Bonakdar (2016)
- *Integrative Pediatrics*, Timothy Culbert (2009)
- *Integrative Preventive Medicine*, Richard Carmona (2017)
- *Integrative Psychiatry and Brain Health*, Daniel Monti (2018)
- *Integrative Rheumatology*, Randy Horowitz (2010)
- *Integrative Sexual Health*, Barbara Bartlik (2018)
- *Integrative Women's Health*, 2nd edition, Victoria Maizes (2015)
- *Integrative Oncology*, Maurie Markman (2008)
- *Integrative Pain Medicine*, Joseph Audette (2008)
- *Textbook of Integrative Mental Health Care*, James Lake (2006)
- *The Duke Encyclopedia of New Medicine*, Duke Integrative Medicine (2006)

Journals (not an exhaustive list)

- *Alternative Therapies in Health and Medicine*
- *BMC Complementary and Alternative Medicine*
- *Complementary Therapies in Clinical Practice*
- *Complementary Therapies in Medicine*
- *Explore: The Journal of Science and Healing*
- *Global Advances in Health and Medicine*
- *Integrative Cancer Therapies*
- *Integrative Medicine: A Clinician's Journal*
- *Journal of Alternative and Complementary Medicine*
- *Journal of Complementary and Integrative Medicine*

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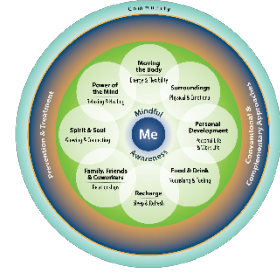
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Chapter 15. Biologically-Based Approaches: Dietary Supplements



The History of Medicine:

2000 BC—Here, eat this root.

1000 BC—That root is heathen; say this prayer.

1850 AD—That prayer is superstition, drink this potion.

1940 AD—That potion is snake oil, swallow this pill.

1985 AD—That pill is ineffective, take this antibiotic.

2000 AD—That antibiotic is artificial. Here, eat this root.

—Anonymous

Dietary supplements are compounds that people take orally in addition to what they eat, including vitamins, minerals, herbals, amino acids, and a variety of other products.¹ A 2017 survey found that 76% of U.S. adults (170 million people) reported taking at least one dietary supplement in the past year, compared to 64% in 2008.² 75% said they were taking multivitamin/mineral supplements (MVMS), 38% take specialty supplements, 29% take herbals, 22% take sports nutrition supplements, and 15% take supplements for weight management. Earlier surveys from 1999-2012 found that about 52% of U.S. adults used any supplements.³ Supplement sales have been a 6.4% overall sales growth each year, and projections are that it could rise from \$125 billion in 2018 to over \$210 billion by 2026.⁴

34% of all U.S. adults simultaneously take dietary supplements and prescription medications,⁵ but as many as 42% of people who take dietary supplements do not report their use to their health care providers.⁶ Use rates are higher in certain groups, particularly older adults.^{7,8} Women who are highly educated are the most likely to take supplements.⁵

A survey of primary care patients in the Philadelphia VA Medical Center found that 75% of patients used supplements, and 18% of those used them as substitutes for medications, largely due to medication costs.⁹ 74% of Servicemembers use supplements at least once per month, and 49% use them daily.¹⁰ In a 2015 survey of 131 VA sites, nine reported offering herbal remedies to Veterans in some fashion, and 44 said they provided “dietary and nutritional supplements” in general.¹¹

What Are People Taking and Why?

Multivitamin/Mineral Supplements. The World Health Organization estimates over 2 billion people worldwide are deficient in essential vitamins and minerals.¹² Many Americans take MVMS, reporting that they do so primarily to preserve wellness. However, recent research findings have been mixed. A number have failed to show that MVMS have significant benefits for all-cause mortality, cancer prevention, or other health concerns.^{13,14,15,16} One 11-year study did note an 8% reduction in total cancer cases for those on MVMS.¹⁵ Use among men may be linked to a higher probability of healthy aging.¹⁷ A recent systematic review noted that while people who followed carbohydrate-restricted

diets did not become deficient, their intakes of thiamine, folate magnesium, iodine, calcium, and iron all decreased by 10-70%.¹⁸ It may be that the people who can most easily afford to take them are the ones that do not need them as much.¹⁹ Fortunately, reviews do not find safety risks related to long-term MVMS use.²⁰ It does not result in excess intake, even if a person is also eating fortified foods.

Herbal Supplements. Herbal supplement (botanical) sales have risen steadily in recent years. Total sales increased by 9.4% to over \$8.8 billion in 2018, one of the highest yearly increases in 20 years.²¹ Some of the biggest growth has been for Cannabidiol (CBD) oil, mushrooms (mycomedicinals), and immune health products.²¹

If you are unfamiliar with herbal remedies, it is helpful to first focus your attention on supplements that are most popular. “Popular” is not necessarily synonymous with “proven effective,” but the best-sellers are more likely to come up during patient visits. The lists below include popular supplements and some of the main reasons people take them, but this is not to say that all of these uses are supported by research (though some are). More information on specific supplements can be found using the Resources section at the end of this chapter.

The following list notes the top-selling herbal supplements in the U.S. for mainstream markets (grocery stores, mass merchandise, Walmart, Costco, etc.) as well as some of the main reasons people take them²¹:

1. Horehound—member of the mint family that is the main ingredient of many cough drops and lozenges
2. Echinacea—prevention and treatment of colds
3. Turmeric—a popular and safe herbal anti-inflammatory
4. Elderberry—respiratory infections and sore throats
5. Green tea—stimulant, cancer preventative
6. Ginger—anti-inflammatory, anti-emetic
7. Ivy leaf—chronic inflammatory bronchial conditions
8. Garlic—blood pressure, infection prevention
9. Fenugreek—herb popular in India for digestive function, improving lactation
10. Black cohosh—hot flashes in menopause
11. Saw palmetto—prostate health
12. Flaxseed/Flax oil—seed used as a fiber source and for cholesterol management; oil is a source of small amounts of omega-3 fatty acids
13. Yohimbe—male sexual function
14. Pumpkin—prostate health
15. Garcinia—a fruit used for weight loss and exercise performance
16. Aloe—skin burns and digestive health, depending on which part of the plant is used
17. Wheatgrass—used as overall tonics, as well as for digestive support and/or cardiovascular health
18. Cinnamon—used for blood sugar balance
19. Valerian—sleep remedy
20. Milk thistle—liver concerns

Natural products markets, which include supplement retail outlets such as Whole Foods, GNC, and sports nutrition stores, sold the following as the top 20 herbal supplements (note that starred items (*) were also on the preceding list for mainstream markets):

1. Cannabidiol (CBD)—pain, other inflammation, mood. This supplement is very popular, but marketing has far outpaced any research showing benefits.²²
2. *Turmeric
3. *Elderberry
4. Wheatgrass*/Barley—used as overall tonics, as well as for digestive support and/or cardiovascular health
5. *Flaxseed/Flax oil
6. *Aloe
7. Ashwagandha—adaptogen used to boost energy levels, immunity, and overall function. An Ayurvedic remedy.
8. *Milk thistle
9. *Echinacea
10. Oregano—anti-infective
11. Psyllium—stool softener
12. Maca—adaptogen used to support energy levels, immunity, and overall function
13. Medicinal mushrooms - adaptogen, cancer-prevention, immune support
14. *Saw palmetto
15. Cranberry—Urinary tract infections
16. *Garlic
17. *Valerian
18. Echinacea/Goldenseal combo—prevention and treatment of colds
19. Nigella (black cumin)—immune support, allergies
20. Horsetail—urinary concerns and edema

The following non-herbal, non-vitamin, and non-mineral supplements have also become more popular in the past 5 years^{5,7}:

- Omega-3s (fish oil, alpha linolenic acid from flaxseed)—anti-inflammatory, source of essential fatty acids, mood disorders
- Omega-6 fatty acids—some omega 6s, like gamma linolenic acid (GLA) may have benefits for conditions such as eczema²³ and rheumatoid arthritis,²⁴ while conjugated linoleic acid seems to modestly reduce body fat mass²⁵
- Omega-9 fatty acids—monounsaturated fatty acids like oleic acid seem to improve insulin sensitivity and decrease inflammation²⁶
- Coenzyme Q10—used to boost energy, as well as to prevent or treat high blood pressure, heart failure, and migraines^{27,28}
- Probiotics—beneficial microbes that are ingested to influence the microbiome (bacteria and other microorganism population) of the gut. For more on probiotics, see Chapter 8, “Food & Drink.”)
- Methylsulfonylmethane (MSM)—anti-inflammatory, used for joint and muscle pain²⁹

Use of other supplements, including glucosamine and chondroitin sulfate (used for joint health), fiber, grape seed (antioxidant, used for poor vein function), quercetin (used as an antihistamine, to lower cholesterol, and to help with prostate conditions), and soy (used for menopausal symptoms) remained stable over the past several years. While not mentioned in the NHANES 2012 data, melatonin, which is now on the VA formulary, is quite popular for sleep-related concerns.

Why People Take Supplements. According to a 2011 survey of 1579 adults, people most commonly take supplements in order to³⁰:

1. Feel better overall (41%)
2. Improve energy levels (41%)
3. Boost immune function (36%)
4. Improve digestion (28%)
5. Prevent heart disease (28%)
6. Relieve pain (26%)
7. Improve mental functioning (25%)
8. Help with sleep (24%)
9. Help with staying awake or getting a quick energy boost (24%)
10. Lower cholesterol (21%)
11. Manage weight (20%)
12. Prevent cancer (19%)
13. Address menstrual or menopausal conditions (18%)
14. Manage blood pressure (16%)
15. Build muscle (14%)
16. Treat arthritis (13%)
17. Improve mood (12%)
18. Improve athletic performance (11%)
19. Slow aging (11%)
20. Improve appearance (11%)
21. Manage blood sugars (9%)
22. Treat skin problems (5%)
23. Improve sexual function and drive (5%)
24. Reduce effects of altitude (1%)

The VA's Integrative Health Coordinating Center (IHCC) has a nutraceuticals working group that continues to explore which dietary supplements would be appropriate for the VA formulary.

Choosing Supplements

As with all complementary and integrative health (CIH) approaches, you can choose whether or not to take a given supplement based on the ECHO criteria (Efficacy, Costs, Harms, Opinions) as outlined in Chapter 14. Here are a few general tips to keep in mind:

- **Know what has specifically been studied.** Search PubMed for trials. When you review research, make sure it gives appropriate details about specifically what was studied. For example, does a study of an herbal tell you the Latin name of the plant used, the parts of the plant used, and the solvent those parts were dissolved in? If alcohol is used (e.g., in a tincture), different substances will be dissolved than if water is the solvent (e.g., in a tea or decoction).
- **Be familiar with different supplement information sources.** Always ask people where they get their supplement information. Check out those sources yourself, so you have a sense of how reliable they are. It can help to build up your own resource list of favorites, to guide patients. (The Resources section at the end of this chapter for some suggestions.)
- **Consider costs and insurance coverage.** Most supplements are not in the VA formulary; this may lead Veterans to choose other CIH approaches over dietary supplements. Some exceptions that are on the formulary include various vitamins and minerals (e.g., vitamin D3), melatonin, and omega-3s. There are various wholesale sites online which may be cheaper than local stores and allow for people in rural areas to access supplements.
- **Ask your patients about their experiences.** Why do they take what they do?

Supplement Safety

It is important to be able to discuss supplements' efficacy, and it is just as important to discuss safety. In general, supplements seem to be comparable to, if not much better than, medications when it comes to safety profile. However, safety regulations are much more stringent for medications. This was the case with the removal of the weight loss supplement ingredient Ephedra in 2004, years after problems had begun to be reported. There can be a lag between the appearance of adverse effects and the removal of a harmful product.

It is important to ensure that people are well-informed about the supplements they are taking; many are not. A 2020 survey of 2,623 preoperative patients at 6 different U.S. military medical centers found that³¹

- 18% of them were taking supplements associated with an increased bleeding risk
- 90% were not aware of any potential side effects
- 97% were unaware of potential interactions with their medications

There are tens of thousands of different supplements on the market. They are marketed as capsules, softgels, liquids, and powders; even food bars and drinks might be considered supplements, depending on their ingredient lists. Part of the challenge of advising patients about them—and studying them—is that there is a great deal of variation in the forms they take. This is particularly true for herbals. Plants can be dissolved in water to make infusions, and more woody parts can be gradually soaked and boiled in water over time to create decoctions. In addition to being dissolved in water, a plant can also be dissolved in alcohol or glycerin to make a tincture. Tinctures and infusions of the same botanical can contain different chemical compounds. Essential oils (used in aromatherapy) are

processed in an entirely different way as well. Chemical contents of supplements made from the same plant can end up being very different depending on how they are processed.

Supplements can also end up being quite different from one another for other reasons. For herbal remedies, there can be differences in biological effects because of the part of the plant used. For example, some echinacea supplements will use the plant's roots, while others will use the above-ground parts. Even more challenging is that more than one species or subspecies of a plant may be referred to by the same name, even though they may be very different in terms of their biochemical effects. For example, "ginseng" can refer to Chinese ginseng or American ginseng, which are different species in the *Panax* genus, or it can refer to Siberian ginseng (*Eleuthero*) or other plants informally called "ginseng" which are not related to one another at all and contain totally different chemical compounds.

Dietary supplements can be harmful because they contain compounds that are unsafe. For example, butterbur (used for allergies and migraines) and comfrey (used for inflammation) contain pyrrolizidine alkaloids, which can be carcinogenic and hepatotoxic if not removed. Supplements may also be unsafe because of the way they interact with foods, medications, or other supplements.³² For example, St. John's wort, which is beneficial in the treatment of depression, interacts with the cytochrome P450 system in the liver, altering the potency of many medications. Similarly, when certain supplements are taken with warfarin or other blood thinners, risk of complications from bleeding can increase. Some supplements that may rarely contribute to increased bleeding risk—according to case reports or based upon theoretical concerns—include omega-3s, ginkgo, ginseng, ginger, and garlic. It is typically suggested that they be stopped at least 7-10 days before surgery, just like nonsteroidal anti-inflammatory medications. Fiber and calcium supplements can decrease absorption of medications and other supplements if taken at the same time.

As a result of the Dietary Supplement Health and Education Act (DSHEA, often pronounced "de shay"), supplements are treated as foods from a legal standpoint, not as pharmaceuticals.³³ Manufacturers must prove that they meet Good Manufacturing Practices (GMPs), and they cannot make inaccurate claims about what their products can do. However, they do *not* need to prove that their supplement is efficacious; the burden of proof of safety is put on consumers and researchers. It is usually after products appear in the marketplace that they are monitored for safety and false label claims, as compared to pharmaceuticals, for which regulation is much stricter.

Just as providers should ensure that a given supplement has a low likelihood for adverse effects or interactions, they should also ensure the quality of products being used. Does a product contain the compounds their labeling claims they do? Third-party certification, or evaluation of supplement content by a group with no financial ties to supplement manufacturers, can be helpful. These groups use laboratory analyses independent of Dietary Supplement companies to determine the accuracy of label claims, and to assess for the presence of adulterants or contaminants.³⁴ Examples include the following³⁵:

- [National Sanitation Foundation International](#)

- [Natural Products Association](#)
- [ConsumerLab](#)
- [The U.S. Pharmacopeia \(USP\)](#)

Tips for Reducing Risks from Supplements

1. Most importantly, **ensure that patients are telling their health care team** about what they are taking. Simply remembering to ask can make a big difference. Make sure this is documented in their charts.
2. **Learn about supplements** yourself, so that you can offer good advice. Start with those that are most commonly used, which were listed earlier this chapter. See the Resources section at the end of this chapter as well.
3. **Remember that products vary.** Just because products contain the same compounds, plants, etc., they are not necessarily equivalent in terms of quality or biochemistry.
4. **Use caution with imported supplements**, particularly from China or India; risk of contamination has historically been higher with supplements from these areas.
5. While it may mean more work from the clinical end, it is not enough just to know specific compounds or plants and their effects. Safe supplement use also requires a **familiarity with manufacturers and specific products.**
6. A good rule of thumb is to **use the specific products that were used in research studies.** It is reasonable to support companies that have actually invested in doing supplement research, as this is, unfortunately, somewhat rare.
7. **Keep interactions in mind.** These might be between drugs and supplements or even supplement-supplement interactions. “Polyherbacy” is a possibility, just like polypharmacy. Supplements may have hundreds of different chemical components. Always consider effects on coagulation. Work with an online interaction checker that is able to check supplement safety as well; examples are listed at the end of this chapter.
8. **Make sure your patients are getting good information.** The Internet and health food store clerks are not always reliable sources of information. It is important to know how to read supplement labels and teach patients to do the same. A 2019 review of 127 studies found that many consumers do not regularly read product labels, and if they do, many do not understand them.³⁶
9. **Pay attention with specific patient populations.** Supplements may or may not be contraindicated in pregnancy or lactation, or in children and people with liver or kidney failure. Always be cautious when a person is taking medications with an anticoagulant effect.
10. **Talk to your local colleagues.** Pharmacists can be excellent sources of information, as can clinicians and other colleagues who have received additional Integrative Health training. Find out if there are any herbalists or naturopaths in your area as well. What are their perspectives? What resources do they use?

Throughout the materials on the [Whole Health Library](#) website, whenever supplements are mentioned, you will see the following reminder, referring you back to this chapter:

Note: *Please refer to the Passport to Whole Health, Chapter 15 on Dietary Supplements for more information about how to determine whether or not a specific supplement is appropriate for a given individual. Supplements are not regulated with the same degree of oversight as medications, and it is important that clinicians keep this in mind. Products vary greatly in terms of accuracy of labeling, presence of adulterants, and the legitimacy of claims made by the manufacturer.*

For more on dietary supplements, especially as they relate to Whole Health care of specific patients, refer to "[Implementing Whole Health in Your Practice, Part III: Complementary and Integrative Health](#)" on the Whole Health Library website.

Whole Health Tool: Reading Supplement Labels

If someone asks you about a supplement, look at the container or go online to review the label. If the label isn't meeting the requirements below, it may be that the supplement itself is not either. Use the following checklist to evaluate a supplement's quality:

For all supplements, check for the following:

- The manufacturer's name and address are on the label.
- There is an expiration date.
- The product is not expired.
- The lot number and manufacturer's contact information are clearly visible.
- The font is such that a person with poor eyesight can read it.
- The label makes an appropriate structure/function claim (and it should *not* claim to cure, treat, or prevent disease). Examples include "Promotes immune function" or "Supports digestive health."
- It is clear what ingredients are in the product. Some labels may be in another language, which can be a challenge. Be cautious when a label simply reads "Proprietary blend" and does not break down the amounts of individual ingredients.
- The label makes it clear what type of formulation (tincture, infusion, extract, pills, capsules) the product is.
- The numbers of tabs or capsules, or the volume, is clear.
- This item does not mislead the buyer by requiring multiple pills to get a full 'serving.'
- There is a "Supplement Facts" section that makes it is clear how much of each ingredient is in the product, both in terms of active ingredients and excipients (additives). These might include corn, soy, and wheat, which some people must avoid.
- What is in the supplement is actually the same as what has been studied (both in terms of dose and chemical form).
- There is a symbol on the package indicating third-party certification from groups like the United States Pharmacopeia that indicates more rigorous quality testing was done. (This is rare.)
- The price of this supplement is reasonable.

For herbal remedies, also check the following criteria:

- Latin names (Genus, species, and subspecies as appropriate) are given for the plants used. This is especially important for Chinese and Ayurvedic remedies.
- It is possible to tell how the ingredients were standardized (e.g., St. John's wort "standardized to 3-5% hyperforin").
- One can tell which part(s) of plants were used (e.g., leaves, roots/rhizomes, flowers).
- The herbs being used make sense in terms of what the supplement is supposed to do.
- For tinctures (liquid solutions), labels should contain a ratio of how many kg of herb there are per liter of solvent (or ounce to ounce). Most are between 1:2 and 1:5.
- For extracts (solutions where some or all of the solvent is evaporated off) the label should include the marker compound and the percentage standardization. (e.g., "Gingko biloba, 50:1 standardized extract with 6% terpenoid lactones." 50:1 means 50 grams of the original plant material has been concentrated into 1 gram of solid extract.)

