

HERO

(Healthy Emotions and ImpRoving Health Behavior Outcomes)



Clinician Manual

Gina Evans-Hudnall, PhD; Charles Brandt, MS; Nicholas Armenti, MA;
Patricia Dubbert, PhD, & Melinda Stanley, PhD

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Development of HERO Intervention

The purpose of HERO is to provide participant-centered integrated behavioral health treatment to improve psychological symptoms, health behaviors, and weight management among obese Veterans with coexisting emotional distress. We examined psychological barriers to engaging in weight-management behaviors among Veterans with coexisting depression and/or anxiety, via semistructured interviews. Five barriers/facilitators were described in the semistructured interview data, which informed the preliminary content of the integrated intervention: (a) psychological symptoms created barriers to engaging in healthy eating and physical activity, (b) lack of perceived support for the practice of positive weight-management habits kept some from trying to improve their habits?, (c) transportation difficulties prevented some participants from attending weight-management treatment sessions, (d) family responsibilities prevented some participants from attending management treatment sessions, (e) decreased and inconsistent motivation was a barrier to practicing healthy weight-management habits, and (f) lack of a tailored treatment approach was a barrier for practicing healthy weight-management habits.

The information from these interviews, evidence-based studies and treatments for obesity and coexisting psychological distress, and from experts in the field of treatment intervention development for weight and mental health symptom management were used to develop the manual and intervention sessions. We initially made several key decisions about the content of the intervention. We decided to target Veterans with depression, anxiety and posttraumatic stress disorder-related symptoms to take a transdiagnostic approach to treatment. We targeted these symptoms due to their high prevalence rates with obesity, and we wanted the treatment to have a broad reach among Veterans with psychological symptoms. Symptoms of depression were addressed in a depression workbook, whereas symptoms of anxiety were addressed in the anxiety workbook.

Regarding content, we included psychoeducation regarding the link between negative emotions, unhealthy eating, dietary choices, and physical inactivity to improve participants' understanding of ways emotions influence their weight-management choices. We included some key information provided in MOVE! to reinforce weight-management education. Based on evidence-based cognitive-behavioral therapy (CBT) literature in Veterans, we chose to target behavioral-activation, problem-solving, cognitive-restructuring, and thought-stopping skills in each session. We decided to structure the sessions by teaching CBT skills to participants and allowing them to practice the skills to increase their mastery. We identified and developed six core sessions that teach CBT skills that address symptoms of anxiety and depression. We developed elective sessions that address comorbid health conditions that create problems to weight-management engagement that were identified in the qualitative findings.

We decided to personalize the treatment for each participant rather than take a standard approach, to have greater impact and engagement. Thus, we designed much of the intervention to be collaborative and interactive rather than didactic. To make the intervention interactive and personalized, we had clinicians work with the participants to: (1) identify two elective sessions to receive in addition to the six core sessions; (2)

establish personalized dietary and physical activity goals during the first session; (3) role play each skill taught in the sessions; (4) establish a plan to use each skill to meet the personalized dietary and physical activity goal; (5) review barriers to practicing skills between sessions, and make a plan for minimizing barriers; and (6) develop maintenance strategies and a relapse-prevention plan to help sustain achieved goals and behavioral changes. Motivational interviewing is used to aid participants in overcoming their barriers and maximizing their engagement in achieving their goals.

Having an adequate level of perceived support is essential in successful psychological and weight management efforts. To incorporate support into our intervention, we dedicated a session to teaching participants how to identify and ask for support from family and friends to aid in meeting their personalized goals and using their CBT skills.

We decided to be flexible with our delivery approach by allowing participants to receive the sessions in person or via phone. This option was offered to accommodate participant schedules and overcome transportation and financial barriers. In our prior research experience, providing sessions by phone addressed psychological symptom barriers, such as social isolation, that may prevent participants from receiving needed services. It also can increase access to services.

These decisions contributed to the development of the Healthy Emotions and Improving Health Behavior Outcomes (HERO) program. In summary, HERO is an integrated CBT that consists of six core and two elective sessions (selected collaboratively by the participant and clinician). It was designed to be personalized and easily accessible.

The treatment was pilot tested and refined, based on Veteran feedback. The treatment was tested in a randomized controlled trial and has shown preliminary effectiveness in improving self-efficacy for weight management, healthy eating behaviors and engagement in physical activity, despite having psychological symptoms.

Throughout the text, suggested, scripted comments are provided in blue italics that you might want to follow in teaching the skills in the workbook.

Overview of HERO Program

All participants will receive eight weekly HERO sessions, including two core and six elective evidence-based sessions that focus on improving health behaviors and depression and/or anxiety symptoms. Work with the Veteran to select the six elective sessions that will best meet his/her needs, after completing session 4. For example, if the Veteran has high levels of depression and anxiety, suggest that s/he use the elective sessions from the opposite module. The HERO sessions will be provided weekly but will be conducted via telephone. The use of telephone contacts is an attempt to increase access, reduce attrition, and increase satisfaction with the intervention. Telephone contacts allow flexible scheduling. They also reduce barriers, such as stigmatization, transportation, and scheduling difficulties.

Telephone sessions will last approximately 45-60 minutes. Practice exercises are assigned at the end of each session, with forms included in the Veteran's handouts to record Daily Practice. Specific instructions to facilitate rapport and skills training during telephone sessions are as follows:

1. Ask the Veteran if s/he is still available and has time for the session.
2. Provide instructions to the Veteran to remove all distractions, because it can be easy to get distracted. Possible ways to approach distractions include asking the Veteran if s/he can go to another room that is private or turn off the TV or radio.
3. Ensure that the Veteran has all the necessary forms and materials in front of him/her.
4. Tell the Veteran how long the session will be (approximately 45- 60 minutes) and remind him/her that if s/he needs to use the restroom, or becomes tired, s/he should not hesitate to ask for a break. Also, should something more than a brief pause be necessary, there is the option to reschedule the session.
5. Let the Veteran know when to turn the page of the workbook.

Program Components

The HERO program consists of a first session that provides an overview of healthy weight-management behaviors and setting goals to maintain weight-management behaviors. The topics for the next four sessions are jointly determined by you and the Veteran, who will choose from several possible elective options. The sixth and final session focuses on preventing setbacks and relapses. If the Veteran receives low scores on both the Generalized Anxiety Disorder—7-Item Scale (GAD-7) and Patient Health Questionnaire-8 (PHQ-8), then assess the Veteran's eligibility for the study. If the Veteran meets the study criteria, then work with him/her to identify which core sessions s/he would most benefit from receiving.

HERO INTERVENTION SESSIONS

**Below are the two core sessions and options for the eight elective sessions
for the HERO intervention.**

The checked boxes (√) are the core sessions

1 √	LIFESTYLE BEHAVIORS
2	ELECTIVE
3	ELECTIVE
4	ELECTIVE
5	ELECTIVE
6 √	PREVENTING SETBACKS & RELAPSES

- 1. LIFESTYLE BEHAVIORS***
 - 2. PLEASANT ACTIVITIES**
 - 3. PROBLEM SOLVING**
 - 4. SOCIAL SUPPORT**
 - 5. DEEP BREATHING AND THOUGHT STOPPING**
 - 6. CALMING THOUGHTS AND COGNITIVE RESTRUCTURING**
 - 7. MOTIVATION TO BE ACTIVE**
 - 8. SEXUAL HEALTH**
 - 9. CHRONIC PAIN**
 - 10. PREVENTING SETBACKS AND RELAPSES***
- **SUPPLEMENTARY SESSION: SLEEP HYGIENE**

*** = TWO CORE SESSIONS
ALL OTHER SESSIONS ARE ELECTIVE SESSIONS**

Description of Core Sessions

- **Lifestyle Behaviors**

Healthy eating and physical activity are essential to weight loss. During this session, help the Veteran set a realistic weight-loss goal. Also review the symptoms of sadness and/or worry the Veteran endorsed on the PHQ-8 and GAD-7 baseline assessment, and discuss how symptoms are barriers to healthy eating and engaging in physical activity. Help the Veteran establish a plan to maintain healthy eating and physical activity when feeling symptoms of sadness and/or worry. You and the Veteran will also discuss the importance of using physical activity as a method of managing sadness and worry symptoms in addition to weight loss.

- **Preventing Setbacks and Relapses**

Most individuals who have had one episode of sadness, and many individuals who have had one worry and stress episode, will have a recurring episode. This session will define and describe triggers for relapse. Help the Veteran identify individual triggers and relapse risk factors and methods for eliminating or overcoming the triggers and risk factors. Also, work with the Veteran to develop an individualized plan for setback and relapse prevention.

Description of Elective Sessions

- **Pleasant Activities**

Often when individuals experience symptoms of sadness and/or worry, they reduce the time they spend engaging in fun activities. This session focuses on using behavioral activation skills to target symptoms of depression and/or worry. Behavioral Activation strategies aim to help the Veteran identify activities that bring him/her pleasure, make a plan for increasing time spent performing these activities, and help problem solve potential barriers.

- **Problem Solving**

Many Veterans indicated a need for skills to help with maintaining a healthy eating plan and physical activity when experiencing symptoms of sadness and/or worry. Teach the Veteran the SOLVED technique as a method of problem solving. First have the Veteran **S**elect a problem, then **O**pen his/her mind to all possible solutions, **L**ist cost/benefits of each potential solution, **V**erify the best solution, **E**nact the solution, and **D**ecide if the plan worked. Then have the Veteran identify a problem and apply the SOLVED method.

- **Social Support**

Social Support is a very important factor that is often involved in successfully maintaining good moods and healthy weight. In this session, teach the Veteran how to appropriately ask for support for weight as well as mood management. The Veteran will also identify specific individuals s/he will target to ask for support.

- **Deep Breathing and Thought Stopping**

Deep breathing and calming thoughts are key components of effective treatment for worry and stress-related symptoms. Veterans will receive simple relaxation training (i.e., breathing skills) during the first part of the session. After this skill is mastered, then teach the Veteran how to replace negative with calming thoughts, based on CBT techniques.

- **Calming Thoughts and Cognitive Restructuring**

In this session, the Veteran learns how to stop and replace his/her thoughts. S/he will then learn cognitive restructuring (“realistic thoughts”) skills, based on CBT techniques. This skill will help the Veteran learn how to judge and refute the validity of his/her negative or stressful thoughts caused by symptoms of sadness and/or worry.

- **Motivation to be Active**

Sedentary behavior refers to prolonged sitting/lying or behavior without physical activity. Current research shows that sedentary behavior is associated with obesity. In this module, Veterans will learn to evaluate their sedentary behaviors. They will learn tools to identify barriers contributing to sedentary behavior, as well as methods to increase activity. This module places particular emphasis on increased walking as a method for decreasing sedentary behaviors. This module is recommended for Veterans who endorse difficulty finding ways to increase their activity levels.

- **Sexual Health**

Disruptions in sexual functioning are associated with both obesity and some mental health symptoms. In the semistructured interviews, many Veterans indicated poor sexual performance as a consequence of their chronic health conditions. They also stated a desire to increase engagement in physical health to improve their sexual functioning. This session focuses on providing education concerning potential causes of sexual health problems and their association with mental health symptoms and provides resources for discussing the issue with appropriate medical health care professionals.

- **Chronic Pain**

Several Veterans reported problems with chronic pain or disabilities that affect their ability to participate in exercise. Existing literature indicates that chronic pain and limitations in physical mobility are barriers to successful weight management and are associated with depression and anxiety. This session is based on Dialectical Behavior Therapy. Work with the Veteran to identify the role of pain in his/her life and how it limits his/her quality of life. This module is recommended for Veterans with a chronic illness.

Supplementary Session (15 minutes)

- **Sleep Hygiene**

Work with the Veteran to identify unhealthy sleep habits. The session will define sleep hygiene. The Veteran’s sleep hygiene will be evaluated using the Sleep Assessment.

Veterans will learn to identify sleep problems, satisfaction with current sleep patterns, interference with daily functioning, and any sleep-onset or sleep-maintenance difficulties they might be experiencing. After identification of unhealthy habits and common activities that contribute to poor sleep hygiene, Veterans will be provided with tools to counteract these habits. This module is recommended for Veterans with excessive sleeping or difficulty falling or staying asleep.

Additional Information for Working with Veterans

This may be your first time working with a Veteran population. Here are a few additional points of information that will help overcome some common difficulties that you may experience.

- **How to keep the initial in-person and telephone sessions moving along**

Sometimes Veterans appreciate having someone ask them about their mental health symptoms or talk with them about their physical health problems. In talking with you about these topics, the Veteran may provide long or detailed responses that are not exactly in line with the question being asked. When this occurs, it is important for you to show that you value the Veteran's comments and feelings but that you need to make sure you do not run out of time before covering all of the materials. For example, you can make the following statement...

...while this is really important to you, I need to finish up going over the materials to make sure that I leave you with the skills to manage your mental health symptoms....[YOU CAN CHANGE THIS WORDING IF NEEDED]

- **How to continue encouraging a Veteran to engage in health behaviors when s/he does not appear invested or engaged in the treatment**

Using Motivational Interviewing strategies can help the Veteran increase engagement in treatment.

Motivational Interviewing is based on the assumption that accurate empathy is an effective strategy for increasing motivation. So, rather than trying to convince Veterans to change (e.g., to record Daily Practice exercise), try to understand their perspective (e.g., pros/cons of changing vs. not changing).

1. Explore the importance of reducing depression and/or anxiety in the Veteran's life:

On a scale of 0-10, how important is it for you to decrease your depression and/or anxiety? "On a scale of 0-10, how confident are you in your ability to change?"

2. Review the pros and cons of change. Always ask about cons of change or pros of staying the same first, so that the discussion ends on a positive note (either pros of change or cons of staying the same).

There are good things and not-so-good things about staying the same, and there are usually good things and less good things about change as well. Sometimes it can be helpful to re-examine the pros and cons of not only changing but of staying the same. I would like to spend a few minutes talking about these issues with you. Would that be okay?

Are there short-term versus long-term pros/cons? For example, sometimes a strategy may seem helpful because it allows you to avoid things in the short term but may not be helpful if it just creates more problems in the long term.

3. Summarize the situation.

Summarize the Veteran's perception of the problem, including what remains positive or negative about the problem behavior and any indications s/he has stated about wanting, intending, or planning to change. Acknowledge that changing behavior can be very difficult and that confronting change and working on sadness and/or worry or stress are very courageous.

