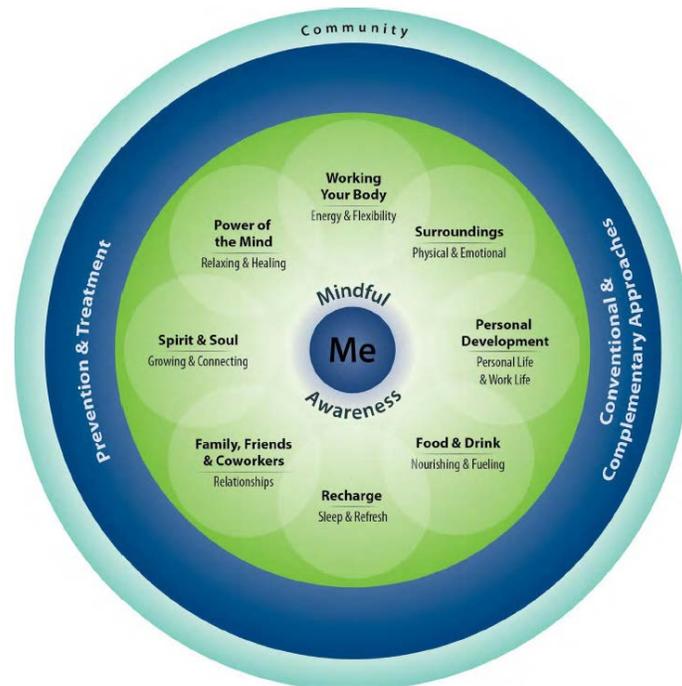


WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of
Personalized, Proactive, Patient-Driven Care

Family, Friends, and Co-Workers Educational Overview



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

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Replace 'I' with 'We' and illness becomes wellness. — Swami Satchidananda

Vignette: Michael

Michael is a former Marine Corps Sergeant who served in the Vietnam War. He was adopted and did not have strong relationships with his parents. He chose to enlist in the Marines right out of high school in 1966 and served through 1972. In the course of his service, many of his friends were killed or sustained injuries, especially during the Tet Offensive in 1968. Being a Marine and having a connection to his fellow Marines gave him a sense of community and family that he had never known before in his life. It was hard for him returning home, knowing that he survived, and many others did not.

When he returned home to Dayton, Ohio, he married his high school sweetheart, and they had a daughter within a year. He felt a strong sense of responsibility for his new family and focused on being a good provider. He worked as a mechanic for 12 years before getting a diploma in Business Management at his community college in his hometown. He retired from a management position at a car dealership in 2001. His daughter is now in her thirties and is married with two children living in California.

Michael recently had a heart attack and is going through the hospital's cardiac rehabilitation program for the next 12 weeks. While recovering in the hospital, he started to reflect on his life more, and he noticed that he has felt disconnected from his family and life since he retired. He has been guarded with others ever since he came back from the war. He has never spoken to a mental health professional about the experiences and losses he has undergone throughout his life.

During his intake for the cardiac rehabilitation program, he was asked to complete a Personal Health Inventory (PHI) prior to his visit. Below is the "Family, Friends and Co-workers" section he completed.

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Family, Friends and Co-workers: “Relationships” Feeling listened to and connected to people you love and care about. The quality of your communication with family, friends and people that you work with.	
Where you are: Rate yourself on a scale of 1 (low) to 5 (high)	Where would you like to be?
1 2 3 4 5	1 2 3 4 5
<p>What are the reasons you choose this number?</p> <p><i>I don't get very close to people. I was adopted. I have a hard time opening up to my wife and daughter. Since retiring, I am not seeing my buddies as much, either. I still feel bad that I made it home and other guys didn't.</i></p>	<p>What changes could you make to help you get there?</p> <p><i>I don't know what I can do now, at my age. Sure, my heart attack's got me thinking about a lot of things. I know I am supposed to open up and stop keeping myself numb to my feelings, but I guess I need some advice.</i></p>

Relationships and Health

In the shelter of each other, we live. —Unknown

In 2014, researchers summarized findings from 23 interviews of Veterans with serious mental illness who had attempted suicide.¹ What did they describe as the main feelings preceding their suicide attempts? In addition to depression and hopelessness, they described that feelings of *loneliness and isolation* played a significant role. When asked what could be done to help Veterans like them to be at lower risk of committing suicide, they emphasized two key changes that they felt would be most helpful:

1. VA clinicians should work to increase their empathy, compassion, and listening skills.
2. More efforts should be made to bolster Veteran social support.