Dietary Supplement Resources

Websites

Whole Health Library Website

- [Implementing Whole Health in Your Practice, Part III: Complementary and Integrative Health for Veterans](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-iii-complementary-integrative-health.asp). Overview.
<https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-iii-complementary-integrative-health.asp>
- [Supplement/Botanical Interactions with Chemotherapy and Radiation](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplement-botanical-interactions-with-chemotherapy-radiation.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplement-botanical-interactions-with-chemotherapy-radiation.asp>
- [Adaptogens](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/adaptogens.asp). <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/adaptogens.asp>
- [Supplements for Skin Health](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-for-skin-health.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-for-skin-health.asp>
- [Supplements for Pain](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-for-pain.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-for-pain.asp>
- [Phytoestrogens](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/phytoestrogens.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/phytoestrogens.asp>
- [Supplements to Lower Blood Sugar](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-to-lower-blood-sugar.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-to-lower-blood-sugar.asp>
- [Supplements Used in Prevention of Preeclampsia and for Labor Preparation](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-used-in-prevention-of-preeclampsia-and-for-labor-preparation.asp).
<https://www.va.gov/WHOLEHEALTHLIBRARY/tools/supplements-used-in-prevention-of-preeclampsia-and-for-labor-preparation.asp>

Other Websites

- [American Botanical Council](http://abc.herbalgram.org). <http://abc.herbalgram.org>
 - [HerbMedPro](http://cms.herbalgram.org/herbmedpro/index.html). <http://cms.herbalgram.org/herbmedpro/index.html>
- [Consumer Lab](http://www.consumerlab.com). Evaluates supplements to verify they contain what they claim they do. www.consumerlab.com
- [Dietary Supplements Fact Sheet](https://ods.od.nih.gov). National Institutes of Health Office of Dietary Supplements. <https://ods.od.nih.gov>
- [Dietary Supplement Guides](https://www.fammed.wisc.edu/integrative/resources/supplement-samplers/). University of Wisconsin Integrative Health Department of Family Medicine and Community Health.
<https://www.fammed.wisc.edu/integrative/resources/supplement-samplers/>
- [Dietary Supplement Label Database](https://ods.od.nih.gov/Research/Dietary_Supplement_Label_Database.aspx). National Institutes of Health Office of Dietary Supplements.
https://ods.od.nih.gov/Research/Dietary_Supplement_Label_Database.aspx
- [Drug Interaction Checker](http://www.drugs.com/drug_interactions.html). Drugs.com.
http://www.drugs.com/drug_interactions.html
- [Drug Interaction Checker](https://www.webmd.com/interaction-checker/default.htm). WebMD. <https://www.webmd.com/interaction-checker/default.htm>

- [Herbs at a Glance](https://nccih.nih.gov/health/herbsataglance.htm). National Center for Complementary and Integrative Health (NCCIH). Summaries related to a number of different botanicals. <https://nccih.nih.gov/health/herbsataglance.htm>
- [Information for Consumers on Using Dietary Supplements](https://www.fda.gov/Food/DietarySupplements/UsingDietarySupplements/default.htm). U.S. Food and Drug Administration. <https://www.fda.gov/Food/DietarySupplements/UsingDietarySupplements/default.htm>
- [Natural Medicines](https://naturalmedicines.therapeuticresearch.com). Note this requires a subscription, which is available to VA facilities. <https://naturalmedicines.therapeuticresearch.com>

Books

- *An Evidence Based Approach to Phytochemicals and Other Dietary Factors*, Jane Higdon (2012)
- *An Evidence Based Approach to Vitamins and Minerals: Health Benefits and Intake Recommendations*, Jane Higdon (2011)
- *Clinical Botanical Medicine: Revised & Expanded*, Eric Yarnell & Kathy Abascal (2009)
- *Clinical Natural Medicines Handbook*, Chris Meletis (2008)
- *Dietary Supplements*, 4th edition, Pamela Mason (2011)
- *Herb Contraindications and Drug Interactions*, Francis Brinker (2010)
- *Herb, Nutrient, and Drug Interactions: Clinical Implications and Therapeutic Strategies*, Mitchell Stargrove, et al. (2008)
- *National Geographic Guide to Medicinal Herbs*, Tieraona Low Dog, et al. (2010)
- *Principles and Practice of Phytotherapy: Modern Herbal Medicine*, 2nd edition, Kerry Bone & Simon Mills (2013)
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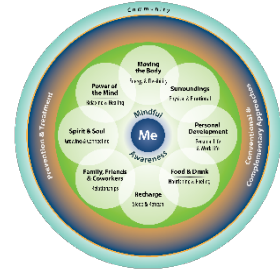
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PASSPORT TO WHOLE HEALTH
Chapter 15. Biologically-Based Approaches: Dietary Supplements

Chapter 16. Manipulative and Body-Based Practices

Tension is who you think you should be. Relaxation is who you are.
—Chinese proverb



Examples of Manipulation and Body-Based Approaches

This category of complementary and integrative health (CIH) approaches includes a number of widely used therapies. Often, yoga, tai chi, and qi gong (which were discussed in Chapter 5, “Moving the Body”) are included in this category. So are manipulative therapies such as chiropractic (which is considered mainstream in the VA Health System), osteopathy, and massage, which are described in more detail in this chapter. Because massage is on List One, it is featured as a Whole Health tool. Some other, less familiar therapies in this group that are important to know about include:

Alexander Technique

Developed by an Australian actor of that name, Alexander Technique (AT) was developed in the late 19th century.¹ It is widely used by performing artists and has been found to assist with performance anxiety, though it is not clear that it helps with posture, respiratory function, or performance.² It may help balance in older adults.³ AT was found to help with pain in a small group of music students.⁴ It focuses on developing proper body mechanics to minimize poor posture and excess tension in various parts of the body. This technique is quite safe.

A 2012 systematic review of 18 studies found strong evidence of benefit for chronic back pain and moderate evidence for Parkinson’s-associated disability.⁵ The need for more study was needed, but there was a suggestion of benefit for general chronic pain, stuttering, respiratory function, and posture. A 2017 trial comparing acupuncture and AT found that both led to significant reductions in pain and disability at 12 months, compared to usual care.⁶ A small 2018 trial found that group AT classes were beneficial for neck pain⁷ confirming findings of a 2015 trial.⁶

Feldenkrais

Feldenkrais, more formally known as Feldenkrais Method (FM), was developed by physicist Moshe Feldenkrais in the 20th century.⁸ It may be offered in classes or one-on-one sessions. People explore their body’s movement patterns and learn exercises that teach their bodies to more effectively carry themselves in space (enhance proprioception) in ways that minimize pain or unhealthy body positioning.

A 2015 systematic review including seven studies found favorable effects of FM for balance and preventing falls in aging populations, dexterity, body image perception, and comfort.⁹ It was noted that risk of bias in reviewed studies was high. Authors noted that FM “...is not a healing or disease-specific mechanism of action but rather one based on more generic

learning and self-improvement.” While few studies have been done, a 2015 trial found improvement in quality of life in people with Parkinson’s disease,¹⁰ and a 2017 study of 53 people found that FM was comparable with “back school” for treatment of chronic nonspecific low back pain.¹¹ FM has few adverse effects when taught by a knowledgeable instructor.

The Resources section at the end of this chapter has additional information on FM and AT, as well as other approaches.

Osteopathy

Osteopathic medicine is widely used by doctors of osteopathy (DOs) throughout the United States. It was developed in 1872 by Dr. Andrew Taylor Still. His focus was on developing a system of medical care that would promote the body’s innate ability to heal itself.¹² He called this system of medicine osteopathy.¹² As of 2020, there were 36 U.S. osteopathic medical schools, with 31,000 enrolled students (1/4 of all U.S. medical students).¹³ Their curriculum involves 4 years of academic study, similar to what their MD colleagues receive, in addition to 150 to 200 hours of training in Osteopathic Manual Therapy (OMT), which may also be referred to as osteopathic manipulative medicine (OMM). OMT might be thought of as being related to specific treatments or interventions, while OMM is more the overarching philosophy of osteopathic care.

Osteopathic physicians subscribe to the practice of treating the whole person, and trainees receive extensive training in structure and function of the musculoskeletal system. As of 2019, there were just over 121,000 DOs in the United States.¹⁴ Approximately 50% of all osteopathic physicians go on to utilize OMT in their practice.¹⁵ 56% of DOs are primary care physicians.¹⁶

A survey of 927 patients at 17 different clinics found that most patients receiving OMT were seen for musculoskeletal pain, have worse overall health-related quality of life than average, and they were more likely to be older, female, more educated, white, and wealthier than would be expected based on the demographics of the general population surrounding the clinic.¹⁷ This is not necessarily the case for all clinics or all geographic regions.

The four tenets of osteopathic medicine include the following¹⁸:

1. The body is a unit.
2. The body possesses self-regulatory mechanisms.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based on an understanding of body unity, self-regulatory mechanisms, and the interrelationship of structure and function.

During OMT, clinicians look for “somatic dysfunctions,” which are improperly functioning components of the body’s framework. These components include skeletal and myofascial structures and related vascular, lymphatic, and neural elements. Evaluation is

accomplished through palpation of tender spots, identification of asymmetric bony landmarks, watching for restricted joint motion, and noting abnormal tissue texture.

Osteopathic (and General Spinal Manual Therapy) Techniques

Osteopathy is one of several types of manipulative therapy. Many of the techniques it enlists are used by chiropractors as well. Once a somatic dysfunction has been identified, osteopathic physicians and others will use various techniques, including¹⁹:

1. **High-velocity low-amplitude (HVLA).** The practitioner uses HVLA thrust techniques to push through a joint restriction and restore the range of motion of a joint.
2. **Springing techniques.** The person doing OMT repetitively and gently rocks or pulses movement against the restriction of a joint to restore the range of motion of that joint.
3. **Muscle energy technique.** The osteopath creates resistance and asks the patient to push against it to rebalance the tension of the muscles around a dysfunctional joint.
4. **Soft tissue techniques.** The physician kneads, stretches, or applies inhibitory pressure to relax soft tissues.
5. **Strain-counterstrain techniques.** These techniques involve palpating tender points and then moving joints and muscles into positions where the pain is least. The position is held until the restriction releases (usually within approximately 90 seconds). This technique retrains the nervous system to relax the muscle via the Golgi tendon reflex.
6. **Facilitated positional release.** In these techniques, the joint or tissue is taken to the position of most comfort. Traction or compression is applied to facilitate the release of tissue tension.
7. **Still technique.** This technique is set up like facilitated positional release, but after traction or compression is applied, the joint is moved through its restrictive barrier.
8. **Cranial osteopathy.** This gentle manual technique emphasizes balancing the tension of the dura mater of the brain and working with subtle rhythmic pulsations of the cerebrospinal fluid to correct disturbances in the neuromuscular system. There are practitioners whose entire practices are based on craniosacral therapy.
9. **Lymphatic techniques.** These approaches promote the movement of the lymphatic fluid to promote healing. They are often used for lymphedema.

It can be helpful to watch demonstrations of the various OMT techniques on YouTube to get a better feel for them. There is an ongoing effort to fully describe mechanisms of manual therapy; there is a great deal still to learn.²⁰ Manipulation-induced hypoalgesia seems to happen at a systemic level for people, but how much that makes a difference is unclear.²¹

Efficacy of Osteopathy

Some of the studies described below focused on spinal manipulative therapy (SMT) in general, meaning they also apply to other manipulative therapies, such as chiropractic. There are many theories about how SMTs work, including by complex effects on the fascial system. A 2017 study of various lab measures in healthy men found that thoracic manipulation leads to immediate sympathetic activation and reduction in salivary cortisol

and a reduced testosterone to cortisol ratio 6 hours after treatment.²² Vasodilation seems to occur in areas beyond those manipulated after treatment.²³

Low Back Pain (LBP). All major international guidelines for LBP (e.g., the British National Institute for Health and Care Excellence, the American College of Physicians, the American Pain Society, European Guidelines, the Italian Clinical Guidelines, and the Belgian Health Care Knowledge Centre) recommend SMT as a treatment option for acute and chronic symptoms. Patients most likely to respond to SMT include those with²⁴:

- Pain present for less than 16 days
- Symptoms in the legs that do not go below the knees
- Low likelihood of avoiding activity due to fear of pain
- One or more hypomobile lumbar segments noted on palpation
- Internal rotation of one or both hips greater than 35 degrees

In the past few years, several large-scale reviews have found SMT to be beneficial for treating various types of low back pain:

- A 2019 review of 47 trials including 9,211 people found that SMT produces similar effects to other recommended therapies for chronic low back pain.²⁵
- A 2017 review featured in *Journal of the American Medical Association* reported that 15 studies (1711 patients) offered moderate-quality evidence for benefit of SMT for acute back pain, noting that there was substantial heterogeneity to results.²⁶
- Similarly, a 2017 review of nonpharmacologic therapies for back pain notes that evidence continues to support effectiveness of SMT for chronic low back pain as well.²⁷
- SMT is suggested as one of several nonpharmacologic options for treating acute and chronic low back pain in a recent clinical practice guideline from the American College of Physicians (strong recommendation, low-quality evidence).²⁸
- A 2016 comparative effectiveness review by the Agency for Healthcare Research and Quality concluded there is moderately strong evidence spinal manipulation was as effective for back pain as other active interventions.²⁹
- A 2014 review also concluded that OMT reduces pain and improves function in both acute and chronic nonspecific low back pain.³⁰
- A 2016 review found that chiropractic care, specifically, was equally effective as physical therapy for low back pain, based on findings from six trials.³¹
- When compared to therapeutic exercise, OMT was more helpful for chronic nonspecific low back pain (though both had significant benefit).³²
- A 2019 review of 26 studies concluded that muscle energy techniques are effective for reducing both acute and chronic low back pain.³³

Neck Pain. A randomized, controlled trial (RCT) of 41 patients receiving OMT for chronic neck pain found significant reduction in pain intensity at 12 weeks compared to sham treatment,³⁴ and another RCT of 201 patients found improved short-term physical and long-term psychological outcomes with OMT compared to usual care.³⁵ Yet another RCT found SMT was more effective than medication in subacute and acute neck pain.³⁶

Headaches. A 2010 study of 80 patients found that, compared with those receiving massage therapy, the group receiving SMT had greater improvements in pain and disability.³⁷ Craniosacral therapy, a very gentle form of manipulation of the skull bones and the sacrum, is also thought to be effective for headaches.³⁸ One systematic review concluded that massage therapy, physical therapy, relaxation, and chiropractic SMT might be as effective as the drugs propranolol and topiramate for migraine prevention.³⁹

Guidelines developed after a 2009 review of 21 articles concluded that spinal manipulation and massage are recommended for episodic or chronic migraines, but was not clearly beneficial for episodic or chronic tension-type headaches.⁴⁰ One OMT-specific trial involving 63 patients found that direct and indirect myofascial release techniques were more effective than the control intervention for tension headache.⁴¹ Another OMT-specific RCT of 29 patients found that participants who did relaxation exercises and received three osteopathic treatments had significantly fewer days per week with headaches than those who relied on relaxation exercises alone.⁴² A retrospective review of the medical records of 631 patients between 2002 and 2007 found that patients treated with OMT at an osteopathic clinic had a 50% reduction in cost compared to those who received conventional hospital care.⁴³

Chronic Pain in General

A review of ten trials with 681 patients with a variety of forms of pain found that craniosacral therapy led to “significant and robust effects” lasting up to six months.⁴⁴

Other Diagnoses. For other conditions, recent research indicates the following (noting that this list is by no means comprehensive):

- **Heart surgery recovery.** OMT is effective in reducing pain and speeding up functional recovery in people who have had heart surgery with sternotomy.⁴⁵
- **Pneumonia.** Thoracic and abdominal lymphatic pump therapy is used to facilitate flow through the lymphatics and activate the immune system.⁴⁶ The Multicenter Osteopathic Pneumonia Study in the Elderly evaluated 406 patients over age 50 with pneumonia. Protocol analysis found decreased mortality rates and duration of antibiotics treatment in the OMT group as compared to the group that received conventional care.¹⁹
- **Pregnancy.** Two RCTs have found that OMT has “medium to large” treatment effects in preventing progressive, back-specific dysfunction during the third trimester of pregnancy.^{47,48} A 2003 RCT compared 160 women who received OMT throughout pregnancy to 161 women who did not and found decreased frequency of meconium-stained amniotic fluid and decreased occurrence of preterm delivery in the OMT group.⁴⁹
- **Fibromyalgia.** A small study favored OMT for lowering pain threshold, perceived pain, chronic pain, and ability to perform activities of daily living.⁵⁰
- **Gastroesophageal reflux disease (GERD).** A trial involving 20 people receiving visceral OMT found potential benefit for GERD.⁵¹

- **Chronic obstructive pulmonary disease (COPD).** When OMT was added to medical treatment, people with chronic obstructive pulmonary disease did significantly better on all spirometry measures studied.⁵²

Osteopathy and Other Forms of SMT: Safety

Most studies of the risk of spinal manipulation do not distinguish between which practitioners do the manipulation, be it osteopaths, chiropractors, physical therapists, or others. Common transient effects after treatments include local pain, headache, tiredness or fatigue, and radiating pain. These occur in 30% to 61% of patients.⁵³ These symptoms begin within four hours and usually resolve within 24 hours. One systematic review found that worsening disk disease occurs in less than 1 in 3.7 million patients.⁵⁴ Another study found that 4.3% of subjects experienced neck stiffness after initial spinal manipulation, and it disappeared for all cases after 2 weeks.⁵⁵ Spinal manipulation was noted to have a low risk of stroke ranging from 1.46 to 5 strokes per 100,000 manipulations.⁵⁶ A 2017 review of 118 studies found that the range of complications of manipulation ranged from 1 in 20,000 to 1 in 250 million manipulations.⁵⁷ A 2019 review in the *British Medical Journal* also noted that safety data is reassuring overall.²⁵

Chiropractic Care

Chiropractic care was originally developed in the late 1800s as a drug-free approach to health care, which was very appealing at that time, since many of the drugs in use had some serious side effects. The word “chiropractic” combines the Greek words *cheir* (hand) and *praxis* (practice) to describe a treatment done by hand.⁵⁸ Hands-on therapy—especially spinal manipulation and other manual treatments—is central to chiropractic care.

There are over 100,000 chiropractors worldwide; a large proportion of them are in the U.S.⁵⁹ In the U.S., chiropractic care has historically been one of the most commonly used CIH approaches.⁶⁰ Approximately 14% of the general U.S. population will see a chiropractor in a given year,⁶¹ and in patients with chronic pain the rate is as high as 40%.⁶² Chiropractic care is covered by Medicare and most U.S. insurance carriers. It has been provided in the Department of Defense health care system since 1995 and in the Department of Veterans Affairs health care system since 2004.⁶³ In 2015 the Joint Commission added chiropractic care to its pain management standards for health care facilities.⁶⁴ With these and other advancements and integration, today’s chiropractic profession is often thought of as being “at the crossroads” between complementary and conventional medicine.⁶⁵

Training and Practice

Doctor of Chiropractic (DCs)—also known as chiropractic physicians or simply chiropractors—are licensed and regulated in every U.S. state and the District of Columbia. There are 15 U.S. chiropractic schools, each accredited by the Council on Chiropractic Education,⁶⁶ with a curriculum of four academic years covering the biomedical sciences, public health, and other areas similar to medical school. Residency training is optional for chiropractors, but those seeking advanced training may complete a one-year residency program and/or fellowship programs of another 1-2 years.

Chiropractors are typically trained and licensed to diagnose and manage a broad range of conditions using many treatments except prescription drugs and surgery. Most commonly this includes musculoskeletal problems like low back pain, arthritis, sports injuries, or other problems involving joints and muscles. An analysis of the use of complementary health approaches for back pain, based on data from the 2002 NHIS, found that chiropractic was by far the most commonly used therapy. Among survey respondents who had used any of these therapies for their back pain, 74% (approximately 4 million Americans) had used chiropractic. Among those who had used chiropractic for back pain, 66% perceived “great benefit” from their treatments.⁶⁷

History of Chiropractic Care in the VA

In response to Veteran demand, Congress authorized VA to begin providing chiropractic services in 1999. Since late 2004, chiropractic services have been included as part of the standard Medical Benefits Package available to all enrolled Veterans.⁶⁸ VA provides these services on-station and/or by community care mechanisms at all medical centers. In VA, DCs are physician-level licensed independent practitioners similar in level to optometrists and podiatrists.

VA chiropractic services are used by Veterans across the continuum of care, yet there is particular value in populations with a high prevalence of musculoskeletal conditions such as OEF/OIF/OND Veterans, chronic pain populations, women Veterans, older adults, and spinal cord injury/illness. From fiscal years 2005 through 2015 the number of VA chiropractic clinics increased from 27 to 65, and the number of Veterans receiving care at these clinics increased from over 4,000 to over 37,000. The number of Veterans receiving community chiropractic services during this time increased from over 1,000 to over 15,000.⁶⁹

Components of Chiropractic Care

A visit to a chiropractor starts with a history in which the patient discusses their current problem, overall health, and specific goals for care. The chiropractor will review any medical records, images, or other studies related to the patient’s health, and perform a standard physical examination of the area in question. This includes standard medical orthopedic and neurological examination procedures, along with some specialized hands-on assessment of the muscles and joints. It is rare that new x-rays or other studies will be needed, but if so, the chiropractor will order the applicable tests. Once a diagnosis is made and it is determined that chiropractic treatment is appropriate, the chiropractor will work with the patient to formulate an individualized treatment plan that may include the following:

- Education and instruction on self-care, prevention, ergonomics, and how to best manage the problem from the patient’s perspective
- Appropriate home exercises to improve flexibility, strength, and/or balance
- Manual therapies for the joints, such as manipulation or mobilization (explained in more detail below)
- Manual therapies for the muscles, such as stretching, massage, and myofascial techniques

- Various mind-body approaches, such as progressive muscle relaxation or stress reduction
- Nutrition and dietary advice
- Acupuncture

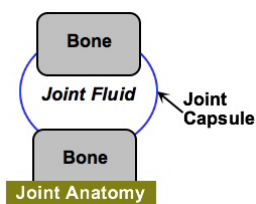
Some problems respond to chiropractic care more quickly than others, and some may not respond at all. In general, newer (acute) problems begin to improve within the first 1-2 visits, whereas older (chronic) problems might take 4-5 visits to show any response. A typical rule of thumb is to plan an initial trial of 4-6 visits. If there is no improvement, and no reasonable change in course that the chiropractor can provide, then the trial should be stopped, and other treatment options considered. On the other hand, most patients do report some good benefit within the initial 4-6 sessions. Some may be fully improved and will be discharged from care with appropriate home instructions. Others may have partial benefit, and another few sessions could be provided to attempt to reach additional improvement. Even in longstanding, difficult problems, most patients tend to reach their plateau of improvement with chiropractic care within 8-12 visits. For chronic pain conditions that improve after the initial trial and then worsen sometime afterward, it can be appropriate to use additional chiropractic treatment from time to time to assist with flare-ups.

Important Facts About Spinal Manipulation

As mentioned above, various manual (hands-on) treatments are the mainstay of chiropractic practice. Although there are many names for various techniques, from a biomechanical perspective manual therapies can be classified into two groups: mobilization and manipulation. In each of those, the patient's joints are being moved by a doctor or other clinician. In mobilization techniques, the joint is moved by applying lower amounts of force using slower and typically repetitive movements. In manipulation techniques, the joint receives a quicker, single thrust which aims to "pop" the joint. Following are the most common FAQs about manipulation.

