Get Moving and Get Well
EDITION 2

Facilitator Manual

A Program To Increase Physical Activity and Enhance Recovery Among Adults With Serious Mental Illnesses

south central
mirecc
Mental Illness Research, Education and Clinical Center

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PREFACE

We began updating this manual during the early months of 2020, coinciding with the COVID-19 global pandemic. The first Get Moving & Get Well (GMGW) manual was developed in 2013 under very different circumstances. At that time, we had confidence in our ability to move freely indoors, outdoors, and in the community with one another. In 2020, we realized the need to make modifications to this manual to address the real potential that social distancing and concerns about novel respiratory viruses, like COVID-19, will continue to impact how we move and interact, but not whether we should do these things. At the heart of the GMGW program is a belief that connection is vital to our well-being. Connection not just with one another, but also with our bodies and the community. Individuals living with serious mental illnesses (SMI) are oftentimes disconnected from all of these touch points. The GMGW program helps individuals take positive steps to increase a general sense of well-being and promote improved mental and physical health.

We know that individuals living with SMI have many barriers to physical activity, including stigma, mood and thought disturbances, effects of psychotropic medications, socioeconomic disadvantage, and a host of other challenges. In implementing the first GMGW program, we received overwhelmingly positive feedback from Veterans in our program. They shared benefits to their physical well-being, including improved breathing and fitting better in their clothes. They also reported improvements to their mood, noting decreased sadness when walking. In addition, they shared that they valued the opportunity to connect with other Veterans in a safe space, as many continued to feel the effects of both societal and internalized stigma. Some Veterans shared with us that they were very self-conscious walking in the community alone because they felt that other people would know that they have a diagnosis of a mental illness. The GMGW program helped individuals feel safer and more comfortable being in the community and using the shared spaces that the majority of us wouldn't think twice about inhabiting. Finally, many Veterans shared increased interest in their health and increased desire to begin more intensive physical activity interventions.

The revised manual has been updated with sections on weight stigma, mindful self-compassion, mindful walking, and forest bathing. In addition, recommendations are included for how to conduct GMGW in situations where social distancing is required to maintain safety of the community. Obtaining supervisor and leadership approval prior to conducting GMGW in these situations is essential.

INTRODUCTION

Mental Health Recovery, Health Promotion, and Community Integration

The Substance Abuse and Mental Health Service Administration's (2012) working definition of mental health recovery firmly emphasizes health promotion, as it highlights factors critical to the mental health recovery process. According to this definition, recovery is ". . . a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (p. 3). They emphasize the importance of health, home, purpose, and community with the health domain focused on the ability to manage one's health while also embracing behaviors that support a physically and emotionally healthy lifestyle. It is important to note that this definition and domains are still promoted by SAMHSA in 2020. The importance of interventions addressing this domain is evidenced by the finding that individuals living with SMI have a significantly increased risk for premature mortality, compared to the general population, from preventable diseases that are ameliorated by physical activity (Walker, McGee, & Druss, 2015; Parks, Svendsen, Singer & Foti, 2006; Olfson, Gerhard, Huang, et al, 2015). According to Burns-Lynch, Salzer and Baron (2010), "Community integration demands that we encourage persons in recovery to expect nothing less than that which individuals living without disabilities look forward to in their lives" (p. 4). Thus, there is a significant need for mental health and rehabilitation programs to implement interventions designed to promote physical activity among those living with SMI.

The Need for a Physical Activity Program for Individuals With SMI

Despite advances in psychiatric treatment in recent decades, too many adults with SMI continue to have poor quality of life and unhealthy lifestyles, and bear the burden of chronic disease and early mortality (Das-Munshi, 2017). Due, in part, to this increased risk, the physical health of individuals with SMI is viewed as a critical dimension of recovery and psychiatric rehabilitation (Hutchinson et al., 2006; SAMHSA, 2008). Individuals with SMI have been found to live more sedentary lifestyles than those without SMI (Bort-Roig, Briones-Buixassa, Felez-Nobrega, et al, 2020; Vancampfort, Firth, Schuch, et al, 2017; Kiraly, 2008; Daumit et al., 2005; Ussher, Stanbury, Cheeseman, & Faulkner, 2007; McCormick et al., 2008), and those who are socially isolated are less physically active than those who are not isolated (Daumit, et. al, 2005).

Physical activity often declines with age, yet people need to continue being active to maintain their physical and mental health (Haskell et al., 2007). Adults living with SMI, who are over 50 years of age, are even more likely than others to reduce their physical activity because of limitations related to physical injury, chronic pain, effects of psychotropic medications, and social factors, such as low income and social isolation. In rural states, like Arkansas, where this program was developed, many adults with SMI live in communities with few opportunities for physical activity because of lack of sidewalks or exercise facilities, reliance on cars, and severe weather conditions. Walking is an affordable and popular form of exercise (Ussher, et al., 2007; McCormick, et al., 2008; Booth, Bauman,

Owen, & Gore, 1997); however, many adults in urban and rural settings do not walk or engage in other leisure physical activities regularly (Haskell et al., 2007). In addition, although physical activity benefits health, many older adults identify poor health as a barrier to engaging in physical activity (Booth et al., 1997).

Symptoms and consequences of living with mental illness, such as anxiety, depression and lack of social support often hinder motivation to engage in physical activity, (Ussher, 2007) even though low-impact physical activity (walking, housework, etc.) has been found to have a positive effect on mood (McCormick, 2008). We have also learned from qualitative interviews that some mental health providers do not refer individuals with SMI to the MOVE! Weight management program due to beliefs that patients are not interested, would be non-adherent, or would not benefit (SDP 08-375). Research has also found that some mental health providers maybe reluctant to encourage clients to engage in physical activity because of their lack of training in physical activity (Kleemann, Bracht, Stanton, & Schuch, 2020). This research also found that health providers who personally meet physical activity recommendations are more likely to encourage physical activity to clients. Given this finding and our own personal experiences, we strongly recommend that facilitators personally incorporate many of the practices they are recommending in GMGW in their lives. We agree with this research that those who personally experience the benefits of physical activity are more likely to enthusiastically encourage and support others to enhance physical activity.

Researchers have developed or adapted preventive interventions to address health and wellness, obesity, and other metabolic diseases in individuals with SMI (Gabriele, Dubbert and Reeves, 2009; Brown, 2011; Chafetz, 2008) however, reach and attrition have been a problem. Better results have been seen in a program allowing for participants to opt into the intervention with better participation on days that people were already engaged with the outpatient program (Daumit, 2013). VA researchers have taken creative approaches to the problem of developing effective physical health interventions for individuals with SMI (Niv, 2014; Goldberg, 2013, Cohen, 2014; Young, 2017; IIR 09-083) yet attrition continues to be a problem. The Veterans Health Administration (VHA) has also developed the MOVE! program to help Veterans lose weight and improve their health (Kinsinger et al., 2009), but MOVE! was not designed specifically for adults living with SMI and the unique needs of adults living with mental illnesses (e.g., stigma, effects of psychotropic medications, and the ways mental health symptoms impact motivation) are not included as a focus of the program. Our review of the literature indicated a need for physical activity interventions for individuals with SMI without a focus on weight loss and developed for use within an existing program to increase participation and reduce attrition.

INTRODUCTION

The Get Moving and Get Well Program

Get Moving and Get Well (GMGW) was developed for Veterans living with psychotic disorders, major depression, bipolar disorder, and severe posttraumatic stress disorder who have difficulty identifying and making use of opportunities for physical activity. The focus of this program is on wellness rather than weight management and, unlike many previous interventions, the GMGW program was developed to meet Veterans where they are and to introduce (or re-introduce) them to physical activity in a low demand and fun way. The program was implemented at the Central Arkansas Veterans Healthcare System (CAVHS) Psychosocial Rehabilitation and Recovery Center (PRRC) and was designed to engage participants in enjoyable physical activity in the familiar social context of the PRRC and then elicit sustained behavior change by taking participants for walks in the community to facilitate maintenance of a walking routine.

Although some didactic materials from the VA's MOVE! program are incorporated, GMGW does not target weight loss. Additionally, the GMGW program is not a substitute for the MOVE! weight-management program. The GMGW program is also not designed for fitness training, exercise rehabilitation, or participants who need supervision by medical or exercise professional staff while they exercise. However, participants who begin the GMGW program with low levels of endurance from being sedentary and maintain consistent program participation are likely to notice improvements in their physical fitness.

Because many of our participants live in rural communities, GMGW focuses on overcoming barriers to physical activity in rural communities. The program includes a strong community component that helps participants develop a local area resource list that includes safe, accessible, and sustainable locations for physical activity. For example, urban communities may have walking trails and walking clubs in malls, but rural communities may offer the alternative of walking around the town square or, in inclement weather, in a "big box" retail store. Participants receive guidance on how to make these modifications in ways that do not draw unwanted and problematic attention to themselves.

The updated program is designed to be delivered in two parts. Part I consists of 60-minute classes scheduled twice a week for 16 weeks. You may have noted that this is a change from our original 12 week Part I. Sessions were added to match the increased length of MOVE! programming, which went from 12 to 16 weeks to allow more time to promote behavior change. Similarly, the 16 week GMGW program allows participants more time to

become comfortable with increasing physical activity, become familiar with whole-health interventions (e.g., mindful walking), and incorporate body positivity, self-compassion, and appreciation of nature. As with the 12-week version, classes follow a similar format each week and include time for casual conversation, setting the day's objectives, educational information, physical activity, participant feedback and goal setting. Class topics include benefits of physical activity, using pedometers, simple stretches, and safety tips. Topics are usually introduced during the first class of the week and then reinforced during the second class of the week before moving on. Modifications can be made to the schedule, based on participant feedback.

Part II of GMGW has been shortened from 12 to 8-weeks in order to accommodate the additional weeks in Part I and still allow for completion of both parts in half a year. This follow-up cycle is focused on community integration. We schedule a one- to two-week break following the first cycle. It is recommended that the break not exceed three to four weeks to prevent loss of the fitness gains from the first 16 weeks. Facilitators can also choose to continue to the second 8-week session without taking a break. Throughout the program, we support participants in implementing what they have learned in the community. We found in the CAVHS PRRC that participants may learn a skill but are reluctant to put it in practice because of their experiences of stigma, symptoms of mental illness, and motivational barriers. However, when staff members accompany an individual into the community, he/she develops confidence in his/her abilities and is later able to participate independently. We feel that this component may help participants become more integrated in their communities and maintain physical activity.

Walking is an affordable and accessible activity that is safe for most adults, even those who are deconditioned (i.e., out of shape). That is why we emphasize walking in the program. We highly recommend arranging for participants to have some way of counting steps or distance to help them with setting and achieving goals for increasing physical activity. Although pedometers can be useful for tracking steps/miles, since this manual was first published, smart phones have become much more common and we have found many, if not most, of our participants can use the step counters and distance trackers on their phones much more easily than pedometers. We also include simple stretches and arrange for guest facilitators to introduce alternative approaches to physical activity, such as yoga or tai chi. If there is not a guest speaker available, there are many YouTube videos that can be used to introduce participants to yoga and tai chi, some of which have been developed by VA staff members. Also, the VHA Fit For Life videos can be accessed on YouTube and have segments on stretching, as well as, warm up and cool down sequences that include walking in place. VA group leaders should contact their local VA Whole Health program to inquire if they have created videos for yoga, tai chi or other mindful movements. After practicing new activities, participants are invited to integrate favorites into their regular routine.

INTRODUCTION

Medical Consultation and Participant Safety

Although this program emphasizes gentle walking, the classes are not designed as workouts. GMGW does encourage increased physical activity and, therefore, requires medical consultation for participants in a healthcare setting, such as a VA clinic or PRRC. The purpose of the medical consultation is to make sure that participants are safely able to increase walking and other light-to-moderate physical activity. Almost all sedentary adults can benefit from increasing their physical activity. However, caution is required as sudden increases in physical activity may cause complications for Veterans with certain health conditions, and a gradual increase in activity is recommended. Persons with SMI may have gained weight and/or their muscles and joints may have become severely deconditioned by long periods of inactivity. They may have diagnosed or undiagnosed heart problems, poorly controlled blood pressure, or fluctuations in blood sugar. Thinking back to the exercises they were able to perform during their youth or active military duty, they may overestimate their current physical abilities.

It is also important for GMGW facilitators and their consulting medical providers to appropriately interpret national public health guidelines when recommending physical activity to individuals with SMI who have been sedentary. For example, a realistic goal for some previously sedentary adults might be one or two 10-minute slow walks per day. It is important to keep in mind that some individuals may not be able to reach the target of 150 minutes of moderate physical activity per week. Although some experts have interpreted the recommendation for 30 minutes of physical activity to translate to a goal of 10,000 steps per day, this is a potential goal for healthy young adults and probably not appropriate for older adults or those with mobility limitations or chronic disease (Tudor-Locke et al., 2011). All individuals, including healthy young adults, should gradually increase their activity levels to reduce risk of injury.

GMGW facilitators who do not have the appropriate training and credentials to assess risks of physical activity and exercise for older adults and those with chronic physical and mental illness will need to develop a plan for obtaining and documenting medical consultation before participants start the activities described in this manual. We expect that each clinic will do this differently. VA primary care providers who refer participants to the MOVE! program are familiar with or can access the criteria for evaluating an individual's medical readiness to increase physical activity. In our setting, we created a progress note (see Appendix A) in the medical record for each Veteran that provides a brief overview of the GMGW class and explicitly requests the Veteran's primary care provider to electronically sign the note

SAMPLE PROGRESS NOTE

Mr. /Mrs./Ms. X has requested to participate in a class, Get Moving and Get Well. This class will meet twice a week and include 20 to 30 minutes of slow to moderate walking at a pace comfortable for the participant. There will also be light stretching and demonstration of some other light to moderate exercises like yoga and tai chi. Participants will be given a pedometer and encouraged to walk for exercise outside of class. Please sign this note if you approve of this individual's participation and indicate in an addendum if there are any concerns or restrictions on his/her activity.

(as an additional signer), indicating awareness of the class and medical clearance to participate. We have only had one Veteran with advanced cancer whose primary care provider stated they were not appropriate for GMGW.

Planning and Resources Needed for Get Moving and Get Well

The GMGW program manual is targeted to VA mental health providers who work with Veterans with SMI in PRRCs. However, the program may also be useful in other settings where small groups of adults with SMI can meet to engage in light-to-moderate physical activity.

Although the intervention is especially tailored to be used in PRRCs, we also provide recommendations applicable to rural programs, such as community-based outpatient clinics (CBOCs). Throughout the development of the manual, we attempted to consider the needs of participants living in rural communities and the kinds of activities that could help meet their needs. We recommend that program facilitators explore safe places to walk in the communities and rural areas where participants live prior to beginning the program. Although Veteran participants will be encouraged to discover these resources on their own, they may need assistance from facilitators as their comfort level with walking in the community increases.