The purpose of this overview is to review key research regarding connections and health and to explore what clinicians can do to help Veterans relate better to family, friends, co-workers, and the members of their health care team as they tune in to this important aspect of self-care. Of course, we know from firsthand experience that connection matters; it is really no surprise that research confirms that positive relationships decrease morbidity and mortality. The Harvard Women’s Health Watch summarized it nicely, reporting that, “People with satisfying relationships have been shown to be happier, have fewer health problems, and live longer. In contrast, having few social ties is associated with depression, cognitive decline, and premature death.”² Some of the specific studies leading to this conclusion will be discussed below.

Some definitions

Social support has three dimensions.

1. **Source of support.** From where is the support coming (family, friends, programs in the community)?

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2. **Satisfaction with support.** It is important to consider how satisfied a person is with a given source of support. Not all social contact, as has been noted in the research, is actually supportive. Relationships can also lead to negative health outcomes. It is important to keep in mind that social support is in the eye of the recipient; if individuals are not satisfied with a source of support, they are not likely to receive health benefits.
3. **Type of support.** Social support comes in a variety of forms:³
 - *Emotional support* – the person receives empathy, caring, love, trust, concern, and listening.
 - *Instrumental support* – a person benefits from help in the form of time, labor, money, and direct help.
 - *Appraisal support* – a person gets affirmation, evaluation, and feedback.
 - *Informational support* – a person receives advice, guidance, suggestions, and information that can help her/him cope.

A **relationship** may be defined as “the way in which two or more people...talk to, behave toward, or deal with each other.”⁴ In reviewing the research below, keep in mind that, especially in modern times, there are a vast number of possible relationships that Veterans can have. People may be much more connected to their “family of choice” than they are to their “family of origin.” Life partnerships can take many forms. The Internet and other forms of technology have led to multiple new ways to meet and interact with others. As with all aspects of Whole Health, personalizing care by knowing specifics about each individual patient will do much to enhance what can be incorporated into his or her Personal Health Plan (PHP).

	<p style="text-align: center;">Mindful Awareness Moment Your Social Support</p>
<p>Take a moment to consider your sources of social support, referring to the four types of social support listed above.</p> <ol style="list-style-type: none">1. Who are the 10 people in your life who matter the most to you? Who are you closest to in your family? Who is your best friend? Who is your most trusted colleague?2. Who provides you with emotional support?3. Who gives you instrumental support in the form of time, money, and other types of help?4. What about your sources of appraisal support? Who gives you affirmation, evaluation, and feedback?5. Finally, where do you get informational support? Who offers you advice, guidance, and helpful suggestions?	

An Epidemic of Isolation?

It is not just the quantity of relationships people have, but the quality of their relationships that has the greatest impact on health.⁵ We know that health is influenced by the number of close confidants a person has – *not* the number of people they know or the number of friends they have in general.⁶ (A confidant is someone with whom a person could discuss personal health matters.) For example, in a study of older women, having no confidant was linked to a reduction in physical functioning and vitality that was as strong as the effect of being a heavy smoker or having a high body mass index.⁷

It would seem, despite some controversy around research data,⁸ that the average number of confidants per person has been declining significantly.⁶ Data comparing average numbers of confidants per person between 1985 and 2004 reported a drop by one third, from an average of 2.94 confidants down to 2.08.⁶

Robert Putnam, author of *Bowling Alone: America's Declining Social Capital*, noted in 1995 that the number of Americans reporting that they had “attended a public meeting on town or school affairs” fell from 22% in 1973 to 13% in 1993.⁹ People participate less in voting, labor unions, parent-teacher associations, and community groups.