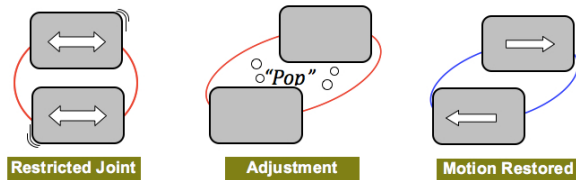
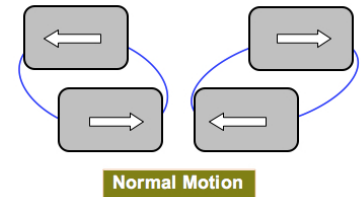
What Causes The Popping Sound? Are My Bones Cracking?

Your bones are not cracking! The popping sound is caused by movement of the joint surfaces and the joint's lubricating fluid. To understand this better, you need to know a little bit more about the spinal joints.



A joint is made up of the surfaces of two bones that must slide over or pivot around each other for normal movement. These surfaces are lined with smooth cartilage and enclosed in an elastic tissue called the joint capsule. This capsule is filled with a fluid which lubricates and nourishes the cartilage.

The fluid is pressurized and has gasses dissolved inside, similar to carbonated soda. When a joint is injured or too stiff, the joint capsule becomes painful (left image below). During spinal manipulation, the joint capsule is stretched, and some gas bubbles are released inside the capsule—similar to the bubbles that are released when a soda bottle is opened. And *that* is what causes the popping sound.



Many times, back and neck pain is the result of joints that are not moving properly. Imagine a door that only opens halfway because of a stiff hinge. You could still use it, but it is more troublesome than a door that opens fully. Tight spinal joints can be thought of in the same way as stiff hinges. When a proper force is applied to a “stuck” joint, its motion can be improved. Also, through a nervous system reflex, manipulation decreases muscle spasm or tension, and decreases pain sensation.

- Effects of Adjustments**
- Improved Motion
 - Decreased Pain
 - Decreased Muscle Tension
 - Improved Muscle Performance

Does It Hurt?

A carefully administered adjustment usually does not hurt. Many people feel a great deal of relief right afterward. But if your joints are very stiff, there could be some temporary increased soreness that typically goes away quickly and leads to improvement.

Is Spinal Manipulation Safe and Effective?

Spinal manipulation is very safe. There is a large amount of scientific evidence on the safety and effectiveness of spinal manipulation, so much so that it is included in widely recognized medical guidelines for the treatment of most low back and neck pain complaints.^{28,29,70,71} The risk of injury occurring as a side effect of manipulation is extremely low, especially when compared to other common treatments for back and neck pain. However, as with all medical procedures, there is some inherent risk. VA chiropractors are well-trained and experienced to determine the safety of manipulation in your particular case. General research findings related to spinal manual therapies are summarized in the “Osteopathy” section of this chapter.

What Clinicians Deliver Spinal Manipulation?

Spinal manipulation can be delivered by MDs (although this is very rare) and sometimes by DOs. In some states, manipulation is being added to the scope of practice for physical therapists. However, manipulation is typically associated with the chiropractic profession. Chiropractic education requires extensive classroom work and hundreds of supervised patient encounters involving manipulation. Previous reports estimate that chiropractors provide over 94% of the spinal manipulation treatments in the U.S.⁷²

Relationship between Chiropractic Care, Opioids and Other Interventions

One important reason to consider chiropractic care is that it may prevent patients from receiving other types of treatments that have greater risk and higher cost. Studies have shown that patients with spinal pain conditions who receive chiropractic care are less likely to receive opioids.^{73,74,75} For spine-related conditions, early access to chiropractic services correlates with decreased chronic work disability, advanced imaging, spinal injections, elective lumbar surgery, and overall health care expenditures.^{76,77,78,79,80} Data from United Healthcare on over 4 million episodes of care for non-surgical spine conditions shows that patients who never see a DC have double the total episode cost (\$1,309 vs. \$654) and are much more likely to receive an opioid prescription (13.3% vs. 4.8%) or an unnecessary MRI (48.7% vs. 26.2%) than patients who see a DC as the initial clinician for that problem.

Whole Health Tool: Massage

What Is It?

Massage has been used since before recorded history, and it remains a popular CIH approach. Therapeutic massage (massage to help *specifically for pain*) is on the VA Integrative Health Coordinating Center's (IHCC) List One (see Chapter 14). It is mandated that therapeutic massage will be available in all VA facilities for pain treatment, and sites continue to explore how it will be made available and under what circumstances. The Massage Therapist Qualification Standard was released in March 2019.⁸¹

In 2012, 6.9% of Americans had experienced some form of massage in the past year.⁸² Use in people with pain is much higher; a Canadian study reported that 56% of patients with nonspecific chronic back pain and 48% with arthritis or other musculoskeletal disorders had used it over the last 12 months.⁸³ Aside from mind-body approaches and animal-assisted therapies, massage is currently one of the most widely available complementary approaches used in the VA. In 2015, 52 of 131 (40%) of sites surveyed reported offering some form of massage therapy to their Veterans.¹⁶

Massage therapist training and licensing standards vary greatly from state to state.⁸⁴ There is also variability from school to school. Common certifications you will see after a therapist's name include CMT (certified massage therapist) and LMT (licensed massage therapist). CAMT stands for "certified acupressure massage therapist."

Types of Massage Therapy

Massage therapy has been defined as "the systematic manipulation of soft tissue with the hands that positively affects and promotes healing, reduces stress, enhances muscle relaxation, improves local circulation, and creates a sense of well-being." Types of massage therapy include the following^{85,86,87}:

- **Swedish massage** (and similar schools) involves stroking and kneading the body using various methods. 5 basic massage techniques are used, including:
 - **Effleurage**—stroking with various degrees of pressure. This is what most people think of when they think of a massage.
 - **Petrissage**—a kneading motion, done with the fingers and thumbs in a circular pattern
 - **Tapotement**—rhythmic, vigorous tapping or slapping done to stimulate deep tissues
 - **Friction**—use of the palm, forearm, heel of the hand, or even the elbows to roll, ring, and compress tissue
 - **Vibration**—can be done using hands or using a machine
- **Shiatsu** is based on massaging over trigger points and pressure points. Therapists most commonly use the balls of their thumbs and follow points called tsubos, which are often pressed or held, and correlate with acupuncture points.
- **Neuromuscular massage** involves applying pressure throughout the body, not just in areas that are sore. Pressure is usually much higher than other forms of massage therapy. Neuromuscular therapy (or neuromuscular technique) involves a careful

examination and manipulation of the soft tissues of a specific area of the body. It is often used to treat chronic pain.

- **Visceral massage** involves the gentle manipulation of the visceral organs of the abdomen and pelvis. Mayan abdominal massage, which has been passed down for centuries, is one example.

How Massage Works

Massage is thought to reduce the effects of stress on the muscles and to ease tension and correct unhealthy postures, all of which can contribute to chronic disease in various ways. Massage therapy's healing benefits are thought by many to occur, at least in part, through the movement of the fascia, the net of connective tissue that surrounds the muscles and other tissues. When the fascial network is subjected to an injury or stress, resultant adaptations by the body (shifts in how the body carries itself, for example) can have widespread health consequences. Massage therapy and other touch therapies are thought to restore fascial balance.¹⁸

Even as far back as 2004, a meta-analysis of 37 studies found that a single massage therapy session led to the following⁸⁸:

- Reduced anxiety and depression (multiple sessions were actually found to have comparable benefits to psychotherapy)
- Lowered blood pressure
- Decreased heart rate

Single sessions were not found to immediately reduce pain, improve mood, or lower cortisol levels, but repeated sessions were noted to reduce pain.

When to Use It

The Evidence Map below demonstrates the QUERI Evidence Map of Massage for Pain, which covers research through February 2016.⁸⁹ Note that the farther up and to the right a given condition's circle is, the more favorable the literature is for massage for being beneficial. Note the following:

- The best support is for lower back pain, neck pain, shoulder pain, labor, and pain in multiple areas
- There are weaker findings supporting potential benefits for TMK, fibromyalgia, cancer pain, and neck/shoulder pain.

Evidence Map of Systematic Reviews Describing the Effect of Massage for Pain

To access the full image of this evidence map visit: [VA Health Services Research & Development: Management eBrief No. 123](#)

A list of all VA Health Services Research & Development evidence maps can be found at:
[ORD website search results of all evidence maps](#)

Evidence Map of Massage for Pain⁸⁹

It can be helpful to go into more detail as far as research findings.

Pain. Pain is one of the main reasons people use massage, and research favors massage for many aspects of pain control. Pain is the indication for which massage is covered for Veterans.

- **General pain.** A 2016 review of 60 high- and 7 low-quality studies concluded that massage therapy should be strongly recommended as a pain management option, compared to no treatment. It also “weakly recommended” massage for improving mood and health-care related quality of life.⁸⁴ A review of 26 trials found that massage therapy, as a stand-alone treatment, reduces pain and improves function in some musculoskeletal conditions (back pain, knee arthritis, shoulder pain), but did not show a clear benefit when compared to other active treatments.⁹⁰ Another 2016 review of 16 studies found weak evidence of benefit for pain and
- **Back pain.** A 2015 Cochrane review of 25 trials did not find massage to be an effective low back pain treatment, though in the short-term people reported benefits.⁹¹
- **Neck pain.** A 2014 meta-analysis concluded that there is moderate evidence supporting that massage therapy improves neck pain, but not dysfunction (e.g., limited range of motion).⁹²
- **Post-surgical pain.** A 2016 review of 12 high- and 4 low-quality studies found enough data to “weakly recommend” massage for reducing pain and anxiety in patients undergoing surgical procedures.⁹³ A 2017 review of 10 studies including 1,157 patients found that massage therapy may alleviate post-operative pain, though methodological quality of studies was low.⁹⁴ Another review found it serves as a useful adjunct to medications for reducing post-cardiac surgery pain intensity.⁹⁵
- **Cancer pain.** A 2016 review of 16 studies found that “...weak recommendations are suggested for massage therapy, compared to an active comparator, for the treatment of pain, fatigue, and anxiety.”⁹³ A 2015 meta-analysis of 12 studies with 559 participants concluded, “massage significantly reduces cancer pain compared to no massage or conventional care.”⁹⁶ Reflexology, which includes foot massage, was found to have more of an effect than aromatherapy or body massage. In contrast to these results, a Cochrane review concluded that overall, studies were too small to draw a conclusion.⁹⁷
- **Arthritis.** A 2017 review found seven small trials involving 352 people which concluded there is low- to moderate-quality evidence supporting massage over non-active therapies for improving osteoarthritis or rheumatoid arthritis outcomes.⁹⁸
- **Fibromyalgia.** A unique 2015 study looked at which types of massage therapy were most helpful in fibromyalgia.⁹⁹ (Many studies do not differentiate the types of massage used when data is compiled.) It was found that “myofascial release had large, positive effects on pain and medium effects on anxiety and depression.” Shiatsu and connective tissue massage also improved several outcomes, but Swedish massage was not found to do so. Another 2014 meta-analysis of nine trials involving 404 patients with fibromyalgia found that treatment with massage therapy for five weeks or longer led to immediate and lasting improvements in pain, depression, and anxiety.¹⁰⁰

Blood Pressure. A 2014 systematic review concluded that massage therapy combined with anti-hypertensives was more effective than the drugs alone for lowering blood pressure.¹⁰¹ Reduction of systolic pressure averaged about 7 points, and 3.6 points for diastolic pressures. However, overall quality of the studies was poor. There are a number of theories surrounding how massage affects blood pressure, including that it may decrease sympathetic nervous system activity and alter adrenal cortex activity.¹⁰²

Other Indications. While more research is needed, massage therapy's overall safety and broad availability make it a worthwhile approach to consider. Natural Medicines, which summarizes research for given therapeutic approaches, rates massage as "Likely Effective" for back pain and cancer related pain and "Possibly Effective" for ADHD, fibromyalgia, labor pain, low birth weight, and stress. The verdict is still out for many other conditions, including alcohol use disorder, asthma, carpal tunnel syndrome, dementia, diabetes, headache, multiple sclerosis, osteoarthritis, Parkinson's, premenstrual dysphoric disorder, rheumatoid arthritis, and other types of pain.¹⁰³ Abdominal massage may be effective for constipation management in elderly people,¹⁰⁴ as well as in people taking opioids.¹⁰⁵

A wide-ranging 2016 review concluded that massage therapy "...has been shown to have beneficial effects on varying conditions including prenatal depression, preterm infants, full-term infants, autism, skin conditions, pain syndromes including arthritis and fibromyalgia, hypertension, autoimmune conditions including asthma and multiple sclerosis, immune conditions including HIV, and breast cancer and aging problems including Parkinson's and dementia."¹⁰⁶ A 2018 review of 8 trials with 657 participants found that acupoint massage likely maintains cognitive function in older adults.¹⁰⁷

What to Watch Out for (Harms)

When done by a skilled therapist, massage therapy is quite safe.⁹¹ Contraindications to massage, according to some therapists, include the following¹⁰⁶:

- Infectious or contagious skin conditions
- Acute inflammation (e.g., rheumatoid arthritis, appendicitis)
- Massage near open skin wounds, burns, or other friable tissues
- Varicose veins and venous inflammation (thrombophlebitis)
- Sites of tumors or metastases. Even though it is unlikely that massaging an area with cancer would be any more likely to cause metastases to split off than exercise would, many practitioners recommend avoiding direct massage of cancerous areas
- Low bone density (for techniques that use high pressure)
- Coagulopathies that would result in massage therapy causing severe bruising
- Risk of recurrent bleeding at a site that has recently been injured or traumatized

A good therapist will always clarify whether there are any particularly vulnerable places, or places where a person simply prefers not to be touched. Appropriate draping should always be practiced.

In conclusion, when you are helping Veterans to create [Personal Health Plans](#) (PHPs), keep body-based therapies in mind. They can be useful for many different patient conditions.

Manipulative and Body-Based Therapy Resources

Websites

VA Whole Health and Related Sites

- [Evidence Map of Massage for Pain](https://www.hsrd.research.va.gov/publications/esp/massage.pdf). Compilation of systematic review data by VA Health Services Research and Development (HSR&D).
<https://www.hsrd.research.va.gov/publications/esp/massage.pdf>
- [Integrative Health Coordinating Center SharePoint on Massage Therapy](https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp).
<https://www.va.gov/WHOLEHEALTH/professional-resources/IHCC.asp>
- CIH Listservs. To be added, contact:
 - Massage Therapy listserv: vhamassage@DVAGOV.onmicrosoft.com
 - Other listservs: Lana.Frankenfield@va.gov
- National CIH Subject Matter Experts, as of FY 2020.
 - Chiropractic: Anthony Lisi. Anthony.Lisi@va.gov
 - Massage Therapy: Sharon Weinstein. Sharon.Weinstein@va.gov
- [Chiropractic Care](http://vaww.rehab.va.gov/CS/index.asp). <http://vaww.rehab.va.gov/CS/index.asp>
- [Personal Health Plan Template](https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Other Websites

- [American Association of Colleges of Osteopathic Medicine](https://www.aacom.org). <https://www.aacom.org>
- [American Chiropractic Association](https://www.acatoday.org). <https://www.acatoday.org>
- [American Massage Therapy Association \(AMTA\) Research Roundup](https://www.amtamassage.org/resources/massage-and-health/?src=navdropdown).
<https://www.amtamassage.org/resources/massage-and-health/?src=navdropdown>
- [American Osteopathic Association](https://osteopathic.org). <https://osteopathic.org>
- [Associated Bodywork and Massage Professionals](https://www.abmp.com/). <https://www.abmp.com/>
- [Chiropractic: In Depth](https://nccih.nih.gov/health/chiropractic). National Center for Complementary and Integrative Health (NCCIH). <https://nccih.nih.gov/health/chiropractic>
- [Feldenkrais Guild of North America](http://www.feldenkrais.com). www.feldenkrais.com
- [Massage Therapy: What You Need to Know](https://www.nccih.nih.gov/health/massage-therapy-what-you-need-to-know). National Center for Complementary and Integrative Health (NCCIH). <https://www.nccih.nih.gov/health/massage-therapy-what-you-need-to-know>
- [National Certification Board for Therapeutic Massage and Bodywork](https://www.ncbtmb.org/).
<https://www.ncbtmb.org/>
- [The Complete Guide to the Alexander Technique](https://www.alexandertechnique.com/at.htm).
<https://www.alexandertechnique.com/at.htm>

Books

- *Atlas of Osteopathic Techniques*, Alexander Nicholas (2015)
- *Basic Clinical Massage Therapy: Integrating Anatomy and Treatment*, James Clay (2008)
- *Body, Breath, and Being: A New Guide to the Alexander Technique*, Carolyn Nicholls (2014)
- *Chiropractic Technique: Principles and Procedures*, Thomas Bergmann (2010)
- *Feldenkrais: The Busy Person's Guide to Easier Movement*, Frank Wildman (2006)

- *Myofascial Pain and Dysfunction, Volume 1*, David Simons (1998). Excellent resource for strain-counterstrain
- *Myofascial Pain and Dysfunction, Volume 2*, Janet Travell (1992)
- *Osteopathic and Chiropractic Techniques for manual Therapists: A Comprehensive Guide to Spinal and Peripheral Manipulations*, Giles Gyer (2017)
- *Osteopathic Techniques: The Learner's Guide*, Sharon Gustowski (2017)
- *Somatic Dysfunction in Osteopathic Family Medicine*, Kenneth E. Nelson (2014)
- *The World's Best Massage Techniques: The Complete Illustrated Guide to Eastern and Western Techniques*, Victoria Stone (2010)

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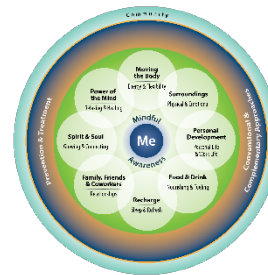
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Chapter 17. Energy Medicine: Biofield Therapies

$$E=mc^2$$

—Albert Einstein



What Is a Biofield Therapy?

According to one quite-inclusive definition, “The term energy medicine derives from the perceptions and beliefs of therapists and patients that there are subtle, biologic energies that surround and permeate the body. It is suggested that these energies may be accessed in various ways...for diagnostic and therapeutic interventions.”¹

Biofield therapies are based on the idea that beyond being surrounded by energy and vibration, we *are* energy and vibration. The nature of how energy, physical reality, and consciousness interconnect is one of the great mysteries of human existence; quantum physics offers some hints about these relationships, but we have much to learn. Dozens, if not hundreds, of different cultures and traditions worldwide have words in their languages for life energy and have created healing systems that are based on its existence. Names for this force include qi, chi, prana, pneuma, fohat, mana, and orgone. Energy medicine is central to healing systems like Chinese medicine and Ayurveda (both discussed in Chapter 18). Bringing about healing through manipulation of life energy is a key element that biofield therapies have in common.² It has been proposed that the “energy perspective” may be a useful basis for integrating Eastern and Western healing practices.³

Energy medicine is perhaps one of the most mysterious and controversial of all complementary and integrative health (CIH) approaches; it is hard to discuss therapies when we are not clear on their mechanisms of action. Nevertheless, the Centers for Disease Control found that 0.5% of the U.S. population had used some form of energy medicine in the past year,⁴ and 3.7 million Americans have used energy medicine at some point in their lives.⁵ The 2015 Healthcare Analysis & Information Group (HAIG) survey found that 39 of 131 (30%) VA systems offer some form of energy medicine to Veterans, up from 7% in 2011.⁶

Many hospitals incorporate Reiki, Therapeutic Touch (TT), or Healing Touch (HT) into patient care. They are most often used to help people before or after surgery or cancer treatment. These approaches are most commonly offered by nursing staff. Training in various energy medicine modalities varies. Some practices, such as HT, require 4 or more years of training, and learners must document hundreds of hours of patient care time prior to certification. In contrast, some forms of Reiki are taught over the course of just a few weekends (though it should be noted other forms of Reiki require years of training to achieve “master” status). Many biofield therapy practitioners describe what they do as a gift that they have cultivated without formal training. For many practitioners, their exposure to energy medicine was precipitated by some sort of health crisis or, as some have described it, their “healer’s journey.”

A list of specific energy healing approaches, with descriptions, is featured in Table 17-1. The list includes the therapies most frequently used in the U.S., but it is by no means comprehensive. Reiki, TT, and HT are the most commonly used, so they are listed first. The Resources listed at the end of this chapter offer much more detail.

Table 17-1. Popular Biofield Therapies²

Name	Description
Reiki	Originated in Japan. Trainees are given “attunements” to allow them to pass universal healing energy through themselves to others. Works with specific healing symbols.
Healing Touch	Developed in the 1980s by Janet Mentgen, RN. The hands are used to maneuver the energy field, with a particular emphasis on the chakras. Extensive instruction and training required for certification.
Therapeutic Touch	Developed by Dolores Krieger, RN and Dora Kunz in the 1970s. Light touch is used to influence the biofield. Widely used in hospital settings by nurses.
Acupuncture and acupressure	Needles are inserted into points along meridians, or energy channels, within the body. In acupressure, the points are stimulated by touch instead.
Barbara Brennan School of Healing	Focuses on energy healing according to detailed descriptions of energy anatomy and flow. This is an example of an energy healing modality that has been built upon the experiences and techniques of a specific teacher.
Emotional Freedom Technique, Thought Field Therapy	Tapping with the fingers over various meridian points is said to release stored negative emotional energy. Often classed as a mind-body therapy. Frequently used in treatment of posttraumatic stress.
Flower essences	Extracts from various flowers are said to influence people according to the energetic nature of the plants they contain.
Polarity Therapy	Combines lifestyle modifications and other techniques to optimize the health of the energy field.
Quantum Touch	Popularized in books by Richard Gordon. Energy is directed for healing using intention, breathing, and other techniques. Strong emphasis on treating musculoskeletal conditions, among others.
Shamanism	Often classed as a spiritually based, rather than energetic, modality. Shamans use rituals, helpful spirits, and journeys to the spirit world, or other techniques to gather information needed to bring about healing. Shamanic traditions are found in most cultures throughout human history.

