Implementation Guide

Team Solutions and Solutions for Wellness

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Introduction

This Implementation Guide provides an introductory overview of two sets of psychoeducational manuals: **Team Solutions** (TS) and **Solutions for Wellness** (SFW). This information offers guidance to all members of the treatment team who put TS and SFW into practice. It is also a resource for directors, supervisors, and administrators who are responsible for program planning, integrating TS and SFW into an existing array of services, or training and supervising facilitators who conduct TS and SFW sessions.

How Could this Guide Help You?

This guide can help facilitators quickly and efficiently climb the learning curve that we all encounter when we begin using a new set of materials. This is not "required reading" for using the materials. In fact, it is possible to just choose a TS or SFW workbook, select a session, and immediately start using it in your daily services. However, instead of having to figure everything out as you go, this guide has been designed to make it easier to quickly and effectively integrate the TS and SFW into your everyday practice. Most people probably won't read the Implementation Guide from cover to cover, but instead, will be more likely to visually browse through it and refer back to different parts of the guide over time. There are at least four instances when the Implementation Guide is likely to be most beneficial for you:

Getting started. When you're about to begin implementing TS and/or SFW workbooks, this guide can help you with planning, preparation, and skill development so you can more confidently and competently integrate the materials into your daily services. The guide provides an overview of the various components of the sessions, the structure of the materials, and the intent of the information.

Transitioning from older editions. This guide outlines the materials that are specific to this edition, as opposed to previous editions of TS and SFW.

Solving problems. If you encounter difficulties in your implementation of TS or SFW, this guide offers ideas and suggestions that may help you overcome those roadblocks.

Taking the next step. After you've been facilitating TS or SFW materials for a while, you may decide to broaden your approach and create a new plan for utilization or expansion. This guide may offer suggestions you will find helpful.

What are Team Solutions and Solutions for Wellness?

Welcome to Team Solutions and Solutions for Wellness; copyrighted, published, and distributed to treatment teams free of charge by Lilly USA, LLC. This collection of psychoeducational resources is a library of "complete wellness" materials that are designed to translate science into practice. The materials are intended to empower and inspire people with psychiatric illnesses to choose a healthier lifestyle, optimize their overall health and wellness, understand and manage their psychiatric disorder, and make choices that reduce relapse and facilitate recovery. TS emphasizes knowledge and skills that can help participants understand their illness, enhance illness self management, improve coping, strengthen resilience, and partner with their treatment team. SFW places an emphasis on healthier eating and physical activity and also focuses on other key modifiable lifestyle factors including access to health care, tobacco, sleep, and stress.

Practical and Collaborative. TS and SFW encourage and empower people with psychiatric illnesses to take "small steps" toward recovery and complete wellness; steps they can easily fit into their everyday life and the environment in which they live. The materials utilize a collaborative treatment approach which fosters open lines of communication and shared-decision making, collaboration, and partnership between individuals who have psychiatric disorders and their treatment teams. Education and collaboration may also help decrease guilt, blame, shame, and isolation that is experienced by many people who live with psychiatric disorders and their family members. Although the curriculum is not diagnostically specific or medication specific, they are intended for use across the treatment continuum with adults who have psychiatric illnesses such as schizophrenia and bipolar disorder.

Tailored and Easy to Use. TS and SFW transform current scientific evidence into practice, in an easy-to-use format. The materials have also been designed to overcome some of the cognitive challenges to learning and using new information that may be experienced by people with psychiatric illnesses. Additionally, a variety of evidence based educational, motivational, and cognitive-behavioral strategies are infused throughout the materials to optimize motivation, engagement, learning, skill building, and integration into daily life. At the end of each session, participants are encouraged to select a "personal practice option" or a "take a small healthy step" option that focuses on practicing new knowledge and skills between sessions, in-vivo, to help promote lasting behavioral changes. The materials also include information and tools to monitor progress and outcomes including health and wellness self-assessments, body mass index, blood pressure, knowledge, confidence, importance, and satisfaction, in addition to "personal practice options" or a "take a small healthy step" completion.

Evidence Based Practices. There is an increasing emphasis on provision of evidence based practices throughout all levels of the psychiatric treatment continuum. Psychoeducation is an evidence based practice that virtually all mental health organizations, treatment teams, and individual staff members can provide. TS and SFW are designed to help you incorporate the evidence based practice of psychoeducation in your services, with explicit emphasis on including motivational, engagement, cognitive-behavioral, and educational strategies.

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What are Team Solutions and Solutions for Wellness? (cont.)

Goals. The goals of this library of psychoeducational materials are to:

Promote complete wellness. Enhance physical health, well-being, and illness self management as essential components of mental health and recovery.

Empower people. Contribute to empowering people who live with psychiatric illnesses by helping them learn and practice the knowledge and skills needed to manage their illness, improve overall health, optimize wellness, reduce relapse, and strengthen resilience.

Reduce risk. Address many of the modifiable risk factors contributing to the high relapse, morbidity, and mortality rates of people who have serious psychiatric illnesses.

Improve outcomes. Assist mental health agencies, facilities, organizations, and treatment teams to provide high quality holistic health services in order to improve physical and mental health outcomes. To help teams achieve high quality services as defined by the Institute of Medicine: safe, effective, patient-centered, timely, efficient, and equitable.

Science to practice. Translate the state-of-the-art science into practice through the use of easy-to-use psychoeducational materials that focus on recovery, resilience, wellness, and healthy lifestyles.

Foster collaboration. Establish a common vocabulary and model, foster shared decision-making, and strengthen the treatment alliance to assist individuals in achieving health, wellness, and personal recovery goals.

Utilize supports. Cultivate and maximize the use of community resources and supports, including family members, care givers, and friends, to attain and maintain optimal health, wellness, recovery, and resilience.

Themes and Philosophy. There are a number of central themes and philosophical ideas that are woven together to create a core thread of concepts connecting the workbooks ideologically, including:

- Psychiatric illnesses such as schizophrenia and bipolar disorder are biologically based brain disorders.
- People with psychiatric disorders have a biological stress vulnerability. A no fault, no shame, no blame approach is critical.
- Recovery is possible. Wellness and resilience can be enhanced.
- Symptoms, stress, and physical health problems can be recognized, reduced, and managed or prevented.
- Medication is essential but medication alone is not enough.
- Collaboration, partnership, and adherence are preferable to authoritarianism, coercion, and compliance.
- Enhancing hope, knowledge, and skills are fundamental ingredients for success.
- Symptom reduction, illness management, and improved wellness can help move lives forward.
- Symptoms and impairments necessitate tailored facilitation strategies.

What are Team Solutions and Solutions for Wellness? (cont.)

Word Choices. The terms selected for use within TS and SFW have been given thoughtful consideration. Preferred and "politically correct" words go in and out of vogue and particular words become less acceptable and fall out of usage over time. However, word choice is important.

Practice instead of Try. The word "practice" is used to encourage participants to make mindful and intentional choices for growth and change.

Think instead of Feel. Within common usage, the words "think" and "feel" are frequently used interchangeably. However, in treatment it is important to help participants to distinguish between thoughts and feelings, and consistently employ accurate terminology. Thus, the term "think" is used where the actual point is a thought, idea, or assessment. The term "feel" is used when it is a feeling, emotion, or mood described.