Although people may be less likely to know their neighbors or to engage in civic duties, it may be that advances in technology – namely via mobile phones and online social networks – have the potential to be helpful. A 2009 report by the Pew Internet and American Life Project concluded the following:¹⁰

- Compared to 1985, there has actually been minimal change (as opposed to what was suggested by the McPherson study cited above) in some measures of social isolation. Twelve percent of Americans have no confidants. Six percent of the adult population report that they have no one who is “especially significant” in their lives.
- Nonetheless, the report agrees that the average *size* of Americans’ core discussion networks (discussion networks are a measure of meaningful social connections) has decreased by one-third.
- Owners of mobile phones and those who are active on the Internet have larger and more diverse discussion networks. They do not seem to frequent public places less; in fact, many people use the Internet in public places. They also tend to be just as likely to talk to their neighbors in person or to be involved in civic activities as non-Internet users.

Key Research Findings

*Love and intimacy are the root of what makes us sick and what makes us well, what causes sadness and what brings happiness, what makes us suffer and what leads to healing.*¹¹

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Animal studies

The healing power of social connection began to receive research attention in the 1960s and 1970s. A variety of research involving numerous animal species found that if animals are exposed to a stressor, their health is less likely to deteriorate if they are in the presence of familiar cage mates, rather than alone. In fact, a stressor that would increase blood cortisol levels by 50% in an animal that is alone will not affect cortisol level when it is in familiar company.¹²

Human research

Similar effects have been found in many studies involving humans. The Alameda County study, which followed over 7,000 residents of Alameda county for nine years, was one of the many studies that drove this point home.¹³ It found that the best predictor of mortality in people over 60 was their level of social support. Having close ties to family members and friends was the *best* predictor of longevity of all the health variables studied.¹⁴ Furthermore, as was noted in a 2006 literature review of 29 studies, better social support correlates with better surgical outcomes.¹⁵ A 1997 study found that people with limited positive relationships developed colds four times more frequently than others.¹⁶ Just as positive support can be beneficial, negative social support can lead to worse health outcomes.¹⁷ For example unhappy marriages led to 34% more coronary events, regardless of gender and social status.¹⁸

- **Significant others**

In a five year follow-up study of 10,000 men with three or more risk factors for coronary artery disease, the men who answered “yes” to the question, “Does your wife show you her love?” had a 50% lower rate for the onset of angina than those who answered no.¹⁹ The study also indicated that men who are shown love had half the incidence of ulcers.²⁰ (Other studies have shown that having confidants is the key; women experience similar benefits, and it stands to reason that people with good relationships with significant others, be they married or not, will benefit.) Longevity is increased for men and women with cardiac disease who have someone with whom they can confide and share their life. A study of 1,400 men and women over a five year period who had experienced cardiac catheterization found that unmarried people who had no close confidant had triple the mortality rate.²¹ Close personal relationships also have been found to decrease the risk of depression and mortality in the 18 month period following a myocardial infarction.^{22,23}

A 2006 study evaluated functional MRI (fMRI) findings in women who were awaiting an electric shock.²⁴ Women who were alone, or those who held the hands of unknown strangers prior to being shocked, continued to have fMRI changes consistent with anxiety. Their stress hormone levels were increased. In contrast, women who held hands with their husbands, *and* who were in a marriage that rated highly in measures of mutuality (high levels of shared interests, feelings, thoughts, aspirations, and goals) felt less anxiety and had fMRI findings showing less activity in the parts of the brain that were active when they experienced stress in isolation or with a stranger.

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- **Parental relationships**

The closeness of relationships with parents has a significant impact on health. For example, a study conducted at Johns Hopkins that looked at relationships with parents and disease in later life found that, when other variables were taken into account, cancer rates were higher for people who were less close to their parents.²⁵

A 35-year follow-up of the Harvard Mastery of Stress Study followed health outcomes for 126 men.²⁶ These included coronary artery disease, cancer, hypertension, ulcers, and substance abuse. The study looked at each man's relationship with his father and mother and whether it was "very close," "warm and friendly," "tolerant or strained," or "cold." When the relationship with one or both of the parents was "tolerant or strained," a man was two times more likely to have significant health issues than one who had "warm and close" parental relationships. Men who had a "tolerant or strained" relationship with their fathers had an 82% likelihood of a significant health issue, and those with such a relationship with their mother had a 91% risk. The risk rose to 100% if both parental connections were lacking. Researchers concluded that healthy behaviors, coping styles, and spiritual values or practices developed in childhood due to warm and close relationships with parents led to improved health later in life.²⁶