4. Ask if there is anything that you can do to help make it easier.

Ask about any barriers that may keep them from completing homework, and brainstorm possible solutions. Ask what has worked in the past to help remember tasks. Review resources that might be available for help (e.g., social support, reminders, etc.)

HERO Program

Lifestyle Behaviors

Session Outline:

- A. Reintroduce yourself and the overall study purpose.
- B. Record Veteran's two to three major areas for change and how you will integrate these areas into the sessions.
- C. Help Veteran establish a realistic weight-loss goal.
- D. Discuss healthy eating information.
- E. Review Veteran's particular depression and/or anxiety symptoms.
- F. Evaluate how depression and/or anxiety symptoms impact mental health functioning and dietary weight-management efforts.
- G. Establish positive coping skills to help Veteran maintain healthy eating habits and portion control when experiencing depression and/or anxiety symptoms.
- H. Encourage use of a food diary to keep track of food intake.
- I. Discuss the benefits of physical activity for weight and depression and/or anxiety symptom management.
- J. Evaluate how depression and/or anxiety symptoms impact physical activity.
- K. Establish strategies to maintain physical activity when experiencing depression and/or anxiety symptoms.
- L. Encourage daily use of pedometer and self-report form to track physical activity.
- M. Review weekly activity.

[Facilitator instructions]

Facilitator script

Maintaining Good Health despite Depression and/or Anxiety Symptoms: Lifestyle Behaviors

[Look through Veteran's chart, and obtain scored PHQ-8 and GAD-7 instruments, and have the Veteran Tracking Form ready.]

[Call the Veteran and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello Mr. or Ms. _____ . This is _____ from HERO. Are you in a quiet place right now? It will be easier for us to hear each other if you are in a quiet room. This session will last approximately 45-60 minutes.

Welcome to HERO. I'm glad you've decided to join this program.

What we will be doing during this session is providing mental health information. We are doing this because you may have problems managing different negative emotions. Many people react to negative emotions by making poor health choices, like eating too much or not being active enough. These responses will work against your weight-loss efforts and will often make you feel even worse.

[Ask the Veteran if s/he has noticed any ways his/her negative moods have impacted his/her eating, physical activity, or health.]

Participating in a program like HERO is important for many reasons.

- *It allows you to understand how to identify and manage your negative emotions.*
- *It allows you to understand how your emotional and physical health influence one another.*
- *It allows you to understand why it is so difficult to feel better and make good choices when you feel sad or down.*

Do you have any questions before we get started?

Ok, let's get started. Please open your workbook to page 7.

The first thing we are going to do is to make the program personal and specific to your needs. Let's review some common things people want to

change to better manage their moods and live healthily. Can you tell me two or three things you want to change the most about your moods and your ability to get healthier?

[Have the Veteran mark the one that is most problematic for him/her in each box.]

Now, let's turn the page, and tell me the top two to three areas you want to change regarding your physical and emotional health. Write them on the numbered lines at the top of the page.

[Review and record the Veteran's responses on the Veteran tracking form. Instruct the Veteran that you will use his/her specified areas of improvement and common examples in each session.]

Are there things that you are already doing that help you in these areas? Were there things that you did that didn't work for you?

[Instruct the Veteran to record his/her answers on the numbered lines.]

Now turn to page 8. I want to share with you some reasons why people often quit trying to lose weight or have a hard time overcoming sadness and/or worry and stress.

People who make healthy changes sometimes get frustrated when they don't see changes in their weight or appearance right away. Be encouraged; you will begin to see results if you stick to your new routine. Everyone loses weight at different times and at different rates. You should celebrate even a half-pound weight loss. Keep in mind that weight loss takes time. Most people complete weight-loss programs or related activities (e.g., cooking class, meet with dieticians, or attend gym classes) multiple times before making all the changes they want to make.

[Ask the Veteran if s/he has set a current weight-loss goal. If s/he has, ask about the goal and what steps s/he took to choose that particular weight-loss goal. If the Veteran has not set a current weight-loss goal, suggest s/he set a goal of 5%-10% of his/her body weight.]

Put your current weight on the first line. Then put your long-term weight-loss goal on the second line, and how many pounds that is on the third line. Now, let's put the target weight-loss date on the last line.

Turn to the front of the book, and remove an index card. Write your weight-loss goal and goal date on the card. Placing your goals somewhere you can see them can help remind you to stick to healthy eating habits and your physical activity routine. Where will be a good place for you to put your goals?

[Encourage the Veteran to place the goal in the specified place while you are on the phone.]

Now let's turn to page 9 and talk about how to meet your weight-loss goal.

Eating healthy meals and snacks is important for meeting your weight-loss goal. Eating smaller portions, drinking more water and fewer sweet drinks, and eating fewer sweets are healthy eating habits that are good for weight loss. We have provided some tips in your workbook to further help you eat healthier foods. Please review this information when you have time this week. We know that it is sometimes difficult to make healthy choices or even prepare a healthy meal when you're experiencing emotions caused by your symptoms of sadness and/or worry and stress.

[Only review the depression or anxiety symptoms in the Veteran's workbook that the Veteran endorses. Review symptoms from both disorders if Veteran scored high on both depression and anxiety]

Depression occurs when a person experiences a depressed or sad mood for a prolonged period in a way that interferes with his/her day-to-day functioning. People's experience with major depression varies.

Some symptoms of depression include:

- *Depressed mood most of the day, nearly every day*
- *Marked loss of interest in activities nearly every day – especially activities considered to be one's favorite*
- *Feeling hopeless, irritable, anxious, or guilty*
- *Feeling very tired*
- *Not being able to concentrate or remember details*
- *Not being able to sleep, or sleeping too much*
- *Overeating, or not wanting to eat at all*
- *Thoughts of suicide, suicide attempts*
- *Changes in activity level: Feeling restless and agitated OR engaging in really slow-paced movements*
- *Aches or pains, headaches, cramps, or digestive problems*

[Review the specific depression and/or anxiety symptoms that the Veteran endorsed on the PHQ-8 and GAD-7 screening tools.]

[Ask the Veteran if s/he has had any of these feelings recently and to tell you about them. Empathize with him/her and indicate that this program can help him/her manage his/her symptoms of depression.]

Many symptoms of sadness overlap with anxiety, and many people who have depression can also have symptoms of worry.

Anxiety causes people to feel excessively frightened, distressed, or uneasy. Anxiety and fear are basic emotions that are experienced by everyone and are necessary for survival. The experiences of anxiety and fear are normal responses to threat or danger and can be

helpful. Anxiety and fear may be unhelpful if they interfere with a person's daily routine or prevent a person from doing things that s/he normally does.

Some Veterans develop an anxiety disorder following severe trauma or a life-threatening event. For others, stressful life events such as transitioning to civilian life or difficult work situations contribute to anxiety disorders.

These are common symptoms of anxiety:

- *Having a sense of impending danger, panic, or doom*
- *Sweating*
- *Trembling*
- *Feeling weak or tired*
- *Excessive worry*
- *Feeling restless and on edge*
- *Feelings of unreality*
- *Feelings of choking*
- *Fear of dying and losing control*
- *Physical disorders (e.g., skin complaints, stomach upsets, aches and pains)*
- *Having an increased heart rate*
- *Breathing rapidly (hyperventilation)*
- *Muscle tension*

Depression and/or anxiety symptoms may impair your physical health and the way you take care of yourself. For example, depression and anxiety symptoms can interfere with healthy eating habits.

[Explain diagram that shows the relationship between mood, eating, and weight loss.]

I'd like to talk a little bit about how your depression and/or anxiety symptoms can affect your eating habits.

Sometimes when people feel down, they engage in emotional eating, like eating "comfort foods" that tend to not be healthy. As one Veteran said,

"When you have those kinds of feelings...you're not thinking about losing weight... When I get in that kind of mood, it seems like I overeat and, just, it's the only thing that feels good sometimes..."

At the same time, when people eat this way, they often feel badly afterwards. Let's talk about how to eat healthy when you're feeling the emotions you just mentioned. The skills you learn in HERO may help you eat well when having negative emotions or stress.

Think back to the last few times you were upset. Many people like to eat sweet, high-fat, or salty foods when they feel upset. Did you overeat or eat any unhealthy food during

your negative times? Did you eat any sweet, high-fat, or salty foods when you were upset?

Eating doesn't make the problem go away! Instead, try to deal with the problem in ways other than eating. Now, let's talk about some ways to continue eating healthy when you are upset.

[Ask the Veteran if his/her symptoms affect eating choices. Encourage him/her to write down his/her response. Ask if his/her symptoms affect his/her weight in other ways. Encourage him/her to write down his/her response. Ask the Veteran if his/her symptoms affect other areas of life. Encourage him/her to write down his/her response. If the Veteran is unable to make the connection, probe his/her behaviors during times when experiencing depression and/or anxiety symptoms.]

Work with the Veteran to establish two strategies s/he can use to minimize emotional eating. Refer back to his/her chosen two areas of behavioral health change. Ask if these same strategies will work for those areas. If not, help the Veteran develop two appropriate strategies to improve these behaviors.]

[Highlight the importance of using these strategies even when while experiencing symptoms of depression and/or anxiety. Encourage the Veteran to use page 17 to document every time s/he felt depressed, what eating strategy s/he used, and how s/he felt afterwards]

Now let's turn to page 18.

Physical Activity and Depression and/or Anxiety

Did you know that when you are sitting or lying down while you are awake, you are engaging in what is called sedentary behavior? Decreasing sedentary behaviors and increasing physical activity are also a part of controlling your emotions and health. Most people are not performing the recommended 30 minutes of exercise every day.

[Ask the Veteran about the last time s/he engaged in physical activity, what type of physical activity s/he performed, and how s/he felt afterwards.]

Becoming physically active does not mean you have to join a gym.

[Refer the Veteran to the physical activity chart, and explain the different types of physical activity. Encourage him/her to start changing sedentary behaviors by doing the basic activities that limit the amount of time sitting.]

[Ask the Veteran which of these types of physical activity s/he is interested in performing. Have him/her write his/her responses in the workbook on page 19.]

The best thing about physical activity is that even a little can make you feel a whole lot better. In addition to feeling more fit, physical activity can improve your mood and make you feel calmer. It can also increase your energy and help you sleep better. You may feel some of these benefits immediately after you finish being active, while others you may experience over time.

Has there been a time when you were stressed or upset and you engaged in physical activity? If yes, how did you feel when you finished your physical activity?

[Encourage the Veteran to tell you about this time, and have him/her record his/her response in the workbook.]

What kinds of physical activity can you do when you feel stressed or upset?

[Have the Veteran record his/her response in the workbook.]

[Reflect back what the Veteran states, using positive language for the activity s/he engaged in and encouraging them to try being more active as a way to control depression and/or anxiety symptoms and health.]

Walking is a very easy and useful activity that can help with weight management, health, and some symptoms of depression and/or anxiety.

[Ask the Veteran if s/he has used the pedometer and physical activity calendar. If not, ask him/her what has been the barrier to getting started. Problem solve with him/her methods to increase use of the pedometer and physical activity calendar. Suggest that s/he begin with short walks around the home, increase step count, and place the physical activity calendar somewhere visible as a reminder. Remind him/her that there is an extra physical activity calendar in the front pocket of the binder.]

[If the Veteran is immobile, suggest engaging in upper-body exercises during commercial breaks, using two canned goods or low-weight dumbbells and increasing repetitions.]

[Encourage the Veteran to consult with his/her physician before engaging in any strenuous activity and to immediately discontinue any activities if s/he feels dizzy or uncomfortable.]

Now let's turn to page 20

[Encourage the Veteran to walk during the upcoming week when s/he feels sad or stressed. Review homework assignment to write down the date s/he felt sad, how long s/he walked, and how s/he felt after walking. Encourage the Veteran to use other strategies that work for him/her during times of sadness, and record them on page 20. Encourage the Veteran to use the pedometer (or perform upper-body exercises) and physical activity calendar daily.]

Now let's turn to page 21.

[Review two health behaviors to change. Encourage Veteran to re-write his/her health behaviors on the lines. Review two strategies for changing his/her specified behavior. Encourage Veteran to rewrite his/her goals on the lines. Review homework assignment to write down the date s/he felt sad, what strategy s/he used to change his/her behavior, and how s/he felt after walking]

[Thank the Veteran for his/her time and schedule the next session.]

Pleasant Activities

Session Outline:

1. Review goals, information, and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Define pleasant activities.
3. Identify types of pleasant activities.
4. Identify limitations preventing participation in pleasant activities.
5. Develop a process to incorporate pleasant activities into the Veteran's daily schedule.
6. Create a personalized plan to overcome limitations and increase pleasant activities.
7. Encourage continued use of physical-activity calendar and pedometer.

[Facilitator instructions]

Facilitator script

Pleasant Activities

[Get out and review the Veteran's Tracking Form. Call the Veteran.]

Hello Mr. or Ms. _____. This is _____ from HERO. Is now still a good time for our session? Are you in a quiet place right now? This session will take approximately 45 minutes. If you need to use the restroom, or become tired, don't hesitate to ask for a break. Ok?

Last week you told me that you wanted to change _____ and _____ behaviors to become physically and emotionally healthier. We also came up with strategies to improve those behaviors. Can you tell me the two strategies we discussed last week to improve _____ and _____ behaviors? Last week you also told me that your _____ symptom of depression and/or anxiety was the most problematic for you. Can you tell me the strategies we discussed last week to improve _____ symptom?

[Review goals with the Veteran if s/he does not remember.]

[If the Veteran was unable to apply the strategies, use the pedometer daily, or use the physical-activity calendar daily, help him/her find alternatives to overcoming his/her perceived barriers. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review "Tips for Working with Veterans" section to review Motivational Interviewing Skills]

Please turn to page 23 in the HERO manual.

This session, we will talk about the importance of staying active and doing things that will benefit your health and mood, how inactivity affects your health and mood, and how to increase your activity level.

When we feel down, we stop doing many activities that we used to enjoy or accomplishing tasks or goals that are good for us. When this happens, we can actually begin to feel worse. One way that we can help ourselves is by making sure we take time on a regular basis to engage in activities that fit within our life goals and values and that help us to feel better. We refer to these types of activities as pleasant activities. However, sometimes we have to do tasks that aren't pleasant but are necessary to improve our health or mood. Even if we don't want to or don't think we really have the energy, adding these activities back into our lives can help make us feel better and less sad or blue.