Efficacy of Biofield Therapies

More high-quality studies of biofield therapies are needed, but some research findings are available. A 2011 German review did not find there was enough data to rate the efficacy of

various biofield therapies, a typical conclusion for many reviews in this area.⁷ However, while the Natural Medicines Database also states there is “insufficient reliable evidence to rate” the biofield therapies research for many conditions, it does rate TT as being “Possibly Effective” for anxiety, pain, and stress.⁸ General reviews and studies of the three most common biofield therapies are listed in this section. Note that these are based on systematic reviews when possible, but research remains scarce, and nearly every review notes that more studies are required.

General Reviews

- A 2016 systematic review of energy healing approaches for chronic illness focused on 27 studies with 3159 participants.⁹ It found that 13 of those studies had statistically significant outcomes for 13 different outcomes, including mood disturbance, fatigue, quality of life, pain, poor coping, health locus of control, anxiety, self-esteem, psychological distress, fatigue, joint function, and vitality.
- A 2015 review reported that over 30 trials have now been done focusing on energy medicine and pain. Energy medicine seems to decrease pain intensity, but long-term therapeutic benefits are not clear.¹⁰
- The same 2015 review noted that over 15 studies of biofield therapies for cancer exist, mostly focused on the treatment of adjunctive symptoms. Results were most favorable where depression and fatigue were concerned, but only a few studies found clear benefit.
- A 2015 review of 30 palliative care-related studies published from 2008-2013 concluded research “...supports the use of biofield therapies in relieving pain, improving quality of life and well-being, and reducing psychological symptoms of stress.”¹¹
- A 2015 review of biofield therapy studies focused on *non-human* subjects (plants and cell cultures) found that biofield therapies led to significant improvements in variables related to overall “well-being.”¹²
- A 2010 review concluded that, in general, biofield therapies show promise for reducing pain intensity, anxiety, and for people with dementia, level of agitation.¹³
- A 2008 Cochrane review concluded from studies of a total of 1,153 patients receiving HT, TT, or Reiki, that pain was reduced at least to a modest degree, by nearly 1 point on a 10-point rating scale.¹⁴
- A research survey done in 2003, which reviewed 2,200 published reports, found that 11 of 19 trials of energy healing which included a total of 1,122 people showed positive effects.¹⁵

Therapeutic Touch

- A small 2019 pilot study (n=29) of people with back pain found a significant and long-term effect on back pain disability scores.¹⁶
- A 2010 study found improvement in pain and fatigue related to chemotherapy.¹⁷
- Another small study found TT decreases pain, cortisol, and levels of natural killer cells in post-operative patients.¹⁸

- A 2016 Cochrane review concluded that “...there is no robust evidence that TT promotes healing of acute wounds,” and the review was ultimately withdrawn one month after publication due to the poor quality of the included studies.¹⁹
- A small 2016 review found that TT shows promise in managing behavior in people with dementia but noted the need for more research data.²⁰
- Another 2016 review that had 6 of 334 articles meet inclusion criteria found that TT had general benefits for people with cancer.²¹ Eight years prior, a 2008 review concluded that TT reduces pain and anxiety in people receiving oncology care.²²
- A 2007 Cochrane review did not find any good-quality studies to assess the general effect of TT on anxiety.²³

Reiki

- In a 2019 study, 99 Reiki practitioners were asked to recruit clients, who completed surveys before and after their sessions.²⁴ The 1411 sessions included in the study were all single visits for different people. They lasted for 45-90 minutes each. Significant improvements were found in affect, pain appetite, anxiety, depression, shortness of breath, drowsiness, and nausea.
- Preliminary results of a 2019 review indicated that Reiki has potential for relieving pain, decreasing anxiety and depression, and improving quality of life in palliative care patients.²⁵
- A 2019 Turkish study found that Reiki is effective at controlling preoperative anxiety levels.²⁶
- A small 2018 meta-analysis that included four studies with a total of 212 participants concluded that Reiki is an effective approach for relieving pain, noting the standardized mean difference of pain ratings for all the studies combined was negative 0.93.²⁷ However, this study was criticized because 95% confidence intervals crossed 0 by a small margin.²⁸
- A 2015 Cochrane review found there was insufficient evidence to confirm whether or not Reiki is beneficial in people over age 16 with anxiety or depression.²⁹
- A 2014 review concluded that Reiki “may be effective” for pain and anxiety.³⁰
- Reiki improved heart rate variability and emotional state for patients admitted to a Yale Hospital cardiology ward.³¹
- A 2007 review found that Reiki was beneficial for depression in 1 of 4 studies, chronic pain in 1 of 3 studies, and in the only available study of its use for acute pain.³²
- A 2009 review of 12 studies concluded that 9 found benefit for Reiki for various indications; however, 11 of them were rated as being poor-quality.³³

Healing Touch

- A 2020 study found that HT had a calming effect (based on vital signs) in adult intensive care units at several different hospitals.³⁴
- A 2018 observational/retrospective study of 572 cancer outpatients found that HT provided immediate pain relief, as did oncology massage; oncology massage had better odds of pain improvement.³⁵

- A 2011 systematic review of 5 out of 332 studies that met inclusion criteria concluded, “Though the studies support the potential clinical effectiveness of Healing Touch in improving health-related quality of life in chronic disease management, more studies are required given that even the studies included with high-quality scores had limitations.”³⁶
- A 2012 study focused 123 combat-exposed, returning, active-duty military personnel with PTSD who were randomized to receive HT and Guided Imagery or treatment as usual.³⁷ Reductions in PTSD symptoms and depression were significant in the treatment group.
- In patients recovering from cardiac bypass surgery, HT decreased anxiety and length of stay. It did not affect use of pain medications or antiemetics.³⁸
- In 78 women with gynecologic cancers undergoing radiation therapy, HT improved vitality and physical function and decreased pain.³⁹

Safety of Biofield Therapies

Even though more research is needed, biofield therapies are relatively free of adverse effects.^{1,2,8} We know that many chronic diseases are exacerbated by anxiety and stress, so if energy modalities are effective in helping patients to relax, they may be worth considering, especially if patients prefer them. There are no reports of these therapies leading to morbidity of any significant duration. Problems may arise if a person defers vital biomedical interventions for an extended period of time to pursue energy modalities in their place.

During an energy medicine session, a patient may perceive physical sensations, such as tingling, temperature changes, pressure, or other sensory impressions. Pain is unlikely. Intense emotional experiences and memories may also surface, so energy medicine should be used with care in people with severe mental health disorders or a history of trauma.

Biofield therapies can be useful adjuncts to other approaches to care, and they can also be helpful as stand-alone therapies. We still have much to learn about them, but many studies show promise, and they tend to be quite safe. The million-dollar question is, will we ever come to understand their mechanism(s) of action?

Energy Medicine Resources

Websites

- [Barbara Brennan School of Healing](http://www.barbarabrennan.com/). <http://www.barbarabrennan.com/>
- [Flower Essence Society](http://www.fesflowers.com/flower-essence-society/). <http://www.fesflowers.com/flower-essence-society/>
- [Healing Touch Program](https://www.healingtouchprogram.com/). <https://www.healingtouchprogram.com/>
- [American Polarity Therapy Association](http://www.polaritytherapy.org/). <http://www.polaritytherapy.org/>
- [Quantum Touch](http://www.quantumtouch.com/). <http://www.quantumtouch.com/>
- [Reiki](http://www.reiki.com/). <http://www.reiki.com/>
- [The Bach Centre](https://www.bachcentre.com/new/en/). <https://www.bachcentre.com/new/en/>
- [The International Center for Reiki Training](https://www.reiki.org). <https://www.reiki.org>

- [Therapeutic Touch International Association](http://www.therapeutictouch.org/). <http://www.therapeutictouch.org/>

Books

- Biofield Therapies, Adam Rindfleisch, in: Raket D, ed. *Integrative Medicine*, 4th ed, (2017)
- *Anatomy of the Spirit: The Seven Stages of Power and Healing*, Carolyn Myss (1996)
- *Energy Medicine for Women: Aligning Your Body's Energies to Boost Your Health and Vitality*, Donna Eden (2008)
- *Energy Medicine: Balancing Your Body's Energies for Optimal Health, Joy, and Vitality*, Donna Eden (2008)
- *Energy Medicine: The Scientific Basis*, James Oschman (2002)
- *Hands of Light: A Guide to Healing Through the Human Energy Field*, Barbara Brennan (1993)
- *Healing, Intention and Energy Medicine: Science, Research Methods, and Clinical Implications*, Wayne Jonas (2003)
- *Light Emerging: The Journey of Personal Healing*, Barbara Brennan (1993)
- *Quantum Touch: The Power to Heal*, Richard Gordon (2006)
- *Shamanic Journeying: A Beginner's Guide*, Sandra Ingerman (2008)
- *The Energy Healing Experiments: Science Reveals Our Natural Power to Heal*, Gary Schwartz (2008)
- *The Field: The Quest for the Secret Force of the Universe*, Lynne McTaggart.(2008)
- *The Subtle Body: An Encyclopedia of Your Energetic Anatomy*, Cyndi Dale (2009)
- *Wheels of Light: Chakras, Auras, and the Healing Energy of the Body*, Roslyn Bruyere (1994)

Other Resources

- *Self-Healing with Energy Medicine* (Self-Healing CD Series), Andrew Weil (2009)
- *The Healing Field: Exploring Energy & Consciousness* (2016). Available for online streaming

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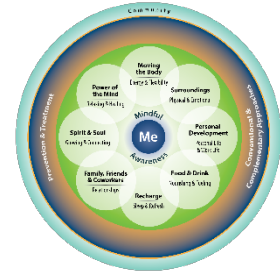
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Chapter 18. Whole Medical Systems

The best and most efficient pharmacy is within your own system.

—Robert C. Peale



Whole medical systems are built upon complete systems of theory and practice. Often, these systems have evolved separately from (and earlier than) the conventional—or biomedical—approach used in the United States. Examples of whole systems of medicine that have evolved in Western cultures include homeopathic medicine and naturopathic medicine. Examples of systems that have developed in non-Western cultures include Chinese medicine and Ayurveda. These systems have existed for hundreds, if not thousands, of years, evolving through the contributions of generations of practitioners. Those practitioners may look at a person from a completely different perspective, making diagnoses and offering therapies in ways very different from Western medicine. This chapter covers four of the most commonly-used whole systems of medicine—Chinese medicine, naturopathy, Ayurveda, and homeopathy—but there are many others.

Whole Systems: Chinese Medicine and Acupuncture

The law of yin and yang is the natural order of the universe, the foundation of all things, mother of all changes, the root of life and death.

—The Yellow Emperor's Classic of Medicine

Chinese medicine has existed for thousands of years, and in the last few decades, various Chinese therapies have become increasingly popular in the West. This is particularly true for acupuncture. Chinese medicine has contributed more to complementary and integrative health (CIH) approaches used in VA than any other Whole Medical system, but it has not been adopted in its entirety. Two of its components, acupuncture and tai chi/qi gong are part of the VA Integrative Health Coordinating Center's (IHCC) List One, which means all VA sites are mandated to offer them in some form. Other elements of Chinese medicine are not approved, including moxibustion, Chinese herbal medicine, and wet cupping.

Chinese medicine looks at a person as a whole, not only in terms of who they are as an individual but also in terms of how they are connected with the natural world. It emphasizes preventing an illness from ever occurring, as opposed to living with it after it has occurred. This is something Whole Health and Chinese medicine have in common.

According to the National Health Interview Survey of 2012, 1.5% of Americans used acupuncture, up from 1.4% in 2007.¹ Use in the U.S. tripled between 1997 and 2007.² A 2015 survey of nearly 28,000 American adults found that about 7% of them had used acupuncture in their lifetimes. In the VA, 91% of facilities now offer either meridian or auricular (Battlefield) acupuncture, as described later in this chapter. As of 2018, there were nearly 38,000 licensed acupuncturists in the U.S.³ Acupuncture is a popular option within the U.S. Military Healthcare System.⁴ The VA now has qualifications standards for licensed acupuncturists.⁵

There are many training programs available for learning Chinese medicine. In the U.S., there are over 60 colleges of acupuncture and Oriental Medicine.⁶ A Master's in Acupuncture (MAc) takes three years, and a certification as a Master of Oriental Medicine (MOM) typically takes three years as well.

Over 6,000 physicians in the U.S. have done additional acupuncture training and integrate acupuncture into their medical practices. Most of these clinicians (often said to provide “medical acupuncture”) work in primary care, but anesthesiologists and pain management specialists also make up a significant number.⁷ Non-MD acupuncturists can practice in over 25 states. In most states, physicians are permitted to practice acupuncture as part of their scope of practice.⁸

Chinese philosophy is woven into Chinese medicine at a deep level. Brief introductions to yin-yang theory, five-element theory, and other Chinese perspectives on health and healing are included on the following pages, and for more information, go to the Resources section at the end of this chapter. In addition to taking a history, diagnosis is done using all the senses, including through inspection, smell, listening, and palpation (including taking pulses and noting an elaborate array of details).

Chinese medicine includes a variety of therapeutic approaches. These are tailored to each person's individual needs, as well as to the skill sets of the practitioner. They include the following⁹:

- *Chinese herbal medicine.* As of 1977, nearly 5,800 different herbs were used in China.¹⁰ Herbal remedies are not prescribed according to a pattern of “one herb for one condition,” as many Western herbalists use. Rather, most Chinese remedies are combinations of herbs. How the herbs are mixed is informed by an elaborate process. Formulas usually have a chief ingredient (treats the pattern of the illness), as well as deputy ingredient (helps the chief), an assistant (synergizes or counterbalances with the chief as needed), and an envoy (synergizes with the other ingredients and focuses the remedy on a given area of the body or meridian). In early 2014, the Cleveland Clinic opened a Chinese herbal clinic, which has drawn a great deal of attention to the use of this therapeutic approach.¹¹
- *Tui na* is a form of Chinese massage. It can be quite intense, with a number of various movements being used, including pushing, rolling, kneading, rubbing, and raking the skin with the fingers.
- *Qi gong* involves the cultivation of energy. It is discussed in Chapter 5, “Moving the Body,” along with tai chi. Note that there are many types of qi gong beyond the movement therapies that are gaining popularity in the West. Qi gong is used by some practitioners as a type of energy healing. (Chapter 17 features more on energy medicine approaches.)
- *Chinese dietary therapy.* This involves preparing meals that balance the various forces of nature in the body. Many food preparers in China know which foods are held to be helpful for which conditions.
- *Acupuncture (zhen), moxibustion, gua sha, and cupping.*¹² These are actually seen as one therapy, despite their differences. Moxibustion involves burning the herb

mugwort (*Artemisia vulgaris*) on acupuncture needles that have been inserted into specific points. It may also be placed directly over the skin. Gua sha is a technique that involves rubbing or scraping the skin. Cupping involves creating negative pressure over an acupuncture point and adhering a cup to the skin using the suction. It gained international attention during the 2016 Summer Olympic Games. Acupuncture is described in more detail in the Whole Health tool below.

Yin-yang theory. For Chinese medicine (and all schools of thought influenced by Taoism), everything arises through the interplay of two opposite components—yin and yang. Yang is more “masculine” and represents activity, motion, ascending, outside/external, bright, and hot. Yin, in contrast, is said to be “feminine,” as well as stillness, descending, cold, dark, and receptive. When people are healthy, their yin and yang are in balance. Various organs and biological functions are said to have different mixes of yin and yang aspects (Figure 18-1). Note that each part of the yin-yang symbol contains a small amount of the other (the small circles). The two components do not simply oppose each other; rather, they flow in and out of predominance when a system is balanced. Chinese medicine associates some diseases with one or the other. Menopause is considered a yin deficiency syndrome. Hypothyroidism, in contrast, is classed as a yang deficiency illness.¹³

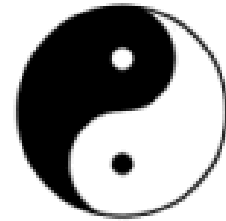


Figure 18-1. Yin-yang symbol

Five element theory. In Chinese medicine, there is a dynamic interplay of five elements: Earth, Fire, Metal, Water, and Wood. These are related to each other in multiple ways. Each of the elements generates another. For example, fire creates ash (earth) as it burns. Each of them also destroys/controls another. Fire destroys wood, for example, and water destroys fire. These elements and their interactions are said to govern different organs and different acupuncture meridians.

Other factors that influence health. The following are also important to Chinese medicine practice^{13,14}:

- **Chi or qi** is life force, or vital energy. The acupuncture meridians are held to be channels for chi. The chi can be “unblocked” or otherwise maneuvered through the use of acupuncture needles. There are multiple names for types of chi, based on their location and function.
- **Blood** is said to be generated from chi as food essence is generated from food being absorbed by the digestive tract.
- **Shen** is overall vitality or spirit. If it is found to be doing well, prognosis will be good.
- **Jing** are acupuncture points described in more detail in the next section.
- **Six external factors** that can influence health include wind, cold, fire, dryness, summer heat, and dampness. They harm health if they are excessive or when the body’s defensive chi is inadequate.
- **Internal factors** include seven emotions: fear, fright, worry, grief, anger, melancholy, and joy. Excess of any given emotion can also cause illness.

- **Interconnectedness** is also referred to as “correlative thinking.” Chinese medicine has many therapies that are based on the idea that each part of the body can offer information about the body as a whole. This principle is the basis for reflexology, which involves the stimulation of various places on the foot that correlate with various other parts of the body. For example, some reflexologists hold that sinusitis can be addressed by firmly squeezing the fourth toes, which represent the sinuses. In auricular acupuncture, it is held that the ear contains a “map” of the rest of the body. Placing needles in certain parts of the ear, then, will affect the body parts associated with those points. Battlefield acupuncture, popular for pain management in the military, uses auricular points.¹⁵

Whole Health Tool: Incorporating Acupuncture

What is Acupuncture?

There are two distinct systems of acupuncture with very different theoretical bases:

1. Meridian or Body Acupuncture.

Body acupuncture, the most familiar Chinese medicine approach to Westerners, involves the placement of needles in the meridian points.¹⁶ Needles are not hollow like injection or IV needles. They are usually 0.22-0.25 mm in diameter (much smaller than needles used in Western medicine) and of variable lengths. A typical acupuncture session may include the insertion of anywhere from a few needles to dozens of them. Practitioners are taught very specific ways to locate each point based on various anatomical markers. For example, Pericardium 6 (the 6th point on the pericardium meridian) is two finger widths up the arm away from wrist crease between two of the forearm tendons.¹⁷ This point is stimulated by motion-sickness bracelets, which have become increasingly popular in recent years and have shown benefit in some studies.¹⁸

Acupuncture points, or *jing*, are located along chi pathways, which are also known as meridians. Meridians follow paths longitudinally, or sometimes internally-externally, in the body. There are also collaterals (*luo*), which follow horizontal patterns. *Jing-luo* regulate the flow of chi and the balance of yin and yang in a person. Illness arises when flow through them becomes blocked or imbalanced. There are 361 acupuncture points along 20 meridians (numbers may vary slightly, depending on the acupuncture tradition). Photos of each meridian, with detailed descriptions, can be viewed at chiro.org or acumedico.com. All of these factors come into play when an acupuncturist is trying to determine where to insert needles. Different meridians are named after different organs, but more than just the organs themselves, these energy pathways are governed by the properties or functions that given organs are said to represent. Points often have evocative names, such as “Supreme Spring” and “Woodworm Ditch.”¹⁷

Key degrees and certifications incorporating Chinese medicine include the following:

- DAc—Diplomate of Acupuncture
- DOM—Doctor of Oriental Medicine
- LAc or LicAc—Licensed Acupuncturist
- MAc—Master of Acupuncture
- MOM—Master of Oriental Medicine
- OMD—Oriental Medical Doctor
- RAc—Registered Acupuncturist
- CAc—Certified Acupuncturist (usually a physician trained in acupuncture)

Licensed acupuncturists can now be hired in the VA, and all VA sites are expected to offer acupuncture, either onsite, or in the community.

2. Microsystem Acupuncture.

Microsystem acupuncture works very differently as compared to body (or meridian) acupuncture. The term “microsystem acupuncture” was introduced by Dr. Ralph Alan Dale at the 1974 Third World Symposium on Acupuncture and Chinese Medicine to distinguish it from the traditional body or macro-acupuncture system.

Microsystem acupuncture is based on particular somatotopic fields comprising specific points of correspondence. That is, a specific part of the body—such as the ear, scalp, foot, hand, or tongue—has a microsystem of points that is mapped out to be used to treat the entire body. That map is called a somatotopic map. It is similar to the somatotopic homunculus, the map of the cerebral hemispheres that shows which parts of the body are connected with which parts of the brain. Each of the microsystem points has a clearly defined correlation to a particular organ or function and may be used for diagnosis as well as treatment.^{19,20} Several theoretical models have been proposed to explain the microsystems, including the holographic model.^{21,22}

Battlefield Acupuncture is a 5-point protocol derived from the auricular microsystem, a map of acupuncture points on the ear that are held to be connected to other parts of the body. Many sites have begun to offer [Battlefield Acupuncture](#) (BFA). Battlefield acupuncture was developed by Dr. Richard Niemtzow in 2001 as a way of relieving pain that could even be used in wartime.²³ It involves the insertion of extremely small, gold-plated needles into five specific acupoints.²⁴ These are left in until they fall out by themselves, usually after a period of 2-7 days.¹⁵ It works well to have Veterans receive the needles during group visits.²⁵ BFA is being taught more frequently to VA clinicians. It has been taught in conjunction with the [Whole Health for Pain and Suffering](#) course.