- **Social networks, support systems, and community relationships**

It is helpful for clinicians to recognize each individual as being influenced by his or her community as well. What resources are available (or not), be they social, political, cultural or spiritual, also have an effect on health outcomes. Perhaps nowhere has the healing power of community been illustrated as clearly as in studies of Roseto, Pennsylvania.²⁷ Researchers noted that the town's residents had a lower incidence of heart disease, despite being as likely to have multiple risk factors, such as poor diet and tobacco use. They described what made the community unique:

There was a remarkable cohesiveness and sense of unconditional support within the community. Family ties were very strong, and what impressed us most was the attitude toward the elderly. In Roseto, the older residents weren't put on the shelf, they were promoted to the "supreme court." No one was ever abandoned.²⁷

Sadly, over the course of 50 years, as the community moved away from these patterns, the incidence of heart disease gradually rose to match that of the surrounding communities.

The concept of "social capital" comes into play here. Social capital involves all the benefits that are expected to come when a person participates cooperatively with others, either in individual relationships or within groups.²⁸ By offering support to others, one increases the chances of receiving support in the future. A 2012 review of multilevel studies of social capital and health found that social capital did have

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positive effects on health outcomes but noted that there is a need for more research.²⁹ A 2008 study of 944 pairs of twins found that higher ratings for individual-level social capital variables – social trust, volunteer activity, community participation, and sense of belonging – correlated with better mental and physical health.³⁰ Ideally, health care programs can work in conjunction with community groups to optimize the provision of health in a community; health care programs should augment the effects of community efforts.

The Experience Corps, initially started in Baltimore, Maryland, is an excellent example of a program that improved health at many levels within a community – individuals, schools, and the community as a whole.³¹ The program uses elderly volunteers in public elementary schools with the goal of creating an impact on the educational outcomes of children while simultaneously improving the health and well-being of the volunteers.³² Children, parents, teachers, and residents within the community were all involved. Research indicates that health promotion programs that focus on bringing benefit to a community as a whole have better health outcomes than programs targeting only individual health behaviors.³³

Mechanisms of Action: How Social Support Affects Health

Mirror neurons

It is clear that relationships affect health. How are these effects mediated? One potential answer is that mirror neurons play a role. Mirror neurons are a class of neurons discovered just over 20 years ago by an Italian research team.³⁴ The team noted that when a macaque watched another macaque perform an action, its brain would activate on imaging studies the same way that it would when the macaque performed the action itself.

Subsequent studies have demonstrated that humans also have mirror neurons,³⁵ and it has been observed that these neurons respond not only to observed movements of others, but also emotional states and tactile experiences of others who are being observed.³⁶ If a person observes another person experiencing disgust because of a bad smell, the observer's brain will activate as though he or she is also feeling disgust.³⁷ The same thing occurs if a person sees another person experiencing soft touch; the touch center of the observer's brain becomes active in the area corresponding with the part of the body observed being touched in another person.³⁸ This has been referred to as “tactile empathy.” It would seem it is built into our brains to be able to establish rapport with our fellow humans. In fact, it is possible to tell two people are in rapport because their posture, vocal pacing, and movements become synchronized.³⁹

Inflammation

There is a growing body of research showing a direct link between the quality of a person's relationships and levels of inflammation in the body.⁴⁰ People with cold, unsupportive, and conflict-ridden relationships have more chronic inflammation, and we know that chronic inflammation is linked to any number of chronic health problems, including heart disease, arthritis, and diabetes. Anything that can help decrease it has potential value.⁴¹ It has even

been found that past troubled relationships, not only current ones, can have a lasting impact on levels of inflammation.⁴¹

Gathering Information: Learning More about Veterans' Social Support

Illness may prohibit individuals from having access to their support system or being able to socialize in their usual way. When people are in pain, they often withdraw from others in order to conserve inner resources and physical energy, and they may not ask for the help that they need. Clinicians can inquire about Veterans' current social support resources and help them to pinpoint where there is a need for additional support and to identify how it might be met.

After a clinician has reviewed answers to questions about family, friends, and co-workers from the PHI, other questions can take the conversation about relationships and social supports deeper. Here are some examples:

- Tell me about your support system?
- Who is most important to you in your life?
- Do you have someone that you can confide in about your health and life issues?
- How often do you share your feelings and thoughts with others?
- Are you getting the support that you need right now?
- Do you have any children? Are you responsible for caring for children in your life?
- Do you have older children who are able to be supportive for you right now?
- Would you be interested in being a part of a support group?
- Would you be interested in counseling sessions to explore this further?
- Is there someone you would like to have come with you to your health care appointments?