Participant instead of Patient. Terms such as participant, person, people, and you are used instead of patient, client, consumer, or member. The workbooks are intended to be used across all types of treatment settings and non-stigmatizing, recovery oriented, "person first" language is intentionally used. Terms that might potentially evoke stigmatization have not been included. The selected term, participant, also conveys the active role of individuals during sessions.

Facilitator instead of Therapist. The workbooks use the term facilitator. The term facilitator is sufficiently versatile to encompass the diversity of staff members and service types that TS and SFW are designed to encompass.

Prescriber instead of Doctor. The term "prescriber" is used to refer to members of the psychiatric treatment team who are licensed and authorized to prescribe medication.

Session instead of Group or Class. These materials may be incorporated into a variety of services. The term session was selected to broadly capture the wide array of services within which TS and SFW may be utilized.

Mental Illness or Psychiatric Disability. The terms used are intended to refer to individuals who are living with illnesses such as schizophrenia and bipolar disorder, without using diagnostically specific terminology.

Treatment Plan. The document that specifies the plan for services varies from organization to organization and across levels of treatment and rehabilitation.

What's New in This Edition

Many innovations and advances have occurred in treatment, rehabilitation, psychoeducation, education, wellness, and the field of mental health since the first editions of TS and SFW were published in the late 1990s. In response to the evolution of science and practice, the new edition includes some significant changes including:

- Segmenting the materials into sessions that can be completed in a one-hour session.
- Greater emphasis on motivation and engagement strategies
- Promote review, utilization, exploration, sharing, and/or discussion of knowledge and skills between sessions with personal practice options or small, healthy steps.
- Relatively uniform measurable objectives are included for each session to make inclusion in treatment plans and progress notes quick and easy.
- A Pre/Post Topic Assessment provides several easy to use outcome measures for each session.
- Information has been updated to reflect current guidelines and evidence based interventions.
- The materials do not focus on a single diagnosis or disorder.
- A workbook that specifically addresses psychoeducational needs in relation to substance use issues
- More skill building strategies are included in the workbooks.
- Each session's Facilitator's Guide and Pre/Post Topic Assessment precedes the session's participant handout, rather than being segregated into separate binders.

Available for Download

TS and SFW can be downloaded and used without charge from www.treatmentteam.com.

Why use TS and SFW?

There is an urgent need to address the physical health and well-being of people with serious mental illnesses (SMI) in conjunction with psychiatric recovery. The previous versions of TS and SFW addressed both individually, but in these materials the bridge between the two programs has been solidified. Team Solutions offers disease state information that can be empowering to clients with SMI, and Solutions for Wellness addresses overall physical health and wellness. Both programs address the "Mind-Body-Spirit" approach that is necessary for recovery.

Few "complete wellness" resources exist for treatment teams to use which are developed specifically for people with psychiatric disorders. Research reveals that on average, people with SMI die 25 years earlier (at the age of 51) compared to people without mental illness (NASMHPD Report, October, 2006). The increased morbidity (physical illness) and mortality (death) seen in this population is largely due to preventable medical conditions including obesity, diabetes, cardiovascular disease, and infectious diseases. The SMI population has a much higher prevalence of modifiable risk factors including obesity, smoking, diabetes, hypertension, dylispidemia (e.g. high cholesterol and lipids), and physical inactivity. Clearly, there is a need to better integrate physical health with mental health treatment. The President's New Freedom Commission on Mental Health, the National Association of State Mental Health Program Directors (NASMHPD), Mental Health America (MHA), National Alliance on Mental Illness (NAMI), the Bazelon Center for Mental Health Law, and other leaders and advocates of mental health recommend that mental health practitioners address the physical health and well-being of people with SMI.

Bridge the Gap. TS and SFW provide essential resources that can help mental health organizations and psychiatric treatment teams bridge the gap that currently exists between mental and physical health. The underlying philosophy of TS and SFW is that overall health is important to mental health, and that an important part of the mental health recovery process includes health and wellness. These materials can assist and inspire treatment teams and participants to address many of the modifiable risk factors (including obesity, inadequate nutrition, physical inactivity, substance use, and lack of effective illness management skills) that contribute to the high rates of medical morbidity, mortality, and relapse seen in people with serious mental illness.

Overcome Treatment Obstacles. Because of the additional burden caused by a variety of psychotropic medications, people with psychiatric disabilities may be even more challenged by weight problems and its secondary complications. Additionally, socioeconomic factors that make it more difficult to purchase items (such as healthier foods) and/or participate in physical activities (such as joining a gym), or access appropriate primary care and preventative services, that could lead to improved health, further complicates the issue. Cognitive and motivational barriers to learning and behavioral change sometimes encountered when working with people with psychiatric disabilities may pose further challenges to illness self management, reducing relapse, sustaining medication adherence, attaining and maintaining a healthy weight, and making healthy lifestyle choices. Solutions for Wellness takes the expert advice found in the USDA Dietary Guidelines for Americans and other scientific-based information and tailors it for use in mental health settings. See Background Information and Additional Pertinent Information for SFW section later in this Implementation Guide for more information about the use of monitoring and treatment guidelines, evaluation, and outcomes.

Why use TS and SFW?
(cont.)

Identify Your Implementation Goals. There are many higher-level goals that facilitators, treatment teams, and organizations may want to achieve by implementing TS and SFW. Goal identification is an important step, and it is likely to help shape your implementation planning process. Which of those listed below are your goals, the goals of your program, and/or your organization's goals?

a. Provide evidence based services
b. Incorporate recovery oriented interventions
c. Adopt a "complete wellness" approach that bridges the gap between mental and physical health
d. Use materials that can help participants overcome treatment obstacles
e. Collect and compile data to demonstrate the positive impact of services
f. Implement services that can be provided by all members of the treatment team
g. Engage participants as active partners in recovery
h. Incorporate materials that can be used across the continuum
i. Increase intensity of services
j. Comply with standards and guidelines
k. Invest limited staffing resources in cost-effective classes/groups
l. Help staff meet productivity requirements
m. Provide staff with resources that can be used within individual sessions
n. Offer services that are fun and easy to do
o. Other: _____

_____

Potential Participants

These workbooks are specifically designed and explicitly tailored for:

- Adults who have psychiatric disorders such as schizophrenia and bipolar disorder.
  - People who are at any point in their recovery.
  - Individuals at any stage of readiness to change.
  - Individuals who lack, need, want, and/or might benefit from the knowledge and skills conveyed in the workbooks.
  - People who have at least a basic capacity to comprehend, learn, apply, retain, practice, and use the knowledge and skills.

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Where TS and SFW Could be Used

TS and SFW can be and are being used across the continuum of behavioral health care settings.

Who Can Facilitate Sessions

All members of the treatment team can, and do, use TS and SFW. The user-friendly design of the curriculum makes the materials suitable for use across disciplines and various levels of education or experience. Specific expert tips for implementing TS and SFW in various settings and for recruiting and retaining group members can be found at www.treatmentteam.com.