National Acupuncture Detoxification Association (NADA) Protocol is another 5-point ear acupuncture protocol used for stress, emotional trauma, and adjunctive addiction treatment.²⁶ This protocol involves gentle placement of up to five sterilized needles into specific sites on each ear. The recipients sit quietly in a group setting for 30 to 45 minutes allowing the treatment to take effect. A variety of health care practitioners can get trained in this protocol and certified as Auricular Detoxification Specialists. These trainings are conducted all over the country by NADA-certified trainers through public and private agencies, acupuncture schools and individual practitioners. State laws vary when it comes to non-acupuncturists practicing “acudetox.”

How Acupuncture Works

There are many theories about how acupuncture works from a physics/biochemistry perspective.²⁷ Traditionally, the Chinese hold that health is related to the flow of qi (energy) and acupuncture allows it to flow.²⁸ Western researchers have proposed many theories based on our current scientific understanding, including that acupuncture may stimulate release of certain neurotransmitters, that it causes cells to release chemicals that bind to opioid receptors and block pain, and/or that it alters hormone levels and white blood cell activity.²⁹ Purine-based signaling,³⁰ nitric oxide release,³¹ and stimulation of multiple biochemical mechanisms that promote homeostasis³² have also been suggested as potential mechanisms of action.³³ Acupuncture points have a slightly warmer temperature

than other points on the body.³⁴ A 2020 study on mice found that after about 3 minutes of foot acupuncture, blood flow to a mouse's eyes significantly increased when specific acupuncture points were used.³⁵

Several theories about how acupuncture works relate to the central nervous system. Functional MRI studies have shown that needling specific acupuncture points (actual ones only, not sham ones) does indeed stimulate certain parts of the brain to change activity.^{36,37} Inhibition of the microglia in the central nervous system may also play a role.³⁸ In vitro studies indicate that acupuncture prevents apoptosis (cell death) in a variety of neurological diseases.³⁹ Manual and electroacupuncture seem to stimulate different parts of the brain.⁴⁰ Acupuncture increases body production of neurotrophic factors which can stimulate the creation of new nervous system pathways.⁴¹ In animal studies, it also dilates blood vessels in the cerebral cortex⁴² and promotes neuroplasticity.⁴³ A 2018 review of 44 fMRI studies of different parts of the brain found that “true” acupuncture alters the activity of functional networks in the brain relative to sham acupuncture, where random points are used.⁴⁴

Who Can Use Acupuncture?

Most people can use acupuncture. Children may do better with acupressure, as may others who tend to dislike needles. Remind people that the needles are a much smaller diameter than IV or injection needles, and they are not hollow; most people find that this makes them much less painful. Some acupuncturists will, in lieu of needles, use a small amount of tape to attach small seeds to acupuncture points to stimulate them that way instead. One advantage of acupuncture is that needles can be inserted at a distance from a particularly painful, tender, or inflamed area and still have potential benefit.

When to Use Acupuncture: Efficacy

Because acupuncture is used much more widely in the U.S. (and in the VA) than any other aspect of Chinese medicine, and because it has been researched much more thoroughly, it has received the most attention when it comes to research on efficacy and safety. Acupuncture research is challenging to do. Having a placebo group is tricky and having “sham” acupuncture—using needles in non-points—sometimes proves superior to no treatment at all and equivalent in effect to “real” acupuncture. In addition, like so many complementary and integrative health (CIH) approaches, acupuncture therapy is individualized, so two people with the same Western medical diagnosis may be treated in very different ways.

In January 2014, the Department of Veterans Affairs Evidence-Based Synthesis Program (ESP) Center, created an Evidence Map of Acupuncture.⁴⁵ This “review of reviews” created visual overviews of the distribution of evidence for acupuncture and created summaries that could be used to “inform policy and clinical decision making.” 183 systematic reviews met inclusion criteria. Three main domains were given attention: pain (65 studies), mental health (20 studies), and wellness (48 studies), and the evidence maps below were created.

The bubble plots show three key pieces of information:

1. The volume of the research—that is, how many studies were found and how many subjects they include. This is represented by the position of the bubbles on the y-axis.
2. How effective—or not—acupuncture was as an intervention. This is represented by how far along the circles are on the x-axis.
3. How confident one could be that the effects that were found were real. Confidence is represented by a bubble's size.

In these summaries, the evidence is most supportive for the diagnoses that have the biggest circles that are the farthest out on the x- and y-axes (toward the upper right of the diagram).

As of the time of the creation of the evidence maps in 2014, research was most favorable for acupuncture as a treatment for the following⁴⁵:

- Cancer adverse effects
- Chronic pain
- Depression
- Dysmenorrhea
- Headache (in general)
- Irritable bowel syndrome (IBS)
- Migraine
- Osteoarthritis
- Postoperative nausea and vomiting
- Smoking cessation

In the past few years, there has been a huge increase in the number of available reviews and meta-analyses focused on acupuncture. While almost all conclude that more research is needed, studies have shown favorable results for all of the following conditions (and the list is by no means exhaustive):

- Alzheimer's disease⁴⁶
- Analgesia for acute pain conditions⁴⁷
- Angina (stable)⁴⁸
- Allergic rhinitis⁴⁹
- Anxiety⁵⁰
- Bell's palsy⁵¹
- Cancer adverse effects
- Carpal tunnel syndrome⁵²
- Chronic back pain⁵³
- Chronic knee pain⁵⁴
- Chronic low back pain^{55,56}
- Chronic pain,^{16,57,58} including in group treatments⁵⁹
- Chronic Obstructive Pulmonary Disease^{58,60}
- Depression⁶¹
- Dry eyes⁶²
- Functional dyspepsia⁶⁸
- Gastroesophageal reflux⁶⁹
- Headaches
- Insomnia related to depression⁷⁰
- Male sexual function⁷¹
- Migraine without aura⁷²
- Myofascial pain⁷³
- Opioid addiction⁷⁴
- Osteoarthritis of the knee⁷⁵
- Osteoporosis⁷⁶
- Parkinson's disease^{77,78}
- Postoperative pain, nausea/vomiting, anxiety⁷⁹
- Premenstrual syndrome⁸⁰
- Shingles pain⁸¹
- Temporomandibular joint disorder⁸²
- Tension-type headaches⁸³

- Dysmenorrhea^{63,64}
- Endometriosis pain⁶⁵
- Fibromyalgia⁶⁶
- Functional constipation⁶⁷
- Tobacco use⁸⁴
- Weight loss⁸⁵

Recent reviews have *not* shown benefit for acupuncture for dry mouth,⁸⁶ hip osteoarthritis,⁸⁷ alcohol withdrawal,⁸⁸ carpal tunnel syndrome,⁸⁹ rheumatoid arthritis,⁹⁰ hypertension,⁹¹ or cancer-related pain.^{92,93} Evidence is insufficient (as of May 2020) to know if there is a benefit for neuropathic pain^{93,94} neck pain,⁹⁵ obesity,⁹⁶ glaucoma,⁹⁷ polycystic ovarian syndrome (PCOS),⁹⁸ gastroparesis,⁹⁹ xerostomia (dry mouth),⁸⁶ general insomnia,^{100,101} overactive bladder,¹⁰² in vitro fertilization success,¹⁰³ or cardiovascular disease.¹⁰⁴ There is promise for acupuncture in treating PTSD, benign prostatic hyperplasia,¹⁰⁵ chronic prostatitis/chronic pelvic pain syndrome,¹⁰⁶ acute stroke, insulin resistance,¹⁰⁷ congestive heart failure,¹⁰⁸ chronic fatigue syndrome,^{109,110} sleep disorders,¹¹¹ stroke (rehabilitation), and tinnitus as well,¹¹² but more studies are needed.¹¹³

Battlefield Acupuncture research. In many recipients, BFA is reported to reduce pain for hours to months. A study of 112 Veterans who attended group clinics reported a decrease in various types of pain by 88% on post-treatment day 0; 81% at day 1; 52% at day 7; and 51% at post-treatment day 40.¹¹⁴ A 2017 review noted that more research is needed before BFA can be considered an evidence-based approach,¹¹⁵ though a 2017 review of 10 studies found a small benefit and noted that adverse effects were “minor and transient.”¹¹⁶

The full image of the [Evidence Map of Acupuncture for Pain](#) can be accessed online.

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Acupuncture for Pain⁴⁵

The full image of the [Evidence Map of Acupuncture for Mental Health](#) can be accessed online.

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Acupuncture for Mental Health⁴⁵

The full image of the [Evidence Map of Acupuncture for Wellness](#) can be accessed online.

A list of all VA Health Services Research & Development evidence maps can be found at:

[ORD website search results of all evidence maps](#)

Evidence Map of Acupuncture for Wellness⁴⁵

What to Watch Out for (Harms)

A 2017 overview of 17 systematic reviews noted that serious adverse events, such as deaths, infections, and local reactions are possible but rarely occur.¹¹⁷ A 2014 review concluded that acupuncture appears to be safe in anticoagulated patients when done at the appropriate depth in the appropriate locations.¹¹⁸ The 2014 VA review of reviews on acupuncture, referenced above, also looked at adverse effects.⁴⁵

- In the “Pain” studies, 12 reviews addressed adverse events, and all of these were minor—for example, bruising, temporary pain, faintness, and discomfort. They were comparable to adverse effects for control groups.
- Of the “Mental Health” reviews, 6 addressed adverse events. Most studies found no or minimal events. Adverse events from acupuncture were lower in number than those for antidepressants (10.2% versus 40.4%).
- In reviews of acupuncture for overall “Wellness,” 13 reviews noted adverse events. Again, reporting rates were rare. There was one report of a patient dropping out of a study because of pain.

A search through four Chinese journals found 1,038 total adverse event case reports up through 2010. Of these, 35 were cases where fatalities resulted, primarily because acupuncture was performed by someone who was not appropriately trained. Overly aggressive needling in the chest cavity can potentially cause pneumothorax; a 2019 study of over 411,000 patients in Taiwan found that the rate of this was 0.87 per 100,000 treatments.¹¹⁹ Risk increased for people with chronic bronchitis, emphysema, pneumonia, lung cancer, and tuberculosis. Poor sterile technique can lead to transmission of infection; in the U.S., nearly all practitioners use disposable needles, so this is less of a concern. In the U.S., hospital-related adverse events occur at a much higher rate.¹²⁰ Caution should also be used if someone is on blood-thinning medications or has uncontrolled seizures.

A 2012 review of all known complications related to acupuncture reported to the British National Health Service noted 325 incidents that met inclusion criteria. They concluded that “Adverse events reported include retained needles (31%), dizziness (30%), loss of consciousness/ becoming unresponsive (19%), falls (4%), bruising or soreness at needle site (2%), pneumothorax (1%), and other adverse reactions (12%). The majority (95%) of the incidents were categorized as low or no harm.”¹²¹

Because acupuncture has a relaxing effect, it is important that people be careful they are not too drowsy to operate machinery after treatment. Discretion should be exercised as far as tolerability in people with severe needle phobias or severe mental health concerns. As a side note, there are reports of imported herbal supplements from China, which may be used in association with acupuncture, being adulterated with toxic compounds.¹²²

Tips from Your Whole Health Colleagues

- Acupuncturists often say that how long one needs to receive acupuncture (i.e., the number of sessions) is proportional to time a person has had a disorder; that is, if a problem is chronic, it will take longer to respond to acupuncture. Many therapists will suggest one to three sessions a week for the first few weeks and then scale back.

Acute conditions may heal with just one session. A 2017 meta-analysis of 20 trials including nearly 6,400 chronic pain patients found that “...approximately 90% of the benefit of acupuncture relative to controls would be sustained at 12 months.”¹²³

- Chinese medicine takes an entirely different perspective on the origins of illness. When a complex person seemingly has multiple unrelated complaints/concerns from a Western perspective, it may be that acupuncture will actually have an explanatory model that can account for them all.
- Researchers have called for more formal clinical practice guidelines, now that acupuncture has been gaining more of a foothold in conventional medical settings.¹²⁴

Whole Systems: Naturopathy

The term “naturopathy” was coined in 1895 by John Scheel and later purchased by Benedict Lust, the “Father of Naturopathy.” As of 2018, there are approximately 6,000 licensed Naturopathic Doctors (NDs) in the United States.¹²⁵ ND licensing is done by the states, and currently 22 states and Washington, D.C. require NDs to be licensed to practice.¹²⁶ Most NDs are trained in primary care. They can write prescriptions and order diagnostic testing.¹²⁷ There are also many other practitioners, often billed as “Naturopathic Consultants” or simply “naturopaths,” who tend to be credentialed through less rigorous means.

According to the 2012 National Health Interview Survey, 0.4% of those surveyed had sought care from a naturopathic practitioner in the past year, up from 0.3% in 2007.² This represents roughly 957,000 visits. The VA Healthcare Analysis & Information Group (HAIG) survey of 2015 found that two or fewer VA facilities currently offer naturopathy.¹⁴² Nevertheless, naturopathy is increasingly popular, and it is important for people who work with Veterans to be able to discuss this healing system with them if a Veteran has questions or is seeing someone outside of the VA.

Like Chinese medicine, naturopathy is often classed as whole medical system, rather than as a specific therapy. It has a unique overall philosophy of care—an approach that incorporates many different therapies based on how well they resonate with naturopathy’s seven key principles. These principles tie in nicely the concepts of personalized, proactive, patient-driven care and the Whole Health approach. They include the following^{127,128}:

1. Respect the **healing power of nature** (*vis medicatrix naturae*). The body’s power to heal itself is key. The clinician’s role is to support and enhance that process.
2. **First, do no harm.** Naturopathy begins with the simplest and least invasive approaches and scales up only as necessary.
3. **Find the cause** (versus merely treating symptoms). Naturopathic physicians seek out the underlying cause of a disease; simply suppressing symptoms is strongly discouraged.
4. **Treat the whole person.** Physical, mental, emotional, spiritual, and social factors are all taken into account.
5. **Focus on prevention.** This is highly valued. Patient education and lifestyle choice counseling are fundamental.
6. Keep the **focus on optimal health and balance.** This even goes beyond prevention. It can mean focusing on reaching greater wellness, regardless of the severity of a disease or one’s mortality risk.
7. **The clinician is a teacher.** The word “doctor” is tied to the word “docere,” which means teacher. The clinician engages the patient as a respected member of his or her team.

Naturopathy encompasses many modalities. ND students have the option to focus on certain areas as they move through their training. These include the following¹²⁹:

- Diet and clinical nutrition
- Behavioral change, including working with mindful awareness techniques
- Hydrotherapy, the internal and/or external use of water in various forms (ice, liquid water, or steam)
- Homeopathy
- Botanical medicine
- Detoxification. Go to Chapter 6, “Surroundings,” for more information on “detox” approaches
- Naturopathic physical medicine, the therapeutic use of exercise, physiotherapy, energy work, manipulation, and other approaches
- Acupuncture

Efficacy of Naturopathy

Most research on CIH approaches focuses on separate interventions. It is more difficult to study a system like naturopathy, which uses combinations of therapeutic approaches. Some of these approaches may synergize with each other. Since NDs tailor their health plans to individuals and their specific needs, it is difficult to keep the intervention consistent for a randomized controlled trial format.¹³⁰ However, a 2019 review of “whole-system, multi-modality naturopathic medicine” concluded that 33 studies including nearly 10,000 people showed benefit for naturopathy in treating cardiovascular disease, type 2 diabetes, PCOS, anxiety, depression, musculoskeletal pain, and a range of other chronic conditions.¹³¹

A 2009 study of 75 people with anxiety were followed for 8 or more weeks as they received either naturopathic care, which was tailored for each individual, or psychotherapy.¹³² Both groups had equivalent, and statistically significant improvements, and average symptom inventory scores decreased by 30.5% in the naturopathy group. A 2013 Canadian study of postal workers with increased cardiovascular disease risk who received either “enhanced usual care” or “individual care” from an ND markedly reduced their 10-year cardiovascular risk relative to the control group.¹³³ Another study found that naturopathy was superior to physical exercise over 12 weeks for the treatment of rotator cuff tendonitis.¹²⁷ Studies on the effects of naturopathic care for type 2 diabetes, gum disease, and breast cancer prevention are ongoing.

Ultimately, understanding the efficacy of naturopathy requires a familiarity with the efficacy of the various complementary approaches encompassed by it. For instance, hydrotherapy, one of several tools in the naturopathic toolbox, has favorable immunomodulatory effects, and rheumatoid arthritis, osteoarthritis, wound healing, hemorrhoids, heart failure, and varicose veins seem to improve with its use (according to multiple studies). However, all of these studies have been criticized for having methodological problems.¹³⁴ Other approaches, such as the use of specific herbal remedies, have much more evidence-based support. (Chapter 15 has more information on dietary supplements.)

Safety of Naturopathy

Reports of adverse effects of naturopathy are rare, but safety is contingent to some degree on the skill and knowledge of a given practitioner. Patients should be clear about a practitioners' qualifications before they go for a visit. In general, the methods used preferentially by naturopaths are much less invasive or harmful than many conventional medicine interventions. NDs are preferable to other types of self-proclaimed naturopaths, who have variable levels of training. It is important to be certain that naturopaths are aware of all the medications a person is taking, and naturopaths should communicate with the medical team regarding any treatment recommendations they make. A 2020 survey of 277 patient of a naturopathic clinic in Canada found that 46% of them were taking medications and 42% were not disclosing information about what natural health products they were taking to their physician.¹³⁵ Keep in mind that visits typically cost between \$100-\$400 and may not be covered by insurers (depending on which state a practitioner is in and its licensing regulations).

Integrative medicine and naturopathic medicine share some similarities, but integrative medicine makes use of a broader array of complementary approaches. NDs tend to have much more intensive training in the use of remedies that might be classed as “natural.” In many ways the two overlap, and both overlap to a significant degree with the Whole Health approach as well. When all is said and done, all three are geared toward personalizing care, focusing on prevention and self-care, and drawing from the power of nature—both internal and external to the body—to enhance healing. Bringing naturopathy into a health care system can lead to a “disruptive innovation” much as introducing Whole Health can do.¹³⁶

Whole Systems: Homeopathy

“Homeopathy” is a combination of the Greek words for “similar” and “suffering.” It is a system of healing based on the Law of Similars, the idea that like cures like. Homeopathy was created in 1796 by German physician Samuel Hahnemann. Hahnemann experimented with taking cinchona bark and noted that it caused the same symptoms as the disease (remitting fevers) that it was being used to treat. Through additional experiments involving himself, his students, and other healthy volunteers, he detailed the symptoms associated with taking over 90 different remedies in his *Materia Medica*. The process of identifying potential remedies in this fashion is referred to as a “proving,” and new provings continue to be done routinely by modern homeopaths. Over 5,800 remedies have now had provings.¹³⁷

With over 500 million people using it worldwide, homeopathy is the second most used health care system in the world.¹³⁸ It is widely accepted in India, Europe, and Latin America. 68% of French physicians consider homeopathic remedies effective. 20% of German physicians use homeopathy, and 42% of British physicians refer patients to homeopaths.¹³⁹ It is used less frequently in the U.S. According to the 2012 National Health Information Surveys, an estimated 2.2% of the U.S. population (over 5 million people) used homeopathy over the past year, up from 1.8% in 2006.^{2,140} The primary use is for respiratory and ear/nose/throat complaints.¹⁴¹ The 2015 VA Healthcare Analysis &

Information Group (HAIG) study found that “up to 2” of the 141 VA systems nationwide made homeopathic remedies available to patients.¹⁴²

Homeopathy is regulated at the state level. In most states (but not all), people who are licensed to practice any other health care profession can legally practice homeopathy. In other states, no license is needed. Three states (Arizona, Connecticut, and Nevada) require MDs and DOs (Doctor of Osteopathy) to meet specific homeopathy licensing board requirements.¹⁴³

The Food and Drug Administration regulates homeopathic remedies as drugs, but it does not evaluate for safety or effectiveness; the focus is on good manufacturing practices. Remedies may only be sold over the counter if they claim to treat minor (not major) health problems, such as vomiting or a viral respiratory infection.¹³⁹ If they are to be used for a more serious illness (e.g., cancer), they must be prescribed.¹⁴⁴

For many conventional practitioners, the idea of incorporating homeopathy into practice causes discomfort, because suggested homeopathic principles and mechanisms of action do not jive well with what we currently know about chemistry, physics, and biology, although it has recently been argued in homeopathy literature that this is changing.^{145,146} Since the 19th century, there has been a contentious relationship between homeopathic physicians and practitioners of “allopathic” medicine. (Note that it is perhaps best to use a different descriptor, such as “conventional” medicine, because “allopath” has negative connotations; the term was originally coined to be the opposite of “homeopath.”)¹³⁹ Many experienced practitioners, particularly outside the U.S. and Europe, believe strongly that homeopathy can produce positive results. Many physicians take issue with this.^{147,148,149} It is up to each clinician to discern for him or herself whether this therapy fits into Whole Health care. Either way, many patients feel this usually benign therapy does make a difference, and they have strong opinions about continuing to take their remedies.

Homeopathic Principles

Patient Intakes. In a classical homeopathy visit, care is highly individualized. The homeopath begins with an initial intake that can last as long as 2 to 4 hours. He or she asks multiple open-ended questions to get descriptions of the patient’s symptoms down to the minutest detail. The homeopath then consults a *Materia Medica* to find the remedy with a proving that caused symptoms most similar to the ones the patient is experiencing.

Law of Minimum Dose. Another key principle of homeopathy is the “law of minimum dose.” Perhaps counterintuitively, it is held that a remedy is more potent—more effective—the *lower* the dose that is given. Substances used in homeopathic remedies undergo a process of potentization; that is, a remedy is diluted and then shaken (homeopaths refer to the shaking process as “succussion”). Dilution and succussion are often done repeatedly.

