

# GUIDELINES FOR CREATING, IMPLEMENTING, AND EVALUATING MIND–BODY PROGRAMS IN A MILITARY HEALTHCARE SETTING

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Research suggests that the development of mind–body skills can improve individual and family resilience, particularly related to the stresses of illness, trauma, and caregiving. To operationalize the research evidence that mind–body skills help with health and recovery, Samueli Institute, in partnership with experts in mind–body programming, created a set of guidelines for developing and evaluating mind–body programs for service members, veterans, and their families. The *Guidelines for Creating, Implementing, and Evaluating Mind–Body Programs in a Military Healthcare Setting* outline key strategies and issues to consider when developing, implementing, and evaluating a mind–body focused family empowerment approach in a military healthcare setting. Although these guidelines were developed specifically for a

military setting, most of the same principles can be applied to the development of programs in the civilian setting as well. The guidelines particularly address issues unique to mind–body programs, such as choosing evidence-based modalities, licensure and credentialing, safety and contraindications, and choosing evaluation measures that capture the holistic nature of these types of programs.

The guidelines are practical, practice-based guidelines, developed by experts in the fields of program development and evaluation, mind–body therapies, patient- and family-centered care, as well as, experts in military and veteran's health systems. They provide a flexible framework to create mind–body family empowerment programs and describe important issues that program developers and evaluators are encouraged to address to ensure the development of the most impactful, successful, evidence-supported programs possible.

**Key words:** Mind–body skills, Empowerment, Guidelines, Program evaluation, Healthcare, Military healthcare

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*Abbreviations:* PFCC, Patient- and Family-Centered Care; VA, Veterans Administration; SMEs, subject matter experts; PTSD, post-traumatic stress disorder.

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## INTRODUCTION

Research suggests that stress and anxiety can interfere with healing and the restoration of health after trauma. These guidelines are intended to provide a practical approach that empowers service members, veterans, patients and families with the ability to decrease their own stress and increase their resilience by learning mind–body self-care skills in the context of a patient- and family-centered healthcare setting provided within the direct care component of the Military Health System. We refer to this as a family empowerment approach: empowering service members and families to take active participation in their medical care and symptom management by applying self-care mind–body techniques. Consistent with the Office of the Army Surgeon General's Pain Management Task Force<sup>1</sup> and the military patient-centered medical home model, patient- and family-centered mind–body programs are intended to empower military patients and their families to be responsible for and participatory in their health and healing process, to instill them with a sense of control over their recovery, and to increase operational efficiency of an increasingly utilized military healthcare system. The mind–body skills outlined in these guidelines refer to mind–body

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practices that can be *self-administered* without the ongoing assistance of an outside clinician. These modalities include meditation, breathing, yoga, imagery, self-hypnosis, progressive relaxation, Qi Gong, Tai Chi, and some types of biofeedback.

The guidelines are taken from a fuller version that includes sections on evaluation, privacy and confidentiality considerations, and mind–body provider regulations. The complete version can be accessed at the Samueli Institute website at [SamueliInstitute.org/Guidelines](http://SamueliInstitute.org/Guidelines).

## PURPOSE

The guidelines are intended to be practical and practice-based, helpful to those who involved in the development, implementation, and evaluation of programs in military and veteran healthcare settings. They were developed based on the input and experience of subject matter experts in five principal areas: (1) mind–body programs, (2) patient- and family-centered care, (3) program development, (4) program evaluation, and (5) military healthcare. They are not intended to be a linear, mandatory, mechanical guide, nor a step-by-step manual on how to build effective mind–body family empowerment programs, but rather a feasible and useful tool to guide the development, implementation, and evaluation of these programs. The guidelines describe some issues that program developers and evaluators are encouraged to address to ensure the development and evaluation of impactful, effective, and evidence-supported mind–body family empowerment programs.

The authors acknowledge that in order to be most effective, it is essential to integrate mind–body self-care programs into the community as well as the healthcare setting, especially in the military. However, the scope of these particular guidelines covers only the healthcare context as a response to the demand of military programs aimed to treat behavioral health, pain, and traumatic brain injury.

## HISTORY AND CONTEXT

The military family is critical to a service member's resilience and performance.<sup>2</sup> One of the many roles of the military health system is to support the service member and family. Today, this role is more important than ever. Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have been the longest sustained ground combat missions involving American forces since Vietnam,<sup>3</sup> with deployment rates higher than ever before.<sup>4</sup> Many service members completed multiple deployments, which lasted longer and had less break time between them than previous conflicts.<sup>3,4</sup> Combat in these operations was persistent and intense. Because of advances in body armor, medical technology, and rapid medical evacuation, more service members survived the current conflicts than in the past and are returning to the healthcare system to be treated for serious injuries.<sup>3,4</sup>

In addition, the injuries that returning service members sustained are of a different kind than in past conflicts. More suffer traumatic brain injury (TBI) and loss of limbs, the signature injuries of these wars, both of which result in a need

for ongoing long-term healthcare treatment which is stressful to both the service member and their families.<sup>5,6</sup> Moreover, the majority of returning service members are likely to exhibit some subclinical post-deployment, re-integration, or post-traumatic distress symptoms (e.g., anxiety, depression, sleep disturbance, suicidal ideation, interpersonal conflict, aggression, substance abuse, and risk-taking behaviors).<sup>7–10</sup> Epidemiological studies show these symptoms continue and become more problematic in some veterans. Nearly 20% of service members returning from OIF and OEF report symptoms of post-traumatic stress disorder (PTSD) or major depression.<sup>11</sup> Nearly 40% reported stress-related symptoms and dysfunction presenting challenges for re-integration into a full and productive life.<sup>12</sup>

Current research shows family members face diverse stressors at multiple points of the deployment cycle—before, during, and after—and are affected whether deployment is for three months or up to 18 months.<sup>13,14</sup> Service members, spouses, and children experience stress related to preparing for departure, the uncertainties of having a loved one in combat, and re-adjusting to having the service member return home.<sup>13</sup> Caring for a loved one who has sustained a serious injury and is hospitalized or requires long-term care at home can be both financially and emotionally challenging for family members. Relocations also cause stress and hardship for military families, particularly after returning from deployments.<sup>15,16</sup>

## A NEW APPROACH IN MILITARY HEALTHCARE

An empowerment approach incorporates two crucial elements: (1) the use of self-administered mind–body practices to reduce stress and (2) patient- and family-centered principles of care delivery. This approach recognizes patients and families as equal and active members of the healthcare team, teaches them mind–body skills that harness their own innate power to heal, and increases their resilience and capacity to manage stress.

An approach to care in the military healthcare system that teaches service members and their families to address the stress they face in a way that allows them to become self-sustaining managers of their own health potentially could offer numerous advantages. Empowerment creates a partnership between providers and patients/families and facilitates greater patient engagement. According to the World Health Organization (WHO), patient and family empowerment strategies improve health, increase patients' abilities to manage their diseases, facilitate adoption of healthier behaviors, help individuals use health services more effectively, and strengthen caregiver coping skills and efficacy.<sup>17</sup>

A mind–body focused family empowerment approach is consistent with the recommendations put forth by the Office of the Army Surgeon General's Pain Management Task Force, which was chartered in 2009 to recommend a comprehensive pain management strategy for soldiers and other patients with acute and chronic pain.<sup>1</sup> In their report, the task force recommends empowering patients to be responsible and participatory in their health and healing process, instilling patients with a sense of control over their conditions, and incorporating integrative mind–body modalities, including

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