GMGW can be offered as part of regular PRRC programming or another mental health program; in fact, our review of the literature suggests this may help promote participation and reduce attrition. It can also be a special class or clinic designed for participants living with SMI at facilities without a PRRC (i.e., smaller facilities and clinics). Participants can be recruited through established class sign-up procedures for health education programs. Also, advertisements can be displayed at the facility or given to providers to share with potential participants. A sample recruitment advertisement is included in Appendix B. Programs looking to enhance family services may consider the possibility of including family members in the GMGW program. It will be important to check with facility leadership to ensure adherence to local and VA Central Office policies and procedures applicable to including family members.

The intervention requires minimal equipment and supplies. If Veterans do not already have a smart phone or step counting device, they should be able to obtain prescriptions for pedometers through their VA providers. Of note, very inexpensive pedometers that are available at health fairs or distributed by companies with advertising logos are often inaccurate and may provide confusing or discouraging feedback. Facilitators should test any pedometers they plan to use at varying gaits and positions at the waist to determine whether the instruments are reasonably accurate. We recommend obtaining yoga mats that can be used for stretching. Please work with your facility's infection control department (or other appropriate department) to determine the procedure for cleaning and storing yoga mats. In consideration of respiratory viruses like COVID-19, it may not be safe to use yoga mats. Standing and sitting stretches are an option for programs unable to access funds to purchase yoga mats. Reusable water bottles are useful, although not essential,

for participants who arrive without water when the temperature is hot. Having sunscreen available for outdoor walking is useful for participants taking medications that make them sensitive to heat and ultraviolet light. Inexpensive visors or hats can also be helpful.

Virtual Implementation

The COVID-19 pandemic has highlighted the need for flexibility in how services are delivered. Please consult with your supervisor and program leadership for approval prior to implementing the services outlined in this manual during times of public health concerns, such as COVID-19. During this pandemic, the VA has opened up platforms like VANTS and VVC for group visits. We have learned that in rural communities, it is often difficult to hold a group through VVC, as many Veterans in the group do not have Internet access, smart phones/tablets/computers, or simply do not like to use this modality. VANTS has been a very useful alternative for holding groups as most Veterans are able to get telephone reception at home. If using either VANTS or VVC, first check with your local leadership for specific instructions and policies regarding their use. The specifics often include how to build clinics, appropriate documentation, required procedure codes, and how to handle crisis situations. One consideration for using these modalities, will be implementing a plan when there are problems with the systems. For example, VVC may be inaccessible due to a network issue and there may need to be a backup plan for telephone contact. Also, Veterans may have difficulty accessing the VANTS line, finding it busy due to an overload of the network at a particular time. We have learned that it is often useful to schedule groups during the middle of the hour (e.g., 11:30 am) rather than the top of the hour (11 am) as the phone lines are less congested.

Whatever system is used for the group, facilitators will need to make sure that Veterans have the information they need to access the group at the appropriate time. An initial appointment letter with the details of the group and the group date may need to be mailed to each group member. Also, facilitators will have to become comfortable with providing instructions over the phone and engaging a group of people in a manner that promotes connection while maintaining a comfortable structure so that everyone is not talking at the same time.

Below, in Part I, you will find the group outline. Each week's outline will include ways to modify delivery for virtual formats. It is strongly recommended that you discuss virtual implementation with your supervisor and program leadership for approval first. It is also important to communicate to participants ahead of time that a portion of the group will be spent in physical activity so they should access the group from a place that is comfortable, safe, and convenient for movement at home. It will be important to highlight to Veterans that they do not need a substantial amount of space for movement, as much of the movement that will be done in the group can be easily done in a section of the living room/bedroom, or even on a porch or deck.

In consideration of safety, it will be important for facilitators to ask for the location where the Veteran is participating in the virtual group and the phone number ahead of time so that the Veteran can be easily reached in an emergency situation. With this consideration in mind, it will be critical for facilitators to discuss consent and confidentiality and its limits, as well as the steps that will be taken for emergency assistance during the group introduction or prior to the start of the group. We recommend that each Veteran receive a phone call detailing how the virtual group is similar and different from the in-person group when seeking to recruit participants for the group. This call should also be used for gaining verbal consent to participate in the virtual group, as well as discussing confidentiality and its limits, and how emergency situations will be addressed. Facilitators should follow their local leadership's guidance on how to implement these phone calls. Adequate documentation in the electronic medical record (i.e., CPRS) of consent and informing the Veteran of confidentiality and its limits is recommended.

If, for example, the Veteran is participating in the group while walking along a trail in their community, confidentiality will need to be discussed in terms of the appropriateness of having the phone on speakerphone as opposed to a hands-free headset. This situation would also create problems in being able to find the Veteran in an emergency situation where perhaps the Veteran began to experience difficulty breathing, despite having had adequate water and sun protection. The facilitators and the group would need to have negotiated an adequate plan for such situations, for example, the name, address, and approximate location in a park. Also, facilitators may need to routinely remind Veterans that they should maintain adequate social distance and wear a mask while walking, in situations where the group is being led virtually due to a public health concern.

The sections below include further considerations related to virtual delivery of GMGW.

Facilitators

GMGW facilitators should be positive, upbeat, and appreciative of any and all efforts made by participants. Facilitators must be flexible to accommodate participants who need to move at a slow pace or take extra breaks. It is important not to have a mindset of, "we walked around the block last week, so this week we can increase to two blocks." Facilitators should let the group decide how far to walk. Participants who use pedometers may want to walk farther to reach a certain distance or number of steps during the walk. The goal is activity, not distance or endurance.

Facilitators for this program are not expected to supervise the activity in the way that exercise or fitness professionals would. As part of their mental health recovery, participants are expected to take personal responsibility for their physical health. It is important to be aware of the physical limitations of participants and plan appropriate activities. Taking frequent breaks and choosing locations to walk that have a variety of things to look at (e.g., window displays, gardens, wildlife in a pond or river, nests of birds,

etc.) can be a great way to make the activity more interesting. Having two facilitators makes it easy to adjust if some participants want to walk faster and others need to go more slowly. Sometimes facilitators may need to remind participants that the activity is a walk to be enjoyed and not a race.

We found it helpful for facilitators to check-in with participants to assess mood at the start of the activity. This provided a baseline and information about issues that may affect participation in the activity. Facilitators should check-in with participants periodically to determine if any issues emerge during the activity. The check-in also helps participants learn to recognize the mood-enhancing benefits of physical activity. Participants can be asked to use a scale of 1 to 10, where 1 represents the "worst they have ever felt"; and 10 represents the "best they have ever felt." If a rating of 6 is indicated at the beginning of the activity and a 7 or 8 at the end, the facilitator could point out that there was some improvement in mood following the activity. In a situation where an individual's ratings do not change or decrease, the facilitator can praise the effort the participant made during the activity.

Facilitators who are familiar with behavioral activation as a component of treatment for depression (Martell, Dimidjian, & Herman-Dunn, 2010) will recognize the use of mood ratings before and after an activity as a familiar strategy. The check-in ratings are similar to the ratings requested of participants who are monitoring their daily activities in relation to their emotional states in behavioral activation. However, in this program the facilitator uses the ratings simply as check-in and does not spend time problem solving with the participant.

Facilitators also need to be aware that a chosen activity may be outside the comfort zone of some participants. For example, if the group has decided to walk on a nature trail, and there are some reluctant participants, one of the facilitators should spend time with these individuals to help them feel more comfortable and safer in their surroundings. Facilitators should maintain a positive attitude and show appreciation for participants' willingness to engage in the activity. For example, a facilitator may encourage a nervous participant by saying, "I'll walk with you and keep an eye out for snakes. But with this noisy group, I'd be amazed if we even see any wildlife!" In this scenario, one facilitator should walk close to this participant and provide him/her reassurance throughout the walk.
One of the facilitators should be available to assist a participant who complains of pain or other issues that prevent continued participation in the activity. Facilitators should have adequate experience with persons with SMI and knowledge of their facility's plan for emergencies in the community to be able to intervene if a crisis emerges. Sometimes planned outdoor activities do not work out – the weather is bad or another unanticipated event occurs. Facilitators should have an alternative plan in these situations.

It is recommended to have two facilitators. As peer support is an essential component of mental health recovery (SAMHSA, 2012), a peer specialist served as one of the co-facilitators of our GMGW program. The other facilitator was either a psychology postdoctoral fellow or a psychologist. We recommend that the facilitators be experienced in group dynamics

for individuals with SMI. Facilitators should be able to address the needs of participants who are very talkative and those who are hesitant to speak. In addition, facilitators should be able to effectively manage any crisis situation that may arise. The PRRC classroom was used for group meetings that took place at the VA facility. Many clinic settings, especially rural or outlying clinics, may have few staff members and limited facility space. We believe the program can be delivered by a variety of clinical staff members (nurse, psychologist, social worker, peer specialist, etc.) and does not need to meet in a formal classroom setting. Participants can meet at a community location (e.g., a park, shopping center, or library) instead. In addition, facilitators can make appropriate modifications to deliver the program virtually. In developing our curriculum, we consulted with recreation therapy and physical therapy professionals to ensure the program could be implemented with minimal risk of injury. The program is designed to be a gentle walking program without the need for special professional skills or the requirement of expert supervision.

When considering implementation via telehealth, we still recommend two facilitators, and a third may even be helpful. Having one facilitator who can "sign off" to call a Veteran individually if he or she needs a more active helping hand (for example being uncomfortable on a nature walk), handle a crisis situation while the other manages the group, or to possibly split the group into two for the walking portion of a virtual group may be what "makes or breaks" a virtual group.

Overall, facilitators help everyone have a good time!

Selection of Participants

At our facility, all Veterans enrolled in the CAVHS PRRC were eligible to participate. Most participants have chronic health issues that require ongoing management, such as diabetes, chronic obstructive pulmonary disease, and cardiovascular disease. In addition, many Veterans are overweight and live a sedentary lifestyle. Both men and women participated, and individuals initially ranged in age from their mid-20s to mid-50s, however, individuals in their 60s later participated in the program. There was a variety of living situations, with some living in suburban, urban, and rural communities. Some individuals lived with their families, while others lived alone in independent housing. No participant resided in a residential care facility or group home.

Facilitators will need to consult with the treatment team to make the best clinical judgment about the appropriateness of participating in GMGW virtually. Although most Veterans, following consultation with the primary care provider, will be appropriate candidates for participating in the group virtually, some Veterans may not be good candidates because of other health reasons. For example, Veterans with hearing aids who have difficulty hearing on the phone or from the computer, may not be ideal candidates for this group. An extremely

rare possibility is that a Veteran may have a persistent delusion of being monitored by nefarious individuals over the phone, which would make participation in the group virtually extremely distressing for this individual and the treatment team may determine that this modality is not currently clinically appropriate.

Program Evaluation

When implementing this program, facilitators will need to determine whether to use some kind of individual participant or program evaluation measure. We asked participants to complete pre- and post-surveys during each of the first two cycles. Initial data collection took place during week one of the first 12-week cycle of the class (this was prior to the change to a 16 week group format). We used measures valid for persons with SMI that we thought would be sensitive to changes related to the kinds of activity engaged in by GMGW participants. The Standard Form-36 (SF-36) measures perceived quality of life with eight subscales and physical health and mental health summary measures (Ware, Kosinski, & Keller, 1994). The BASIS 24 is a mental health behavior and symptom identification scale (Eisen, Normand, Belanger, Spiro & Esch, 2004) that is included in the Mental Health Assistant in CPRS. The Community Healthy Activities Model Program for Seniors (CHAMPS) questionnaire is a survey of physical and other leisure activities that are commonly engaged in by adults, and although originally designed for use with older adults, has been used with younger and middle aged adults as well (Stewart et al., 2001). It provides an overview of a variety of activities and a means of looking for changes from the beginning of the program to the end (Dubbert, White, Grothe, O'Jile, & Kirchner, 2006; Harada, Chiu, King, & Stewart, 2001; Stewart et al., 2001).

At the end of each class cycle, participants completed a satisfaction survey to assess their views of the intervention, materials, and facilitators. Participants were asked to provide suggestions for changes and improvements to the program. We used the feedback from our first two groups to enhance this manual.

Support for GMGW as a Promising Practice

Overall, our clinical observations and pilot studies (see below) suggest that GMGW is a promising practice to promote the physical health of Veterans with SMI. We also believe that behavioral activation and self-efficacy theories offer sound explanation for positive changes observed. Improvements in behavioral activation and self-efficacy may, in turn, increase interest in health promotion as well as increase willingness and ability to initiate and sustain participation in more intensive physical health interventions.

INTRODUCTION

	SELF-EFFICACY				BEHAVIORAL ACTIVATION		
Framework Component	Mastery Experiences	Social Modeling	Social Persuasion	Judgement of Physical and Emotional States	Increase Positive Reinforcement	Replace Escape and Avoidance	Establish a Routine
Example GMGW Component	Setting and meeting goals	Peer Modeling (enjoyment of activity, overcoming obstacles, comfort in community)	Encouragement and enthusiasm of facilitators	Accurate interpretation of physiological experiences (sensations while stretching, etc.) Rating mood before and after physical activity	Emphasis on positive reinforcement (social interaction, pleasant feeling, etc.) De-emphasis of "no pain no gain"	Replacing social isolation with group support, socializing, community outings, and being active	Physical activity goals including when and where participant will be active (ex: in community)
Proximal Outcome	Increased belief in one's own abilities to overcome obstacles in meeting physical activity and community goals	Internalization of the behaviors demonstrated by the peers	Reinforcement for engagement resulting in the chances these behaviors continue	Accurate attribution of psychological responses to physical activity and appreciation of the pleasant physical and emotional sensations	Experience of enjoyment within class and during outside of class "homework" makes it more likely these behaviors will continue in the future	Increase in physical activity and engagement in life instead of sedentary and apathetic internal and external behaviors	Continuation of the routine of being active and more involved in life after class ends.

Distal Effect

Increased ability and interest in participation in health behaviors both in clinical settings and in the community

In the first two cohorts completing GMGW, Veterans had excellent attendance and no attrition. We observed that not only did Veterans report expected health benefits such as increased stamina and improved mood, their anecdotal reports also suggested a more general behavioral activation effect. Veterans requested information about other programs at CAVHS such as MOVE! Weight Management, smoking cessation, and nutrition counseling. They also increased their physical activity in ways not targeted by GMGW such as biking or walking for transportation. Veterans discussed how excited and motivated they were to continue walking; several requested to begin a "GMGW graduate group" that would meet for exercise and others requested that more intensive physical activity classes be offered. Veterans discussed ways in which GMGW impacted their community integration. One Veteran explained that he had felt that he did not belong on community walking paths, but GMGW taught him that he could walk there too.