It is possible to tell how to dilute a homeopathic remedy by looking at the combination of the number and letter printed on the remedy’s label. If one part of a substance is diluted in 99 parts of the solvent, the final mixture is labeled “1C.” That is, it has been diluted by 100

(Roman numeral C) one time. If one part of that 1C solution is diluted a second time with 99 parts of solvent, it is then referred to as “2C.” A 3C label means that the substance has been diluted down below one part per million. If the letter is an “X” or a “D” rather than a “C,” the remedy has been diluted by tenfold instead of a hundredfold, respectively. If something is insoluble, it is triturated; that is, it is ground up and then serially mixed in with lactose powder to dilute the dose.

Mechanism of action. Below a dose of 23X or 11C, odds are that there are no more molecules of the original homeopathic remedy remaining in the solvent. It is often asked how such diluted remedies can possibly have any physiological effects. This is one reason why homeopathy is highly controversial; if it works, it does so through a mechanism of action that is not well understood by modern chemistry and physics.

Some proponents of homeopathy argue that the hormesis model may apply. This is described in toxicology and attempts to account for the phenomenon where very low exposures to pollutants or toxins can actually cause favorable biological responses (a response to a vaccine is a useful metaphor). Some homeopaths argue that homeopathy is effective because the solvent somehow carries a memory, or imprint, of the original substance.¹⁵⁰ As Carlston describes it, “Hahnemann described his process of preparing remedies...as liberating the essence of the remedy from its material aspects and thereby increasing its potency.”¹⁵¹

Homeopathic products can be made from practically anything. Many are made of minerals, such as potassium, arsenic (again, at minuscule doses), and sodium. Others might contain plants, like arnica, a common remedy for acute trauma. Still others may contain animal materials such as snake venom, falcon blood, ground-up insects (there is a remedy made of honeybees), or duck liver and heart. The last, duck liver and heart, is the basis for the remedy, *Oscillocochinum*, which is a popular but not clearly effective over-the-counter influenza remedy.

Most homeopathic remedies are packaged as small white lactose pellets, and a person typically takes a few of these (between 2 and 5) daily.

Efficacy of Homeopathy

A 2010 “meta-review” summarized findings from six Cochrane reviews on homeopathy that were available at that time.¹⁵² Here are some highlights:

- As of 2010, 150 controlled clinical trials of homeopathy have been published. Some have positive results, others negative.
- A 1997 *Lancet* review noted that the effects of homeopathy are not entirely due to placebo,¹⁵³ but a 2005 *Lancet* review concluded that they are.¹⁵⁴
- The 6 articles in the Cochrane meta-review focused on cancer, ADHD, asthma, dementia, influenza, and labor induction. None of them concluded that homeopathy is effective.

A Cochrane review conducted in 2019 found that the homeopathic remedies *asafetida* and *nux vomica* have unclear benefit as remedies for irritable bowel syndrome (IBS).¹⁵⁵ A 2012 review did not find good evidence that convincingly showed *Oscillocochinum* as beneficial in influenza treatment.¹⁵⁶ A 2017 systematic review found that the homeopathic *Galphimia glauca* or certain homeopathic nasal sprays may have small beneficial effects for allergic rhinitis, but more study is needed.¹⁵⁷ A 2018 review concluded that homeopathic remedies for upper respiratory infections (URIs) had fewer adverse effects and had equivalent benefits to conventional treatments; noting that the quality of studies was poor.¹⁵⁸ A 2014 review of homeopathy for fibromyalgia found 10 case reports, three observational studies, one nonrandomized trial, and four RCTs which were supportive overall of benefit.¹⁵⁹ Conclusions were noted to be preliminary due to lack of data. A 2018 review concluded homeopathy could be useful from a public health standpoint, particular for URIs and fibromyalgia.¹⁶⁰ Finally, a 2018 review found no indication of benefit for obesity or diabetes.¹⁶¹ A 2019 trial including 25 patients with spinal cord injury found that adjunctive treatment decreased frequency of urinary tract infections.¹⁴⁶

A 2015 RCT randomized 410 patients to receive a full homeopathy intake.¹⁶² The homeopathy group “experienced a significant improvement in physical cognitive, social and emotional functioning” to the point where it was recommended as an adjuvant therapy to standard medical care; results did not indicate it would serve as an alternative to standard care. In 2016, the same group went back to look at mortality data for the 401 patients and found a statistically significant improvement in survival time for the homeopathy group.¹⁶³ A 2019 trial involving 60 people with insomnia found that individualized homeopathic treatment was significantly more effective than placebo.¹⁶⁴

Natural Standard, a website that offers systematic reviews related to integrative medicine, rates the homeopathy literature as being “insufficiently reliable” to draw conclusions for the dozens of different indications that have been studied thus far.¹⁶⁵ In contrast, a 2013 review noted that in order to make general statements that homeopathy is ineffective, 90% of clinical trials were excluded, most of which had favorable results.¹⁶⁶ Reviewers suggested that future reviews focus on specific disorders or remedies for a clearer sense of efficacy.

No homeopathic remedies are listed on the VA formulary. In a health food store or online, one can purchase generic remedies that claim to be effective for common illnesses. This is not exactly homeopathy in its truest sense, because these remedies are not precisely matched to individual patients’ symptoms.

Safety of Homeopathy

A 2016 systematic review and meta-analysis of 41 trials, with 6,055 total participants, noted that 28 of the trials reported adverse effects, but ultimately, this was equivalent to what was reported by members of the control groups.¹⁶⁷ Rarely, certain homeopathic remedies are promoted as substitutes for immunizations, but there is no data to support this indication.

Whole Systems: Ayurveda

Ayurveda is a medical system unto itself, with a long, rich history of academic investigation and professional experience. Like naturopathy, it draws from a number of different techniques including various forms of meditation and yoga. Ayurveda means “the science of life” or longevity. It focuses as much on prevention as it does on cure, if not more.

Historically, Ayurveda has its roots in ancient Indian Vedic knowledge. Although it dates back more than 5,000 years, it remains an important source of primary health care in India, with 80% of the Indian population using it.¹⁶⁸ It has gained increasing interest in Western culture in recent decades. In fact, it is rapidly growing in popularity worldwide. While Ayurveda is not yet widely available in the U.S., there are patients who are trying it out, and it is gaining increased popularity in the media.¹⁶⁹

Ayurveda is usually classed as a “System of Medicine” within the National Center for Complementary and Integrative Health (NCCIH) taxonomy. It is used by roughly 0.1% of the American population, according to the 2012 National Health Interview Survey, and this is similar to 2007 findings.² As of 2015, Ayurveda was not being offered within any VA facilities.¹⁴² To learn more about specific schools or to check on credentials for someone in the U.S., see the [National Ayurvedic Medical Association](#).

Licensure and Education

Long ago, Ayurvedic knowledge was passed from a guru (a general term for teacher) to a disciple. Around 2,000 years ago, teachings were formalized in books, and Ayurvedic medical colleges were created. There are currently over 200 Ayurvedic colleges and schools in India. Trainees have educations very similar to MDs in the United States, with training in anatomy and physiology and the requirement that they complete an internship. A Bachelors of Ayurvedic Medicine and Surgery (BAMS) requires five years of study and a two-year internship. BAMS students must write a graduate thesis and complete advanced training to receive a Master of Ayurvedic Science (MASc) degree. It can take 9-10 years to complete this training process. In many places, MASc degrees have been renamed as Doctor of Medicine in Ayurveda (MD in Ayurveda) degrees.¹⁷⁰

Because Ayurveda is not widely recognized in the U.S., and because practitioners are rare, there are few American training programs. There are some schools in the U.S., but they do not have a standardized curriculum. Sometimes Western clinicians will take a brief course and then label themselves as Ayurvedic practitioners, so it is important to clarify a given practitioner’s credentials.

Philosophy and Principles

Ayurveda has evolved over thousands of years, and there are many different ways it might be practiced. However, most schools draw from some common overarching themes. Several of these are listed here.

The five elements. Like Chinese medicine, Ayurveda focuses on five elements. These elements are not the same ones as for Chinese medicine, however. The Ayurvedic elements are:

- **Space/ether.** Linked to communication, hearing, and expansion of consciousness, space’s function is to allow for the existence of matter and the intelligence that exists in every cell.
- **Air.** Air is associated with sensation, breathing, touch, and movement (including of thoughts and ideas).
- **Fire.** Fire is linked to transformation, particularly of food as it is digested and absorbed. Understanding, sight, and transformations of thought and emotion are also tied to this element.
- **Water.** Water includes all the fluids in the body, as well as the sense of taste and the emotions of love and compassion.
- **Earth.** Earth is associated with solidified parts of the body, the sense of smell, and being grounded.

The three doshas. *Doshas* might be thought of as types of energy that are present in all things, including the human body. They are also referred to by some sources as “functional principles.”¹⁷⁰ The three *doshas* are *kapha*, *pitta*, and *vata*. Table 18-1 describes key aspects of each. They define a person’s constitution, or *prakriti*.

Table 18-1. The Three Ayurvedic Doshas^{170,171,172}

Dosha Name	Nature	Purpose	Associated Character Traits
Kapha	The energy of structure; holds the cells together.	Influences tendons and bones; supplies water for body needs.	Associated with being even-keeled, patient, and loving. When out of balance, tied to attachment and greed. Tied to congestive disorders, including sinusitis and edema. Obesity more common.
Pitta	The energy of metabolism and digestion. Mainly fire and water elements.	Governs digestion, absorption, thinking, and body temperature.	Tied to leadership and intellect or, when imbalanced, to hatred and anger. Linked to inflammatory problems, skin rashes, and ulcers.
Vata	The energy of movement. Related to the space and air elements. Increases with age.	Influences anything in the body that moves—e.g., heart, blinking, muscles, cellular transport.	Creativity and flexibility when balanced. Anxiety and poor planning when not. Linked to twitches, tics, painful joints, and lung diseases.

Some people have one predominant *dosha*. Others have two. Rarely, people have a balance of all three. The *doshas* interweave in a person, just as body, mind, and consciousness are said to do in Vedic philosophy. Everyone has a unique combination of *doshas*, and if something moves out of balance, they may shift into a different pattern.

There are many online quizzes you can take to determine your *doshas* (while learning more about them along the way). Two options include: Naturedoc.com and Yogainternational.com. Patients often enjoy taking such quizzes to see where they are in terms of balance.

Concepts of disease in Ayurveda. Ayurveda classifies causes of disease in many different ways. *Vaidyas* (Ayurvedic practitioners) ask a number of questions to determine what has weakened the body's defenses. Questions asked about a given symptom might include whether it is acute or chronic, related to past trauma, linked to habitual behaviors, genetic, tied to diet, related to surroundings, or influenced by psychological, supernatural, or spiritual factors.

Disease is thought to arise as a progression through six steps, including accumulation of a *dosha*, provocation of dysfunction in local organs, spread to other organs, deposition in weak parts of the body, and manifestation (where it finally becomes possible to make a physical diagnosis because physical damage to tissue is occurring).¹⁷⁰

Ayurvedic diagnosis. Ayurveda uses sources of diagnostic information, including pulse, urine and stool characteristics, appearance of the tongue, how speech and voice sound, palpation, and the appearance of the eyes. A general physical examination may also be done.

Ayurvedic treatment.^{152,170,171} There are eight traditional Ayurvedic specialties. These are strikingly similar to many Western medical specialties. They include internal medicine, surgery, psychiatry, toxicology, geriatrics, pediatrics, gynecology, and otorhinolaryngology (ENT). Treatments used by each can range from herbal remedies and surgical interventions to marma therapy (much like acupuncture) and the use of stones or crystals. The goal is to balance *doshas* and re-establish a person's unique overall balance. Treating symptoms is insufficient; root causes are sought.

Different Ayurvedic therapeutic interventions include oil massage and sweating therapy, which prepare the body for *panchakarma*. *Panchakarma* (which translates as "five actions") includes therapeutic vomiting, purgative or laxative use, nasal administration of substances, blood purification, and enemas. After *panchakarma*, a personal treatment plan is created based on a person's dominant *dosha* or *doshas*. Specific herbs are given to oppose dominant *dosha* qualities and enhance those that are lacking. Meditation and yoga, as well as dietary modification, are important aspects of therapy. *Doshas* are said to be linked to different tastes. For example, pungent, sour, and salty tastes increase *pitta*. The diet can be modified according to individual needs to rebalance the *doshas*. Treatment may also involve chromotherapy (use of specific colors of light) or palliation, which is used if a person is not felt to be ready for or able to handle *panchakarma*.

Many Ayurvedic herbal remedies are now widely available in the United States. Examples you may hear about include¹⁷³:

- *Ashwagandha*—Used to enhance energy and manage fatigue.
- *Bacopa*, also known as *Brahmi*—Used to improve cognition.
- *Butterbur*—For allergic symptoms and headaches.
- *Fenugreek*—Lowers LDL, raises HDL; helps maintain serum glucose.
- *Guggul*—Used to treat lipid problems, but data not supportive.
- *Gymnema*—For blood glucose control. Putting powdered gymnema on the tongue can temporarily remove taste sensation.
- *Triphala*—A remedy composed of three different fruits; used for constipation.
- *Tulsi*—Used for inflammation and infection, particularly respiratory infections.
- *Turmeric* (some would argue it is a Western remedy now, too)—Also for inflammation.

Efficacy of Ayurveda

There are over 630 reviews related to Ayurveda on the [U.S. National Library of Medicine PubMed.gov](https://pubmed.ncbi.nlm.nih.gov/) site and nearly 5,200 studies. Most systematic reviews focus on Ayurvedic herbal remedies used for specific indications. Of course, as the saying goes, lack of research is not synonymous with lack of efficacy. There is something to be said for a healing tradition having been evolved for over five millennia. Ayurvedic journals, such as the *Journal of Ayurveda and Integrative Medicine* and the *International Journal of Ayurveda Research*, have been disseminating research in recent years and encouraging further investigation.

While, as is so often the case, there is “a need for further research,” there are a number of conditions for which Ayurveda has been shown to hold promise. Of course, the literature notwithstanding, most Ayurvedic practitioners would hold that it can be used in general for most health conditions, just as Western medicine and other “Whole Systems of Medicine” can.

Noting that this is by no means comprehensive of all study findings related to Ayurveda, some examples of related research are listed below:

- A 2011 Cochrane review of Ayurvedic treatment for diabetes concluded that, “Although there were significant glucose-lowering effects with the use of some herbal mixtures, due to methodological deficiencies and small sample sizes we are unable to draw any definite conclusions regarding their efficacy.”¹⁷⁴ Of note, there were no significant adverse events noted in any of the studies. Many different types of therapy were used by the Ayurvedic providers participating in the study.
- A 2018 study found that Ayurveda was beneficial for knee osteoarthritis based on WOMAC Index in a group of 151 participants.¹⁷⁵ A 2014 review found that two Ayurvedic combinations, Rumalaya and Shunti-Guduchi, seemed to be safe and effective treatments for osteoarthritis.¹⁷⁶ These remedies were noted to be comparable to glucosamine, another popular osteoarthritis treatment, for pain improvement. No severe adverse events were noted in the 10 randomized and 14

nonrandomized trials that were reviewed. Other Ayurvedic drugs used for osteoarthritis were not found to be as helpful.

- One review found that the Ayurvedic combination, Triphala, showed promise in preventing and treating cancer and the adverse effects of radiation and chemotherapy.¹⁷⁷
- One review of the literature noted that rasayana Ayurvedic supplements had radioprotective effects for patients undergoing radiation therapy.¹⁷⁸
- A 2007 systematic review concluded that the majority of randomized controlled trials that were found to be of good quality showed benefit for three Ayurvedic supplements—garlic, guggul, and arjuna—for preventing ischemic heart disease.¹⁷⁹
- A 2007 Cochrane Review concluded that Ayurvedic medications may have some positive effects on schizophrenia, but only a few “pioneering” studies have been done and more data is needed.¹⁸⁰
- A 2014 review failed to find enough research to determine Ayurveda’s effectiveness in rheumatoid arthritis.¹⁸¹

One recent review focusing on the use of Ayurvedic diagnostic methods noted that none of the studies to date had used Ayurvedic diagnostic criteria before using Ayurvedic remedies for treatment, which raised methodological concerns.¹⁸²

Safety of Ayurveda

In general, Ayurvedic approaches seem to be quite safe. Safety and monitoring for adverse effects has been woven into its use in India for hundreds of years. Most studies of Ayurvedic interventions have focused on specific herbal remedies. As with all dietary supplements, these remedies should be approached with appropriate caution regarding the potential for adverse effects or interactions with medications. Chapter 15, “Dietary Supplements,” has more information.

One of the major concerns with Ayurvedic dietary supplements is heavy metal contamination. A 2008 study in the *Journal of the American Medical Association* conducted testing for heavy metals on 230 different medicines. Over one-fifth of them contained detectable levels of arsenic, mercury, or lead. This included products manufactured in both the U.S. and abroad.¹⁸³ Be sure to check out product safety using reliable sources, such as [Consumer Lab](#).

Conclusion

With hundreds—or even thousands of years—of accumulated information related to diagnosis, prevention, self-care, and treatment, Whole Medical Systems have great potential to inform personal health planning. Get to know the various practitioners of Chinese medicine, naturopathy, homeopathy, Ayurveda, and other practitioners working in other Whole Medical Systems in your area. Consider experiencing these therapies yourself. It can be quite informative to enlist an entirely different philosophy and perspective for patients, especially if they have a complex health history. It is not uncommon for a Chinese medicine practitioner, *vaidya*, naturopath, or homeopath to see a complex patient from a

perspective that makes sense of an array of symptoms that are not readily explained by Western medicine diagnoses.

Whole Medical Systems Resources

Websites

VA Whole Health and Related Sites

- [Integrative Health Coordinating Center SharePoint of Acupuncture and Battlefield Acupuncture](#).
<https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Acupuncture.aspx>
- [Evidence Map of Acupuncture](#). Compilation of systematic review data by VA Health Services Research and Development (HSR&D).
<https://www.hsrd.research.va.gov/publications/esp/acupuncture.cfm>
- CIH Listservs. To be added, contact:
 - Acupuncture listserv: vhava-bfa-community@DVAGOV.onmicrosoft.com
 - Other listservs: Lana Frankenfield. Lana.Frankenfield@va.gov
- National CIH Subject Matter Experts, as of FY 2020.
 - Acupuncture: Juli Olson. Juli.Olson@va.gov
 - Battlefield Acupuncture: Juli Olson. Juli.Olson@va.gov

Whole Health Library Website

- [Whole Health for Pain and Suffering](#).
<https://www.va.gov/WHOLEHEALTHLIBRARY/courses/whole-health-for-pain-and-suffering.asp>

Other Websites

- Ayurveda.
 - [Ayurvedic Body Type Quiz](#). Online quiz to determine *dosha*.
<http://www.naturdoctor.com/Chapters/Quiz/AyurvedicQuiz.html>
 - [Ayurvedic Medicine: In Depth](#). National Center for Complementary and
 - [Integrative Health](#). <https://nccih.nih.gov/health/ayurveda/introduction.htm>
 - [Dosha Quiz](#). Yoga International.
<https://yogainternational.com/article/view/dosha-quiz>
 - [International Society for Ayurveda and Health](#).
<http://www.ayurvedahealth.org>
 - [National Ayurvedic Medical Association](#). <http://www.ayurvedanama.org>
 - [Find an Ayurvedic Professional](#). <https://ayurvedanama.site-ym.com/search/custom.asp?id=945>
- Ayurvedic nutrition.
 - [How to Eat for Your Dosha](#). Body and Soul magazine.
<https://www.bodyandsoul.com.au/health/natural-health/how-to-eat-for-your-dosha/news-story/03b1734023837fce0b190b726e9185f8>
 - [Recipes at the Ayurvedic Institute](#).
<https://www.ayurveda.com/resources/recipes/all>
- Chinese Medicine.
 - [Qi Journal of Traditional Eastern Health & Fitness](#).