[Ask the Veteran if s/he can think of activities that s/he may have stopped doing or stopped doing as much because of feeling sad or blue. Ask him/her if there is anything s/he is avoiding because of his/her negative or sad mood.]

Can you think of activities that you may have stopped doing or doing as much because of feeling sad or blue? Is there anything you have avoided because of your negative or sad mood?

[Have the Veteran write down an example. If s/he is having trouble thinking of an example, read the following:]

Turn to page 24.

Here are some other activities that may bring you happiness or satisfaction.

[Review the list with the Veteran. Tell him/her to put a check mark by any activities s/he would enjoy.]

Ok, let's review the list of activities. Put a check mark by any activities you would enjoy.

Now let's turn to page 25.

Some people become more sedentary and aren't as active as they were before they became sad. They may find some things, especially physical activity, to be difficult now, but being less active puts us at greater risk for weight gain and health problems.

Our mood and behaviors are connected. Not engaging in activities that are pleasurable tends to lower mood even further, which, in turn, continues to decrease our activity level.

[Explain mood and behavior diagrams.]

Over time, we get used to not doing activities that we need and/or like to do, and then it is sometimes hard to start them again. Sometimes we have to find new ways to do things that we used to enjoy if we're having physical problems. However, we know that if we are able to work hard at putting some rewarding activities back into our lives, our mood and quality of life (and sometimes even physical symptoms) get better.

[Have the Veteran turn to page 26 in the HERO manual.]

The first step toward positive change is identifying how you currently spend your time. I would like you to take a few minutes and think about what you typically spend your time doing during the week and how you feel performing these activities.

In the boxes on page 26, write down some of the activities you performed yesterday and how you felt about each activity. Rate your mood for each period, using the five-point scale. If you felt happy, use 4 (good) or 5 (very good). If you felt low or blue, mark 2 (bad) or 1 (very bad). Mark 3 (so-so) if your mood was somewhere in the middle. In the box next to it, write the reason you may have felt the way you did.

[Work with the Veteran to complete the chart. Review the chart, and discuss any emotions s/he felt during some of the activities. Focus the Veteran on behaviors that most represent the time period - in the morning, afternoon, and/or evening. Be sure that s/he is recording activities/events and NOT just thoughts. Work with the Veteran to identify the activities that added the most pleasure to his/her day.]

Were there any activities that make you happy that you did not participate in yesterday? Why did you choose not to do those activities? Were there things that prevented you from doing the activity? For example, "I really enjoyed attending the weight-loss group session, but I was just too tired go this week." Were there any physical or emotional limitations?

Recognizing these limitations is the second step towards positive change. Together, we are going to work to change your behaviors and include more pleasant activities by addressing these limitations.

Are there any activities you currently do that bring you a sense of happiness, pleasure, or satisfaction when you complete them? Some activities may be fun (e.g., spending time with family and friends), while others may be less fun but need to be done (e.g., cleaning out the garage). Let's work together to write down some pleasant activities in the box on page 27.

[Work with the Veteran to complete the charts on page 27.]

Now, think of some activities that would increase your satisfaction (e.g., cooking more meals at home, spending more time with friends and family, walking more, etc.). These can be things that you used to do and no longer participate in, or new activities that you would like to add to your week. Let's also talk about what prevents you from doing each activity.

[Work with the Veteran to complete the chart. Review each activity and each barrier. Problem solve with the Veteran to think of ways to overcome each barrier, if possible.]

[Have the Veteran identify two activities s/he can try for the upcoming week. They can be from this list or something the Veteran thinks of on his/her own.]

Work with the Veteran to think of any specific limitations that might get in the way of participating in more pleasurable activities (e.g., fatigue or physical and sensory limitations). Work with him/her to identify ways to overcome these barriers. Encourage the Veteran to write his/her responses on the page.]

Can you think of anything that might get in the way of participating in more pleasurable activities? Let's identify ways to overcome these barriers. Write your responses on the page.

How would performing these two activities this week help improve your symptom of depression and/or anxiety?

[Work with the Veteran to identify how engaging in some of these activities would improve his/her identified symptom of depression.]

Let's review together the daily practice log that you use to monitor your pleasant activities.

Turn to page 29 in your HERO manual, and find the following Daily Practice handout.

Over the next week, make time every day to fill out this handout. I recommend you fill it out toward the end of the day. If you fill it out in the morning, write down the activities from the day before.

First, rate your mood from a 1-10, with 1 being the absolute worst and 10 being the absolute best you can feel. Then, record your daily activities. Take time to look at the activities you participated in. How did those activities make you feel? Then rate your depression again from a 1-10. If you did not have at least one or two pleasant activities in your day, then make an effort to add at least one into your upcoming schedule.

Doing this daily will provide you time to reflect on the activities related to worse mood, encourage you to keep positive activities, and make room for new pleasant activities in your schedule.

[Paraphrase the take-away messages from the session. Encourage the Veteran to pick up old activities that encouraged a better mood. Also encourage him/her to try new activities. Reinforce the idea that this is a process of trial and error. Encourage the Veteran to start each day fresh, regardless of how the day before went.]

Today we learned about pleasant activities. We identified some of the benefits of keeping pleasant activities in our lives. We have also identified some new activities that you would enjoy trying. Remember, some days there will be road blocks that make participating in these activities more difficult, like being extremely tired, sad, or down. When you have those feelings, make an extra effort to add a pleasant activity to your day. Setting daily pleasant activity goals and sticking to your activity schedule will also help on those days. In the end, if you have a bad day, do not punish yourself. Instead, plan for the next day, and start fresh in the morning.

Remember to practice your two activities next week. I will check to see how you felt practicing these behaviors during our next call.

[Encourage daily use of the pedometer and pedometer calendar, or upper-body exercises for immobile Veterans.]

[Thank the Veteran for his/her time and schedule the next session.]

Deep Breathing and Thought Stopping

Session outline:

1. Review goals, information, and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Discuss anxiety symptoms and how deep breathing can help manage these symptoms.
3. Teach and practice deep-breathing technique.
4. Teach Veteran how to identify and monitor negative thoughts.
5. Discuss and practice how to stop negative thoughts.
6. Encourage use of Daily Practice worksheets for deep breathing and thought stopping.
7. Encourage continued use of physical activity calendar and pedometer.

[Facilitator instructions]
Facilitator script

Deep Breathing

[Call the Veteran, and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session]

Hello Mr. or Ms. _____. This is _____ from HERO. Are you in a quiet place right now? It will be easier for us to hear each other if you are in a quiet room. This session will take approximately 30-45 minutes.

Last week you told me that you wanted to change _____ and _____ behaviors to become healthier. We also came up with strategies to improve those behaviors. Can you tell me the two strategies we discussed last week to improve _____ and _____ behaviors? Last week you also told me that your _____ symptom of depression was the most problematic for you. Can you tell me the strategies we discussed last week to improve _____ symptom?

[Review goals with the Veteran if s/he does not remember.]

[If the Veteran was unable to practice the strategies or use the pedometer or physical-activity calendar, explore his/her perceived barriers. Help the Veteran find alternatives to overcoming his/her perceived barriers. Apply Motivational Interviewing skills if s/he appears to have difficulty accepting potential solutions to the problem. Review “Tips for Working with Veterans” section to review Motivational Interviewing Skills.]

Please turn to page 31 in the HERO Manual.

Today we’re going to talk about ways to manage your anxiety symptoms, using deep-breathing and thought-stopping skills. Physical signs of anxiety can include things such as feeling fidgety, rapid heartbeat, sweating, and panic. These symptoms can make you feel out of control and make it difficult to focus on living a healthy lifestyle and making healthy choices. Have your symptoms of anxiety ever made it difficult for you to make healthy food choices or to exercise? Can you tell me how? What other ways are your symptoms of anxiety impacting your health?

[Reflect back on what the Veteran has said.]

It may be hard to think about making healthy choices when you have these symptoms. The good news is these symptoms can be reduced with relaxation. Relaxation may also be helpful for your _____ symptom that is the most problematic for you. The purpose of relaxation is to calm your body. When you’re feeling calm, you can make better choices and make progress on your weight-loss goals.

One way to make your entire body more relaxed is using deep breathing. Often when people are having symptoms of depression and/or anxiety, their breathing gets quick, and they breathe in small amounts of air. This can make them feel dizzy and lightheaded and make their symptoms worse. Changing the way you breathe can make your entire body more “relaxed.”

As you see on the next page, deep breathing is really easy to learn. There are only two main things to remember. First, breathe through your diaphragm, not your chest. Second, take slow, even breaths through your nose to the count of 4; and then exhale through your mouth to the count of 4.

Ok, let’s practice. Turn to page 33. See the woman sitting in a chair holding her diaphragm and her chest?

First, I would like for you to feel more comfortable. Find a comfortable chair where you can plant your feet firmly on the ground and spread them apart. Make sure you’re sitting up nice and tall. Then, put one hand on your abdomen, with your little finger about one inch from your navel, and place one hand on your chest. Next, begin to notice your breathing (pause for several seconds) – which hand is doing more of the moving? Your hand on your diaphragm should move out as you inhale and in as you exhale.

I want you to begin to breathe a bit more slowly, evenly, and deeply, and then breathe out slowly. Inhale through your nose, and exhale through your mouth. As you exhale, purse your lips by imagining that you are blowing on hot soup or about to give a kiss. This controlled breathing helps you exhale the most used air possible and inhale clean air.

As soon as you finish inhaling, begin to exhale – do not pause at the “top” of your breathing cycle because this will create tension in your chest and stomach. You should inhale approximately the same amount of time that you exhale. Blow at a rate that would make a candle flame flicker.

Now I’d like you to close your eyes and breathe with me while I count – counting up to 4 to inhale and again up to 4 to exhale. Inhale–2 –3 –4. Exhale–2 –3 –4. Good. Let’s try again

[Practice breathing at least three times. After practicing, ask the Veteran to indicate whether s/he notices feeling any more relaxed after using this procedure. Ask him/her to think of a situation where this skill might be useful (e.g., trying to find parking at the VA hospital, being around crowds of people, etc.)]

[Prompt the Veteran to describe a recent stressful situation. The goal is to elicit mild-to-moderate depression or anxiety symptoms so that s/he can experience the benefits of using deep breathing to reduce these symptoms.]

To practice deep breathing further, think about the last time you had symptoms of depression and/or anxiety–this morning, yesterday, the day before, or last week – close

your eyes and try to picture yourself back in that situation. Imagine where you were and what you were doing, and think about what was making you feel the way you were feeling.” (Pause) “Do you have a situation in your mind? Now, pay attention to your breathing: OK – Inhale– 2 – 3 – 4. Exhale– 2 – 3 – 4.”

[Repeat this exercise again.]

[Ask for general feedback about how this skill seemed to work. Note that this is a very simple, “portable” skill to be used whenever the Veteran notices any physical symptoms of depression and/or anxiety.]

Practice your new breathing skill during the week as part of your daily routine. When you are practicing, just record when and where you used the breathing. If you did, please check that skill on the form and also check whether or not it was helpful.

Try to fill out one of the Daily Practice pages every day before bedtime.

Thought Stopping

Please turn to page 37 in the HERO manual.

The goal of the next skill is to stop dwelling on negative or emotional thoughts and images that hinder your level of motivation to live a healthy lifestyle. Although everyone experiences some amount of negative emotion at some points in his/her life, spending hours feeling anxious thinking about the experience can get in the way of fully living your life and enjoying fun activities. For example, some people become anxious or stressed thinking about the amount of weight they have gained or being in a crowd of people at the gym or the VA.

[Have the Veteran tell you about the last time s/he felt anxious or stressed. Ask him/her to describe how s/he felt physically during this time (e.g., racing thoughts, sweaty hands, etc.). Ask the Veteran if this thought stopped him/her from doing anything s/he wanted to do.]

To keep focusing on [use the Veteran's example from above] hinders your desire to engage in activities now and in the future. Do you remember in the first session when we talked about how feeling anxious can influence our health?

[Ask the Veteran to tell you how his/her thoughts and anxiety can influence health. If s/he is unable to provide an example, use the one stated above or review his/her symptoms of anxiety and discuss how they can influence health behaviors].

One strategy to reduce negative feelings and dwelling on sad or stressful events is to stop the thoughts about yourself or an event when they're interfering in your life. The idea is to stop these thoughts when you first notice them and redirect your attention to something more active. For example, instead of thinking about [use Veteran's example here], you can redirect your thoughts to the plan we made in the last session to decrease your symptoms of anxiety. By doing this, you can prevent these negative and stressful thoughts caused by your symptoms of anxiety.

For example....[Use the example given above.]

Thought stopping consists of two important parts:

The first is to use anxiety-producing thoughts and images as cues to stop thinking about something. The second is to redirect your attention to relevant ongoing activities and your surroundings right away. For example, you can use an image such as a big, red stop sign or a big, pink eraser to help you stop dwelling on negative thoughts and images about your health, weight, or any other topic. You can even yell STOP out loud to yourself, which I will be doing in a few minutes.

Then, direct your attention to the details of the task you're doing. Because the anxiety-related thoughts are not productive, it is often helpful to try to stop the negative or stressful thoughts when they first start; this can prevent them from interfering in your life.

[Ask the Veteran if s/he has a hard time stopping negative thoughts. Ask what s/he has tried to do to stop his/her negative thoughts and if it worked. Encourage the Veteran to try using the visual and verbal instructions above.]

There are other ways you can turn your attention outward. For instance, you could put something in your mouth that has a strong flavor, such as a strong mint. You could touch something very cold, such as a piece of ice. You could even use something that has a strong smell, such as a container of coffee beans, vinegar, or a scented candle. The goal is to turn your attention away from your stressful and negative thoughts while you're experiencing your depression and/or anxiety symptoms and focus on something else.

[Inquire about what the Veteran finds to be most helpful.]

[Begin to teach thought stopping by having the Veteran identify another anxiety-producing situation. Encourage him/her to try and remember one involving his/her targeted health behaviors or symptom, say it aloud, and clarify what the negative or stressful thoughts will be]

[Next, ask the Veteran to close his/her eyes and think the anxiety-producing thoughts.]

Now that you have a situation in mind, I want you to imagine yourself actually in the anxiety-producing situation. Tell me out loud about the situation. Where are you? Who is with you? What are you feeling?

[Ask the Veteran to think about the thoughts for a brief period. Then say “Stop!” loudly, tell the Veteran to imagine the stop sign, immediately open his/her eyes, and divert his/her attention to what's going on in the room – who's there, where s/he is, how light/dark it is, what is hanging on the walls, etc.]