We then conducted a locally-funded qualitative study based on these observations. GMGW was acceptable to PRRC members; participants reported enjoying GMGW, having good class attendance, and making special efforts to attend. They offered no major recommendations for changes to GMGW and reported they would recommend it to

others. Interviews with GMGW participants suggested that increases in physical activity and the emphasis on wellness through physical activity had generalized to other health behaviors. Several Veterans reported new interest in their health and initiation of health promotion activities. For example, although weight and diabetes control were not a topic of GMGW, one Veteran reported that because of the GMGW program, he had better control of diabetes and new interest in his health ("I'm watching my weight…I'm more concerned about my health"). Another reported taking an interest in her medications and carefully taking her prescriptions as directed. Finally, despite the fact that more intensive physical health interventions are not explicitly discussed or recommended to GMGW participants, several Veterans requested referrals to such programs and one Veteran had recently given the MOVE! program a second try after previously dropping out. When asked about his recent completion of the MOVE! program, he stated that GMGW "helped me to do that." Participants reported that GMGW also improved mood and other psychiatric symptoms ("when sun is out, you get the sunlight and feel cheer and happy and lifts your mood"; "When I was walking and talking the voices were under control"). Some participants attributed their increased engagement in life to participation in GMGW ("And when I feel a lot better, I can do more things in life, instead of just sitting around the house doing nothing so it feels good getting out there"). For these participants, it appears that GMGW not only increased physical activity, but also improved mood, increased motivation for self-management of health, and increased engagement in life.

We also completed a small pilot study (PPO 13-187) that compared Part I of GMGW to an attention control group (a group that met the same amount of time as GMGW, but focused on humor and health instead of physical activity). All GMGW participants, found it helpful to their physical and mental health, and all said they would recommend it to a friend with similar problems (7 of 10 would highly recommend GMGW). Although there were no statistically significant between-group differences, there were some promising findings. Based on chart reviews, 8 GMGW participants and 5 attention-control participants began one or more new health behaviors in the approximately 9 months between starting GMGW though 6-months post-program completion. Additionally, each GMGW participant added 1.7 new health behaviors, on average, whereas participants in the attention control condition added an average of 0.7.

GMGW CLASS PLAN: PART I

This section provides instructions for Part I of GMGW. It is recommended that GMGW participants receive a class plan during the first session that provides a description of the goals of the program, contact information for facilitators, class guidelines, and a general overview of the 16-week session. A sample class plan that can be modified for both Parts I and II of GMGW is included in Appendix C. Please note that Part II of GMGW is the follow-up cycle focused on community integration and it is intended for participants who have completed Part I.

Part I of the GMGW program is designed to be delivered in 60-minute classes scheduled twice a week for 16 weeks. As discussed above, this is a change from our original 12 week Part I. Sessions were added to match the increased length of MOVE programming, to allow participants to have more time to become comfortable with increasing physical activity, and to incorporate additional whole-health elements. Classes follow a similar format each week. Class topics are usually introduced during the first class of the week and then reinforced during the second class of the week before moving on. Modifications can be made to the schedule, based on Veteran feedback.

As mentioned above, facilitators should seek approval from supervisors and program leaders prior to implementing this program during times of public health concern (e.g., COVID-19). If facilitators are provided leadership approval for a virtual group, weekly sessions provide information about ways to modify the program.

WEEK 1

Session 1: Introduction Session and Surveys

This first class serves as an introduction to GMGW and also provides time for completing surveys.

This first meeting starts with introductions and an icebreaker. For example, ask participants whether they played sports when they were younger or ask about current activities. Facilitators may want to share a personal exercise or sports story that is humorous.

The first meeting should also begin with a review of the class plan (see Appendix C) and a conversation about confidentiality. In any group setting, it is important to address confidentiality and its limits, as participants often share personal information with facilitators and other participants. It is important that there is awareness of the conditions in which facilitators are required to break confidentiality because of legal obligations to maintain safety. Because mental health and rehabilitation program staff are members of the treatment team, it is important for participants to understand that information they reveal can be shared with other members of their treatment team. It is significantly important that participants understand that they have an obligation to keep private the information that other participants share. Each participant should be aware that facilitators cannot guarantee that other participants will keep information shared in the group setting confidential. As a result, each participant should consider his or her comfort when sharing information in the group. There are specific informed consent procedures when conducting telehealth; be sure to check with your leadership to ensure you are up-to-date on both in-session and documentation requirements.

This session familiarizes participants with the goals of the program. It is important to convey that GMGW is designed to increase physical activity in the day-to-day lives of participants living with SMI. It is not a weight-loss class, an exercise class, or a mandatory program. It is designed to encourage participants to increase physical activity. It is hoped that the program will promote improved mood, reduce isolation, encourage socialization, and improve wellness.

Allow at least 45 minutes of class time for completing surveys. If your program is not interested in program evaluation, it is acceptable to skip this section and have a shorter introduction session that can be conducted in person or over the phone. Explain that surveys provide information about participant's perceptions of their health and physical activity before beginning the program. If surveys are completed, they will be repeated at the end of the class cycle to determine the kinds of changes participants experienced. In addition, GMGW class facilitators can choose to add an anonymous participant satisfaction survey to assess participant's views of the GMGW class, materials used in the class, and facilitators.

Facilitators should provide assistance to participants who need help completing the surveys. If a participant does not complete the surveys, set up another time for him/her to complete the surveys before the next class. If completing these surveys by video or phone, individual appointments for completion are highly recommended. Introductions and orientation to the class can be conducted as a group with separate individual appointments to complete the surveys. It may also make sense to orient telehealth participants individually and complete their surveys over the phone at that time. If this is chosen, do review the purpose of class, complete introductions, and consider an ice-breaker during the next session.

Facilitators can choose the surveys that they would like to use. However, the surveys that were used in developing GMGW are listed below and are available free of charge for program evaluation either in the public domain or by contacting the authors. The SF-36 and BASIS-24 are also available in the Mental Health Suite in CPRS.

- SF-36 (Ware, Kosinski, & Keller, 1994): a measure of perceived health quality-of-life survey that is sensitive to benefits of increased physical activity
- BASIS-24 (Eisen et al., 2004): a mental health behavior and symptom identification scale
- CHAMPS (Stewart et al., 2001): a physical activity questionnaire for older adults

GMGW CLASS PLAN: PART I

1-1

WEEK 1 • SESSION 1: OUTLINE

Session Goal: Provide an overview of the class and complete surveys.

I. Begin with introductions and an icebreaker.

II. Review the class plan (overview of GMGW and class guidelines, including a discussion of confidentiality and its limits).

III. Distribute and complete surveys. Participants can stay after class or arrange another meeting with the facilitators to complete surveys.

WEEK 1

Session 2: Benefits and Barriers to Physical Activity

During this session, the benefits of and barriers to physical activity will be discussed. Distribute the MOVE! handouts: Benefits of Regular Physical Activity (see Appendix D) and Barriers to Physical Activity (see Appendix E). Ask participants to read the handouts aloud and facilitate a discussion on the benefits of and potential barriers to physical activity. Ask participants to identify the benefits of activity that ring true for them, either from the handout or from their own experiences. In our telehealth experiences we have found that teaching a skill while participants are "muted" and then completing a discussion is often best to be ensure all material is covered.

The class should discuss ways that physical activity impacts physical health (e.g., better circulation, improved breathing, increased stamina, increased need for sleep, etc.), emotional health (e.g., feeling more energized), and social health (e.g., strengthening relationships by engaging in activities with others and modeling healthy behavior to loved ones). Facilitators should ask participants about personal barriers to engaging in physical activity (e.g., joint pain, lack of places to walk, extreme temperatures, lack of motivation, etc.). Participants should be guided to brainstorm ways to overcome identified barriers.

End class with a summary of the materials that were reviewed during the meeting. Also, ask participants to provide their views of the class session.

WEEK 1 • SESSION 2: OUTLINE

Session Goal: Review MOVE! handouts on the benefits of and barriers to physical activity.

I. Provide time for informal socializing.

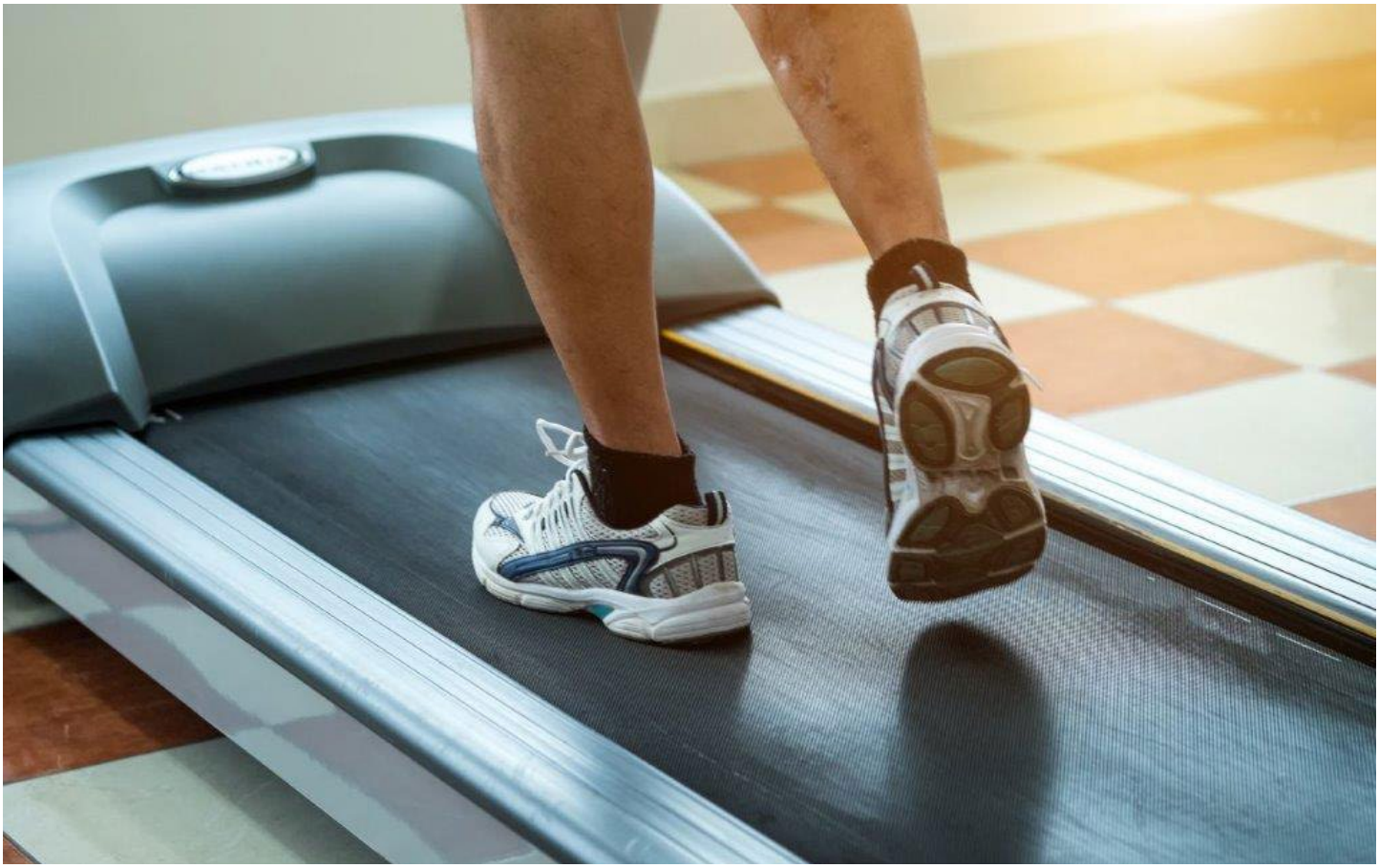
II. Review the agenda for this session.

III. Review MOVE! handouts: Benefits of Regular Physical Activity (see Appendix D) and Barriers to Physical Activity (see Appendix E).

IV. Discuss participant identified benefits and barriers to physical activity. Lead a brainstorming session to identify ways to overcome barriers.

V. Summarize the information reviewed during class.

VI. Seek participant feedback on the class session.



WEEK 2

Session 1: Types of Physical Activity and Appropriate Attire

Class will begin with a review of MOVE! handouts: Types of Physical Activity (see Appendix F) and How Hard Should I Exercise? (see Appendix G). It will be important to emphasize that increasing physical activity does not require weights, treadmills, or other equipment. Although increasing physical activity can be challenging, participants should progress at a pace that is comfortable. GMGW will introduce light physical activity that will allow participants to carry on a conversation simultaneously.

Facilitators should also lead a discussion on appropriate attire for physical activity during participation in GMGW. Inform participants that they should wear comfortable clothes and athletic shoes. Flip flops, sandals, or thin slip-ons do not pad the heel, support the arch, or protect the foot. Walking outside may involve stepping on gravel or other sharp objects that may cause injury with improper footwear. For cool weather, long sleeves, jackets, thermal underwear, and warm hats may be appropriate. For hot and humid weather, short sleeves, light colors, shorts, sunglasses, and light hats may be appropriate. In addition, facilitators should highlight the importance of proper hydration and safety considerations for extreme weather conditions that are most likely to impact participants.

End class with a summary of the information that was reviewed during the meeting. Ask participants to think about personal physical activity goals, as this will be covered during the next meeting. Also, ask participants to provide their views of the session.

GMGW CLASS PLAN: PART I

2-1

WEEK 2 • SESSION 1: OUTLINE

Session Goal: Review MOVE! Handouts, and discuss appropriate attire.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Review MOVE! handouts: Types of Physical Activity (see Appendix F) and How Hard Should I Exercise? (see Appendix G).

IV. Review appropriate attire and safety.

V. Highlight that the goal of GMGW is increasing physical activity at a comfortable and safe pace for each participant. Stress that weight loss is not a focus of the class.

VI. Summarize the information reviewed during class.

VII. Ask participants to think about personal physical activity goals and come to the next class prepared to set a physical activity goal.

VIII. Seek participant feedback on the class session.

WEEK 2

Session 2: Physical activity Goals

This class session focuses on developing personal physical activity goals. It is helpful to, once again, emphasize that GMGW is designed to increase physical activity and improve wellness. Thus, the physical activity goal should not include a focus on weight loss.