How the Sessions are Structured

Nine Step Session Progression. There are nine (9) key tasks that facilitators complete which comprise the structured progression of each session and follow the TRIMM acronym:

1. Review Main Learning Points from the last session
2. Discuss Personal Practice Option completion from the last session
3. Complete, score, give feedback and collect Pre Topic Assessment
4. Introduce Topic and Relevance for Participants
5. Identify Session Objectives
6. Read, discuss, and complete Participant Handout
7. Review Main Learning Points of this session
8. Pick Personal Practice Options
9. Complete, score, give feedback and collect Post Topic Assessment or the Small Healthy Step

Five Components of Session Materials

There are five (5) primary components of materials for each session that are used to follow the session progression. To gain the full benefit of the program as designed, you may want to use all five components of the materials as they are laid out. However, these components can be used in any number of ways to enhance your programming. For example, pre- and post-topic assessments are not critical if they do not meet the needs of your particular program. Use what adds value to you.

The components are designed to help you optimize effectiveness, apply evidence based approaches, engage and motivate participants, and measure outcomes. Although there is a high degree of consistency among major components, a few sub-components may vary. For example, some facilitator's guides include general tips, potential problems and possible responses, while others do not.

1. Facilitator's Guide

(Take it with you into the session.)

a. **Main points of last session.** Gives you the information you need to facilitate a review of the previous session.

b. **Tips for this session.** Offers ideas for conducting this session.

c. **General facilitation tips.** Briefly describes an effective facilitation strategy you can use.

d. **Potential problems and possible responses.** Anticipates obstacles you may encounter during the session and suggests ideas for dealing with those problems.

e. **TRIMM.** Provides a uniform structure for all the sessions to enhance motivation and engagement.

T – topic introduction
R – relevance to participant
I – identify objectives
M – materials for session
M – motivate to use

f. **Suggestion for topic introduction and relevance.** Gives you ideas for interactively engaging participants in the topic as you introduce the session.

g. **Answer key.** Identifies correct answers so you can score the pre/post knowledge questions that are included in the session's Topic Assessment.

2. Review of Previous Session

(Copy, distribute to participants, prompt completion, and facilitate discussion.)

a. **Main Learning Points.** Provides cues to help participants recall and participate in written and/or oral review of the previous session's main points.

b. **Personal Practice Options (TS) or Take A Small Healthy Step (SFW).** Prompts participants to use something they've learned in a session before they meet for the next session (motivate to use the materials).

3. Pre/Post Topic Assessment

(Copy, distribute to participants, prompt completion, score, provide individualized feedback, and collect at the beginning and end of each session.)

a. **Knowledge Questions.** Enables you to determine what participants know, measure knowledge acquisition, and include a measurable outcome in progress notes.

b. **Topic Importance Rating.** Provides you with a numeric rating that represents each participant's perspective about the importance of the session's topic. Also enables you to compare pre and post session ratings of importance.

c. **Confidence Rating.** Gives you a numeric rating that indicates how confident participants are about the knowledge or skills that are included in the session. Also enables you to compare confidence ratings at the beginning and end of each session.

d. **Helpfulness Rating.** Provides you with measure of the degree to which each participant perceived the session as helpful.

e. **What Participants Liked.** Gives each participant an opportunity to provide you with narrative feedback about what was especially good about the session.

f. **Suggested Improvement.** Provides each participant an opportunity to give you narrative feedback about what could have made the session better.

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Five Components of Session Materials (cont.)

4. **Participant Handout.** The participant handout is the central focus of each session. It structures the knowledge and skills that you will help participants acquire during the session.

5. **Review and Moving Forward**
   (Copy, distribute to participants, prompt completion, and facilitate discussion.)
   a. **Main Learning Points.** Provides a designated place to write the main learning points of the session to promote retention and review.
   b. **Personal Practice Options (TS) or Take A Small Healthy Step (SFW).** Gives participants a variety of choices for utilizing knowledge and skills between sessions, based upon differences in individual readiness for change, preferences, abilities, supports, and learning styles.

Components of Solutions for Wellness

Choosing Healthy Eating and Wellness. This workbook, intended for participants, has 25 sessions (topic areas). It was designed to help people with mental illness make healthier food, beverage and other health-related choices. The workbook explores the many decisions people make everyday about food and beverages. It helps to raise awareness about how the environment and other factors that influence the choices people make. Additionally, the workbook addresses other health related issues including physical activity, stress, and how stress can impact eating. The Dietary Guidelines for Americans are highlighted as a foundation to developing a balanced eating pattern. Strategies to improve eating habits are addressed. Information, tips, and tools are provided to help people make wiser choices. Like the participant handbook, a small steps approach to change is encouraged.

Choosing Physical Activity and Wellness. This workbook, also intended for participants, has 18 sessions. The basic premise of this workbook is that there are many mental and physical health benefits associated with physical activity. It reinforces that most people can easily and safely reduce sedentary (inactive) behaviors and add more physical activity to their daily routine by using a "small healthy steps" approach. Additionally, this workbook addresses other health related issues including tobacco, stress, sleep, and healthy eating.

Handouts by Session. You will find a variety of handouts that are utilized repeatedly during various sessions. These are for your use to copy as many times as you need.

Components of Solutions for Wellness (cont.)

Recipes. This section contains various healthy recipes that facilitators may wish to share with participants to put new healthy eating information into action. Sometimes participants may be encouraged to try a recipe in-between sessions.

Introduction to the Facilitator's Checklist

Not only is the quality of the materials that you use important, but how you impart the information and facilitate the session may also contribute to successful outcomes. **The Facilitator's Checklist** on the next page is designed to guide the process of conducting sessions for both TS and SFW. Consider taking this checklist into your sessions, and using it to guide session flow, as you gain experience with the structure and sequence of the workbook materials.

It can serve as a helpful reminder for facilitators to prepare for sessions, as well as to remember to check in about personal practice completion, to be mindful of cultural issues, and other important steps.

Facilitator's Checklist: A Menu for Success!

This checklist is designed as a tool that may help you plan, structure, and conduct effective sessions. It is also intended to boost your ability to help participants put knowledge and skills into practice. You are encouraged to integrate your own techniques and style during the session. Below is the information on the first page of the facilitator checklist, which you will find in your binders.

Prepare for session

- Review session, determine topic introduction and evaluate need to incorporate objectives into treatment plan
- Review facilitator notes for next session so you are able to include the participants in advance (invite them to bring something to group, etc.)
- Copy session material and additional handouts (if needed)
- Review main learning points from previous session
- Evaluate need for visual aids or interactive exercises (food labels, pill box, etc.)
- Review current enrollees and call the day prior for reminder
- Have group room available with necessary supplies (pencils, flip chart, etc.). Ensure the physical environment is welcoming, comfortable and attractive
- Write on board/flip chart – topic or any other introductory material you want to visually emphasize
- Prepare additional material such as certificate of attendance or snacks

Involve participants

- Begin on time
- Use positive feedback early, frequently and specifically
- Engage participants by reading aloud or writing on board/flip chart
- Stop and discuss frequently
- Facilitate summarization
- Direct questions to individuals
- Maintain balanced participation
- Express expectations for regular attendance
- Maintain good boundaries and minimize self-disclosure

Repeat and Reapply

- Use concrete relevant examples that apply to real life situations
- Invite general and personal examples
- Apply multimodal learning
- Give emphasis to main learning points
- Encourage note taking
- Utilize recitation
- Support and reinforce participation