The Social Support Questionnaire, developed in 1983, contains 27 questions that can be used to gather more information about social support – who provides it, the type of support a person receives, how satisfied a person is with that support.⁴² If individuals are not “very satisfied” or “fairly satisfied,” it is worth exploring their answers in more depth, if possible. The following questions are from the six-item short version of that questionnaire.⁴³

1. Whom can you really count on to be dependable when you need help?
2. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?
3. Who accepts you totally, including both your worst and your best points?
4. Whom can you really count on to care about you, regardless of what is happening to you?
5. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?
6. Whom can you count on to console you when you are very upset?

What Clinicians Can Offer: The Therapeutic Relationship

The ideal practitioner-patient relationship is a partnership, which encourages patient autonomy and values the needs and insights of both parties. The quality of this relationship is an essential contributor to the healing process.⁴⁴

As noted in the module on **Taking Action: How to Write a Personal Health Plan**, we as clinicians can do better at enhancing the therapeutic relationship. Recall the study mentioned earlier where Veterans who had attempted suicide noted that one of the most important things the VA could offer to decrease suicide risk is stronger therapeutic relationships.¹ We know that healing relationships with clinicians improve patient quality of life, because they instill in patients a sense of hope and trust. Better relationships are also linked to decreased morbidity and mortality and better clinical outcomes.^{45,46} Finally, strong therapeutic relationships enhance clinician resilience and allow them to avoid burnout, not to mention reducing the risk of malpractice lawsuits.⁴⁷

In 2005, Kaiser Permanente identified key aspects of the approaches they took to enhance clinician communication and relationship skills.⁴⁸ They outlined a “Four Habits Model,” which included the following:

1. Invest in the beginning.
 - Create rapport quickly. Introduce yourself to everyone in the room, acknowledge the wait time, put the patient at ease.
 - Elicit the patient’s concerns using open-ended questions.
 - Plan the visit with a patient. Let her/him know what to expect and prioritize as needed.
2. Elicit the Patient’s Perspective.
 - Ask for the patient’s ideas about what is going on and what is concerning her/him most, as well as what she/he has already done to address the concerns.
 - Elicit specific goals in seeking care.
 - Determine how the illness has influenced the patient’s life.
3. Demonstrate empathy.
 - Be open to the patient’s emotions.
 - Make empathic statements, e.g., “You seem frightened.”
 - Use nonverbal communication to convey empathy.
4. Invest in the end.
 - Deliver diagnostic information.
 - Educate the patient, e.g., explain why tests or treatments are being done, discuss potential side effects, course of recovery, and resources that can be used.
 - Involve the patient in decision-making.
 - Complete the visit by summarizing the visit and next steps, asking if the patient has other questions, and verifying that she/he has received what is needed.

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Empathy

Sympathy involves feeling concern and understanding for the suffering of others, whereas *empathy* goes beyond that. Empathy is the ability to mutually experience emotions, direct experiences, and thoughts of others,⁴⁹ while recognizing appropriate boundaries; one reaches into another's experience without getting caught up in it.⁵⁰

In 1968, Wilmer shared his perspectives on empathy:

If there is empathy there is real understanding of the other as another person. Here we understand his suffering in relationship to his personal and social world. We share, we feel for him and with him; psychologically, we get inside him for the purpose of understanding how he feels. In empathy it is as if "I were him." To achieve an empathic relationship, we use ourselves as the instrument for understanding, but by the same token we keep our own identity clearly separate. In this situation the observer guards against his biases and misperceptions, and must thereby understand himself.⁵¹

Empathy occurs in a clinical encounter when a clinician clearly demonstrates he or she relates to a patient's experience. The clinician may have an awareness of feelings, emotions, sensations, conceptions, convictions, hopes, and fears that the patient is experiencing regarding the disease or illness and options for recovery. A healthy approach for clinicians is to continue to engage in their own self-care practices and to be aware of personal and professional biases that interfere with authentic connection with the patient. When a clinician experiences increased symptoms of burnout or compassion fatigue, depersonalization increases and empathy decreases, and it is vital to be aware of this if it is beginning to occur.⁵²

Compassion

It's not how much you do but how much love you put into the doing that matters. —Mother Theresa

Once we are able to recognize the importance of empathy, we can begin to generate a sense of compassion for one another. Gelhaus holds that empathic compassion involves an appreciation for the common worth and dignity of all beings, noting that it can be taught.⁵³ He states that the following characteristics need to be present for a compassionate response:

1. There is recognition of the situation and the suffering related to it.
2. There is benevolence or kindness.
3. It is directed toward a person.
4. There is a desire to relieve suffering.