[After practice, ask for feedback about how the Veteran thinks this strategy might be useful in his/her daily life.]

[Instruct the Veteran to try deep-breathing and thought-stopping techniques over the next week to see which activity will be the most useful. Encourage him/her to keep track of the amount of times s/he uses the skills, using the Daily Practice homework assignment on page 38. Review the homework assignment with the Veteran.]

Keep using your deep-breathing and thought-stopping techniques over the next week to see which activity will be the most useful. Also, keep track of the amount of times you use the skills, using the Daily Practice homework assignment on page 39. Now let's review the homework assignment.

First, record your deep-breathing and thought-stopping activities, and rate your mood. How did you feel afterwards? Then rate your anxiety from a 1-10, with 1 being the absolute worst and 10 being the absolute best you can feel. If you did not practice deep breathing and thought stopping in your day, then make an effort to add at least one into your upcoming schedule.

[Encourage daily use of the pedometer and pedometer calendar, or upper-body exercises for immobile Veterans.]

[Thank the Veteran for his/her time and schedule the next session.]

Calming Thoughts and Cognitive Restructuring

Session outline:

1. Review goals, information, and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Review how to identify negative thoughts.
3. Define calming thoughts.
4. Discuss how to form calming thoughts.
5. Teach and practice calming thoughts activity with Veteran.
6. Define cognitive restructuring.
7. Teach cognitive-restructuring techniques.
8. Encourage continued use of pedometer and physical-activity calendar.

[Facilitator instructions]
Facilitator script

Calming Thoughts

[Call the Veteran and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello Mr. or Ms. _____ . This is _____ from HERO. Are you in a quiet place right now? It will be easier for us to hear each other if you are in a quiet room. This session will take approximately 45-60 minutes.

Last session, we talked about _____.

Were you able to practice the _____ skills we learned last week?

[If the Veteran was able to use the skills, praise him/her and encourage him/her to continue using the skills. If the Veteran did not use the skills but was able to identify negative or stressful thoughts, help him/her identify potential ways to overcome the perceived barriers to practicing the skill. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review “Tips for Working with Veterans” section to review Motivational Interviewing Skills]

This session we will talk about using calming thoughts and changing negative or stress thoughts into more realistic and more helpful thoughts. Now, let’s turn to page 40 in the HERO manual).

[Discuss calming thoughts.]

A calming thought is a statement that you make to yourself that helps to decrease your negative or stressful thoughts about a certain situation. For example, a stressful thought could be, “It’s too stressful to come to my weight-loss group.” You can think of using calming thoughts as a strategy for providing “instructions” to yourself. The goal of calming thoughts is to help you realize that you can manage and are often in more control of your sadness and/or worry symptoms than you feel you are. By using or practicing this skill often, you may begin to realize that you have much more control over sadness and/or worry than you feel you do and that you can minimize the amount they interfere with your taking care of your health.

[Ask the Veteran to share some negative or anxiety-related thoughts that prevented him/her from practicing his/her specific health-behavior goals over the last one to two weeks. Ask the Veteran if his/her negative or anxiety-related thoughts prevented him/her from successfully managing his/her specific mental health symptom.]

[If the Veteran is unable to come up with any thoughts, use specific probes to ask him/her about the last event that triggered symptoms of depression and/or anxiety. Then ask him/her to tell you any negative or stressful thoughts about the event and what s/he ate or did when the thoughts occurred. Continue probing and practicing with the Veteran until s/he is able to name at least one negative or stressful thought.]

[Provide a few additional examples of what Veterans with depression and/or anxiety symptoms might say to themselves. Use the Veteran's specific health-behavior habits and depression and/or anxiety symptoms (e.g., "I'll never stop eating before bedtime," or, "I can't control my crying.")]

Other examples include:

- "I ate one bad meal, and my whole diet is ruined."
- "My spouse will think I'm weak if I ask for help."
- "I'm not worth anything."

Other mental health examples include:

- "I can't go to the VA and be around all of those noises and people."
- "I'll lose control if I'm around a crowd of people."
- "My family and friends just don't understand how I feel."

[Ask the Veteran if s/he identifies with any of the statements and if s/he can think of any others.]

Remember, a calming thought is a statement that you make to yourself that helps to decrease your negative or stressful thoughts about a certain situation. The purpose is to improve your thinking to improve your mood and decrease the impact your thoughts have on negative eating habits and sedentary behaviors.

[Provide a few examples of what Veterans might be able to say to themselves instead concerning their specific targeted health behaviors and symptoms.]

Some examples of calming thoughts include:

- "I can eat one bad meal and get right back on track."
- "My spouse loves me and wants to help me."
- "I am a good person who is working to get better."

Some other examples of calming thoughts include:

- "I can take control of my symptoms and not let them control me."
- "I can stick to a weight-loss goal; if I mess up one day I can start again tomorrow."
- "There are other Veterans who feel exactly the way I do."

To practice this skill, let's go back to the last example you gave me when you felt worried/stressed or depressed. Ok, now think of a calming statement. Close your eyes, and try to picture yourself back in that situation. Imagine that you are there... what you are doing... who is nearby... how you feel... and what is stressing you out (or making you sad). (Pause) Are you remembering the situation in your mind? Now, say out loud the calming statement. (Pause) Really think about what you just said for a moment, take a deep breath, and repeat." (Pause) Do you feel more confident in handling the situation (or less depressed)?

Turn to page 40 in the HERO manual. Let's review what we just practiced. The first thing we did was identify the negative self-statement. Next, we replaced it with a calming thought. [Restate one of the Veteran's calming thoughts.]

[Encourage the Veteran to continue practicing using calming thoughts throughout the week. Review the homework assignment with the Veteran]

Cognitive Restructuring

Realistic Thoughts

Now let's talk about changing negative or stress thoughts into more realistic and more helpful thoughts. Let's turn to page 46 in the HERO manual).

Unrealistic thoughts are often thoughts that are not practical, sensible, or real. These are things that are not likely to be true or to occur. For example,

[Restate one of the examples the Veteran gave in the last section as an unrealistic thought, if applicable. If it is not applicable, use the example below.]

If you arrive at the weight-loss group and you don't see any of your group members, an unrealistic thought could be, "They canceled the group because they don't like me and just didn't want to tell me." A more realistic thought is, "The group was likely moved to another location or time." It is not likely that they canceled the group because they didn't like you. Have you ever had any negative thoughts that people were behaving in a negative way towards you that were not likely to be true?

[Continue using the Veteran's earlier examples to explain irrational thoughts or help him/her identify another example.]

Changing your thoughts to be more realistic can affect how you respond physically and how you act in different situations, which will help to change your feelings.

There are three steps to changing your unrealistic thoughts.

Step 1: The first step is to recognize, or identify, negative or stressful thoughts. We just identified unrealistic thoughts in your last example.

Step 2: The next step is to evaluate how realistic these thoughts are – many times our thoughts are just not realistic. For example, sometimes we misinterpret situations to mean that something terrible is happening when it actually isn't. Can you think of a time when you misinterpreted a situation?

[Repeat the situation back to the Veteran.]

When your thoughts are not realistic, the goal will be to change the thoughts to something more realistic. More realistic thinking will help reduce your stressful thoughts associated with your depression and/or anxiety symptoms. Now, learning how to change your thoughts is not easy because your stressful or negative thoughts may come to you immediately or automatically. Learning how to change these thoughts to more realistic thoughts will take time and practice.

Step 3: The third step is to generate alternative thoughts. In other words, try to find a different way to think about the situation. We often tend to assume that the first thought that comes into our head is the “truth.” Sometimes it is, but sometimes it isn’t. There are always alternative thoughts to the ones you’re having, so be sure to open your mind to all the possibilities you can think of.

Remember the example you gave me before about how you misinterpreted _____?

[Restate the situation the Veteran mentioned.]

Another way of looking at the situation could be [insert alternate interpretation]. I bet you can even think of a third possible way to look at the situation.

[Gauge the time and Veteran’s interest level. If s/he is engaged and does not appear to be overloaded with information, continue with the rest of the information. If not, end the session here. Encourage him/her to practice the calming thoughts homework and use the skills to investigate whether the thoughts are rational. Encourage use of the pedometer and physical-activity calendar, and ask feedback questions at the end of this section.]

Now we’re going to switch gears and talk about two types of negative or stressful thoughts that people sometimes have. [Instruct the Veteran to turn to page 47 in the HERO manual].

For Sure Statements

Sometimes a negative event is possible, but not very likely. [Restate the Veteran example from the previous section concerning irrational thoughts.] But the chance of that happening is very small. If you are thinking that a negative event like [Restate the Veteran example from the previous section] will absolutely happen, you may be overestimating the probability of danger, risk, or threat.

For sure statements also include believing that you know how an event is going to turn out, and usually you believe the worst possible outcome will happen. For example, [Restate another Veteran example from the previous section if applicable. If not, use the example below.]

You might think, “If I ask my spouse or friend to help get me motivated to exercise, s/he will think I am weak,” or, “If I don’t stick to my exercise regimen or control my depression and/or anxiety symptoms every time, then I am a failure.”

Ultimately, we can’t really know what is going to happen – [Restate the Veteran example from the previous section.] We don’t have control over everything that occurs in our life.

To figure out whether you're having a for sure thought, it can be helpful to look for these key words: definitely, absolutely, going to, will, either this or that, and if not this, then that.

When you use these key words, ask yourself these key questions:

What is the actual probability of this event? So, for example, what is the probability that [Restate the Veteran example from the previous section]?

Am I only looking at the extremes of a situation? So, for example, am I only looking at the extreme negative possibility when I believe that _____ [Restate the Veteran example from the previous section]?

Can you think of other for sure thoughts you've had recently?

Tips for Creating Alternative Thoughts

When trying to create an alternative thought, try to think realistically about the actual likelihood that the negative event will occur. If you are looking at the extremes of a situation, try to seek some "middle ground" for an alternative thought. You can adjust your thought by changing the wording to, for example:

"It is more likely that..." [Insert Veteran example here]. So, it is more likely that.....[Insert Veteran example here].

"The actual chance of...is... [Insert Veteran example here]."So, the actual chance of... [Insert Veteran example here].

"Even if...then... [Insert Veteran example here]"So, even if.....[Insert Veteran example here].

Any questions?

Big Deal Statements

The next type of statement is a big deal statement. People with negative and stressful thoughts sometimes get very upset or bothered about things that, even if they did occur, would not be a very big deal. For example, someone may become very stressed or agitated about [Use Veteran's specific health behavior and mood management symptoms here]. In these cases, the stress is very extreme and out of proportion to the situation.

However, in other situations, negative or stressful thoughts are about something that is serious, such as a financial problem or the loss of a loved one. In these situations, some stress makes sense. We only try to change "big deal" thoughts when they are about situations where stressing is out of proportion.

"Big deal" thoughts can be detrimental because they tend to feed negative or stressful thoughts by making mountains out of molehills. Some people find it comforting to replace a big deal thought with something like, 'I will get another chance to make it right tomorrow,' or 'This is only a temporary problem.'

Can you think of a big deal thought you had recently?

To figure out whether you're having a big deal thought, it can be helpful to look for these key words: terrible, awful, and horrible.

When you use these key words, ask yourself this key question:

What is the worst that can happen?

[Use this question to help the Veteran discuss the worst thing that can happen when s/he does not meet his/her specific health-behavior and mood-management goal. Remind him/her that s/he can always try harder the next day.]

Tip for Creating Alternative Statements

Know that many times you will find that even the worst thing that could happen is something that you could cope with. For example, "It is not the end of the world if I am late for my weight-loss group meeting."

[Instruct the Veteran to try the calming-thoughts and cognitive-restructuring techniques over the next week by using the homework assignments on page 49-52 in the HERO manual. Review the pages with the Veteran.]

[Encourage daily use of the pedometer or upper-body exercises for immobile Veterans and physical-activity calendar.]

[Thank the Veteran for his/her time, and schedule the next session]

Problem Solving

Session outline:

1. Review goals, information, and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Discuss difficulties with solving problems while experiencing symptoms of depression and/or anxiety
3. Explain SOLVED acronym.
4. Teach and practice each step of SOLVED.
5. Have Veteran use a current problem to apply the SOLVED skills.
6. Encourage continued use of physical-activity calendar and pedometer.

[Facilitator instructions]
Facilitator script

Problem Solving

[Call the Veteran, and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello, Mr. or Ms. _____. This is _____ from HERO. Are you in a quiet place right now? It will be easier for us to hear each other if you are in a quiet room. This session will take approximately 30-45 minutes.

Last week, we learned about _____. Were you able to use either of these skills last week?

[If the Veteran was able to use the skills, praise him/her and encourage him/her to continue using the skills. If the Veteran did not use the skills but was able to identify negative or stressful thoughts, help him/her identify potential ways to overcome the perceived barriers to practicing the skill. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review “Tips for Working with Veterans” section to review Motivational Interviewing Skills]

Today, we are going to learn and practice how to solve the problems that get in the way of [insert the Veteran’s specific health behavior and mood management symptoms]. Sometimes people think that nothing can be done about their problem when something really can be done, or they might not know how to solve their problem. And, sometimes, people have the answer to solving their problem but are afraid of making the “wrong decision.”

Have your depression and/or anxiety symptoms ever gotten in the way of solving problems? For example, have symptoms of depression and/or anxiety ever made it hard to engage in [insert the Veteran’s two health behavior problems]?

Strategies for Effective Problem Solving

[Tell Veteran to turn to page 54 in the HERO manual. Review with the Veteran the current problems s/he is having with improving his/her one health behavior and mood . Use these problems to identify a solution using the SOLVED steps. Have the Veteran look at page 54 and fill out the lines as s/he goes along].

S = SELECT A PROBLEM

The first step is to select a specific problem to be solved. For example,

[Use the identified mood-management or health-behavior problem the Veteran stated above as a relevant problem to be solved. Instruct the Veteran to write the problem on the lines under Step 1.]

O = OPEN YOUR MIND TO ALL POSSIBLE SOLUTIONS

When opening your mind to all possible solutions, it is important to be very broad. Do what is called “brainstorming.” Write down every possible solution that comes to mind, even those you think are silly or are not the best idea. Don’t worry about the potential consequences of these solutions right now. We will address the pros and cons of each solution in the next step.