Motivate and Engage

- Provide recognition
- Circulate
- Use adult-to-adult interactions
- Demonstrate a positive attitude and enthusiasm
- Emphasize strengths and encourage hope
- Employ creative methods
- Recognize individual stages of change
- Use creative and interactive exercises to motivate and engage

Reinvolve and Close

- Respond constructively
- Provide immediate prompts
- Cue to return or remain
- End on time
- Provide support regarding attendance and encourage return to next session

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Collecting and Reviewing Data

In most instances, uncollected data is information that is lost. It usually isn't practical, feasible, or even possible to go back and gather session data retrospectively. However, data that is collected, even if left unused for long periods of time, can be used at any point in the future. It is generally better to collect and not use, than to want to use data that was not collected. Listed below are 8 clusters of data that you might consider collecting and tracking. Some of the data can be gathered simply by consistently saving completed Pre and Post Topic Assessment papers. Other data can be gathered by recording small bits of data during each session. You may wish to use or modify the sample data tracker that follows this explanation of each data set. Once you have collected data, consider comparing pre to post distributions of scores and ratings and counting the number of improved scores and ratings (pre to post). Ensure that data is not skewed by influencing the responses of individuals who require assistance with completing assessments. Ensure that responses are those of the participant, without influence from the facilitator.

Personal Practice Options (TS) or Take A Small Healthy Step (SFW) Completion. Collecting these data will enable you to look back and see overall completion rates, collective trends over time, and if the completion rate for individuals changes over time. You may also use different strategies to see what might increase completion, and then track the data to see which strategies prove to be most effective. Keeping track of whether or not each participant completed his or her personal practice option or small healthy step can be done by making a few quick notations during each session while discussing people's practice experiences or by collecting the review page. You can devise your method of collecting the information or develop a uniform system with fellow facilitators. Either way, it's a good idea to write down what short-hand notations mean, even if it all seems quite obvious at the time.

Pre and Post Knowledge. Probably the most efficient way to gather knowledge data is simply to collect and keep the completed and scored Pre and Post Topic Assessments. In addition, during each session, you might jot down how many questions each person answered correctly out of the 4 knowledge questions, both pre and post. It is a good idea to record the scores as pairs of data (pre and post) so you can also pool collected data and look at an aggregate distribution of pre and post scores.

Pre/Post Topic Importance. The Topic Assessment includes an item that prompts participants to rate the importance of the session's topic. Encourage participants to rate topic importance at the beginning and end of each session. Tracking the ratings per participant will enable you to return to these numbers later and look for shifts in individual participant's ratings. You will also be able to aggregate the data and look for rating shifts, view rating distributions, and see if there are trends over time. Data collection may be done by assigning a numeric value to each response choice, such as: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree

Pre/Post Confidence. Another question on the topic assessment asks participants to rate their level of confidence. Although the focus of the question changes from session to session, tracking individual responses can help you determine if there are individual changes in confidence level from the start of the session (pre) to the end of the session (post). Recording confidence ratings can also help you look at aggregate distributions and determine if there are collective shifts in confidence ratings. As with the "Importance" rating, you can assign a numeric value to each response choice: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree, Unsure = 0

Collecting and Reviewing Data
(cont.)

Helpfulness. The last 3 questions on the topic assessment provide information about how satisfied participants are with each session, and are only completed at the end of each session. The first of the three satisfaction questions asks participants to rate how helpful the session was and enables you to gauge and reflect upon how beneficial the session was from the participant's perspective. These data may also allow you to see if individuals who sustain attendance tended to rate session helpfulness higher than individuals who drop-out without explanation. Other factors influence sustained attendance and drop-out rates, of course, but these data will at least provide an opportunity to see if this satisfaction indicator might be a potential contributor. You may also assign a numeric value to each of these response choices: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly Agree

Narrative Satisfaction Responses. The other two satisfaction questions ask for narrative responses regarding what participants liked about the session and how the session could have been better. Some participants will skip the last 2 questions, a few might write answers that might be of little value, such as "nothing" or "I have no idea," and other participants will give answers that don't seem to make sense, such as "least helpful and most helpful." However, some participants may offer thoughtful and valuable responses that could stimulate consideration, prompt positive recognition of session value, or indicate a need for improvement. Recording, pooling, and sorting or clustering narrative comments can serve as quality improvement information, highlight what is working well, and identify ways to improve the sessions.

Personal Practice Option or Small Healthy Step Selected. One quick method of tracking which practice option each person selects at the end of each session is to write that option's number and key word (e.g., 1 - Study) in a specific place on the individual's Post Topic Assessment as you collect the papers. Another quick method is to use the page that lists the practice options, and write each participant's name beside the option selected. Realistically, at the start of the next session, some participants probably will not recall the option they selected at the end of the previous session. Bringing your notes with you will enable you to accurately prompt or cue their recall. It would generally not be a good idea for you to collect and keep the page on which individuals write the main learning points and choose a personal practice option. That page is the participant's visual reminder to practice and it essentially represents a personal commitment to practice between sessions. In most instances, it is a good idea to encourage participants to take that page home along with their session handout.

Attendance and Absence. Tracking individual attendance data will help you identify when to recruit new participants to fill "empty chairs" (e.g., replace a participant who has been absent two or three consecutive sessions) and figure out the percentage of sessions each individual attended out of the total number of sessions conducted. Attendance data can also help you determine the average number of people who attend sessions over time, calculate the average absence rate, and estimate revenue in a fee-for-service billing environment.

Workbook Completion. Associated with, but different than tracking attendance, is collecting data about how many participants complete a workbook compared to the number of people who drop out before the final session. Analogous to high school dropout rates and graduation rates, these data will enable you to examine your results and may prompt you to experiment with ways to reduce dropouts and boost completion.

Sample Data Tracker and Attendance Form. The sample data tracker shown on the next page is organized according to the usual order of events during the session. The advantage of this method of organizing the data is ease and accuracy of data entry. If needed, columns can be reorganized later to make it easier to compare pairs of scores, such pre and post knowledge.

Collecting and Reviewing Data
(cont.)

This is a sample data tracker. Contemplation and reflection are recommended, but need not be written. The next page is a blank version of this form. You may use the form, adapt it, or create your own form to track your session data. Data can be tracked by hand or on computer.

Workbook: Relapse
Session #: 2
Title: Personal Cost of Relapse

Team Solutions + Solutions for Wellness
Data Tracker
Recovery Education + Treatment Center

Date: Monday, July 28, 2008
Time: 9:45 - 10:45 AM
Facilitator: Anthony

Participants	Previous Session Practice Option #	Completed Practice? 1=Yes 0=No	Pre Knowledge 4Q	Pre Topic Importance Rating 1-5	Pre Confidence Rating 0-5	Practice Option #	Post Knowledge 4Q	Post Topic Importance Rating 1-5	Post Confidence Rating 0-5	Session Helped Rating 0-5	Narrative Feedback
1. Dolly	1	1	2	5	4	1	3	5	5	5	It was good
2. Ann	3	1	0	5	4	2	2	1	3	5	least helpful & most helpful
3. Ernie	2	0	3	3	3	1	4	4	4	4	I learned more
4. Clark	2	1	2	5	5	1	3	5	5	5	none
5. James	1	1	0	5	5	1	2	5	5	5	I have an illness but it doesn't have me
6. Martina	1	0	1	5	4	3	3	4	4	5	none
7. Ivan	None	N/A	0	3	4	None	1	3	2	4	I have no idea about this session
8. Allen	1	1	4	5	4	1	4	5	3	5	Reaching goals
9. Tammy	2	0	3	4	4	1	3	5	4	5	You could get on a person's nerves asking them to do favors.