Most training programs for health care professionals give little emphasis to the cultivation of compassion in trainees. In fact, by selecting students based on certain academic criteria,

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personality traits, or educational institutions, they may screen out people with high levels of compassion in favor of less compassionate people who display high levels of ambition, strong test taking skills, or other traits.

Many mindful awareness training programs include what is commonly referred to as a Compassion Practice, or Loving Kindness Meditation. Currently, there are VA clinicians who are enrolled in the Compassion Cultivation Training Teacher Certification Program through the Center for Compassion and Altruism Research and Education at Stanford University.⁵⁴ Another notable program within the VA is led by Dr. David Kearney and Tracy Simpson; it is a 12-week pilot program that began in 2010 at the Seattle VA and is teaching Loving-Kindness Meditation to Veterans dealing with posttraumatic stress disorder (PTSD).⁵⁵ See the **Compassion Practice** clinical tool for a sample meditation you can try yourself or use with patients.

	Mindful Awareness Moment Feeling Compassion
<p>Think of a patient (or other person in your life) who is struggling in some way. Send that person an affirmation:</p> <ul style="list-style-type: none">• May you be safe.• May you be happy.• May you be healthy.• May you be peaceful. <p>As you focus on these intentions for them, what do you notice? Do you feel a particular sensation in your body? What emotions come up? We often speak of our compassion for others being “heartfelt.” What do you notice in your heart as you think of this person? There is no right or wrong answer; the key is simply to take notice.</p>	

As noted in the **Mindful Awareness** module, research has found that regular meditation practice leads to lasting changes in brain activity.⁵⁶ A 2014 systematic review, while noting that further research is needed, found that “kindness-based meditation” led to decreases in depression, increased mindful awareness, greater compassion toward others and toward oneself, and more positive emotions.⁵⁷

What Clinicians Can Offer: Recommendations for Personal Health Plans

In addition to doing all they can to create a healing therapeutic relationship predicated on empathy, compassion, and the various components of the “Four Habits Model,” there are other ways clinicians can help Veterans have positive relationships with family members, friends, and co-workers. Examples include the following:

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1. Encourage patients to try **Compassion Meditation** (as described in the **Compassion Practice** clinical tool).
2. Explore with patients their **positive – and negative – social supports**, discussing how they might increase their exposure to the former and decrease it for the latter. Clinicians should consistently screen for domestic violence. Elder abuse must always be considered as a possibility for older Veterans.
3. Involve **social workers** on the health care team. Social workers can prove invaluable allies in many ways. For a Veteran-friendly description of what social workers do, see the VA Social Work pages at <http://www.socialwork.va.gov/socialworkers.asp>. Social workers and case managers can match people up with the programs that can prove most helpful to them.
4. Learn about **support groups** in your facility and in your patients' communities. There are many online support groups available. The National Center for PTSD lists some resources for those with PTSD, as well as general resources for finding support groups focused on a variety of other areas. http://www.ptsd.va.gov/public/treatment/cope/peer_support_groups.asp.

One study of patients with malignant melanoma found that those who participated in a six-week support group after the removal of malignant melanoma had half the rate of recurrences and a third of the mortality rate when compared to the control group at five years follow-up.⁵⁸ Internet support groups are very popular, but more research is needed to determine the degree to which they are beneficial.⁵⁹

5. Encourage Veterans to become involved in **volunteer work**. We know that volunteer work enhances well-being in a number of ways.⁶⁰ A research report on the health benefits of volunteering is available from the Corporation for National and Community Service at http://www.nationalservice.gov/pdf/07_0506_hbr.pdf.⁶¹ Older adults who give love and support to others have significantly fewer health issues.⁶²
6. Encourage Veterans to find ways to **become more active in their local communities**. Examples include
 - Attending community events, such as civic celebrations, theater performances, or fundraisers
 - Helping to direct or organize community events (e.g., joint a steering committee or board)
 - Participating in the arts in the community
 - Attending local sporting events
 - Joining a religious or spiritual community
 - Taking a course of some kind.