[Instruct the Veteran to write every possible solution s/he can think of in the numbered boxes under the *Open Your Mind to all Possible Solutions* column. Have the Veteran say his/her solutions out loud as s/he writes them.]

When trying to come up with different strategies or solutions, it can be helpful to think about what advice you would give someone else with this problem. Look at the ways you and others have handled similar situations. It might also be helpful to talk with a close friend or relative, whom you think might be able to offer potential solutions.

Remember that, at this stage, it is important to think of a large list of potential solutions – without thinking of the consequences of these solutions right now.

[If needed, provide the Veteran with examples for the problem s/he has identified. Use a range of suggestions, choosing some that are clearly not optimal or ideal (i.e., never get out of bed again to avoid being around people) and others that could be useful.]

Now that we have a good list, let’s consider the consequences or outcomes of the possible solutions we have listed. Evaluating the pros/cons of each and putting them on paper are helpful and easy ways to reduce the time spent going over them again and again in your mind, and not actually solving the problem.

L = LIST THE PROS/CONS OF EACH POTENTIAL SOLUTION

[Instruct the Veteran to write his/her list in the pros and cons on the lines under Step 3 now. Have him/her write at least three major pros/cons before moving on to the next step. If needed, help him/her identify potential pros/cons of the above-mentioned problem.]

V = VERIFY THE BEST SOLUTION AND CREATE A PLAN

By evaluating the outcomes of each solution and weighing the pros/cons, it is often helpful to “rank order” the solutions. Which solutions are most practical and/or desirable?

[Instruct the Veteran to rank order the solutions, based on the pros and cons list.]

Put a 1 by the solution that is the best choice, a 2 by the second best, and a 3 by the third least favorable choice.

E = ENACT THE PLAN

Next, it is important to think about the best solution and identify the steps needed to carry it out.

[Help the Veteran break the actions down into steps small enough to achieve the goal of solving the problem.]

The next step is to carry out the plan – take the steps specified in the prior phase.

D= DECIDE IF THE PLAN WORKED

Now, it is time to put the plan into action; and evaluate how well the steps you took to solve the problem actually worked. If the steps worked to solve the problem, then reward yourself! If the solution didn't work, identify a new solution and the steps you'll need to take; then enact the new plan. Keep trying until one of your solutions works to solve your problem.

[Ask the Veteran if s/he has any questions. Encourage him/her to enact the plan that was just discussed in-session and to use the SOLVED strategy for a problem that occurs during the week. Review the homework assignment on page 55 of the HERO manual].

Do you have any questions? Use the plan that was just discussed to use the SOLVED strategy for a problem that occurs during the week. Now, let's review the homework assignment on page 57 of the HERO manual.

[Encourage daily use of the pedometer and pedometer calendar form, or upper-body exercises for immobile Veterans.]

[Thank the Veteran for his/her time, and schedule the next session.]

Increasing Social Support for Symptom Management

Session outline:

1. Review goals, information, and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Discuss the importance of seeking support from family and friends to sustain weight- and mood-management strategies.
3. Teach and practice how to seek support from family and friends for managing depression and/or anxiety symptoms.
4. Encourage continued use of physical-activity calendar and pedometer.

[Facilitator instructions]

Facilitator script

Increasing Social Support for Symptom Management

[Call the Veteran, and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello Mr. or Ms. _____. This is _____ from HERO. Are you in a quiet place right now? It will be easier for us to hear each other if you are in a quiet room. This session will take approximately 30-45 minutes.

Last week, we talked about _____.

[If the Veteran was able to use the skills, praise him/her and encourage him/her to continue using the skills. If the Veteran did not use the skills but was able to identify negative or stressful thoughts, help him/her identify potential ways to overcome the perceived barriers to practicing the skill. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review “Tips for Working with Veterans” section to review Motivational Interviewing Skills.]

Today we are going to talk about ways to use social support to provide additional encouragement and augment your skills in managing your depression and/or anxiety symptoms. Please turn to page 65 in the HERO manual.

Social support is another very important factor that leads to successfully maintaining healthy weight and improving negative moods. Social support means having friends and other people, including family, to turn to in times of need or crisis to give you a broader focus and positive self-image. Social support enhances quality of life and provides a buffer against adverse life events.

It may be helpful to attend group or individual therapy at the VHA for additional help with managing your symptoms of depression and/or anxiety.

Social support is a great tool, shown to be related to long-term maintenance of weight and moods. Receiving support for managing your depression and/or anxiety symptoms is especially important. Social support has been shown to reduce stress and depression and/or anxiety. In this session, we will suggest ways to increase the support you receive from others and also help you discuss ways to ask for support.

Friends and family members can help you to identify, understand, and manage your depression and/or anxiety symptoms and help with weight-management goals. Most friends and family members want to support your healthy management of depression

and/or anxiety symptoms and weight but may be unsure how to help you. Your job is to teach your loved ones how to provide the type of support you need. Now, let's begin identifying who can best support you and how to explain your need for support to them.

[Go through each question with the Veteran, and encourage him/her to write his/her responses in the book.]

Questions

1. *Which friends or family members are most supportive of you?*
2. *What do they say or do to support you?*
3. *How could they be even more supportive to you?*
 - a. *Would it help if they listened rather than talked when you were explaining your depression and/or anxiety symptoms?*
 - b. *Could they ask you more frequently about your difficulties managing your depression/and or anxiety symptoms?*
4. *Which friends and family are less supportive?*
5. *What do they say or do that is not supportive?*
6. *How could they be more supportive to you?*

Sometimes our family and friends want to help but do not know how. You may need to teach them how to be more supportive. Start with those who are already helpful, and see if you can discuss with them ways to be even more supportive. Begin by complimenting them on their current support, and then suggest some new or additional ways to support you.

[Read the example to the Veteran.]

Example: *“I really appreciate it when you check on me when [insert Veteran’s specific mood-management goal here]. It would be really helpful if you would [use a statement based on the Veteran’s mood management goal].”*

Example: *“I really appreciate it when you encourage me to [insert Veteran’s specific health-behavior goal here]. It would be really helpful if you would [use a statement based on the Veteran’s health behavior goal].”*

[Ask the Veteran to provide an example of how s/he can show someone to be more supportive to him/her. Have the Veteran name who s/he can ask and exactly what that person can say to provide support. If the Veteran is unable to provide an example, have

him/her discuss the last instance someone was helpful, and use that as an example, if appropriate.]

After practicing this skill, you may be able to approach your less supportive friends and family members and ask for their help as well.

Everyone tries to support us in different ways. Sometimes family and friends may nag at you as a way to encourage you to get help. It is important to recognize that they mean well; they think they are being helpful! But, they may actually make the situation worse without knowing it.

[Ask the Veteran if s/he has anyone in his/her life that nags him/her as a way of support, and discuss that this person likely has good intentions.]

You can teach these friends to be more helpful. Encourage them to praise any positive steps they see and ignore anything negative.

[Read the example to the Veteran.]

Example: *“I know you are trying to help me when you say that I need to go get some help dealing with my [insert Veteran’s mood management example], but pointing out my [insert Veteran’s mood-management example] upsets me more. It would be more helpful if you could continue to try and be nice to me or ignore me when you see me being [insert Veteran’s mood management example], and praise me when I am doing it right.”*

Example: *“I know you are trying to help me when you make negative comments about my [insert Veteran’s health behavior example], but pointing out [insert Veteran’s health behavior example] often upsets me more. It would be more helpful if you could continue to try and encourage me to [insert Veteran’s health behavior example] and praise me when I am sticking to my [insert Veteran’s health behavior example] plans.”*

Remember to be specific in your example of how to support you. You may have to remind your friends and family multiple times how you want to be supported. Little by little, they will learn to be more supportive.

It may be useful to share with them the progress you have made in trying to be less sad or anxious and trying to improve your eating and physical activity. Emphasizing the progress you have made and the benefits you have noticed since trying more skills to manage your depression and/or anxiety symptoms (e.g., using deep breathing, calming thoughts) and weight (walking longer distances) may help get your friends and family on board.

There is a worksheet that you can give to people that you want to provide you with more support. It may help them understand better how to support you.

[Review the worksheet with the Veteran, and encourage him/her to complete it and give it to at least two people,]

[Ask the Veteran if s/he has any questions,]

[Encourage daily use of the pedometer and pedometer calendar form, or upper-body exercises for immobile Veterans,]

[Thank the Veteran for his/her time, and schedule the next session.]

Skills for Preventing Setbacks and Relapses

Session outline:

1. Review goals, information, and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Define relapse.
3. Work with the Veteran to identify his/her triggers for unhealthy eating and decreased physical activity when depressed and/or anxious.
4. Teach methods of decreasing risk for returning to poor eating and sedentary behaviors.
5. Work with the Veteran to establish an individualized Maintenance Plan.
6. Encourage continued use of physical-activity calendar and pedometer.

[Facilitator instructions]
Facilitator script

Skills for Preventing Setbacks and Relapses

[Call the Veteran, and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello Mr. or Ms. _____. This is _____ from HERO. Are you in a quiet place right now? It will be easier for us to hear each other if you are in a quiet room. This session will take approximately 30-45 minutes.

Last week, we talked about _____ skills to manage your depression and/or anxiety symptoms.

Where you able to meet your goals? If not, what got in the way? How much have you used the pedometer?

[If the Veteran was able to use the skills, praise him/her and encourage him/her to continue using the skills. If the Veteran did not use the skills but was able to identify negative or stressful thoughts, help him/her identify potential ways to overcome the perceived barriers to practicing the skill. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review “Tips for Working with Veterans” section to review Motivational Interviewing Skills.]

Please turn to page 91 in the HERO manual to the section titled, “Preventing Setbacks and Relapses”

Today we are going to talk about ways to identify when we are at risk for returning to unhealthy eating and sedentary behaviors due to depression and/or anxiety symptoms. Going back to mental health symptoms management is referred to as having a “relapse.” A relapse is when troubling symptoms or behaviors come back or get worse.

When you feel happy and are sticking to your healthy-eating and physical-activity goals, the last thing you want to think about is a relapse, going back to feeling sad and making unhealthy food choices or perhaps gaining weight. But you can do a lot to lower the risk of going back to [insert Veteran’s mood-management example] and [insert Veteran’s health-behavior goals] habits if you plan ahead. For instance, you can prevent a relapse by making plans now to enroll in individual or group psychological services at the VHA or in the community to continue receiving mental health treatment. By attending a related cooking or nutrition class, you have already made a plan to try and avoid returning to poor eating habits.

Do you plan to seek additional mental health services?

While it is true that some individuals maintain healthy eating and physical activity habits over a lifetime, most people return to some unhealthy weight-management habits. This relapse is especially high for those with depression since these symptoms often recur and can increase in severity.

Have there been times you have tried to better manage your symptoms of anxiety and/or depression but went back to having those symptoms? As a result, did you go back to old ways of eating?

In this session, you will learn a systematic way to monitor your well-being and take action when you need it.

The first step to setback and relapse prevention is to identify early warning signs or triggers of depression and/or anxiety.

Triggers can manifest as thoughts, events, or situations. An example of a trigger is getting into an argument with your spouse or eating a pint of ice cream as a way to feel better when you are experiencing depression.

When you identify your triggers, you give yourself the power to challenge thoughts or perceptions of situations that cause you to feel depression and/or anxiety and make unhealthy choices.

[Ask the Veteran to describe the last time s/he experienced depression and/or anxiety. Encourage him/her to be detailed in his/her account of what occurred before s/he began to experience those symptoms. Ask the Veteran if s/he can identify a trigger in his/her story. If s/he is unable to identify a specific trigger, work with him/her to suggest possible triggers.]

Each of us has his/her own unique set of triggers. Some of these triggers for mood can be linked to traumatic events from the past. The most powerful trigger seems to be loss. Relationship break-ups, divorce, the death of a parent, the death of a grandparent, and the loss of a pet have the potential to increase mood symptoms and/or cloud our judgment for making healthy food choices and being physically active.

What were your triggers for depression in the past?

[Have the Veteran record the responses on the lines on p. 93.]

Some other examples of triggers of depression include:

- *Not having plans to continue receiving individual or group mental health services from the VHA or in the community when HERO ends.*
- *Being overly angry or lonely*

- *Loss or grief*
- *Conflict among loved ones*
- *An unpleasant event such as a perceived failure, disappointment, or criticism*

To continue identifying your warning signs, you'll need to think back to other times you were experiencing depression and/or anxiety. What did you experience? What kind of thoughts did you have? Did your behavior change? Did anything happen in a particular order?

Now think back to other times you were eating unhealthy foods or being sedentary. What did you experience? What kind of thoughts did you have? Did your behavior change? Did anything happen in a particular order?

[Have the Veteran record the responses on the lines.]

Recognizing and Responding to Triggers

Once you know what your triggers are, your job is to be on the lookout for the return of feeling depressed and/or anxious, unhealthy eating, and sedentary living when the trigger gets activated. An excellent setback and relapse prevention strategy is to stay away from circumstances that can serve as triggers.

[Use the Veteran's example to describe specific triggers s/he should avoid.]

Taking Action

Now that you've figured out what warning signs and triggers to watch for and things to avoid, it's time to decide how you'll take action when they come up.

One way to stay in touch with your emotions is to track your daily moods, using a 1 to 10 rating scale, with 1 representing severe depression and/or anxiety and 10 depicting total joy. As long as your ratings remain between a 4 and 6, you are experiencing normal fluctuations in mood. If, however, they creep below a 6, and remain there for more than a week, you are in mild danger of relapse. This may place you at greater risk for increased symptom severity. If this occurs, you can seek mental health services or implement the following coping strategies:

Tips for Avoiding or Managing Relapse for Depression and/or Anxiety and Unhealthy Living

Practice, practice, practice!

The best way to prevent a lapse is to keep practicing your skills! If you are regularly practicing, you will be in good shape to handle whatever situations you are faced with.

How you can begin making time to practice these skills daily

Make a schedule for yourself of what skills you are going to work on every week. You may choose two skills that are easiest for you this week and then practice two skills that are a little more difficult next week. If you plan out which skills you will practice during each week, you will increase your chances of following through with your practice schedule. Again, the more you practice your skills, the better you will be prepared for a potential relapse.

Which two skills can you practice this week?

[Have the Veteran record the responses on the lines.]

Sometimes you may experience a relapse despite practicing your skills. Here are a few strategies that can help you end your relapse and get back on track successfully managing your moods.