Reflections or Notations

More people completed PPO than I expected!
Tammy did not show improvement pre to post on the knowledge questions - I will experiment with strategies that might help her.
Ann's pre - post topic importance ratings look odd. She seems very disorganized. I'll explain it to her 1:1 next session and see what happens.
Allen's confidence rating dropped pre to post - I'm going to think about that and decide what to do.
Ann and Tammy had trouble giving a relevant response to narrative satisfaction questions. I will work with the two of them on that during the next session.
Ivan had difficulty throughout the session. I'm going to experiment with new strategies that might help him get more out of the sessions.

Collecting and Reviewing Data
(cont.)

Workbook: _____
Session #: _____
Title: _____

Team Solutions + Solutions for Wellness
Data Tracker

Date: _____
Time: _____
Facilitator: _____

Participants	Previous Session Practice Option #	Completed Practice? 1=Yes 0=No	Pre Knowledge 4Q	Pre Topic Importance Rating 1-5	Pre Confidence Rating 0-5	Practice Option #	Post Knowledge 4Q	Post Topic Importance Rating 1-5	Post Confidence Rating 0-5	Session Helped Rating 0-5	Narrative Feedback
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

Reflections or Notations

Collecting and Reviewing Data
(cont.)

This is a sample attendance form. The next page is a blank version. You may use the form, adapt it, or create your own form to track session attendance. Attendance can be tracked by hand or on computer.

Team Solutions + Solutions for Wellness
SAMPLE Session Attendance

Dates	10/20	10/27	11/3	11/10	11/17	11/24	12/1	12/8	12/15	12/22	1/5	1/12	1/19	1/26	2/2	2/9	2/16	2/23	3/2	3/9
Names	Session 1	2	3	4	5	6	7	8	9	10	11	12	13	14	1	2	3	4	5	6
Sally Jones	1	1	1	0	1	1	1													
John Pearson	1	1	Ø	Ø	Ø	DO														
Tom Umber	1	1	1	1	1	1	1													
James Wilson	1	1	1	1	DT															
Martha Kender	1	1	1	1	1	1	1													
Janet Marks	1	1	Ø	1	1	1	1													
Kevin Wasersil	Ø	1	1	1	1	1	1													
Willie Jamison	Ø	1	1	1	1	1	1													
Lola Reems				1	1	1	1													
Ron Walters					1	1	1													
Pam Stipple						1	1													
Molly Baker							1													
Total Present	6	8	6	7	8	9	10													
Facilitator's Initials	pls	pls	DM	pls	pls	pls	pls													

Facilitator Pamela L. Schmidt, MSW
Workbook Relapse
Day(s) of Week: Wednesday
Start - Stop Time: 1-2 PM

Attendance Key:
1 = Present
0 = Absent (no follow-up)
Ø = Followed up & doc contact re: absence
DT = Discussed Termination before departing
DO = Dropped Out, reason unknown

Collecting and Reviewing Data
(cont.)

Team Solutions + Solutions for Wellness
Session Attendance

Dates																				
Names	Session																			
Total Present																				
Facilitator's Initials																				

Facilitator _____
Workbook _____
Day(s) of Week: _____
Start - Stop Time: _____

Attendance Key:
1 = Present
0 = Absent
∅ = Followed up & doc contact re: absence
DT = Discussed termination before departing
DO = Dropped out, reason unknown

Trouble Shooting

Listed below are some of the problems you might encounter and some suggestions for overcoming obstacles and reaching resolution.

Not Completing Personal Practice. Personal Practice Options (TS) or Take A Small Healthy Step (SFW) extend knowledge and skills from the session into the lives of the participants. As illustrated below, each step in the learning process builds upon the next to help participants practice and integrate skills into their daily lives. However, especially during the initial sessions, it may be necessary to help participants successfully practice between sessions. Anticipating this potential problem from the first session, and building in strategies to foster success, will help reduce the tendency to become frustrated and jaded in response to low rates of practice completion.

You may quickly discover that the most common obstacle is that participants forget to complete their practice and/or can't recall the option they selected at the end of the previous session. Consider experimenting with different strategies to boost recall and completion: Involve participants in brainstorming a variety of ways to remember to practice:

A. Ask people to think about, write, or discuss an individual plan to remember and complete their practice.
B. Remind participants that you will ask about practice completion during the next session.
C. Engage participants in problem solving about obstacles.
D. Encourage participants to think about, write, or discuss how practicing between sessions will benefit them.
E. Provide recognition for practice completion and invite successful participants to share their method for achieving completion.
F. Prompt participants to think about, discuss, or write their motivation for practicing between sessions.

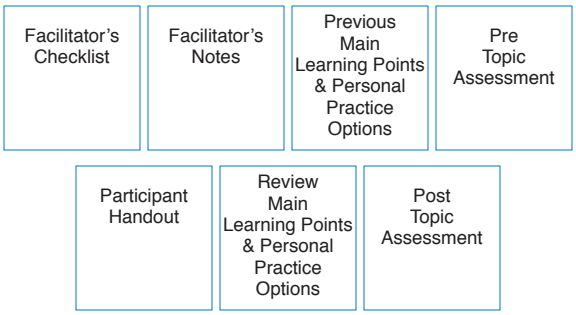
Optimal Outcomes can be Achieved when Each Participant:

- ★★★★★ Receives Recognition for Practicing Skills at Home
- ★★★★ Practices Skills at Home
- ★★★ Masters Skills in Sessions
- ★★ Learns Skills in Sessions
- ★ Gains Knowledge in Sessions

Scheifler PL, *Psychoeducation: Evidence Based or Best Practice,* IPS, 2005

Session Doesn't Flow. It is not unusual for facilitators to have some trouble "getting into the swing of things" when beginning to use the materials. Achieving a routine sequence of components, sense of rhythm, comfortable timing, and natural flow of the materials takes structure, time, mindful repetition, and persistence. Here are some tips you can choose from that may help you achieve a sense of session flow:

A. **Use Facilitator's Checklist.** Take the "Facilitator's Checklist" into the session with you. Follow the sequence of steps as listed on the checklist during each session.
B. **Organize Materials.** Arrange the session materials on the desk or table in front of you. If possible, set up a desk or table between the board and the participants. If feasible, leave sufficient space to walk around the table on all sides. Place the session materials on the table, from left to right, in the order in which you will use them. In this way, you can see the progression of the materials, and you can also see where you are in the sequence, as the session progresses. If possible, place the materials between you and the participants, instead of between you and the board, to help you avoid turning your back to participants.



C. **Make a list.** Create your own "session at a glance" sequence of components and refer to the list during each session until you have established a routine habit. Keep each item very brief and easy to read so you'll get the gist of each one with just a quick, fleeting look.

Lilly

Trouble Shooting
(cont.)