- <https://www.qi-journal.com>
- [Traditional Chinese Medicine: What You Need to Know](https://www.nccih.nih.gov/health/traditional-chinese-medicine-what-you-need-to-know). National Center for Complementary and Integrative Health.
<https://www.nccih.nih.gov/health/traditional-chinese-medicine-what-you-need-to-know>
- [Yin-Yang House](http://www.yinyanghouse.com/). Introduction to Chinese medicine and has a comprehensive set of acupuncture meridian diagrams. <http://www.yinyanghouse.com/>
- Homeopathy.
 - [American Institute of Homeopathy](https://homeopathyusa.org). <https://homeopathyusa.org>
 - [Guide to Homeopathic Research](http://homeopathyusa.org/guide-to-research.html). <http://homeopathyusa.org/guide-to-research.html>
 - [Homeopathy](https://nccih.nih.gov/health/homeopathy). National Center for Complementary and Integrative Health. <https://nccih.nih.gov/health/homeopathy>
- Naturopathy.
 - [American Association of Naturopathic Physicians](http://www.naturopathic.org/). Find local naturopathic physicians and offers answers to patient FAQ's. <http://www.naturopathic.org/>
- Others.
 - [Consumer Lab](https://www.consumerlab.com/). <https://www.consumerlab.com/>
 - [PubMed.gov](https://pubmed.ncbi.nlm.nih.gov). U.S. National Library of Medicine. <https://pubmed.ncbi.nlm.nih.gov>

Books

- *Acupressure's Potent Points: A Guide to Self-Care for Common Ailments*, Michael Gach (1990)
- *Ayurveda Beginner's Guide: Essential Ayurvedic Principles and Practices to Balance and Health Naturally*, Susan Weis-Bohlen (2018)
- *Ayurveda: Life, Health and Longevity*, Robert Svoboda (1992)
- *Ayurveda Lifestyle Wisdom: A Complete Prescription to Optimize Your Health, Prevent Disease, and Live with Vitality and Joy*, Acharya Shunya (2017)
- *Ayurveda: The Ancient Indian Healing Art*, Scott Gerson (1997)
- *Ayurvedic Cooking for Westerners: Familiar Western Food Prepared with Ayurvedic Principles*, Amadea Morningstar (1995)
- *Between Heaven and Earth: A Guide to Chinese Medicine*, Harriet Beinfield (1992)
- *Chinese Self Massage Therapy: The Easy Way to Health*, Ya-Li Fan (1999)
- *Clinical Naturopathy: An Evidence-Based Guide for Practice*, Jerome Sarris (2014)
- *Textbook of Ayurveda I: Fundamental Principles*, Vasant Lad (2001)
- *Textbook of Ayurveda II: Complete Guide to Clinical Assessment*, Vasant Lad (2007)
- *Textbook of Ayurveda III: General Principles of Management*, Vasant Lad (2012)
- *Textbook of Natural Medicine*, Joseph Pizzorno (2012).
- *The Web That Has No Weaver: Understanding Chinese Medicine*, Ted Kaptchuk (2000)
- *Voices of Qi*, Alex Holland (2000)

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PASSPORT TO WHOLE HEALTH
Chapter 18. Whole Medical Systems

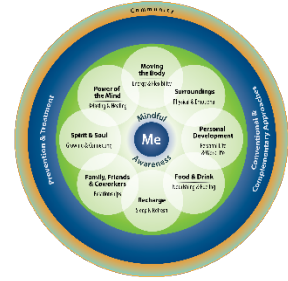
Chapter 19. Whole Health and Community

If we want a beloved community, we must stand for justice, have recognition for difference without attaching differences to privilege.

–Bell Hooks

Community is where humility and glory touch.

–Henri J.M. Nouwen



The Importance of Community

Encompassing all of the other areas within the Circle of Health is the outermost circle, Community. All elements of Whole Health—including “Me” at the center, self-care, and professional care—happen within the context of and uniqueness of a larger community. The Community circle encompasses and underlies all the others; community is fundamentally important to all aspects of health and well-being. It is the largest ring in the Circle of Health for a reason—it has global impact.

Community refers to the spaces in which we live, the resources we have available to us day-to-day, and our relationships with others in our broader environment. Community includes our culture, our social systems, our history, and our geography. It is the larger framework in which health is supported or, conversely, challenged. Health does not start in the VA (though VA certainly makes important contributions); it starts in our homes, our schools, our workplaces, and our neighborhoods.

One person may be a member of many communities for many reasons. Some examples include:

- Upbringing: family networks, spiritual practices or groups, childhood experiences (adverse or not)
- Interests: professional pursuits, activities, or clubs
- Location: neighborhood, local communities, cities, counties, regions, nations, and other geographical cultures
- Attributes: Race/ethnicity, ability level, gender-orientation, etc.

Our relationship with the people, places, and resources in our communities shape how we perceive ourselves and the world around us. As noted in Figure 19-1, personal identity, or “Me,” is often understood through the reflection of community, or “We.”

Without the “We” aspect of healing, Whole Health—and all health care—would be very limited. The health of one’s community is essential to the promotion of health for those within it. Community shapes our ability to engage in healthy behaviors and pursue what matters to us.

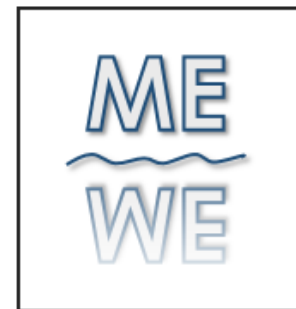


Figure 19-1. On Reflection, Me and We Are Inextricably Related

It adds to the richness of the Whole Health approach if we move through the different components of the Circle of Health once more, this time looking at them through the lens of Community.

Me: Individualizing Care Through Understanding Context

Conventional care often focuses on the individual, exploring what is going wrong inside the body. This is important, but people do not exist in a vacuum; the behaviors of the molecules inside our body are affected by all sorts of things outside of us. “Personal identity” is actually defined by how we define ourselves in relationship to the communities of which we are part. Even focusing just on the innermost “Me” in the center of the Circle of Health, we begin to see how strongly influenced we are as individuals by our context. Certainly, when a person is asked, “What really matters to you?” they will frequently respond that it is the others in their lives who matter most.¹ Our different communities—and the beliefs, values, and norms we gain from these communities—strongly influence our Mission, Aspiration, Purpose (MAP).

Part of individualizing care is being aware of context, all the factors that shape a person’s life and what matters to them.² It is not essential that we know every detail about our patients’ histories, their value systems, or their day-to-day lives, but it is important that we remain open to considering, understanding, and appreciating those factors. To achieve health equity—or the attainment of the highest level of health for all people—requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care inequities.

Consider the many different ways one’s relationship within Community can affect how they engage in their health care. Take this example describing two Veterans, each of whom presents for a primary care appointment in the VA.

- The first Veteran arrives early and is accompanied by a family member, having driven from home nearby. The Veteran is retired and service-connected, and he schedules his appointments around his personal travel schedule. He has had good relationships with VA staff in the past, and he enjoys volunteering with a Veteran Service Organization.
- The second Veteran arrives a few minutes late because the second bus he took to get to the VA was running slow. He has no family support and is struggling to pay his bills. He is concerned that he will be charged a co-pay for this and future appointments. He has avoided care because he has felt discriminated against in the past due to his sexual orientation. He feels marginalized in the Veteran community.

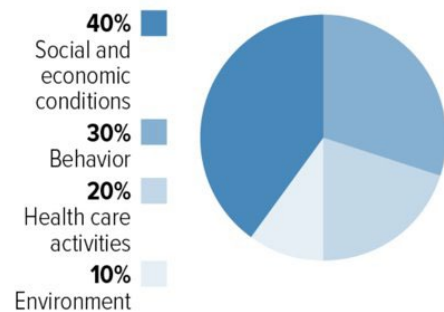
Imagine how different these Veterans’ appointments could end up being. Each Veteran is likely to perceive health care in very different ways, experience different levels of trust with staff, and differ in their willingness to partner on health goals. These contextual factors have as much impact on their engagement with and desire to follow a [Personal](#)

[Health Plan](#) (PHP) as any of our health care recommendations. And as we will see, these factors impact Veteran experiences in all other areas of health as well.

The following is a small sample of context-related questions you may ask yourself about each of the patients you serve, to more effectively support them as they set shared and SMART goals:

- Does the Veteran have access to a given therapy or practitioner? Do they have transportation? Is there a long wait to schedule a visit?
- Can they afford the therapy, or is it financially covered in some other way?
- Do they have the skills or health literacy to follow through with the plan?
- Do their various illnesses prevent them from achieving their goals? (For example, substance use disorder, severe mental illness, and/or dementia can be significant impediments to success.)
- Can someone else help this person keep track of their schedule, get to their appointments, or offer them moral support?
- Consider how social determinants of health (SDOH) impact the Veteran. Does the Veteran belong to a group or demographic that makes them more likely to have poorer health?
- How are the Veteran’s care options affected by social policy, law, and how the health care system functions in general?
- Do cultural, religious, and other factors have the potential to support healing or interfere with it?
- Is the PHP taking into account what they have already tried?

It can help to have a sense of various facts about SDOH as you consider those questions. As defined by the US Department of Health & Human Services Office of Disease Prevention and Health Promotion (DPHP), SDOH are defined as “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.”⁷¹ Examples include availability of resources, access to educational and job opportunities, transportation, education quality, public safety, social support, norms and attitudes (e.g., racism, trust of the government), segregation, language, literacy, access to technology, culture, and availability of health care and community-based resources. By understanding how to address social and structural determinants of health, you are better equipped to learn the whole story about the Veterans you serve. What if we tipped the Circle of Health on its side and looked underneath? That’s where we find social, structural, and systemic determinants of health.



Source: County Health Rankings model, University of Wisconsin Population Health Institute, 2014

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Figure 19-2. Health Outcomes Determined by Factors Other Than Healthcare⁶⁹

While medical training recognizes the Whole Health approach, and is driven by “do no harm”, emerging practice that follows the research realizes the limitations to that original medical model alone. Whole Health builds on this understanding of the interconnectedness of health factors and it opens the door to discuss not only Veterans’ health conditions that can be captured by diagnostic codes, but the conditions that impact both their health and well-being.

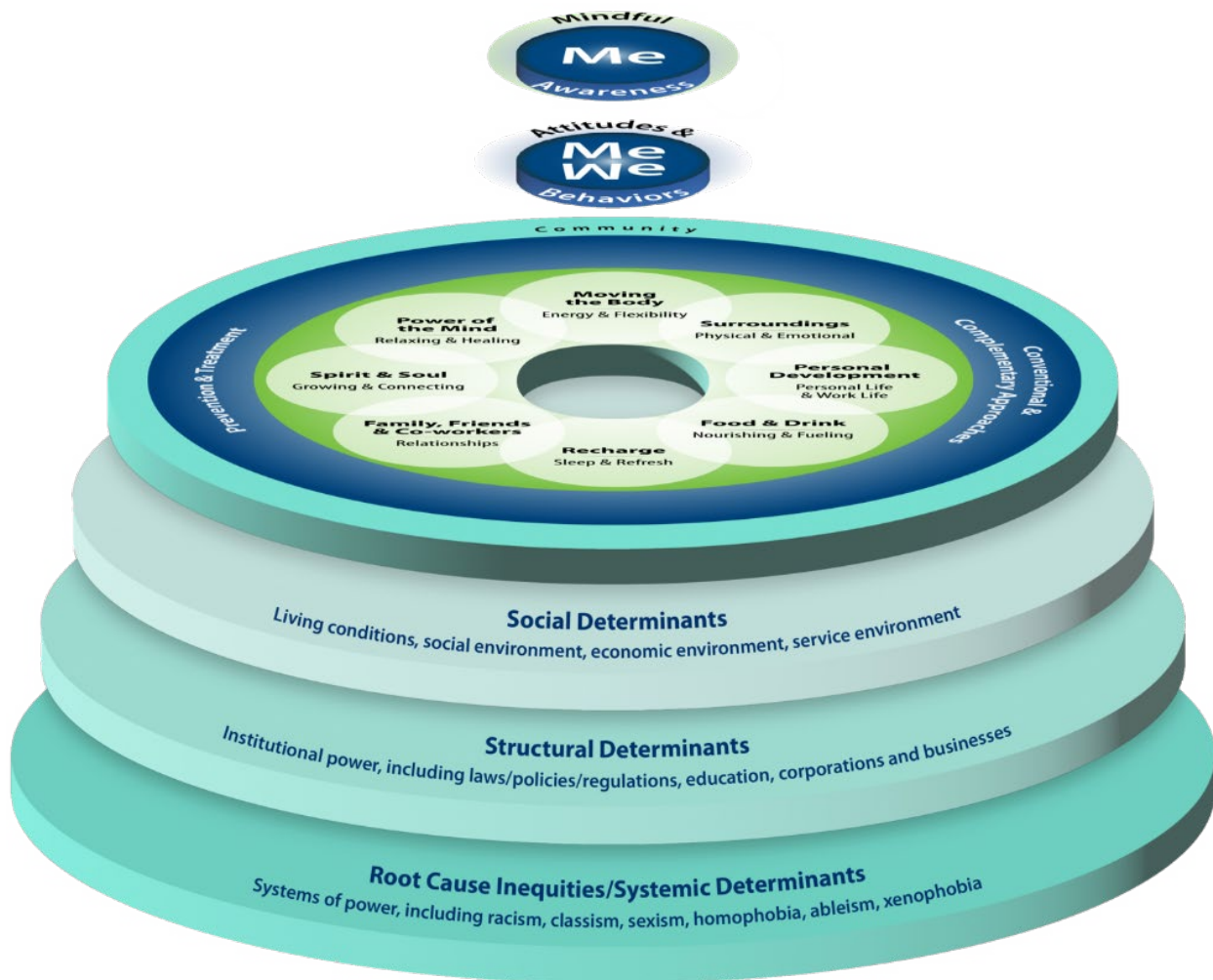


Figure 19-3. Looking deeper to understand social, structural, and systemic determinants of health.

Attunement to context has a significant impact on quality of care and prevents medical errors.² It reconnects us to Whole Person care. There are some striking parallels between how the Whole Health approach can emphasize a person’s connecting with community and how the Recovery Model also does this in mental health.³

Research suggests that an individual’s health is heavily influenced by their community and its impact on the individual’s behavior.⁷² In fact, this recognized and validated model from the University of Wisconsin Population Health Institute demonstrates that of the factors we

can control to shape health, 80% of health outcomes are determined by social and economic, environmental, and behavioral factors.⁶⁹ The following examples provide more information about how SDOH factor into healthcare practices. In a 2019 VHA survey of nearly 44,000 Veterans, those with earnings of less than \$35,000 a year reported poorer overall physical and mental health, noted they received lower levels of social and emotional support, and said they were less likely to feel they had a purposeful and meaningful life.⁷³ Additionally, those making less than \$35,000 are three times more likely to smoke, have higher rates of obesity, and are less likely to meet guideline-recommended levels of physical activity compared to other adults.⁷³ Income and economic stability are arguably some of the most important social determinants of health. People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping jobs.⁷⁴ Further, economic stability is often determined by employment which drives income and access to benefits for retirement savings, health insurance, and the ability to pay for basic necessities such as nutritious food, housing, childcare, healthcare, and transportation.⁷⁴ People with disabilities, injuries, or conditions like arthritis may be especially limited in their ability to work.⁷¹

Beyond economic stability, gender, race, class, disability status, and sexual orientation are very influential social determinants of health. 63% of American adults report experiencing discrimination every day.⁷⁵ Sexual and Gender Minority (SGM) Veterans are disproportionately discriminated against. Being a member of both Veteran and SGM communities may contribute to a higher level of risk for poor health than membership in just one of these populations. Dual health disparities arising from two identities are clearly demonstrated when observed separately, yet there is a limited understanding as to how Veteran and SGM status interact.⁷⁶

Elevated health problems and barriers to healthcare access have also been documented within the transgender community, including high rates of discrimination, trauma exposure, and suicide ideation.⁷⁰ 25% of SGM Veterans report avoiding VA services due to stigma.⁷⁰ Stigma often prevents patients from seeking or receiving proper medical care. Women are diagnosed at a much higher frequency than men in the VA with musculoskeletal conditions and mental health diagnoses.⁷¹ In addition, racial disparities are clearly present in the VA, just as they are in the rest of the country.⁷⁷ Recent data from the CDC shows that people of color fare worse compared to their White counterparts across a range of health measures, including infant mortality, pregnancy-related deaths, prevalence of chronic conditions, HIV/AIDS diagnosis, overall physical and mental health status, and death rates.⁷⁸ As of 2018, life expectancy among African American people was four years lower than White people, with the lowest expectancy among Black men.⁷⁰ Research also documents disparities across other factors; for example, low-income people report worse health status than higher income individuals and lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) individuals experience certain health challenges at increased rates.⁷⁹

People of Color Fare Worse than their White Counterparts
Across Many Measures of Health Status

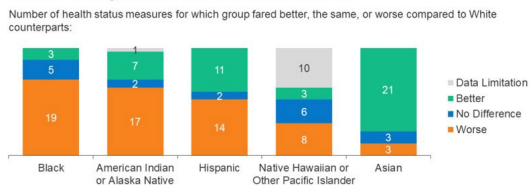


Figure 19-3. People of Color Fare Worse than their White Counterparts Across Many Measures of Health Status⁷⁰

Intersectionality refers to the overlap and interaction of different categories of social identities and related structures of oppression and discrimination.⁸⁰ Some researchers describe intersectionality as a way of understanding and analyzing complexity in the world, in people, and in human experiences.⁸¹ The events and conditions of

social and political life and the self can seldom be understood as shaped by one factor; they are shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people’s lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other.⁷⁴ Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves.⁷³

Attunement to context and cultural humility can have a significant impact on quality of care and prevents medical errors.⁸² It reconnects us to Whole Person care. There are some striking parallels between how the Whole Health approach can emphasize a person’s connecting with community and how the Recovery Model also does this in mental health.

As this discussion about Community applies to our patients, so too does it apply to clinicians. We bring our own experiences, our culture, our stressors, our values, and our assumptions into our therapeutic relationships. We can be more effective healers when we acknowledge the unique attributes we bring to our relationships with Veterans.

Mindful Awareness: Noticing Judgments and Biases

Cultural Humility. “To practice cultural humility is to maintain a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather, what you learn about your clients culture stems from being open to what they themselves have determined is their personal experience of their heritage and culture.” -Moncho, 2013

- Approaching Veterans with cultural awareness and humility requires that practitioners be humble about their level of knowledge about a Veteran’s beliefs or values, be aware of their own personal assumptions and the inherent power imbalance in a patient-provider relationship, and aim to treat the whole person by learning about their background.

Veteran Considerations. In terms of the Veteran perspective related to Community and mindful awareness, consider the following:

- People are more than the demographic groups to which they belong; be careful not to make assumptions about whether or not someone will resonate with cultivating mindful awareness based on their age, race, gender, or other characteristics. As always, explore the needs and preferences of each individual.
- Whether research is available or not, you can always do an “N of 1” trial. That is, have a person try an approach to being more mindful and see if it makes a difference specifically for them.
- Mindfulness awareness cultivates the capacity to be with an experience as it is with an open heart. While mindfulness is not a cure-all and cannot change the circumstances people face in their communities, a greater awareness can result in skillful responses to stressors and even more systemic change.

Mindful Awareness and Diversity. Beneath the Circle of Health, we find social, structural, and systemic determinants of health. While medical training recognizes the Whole Health approach and is driven by the idea, “do no harm,” emerging practice that follows the research realizes the limitations to that original medical model alone. Whole Health builds on this understanding of interconnectedness of health factors and it opens the door to discuss not only Veterans’ health conditions that can be captured by diagnostic codes, but the conditions that impact both their health and well-being.

There is room for expansion when it comes to research about mindfulness focused on diverse populations. A 2018 systematic review noted that most of the research focuses, as much of the complementary and integrative health (CIH) research does, on “middle-to-upper class, Caucasian women.”⁴ A 2019 narrative review, which it should be noted was not peer-reviewed,⁵ found the following when it focused on research for different demographic groups:

- **Age.** Most studies are on middle-aged adults, but results are also promising for younger and elderly populations. Studies involving adolescents have inconsistent findings.
- **Disability.** Tailored mindfulness-based interventions (MBIs) seem to improve quality of life, behaviors, and emotion regulation in people with developmental disabilities. Of note, most studies focus on participants who are fairly high functioning. MBIs seem to benefit well-being in people with acquired disabilities as well and may help slow loss of cognitive function for some disorders.
- **Race / Ethnicity.** Increasing numbers of studies focus on mindfulness for people of color. A number of small studies involving African Americans, Asian Americans and Hispanic people have shown promise. Mindfulness has been found to serve as a buffer for discrimination-related distress.
- **Gender.** Men are underrepresented in mindfulness research. In general, women appear to derive more benefit according to some emotional measures. Trans*, non-binary, and agender people have not been the focus of much study thus far.
- **Religion.** In the West, mindfulness practice is primarily secular. One study found that in African American college students, there was an association between

religiosity and a higher level of mindfulness. Most studies focus on people who are white and Christian.

- **Sexual orientation.** A relatively small number of studies indicates that MBIs may influence self-esteem and stress tolerance in LGBTQIA+ individuals. In addition, recent research suggests that mindfulness practices can decrease feelings of isolation in the LGBTQIA+ community.
- **Socioeconomic status.** Studying the effects of mindfulness training on low-income groups can be complicated by feasibility issues (e.g., people are working multiple jobs and cannot come to classes). Research is promising but limited.

It is worth noting, however that MBIs offered to diverse clinical Veteran populations do suggest that these interventions are effective in Veteran populations.^{6,7,8,9,10,11} There is also literature on people incarcerated and working in prisons,¹² with people who are homeless,¹³ and beyond, suggesting mindfulness can be helpful to a broad range of people. More research is needed, and it would seem that MBIs have the potential to benefit a diverse array of people.

Clinicians, Community, and Mindful Awareness. Implicit biases are unconscious associations we make that lead to negative evaluations of a person on the basis of characteristics such as race, genderage, body size, ability, etc. These are in contrast to explicit, or conscious biases. A 2017 review of 42 articles focused on health care professionals found that they exhibit the same (strikingly high) levels of implicit bias as the wider population.¹⁴ These biases are strong enough to be likely to “influence diagnosis and treatment decisions and levels of care in some circumstances...” For example, a 2015 review of 15 studies concluded, “Most health care providers appear to have implicit bias in terms of positive attitudes toward Whites and negative attitudes toward people of color.”¹⁵ The authors noted this may contribute to health disparities. A 2017 review noted that physicians, regardless of specialty, display preference for white people, but noted no indication that this had an impact on medical decision making.¹⁶ Nurses show similar biases,¹⁷ as do mental health professionals.¹⁸ Implicit biases also exist around gender,¹⁹ body weight,²⁰ age,²¹ sexual orientation,²² and many other patient characteristics.