Be Kind to Yourself

Don't misperceive the situation, don't use should or beat yourself up for having a relapse. As you remember from our earlier though stopping session, these types of thoughts don't help. It is much more helpful to realize that we all make mistakes sometimes. In fact, it can actually be helpful to have a lapse, because it gives you a chance to learn that some lapses are normal and that lapses can be overcome if you get back to practicing your skills.

Learn From Your Relapses

Remember that it is normal to occasionally have a relapse. The good news is that you can learn a lot from these lapses. Try to figure out what the situation was that led to your having a lapse by asking yourself:

Was I having upsetting or anxious thoughts?

Was I avoiding the event?

Did I do something different?

Was I not feeling supported by my friends and family members?

Knowing why a situation was more difficult for you can help you to prepare for the next time. You can make a plan to help you better cope with difficult situations in the future by using the problem solving skills (SOLVED) or asking for additional social support, as presented in earlier sessions.

Remember to try to be patient with yourself, learn from your lapses, and move forward.

Rewarding Yourself

Make sure to always take the time to reward yourself for all the hard work you are doing. It is very motivating to give yourself a treat once in a while. A reward might be going out for a nice, healthy meal, buying yourself something new, going out with friends; or just taking some time to relax, enjoy yourself, or pamper yourself. Remember that managing

depression and/or anxiety and health is hard work, and any progress you make is due to your own efforts. Doesn't that deserve a reward?

How can you reward yourself for managing your moods?

[Have the Veteran record the responses on the lines,]

Now let's create a personalized Setback and Relapse Prevention Plan for you. Please turn to page 97 of the HERO manual, and let's fill in responses to the questions.

Answering the questions that follow will help you to identify the thoughts and behaviors that are your personal warning signs of relapse. They will also help you to specify actions you can take once you become aware of those warning signs.

- 1. Using the information we just talked about, what are the warnings that indicate that you are about to feel depressed and/or anxious?*
- 2. When you notice these warning signs, what actions might you take to help you practice better management of your emotions and behavioral choices?*
- 3. With whom can you call or talk to get support? With whom will you share your relapse warning signs? Please list (if you can) three or more people below.*

Name

Phone

a. _____

b. _____

c. _____

- 4. Is it possible to avoid such triggers altogether? How might you do so?*
- 5. What are some of your old ways of thinking that you have seen produce increased depression and subsequently unhealthy eating or sedentary living?*
- 6. What are some new thoughts or beliefs that you can use to challenge those old ways of thinking and behaving?*
- 7. Are there any changes you could make in your daily activities that would reduce the risk of relapse?*

[Ask the Veteran if s/he has any questions.]

[Thank the Veteran for his/her time and participation in the study. Explain to him/her that s/he will have a final assessment session where s/he will be asked the same questions as

in the last assessment call, a few additional measures will be administered, and the pedometer will be retrieved.]

Motivation to be Active Get up, Get out, and MOVE!

Session Outline:

1. Review goals, information and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Define *sedentary behaviors*.
3. Identify types of sedentary behavior.
4. Identify sedentary behaviors currently a part of the Veteran's life.
5. Identify the time the Veteran spends participating in the behaviors.
6. Identify barriers in the Veteran's life that encourage sedentary behavior.
7. Define *motivation*.
8. Create a personalized plan to overcome barriers to increasing physical activity.
9. Encourage the use of daily/weekly activity goal setting and incorporation of a nonedible reward system for activity goals reached.
10. Provide tips for increasing physical activities.

[Facilitator instructions]
Facilitator script

Motivation to be Active Get up, out, and MOVE!

[Call the Veteran, and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello Mr. or Ms._____. This is _____ from HERO. Is now still a good time for our session? Are you in a quiet place right now? This session will take approximately 30-45 minutes. If you need to use the restroom, or become tired, don't hesitate to ask for a break. Ok?

Last session, we talked about _____.

[If the Veteran was able to use the skills, praise him/her and encourage him/her to continue using the skills. If the Veteran did not use the skills but was able to identify negative or stressful thoughts, help him/her identify potential ways to overcome the perceived barriers to practicing the skill. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review "Tips for Working with Veterans" section to review Motivational Interviewing Skills]

This session we will talk about sedentary behavior, its effect on your health, and how to decrease this kind of behavior. Now, let's turn to page 71 in the HERO manual.

[Explain the definition of sedentary behavior to the Veteran.]

Sedentary behavior refers to prolonged sitting/lying or behavior without physical activity. What this means for you is any time you are sitting or lying down while you are awake, you are engaging in sedentary behavior. Some examples of common sedentary behaviors are TV watching, playing video games, using the computer, driving or riding on public transportation, and reading.

Do you spend a lot of time during the day doing some of these things or activities similar to these?

[Ask the Veteran if s/he participates in any sedentary activity. Have the Veteran give you some examples of the types of sedentary behavior s/he participates in. Have him/her write them down in his/her workbook. Then ask about the amount of time s/he spends participating in sedentary activities.]

What are some examples of other sedentary behaviors you participate in?

1. _____
2. _____
3. _____

How much time do you think you spend in a day participating in these types of activities?

Research shows that when you have a high level of sedentary behavior, you increase your risk for cancer, diabetes, obesity, and weight gain. When you are participating in sedentary behavior, you burn very few calories. People also like to snack on nonhealthy foods while participating in sedentary behaviors. This further contributes to weight gain.

Because you **DO** have a choice in how often you participate in these activities, today we are going to work on reducing the amount of time you spend participating in sedentary behaviors.

It is not always an easy task to reduce these behaviors because the activities are so common in our lives. Driving and sitting or using a computer are usually things we find ourselves doing at least once every day. There are also other barriers that make it difficult to decrease these behaviors in our everyday lives. For example, sometimes you might not feel like getting up off the couch. This is called a lack of motivation.

[Have the Veteran give you some examples of barriers to decreasing [Insert the Veteran's sedentary behavior. Have him/her write them down in his/her workbook.]

Can you think of any barriers that make it difficult for you to reduce your sedentary behavior?

So how do we get past these barriers? We make a plan!

It is important to recognize the barriers you have in your life that will make it difficult for you to reduce your sedentary behavior. By identifying these things, you can make a plan that will help you overcome or avoid these barriers.

[Explain to the Veteran that you will work with him/her to create a three-step plan.]

Step one of your plan should involve getting motivated. Motivation is the force behind doing something. When you have a lack of motivation, it is often very difficult to get moving, especially if you are used to spending a large amount of time participating in sedentary activities. Without motivation, nothing much happens. It often comes and goes, but here are some tips for ways to get motivated and stay motivated.

❖ **GET SERIOUS**

Put your weight loss and sedentary behavior goals at the top of your “to do” list every day.

❖ **BE PATIENT**

Recognize that results take time.

❖ **SET REASONABLE EXPECTATIONS.**

Set daily goals you can accomplish, and give those your all.

Step two...*Let’s work on setting some reasonable activity goals as a part of our plan. An example of an unreasonable activity goal for someone who doesn’t run regularly is, “I will run five miles every day for a week.” You should start smaller. For example, “This week, I will walk for at least 10 minutes each day.” It is a good practice for you to set both daily and weekly activity goals that are achievable. Write these activity goals down, and place them somewhere so that you can see them often. Don’t worry about the long-term stuff right now. It will happen as you achieve your daily and weekly activity goals. Here are some examples of activity goals you can set in to decrease sedentary behavior.*

❖ *“I will stand up at each TV commercial and walk in place.”*

❖ *“I will walk no less than 100 steps using my pedometer.”*

❖ *“I will find a buddy to walk with me at least once a week.”*

[Have the Veteran give you examples of other ways to decrease his/her sedentary behavior, and write them down in his/her workbook.]

Can you give me some other examples?

1. _____
2. _____
3. _____

Take one day at a time, and devote your all to accomplishing the goals for that day. By doing what it takes to get some results, you will motivate yourself to push even further. For every goal you meet, find a way to reward yourself without using food. For example, find several small items you can buy yourself (e.g., a new shirt).

[Have the Veteran give you examples of other ways to reward him/herself, and write them down in his/her workbook.]

Can you think of some other ways that you can reward yourself?

1. _____
2. _____
3. _____

[Compliment the Veteran’s nonedible reward system, and encourage him/her to use it whenever s/he achieves a goal no matter how small.]

Those are some great ideas! I encourage you to do at least one of these things every time you accomplish one of your goals, no matter how small it might be. Every little bit gets you one step closer to your overall goal, and you should celebrate it.

When you are having a hard time motivating yourself, do not be afraid; seek support from others. It is often fun and very motivating to participate in physical activities with others. For example, find a neighbor who will walk down the block with you once or twice a week.

Now let’s look at the third and final step of your plan.

*For **step three** of your plan, you will need to retire your “Superman cape.” You are only human, so be aware that you will not achieve EVERY activity goal you set. For example, if it’s pouring down rain, you might not be able to meet your walking goal for the day. That is okay.*

[Explain to the Veteran that it can be helpful to realize that, ultimately, we are not in control of every little thing that occurs in our life and that outside forces are truly out of our hands.]

It can be helpful to realize that, ultimately, we are not in control of every little thing that occurs in our life and that outside forces are truly out of our hands.

Setbacks and mistakes happen to EVERYONE. Learn from your setbacks. Think about what contributed to your not achieving your goal for that day. Make a note of these things, and then FORGIVE yourself. Use the calming-thoughts or thought-stopping skills you learned in an earlier session to change your negative thinking about yourself. For example, change your negative statement of “I’m worthless because I didn’t stick to my diet or exercise plan today” to “I had a setback today, but tomorrow I am going to achieve my activity goals.”

[Encourage the Veteran to use the plan you have just created together.]

Now that you have a plan in place, make your plan a priority.

Here are some tips to help you:

- ❖ *Write down everything you need or want to do each day. This should include physical activity and healthy eating. Then decide which items will help you reach your activity goals for the day. Schedule these items FIRST.*

- ❖ *Fill in any leftover time with those things that you may want to do but aren't as important as the others. If you can, add in more physically active tasks here as well.*
- ❖ *Always allow extra time! Things usually take longer than expected. Schedule your exercise for the day first. This way, when life takes over, you will have already reached your goal for that day.*
- ❖ *Focus when doing tasks. Avoid letting little interruptions get in the way of your being physically active.*
- ❖ *If you are overcommitted, begin saying "NO!" Delegate some of your responsibilities to others whenever possible so that you can free up the time needed to complete your activity goal for the day. You don't have to do absolutely everything yourself.*

What prevents you from being more active? Recognizing these limitations is the second step towards positive change. Together, we are going to work to change your behaviors and include more physical activity by addressing these limitations.

[Review any specific limitations that might have gotten in the way of the Veteran's participating in more physical activity (e.g., fatigue or physical and sensory limitations). Work with the Veteran to identify a plan to minimize the effects or overcome the stated barriers.]

Pick two activity goals to practice next week. [Refer the Veteran to the tips for ways to increase your physical activity handout.] Which activities are those? Write out a plan to accomplish these goals daily. [Direct him/her to the following handout: (1) Changing Behavior: Daily Practice Log] Then record how it felt performing the goal, using the Recording Daily Activities and Rating Your Mood forms. During our next call, I will check to see how you felt practicing these behaviors.

To summarize, today we learned about sedentary behaviors. We identified the behaviors that you spend the most time participating in. We also identified some barriers to decreasing these types of behaviors. Together we have created a plan that will help you decrease sedentary behaviors and keep you motivated. Remember to set daily/weekly goals and reward yourself for sticking to them.

[Ask the Veteran if s/he has any questions.]

[Encourage daily use of the pedometer or upper-body exercises for immobile Veterans and pedometer calendar form.]

[Thank the Veteran for his/her time, and schedule the next session.]

Sexual Health

Session outline:

1. Review goals, information and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Define *sexual health*.
3. Explain the importance of maintaining good sexual health.
4. Describe how sexual dysfunction can impact the Veteran's quality of life
5. Teach strategies to seek appropriate help that can improve sexual dysfunction.

[Facilitator instructions]
Facilitator script

Sexual Health

[Call the Veteran, and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello Mr. or Ms. _____. This is _____ from HERO. Is now still a good time for our session? Are you in a quiet place right now? This session will take approximately 30-45 minutes. If you need to use the restroom, or become tired, don't hesitate to ask for a break. Ok?

Last session, we talked about _____.

[If the Veteran was able to use the skills, praise him/her and encourage him/her to continue using the skills. If the Veteran did not use the skills but was able to identify negative or stressful thoughts, help him/her identify potential ways to overcome the perceived barriers to practicing the skill. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review “Tips for Working with Veterans” section to review Motivational Interviewing Skills]

This session we will talk about sexual health and how obesity or other chronic illness can impact your sexual functioning. Now, let's turn to page 77 of the HERO manual.

First, I'd like to understand why you are interested in this module. Can you tell me a little bit about what interested you about this module?

[Reflect back Veteran's interest, and say something like, “It sounds like you're concerned about [problem]. I think this module is a good choice for you because we're going to be talking about some basic information related to sexual health, as well as talking about how your sexual health affects your life and your interest in losing weight.” You can also ask about specific ways the Veteran thinks his/her sexual health is related to weight before continuing. The order of the information review can be based on the Veteran's interests/concerns.]

Sexuality and Sexual Health

Sexual health is a state of physical, mental, and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

[Ask the Veteran what particular sexual issue s/he is having. Validate the Veteran's problem.]

Sexual health is important, and it sounds like you're having problems with _____? These problems may be called a sexual dysfunction.

What is sexual dysfunction?

Sexual dysfunction refers to a problem occurring during any phase of the sexual response cycle that prevents the individual or couple from experiencing satisfaction from the sexual activity. The sexual response cycle traditionally includes excitement, plateau, orgasm, and resolution. Desire and arousal are both part of the excitement phase of the sexual response.

While research suggests that sexual dysfunction is common (43% of women and 31% of men report some degree of difficulty with sexual functioning), it is a topic that many people are hesitant to discuss. Fortunately, many cases of sexual dysfunction are treatable; so it is important to share your concerns with your partner and healthcare provider. However, obesity and related chronic illnesses such as diabetes are directly associated with sexual dysfunction.

What are the types of sexual dysfunction?

Sexual dysfunction generally is classified into four categories:

- *Desire disorders —lack of sexual desire or interest in sex*
- *Arousal disorders —inability to become physically aroused or excited during sexual activity*
- *Orgasm disorders —delay or absence of orgasm (climax)*
- *Pain disorders — pain during intercourse*

Who is affected by sexual dysfunction?