Not Enough Time. Especially during your initial sessions, you may find it difficult to fit all the session components into the time allotted. It generally takes at least a full 60 minutes to complete an entire session. If your sessions are less than 60 minutes long, consider lengthening the sessions if possible, possibly with more interactive session work. If 60 or 90 minute sessions are not feasible, consider dividing the content between 2 sequential sessions. Here are some tips for fitting all session components into a single session:

A. **Provide Prime Time Work.** Two pages of the session materials can efficiently be used as "Prime Time Work" or "Bell Work" during the first minutes of each session: (1) the page that reviews the last session's main learning points and practice options, plus (2) the Pre Topic Assessment. Develop a habit of consistently putting those two pages in the same place (e.g., on a table at the door, on a desk at the front of the room, or where each participant will sit) prior to the start of each session. If possible, give the Prime Time page to participants prior to the start of the session. Encourage participants to develop a habit of starting to work as soon as they sit down. Participants can continue completing the two components while you check to see who is present, locate missing participants, and complete other administrative tasks.

B. **Consider Giving a Five Minute Prompt.** Five minutes before the session is scheduled to begin, you may want to "make the rounds" to where participants are. Announce that the session will begin in 5 minutes, and encourage them to attend. If participants show up on time, you will have a greater chance of completing all of the session components.

C. **Start on Time.** In the press of multiple time demands, many facilitators get into the habit of arriving late for sessions. Make a conscious habit of being in the room, taking care of initial session tasks (e.g., checking to see who is present), at the designated session start time. Make copies of the session materials well in advance, rather than waiting until it is time to begin the session.

D. **Write One Word Answers.** When you review the main learning point (MLP) from the last session with participants, instead of writing all the words on the board or flipchart, simply write the number and the key word that fills in the blank (e.g., 1. Recovery). This enables everyone to see the key word. Prompt participants to write that key word in the fill-in-the-blank on the review page, if they haven't already done so. Consider calling on one participant to briefly say something about the MLP. Then move to the next MLP, repeating the same steps for each MLP from your last session. It isn't necessary to spend a lot of time reviewing these MLPs in detail. This is just "a quick refresher" to jog everyone's memory, prompt retrieval, and promote storage in long term memory.

E. **Write Main Learning Points (MLPs) Together.** Writing each of the MLPs on the board or flipchart when they appear in the emphasis box in the handout is a terrific strategy, but it takes time. How can you get the benefits of having the MLPs on the board, to help focus attention during collective recitation, and make the closing review easier, without having a lot of "dead time" in the session while you write them? Consider directing participants to write the MLP in the space provided on the review and personal practice page, as you write each MLP on the board.

Trouble Shooting
(cont.)

F. **Stay on Topic.** Unfortunately, there is probably not sufficient time to include all session components if a lot of time is spent expounding, or getting input from every participant about each discussion point. Monitor the session time, and stay focused on the handout and the topic.

G. **Set Aside Closing Time.** Depending on the number of participants and how gifted they are, it may take 5 – 10 minutes to complete the final session components: personal practice options or small healthy steps and post topic assessment. Pace the session to intentionally set aside sufficient time to complete the final components without rushing.

Different Participants from Session to Session. In some treatment settings there may be little or no consistency in the participants who attend sessions over time. Attendance may be voluntary, turn-over may be rapid, transportation may be unreliable, or other factors may conspire to make regular attendance difficult, impractical, or unlikely. Whatever the reasons, there may only be one or two individuals in a session who attended the previous session. This makes fostering cohesiveness among participants extremely challenging and session continuity difficult. It may or may not be possible to identify and resolve each of those problems and improve consistent attendance.

As long as there is at least one participant who attended the preceding session, it is usually preferable to adhere to the standard progression of session components. The fill-in-the-blank format used to review the previous session's MLPs will enable all participants to think about the MLPs while contemplating what word will complete each sentence. At the end of the session, encourage all participants to choose, and make a commitment to complete, one of the practice options, regardless of whether or not attendance in subsequent sessions is anticipated.

Non-Sequential Sessions. Sessions within each workbook provide a logical flow and structured sequence of information. Because of this, it is generally a good idea to select a single workbook and follow the intended sequence of topics. However, the content of each session is self contained and can be used independently from the rest of the workbook. Some facilitators will choose to use topics from various workbooks, rather than following the session sequence within a single workbook. It is still a good idea to use all of the session components, including review of the previous session's MLP and practice options (for both TS and SFW). Here's how you can use non-sequential sessions and still have continuity from session to session:

A. **Copy the review page for your previous session.** Don't copy the review page that accompanies today's session, because you did a different topic during your last session. Instead, go back to the topic you used for the last session, and copy the review page that matches that topic. The review page you need is included in the session materials for the next topic in that workbook. That particular review page will enable you to facilitate a review of the MLP from your last session.

B. **Look up the answers.** Be sure to look at that same session's Facilitator's Guide for the answers to the MLP fill-in-the-blanks, so you don't get stumped during the review! Of course, you could probably figure out the answers, but we all go blank sometimes when we're on the spot.

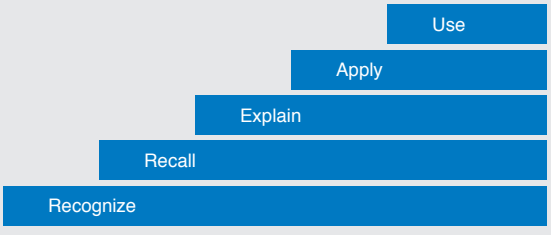
C. **Review personal practice completion.** Below the MLPs, that same review page also prompts a discussion about how participants did with completing the personal practice option they selected at the end of your last session. Reviewing individual practice experiences will reinforce integration of the previous session before bridging into today's session.

Trouble Shooting
(cont.)

Practice Overload. In an intensive day program (such as day treatment, partial hospitalization, crisis stabilization, or inpatient unit) it might be unrealistic to expect participants to complete personal practice goals following each and every session. In some day programs, participants attend up to 20 sessions per week. Practice overload is likely to occur if 2-3 sessions per day include the expectation of choosing and completing practice goals. Day program staff may decide to limit the selection of practice options to just a few sessions per week, to keep expectations for completion realistic and attainable. In contrast, personal practice options are probably ideally suited for routine use in weekly outpatient groups or classes. Just one or two practice options will be selected by each participant, and there will not be interim sessions that compete for retention, recall, or personal practice time.

Differing Cognitive Levels. It is not unusual to have participants with different abilities, readiness for change, capabilities, severity of symptoms and impairments, and literacy levels. This diversity can make it quite challenging to individualize services and meet the needs of each participant without leaving anyone behind. The 5 Steps to Mastery Based Learning can help facilitators personalize and individualize learning experiences, gear engagement opportunities to challenge each person, and help people attain the next step. For example, if a participant is able to explain what relapse means, during the next interaction with that participant the facilitator might ask the individual to apply the concept to his or her personal life experience.

5 Steps to Mastery-Based Learning



Scheifler PL, Effective Educational Strategies, essentiallearning.com and cequick.com.
Diamond, Rand Scheifler PL. Treatment Collaboration, 2007

Participant Objects to a Strategy. At some point, you are likely to encounter a participant who expresses a complaint about a specific facilitation strategy. For example, an individual might object to being called on to answer questions, read aloud, or summarize. No matter what strategy you use, there is likely to be someone who will object at some point in time. A valuable technique is no less valuable if one person doesn't like it.