Fortunately, awareness of these biases may decrease their contribution to health disparities. A 2014 Cochrane review concluded that there is positive (though low-quality) evidence indicating that cultural competence education can lead to a higher likelihood that health care professionals will involve culturally and linguistically diverse patients in their own care.²³ Practicing perspective taking and focusing on the individual uniqueness can negate or reduce the negative effects of biases.²⁴

It has been proposed that mindful awareness may help to mitigate or unseat implicit biases, and while this is a fledgling field of research, results so far have been promising. A 2014 study found that mindfulness meditation (10-minutes, mostly focused on breath and a body scan) decreases implicit race and age bias.²⁵ A 2016 study found that participants who listened to a 10-minute mindfulness audio recording prior to a game-based interaction with a variety of other people were also less likely to show age- or race-based biases.²⁶

Of course, being aware of and working with explicit biases is also key.²⁷ These biases occur as the result of deliberate thought and thus can be regulated consciously. Meeting people about whom one has explicit biases can help to decrease them. Loving-kindness meditation decreases implicit bias²⁸—and biases in general—when practiced regularly.²⁹ The goal of “heart-centered” meditations is to enhance kindness and compassion toward others in any number of ways. Chapter 10 features a loving-kindness meditation.

Social Determinants of Health and Self-Care: How Community Ties to Health Behaviors

As noted above, the DPHP’s *Healthy People 2020 Initiative* defines SDOH as the social and physical environments that impact a person’s health.**Error! Bookmark not defined.** Five key areas of SDOH include: 1) Economic Stability, 2) Education, 3) Social and Community Context, 4) Health and Health Care, and 5) Neighborhood and Built Environment. Social, physical, and economic conditions are examples of SDOH, as are social engagement, access to resources, and security. Unfortunately, social risks seem to cluster among the same people and accumulate for them over time.³⁰ The [Midcourse Review](#) on DPHP website offers a snapshot of how the U.S. is doing with regard to a number of national health indicators. A 2019 article featured a suggested lexicon for SDOH to help foster a common language and decrease misunderstandings.³¹ To truly be holistic in its scope, a Whole Health system focuses on bringing SDOH into the health care partnership and PHP process. Strategies for reducing the negative effects (and enhancing positive ones) related to SDOH can have a profound impact.³² Figure 19-2 links SDOH to health outcomes, putting their influences into context with other factors that also influence length and quality of people’s lives. Note that only 20% of health outcomes are attributable to Professional Care; the other 80% are tied to social, economic, environmental, and behavioral factors.³³ Asking about these other aspects of health can potentially enhance Veterans’ (and everyone’s) Whole Health.

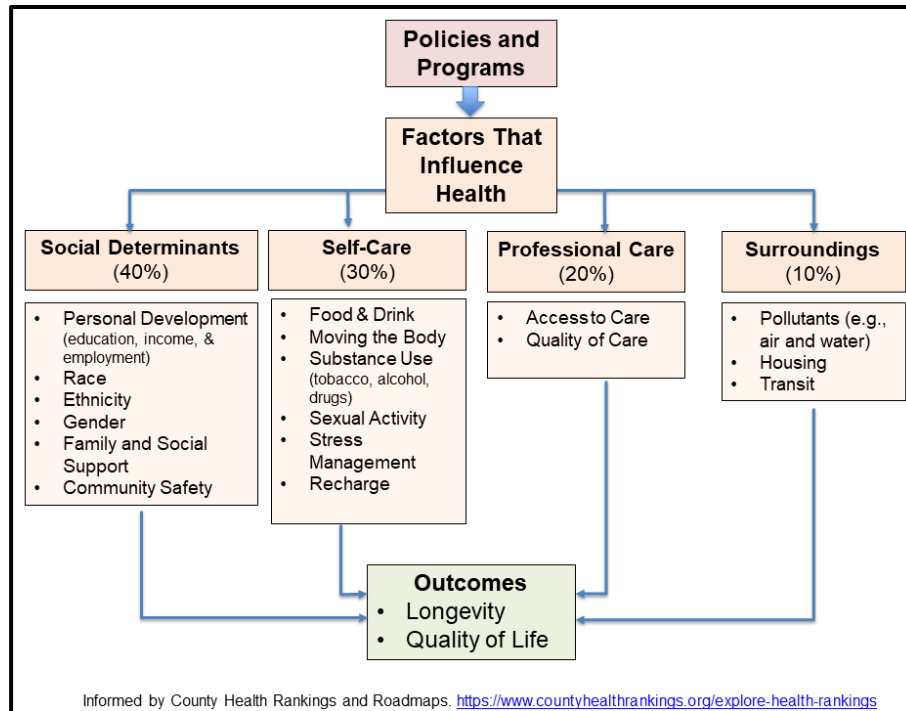


Figure 19-4. Influence of Social Determinants and Other Factors on Health Outcomes³³

Each of the eight areas of self-care is influenced by—and influences—Community in different ways. What follows are some examples related to each one. For more information, go to the specific chapters about each of these different areas (Chapters 5-12).

Moving the Body

- Neighborhood safety, sidewalks, lighting, and accessibility features influence people's options to walk, move, or exercise outside.
- Community green spaces and parks promote physical activity.
- Financial resources influence people's abilities to buy gym memberships, purchase exercise equipment, and engage in organized recreational activities.

Surroundings

- Health hazards such as mold, infestations, lead contamination, poor air quality, and allergens are much more likely to be found in low-income housing.
- Low-income and minority populations have increased risk for pollution exposure, which affects health outcomes.
- Living near a park is associated with lower obesity and other favorable health outcomes.
- Better public transportation is linked to better attendance of medical appointments.
- Members of segregated communities have higher infant mortality rates and poorer mental health.³⁴
- Crime and safety make a huge difference, and so does one's current or past experience with incarceration.
- Accessibility (ramps, benches, sidewalks, etc.) plays a huge role in people being able to engage with their surroundings.³⁵

Personal Development

- A lack of educational opportunities has long-lasting negative consequences, including reduced earning potential.
- Without education and rewarding, stable employment, people are often ill-equipped to make healthy choices. Every year of education a person has is tied to even better health outcomes and behaviors.⁶⁸
- Discrimination in the workplace has negative health effects, such as increased blood pressure, heart rate, and stress levels, as well as decreased self-efficacy.⁶⁸

Food and Drink

- 40 million Americans experience food insecurity, meaning their access to adequate food is limited by a lack of money or other resources.³⁶ People of color are disproportionately affected.
- Food insecurity is linked to a higher likelihood of a number of health problems, including, for women, being overweight.³⁷
- Alcohol,³⁸ smoking,³⁹ and other substance use disorders⁴⁰ are more common among people who have markers of social and economic disadvantage, such as poverty, severe mental illness, or less than a high school education.

Recharge

- Home is an important place to recharge, and it can be compromised when one lacks decent, safe housing.
- Socioeconomic status affects a person's ability to pursue leisure activities and hobbies.
- Crowded and/or noisy living conditions can limit one's ability to find solitude or be recharged.

Family, Friends, and Co-Workers

- Social networks have a significant influence on beliefs and behaviors, both in positive and negative ways.
- Social standing impacts opportunities we are afforded and our own self-efficacy.
- Loneliness and low community involvement have a huge impact on morbidity and mortality.

Spirit and Soul

- Faith-based organizations can help inform people about prevention, promote healthy behaviors, and link people to prevention resources through programs and partnerships. They can also promote safer and more connected communities, preventing injury and violence.
- Places of worship can also provide space for organized pro-social activities.

Power of the Mind

- Repeated and prolonged exposure to systemic environmental and social stress activates our sympathetic nervous systems, which increases risk of chronic disease.

- Social risks can be important drivers of suicide, and interventions focused on community engagement and public health actions show promise.^{41,42}

For an excellent compendium of research findings related to these different areas, go to the [Healthy People 2020](#) or [Centers for Disease Control](#) websites.

Professional Care: Healthy Health Care Communities

Professional Care only succeeds in a community if it is of good quality and if people have access to it. It takes a village to do Whole Health. That village includes health care providers and other clinical team members, as well as staff, a patient's loved ones, and the patient. It also includes practitioners of various CIH approaches; access to these services varies greatly from one community to the next, and resources like Telehealth can help to remove some of the disparities with access.

When we talk about Whole Health, the scenario that comes to mind first for some people is a clinical, or one-on-one, encounter. A patient (Veteran, clinician, etc.), perhaps with loved ones, visits with a clinician, or perhaps several members of a team, and co-creates (or elaborates upon) a PHP that supports MAP. However, beyond the one-on-one efforts, care becomes most effective when we can integrate community into it.

Caring communities of all sizes. Whole Health services can be provided to multiple people at once, in a class or as part of a shared medical appointment. Whole Health is happening when a facility's Whole Health Committee plans a hospital-wide event, or when a group of nurses in a clinic decide to walk together at lunch. It also happens when different clinical areas or disciplines partner to better integrate care efforts. It happens in fitness centers, neighborhood parks, VFW buildings, workplaces, places of worship, and even the canteen at the local VA hospital. It happens when a Whole Health Partner or Coach connects a Veteran with a community resource that supports them with attaining a shared goal. It might look very different to different people.

Policy makers, public health officials, pentad members, and administrative people may have a different but, of course, no less important role in moving Whole Health forward in their facilities and local communities. Without leadership and frontline staff, Whole Health cannot fulfill its maximal potential.

Leadership and advocacy. Buy-in from leaders makes all the difference in terms of whether or not clinicians, Whole Health Partners, Whole Health Coaches, and others can fully offer their expertise. Meeting with leaders in your facility is as important to promoting Whole Health as talking to a patient about healthy behaviors; that is, both are extremely important. If something is not going well, or if obstacles are compromising your ability to offer Whole Health, seek help and support. Write your Congressperson. Talk to your supervisor. Step up on behalf of your Veterans. Engaging in behaviors such as voting, getting involved in your local community, and working with medical advocacy organizations to practice social responsibility.

Program evaluation. Many people shy away from quality improvement efforts, but asking what can be done to improve programming, or to evaluate how a program is doing in terms of outcomes measures, can weave in community resources and contribute to an environment more supportive of Whole Health.

Engagement and partnerships. A powerful ally on the team is a social worker or someone else versed in what programs, classes, and support mechanisms are available not only in the VA, but at the community, county, state, and national level. There are many communities that have programs where volunteers offer free or discounted services specifically for Veterans, such as acupuncture, yoga classes, or even house cleaning services. Your VA Medical Center's Health Promotion and Disease Prevention Program Manager is another good resource for VA and community programs and resources. A link to a full directory of Veterans and Military Service Organizations is featured at the end of this chapter. The VA website features information about [Community Care Networks](#), particularly important now as the [MISSION Act](#) has gone into effect. Partnering with the VA [Office of Health Equity](#) can also be extremely useful, and it may help to promote non-clinical services that may help to address SDOH deficits, such as Vocational Rehabilitation, and Recreational Therapy. They offer a number of resources, including fact sheets, learning series, and local data that can be useful to Veterans and health care professionals alike.

Beyond Self-Care and Professional Care: The Community at Large

In the highly varied and numerous communities in which we live, there are multiple complex systems that influence the health of individuals in all those systems. The following larger-scale influences on Whole Health might not be mentioned explicitly in a clinician-patient encounter also have a profound influence:

Public health. Each of us benefits from measures to contain diseases like tuberculosis, or to vaccinate against diseases that would otherwise harm entire populations of people. For example, smoke-free laws for bars, restaurants, and workplaces reduced hospitalizations by 8-17% in a year.⁴³

Policy. Laws exist to keep people safe in any number of ways. It is possible to discuss the Whole Health approach because of legislation, funding, and support from leaders at the national, VISN, and local leadership levels.

Environment at the ecosystem level and beyond. At the largest-scale level, we belong to the community of humanity and the community of life on earth. There is no doubt that decisions on the other side of the planet can influence our day-to-day experiences of our world. Pollution is a community issue. Global warming is a community issue with the potential to negatively affect health in a profound way.⁴⁴ How environmentally friendly, or "green," our health care facilities is a community issue. All of these affect individual health too.

Culture. People belonging to a given culture are unique, but cultural standards and norms do influence perspectives on health. Being part of an ethnic group, following various

traditions, and the influences of one's family of origin can all inform health care behaviors and preferences. Practicing with cultural humility is essential.^{45,46} Cultural humility is our "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person."⁴⁵ Cultural humility informs care of people who may be different from a care team member in terms of factors such as race, ethnicity, social status, sexual preferences, and professional roles.⁴⁷ Cultivating cultural humility is a lifelong process, built around openness, self-awareness, egolessness, self-evaluation, and supportive interactions. Humble care team members are more effective at patient care.⁴⁸ More information is available in the Resources section at the end of this chapter.

Equity and social justice. Tragically, poverty, race, educational status, and other such measures are all linked to morbidity and mortality.^{49,50} Programs to improve a Veteran's situation in such areas make an important difference. In the U.S., the income for the wealthiest 1% of the population has doubled, even as the poverty rate has held steady.^{51,52,53} According to the Bureau of Labor Statistics, White and Asian wages remain over 30% higher than wages for Blacks or Latinos.^{51,54} The more equitably wealth is distributed in a country, the higher the average life expectancy⁵¹ and the lower the infant mortality and heart failure rates.^{55,56} People live longer based on equitable resource distribution at a state level as well.⁵⁷ Not surprisingly, people with lower incomes are more likely to die of cancer, be obese, smoke, and have more stressful lives.⁵¹

Wise use of resources. The U.S. is the only country in the "developed world" that spends more of its gross domestic product on health care than on social services.⁵⁸ Consider these statistics:

- The U.S. spends more on health care than any other country, but our life expectancy and overall health rate lower than many other countries'.⁵⁸
- U.S. clinicians order many more diagnostic tests than most countries,⁵⁹ and many of these tests are not needed to determine care outcomes.⁶⁰
- Americans visit the doctor fewer times per year than people in most other countries (especially the wealthier ones), but care is still much more expensive.
- A 2003 study concluded that adults living in 12 metropolitan areas in the U.S. only received about 55% of the medical care that was recommended for them.⁶¹
- In 2011, one-third of American households said they had trouble paying their medical bills.⁶²
- 165,000 Americans died due to overdoses of prescription opioids between 1999 and 2014.⁶³ Meanwhile, 83% of the world's population has no access to opioid pain medications, largely because they are all being consumed in the U.S.⁶⁴
- Lack of insurance is, unsurprisingly, linked to poorer care, poorer health status, and premature death.⁶⁵

Examples of SDOH-Related Projects

A number of sites have reported on programs they have been using to bring SDOH into care. Some important examples include:

1. **Addressing Circumstances and Offering Veteran Resources for Needs (ACORN).** This VISN1 program is offered in primary care. A SDOH screener asks questions about items such as food insecurity and transportation needs. Veterans answer the questions on a tablet, and data instantly loads into the medical record. People with positive screens receive a geographically tailored resource guide with both VA and non-VA resource suggestions. The group reports that the most common needs they see are related to social isolation (50%), employment assistance (36%), and personal safety (16%).
2. **Pro-Active, Recovery-oriented Treatment Navigation to Engage Racially Diverse Veterans in Mental Healthcare (PARTNER-MH).** The Roudebush VA Medical Center in Indianapolis runs this peer-led patient-navigation program for minority Veterans in an outpatient mental health clinic. The program provides screening, navigation, peer support, and other assistance using a SDOH framework to 1) engage Veterans in mental health services, 2) activate Veterans to become active partners in their care, and 3) improve their participation in shared decision making with their mental health care providers.
3. **Be Connected.**⁶⁶ This program enlists a web of community support to help reduce Veteran deaths by suicide with three components they refer to as Call, Match, and Learn. The 24/7 Be Connected Call Program offers access to a support line. The Match program links Veterans and their families to different resources. The Learn program trains VA and community providers, including first responders and legal professionals around building networks of care, services, and support.
4. **Joining Hands, Feeding Veterans.**⁶⁷ This program, offered by the Central Texas Veterans Health Care System, works to address food insecurity, noting that the Supplemental Nutrition Assistance Program (formerly the food stamp program) doesn't always fully meet people's needs. The VA system partnered with the Central Texas Food Bank and has provided food to over 400 Veteran households in Austin and Temple. The project involves mobile food pantries and brings together an array of food suppliers and financial donors in the region.

Engaging in our local communities, as well as at the larger state, national, and even global levels can bring Whole Health to all levels of care. Clinicians can bring awareness to these different levels, and Veterans must do so as well. When all is said and done, we are all patients, and we are all members of the larger community. We all benefit from a healthy system, and we all suffer under a broken one. On the positive side, as individuals, our own Whole Health favorably influences the health of others in our community. Truly, as the Irish proverb puts it, "It is in the shelter of each other that people live."

Putting It All Together: Personal Health Planning Using the Power of Community

During a Whole Health encounter, when Veterans focus on what matters most to them, the power of Community can become highly relevant. Consider how you might explore this

with them—and for yourself—more fully. Often, it is simply changing the conversation in particular ways. Here are some examples of questions you could ask and suggestions you could make, when you are discussing Community in relation to someone’s MAP:

- How do you define Community? What community or communities do you identify as belonging to?
- How well are you integrated within your different communities?
- What potential opportunities do you have to connect more broadly? What barriers do you experience?
- Which community resources do you think you might benefit from tapping into? Would you be interested in learning about more options?
- Do you have particular knowledge, experience, skills, or interests that you could help others by sharing? How might you give back to your community or communities?
- What are some challenges faced by a community you belong to? How do you personally experience these challenges?
- Do you have the basic things you need, like clothing, heat, food, clean water, shelter?
- Tell me about the struggles in your life. How have they affected your health, or your family’s health?
- What would be important for me, as your clinician, to know about you, given that my background may be different than yours?
- What are some barriers to you achieving your health and well-being?
- Is there one small change you would like to make in your life? The self-care chapters in this Passport (Chapters 5-12) feature subtopics to consider, and all of them feature one called “Make One Small Change.” If it feels appropriate or empowering, is there something related to Community that you would like to make one small change?

As with all of the elements of Whole Health, these questions are also relevant for your own self-care—for care of the caregiver. Spending time with them can deepen your own Whole Health journey, too.

Wrapping Up

On that note, we have reached the conclusion this final chapter, and of our journey around the Circle of Health. Best wishes as you bring the various elements of the circle into your practice, and best wishes as you enhance your own personal Whole Health as well. May this *Passport to Whole Health* point you in new and valuable directions, so that you and the Veterans in your care can achieve things you previously did not think were possible! May you and all those you serve steadily move forward with all of your “MAPs” as you continue on your Whole Health Journey.

Special thanks to Codi Schale, PhD and Adrienne Hampton, MD for their significant contributions to the content of this chapter, as well as to Greg Serpa, PhD for guidance around mindful awareness research.

Community-Related Resources

Websites

VA Whole Health and Related Sites

- [VHA Office of Health Equity](https://www.va.gov/healthequity/). Features fact sheets, learning series, and local data. <https://www.va.gov/healthequity/>
- [Focus on Health Equity and Action Cyberseminar Series](https://www.va.gov/HEALTH/EQUITY/FHEA_Cyberseminar.asp?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=). https://www.va.gov/HEALTH/EQUITY/FHEA_Cyberseminar.asp?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=
- [Public Health](http://www.publichealth.va.gov). Information on VA actions to promote Veteran and Employee health at a large-scale level. <http://www.publichealth.va.gov>
- [Center for Minority Veterans \(CMV\)](https://www.va.gov/centerforminorityveterans/). Facilitates minority Veteran input on VA issues and care delivery. <https://www.va.gov/centerforminorityveterans/>
- [Diversity and Inclusion](https://www.diversity.va.gov). Promotes an inclusive VA workforce. <https://www.diversity.va.gov>
- [Office of Community Engagement and Partnerships](https://www.va.gov/HEALTHPARTNERSHIPS/partnerships.asp). <https://www.va.gov/HEALTHPARTNERSHIPS/partnerships.asp>.
- [2019 Directory, Veterans and Military Service Organizations and State Directors of Veterans Affairs](https://www.va.gov/vso/VSO-Directory.pdf). 75-page list of websites and contact information for a number of excellent groups. <https://www.va.gov/vso/VSO-Directory.pdf>
- [VA Community Care Network Information](https://www.va.gov/COMMUNITYCARE/providers/Community_Care_Network.asp) https://www.va.gov/COMMUNITYCARE/providers/Community_Care_Network.asp
- [Office of Rural Health](https://www.ruralhealth.va.gov). Advances best practices for care of Veterans in rural settings. <https://www.ruralhealth.va.gov>
- [Patient Care Services: Veterans with Lesbian, Gay, Bisexual and Transgender \(LGBT\) and Related Identities](https://www.patientcare.va.gov/LGBT/). Fact sheets for Veterans and contact information for LGBT care teams. <https://www.patientcare.va.gov/LGBT/>
- [Secretary's Center for Strategic Partnerships](https://www.va.gov/scsp/). Cultivates national partnerships with non-VA entities to improve Veteran health. <https://www.va.gov/scsp/>
- [VA Voluntary Service](https://www.volunteer.va.gov). <https://www.volunteer.va.gov>
- [Health Care Options Through VA](https://www.va.gov/). Document for Veterans designed to explain eligibility for services under the MISSION Act. <https://www.va.gov/>
- [A Patient Centered Approach To: Community](https://www.youtube.com/watch?v=m2rZ4taMhyc&feature=youtu.be). Part of the components of Health and Well-Being Video Series. <https://www.youtube.com/watch?v=m2rZ4taMhyc&feature=youtu.be>
- [Personal Health Plan Template](https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf). <https://www.va.gov/WHOLEHEALTH/docs/PHP-WalletCard-May22-fillable-508.pdf>

Whole Health Library Website

- [Whole Health in Your Practice, Part II: Your Therapeutic Presence](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-ii-power-therapeutic-presence.asp). Overview. <https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/part-ii-power-therapeutic-presence.asp>
- [Whole Health in Your Own Life: Clinician Self-Care](https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/clinician-self-care.asp). Overview. <https://www.va.gov/WHOLEHEALTHLIBRARY/overviews/clinician-self-care.asp>

Other Websites

- [Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health](https://apps.who.int/iris/bitstream/handle/10665/69832/WHO_IER_CSDH_08.1_eng.pdf;jsessionid=F48FC25AC75A4C1C56BAE63D77573F6D?sequence=1). World Health Organization.
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