Participants should be guided to develop SMART (Specific, Measurable, Achievable, Realistic and Time based) physical activity goals. Examples of appropriate goals include walking 30 minutes a day; going to the gym three times a week; dancing to music three times a week while doing housework; taking a yoga class once a week; walking 1000 steps a day; etc. Participants should be provided the opportunity to discuss their goals and paper to write their goals. A blackboard (or window-sharing if by video) can be used for participants to seek assistance from the class as they develop their goals with the facilitator walking the participant through each step. If class is being completed by telephone, it is recommended that this goal setting is done individually. Colleagues have had success presenting didactic material as a group and then having brief individual phone sessions to complete goal setting (this may also be preferred if using video telehealth). Facilitators should discuss with participants potential places they can keep their written goals so that they remember to do them regularly (e.g., wallets, bathroom mirror, bedroom wall, etc.).

An example of a SMART goal would be:

> *On Tuesday, Thursday and Saturday, I will walk 20 minutes in Emerald Park in the afternoon. If there is bad weather, I will walk in the mall instead of the park. If I miss a day, I'll make it up on Sunday.*

The following is an example of what could be written on a blackboard to help a participant develop a SMART goal:

Specific: I'll walk three days per week for 20 minutes at Emerald Park or the Mall.

Measurable: I'll time myself so I know that I walked 20 minutes, and I'll be sure to walk three days per week.

Achievable: Tuesdays, Thursdays, and Saturdays are perfect days for walks because I have little else planned; and I can walk on Sundays after dinner if I need to make up a day.

Realistic: I am confident I can complete this goal, as I know that I have free time and am able to walk 20 minutes without stopping.

Time based: I will work on this goal during the week and update the goal weekly throughout the class cycle. If it is too easy, I will make it more challenging and if it is too hard, I will adjust it so that it more reasonably matches my current abilities.

This process may take several attempts. Continued group brainstorming has been successful in helping participants identify the specifics needed to develop their SMART goal.

We worked with participants who initially chose a weight-loss goal and were adamant that they would like their goal to be "to lose 50 pounds" or "to drop three sizes." We then emphasized that this class is about increasing activity and not weight loss.

Participants may also overestimate or underestimate their ability to achieve a goal. For example, facilitators may ask a participant who developed such a goal, "What's an activity that you do now in which you are on your feet for 20 minutes the entire time?" This is asked to see if the goal is achievable and realistic.

When wrapping up, congratulate participants for developing a SMART physical activity goal and summarize each goal. Ask participants to state their goal and come to the next class prepared to discuss their progress.

WEEK 2 • SESSION 2: OUTLINE

Session Goal: Assist participants in developing SMART physical activity goals.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Introduce SMART goals and help participants develop physical activity goals that are Specific, Measurable, Achievable, Realistic and Time-based (SMART).

IV. Summarize goals and praise participants for their participation.

V. Review out-of-session assignment:

   a. Ask participants to work on their physical activity goals and come to the next class prepared to discuss their progress.

VI. Seek participant feedback on the class session.

WEEK 3

Session 1: Weight Bias and Self-Acceptance

Begin class by asking participants to share the progress they have made on physical activity goals. Celebrate accomplishments. If there were challenges, help participants identify things that they can do differently to be successful during the coming week. Use a supportive approach to help participants stay motivated to keep trying.

This session can be delivered easily in person or virtually as no significant modifications are needed. Facilitators should have an interactive discussion with participants about topics presented during this session. This session will briefly explore weight bias, stigma of mental illness and appreciation for one's body. Weight bias describes negative attitudes toward those who are perceived to be overweight or obese (Pearl and Puhl, 2018) and weight bias internalization (WBI) is the self-directed negative and shaming weight-related stereotypes and attitudes individuals apply to themselves (O'Brien et al., 2016). Although some research has found that WBI is associated with an increased motivation to lose weight (Koball, Mueller, Craner, et al., 2018), more negative outcomes have been associated with it. Many studies have shown that WBI is associated with increased depression, anxiety, poor self-esteem and body image, and disordered eating (Pearl and Puhl, 2018). Although the small number of studies looking at WBI and physical activity has had mixed results, there are consistent findings that WBI is associated with more severe obesity, decreased motivation and sense of self-efficacy, and impaired dietary adherence (Pearl and Puhl, 2018).

Body positivity (celebrating one's body regardless of its size and shape) has received increased focus, especially due to the level of weight bias in society (Marcus, 2016). Similarly, the Health At Every Size (HAES) model, which combats weight bias by focusing on self-acceptance, weight diversity, reliance on internal hunger and fullness cues (intuitive eating) rather than dieting, and movement for the sake of enjoyment rather than formal exercise (Bacon & Aphramor, 2011), has been found to have positive outcomes, including weight maintenance, metabolic fitness, and improved energy expenditure (Penney & Kirk, 2015).

Given that overweight and obese Veterans with SMI may be experiencing WBI in addition to internalized stigma about mental illness, it is important to spend some time focusing on body acceptance and striving for health at every physical size as these may be important factors in engaging in physical activity. Another potential barrier is mental illness stigma, which is negative, disrespectful, and harmful attitudes, assumptions, and practices directed towards people with mental illnesses.

During this session, facilitators are asked to have an open discussion about weight bias and mental illness and how they impact behavior. The goal of this conversation is to increase acceptance of one's self and recognize that stigma impacts behavior, thoughts,

and feelings. Facilitators are asked to present attitudes of kindness and acceptance of one's body as a critical step in the process of making changes. Often times attitudes of shame and rejection towards the body result in inactivity and limited participation in the community. The next session will continue this focus with a discussion of mindful self-compassion, that includes self-acceptance.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 3 • SESSION 1: OUTLINE

Session Goal: Explore weight bias and mental illness stigma and promote self-acceptance.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Review each participant's progress on his or her goal.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

IV. Ask participants how they define weight bias and stigma of mental illness and discuss ways that these things have impacted their lives. E.g., not wanting to go outside, not wanting to wear some clothing that are appropriate for swimming or exercising, staying in the house and watching TV even though one would like to be able to go out and do things.

   - ***Weight bias*** *- negative attitudes toward those who are perceived to be overweight or obese.*
   - ***Weight bias internalization*** *- the self-directed negative and shaming weight-related stereotypes and attitudes individuals apply to themselves.*
   - ***Mental illness stigma*** *- negative, disrespectful, and harmful attitudes, assumptions, and practices directed towards people with mental illnesses.*
   - ***Internalized or self-stigma*** *- when individuals with mental illness direct societal stigma towards themselves and believe stereotypes about people living with mental illness. Individuals sees themselves as less valuable than those who do not have a mental illness and limit their participation in society.*

V. Ask participants if they have heard of the term Body Positivity and the Health At Every Size (HAES) movement and what they think of both. How do individuals behave in a way that shows that they have a positive view of their bodies and are committed to health at every size? Ask participants to share examples if they have them.

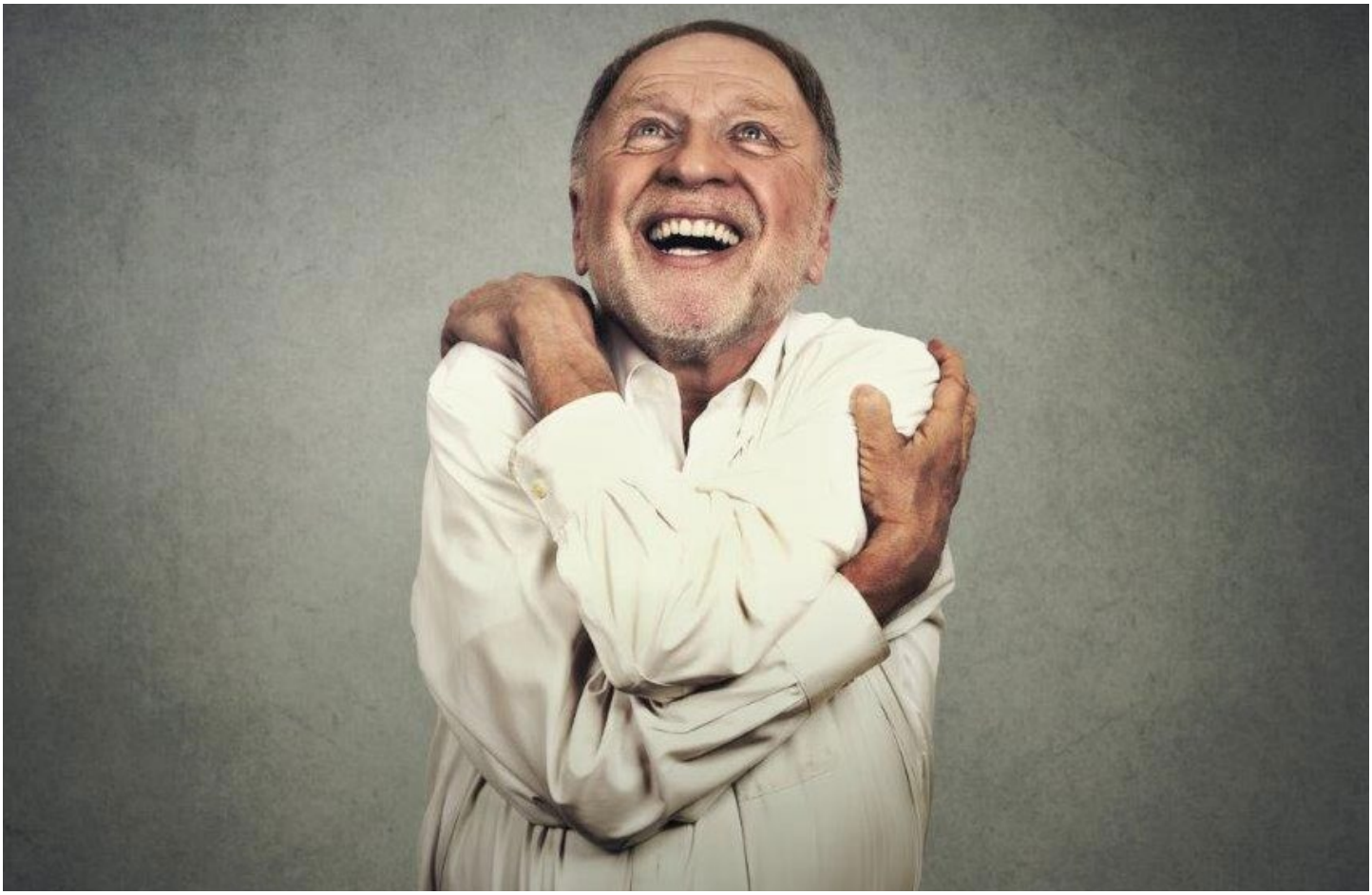
   - ***Body positivity*** *- accepting and celebrating one's body regardless of its size and shape*
   - ***HAES*** *- focuses on self-acceptance, weight diversity, reliance on internal hunger and fullness cues (intuitive eating) rather than dieting, and movement for the sake of enjoyment rather formal exercise.*

VI. Ask participants to share steps they have already taken towards greater self-acceptance (e.g., using a positive mantra about the body, looking in the mirror and acknowledging things that you like about your body, eating foods that agree with your body, wearing clothes that makes your body feel good, etc.). If participants have harsh views towards their bodies, ask participants what is one thing that they are willing to start doing to take better care of their bodies and show their bodies appreciation? Highlight that self-acceptance does not mean that they have given up on making changes for improving their health and wellbeing. Paradoxically, self-acceptance is often a first step towards making lasting changes. Individuals are unlikely to want to move or do other things to take care of their bodies if they spend the majority of their time hating their bodies. Let participants know that the next session will address self-acceptance further from the perspective of mindful self-compassion.

VII. Assign out-of-session assignment:

   a. Ask participants to update SMART physical activity goals that they will work on during the week and come to the next class prepared to discuss their progress.

VIII. Seek participant feedback on the class session.



WEEK 3

Session 2: Mindful Self Compassion

Begin class by asking participants to share the progress they have made on physical activity goals. Celebrate accomplishments. If there were challenges, help participants identify things that they can do differently to be successful during the coming week. Use a supportive approach to help participants stay motivated to keep trying.

This session will introduce Mindful Self-Compassion from the perspective of Dr. Christopher Germer and Dr. Kristin Neff, whose books the Mindful Self-Compassion Workbook (2018) and Teaching the Mindful Self-Compassion Program: A Guide for Professionals (2019) lay the foundation for this class. Begin by asking participants to share any thoughts they have about the information covered during the last session (e.g., weight bias, mental illness stigma, body positivity, Health At Every Size).

According to Dr. Germer and Dr. Neff mindful self-compassion includes three important elements: self-kindness, common humanity, and mindfulness:

- ***Self-kindness*** *involves treating yourself the way you would treat a beloved friend, with kindness, understanding and support. When individuals are kind to themselves, they engage in healthy behaviors designed to relieve their suffering and they protect themselves and provide themselves support when they are in pain. Most people engage in self-judgement and are harsher and say cruel things to themselves that they would not say to others.*
- ***Common Humanity*** *involves seeing oneself and life experiences as part of the larger human experience. Everyone struggles, goes through hard times and experiences failure. This is not an indication that a person lacks value or worth, it is just a condition of being human. Accepting that pain, problems, and struggles are a part of life that everyone experiences helps individuals to see their connection to others and that they are not alone in their experiences.*
- ***Mindfulness*** *is often defined as nonjudgmental and compassionate moment to moment awareness. When embracing a mindfulness approach, individuals accept that unwanted feelings, thoughts, and body sensations have a right to be present, but the individual does not have to identify with these things. There is a difference between "I am afraid" and "fear is present in this moment". "Fear is present in this moment" is a statement that accepts the reality without fusing or identifying with fear.*

Ask participants what beliefs they have about self-compassion. Many people have misgivings about self-compassion. Below are some misgivings (e.g., self-compassion being viewed as self-indulgent, making excuses, and undermining motivation) that have been refuted by research identified by Dr. Germer and Dr. Neff:

- ***Self-Compassion is not Self-Indulgent:*** *Research shows that people who are self-compassionate are more likely to exercise (Magnus et al., 2010, as reported in Germer and Neff, 2019) and eat healthy meals (Schoenefeld & Webb, 2013, as reported in Germer and Neff, 2019)*
- ***Self-Compassion is not about Making Excuses:*** *Research shows that people who are self-compassionate show greater personal responsibility for their actions (Leary et al., 2007, as reported in Germer and Neff, 2019)*
- ***Self-Compassion does not Undermine Motivation:*** *Research shows that self-compassionate people have high personal standards and they are not afraid to fail (Neff at al., 2005), they are more likely to try again and to continue in their efforts after failing (Breines & Chen, 2012, as reported in Germer and Neff, 2019).*

Ask participants how would they treat a friend who had not been as physically active as they would have liked to be or had not been active at all. What would they do to support this person? What would they recommend the person do to care for him/herself and the body? What thoughts, feelings, and bodily sensations would the person need to allow to be present while increasing physical activity?