When you encounter an objection, acknowledge the feedback, ask for additional information if needed, take time to think about the feedback, and make a thoughtful decision about what you will do. Sometimes it is a good idea to alter your approach with one participant – that's the heart of individualization. Another option is to continue to actively facilitate participation, include everyone, engage each individual, and invite equitable involvement while making it clear that, "I pass" is always a legitimate response from anyone who chooses not to engage or contribute.

Sleeping During Sessions. The more engaging your session is, and the more you involve participants, the fewer management problems you will have during your sessions. (Stronge, JH., *Qualities of Effective Teachers,* Association for Supervision and Curriculum Development, 2007.) However, no matter how interesting your session, there will probably be some individuals who have trouble staying awake. It may be tempting to just let the person sleep. However, part of your role as facilitator is to involve people as active participants to the greatest degree possible.

Keys to dealing effectively with behavioral problems include: responding immediately, be non-critical, and prompting a replacement behavior. Strategies you can practice during your sessions include: getting the person's attention, correcting posture, giving clear directives, and actively involving the person (e.g., reading, writing, answering questions). If correcting posture and reengagement do not result in sustained alert attention, then suggesting a short break (walking around, getting fresh air, washing face, doing jumping

Lilly

Trouble Shooting
(cont.)

jacks, or getting a drink of water) might be a logical next intervention. Avoid spending an inordinate amount of time with people who have trouble staying awake. If an individual falls asleep again after you have corrected posture, reengaged, and suggested a break, then the best strategy might be to let the person sleep and evaluate later. After the session is over, take time to express concern, seek explanation, and agree on a plan for solving the problem.

Chaotic Session. Occasionally a session will seem out of control and chaotic. There might be a rash of participants interrupting each other, having side conversations, not paying attention, sleeping, leaving the room, etc. Don't lecture or scold, but rather engage all participants in identifying at least one example of "proper classroom behavior." This strategy is likely to help move the participants into a place where they can work with you.

Wrong Answers. Another frequently raised concern is how to respond to participants who give incorrect, disorganized, off-topic, or irrelevant responses to invitations to participate. Perhaps the most important point is to avoid embarrassing the individual. Consider choosing and practicing one or more of the following strategies, based on the situation and the participant:

- **Provide Coaching.** If the person might be able to give a more relevant response with assistance, then provide coaching, offer a hint, reword the question, or provide a cue.
- **Give Recognition.** Another option is to give the person positive feedback and recognition for participating without confirming or disputing the specific response. For example, simply say "thank you" and call on one or more additional participants to answer the same question.
- **Anchor Response.** A more challenging option is to choose one word or a fraction of the person's response and anchor it to the topic. Create a context in which the person's response has some relationship to the topic. Rephrase the person's response in such a way that the connection is drawn and reinforce the person's participation.
- **Give Answer and Request Elaboration.** Consider using this technique if a participant makes an effort to answer a question, but is unable to come up with a correct response. Tell the person the correct answer and ask the individual to restate it in his own words, explain it, say more about it, or identify an example.

(Marzano, R., *Classroom Management that Works: Research Based Strategies for Every Teacher*, Association for Supervision and Curriculum Development, 2003.)

Certificate of Completion

When the final session of a workbook has been completed, consider giving each participant a certificate of completion. Many participants take pride in earning certificates and treasure them as visual reminders of a significant achievement. Consider ways to make awarding a certificate a celebratory event that recognizes individual accomplishments

Criteria. If there is established criteria for earning a certificate (e.g., attend at least 80% of the sessions), be sure all participants are aware of the expectations during the first session. Repeat the criteria as needed so participants will keep it in mind. Here are two options for tracking attendance to determine if the criteria have been met:

- **Table of Contents.** Give each participant a copy of the workbook's table of contents. Instruct the participants to keep the table of contents in their notebook, in a place where they can quickly locate it. At the start of each session, instruct each participant to place a check mark by the title of the session for the day.
- **Attendance Record.** Maintain an attendance log for each workbook. List the name of each person who is enrolled, the session date, the number of the session that was conducted on that date, who attended, and who missed the session. A sample attendance record is included in the appendix.

Make-up Sessions. Consider offering at least one uncomplicated option for make-up sessions for people who don't meet the criteria for earning a certificate by the final session of the workbook.

Late Enrollment. If you recruit participants to join the sessions mid-series, to fill empty chairs vacated by people who stopped attending, be sure to make advanced provisions for how such individuals can earn a certificate. If you conduct the sessions in a circular manner, starting over at session 1 after completing the workbook, consider offering certificates when those individuals complete all the sessions, regardless of their starting point. For example, a participant who begins attending during session 8 of a 16 session workbook could attend sessions 8-16, then reenroll and continue attending for sessions 1-7, and earn a certificate at the end of session 7, having completed the series. That participant would also have the option to continue attending through session 16, or opt not to repeat the final sessions, providing an empty chair for a new participant to join the series of sessions.

Background Information and Additional Pertinent Information for SFW

Background Information

The first edition of SFW was published and released in 1998. Since that time, hundreds of behavioral health care organizations across the United States, Canada, and other countries have been utilizing the program. Maintaining an appropriate weight through a healthy diet and regular physical activity has health benefits for all, but individuals with psychiatric disabilities may face a greater challenge in achieving this goal. SFW is providing tens of thousands of people living with major mental illnesses with the knowledge required to make informed decisions about healthier eating, physical activity, and other healthy lifestyle behaviors. It also provides people with strategies and tools to follow through on those decisions. SFW has become a standard of care in many mental health facilities across the U.S. This program, which has been utilized to prevent and reverse psychotropic-associated weight problems, has been identified as a best practice approach addressing health and wellness in psychiatric populations. Evidence suggests that using the SFW program alone, or in conjunction with other wellness materials, can help reduce, reverse, and prevent psychotropic-associated weight gain and related secondary medical problems.

(Littrell et al.; Vreeland et al. 2003; Menza et al, 2004; Vreeland B. 2007).

The Obesity Epidemic

As of 2008, the prevalence of obesity in the United States had nearly doubled in the prior two decades. At that time, nearly one-third of adults suffered from obesity, and its accompanying medical co morbidities, and an additional one-third of adults are overweight. In 1998, The National Heart, Lung, and Blood Institute (NHLBI), published Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. The objectives of the guidelines are to 1) identify, evaluate, and summarize published information about the assessment and treatment of overweight and obesity; and 2) provide evidence-based guidelines for physicians, other health care practitioners, and health care organizations for the evaluation and treatment of overweight and obesity in adults. This document guides clinicians through the selection of appropriate treatment options based on a patient's weight, medical history, preferences, and readiness. The guidelines recommend that practitioners utilize Body Mass Index (BMI) and waist circumference to assess overweight and obesity.

Screening Tools for Overweight and Obesity

Screening tools such as Body Mass Index (BMI) and Waist Circumference are used to assess overweight and obesity, which are risk factors for secondary health problems such as type 2 diabetes and hypertension. BMI is a tool for indicating weight status in adults. It is a calculation based on weight and height. Adults 20 years and older with a BMI of 25-29.9 are considered overweight and 30 and above are considered obese. The BMI ranges are based on the effect body weight has on disease and death. As BMI increases, the risk for some diseases also increases. BMI is only one of several indicators used to predict risk for disease. It is highly recommended that along with BMI, Waist Circumference should also be measured, (unless the BMI is > 35). Waist Circumference measures the fat located around the abdominal region. A waist measurement of more than 35 inches for women and 40 inches for men puts an individual at increased risk for developing obesity related health problems.