Vignette: Back to Michael

During a session with Michael, his physical therapist commented on how much he seems to care about his current family and fellow Marines. After some discussion, Michael's team helped him create a Personal Health Plan (PHP) that focused in part on various ways to enhance his sense of connection to others.

Michael continued to work through the cardiac rehabilitation program. In addition to learning more about exercise and nutrition, he also learned more about emotions, communication skills, and mindful awareness. He began trying to open up more to his wife and asked her to attend some of the classes and counseling sessions with him so that they could learn together. He took an eight-week class on mindful awareness and compassion, which made him feel a bit uncomfortable at first, but which he enjoyed over time. He found himself sharing more about his emotions and thoughts to his wife, daughter, and friends. He started to meet with a Veteran group of men from the cardiac program who walked together twice a week, and he began volunteering in a local literacy program for children with reading difficulties. For the first time in years, he and his wife have been "going out with friends," and it is clear he is glad that this is the case.

Family, Friends, and Co-Workers Clinical Tool

- Compassion Practice

Online Resources for More Information about Family, Friends and Co-Workers

DoD/VA Suicide Outreach: Resources for Suicide Prevention and Crisis Line – Access to hotlines, treatments, professional resources, forums, and multiple media designed to link individuals to others. This site supports all Service Branches, the National Guard, the Reserves, Veterans, families and clinicians.

<http://www.suicideoutreach.org/>

<http://www.veteranscrisisline.net/> To receive confidential support 24 hours a day, 7 days a week, 365 days a year, Veterans and their loved ones can 1) call 1-800-273-8255 and Press 1 or 2) chat online (<http://www.veteranscrisisline.net/ChatTermsOfService.aspx>), or 3) send a text message to 838255

DCoE Outreach Center – The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) runs a resource center that provides information and resources about psychological health (PH), posttraumatic stress disorder (PTSD), and traumatic brain injury (TBI). The center can be contacted 24 hours a day, seven days a week 1) by phone at 866-966-1020, 2) by e-mail at resources@dcoeoutreach.org, or 3) by online chat at realwarriors.net/livechat. Website:

<http://www.dcoe.mil/Families/Help.aspx>.

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National Call Center for Veterans who are Homeless – For a Veteran who is homeless or at risk of becoming homeless (also intended for Veterans families, VA Medical Centers, federal, state and local partners, community agencies, service providers and others in the community). 1-877-4AID VET (877-424-3838)

<http://www1.va.gov/HOMELESS/NationalCallCenter.asp>

Military OneSource – Military OneSource is a free service provided by the Department of Defense to Service Members and their families to help with a broad range of concerns. Call and talk anytime, 24 hours day/7 days a week at 1-800-342-9647.

<http://www.militaryonesource.mil/>

National Center for PTSD Support Group Page – The National Center for PTSD lists resources for those with PTSD, as well as general resources for finding support groups focused on a variety of other

areas. http://www.ptsd.va.gov/public/treatment/cope/peer_support_groups.asp.

National Resource Directory (NRD) – The NRD is a website for connecting wounded warriors, Service Members, Veterans, and their families with those who support them. It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. Visitors can find information on a variety of topics including benefits and compensation, education and training, employment, family and caregiver support, health, homeless assistance, housing, transportation and travel, and other services and resources. The NRD is a partnership among the Departments of Defense, Labor and Veterans Affairs.

<https://www.ebenefits.va.gov/ebenefits/nrd>

VA Caregiver Support – Programs available both in and out of the home to help caregivers support Veterans and themselves.

<http://www.caregiver.va.gov/>

Additional Resources

Dr. David Kearney and Tracy Simpson, Loving-Kindness Meditation Video Clip:

<http://www.seattlechannel.org/videos/video.asp?ID=3171005>

Compassion: Bridging Practice and Science, Stanford University, e-book:

<http://www.compassion-training.org/>

Center for Investigating Health Minds, Richard Davidson

<http://www.investigatinghealthyminds.org/>

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

<http://projects.hsl.wisc.edu/SERVICE/index.php>

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