Class facilitators can choose to lead the group in a 10 minute Loving Kindness Meditation for self and a loving other, if they are familiar with leading this kind of meditation. If the group is being led virtually and the facilitator is skilled in leading this meditation, it will be important to ask participants to make sure that they will not be interrupted during the practice. Virtual participants should either be muted or be asked to mute their phones to prevent interruptions during the meditation. If the group is led in a room that has access to watch videos on a large screen, YouTube will have Loving Kindness guided meditations that the class can follow. A resource that can be shared with participants is the VHA Mindfulness Coach App (https://mobile.va.gov/app/mindfulness-coach). The VHA Mindfulness Coach App can be downloaded on iPhone and Android phones free of charge. It includes a variety of mindfulness practices including: loving kindness, mindful walking, mindful breathing, and mindful eating.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 3 • SESSION 2: OUTLINE

Session Goal: Participants will learn about mindful self-compassion.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Review each participant's progress on physical activity goals.

   a. Praise progress on goals.

   b. Help participants find solutions to barriers and challenges.

IV. Introduce Mindful Self-Compassion (Self-Kindness, Common Humanity, Mindfulness) as defined by Drs. Germer and Neff (2019)

V. Ask participants what beliefs they have about self-compassion. Discuss some to the misgivings they have about self-compassion and present the research findings that self-compassion is not self-indulgent, making excuses, and does not undermine motivation.

VI. Ask participants how would they treat a friend who had not been as physically active as they would have liked to be or have not been active at all. What would they do to support this person? What would they recommend the person do to care for him/herself and the body? What thoughts, feelings, and bodily sensations would the person need to allow to be present while increasing physical activity?

VII. Lead Loving Kindness (for self and someone who it is easy to feel loving kindness towards) meditation or practice by following on YouTube. Provide participants information about the VHA Mindfulness Coach App. Participants can also be informed that there are other mindfulness Apps that they can access for free on Smart Phones.

VIII. Assign out-of-session assignment:

   a. Ask participants to come to the next class session in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to continue to work on their SMART physical activity goal and come to the next class prepared to discuss their progress.

   c. Inform participants that they will learn how to use a pedometer during the next class.

IX. Seek participant feedback on the class session.

WEEK 4

Session 1: Walking/Dancing to Music

Begin class by verbally assessing mood, using the verbal rating scale described in the introduction of this manual. Also, ask participants to share the progress they have made on physical activity goals. Celebrate accomplishments. If there were challenges, help participants identify things that they can do differently to be successful during the coming week. Use a supportive approach to help participants stay motivated to keep trying.

This is the first class incorporating physical activity. During this session, participants should walk or dance to music for approximately 30 minutes. During the first trials of GMGW, a Jackson 5 greatest hits CD worked well, allowing participants to reminisce about what they were doing when a particular song was popular. Our second group was younger and reported feeling funny dancing to the "oldies." In this second group, we spent more time discussing the value of warming up and invited each participant to bring a CD to use for the warm-up activity. After several sessions of walking to different songs, all individuals participated, even though a few reported that they continued to feel silly walking in place or dancing to music. The availability of streaming music services has made this part of class easier over the years. Facilitators can quickly pull up music by genre or even individual songs to share as a class. Don't be discouraged if participants don't immediately engage in this class activity. As this is the warm-up for future classes, we found that, with encouragement, participants who were initially reluctant embraced the activity. Also, it may be important to provide participants a break after this activity. Many participants of our GMGW program became out of breath after dancing or walking in place to just one song.

Before starting to walk or dance to music, remind participants that anyone who starts experiencing pain should stop and let one of the facilitators know that he/she is having problems. Shortness of breath, pain or discomfort in the chest, dizziness, tingling on the lips and fingers or any other unusual sensation should be reported to a facilitator. If symptoms do not quickly subside, the participant may need to contact his or her primary care provider. Facilitators should be familiar with their facility's procedures for a medical emergency.

Ask participants to spread around the room and move to the music in a way that feels comfortable. Inform participants that they can step to the side/back/front if they want to dance and use their arms. Facilitators should participate in all activities. Encourage reluctant participants to at least march in place to the music. If your class is by telephone or video, it may be even more important for you to actually be participating (even if they can't see you). Remember, a part of what we believe resulted in behavior change was modeling by facilitators. You may also wish to share examples or experiences normalizing talking on the phone during physical activity, for example "I often see neighbors walking while on the phone".

After one song, stop and rest for a few minutes. Briefly ask participants how they feel, whether they liked the activity, and whether the song brought back any good memories. Remember to focus on the positive and avoid being critical of the performance of participants. After a few minutes (less than five), have everyone stand up and walk or dance to the second song.

After the second song, have everyone sit down and share his/her impressions of the activity. Ask the group about the challenges of the activity, and brainstorm solutions. Reinforce the positive benefits of this type of activity, and emphasize that this activity could be done at home (e.g., during commercials when watching TV, while vacuuming or cleaning the house, or by just turning on the radio). Walk or dance to more songs, if there is time. Allow participants to take as many breaks as they need. However, it may be important to provide frequent encouragement to motivate some participants to engage in the activity.

At the end of the activity, ask participants if they feel better or worse than when they first arrived in class. You can use the recommended scale from 1 to 10, where 1 is the worst they ever felt and 10 is the best they ever felt. You can also use this scale at the beginning of class before activity and then afterwards to see if there are any changes. During our GMGW program, even participants who reported feeling “silly” or “stupid” said they felt more awake.

To conclude today’s class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 4 • SESSION 1: OUTLINE

Session Goal: Walk or dance to music.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Verbally assess mood using a scale from 1 to 10 (1 represents the worst and 10 represents the best mood).

IV. Review each participant's progress on his or her goal.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

V. Walk or dance to music for approximately 30 minutes.

   a. Take a break after the first song to discuss the activity.

   b. Allow participants to take breaks as needed.

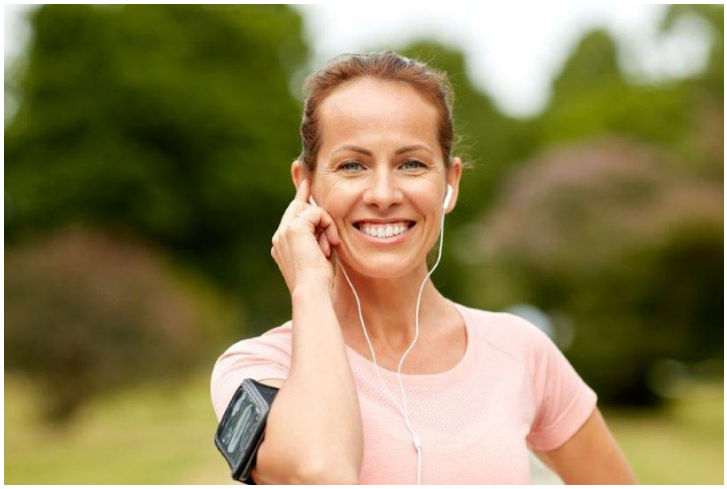
   c. Use the verbal rating scale to discuss variations in pre- and post-dance/walk mood.

VI. Review out-of-session assignment:

   a. Ask participants to come to the next class session in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to update physical activity goals and come to the next class prepared to discuss their progress.

VII. Seek participant feedback on the class session.



WEEK 4

Session 2: Short Walk

Start class by verbally assessing mood and then reviewing progress on physical activity goals. Once you complete this, ask participants to walk or dance to music as a warm-up activity.

Prior to the class session, facilitators should have chosen a convenient location that can easily be reached from the classroom for a short walk. If there is inclement weather, plan to walk at an indoor location that is convenient to where the class regularly meets. This short walk should take 15 to 20 minutes to and from the starting point.

If this is a telehealth class, this session will take more planning and please remember that we believe at least two facilitators are essential. Participants may need individual phone calls helping them plan their walking location and frequent reminders to keep a comfortable pace with frequent rests during the activity. Facilitators can still check in individually with participants throughout class. A focus on time instead of distance will also be an important modification. Before reaching the halfway point of the walk time-wise, ask participants to turn around and head back to their starting point to increase the chance participants will end together regardless of their pace. You also may wish to switch around the order of classes and complete Week 11, Session 1 on neighborhood walkability before the first walk and use this information to help participants identify where they will walk.

During the walk, take regular breaks to accommodate those who have difficulty walking. It may be helpful to split the group into two to accommodate different walking paces. Check with participants to determine when they would like to take a break. Praise participants for their effort. It is okay if a participant does not complete the walk, and there should be no repercussions for not completing an activity. If several participants are having trouble, your walk may have been too ambitious.

During the walk, chat about upcoming events, ask for an update on participants' progress on their goals in more detail, and discuss the surroundings. Remember, this should be a pleasant activity, not a power walk.

When you have returned to the starting point, ask each participant how he/she is feeling. Check to see if there is a change in their mood rating (1 is the worst you ever felt and 10 is the best), and use this to reinforce the benefits of increased activity and movement. Ask participants for feedback about the walk. Dismiss class from the walk location; and encourage participants to keep walking, if that is feasible. Remind participants to continue working on physical activity goals outside of class.

WEEK 4 • SESSION 2: OUTLINE

Session Goal: Participants will go on their first walk.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Review each participant's progress on physical activity goals.

   a. Praise progress on goals.

   b. Help participants find solutions to barriers and challenges.

V. Dance or walk in place to one song as a warm up.

VI. Take a 15- to 20-minute walk, taking breaks and asking participants to assess their progress and/or challenges.

VII. Remain at the walking location, assess mood again after the walk, using the verbal rating scale, and discuss any changes.

VIII. Assign out-of-session assignment:

   a. Ask participants to come to the next session in comfortable clothes, so that they are ready to try different activities.

   b. Encourage participants to continue working on physical activity goals.

   c. Inform participants that they will learn how to use a pedometer during the next class.

IX. Seek participant feedback on the class session and dismiss class from the location where the walking activity took place.

WEEK 5

Session 1: Learning How To Use Pedometers or Step Counters

Originally, we provided pedometers to participants, but more and more Veterans are using smart phones or fitness trackers, so we have found very few need pedometers. Preparation in the form of learning about what kind of step counter/tracker/pedometer the Veteran has access to and finding pedometers for those who need them is necessary for this session. You will need to learn how to help participants figure out the app or watch or set up the pedometers ahead of time so that you are able to help participants during class. Of note, this may be a session best completed individually if this is a telehealth class. Alternatively, focusing only on time being active may be an acceptable modification for virtual participation.

Begin class using the rating scale to verbally assess participants' mood. Also, ask participants about their progress on physical activity goals. Remember to celebrate accomplishments. If any participant was not able to meet a physical activity goal, help him/her find solutions to barriers or challenges. Next, ask participants to walk or dance to music as a warm-up activity.

If using pedometers, distribute a pedometer to each participant. If the pedometer is the one used by the MOVE! program, you can review the MOVE! handout on setting up the pedometer. It can be accessed at the following website: www.move.va.gov. If you are using a different pedometer, follow the manufacturer's directions. Preparing an instruction sheet similar to the MOVE! handout may be helpful because the instructions provided with pedometers can be fairly complex and confusing to new users.

Stride length can be estimated by having the participant place one foot with the toe at the end of a yardstick and take a normal step forward, then checking the number of inches on the yardstick for the stride length. Or mark a 10-foot area in the hallway, and count the number of steps to walk the 10 feet. Divide 120 inches by the number of steps to get the inches per step. Do the measure several times to get an average.

It is acceptable to estimate weight. However, if the pedometer estimates calories, it is not going to be very accurate. Entering a weight that is less than an individual's actual weight will result only in smaller estimates of energy expenditure.

Explain that pedometers may not count steps perfectly for each person. The inside has a lever that bounces up and down with each step. Depending on how each person walks, the lever may bounce and move too often (i.e., count extra steps); or some steps might not activate it, particularly if walking slowly or if the pace is not even. It is not possible to fix the pedometers to make them more accurate, but you can learn how they work so that you understand why the number of steps seems too high or too low.

If there is time, walk/dance to another song or two, and see how many steps participants take. You may be surprised!

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

GMGW CLASS PLAN: PART I

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WEEK 5 • SESSION 1: OUTLINE

Session Goal: Set up pedometers for each participant, in the classroom.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Review each participant's progress on his or her goal.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

V. Walk or dance to one song as a warm-up.

VI. Demonstrate and practice setting up the pedometer.

   a. Work with each participant to set up the pedometer. Ask participants to test the pedometer setting by walking/dancing to music.

   b. Remind participants that pedometer counts are not perfect but can help them estimate how much they are walking.

VII. Assess mood again using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next class session in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to update their physical activity goals and come to the next class prepared to discuss their progress. Encourage use of pedometers.

IX. Seek participant feedback on the class session.

WEEK 5

Session 2: The Benefits of Walking

A little preparation is needed for this session. This class is focused on walking. Plan a walk that will take approximately 40 minutes round trip with many stops for breaks and check-ins. Please note that it is possible to over-estimate the fitness of participants. Planning extra time to complete a walk is recommended. Also, it is important to convey to participants that it is ok if they are unable to complete a walk, as building mastery over time is an important element of GMGW. There are additional considerations as well. If walking near your site is difficult or dangerous, suggest meeting somewhere close by. If there is inclement weather, identify an alternate indoor walking area to hold class. For example, if there is bad weather, everyone can meet at the mall or a large retailer and walk in the store by breaking into small groups.

If this is a telehealth class, this session will take even more planning. Participants may need individual phone calls helping them plan their walking location and frequent reminders to keep a comfortable pace with frequent rests during the activity. Facilitators can still check in individually with participants throughout class. A focus on time instead of distance will also be an important modification. Before reaching the halfway point of the walk time-wise, ask participants to turn around and head back to their starting point to increase the chance participants will end together regardless of their pace.

Begin class, using the rating scale to verbally assess participants' mood. Also, check-in on how participants are doing with their physical activity goals. Ask participants to walk or dance to music as a warm-up activity, and then go for a 40-minute walk. Remember that they are also walking back to the meeting site, so be sure to walk 20 minutes in each direction.

During the walk, take frequent breaks and, informally, assess participants' comfort with the activity. Just as before, you may want to have a faster group and a more leisurely group. Stop in shady spots if it is warm and sunny spots if it is cool, and let the leisurely group catch up so everyone takes a break together. During the breaks, you can discuss various benefits of walking and do some individual check-ins on goals to learn more about what each person is doing. Keep the tone positive and focused on feeling better through physical activity.