Background Information and Additional Pertinent Information for SFW (cont.)

When is Treatment of Overweight or Obesity Recommended?

- BMI ≥30 or
- BMI ≥ 25–29.9 or high waist circumference (>40" men/>35" women)

  and
- 2 or more risk factors (disease conditions, other obesity-associated diseases, and/or cardiovascular risk factors)

Note: For individuals taking second-generation antipsychotics, it is important to track these measurements as well as blood pressure, fasting glucose, and lipid profile. This is a recommendation of the Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes, (American Diabetes Association, 2004).

NHLBI Guidelines. Assessment of patient motivation for weight loss including the following factors:

- Reasons and motivation for weight loss;
- Previous history of successful and unsuccessful weight loss attempts;
- Family, friends, and work-site support;
- The patient's understanding of overweight and obesity and how it contributes to obesity-associated diseases;
- Attitude toward physical activity;
- Time availability;
- Barriers; and
- Financial considerations

Standard Strategies for Weight Loss

- Dietary therapy
- Physical activity
- Behavior therapy
- Combined therapy
  (Dietary, physical and behavior)
- Pharmacotherapy
  (see Small Steps Approach below)
- Weight loss surgery
  (see Small Steps Approach below)

Goals of Weight Loss and Management

- Prevent further weight gain
- Reduce body weight (target 10% weight loss; see Small Steps Approach below)
- Maintain body weight over the long-term

Small Steps Approach. A special note about people with serious mental illness (SMI) and weight loss. A helpful motto for some individuals is "to go slower and take longer." A "small steps approach" to weight loss and weight management is emerging in the obesity field and may be of particular assistance to people with SMI. The "small steps approach" to developing healthier eating and physical activity patterns has been utilized in this edition of Solutions for Wellness. There is not a wealth of information about pharmacotherapy and weigh loss surgery in people with SMI. Lifestyle therapy combining changes in diet, exercise, and behavioral strategies is recommended in this population. Utilizing the transtheoretical stages of change model with motivational counseling techniques can help to move people toward healthier lifestyle choices. This approach has also been intertwined throughout the SFW program.

Background Information and Additional Pertinent Information for SFW (cont.)

Advances in Wellness Information. Since SFW's initial release over a decade ago, there have been many new scientific advances and discoveries in nutrition and physical activity as well as other key areas of health. In 2010, the USDA released a revised Dietary Guidelines for Americans. Many additional enhancements were made to the SFW manual during the revision process. For instance, there has been an increased emphasis on services that are available, accessible and of high quality; treatment that is both person and family centered; the integration of physical health and mental health services; cultural sensitivity; collaborative practice models which utilize a shared decision making approach; mental health recovery; and incorporating evidence-based psychosocial approaches such as motivational counseling techniques and cognitive-behavioral approaches into psychoeducational interventions to enhance outcomes. All these aspects and more have been taken into consideration in this edition of the SFW.

The obesity epidemic is of great public health concern and the 2010 revision of the US. Department of Agriculture (USDA) Dietary Guidelines for Americans (DGA) addresses the eating and physical activity changes needed to ameliorate this problem. The 2010 DGA provides information for choosing a nutritious diet, maintaining a healthy weight, achieving adequate physical activity, and keeping food safe to avoid food borne illness. The eating plan emphasized is one that will give your body the balanced nutrition it needs by eating a variety of nutrient-packed foods every day. These eating patterns are not "fad diets," but examples of healthy eating that promotes well-being and reduces the risk of many chronic illnesses linked to obesity.

Metabolic Monitoring. Antipsychotic medications are an essential component to the treatment of schizophrenia and other forms of serious mental illnesses, however, several authoritative guidelines have been developed for the monitoring and management of metabolic disturbances in individuals taking antipsychotics. Guidelines and recommendations from the Mount Sinai Conference on Medical Monitoring and the American Diabetes Association/American Psychiatric Association (ADA/APA) Consensus Development conference on Antipsychotic Drugs and Obesity and Diabetes have been developed for use. The ADA/APA Consensus Guidelines have developed a monitoring protocol. It is anticipated that following monitoring guidelines can help reduce the medical morbidity and mortality seen in this population. In addition to the risk factors identified on the ADA/APA Consensus Guidelines, it is also recommended that smoking/tobacco use and physical inactivity be assessed and monitored as additional modifiable cardio metabolic risk factors.

Background Information and Additional Pertinent Information for SFW (cont.)

We recommend getting the baseline measurements advised in the ADA/APA Consensus Guidelines, or other expert guidelines, prior to starting the SFW program and at regular intervals. Baseline measurements are essential for monitoring progress and outcomes. Additional tools for monitoring progress and outcomes are included in the SFW program. These include optional pre/post topic assessments that measure knowledge, satisfaction, and confidence (self-efficacy).

Quality Improvement. At the organizational level, behavioral health care facilities may wish to consider developing a quality improvement process that supports increased access to physical health care and ensures appropriate prevention, screening, and treatment services (NASMHPD report, p. 42). The NASMHPD Morbidity and Mortality in People with Serious Mental Illness report (NASMHPD report, p. 78) provides a table of Quality Measures for Patients with Co-Occurring Medical and Psychiatric Conditions Treated in the Mental Health Specialty Settings. A few of the measures listed include:

- The percentage of mental health practicitioners who prescribe medications, who have competence in detecting and monitoring diseases with high prevalence in the SMI (cardiovascular conditions, smoking, obesity, pulmonary disease, thyroid disease and infectious disease):
- The percentage of patients for whom medical records and laboratory data are available
- The percentage of patients with annual fasting glucose levels
- The percentage of patients with fasting lipid profile and glucose levels 12 weeks after initiating atypical antipsychotics
- The percentage of patients on psychotropic medications who receive appropriate monitoring every 6 months
- The percentage of patients advised about level of physical activity
- The percentage of patients abstinent from smoking for 6 months
- The percentage of patients involved in increased level of physical activity
- The percentage of patients with SMI who are satisfied with their physical health care
- Change in health status over defined interval (e.g. SF-12, etc.)

Addressing Morbidity and Mortality Problems. The report identifies several major actions necessary to address the increased morbidity and early mortality in the SMI population:

- Prioritization of the public health problem of morbidity and mortality and designation of the population with SMI as a priority health disparities population.
- Tracking and monitoring of morbidity and mortality in populations served by our public mental health systems (surveillance).
- Implementation of established standards of prevention, screening, assessment, and treatment.
- Improved access and integration of physical health care services.

Provider Agencies/Clinicians: The NASMHPD report recommends five major areas of focus at the provider agency/clinician level:

- Adopt as policy that mental health and physical health be integrated.
- Help individuals to understand the hopeful message of recovery, enabling their engagement as equal partners in care and treatment.
- Support wellness and empowerment in persons served, to improve mental and physical well-being;
- Ensure the provision of evidence-based physical and mental health care by provider agencies and clinicians.
- Implement care coordination models.

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