Sexual dysfunction can affect anyone at any age, although it is more common in the 40- to 65-year-old range and is often related to declines in health associated with aging.

What are the symptoms of sexual dysfunction?

In men:

- *Inability to achieve or maintain an erection suitable for intercourse (erectile dysfunction)*
- *Absent or delayed ejaculation despite adequate sexual stimulation*
- *Inability to control the timing of ejaculation (premature or retarded ejaculation)*

In women:

- *Lack of interest in or desire for sex*
- *Inability to achieve orgasm*
- *Inadequate vaginal lubrication before and during intercourse*
- *Inability to relax the vaginal muscles enough to allow intercourse*

In men and women:

- *Lack of interest in or desire for sex*
- *Inability to become aroused*
- *Pain with intercourse*

Have you had problems in any of these areas?

How has it affected you?

[Reflect back the Veteran's concerns before moving on to talking about causes.]

What causes sexual dysfunction?

These are many common physical and psychological factors that contribute to problems in sexual performance. In many cases, the problems result from a combination of factors.

Physical causes — *Many physical and/or medical conditions can cause problems with sexual function. These conditions include obesity, diabetes, heart and vascular (blood vessel) disease, neurological disorders, hormonal imbalances, chronic diseases such as kidney or liver failure, and alcoholism and drug abuse. In addition, the side-effects of some medications, including some antidepressant drugs, can affect sexual function.*

Psychological causes — *These include work-related stress and anxiety, concern about sexual performance, marital or relationship problems, depression, feelings of guilt, and the effects of a past sexual trauma.*

Do you think any physical or psychological factors are affecting your sexual health?

[Always refer the Veteran back to his/her provider for a diagnosis.]

How is sexual dysfunction diagnosed?

In most cases the individual recognizes there is a problem interfering with his or her enjoyment (or the partner's enjoyment) of a sexual relationship. A doctor or other provider will likely begin with a complete history of symptoms and a physical before starting treatment. He or she may order diagnostic tests to rule out any medical problems that may be contributing to the dysfunction. An evaluation of the person's attitudes regarding sex, as well as other possible contributing factors (fear, anxiety, past sexual trauma/abuse, relationship problems, medications, alcohol or drug abuse, etc.) will help the provider understand the underlying cause of the problem and make recommendations for appropriate treatment.

[Ask Veteran if s/he has ever talked to a provider about his/her sexual health. If so, ask him/her what the provider said. Did the provider ever mention that his/her weight or chronic illness might affect his/her sexual health? If the Veteran has not talked to his/her provider, encourage him/her to do so. Use the SOLVED framework to help him/her implement a plan to talk to his/her provider.]

How is sexual dysfunction treated?

Most types of sexual dysfunction can be corrected by treating the underlying physical or psychological problems. Other treatment strategies include the following:

Medication — When a medication is the cause of the dysfunction, a change in the medication may help. Men and women with hormone deficiencies may benefit from hormone shots, pills or creams. For men, drugs including sildenafil (Viagra) may help improve sexual function by increasing blood flow to the penis.

Mechanical aids — Aids such as vacuum devices and penile implants may help men with erectile dysfunction (the inability to achieve or maintain an erection). Dilators may help women who experience narrowing of the vagina.

Sex therapy — Sex therapists can be very helpful to couples experiencing a sexual problem that cannot be addressed by their primary provider. Therapists are often good marital counselors as well. For the couple who wants to begin enjoying their sexual relationship, it is well worth the time and effort to work with a trained professional.

Behavioral treatments — These involve various techniques, including insights into harmful behaviors in the relationship or techniques such as self-stimulation for treatment of problems with arousal and/or orgasm.

Psychotherapy — Therapy with a trained counselor can help a person address sexual trauma from the past; feelings of anxiety, fear or guilt; and poor body image, all of which may have an impact on current sexual function.

Education and communication — Education about sex, sexual behaviors, and sexual responses may help an individual overcome his or her anxieties about sexual function. Open dialogue with your partner about your needs and concerns also helps to overcome many barriers to a healthy sex life.

Can sexual dysfunction be cured?

The success of treatment for sexual dysfunction depends on the underlying cause of the problem. The outlook is good for dysfunction that is related to a treatable or reversible physical condition. Mild dysfunction that is related to stress, fear, or anxiety often can be successfully treated with counseling, education, and improved communication between partners.

Relationship Difficulties

There are several characteristics that make maintaining healthy relationships difficult. However, healthy relationships can be achieved if you are aware of these challenges and have tools to deal with them. Some challenges couples encounter when dealing with sexual dysfunction include:

- Dissatisfaction, resentment, or struggles for power or control within the relationship. Some of the challenges can be related to sexual dysfunction, while others may not.
- Communication of wants and needs is a critical component of achieving a healthy relationship.

- *Sometimes couples have different value systems that may impact sexual relationships. It is important to discuss value systems with your partner to make sure that each of your value systems is not being compromised.*
- *Lack of intimacy, emotional expression, or physical affection due to issues related to sexual dysfunction may impact a relationship. It may help if you discuss these difficulties with your partner to help him/her understand what you are experiencing.*
- *Couples may experience discrepancies in sexual preferences. It is important to discuss your sexual preferences with your partner and how they may impact your relationship.*

[Ask the Veteran if his/her relationship been impacted by his/her sexual health. If so, how?]

Talking about Sexual Health

Talking about your sexual health with your treatment team is just as important as talking about other health problems. Having conversations with your providers can help you understand problems with your sexual health and your choices for treatment.

Sometimes people feel too embarrassed to talk about their sex life with health professionals, but it's your providers' job to listen to your problems and offer help! They are likely to want to help. Just as a reminder, it is unlikely that you will surprise or shock your provider. When discussing your sexual health, your treatment team should:

- *Treat you with respect*
- *Listen to the problems you want to talk about and be sensitive to your experiences*
- *Investigate possible causes*
- *Work with you to find solutions to problems*

Improving Sex

Often people think of their usual way of having sex as the only way or the best way. As men and women age, and perhaps start to have some health problems, their sexual routine or "script" sometimes no longer works for them. Many couples find they can adjust to the physical changes if they try some changes in their routine and try different ways of showing affection. Here are some suggestions that couples have found helpful.

1. Talk about sex with your partner. It is important to talk about what you like or do not like. What "turned you on" during your honeymoon days may not be the best for you now. You cannot read your partner's mind, and he or she cannot read yours. You can tell your partner what you like best without being critical.

2. Talk with your partner about how important the erection is to your sexual relationship. Many women enjoy caresses and kissing just as much as intercourse. Many men find they can still have an orgasm even if they cannot get a full erection or if they cannot keep their erection long enough for intercourse. Many couples find they can feel sexually satisfied by enjoying activities such as kissing, massage (body, back, legs, neck,

face and head, feet, arms, hands), caressing the partner with his/her hands or mouth, or rubbing their bodies together. If you have no religious or other objections, there are many ways besides intercourse to reach sexual fulfillment.

3. Try changing the atmosphere for romantic activities. Many couples use the same sexual "script" for many years. Just like watching the same movie over and over would become boring, sex can lose its excitement, too. Many couples find that, if they change the routine a little, they enjoy sex more. For example, dim the lights or use candles, wear sexy clothes, take a relaxing bath or shower together, play music, pick out a new perfume or after shave, try having sex in a different place, and/or try a new way to start sex.

[Ask the Veteran which of the presented solutions might be helpful for him/her. Use the SOLVED framework to help him/her implement a change between now and the next session.]

[Ask the Veteran if s/he has any questions.]

[Encourage daily use of the pedometer and pedometer calendar form or upper-body exercises for immobile Veterans]

[Thank the Veteran for his/her time, and schedule the next session.]

Chronic Pain

Session Outline:

1. Review goals, information and homework from previous session and pedometer use and physical activity. Use the Veteran Tracking Form to record Veteran responses.
2. Define chronic pain and the relationship between chronic pain and obesity.
3. Explain the effects of chronic pain on engaging in weight-management activities.
4. Explain the correlation between chronic pain and depression and/or anxiety.
5. Teach skills for managing chronic pain.
6. Develop goals for limiting the effects of chronic pain for the upcoming week.

[Facilitator instructions]
Facilitator script

Chronic Pain

[Call the Veteran, and ask if this is still a good time for the session. If not, reschedule for another time. If so, then proceed with the session.]

Hello Mr. or Ms. _____. This is _____ from HERO. Is now still a good time for our session? Are you in a quiet place right now? This session will take approximately 30-45 minutes. If you need to use the restroom, or become tired, don't hesitate to ask for a break. Ok?

Last session, we talked about _____.

[If the Veteran was able to use the skills, praise him/her and encourage him/her to continue using the skills. If the Veteran did not use the skills but was able to identify negative or stressful thoughts, help him/her identify potential ways to overcome the perceived barriers to practicing the skill. Apply Motivational Interviewing skills if the Veteran appears to have difficulty accepting potential solutions to the problem. Review "Tips for Working with Veterans" section to review Motivational Interviewing Skills.]

This session we will talk about chronic pain and its effect on your physical health and activity level. Now, let's turn to page 87 of the HERO manual.

Chronic pain is any pain that continues for several months. Chronic pain can begin with an injury, be a result of excessive weight or disability, or can begin for seemingly no reason at all. The pain can be in any part of the body, and it can range in severity. For instance, one person may have an ongoing dull ache in his/her lower back; and another person could have daily headaches that s/he describes as sharp or stabbing. Pain is different for everyone. Chronic pain is complex and is often impossible to treat with medication alone.

[Ask the Veteran how s/he would describe his/her level of pain, using the 0-10 scale below. Explain that 0 is no pain at all and 10 is the worst pain level,]

How severe is your pain today?



Chronic pain can make life difficult.

[Ask the Veteran how pain impacts his/her day-to-day life and ability to successfully manage his/her weight. Ask Veteran what s/he has lost or given up trying to manage

his/her weight because of pain. Ask Veteran how pain has affected his/her ability to lose weight or exercise. Provide the Veteran with an overview of how his/her general pain level has impacted his/her life and weight-management efforts]

Although there are physical aspects of pain, there are many ways that pain interacts with psychological factors. For instance:

- 1. A life-changing injury or disability can lead to depression and/or anxiety*
- 2. Stress, depression, and anxiety can all increase pain*
- 3. Other factors, such as sleep, can influence pain*
- 4. Being too focused on pain or disability can limit your ability to cope with pain or to function*

Can you think of examples from your life when pain has interacted with your mood or emotions?

It may seem like living with pain makes it impossible to do the things you want to do, but you can learn to overcome pain and live your life.

[Go through the above examples, and help the Veteran think of examples from his/her life. Repeat back the response from the Veteran, and emphasize that there are ways to live a full life despite pain.]

As you have already mentioned, there are many areas of your life that have been impacted because of your pain or disability. Let's discuss some of those areas in more detail.

[Refer Veteran to look at page 88.]

For many people, the most important parts of their lives can be divided into a few, broad categories, such as relationships, work, recreation/fun, spirituality, and taking care of oneself (such as sleeping, eating right, and getting exercise). How important are each of these areas to you? On a scale of 1 – 10, where 1 is not important and 10 is very important, how important are relationships to you? What about work? Rate from 1 – 10 how important each of these life dimensions is to you.

If your relationships could look exactly like you wanted them to, what would they look like? For instance, some people may want to spend time with friends at least once per week; and other people might really value daily time with their spouse. What would this look like for you? What would you like work to look like?

[Do not limit the conversation to just these two areas. Be sure to go through every area with the Veteran.]

You've told me that, in the area of relationships, you would like to_____. In the past week, using a scale of 1 – 10, how much has your behavior matched what you would

like your life to be like in this area? Okay, what about with work? How about recreation? How about spirituality? What about taking care of yourself?

How would you like each dimension to be in your life? Rate each area from 1 – 10. In the past week, how well has your behavior matched your intentions about how you would like to live your life concerning your work? How about recreation? How about spirituality? What about taking care of yourself? How did pain impact how you behaved or lived your life in the past week?

[If the Veteran says it hasn't, ask if pain has ever impacted his/her life and behavior.]

[Point out the discrepancies between how pain impacts what the Veteran wants and what s/he is actually doing. For instance, you could say,

I noticed that you really value relationships. In fact, you rated that a 9 in importance. But then you said you are only able to live the way you want in that area at a 4. How does pain keep you from spending time with your spouse on a daily basis?

You want to elicit the Veteran's barriers, but make sure that pain is incorporated. If that explanation is not offered, directly ask about it.]

What else keeps you from living your life in line with your values and intentions? What role does pain play?

[Sum up the Veteran's barriers, emphasizing that pain and disability are often what get in the way of the type of life the Veteran wants/values.]

Often individuals with chronic pain do not live the life they want to live because of pain. It may feel like you should wait until the pain is gone to do the things you want to do. However, a pain-free life may not be possible. Instead, you can make a choice to live a life consistent with your values, despite the pain.

[Discuss the following scenario with the Veteran.]

Picture two boxes. In one box is a pain-free life, but to accomplish that you have to take so much medication and limit your activity to the point that all you do is sit at home unable to do any of the things you enjoy. In the other box is all the pain and disability you have now, but you are living the life you described above. Which one would you choose? You can learn to live a life consistent with your values, but it takes both willingness to let go of your attempts to control pain and effort to pursue a valued life direction in the face of pain.

[Next, work with the Veteran to identify specific goals for the upcoming week. The goal behind this is for the Veteran to decide two or three things s/he is going to do regardless of pain. For instance, one goal could be eating dinner at the table with his/her spouse each evening, even if it's difficult. The Veteran may need help identifying attainable and

measurable goals. They should be as specific as possible. For instance, if the Veteran says, “Spend time with my spouse,” then you can help create a more concrete goal like the previous example.]

Choose two or three areas where there is a big difference between your values and how you are living your life. What are goals you could make for ways to live more consistently with your values? These are things you will plan to do, regardless of how much pain you are experiencing:

- 1.

- 2.

- 3.

[Finally, you want to conclude with a specific skill for helping the Veteran manage pain. It is preferable to review the deep-breathing session.]

Once you make a decision to live your life in spite of the pain you may have, you can also learn skills that help you let go of the ways you have tried to control pain; relax; and ultimately, reduce pain. These skills include things like deep breathing, which you may have already learned about. If you have not already learned this, we can go through it together.

Turn to the deep-breathing module, and teach or review this skill with the Veteran.]]