Provide participants reassurance and support if they are having difficulty keeping up with the group because of mobility, difficulty breathing, joint problems and pain, or feeling self-conscious and worried while out in the community. Keeping the pace slow and taking frequent breaks will help sedentary and deconditioned adults to slowly build up stamina. If a participant continues to struggle, it is best to err on the side of caution and require him/her to consult with his/her primary care doctor before continuing in the program.

Praise participants for putting forth effort on the walk. It is okay if a participant is unable to complete the walk, and there should be no repercussions for not completing any activity. However, with frequent breaks all participants should be able to complete the activity. If several participants are having trouble, the walk may have been too ambitious. Conversely, if everyone is just strolling, choose a little longer walk next time.

When you have returned to the starting point, ask participants how they are feeling. Notice whether there are changes in participant comfort level, and verbally reinforce the importance of increased physical activity. Spend a few minutes chatting about the benefits of walking and encourage participants to work on their goals. Dismiss class and encourage participants to keep walking, if they want.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 5 • SESSION 2: OUTLINE

Session Goal: Take a longer walk, and discuss the benefits of walking.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in (see Appendix H) form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

V. Walk or dance to music as a warm-up activity.

VI. Walk for about 40 minutes at a nearby location. Take frequent breaks, and discuss the benefits of walking.

VII. Assess mood again using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to work on their physical activity goals and come to the next class prepared to discuss their progress. Encourage participants to use pedometers.

IX. Seek participant feedback on the class session.

WEEK 6

Session 1: The Benefits of Stretching

This class focuses on stretching. Although the literature is unclear as to whether stretching helps performance or prevents injury, GMGW includes stretching as a gentle and healthy physical activity.

We use a handout developed by the National Institute of Health's National Institute on Aging. The handouts can be accessed on the National Institute on Aging: Senior Health Website (https://order.nia.nih.gov/sites/default/files/2018-07/workout-to-go.pdf) and the NIA has also developed a YouTube channel that can be accessed during both in-person and telehealth classes. The VHA Fit For Life stretching videos can also be accessed on YouTube.

Remember to fully participate and model enjoying physical activity even if the class is by telehealth. We found that sharing our experiences was incredibly helpful during in-person classes, and expect it would be even more essential to modeling positive activity experiences via telehealth.

As usual, start class by verbally assessing mood and updating progress on physical activity goals. Distribute handouts and take turns reading and discussing the introduction and safety tips. As it is important not to stretch without warming up, warm up by walking or dancing to a few songs.

Then begin the stretching exercises. Depending on your group, you may be surprised how tiring the stretching is for some participants. Encourage participants to challenge themselves, listen to their bodies, and stop the activity if they become too tired or are in pain. Allow participants to take frequent breaks if necessary. Each stretch should be completed three to five times and held for 10 to 30 seconds. Remember to emphasize the safety tips while stretching. Remind participants not to try any movements that cause pain or that are not recommended by their medical treatment team.

We found that the best way to promote participation is to emphasize safe practice but not to ask whether participants "want to try" or "are comfortable trying" an activity. For example, when we asked participants if they would like to do some of the stretches on the floor, no one volunteered. In contrast, when we emphasized safe practice and not doing anything that hurts and then went right into an activity, everyone participated.

Allow some time to relax, discuss the stretching, and spend a few minutes asking participants to assess their mood using the rating scale. Discuss how each person feels after stretching.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 6 • SESSION 1: OUTLINE

Session Goal: Practice stretching.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

V. Discuss handout on stretching.

VI. Walk or dance to music as a warm-up activity.

VII. Complete stretches included on the handout. Emphasize the following: stretch only after a warm-up; feeling a stretching sensation is expected, but not pain. Ask participants not to try any movements that are not recommended by their medical treatment team.

   a. Each stretch should be completed three to five times and held for 10 to 30 seconds.

   b. Emphasize safety.

VIII. Again, assess mood using the verbal rating scale and discuss any changes.

IX. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to update their physical activity goals and come to the next class prepared to discuss their progress. Encourage use of pedometers.

   c. Encourage participants to add stretching to their routine.

X. Seek participant feedback on the class session.

WEEK 6

Session 2: The Benefits of Stretching

Just like last session, class today focuses on stretching. As usual, begin class using the rating scale to verbally assess participants' mood. Also, check-in on how participants are doing with their physical activity goals. Ask participants to walk or dance to music as a warm-up activity. Then begin the stretching exercises by reviewing safety tips from the last session.

Ask participants to describe their favorite stretch from last session, and allow them to demonstrate how to do the stretch. Assist those who need help remembering how to do a stretch, and be sure to emphasize safety. We found that each participant could recommend one or two stretches. If participants suggest stretches not on the list, let them demonstrate, but remind participants of safety guidelines. Remember, each stretch should be completed three to five times and held for 10 to 30 seconds. Also, remember to model everything, even when class is by telehealth. If on the phone, you may need to be more demonstrative in your descriptions and also in sharing your experiences. Encourage Veterans to explain their stretch step by step and remind everyone to "listen to their body" and do nothing that hurts.

Depending on your group, you may be surprised how tiring the stretching is for some participants. Encourage participants, and allow them to take frequent breaks if necessary. This helps all participants learn the value of a "slow and steady" approach to healthy activity. Encourage participants to challenge themselves, but remind them to stop if anything hurts. Reserve time at the end of class to discuss the stretches. Talk about how each person feels after stretching. Encourage participants to include some stretching in their lives each day, even if it is just seated stretching when in a waiting room or at home on the couch.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 6 • SESSION 2: OUTLINE

Session Goal: Continue to practice stretching.

I. Provide time for informal socializing.

II. Set the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

V. Walk or dance to music as a warm-up activity.

VI. Complete stretches included in the NIA handout mentioned in week 6, session 1 and review safety tips.

   a. Ask participants to adapt or skip stretches if they have an injury or pain.

   b. Ask participants to volunteer ideas for stretches, and encourage them to demonstrate the stretch.

   c. Each stretch should be completed three to five times and held for 10 to 30 seconds.

VII. Again, assess mood using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to work on their physical activity goals and come to the next class prepared to discuss their progress. Encourage use of pedometers.

   c. Encourage participants to continue stretching.

IX. Seek participant feedback on the class session.

WEEK 7

Session 1: Using Physical Activity To Help Manage Moods

This week's class focuses on using physical activity to help cope with depression, relieve stress, and promote a better mood. This topic has already been introduced with the verbal mood ratings that are done towards the beginning and end of class.

As usual, begin class by assessing mood and getting updates on physical activity goals. Also, take a few minutes to ask participants how they are incorporating stretching into their routines. Use a group problem-solving/brain- storming approach to come up with more ways to add stretching to physical activity routines.

Next, introduce the topic by asking participants: How do you feel when you are in a bad mood? Typical responses might include: sad, angry, disappointed, worried, frustrated, upset, etc. Move from there to steps people take to cope with negative moods. Responses might include distraction, watching TV, calling someone to talk about it, eating comfort foods, sleep, etc. Discuss how, depending on the situation, some coping strategies are helpful; while others are ineffective. Then ask if anyone in the group has tried taking a walk or doing some other physical activity to cope with a negative mood. Explore what he/she did and how the activity impacted his/her mood. It may be helpful for facilitators to share personal examples of using physical activity to cope with stress or a difficult situation. This typically can be shared without disclosing inappropriate personal information. For example, it would be appropriate for a facilitator to share that he/she takes a walk outside the building to calm down after receiving bad news. However, it would be inappropriate to provide details about a fight with a spouse/significant other.

Facilitators should highlight that research studies have shown that physical activity improves mood. Physical activity that lasts for at least 10 minutes at a time may release brain chemicals that help us feel good. Even if we don't especially enjoy the activity while we are doing it, we feel better afterward, and these effects last for a while. It is important to emphasize that moderate activity for at least 10 continuous minutes can improve mood. Moderate physical activity means that one can talk while one is doing it but may not be able to sing without getting out of breath. Facilitators should also stress that many kinds of physical activity can improve mood, even housework. Note that you don't have to be an athlete or need special equipment or skills to participate in activities that can help improve mood.

Introduce an "experiment" to see how physical activity affects class members. Ask participants to walk or dance to music for ten minutes, and then rate mood using a verbal rating scale. Discuss any changes in mood that participants notice. In our GMGW program, participants reported improved mood after walking or dancing to just one song! Depending on the time left, take a short walk and assess mood before and after the activity. Ask participants to share what they have noticed, during this class session, about the impact of physical activity on mood.

GMGW CLASS PLAN: PART I

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Adapt the class to fit telehealth if needed. This may include asking participants to mute during didactic portions or to be sure that they are muted when not sharing. Also, remember you may need to be more demonstrative regarding your walking/dancing to music as well as the instructions you provide.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 7 • SESSION 1: OUTLINE

Session Goal: Learn how to use physical activity to help cope with negative moods.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants added stretching to their daily or weekly routine.

V. Discuss mood and physical activity, highlighting that moderate exercise for at least 10 continuous minutes can improve mood. Moderate exercise means one can talk to someone else but may not be able to sing without getting out of breath. Also, emphasize that various types of activity can improve mood, even housework.

VI. Walk or dance to three songs then assess mood using the verbal scale and discuss any changes.

VII. If time permits, take a short walk outside. Assess mood again and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to update their physical activity goals and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

   c. Encourage participants to try using a walk as a way to cope with a negative mood.

IX. Seek participant feedback on the class session.

WEEK 7

Session 2: Using Physical Activity To Help Manage Moods

This is the second session focused on mood and physical activity. As usual, begin class by assessing mood and asking for updates on goals. Celebrate accomplishments. Check to see whether anyone used a walk as a way to cope with a difficult situation or unpleasant emotion. Also, ask if anyone noticed that walking promoted a better mood or sense of well-being.

Walk/dance to music for ten minutes. Assess mood again and discuss changes that participants noticed. Participants may report that they feel better right away.

Take a walk during the remaining class time, rating mood before and after. During the walk, chat about upcoming events, the scenery, etc. This is a great time to discuss the guest facilitator that will be in class next session. Remember to make the walk pleasant and provide frequent breaks. At the end of the walk, discuss any changes in mood that were noticed.

Remember, this will take extra preparation and attention if by telehealth. Participants may need individual phone calls helping them plan their walking location and frequent reminders to keep a comfortable pace with frequent rests during the activity. Facilitators can still check in individually with participants throughout class. A focus on time instead of distance will also be an important modification. Before reaching the halfway point of the walk time-wise, ask participants to turn around and head back to their starting point to increase the chance participants will end together regardless of their pace.

Dismiss class from the walk location, and invite participants to keep walking. Encourage participants to consider taking a walk, outside class, to help reduce unpleasant feelings, increase positive emotions, and promote a sense of well-being.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 7 • SESSION 2: OUTLINE

Session Goal: Learn how to use physical activity to help cope with negative moods.

I. Provide time for informal socializing

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants added stretching to their daily or weekly routine.

   d. Check whether participants used walking to promote a positive mood or cope with unpleasant feelings.

V. Dance to music for ten minutes and then assess mood. Discuss any changes.

VI. Take a walk. Assess mood before and after the walk and discuss changes.

VII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to work on their physical activity goals and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

   c. Encourage participants to try using a walk as a way to cope with a negative mood.

VIII. Seek participant feedback on the class session.

WEEK 8

Session 1: Learning an Alternative Exercise

This week's classes require prior planning. We recommend confirming the guest facilitator(s) well in advance – maybe even before the 16-week class starts. It will be important to remind the guest facilitator about the class the week and the day before. In addition, the guest facilitator(s) should be provided directions to the class, as well as an opportunity to ask questions to help with preparation. Emphasize that the purpose is to introduce participants to another way to be physically active. Be sure that the guest facilitator(s) understand that participants will have various ability levels and that the goal is physical activity, not a workout. Also, the guest facilitator(s) should emphasize that individuals can participate without believing in any spiritual teaching that may be associated with the practice.

We were able to have staff members at our facility lead the class for these sessions. For one group, two mental health clinicians who are also certified yoga instructors facilitated the session. When the clinicians for this activity were providers within mental health services, they were able to get credit for clinical workload for the group encounters. Other examples of appropriate gentle physical activities are line dancing, tai chi, or chair exercises.

If the guest facilitator(s) is not a VA clinician, be sure to follow your clinic's guidelines to protect participants' confidentiality. We discussed this with mental health leadership and developed a plan by which we informed leadership of guest facilitators/speakers. When scheduling activities in the community, we recommend that you explain that you are calling on behalf of a walking club and that participants are interested in learning more about ways to increase physical activity. Do not disclose any diagnostic or program-related information. Be sure that participants agree to have the guest join the group. Discuss privacy and confidentiality with participants.

If class is being conducted by telehealth, we recommend not using outside facilitators. VA clinicians who can "guest lecture" may be best as they will have access to and be familiar with the technology, and will be aware of privacy and confidentiality factors. As Whole Health has spread throughout the VA, we have found that identifying staff members to facilitate has been significantly easier. Reach out to your facility or VISN Whole Health Coordinator or Champion to learn more.

We recommend briefly assessing mood and updating goals before turning the class over to the guest facilitator. Remind participants that the facilitator will return for the next class.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 8 • SESSION 1: OUTLINE

Session Goal: A guest speaker will demonstrate an alternative form of physical activity, such as yoga, tai chi, etc.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants added stretching to their daily or weekly routine.

V. Introduce the guest facilitator and practice.

VI. Assess mood again using the verbal rating scale and discuss any changes.

VII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to update their physical activity goals, and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

   c. Encourage participants to try using this new form of physical activity before the next meeting.

VIII. Seek participant feedback on the class session.

WEEK 8 • SESSION 2

Practicing an Alternative Exercise

This session is devoted to practicing the physical activity (yoga, tai chi, etc.) the class learned during session 1 of week 8. It is recommended that you begin class by assessing mood and updating progress on goals before you turn the class over to the guest facilitator. As usual, assess mood after the activity; and discuss any changes. End class with a reminder of the out-of-session assignment to work on physical activity goals. Also, seek feedback from participants on the current session and encourage participants to practice at home. Identify where the next class will meet and discuss any important logistical considerations that are important for participants to be aware of.

WEEK 8 • SESSION 2: OUTLINE

Session Goal: The guest speaker will return to practice an alternative form of physical activity (e.g., yoga, tai chi, etc.).

I. Provide time for informal socializing.

II. Set the agenda for this session.

III. Briefly assess mood and ask for updates on goals.

IV. Allow the guest facilitator to lead the class.

V. Assess mood again using the verbal rating scale and discuss any changes.

VI. Review out-of-session assignment:

   a. Ask participants to come to the next class session in comfortable clothes that are appropriate for physical activity.

   b. Encourage participants to work on goals, use pedometers, and stretch.

   c. Encourage participants to try this new form of physical activity before the next meeting.