[Facilitator instructions]
Facilitator script

Sleep Hygiene

[Instruct the Veteran to turn to page 100.]

Now we are going to talk about the impact sleep has on depression and/or anxiety symptoms and discuss strategies to improve your sleeping habits.

The Relation Between Depression and/or Anxiety Symptoms and Sleep

[Explain the normal sleep patterns of older adults.]

One important thing to understand about sleep is that different people may need different amounts of sleep to feel rested. We also know that, as people age, they tend to need less sleep than when they were younger. For example, younger adults need about eight hours of sleep per night to feel rested, while older adults may need only about seven hours of sleep per night.

[Explain the relation between sleep and depression and/or anxiety.]

Depression and/or anxiety can affect how much people sleep and how well they sleep, which can affect how rested they feel in the morning. For example, being awakened by a nightmare or a noise in the environment can disrupt sleep. Some people might find it difficult to calm themselves enough and fall back to sleep.

The Veteran's Existing Sleep Patterns

[Introduce sleep hygiene rules.]

As we just discussed, sleep is a behavior that can get disrupted when people experience depression and/or anxiety symptoms. To help you improve your sleep and feel more rested during the day, I'd like to introduce you to some simple guidelines for behaving differently at night as well as during the day. I think you'll find that following these guidelines has a positive effect on your sleep. Before we get to these guidelines, I'd like to learn more about your current sleep patterns.

[Understand Veteran's existing sleep patterns, using the following questions from the Sleep Assessment. Other questions are interspersed during skill teaching.]

- *Do you feel rested in the morning?*
- *How much total sleep do you get?*
- *How much total sleep time do you think you need to feel rested?*

- *What have you tried to do to help your sleep problem?*
- *When is your sleep better?*
- *Do you fall asleep more easily somewhere other than in bed?*
- *What would you like to see changed about your sleep?*
- *What time do you go to bed? What time do you get up in the morning?*
- *Do you sleep later on some days than others? Do you go to bed at different times?*
- *Do you and your bed partner have similar bedtimes?*

Teach sleep hygiene skills for nighttime.

1. Go to sleep and wake up at the same time each day.

Going to sleep and waking up at the same time every day can help you get in the habit of getting a full seven hours of sleep.

2. Develop a bedtime routine.

A routine will help to calm you and prepare your body for sleep. Your routine might include brushing your teeth, taking medication, calling someone, and/or listening to calming music. Whichever activities you decide to do as part of your bedtime routine, be sure to do them in the same order and at the same time every night. It is best not to include energizing activities like exercising or drinking caffeine as part of your bedtime routine.

3. Stretch legs or soak legs in a hot bath before bed.

Stretching your legs and/or soaking them in a hot bath just before bed can help calm your muscles and prevent them from moving at night.

4. Relax before bedtime or when waking up at night.

What do you think about while trying to get to sleep or when waking up in the middle of the night? Relaxing before you go to bed or when you wake up at night can help reduce intrusive thoughts. Relaxation could include using calming skills like deep breathing or calming thoughts, meditating, listening to soothing music, or visualizing yourself in a peaceful place. You could even post calming thoughts somewhere close by like on a nightstand or on the bedroom wall to help calm your mind while you try to fall asleep.

5. Limit the use of your bed for sleep or intimacy with your partner.

What do you do in bed besides sleep? Do you watch TV, read, work, or eat in bed? We would recommend not doing anything in bed except sleeping or being intimate with your partner. This would mean that activities such as watching TV, reading, working, or eating would be done outside the bedroom. When you limit bedroom activities to sleep and intimacy with your partner, your bed becomes a cue for sleep instead of for other behaviors.

6. Get out of bed if you are not asleep in 15 to 20 minutes.

How long does it take you to fall asleep? Do you awaken during the night? If yes, how many times? For how long? What do you do while awake at night? If you don't fall asleep within 15 to 20 minutes, or you wake up in the middle of the night and can't get

back to sleep, we would suggest you leave the bedroom and do something calming or relaxing until you feel sleepy again. You might want to use deep breathing or calming thoughts, meditate, listen to soothing music, or visualize yourself in a peaceful place.

7. Minimize distractions.

Are you easily awakened by noise or light? Try to minimize distractions such as light, noise, or movements that might be keeping you awake at night. You might consider rearranging your bedroom, putting curtains up, sleeping with earplugs in, or sleeping separately from your partner.

8. Alleviate pain.

Do you have any pain at night? If you're experiencing any pain, relax the area of the body where you're feeling pain. Or, distract yourself from pain by doing enjoyable things right before bed and using calming thoughts once you're in bed.

Teach sleep hygiene skills for daytime.

1. Stay out of bed during the day.

This includes watching TV, reading, working, or eating. Do these activities prior to getting into bed at night.

2. Limit naps.

Do you take naps during the day? When are these naps? How long do they last? Where do you take naps? All naps can be disruptive to nighttime sleep, so it's best not to take one. If you're unable to avoid a nap mid-day, limit the nap to one hour, and be sure to nap before 3:00 pm. Napping somewhere other than your bedroom can shorten your nap time and help you to associate your bed with longer sleep times.

3. Avoid caffeinated drinks in the afternoon and evening.

How much coffee, soda, tea, or alcohol do you drink? When do you drink it? Do you smoke cigarettes? Caffeine can keep you awake for up to eight hours, so try not to drink caffeine within eight hours of your normal bedtime. We also know that smoking cigarettes can affect how rested people feel the next morning because of the effects of nicotine dependence, the association between smoking and snoring, and the potential risk for smokers to engage in other unhealthy behaviors.” (Phillips, B.A. & Danner, F. J., 1995).

4. Exercise at least three to four days per week.

Do you exercise? When do you exercise? How often do you exercise? Exercising in the morning or afternoon can help make you tired later in the day. However, exercising too close to bedtime can raise your heart rate and body temperature and cause you to have more trouble falling asleep. Talk with your physician about exercise ideas that are safe and fit your needs.

5. Drink fluids early in the day.

You may be able to reduce the number of times you get up to go to the bathroom at night by reducing the amount of fluid you drink in the evening. Be sure to drink more in the morning so that you are still able to get enough fluids to maintain your health.

6. Spend time in natural sunlight.

Spending some time in natural light has been shown to improve sleep. It can also improve overall well-being.

Address the Veteran's current sleep hygiene.

[Direct the Veteran to the appropriate workbook page, and discuss which of these guidelines s/he already follows. Be sure to positively reinforce the use of any of the guidelines. Which other guidelines might help to make him/her feel more rested during the day?]

[Direct the Veteran to the appropriate workbook page, and discuss a realistic time s/he could go to sleep and wake up each day, so that his/her body can get in the habit of getting a full seven hours of sleep. Help the Veteran select about five other skills s/he could try during the coming week to improve sleep. Encourage him/her to review the other guidelines and consider trying them in the future, as needed.]

Introduce practice exercises.

[Direct the Veteran to the appropriate workbook page, and review instructions for practice exercises. Work together on an example.]

[Remind the Veteran to use previously learned skills when experiencing depression and/or anxiety symptoms during the week.]

[Ask the Veteran if s/he has any questions]

Sleep Skills

As people age, they tend to need less sleep than when they were younger. Most adults sleep only about seven hours at night, and then take a nap around lunchtime if they feel tired. People with posttraumatic stress may have trouble sleeping because of intrusive thoughts or physiological arousal. Below are some guidelines that can help you sleep better and feel rested the next day

Nighttime Skills

1. Go to sleep and wake up at the same time each day.
2. Develop a bedtime routine.
3. Stretch legs or soak legs in a hot bath before bed.
4. Relax before bedtime or when waking up at night.
5. Limit the use of your bed for sleep or intimacy with your partner.
6. Get out of bed if you are not asleep in 15 to 20 minutes.
7. Minimize distractions.
8. Alleviate pain.



Daytime Skills:

1. Stay out of bed during the day.
2. Limit naps.
3. Avoid caffeinated drinks in the afternoon and evening.
4. Exercise at least three to four days per week.
5. Drink fluids early in the day.
6. Spend time in natural sunlight.



Sleep Skills

Instructions for Practice Exercises

Choose a realistic time for going to bed each night and waking up each morning to help you get in the habit of getting a full seven hours of sleep each night.

Goal bed time: _____

Goal wake time: _____

Based on what you know about your current sleep hygiene and what was discussed during the session, select five skills to practice to help you feel more rested each day.

Sleep skills I am going to practice this week:

1. _____
2. _____
3. _____
4. _____
5. _____

Record Sleep Skills:

Each morning or early afternoon, record what time you went to bed the night before and what time you woke up that morning. List the daytime sleep skills you used the day before and the nighttime sleep skills you used the night before. Note any problems you may have experienced while you were trying to sleep and what you did in response.

Continue to practice and use previously learned calming skills.



Sleep Skills Practice Exercise (Date: _____)

Time I went to bed last night:

Time I woke up today:

Nighttime skills I used yesterday:

Daytime skills I used yesterday:

If you woke up at any point last night, what may have caused you to wake up?

What did you do to fall back asleep?

SKILLS PRACTICE

Did you use deep breathing today?

[] YES

[] NO

If yes, did it make you more relaxed?

[] YES

[] NO

Did you use calming thoughts today?

[] YES

[] NO

If yes, were they helpful?

[] YES

[] NO

Did you use any other calming skills this week?

[] YES

[] NO

If yes, were they helpful?

[] YES

[] NO

Appendix

Crisis Procedures

If a patient expresses suicidal thoughts:

1. Determine if the patient is having thoughts about death and/or dying (e.g., worried about or having concerns about dying) or if the thoughts are of a suicidal nature (e.g., thoughts about harming self). **Record the information on the Suicide Assessment Form.**
2. If thoughts are of a NON-suicidal nature, validate the patient's concerns and encourage him/her to talk to others about their concerns (e.g., family, friends, pastor, and/or clinical providers). **Record the information on the Suicide Assessment Form.**
3. **If thoughts are of a suicidal nature**, explore the following content areas. Each area has sample questions; however, some flexibility in the way in which the information is obtained is appropriate.
4. Notify the participant that the information will be discussed with a supervisor and the supervisor may be calling to assess for safety.
5. Attach the Suicide Assessment Form to the protocol and discuss with a supervisor.

Provide the appropriate crisis hotline numbers:

MHMRA Crisis Hotline: 713-228-1505

VA Suicide Hotline: 1-800-273-TALK (8255) – Press 1.

HERO Suicidal Ideation Form

Participant Number: _____

Date: _____

Interviewer: _____

1. Ideation:

“Have you had any thoughts that you would be better off dead, or wishing you were dead? Have you had any thoughts about hurting or killing yourself?”

- _____ Passive thoughts that s/he would be better off dead.
- _____ Passive wishes to be dead (e.g., go to sleep and not wake up).
- _____ Thoughts about hurting, but not killing, self.
- _____ Thoughts about killing self.

[] No → **Stop here.**

Provide the Veteran the MHMRA Crisis Hotline: 713-228-1505 & VA Suicide Hotline: 1-800-273-TALK (8255) – Press 1 Number.

Tell supervisor after session.

[] Yes → **Continue if participant endorses any of the above thoughts. ***

“Have you discussed these thoughts with your primary care provider?”

- _____ Yes
- _____ No

2. Intent:

“Do you think that you might actually do something to hurt or kill yourself?”

- _____ Definitely not
- _____ Uncertain, can agree not to
- _____ Maybe; will not agree not to
- _____ Probably or definitely

3. Plan:

“Have you thought about how you might do it? What do you think you would do?”

- _____ No plan for hurting or killing self
- _____ Has a plan with low lethality (e.g., not seeking treatment for a medical illness)
- _____ Has a plan with moderate lethality (e.g., overdose, cutting wrists)

4. Means:

Assess means to carry out plan. For example, if an overdose plan is noted: “Do you have pills that you could use to overdose with?” If a shooting plan is noted: “Do you have access to a gun?”

- _____ Does not have means, and it would be difficult to obtain means.
- _____ Does not have means, but could obtain them without great difficulty.
- _____ Has means: Record below.**

5. Steps:

“Have you done anything so far to start this process?” You might have to give any appropriate prompts from statements below. (For example, if they have access to a gun, ask if they have given away possessions or written a suicide note or if they have a prescription for pills ask if they have been saving pills).

- _____ No
- _____ Has begun to obtain means (e.g., buying a gun, saving pills)
- _____ Has given away possessions or written a suicide note.
- _____ Has already engaged in self-destructive behaviors (e.g., has taken pills)

6. History

“Have you ever tried to hurt or kill yourself in the past?”

- _____ No attempts
- _____ Yes. Inquire about how (e.g., overdose, shooting) and when (e.g., last year or in his/her 20s)

7. Prevention:

“What has kept you from hurting yourself?” (e.g. children, spouse, religion)

If the participant has **means, intent, a plan or **you feels discomfort with the situation** or feel that **the participant’s safety is in danger**: Please call supervisor while the patient is still on the phone. The supervisor and clinician will decide in collaboration the next steps necessary for the participant’s safety.

- _____ Has a plan with high lethality (e.g., shooting or hanging self)

IF THE PARTICIPANT HAS ANY INTENT OR PLAN, CONTINUE WITH ITEM 4.

IF THE PARTICIPANT HAS NO INTENT OR PLAN, SKIP ITEMS 4 AND 5 AND CONTINUE WITH ITEM 6.

Tips for Increasing Your Physical Activity

Here are some general tips for increasing your physical activity:

- *Start slowly. Choose the type and amount of activity that are right for you.*
- *Increase your everyday activity. Take the stairs. Park farther away and walk. Clean your house. Get up to change the TV channel. Walk to get your mail.*
- *Walk to increase your physical activity. It's free, and you can do it almost anywhere. Use the pedometer to count the number of steps you take every day.*
- *Choose any activity that gets you moving. You don't have to belong to a gym.*
- *Add 10-minute sessions of physical activity into your day. You don't have to do it all at one time. Adding up chunks of 10-minute spurts of physical activity counts!*
- *Be physically active for at least 30 minutes most days of the week to improve your health. Try not to overdo it at first.*
- *Wear comfortable shoes and clothes that are right for the activity and weather.*
- *Listen to your body. You are the best judge of how hard and how long you should exercise.*
- *Recruit a buddy or someone who likes the same activity. You can motivate each other.*
- *Warm-up before you exercise, cool-down after you exercise, and stretch at the end of your session to prevent injury and reduce muscle soreness.*
- *Drink plenty of water before, during, and after activity.*

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