VII. Seek participant feedback on the class session.

WEEK 9

Session 1: Not Letting Pain Get in the Way

This is the first of two classes focused on not letting pain get in the way of gentle physical activity. As usual, after setting the agenda, assess mood and discuss progress on goals. Ask participants to walk or dance to music as a warm-up activity.

Introduce the topic of chronic pain and physical activity. Please note that if any participant is experiencing acute pain related to an injury or accident, a recommendation for the participant to contact their primary care team for assessment and treatment should be made as rest or limitation of activity may be warranted. Also, Veterans experiencing chronic pain should be reminded to follow their medical doctor's recommendation regarding physical activity. The MOVE! Handout, "Coping with Pain," (Appendix I) may be helpful in starting the conversation. Focusing on the interests and needs of the group, spend extra time on issues related to pain. For example, if a participant would like to talk to his or her doctor about pain, spend more time on this. Facilitators can encourage participants to prepare for a doctor's visit by creating a list identifying specific issues with pain. As many participants may have pain related to arthritis or another disorder that is actually helped by physical activity, emphasize that regular physical activity can help decrease pain in many cases. The class can also practice a breathing exercise or meditation exercise for stress relief and pain reduction. Remember to involve participants in all discussions. Potential questions that can be asked of the class include: Do you ever notice an ache or pain decreasing after a gentle walk? Do you have a favorite breathing exercise that helps when you are in pain?

After discussing how gentle physical activity can positively affect chronic pain, do an experiment by rating pain and then walking/dancing to a few songs. Then rate pain again. Discuss what participants noticed. Share that many may notice a reduction in aches and pains with the short activity. Remember that anything they notice is fine – they do not have to notice a decrease in pain. If you have time, walk or dance to another song before wrapping up.

As you conclude the class, spend several minutes discussing the plans to have a guest facilitator at the next session. Share the specialty area and qualifications of the speaker (we have had psychologists and psychology interns from the pain clinic as our speakers). Ask the class to collaboratively develop a list of questions for the guest facilitator. These questions should be shared with the guest facilitator prior to the next session.

Adapt the class to fit telehealth if needed. This may include asking participants to mute during didactic portions or to be sure that they are muted when not sharing. Also, remember you may need to be more demonstrative regarding your walking/dancing to music as well as the instructions you provide.

As usual, remind participants to work on their goals while not in class. Also, ask participants to think of additional questions for the guest facilitator and bring the questions to the next class. Identify where the next class will meet and discuss any important logistical considerations that are important for participants to be aware of.

WEEK 9 • SESSION 1: OUTLINE

Session Goal: Introduce the topic of pain and physical activity.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants practiced the physical activity learned last session.

V. Discuss the impact of physical activity on pain. Review the MOVE! handout: Coping with Pain (see Appendix I).

VI. Ask participants to rate their pain on a scale from 1 to 10, in which 1 is very mild pain, and 10 is excruciating pain. Walk in place for one to two songs, and then ask participants to rate their pain again and discuss differences.

VII. Inform participants that a guest facilitator will attend the next session. Help the class develop a list of questions for the guest facilitator.

VIII. Assess mood again using the verbal rating scale and discuss any changes.

IX. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes although there will be no physical activity during the next session.

   b. Ask participants to update their physical activity goals, and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

   c. Ask participants to think of additional questions for the guest facilitator.

X. Seek participant feedback on the class session.

WEEK 9

Session 2: Not Letting Pain Get in the Way

This class is led by the guest facilitator. Confirm arrangements well ahead of time. You should remind the guest facilitator the week before and also a day or two before the session takes place. The ideal presenter would be an expert, such as a provider from the VA pain clinic. It is ideal for this VA staff member to present in person. If that is not possible, look into the possibility of a V-tel (secure video) conference or even a conference call if video conferencing is not available. Be sure to communicate to the presenter the general fitness level and pain problems of participants. If conducting the group by telehealth, we recommend reaching out to VA clinicians familiar with telephone or video groups.

At the beginning of class, assess mood, and briefly discuss progress on goals so that the presenter has as much time as possible. The guest facilitator should have been provided questions from the class and asked to answer these questions during the presentation. In addition, the guest facilitator should allow time for participants to ask additional questions during the session. Work with your guest to determine the best way to support them in both classroom and telehealth-based sessions.

As usual, assess mood again and discuss any changes. Also, encourage participants to work on their goals prior to the next class session.

WEEK 9 • SESSION 2: OUTLINE

Session Goal: The guest facilitator will discuss ways to be physically active, despite pain.

I. Provide time for informal socializing.

II. Introduce the guest facilitator.

III. Set the agenda for this session.

IV. Briefly, assess mood and progress on goals.

V. Turn it over to guest facilitator.

VI. Ensure that participants are able to ask questions.

VII. Assess mood again using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to continue to work on physical activity goals, and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

IX. Seek participant feedback on the class session.

WEEK 10

Session 1: Introduction to Mindful Walking

This session will introduce the practice of mindful walking and may take significant preparation for facilitators not familiar with mindfulness. You may wish to bring in a guest facilitator that is familiar with mindful walking if it is brand new to you. Some places to begin inquiry into finding a guest facilitator may be clinicians with expertise in Mindfulness Based Stress Reduction, DBT, ACT, or members of your facility's Whole Health team. An alternative may be to find a practice on YouTube or the VHA Mindfulness Coach App. Jon Kabat-Zinn's (2013) book Full Catastrophe Living is also an excellent resource, and in our experience, often found in mental health services in the VA. If unable to find a copy of the book in your program, check with the VA library as you may be able to borrow a copy using interlibrary loan.

Begin class by asking participants to share the progress they have made on physical activity goals. Celebrate accomplishments. If there were challenges, help participants identify things that they can do differently to be successful during the coming week. Use a supportive approach to help participants stay motivated to keep trying.

Participants will have had a basic introduction to mindfulness during the Week 3 Mindfulness Self-Compassion class, but may not remember. Begin by asking participants to share what they know or remember about mindfulness from that session or other experiences with mindfulness they have had in the past. Veterans may share no memory or familiarity, or they may be quite familiar as mindfulness has become very common in many VA Mental Health and Whole Health services.

Very briefly (less than five minutes) review mindfulness as having three important parts:

1. Paying attention on purpose,
2. in the present moment,
3. non-judgmentally (and with self-compassion).

If you are familiar with mindfulness, you could lead a very brief mindful breathing meditation focused on attending to the breath, but this is not necessary.

After introducing mindfulness (and practicing mindful breathing if you choose to), spend a few minutes discussing the difference between being on "autopilot" and being mindful. The purpose is two-fold; you are both helping illustrate the three important parts of mindfulness, and also introducing the idea of every day mindfulness activities such as mindful eating, mindful listening, or mindful driving. Personal examples of being on autopilot and being mindful may help participants understand. When discussing being on autopilot you might choose examples such as, "If I am not paying attention I will turn left

out of my neighborhood like I am heading for work because I am on autopilot," or "I was watching TV and eating and I realized that I honestly couldn't remember if I had eaten my cookies … [laughing] but I did know that they weren't there," or "My kids often can't remember if I sang them a bedtime song if their minds are still on their day." Then ask Veterans for their own personal examples of being on autopilot or query as to whether they have had similar experiences. Another way to introduce this that has been well-received by Veterans we have worked with is to ask them the last time they showered and were really in the shower. We then then quickly follow with "or was your mind thinking about something in the past or planning something for the future?" A discussion of being fully-present, moment by moment, in day-to-day activities can then be presented. Mindful showering, mindful dishwashing, mindful driving, etc. can all be given as examples.

The focus should then be turned to mindful physical activity. Examples of distracting with music, talking, or TV can be non-judgmentally given as examples of non-mindful activity. Being mindfully physically active can also be non-judgmentally introduced, not as better, but as a different way to be physically active.

The bulk of your didactic time should be spent discussing mindful walking. Mindful walking can be introduced as focusing all of your attention on the sensation of walking, with kindness and compassion (non-judgmentally). Explain that when a thought about the past ("I used to walk without pain."), the future ("Tomorrow I need to go to the store."), or a judgment ("This is silly!"), whether about the activity or not, comes up – Just notice it, congratulate yourself for noticing it, and bring the attention back to walking.

Then lead your class through a ten minute mindful walking meditation. We like to pause about every ten steps or so to reset our intention to be in the present moment and fully aware of walking. There are several guided walking meditations you can find online on sites such as YouTube that guide you through attending to each step (lifting and stepping), and then bringing the focus to sounds, smells, and a wider awareness of the walk.

Of note, a small space can be used for this walk as very little ground is covered and there is no destination or goal other than full participation. If the group is being led virtually, it will be important to explain this to participants and ask participants to make sure that they will not be interrupted during the practice. Virtual participants should either be muted or be asked to mute their phones to prevent interruptions during the meditation.

Once again, a resource that can be shared with participants is the VHA Mindfulness Coach App (https://mobile.va.gov/app/mindfulness-coach). The VHA Mindfulness Coach App can be downloaded on iPhone and Android phones free of charge. It includes a variety of mindfulness practices including: loving kindness, mindful walking, mindful breathing, and mindful eating.

Ask participants to share observations of their experiences during the practice. Keep in mind the importance of an observational and non-judgmental stance during the practice (e.g., "You were having the thought: This is silly," or "You noticed some pain in your knees," or "You noticed the judgement: This is really great!").

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 10 • SESSION 1: OUTLINE

Session Goal: Participants will practice mindful walking.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Review each participant's progress on physical activity goals.

   a. Praise progress on goals.

   b. Help participants find solutions to barriers and challenges.

IV. Introduce mindfulness (paying attention on purpose, in the present moment, non-judgmentally & with self-compassion).

V. Introduce "autopilot" vs. mindful everyday activities.

VI. Introduce mindful physical activity and mindful walking (the bulk of your time should be here).

VII. Lead mindful walking meditation or practice by following on YouTube. Provide participants information about the VHA Mindfulness Coach App. Participants can also be informed that there are other mindfulness Apps that they can access for free on smart phones.

VIII. Assign out-of-session assignment:

   a. Ask participants to come to the next class session in comfortable clothes that are appropriate for physical activity outside and review the location for next class.

   b. Ask participants to set one SMART physical goal focused on mindful walking and come to the next class prepared to discuss their experience.

IX. Seek participant feedback on the class session.

WEEK 10

Session 2: Introduction to Forest Bathing by Mindfully Walking in Nature

This session may take a bit of preparation depending on what your VA campus is like (and if you are using telehealth for this session) as it meets in nature. Class today builds on the previous introduction to mindful walking by introducing the concept of Forest Bathing through taking a mindful walk in nature. Many facilities will have a location on campus with trees that can be used for this class, however, you may want to meet at a nearby park if possible. We are lucky to have both on and off campus trails that are easy to access and offer exposure to nature. In selecting your location, also be mindful of the group's abilities as a whole. For example, is walking on grass accessible to this group or is a paved path better? If using telehealth, a between-session call may be needed to find a suitable and accessible place for Veterans to travel to in order to be able to be exposed to trees and nature.

You can begin this class by asking if anyone has heard of forest bathing or eco therapy. Depending on what they know, you can then continue introducing forest bathing by crediting Dr. Yoshifumi Miyazaki on research into the benefits of nature on our health, sharing his book Shinrin-Yoku – The Japanese Way of Forest Bathing for Health and Relaxation (2018), and sharing that there are national trails in Japan that are designed specifically for urban dwellers to be exposed to nature.

Forest bathing does not actually include bathing, but is the idea of intentionally immersing ourselves in the sensations of nature without any other goal (so it is different than other wonderful physical activities such as hiking, nature photography, or bird watching). It has been described as "walking aimlessly and slowly" to savor the "smells, sights, and sounds of nature and letting the forest in." Additional resources can be found in books and articles about ecotherapy in addition to many specifically about forest bathing.

Next, link this with the mindful walking practiced last class. Review mindfulness and mindful walking principles. How do participants think they are similar? How can you use mindful walking in nature to "savor" the experience?

Now plan a 20 minute mindful walk in nature, attending to the surroundings using your senses. While an aimless walk is encouraged, take care to encourage everyone to stay close as a group and keep awareness on the physical terrain for safety. As the facilitators, keep part of your awareness on group members at all time. Cuing participants to attend to one of their senses at different points during the walk may also be helpful. You can also demonstrate touching a tree/plant (if it is safe and allowed at the location where you are walking), listening to a bird, sitting, gazing, and otherwise being mindfully present in nature.

Just like last session, a small space can be used for this walk as very little ground needs to be covered and there is no destination or goal other than using the senses to explore the environment. If the group is being led virtually it will be important to explain all of this to

participants and ask participants to make sure that they keep safety in mind during the practice. Although consistent conversation during this practice can be disruptive to fully engaging the senses, silence is not as important today and brief questions with answers from participants and yourself during the cuing may be helpful, especially if the class is being conducted via telehealth. For example, "I smell honeysuckle right now. What can you smell right now, David? And you Katie?" or "Allow your ears to drink up the sounds right now. What do you hear, Ciara? And you Ray? I'm noticing several sounds and focusing on the rustle of the leaves in this moment."

When you complete the mindful walking/forest bathing, check in with participants. What did they notice? Remember to help participants focus responses on the experience they had in the present moment. Also, maintain an observational and non-judgmental stance (e.g. "You were having the thought: I feel dumb," or "You noticed beauty in the flower and had a thought about your uncle," or "You noticed the judgement: This is really good!"). Remind participants about the VHA Mindfulness Coach App (https://mobile.va.gov/app/mindfulness-coach). The VHA Mindfulness Coach App can be downloaded on iPhone and Android phones free of charge. It includes a variety of mindfulness practices including: loving kindness, mindful walking, mindful breathing, and mindful eating.

To conclude today's class, let them know that next week you will be talking about finding places to walk and taking a walk in the community, assign homework, and elicit feedback about class.

WEEK 10 • SESSION 2: OUTLINE

Session Goal: Participants will practice mindful walking in nature and learn about forest bathing.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Review each participant's progress on physical activity goals.

   a. Praise progress on goals.

   b. Help participants find solutions to barriers and challenges.

IV. Introduce forest bathing and describe ways to "savor" experiences in nature using the senses.

V. Review mindful walking.

VI. Discuss forest bathing and mindful walking together.

VII. Lead mindful walking meditation in nature/ forest bathing practice and review what was noticed.

VIII. Assign out-of-session assignment:

   a. Ask participants to come to the next class session in comfortable clothes ready to talk about neighborhood walking.

   b. Ask participants to continue working on their mindful walking physical activity goal and come to the next class prepared to discuss their experience.

IX. Seek participant feedback on the class session.

WEEK 11

Session 1: Determining Whether My Neighborhood Is Friendly to Physical Activity

This session focuses on identifying safe neighborhoods to walk. Participants will complete a survey looking at neighborhood walkability. At the end of class, participants will decide where to meet for the next community walk. This activity helps participants begin to think about planning community activities which will be the focus of the 8-week Part II of GMGW.

As usual, after setting the agenda assess mood using the rating scale and ask participants to provide an update on their goals. Hand out the NEWS survey (see Appendix J) (Saelens, Sallis, Black, & Chen, 2003). Ask participants to identify the positive and negative aspects of their neighborhood. Ask the group to identify solutions to any barriers to physical activity that may come up.

A significant portion of the class can also be spent discussing safe places to walk in the participant's community and near the hospital/clinic where GMGW is held. Ask each participant to make a list of several places he/she can walk near his/her home and also near the hospital/clinic.

Ask the group to determine a walking location for the next meeting. Also, potential locations for future weeks should be discussed, with the agreement that the class will select the walking location for the next meeting at the end of each walk. Potential locations can include a trail, park, mall, or large super store. We have a paved pedestrian/bike trail located fairly close to our VA facility. We made a plan to meet in front of an easy-to-find hotel and then walked to this trail as a group. When walking outside is not an option, we found the local mall or large sporting goods store to be great options. They have ample space to walk and lots to look at. The most important part of this walk is for it to be a positive experience in the community. Avoid hosting a walk at your hospital or clinic.

If by telehealth, this is a wonderful time to plan for participants to meet one another in person if possible. However, in times such as during the COVID 19 pandemic, each facility will have specific rules regarding in person groups both in- and outdoors. Be sure to follow your facility's guidance and policy. If an in-person group walk is not accessible for any reason, the same telehealth preparations and precautions described earlier should be followed. However, individual calls may not be necessary as time is included in this session for choosing walking locations and the group can brainstorm together each participant's walking location for next class.

Discussing this walk may present an opportunity for participants to talk about the way that the stigma of mental illness affects their willingness to walk in the community. For example, several participants in our program questioned whether they could wait for the facilitators in front of the hotel and were worried they might be approached by a security guard. Many made statements indicating that they did not feel they had a right to be present in community locations. This offered an excellent opportunity to validate their experiences and for discussing self-stigma. Facilitators led a discussion of the participants' right to make use of resources in the community, as all residents have a right to access locations that are open to the public, but please note that validating their emotions and previous experiences without questioning or judging is important. Because commercial establishments might reasonably become concerned if a group of people are gathered for no apparent reason, we rehearsed the things that participants could say if approached for an explanation. For example, participants could indicate that they are members of a walking club meeting for a group walk. Several participants also expressed concern that others could tell that they are diagnosed with a mental illness by simply looking at them. We highlighted that the trail is for everyone to use and that others do not know about their mental health diagnosis if they do not tell them. We also discussed ways to avoid drawing unwelcome attention. Additionally, we emphasized that they are not the only people walking on the trail living with a psychiatric diagnosis or disability.

To conclude today's class, identify where the next class will meet and discuss any important logistical considerations, assign homework, and elicit feedback about class.

WEEK 11 • SESSION 1: OUTLINE

Session Goal: Discuss neighborhood characteristics that promote physical activity.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants added stretching to their daily or weekly routine.

V. Distribute the Neighborhood Environment Walkability Scale (NEWS) survey (see Appendix J) and use it to guide the discussion. For each section, discuss the following:

   a. What are the positive features of the area where you walk?

   b. What are the negative features of the area where you walk?

   c. What can you do if your area is not friendly for walking?

VI. Ask participants to develop a list of safe places to walk in their communities.

VII. Decide on a community location for the next session's walk. Also, discuss walking locations for the next several weeks.

VIII. Assess mood again using the verbal rating scale and discuss any changes.

IX. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to update their physical activity goals and come to the next class prepared to discuss their progress.

   c. Encourage use of pedometers and stretching.

X. Seek participant feedback on the class session.

WEEK 11

Session 2: Exploring Community Activities To Get Moving

As usual, the meeting should begin with informal socializing and a review of the agenda for the day, which is to walk for 40 minutes. Assess participant mood using a verbal rating scale and ask for updates on goals. As the class is meeting in the community, you may decide to ask for a verbal update of the information on the check-in form, rather than asking individuals to write on the form.

If via telehealth, facilitators can still check in individually with participants throughout class. A focus on time instead of distance will also be an important modification. Before reaching the halfway point of the walk time-wise, ask participants to turn around and head back to their starting point to increase the chance participants will end together regardless of their pace.

This is the first community walk. Meet at the location decided upon by the class during the last session. We found it helpful to call and remind participants of the meeting location and to provide participants a map highlighting public transportation options and driving directions. If a participant believes he or she cannot find the location, you can plan to meet at the VA or clinic, and the participant can follow you to the location in his/her car. As a last resort, if participants are unable to reach the location on their own, you can reserve a government vehicle to transport them from the VA or clinic to the meeting location. We do not recommend this, as a goal of community integration is helping participants develop or enhance skills to successfully navigate the community. In our GMGW program, participants were always able to get to the location on their own, with many arranging to carpool.

As discussed during the last class, be ready to gently and positively challenge issues of mental-illness stigma. We have found that normalizing the act of going out as a group for a walk is an excellent way to increase comfort. We often discussed places community walking clubs meet and how our walking activities were no different from those of community walking clubs. We also reminded participants that they can identify themselves as members of a walking club without feeling a need to provide more information.

Identify a specific location where the group will meet to check-in after walking for 20 minutes. Participants can decide to walk in pairs, small groups, or alone. Facilitators should, periodically, walk with different groups or individuals. Conversations can focus on participant goals, the location, current events, or other things that are brought up by participants. Strive to create a pleasant and enjoyable atmosphere.

Assess participants' feelings about the walk and the location. In addition, the discussion should highlight that participants can, in the future, return to walk at the location without the facilitators. Discussions should also focus on potential barriers and ways to overcome challenges that may negatively impact the participants' use of the community location.

After walking for 40 minutes, again assess participants' mood with a verbal rating scale; and remind participants to work on their physical activity goals before the next class. The class should also decide on a location to meet to walk for the next session. Once class is dismissed, participants should be encouraged to continue walking, if they have time.

WEEK 11 • SESSION 2: OUTLINE

Session Goal: Walk at a community location for 40 minutes.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Verbally assess mood with a rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants are using pedometers and have added stretching to their daily or weekly routine.

V. Check-in with participants after walking for 20 minutes.

VI. Walk for an additional 20 minutes, and ask participants to decide on the location to meet for the next session.

VII. Assess mood again using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to work on their physical activity goals and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

IX. Seek participant feedback on the class session.

WEEKS 12-15

Exploring Community Activities - Get Moving

Both sessions of weeks 12, 13, 14, and 15 will follow the format of week 11, session 2. The goal is for participants to walk for approximately 40 minutes in a community location. Remember, if this is a telehealth class, this session will take a bit more planning.

Participants may need individual phone calls helping them plan their walking location each week and facilitators may need to provide examples or help them learn more about their communities. One purpose of these classes is to promote community integration, so assisting participants to identify new places, both indoors and out, for the walks will be important. And remember to continue frequent reminders to keep a comfortable pace with frequent rests during the activity. Facilitators can still check in individually with participants throughout class. A focus on time instead of distance will also be an important modification. Before reaching the halfway point of the walk time-wise, ask participants to turn around and head back to their starting point to increase the chance participants will end together regardless of their pace.

Strive to promote an enjoyable atmosphere by reminding participants to walk at their own pace and guiding the group to discuss goals, current events, etc. On session 2 of week 15, remind participants that week 16 will involve meeting in the classroom to review and complete the surveys (or telehealth phone or video appointments at home to review and complete surveys).

WEEKS 12-15: OUTLINE

Session Goal: Walk at a community location for 40 minutes.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants added stretching to their daily or weekly routine.

V. Check-in with participants after walking for 20 minutes.

VI. Walk for an additional 20 minutes, and ask participants to decide on the location to meet for class next session.

VII. Assess mood again using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Ask participants to update their physical activity goals at the start of each week and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

IX. Seek participant feedback on the class session.

WEEK 16

Session 1: Reviewing All That We Have Done and Learned

This session serves as a wrap-up of the first 16-week class cycle. As usual, begin class by assessing mood and updating goals. The class should engage in a brief warm-up by walking in place or dancing to two songs. Review the information that was shared during the class. Ask participants to provide examples or demonstrate, as appropriate. Review the following topics: benefits of physical activity, types of physical activity, setting up and using a pedometer, and stretching. Other topics might include the relationship between mood and physical activity, ways to appropriately engage in physical activity despite chronic pain, identifying opportunities for physical activity despite neighborhood barriers, and community resources for walking. Participants should spend approximately 10 to 15 minutes demonstrating the stretches that they continue to use. Prior to ending class, assess mood again and discuss any changes. Also, remind participants to work on goals when not in class.

WEEK 16 • SESSION 1: OUTLINE

Session Goal: Review.

I. Provide time for informal socializing.

II. Set the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

V. Walk or dance to two songs to keep a focus on physical activity.

VI. Ask participants to take turns presenting and demonstrating what they have learned about the various topics that have been reviewed in class. Take time to praise correct information, and gently clarify inaccurate information.

VII. Assess mood again using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to update physical activity goals and come to the next class prepared to discuss their progress.

   b. Encourage continued stretching and use of pedometers.

IX. Seek participant feedback on the class session.

WEEK 16

Session 2: Surveys and Class-Completion Certificates

This session focuses on distributing class-completion certificates and surveys. Class should begin with an update on goals, followed by a statement of appreciation for the commitment participants made to the class. Each individual who participated in the program should be given a certificate of completion.

Prior to distributing the surveys, inform participants when the 8-week class cycle focused on community integration will begin (date, time, and location). Encourage participants to continue working on physical activity goals during the break. Allow approximately 45 minutes for participants to complete surveys. If a participant is unable to complete the surveys by the end of class, you can give him/her the option to stay longer or to make an appointment to complete the survey at another time.

If completing these surveys by video or phone, individual appointments for completion are highly recommended and certificates can be mailed.

WEEK 16 • SESSION 2: OUTLINE

Session Goal: Present class-completion certificates and complete surveys.

I. Provide time for informal socializing.

II. Set the agenda for this session.

III. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

IV. Present class-completion certificates (see Appendix K).

V. Provide participants the date, time, and meeting location for the first meeting of the next class cycle.

VI. Distribute surveys and provide 45 minutes for completion. Provide those who are unable to complete the surveys the option of staying after class or making an appointment to complete the surveys another time.

GMGW CLASS PLAN: PART II

This section provides instructions for Part II of GMGW. You can provide GMGW participants a class plan during the first session that provides a description of the goals of the program, contact information for facilitators, class guidelines, and a general overview of the 8-week session. You may have noted that we changed Part II from 12 weeks to 8 weeks. With the addition of extra sessions in Part I, we decided to keep the final class count to 24. A sample class plan that can be used is included in Appendix C.

Please note that Part II of GMGW is the follow-up cycle focused on community integration and intended for participants who have completed Part I. Part II of the GMGW program is designed to be delivered in 60-minute classes scheduled twice a week for 8 weeks.

Remember, if this is a telehealth class, these sessions will take a bit more planning and we recommend at least two facilitators. Once again, please seek approval from your supervisor and program leaders prior to implementing this program during times of public health concern (e.g., COVID-19). If you are provided leadership approval for a virtual group, participants may need individual phone calls helping them plan their walking location each week and facilitators may need to provide examples or help them learn more about their communities. The purpose of Part II of GMGW is to promote community integration, so assisting participants to identify new places, both indoors and out, for the walks will be important. And remember to continue frequent reminders to keep a comfortable pace with frequent rests during the activity. Facilitators can still check in individually with participants throughout class. A focus on time instead of distance will also be an important modification. Before reaching the halfway point of the walk time-wise, ask participants to turn around and head back to their starting point to increase the chance participants will end together regardless of their pace.

GMGW CLASS PLAN: PART II

1-1

WEEK 1

Session 1: Introduction, Physical activity Goals and Walking Locations

This first class serves as an introduction to part II of GMGW and should begin with a review of the class plan (see Appendix C) and reminder of confidentiality and other class guidelines. Also, this class session focuses on updating or changing personal physical activity goals that participants set in Part I of GMGW and on selecting locations to walk in the community. Facilitators should emphasize that GMGW is designed to increase physical activity and improve wellness. As such, the physical activity goal should not include a focus on weight loss. Participants should be guided to develop SMART (Specific, Measurable, Achievable, Realistic and Time based) physical activity goals. As in Part I, this may be best completed individually if class is held virtually.

Prior to the class, you should have identified several walking locations in the community to share with the class. During class, ask participants to suggest locations to walk that they would prefer to include as part of the class. With the class, develop a walking schedule with identified meeting locations. Provide paper to participants so that they can write the locations and dates. This is important for telehealth classes as well. Individual appointments may be needed to assist participants in identifying walking opportunities in their communities.

End the class by reminding participants to meet at the specified location for the next session. Also, remind participants to dress in clothes appropriate for physical activity. In addition, participants should begin working on their physical activity goal and come to the next class prepared to discuss their progress.

GMGW CLASS PLAN: PART II

1-1

WEEK 1 • SESSION 1: OUTLINE

Session goal: Provide an overview of the class, update physical activity goals, and identify walking locations.

I. Provide time for informal socializing.

II. Review the class plan (overview of the class and class guidelines, including a discussion of confidentiality and its limits).

III. Update or change physical activity goals.

IV. Develop class walking location schedule.

V. Review out-of-session assignment:

   a. Ask participants to come to the next session dressed in comfortable clothes that are appropriate for physical activity.

   b. Remind the class about the next meeting location.

   c. Provide the number to call if they are unsure where to go or cannot attend class.

   d. Encourage participants to update their physical activity goals, use pedometers, and stretch.

WEEKS 1 • SESSION 2 — WEEK 7 • SESSION 2:

Walking in the community

Weeks 2 through 7 are presented in a different manner, as the class will be meeting, each session, in the community to walk.

Local trails, parks, downtown areas, museums, malls, and large retail stores are all good walking locations. Our GMGW group even walked at the zoo. We have found that organizations are very happy to accommodate a walking group. Follow the same principles to protect the participants' personal information for arranging places to walk as when arranging for a guest facilitator. We recommend that, when you talk with community organizations, you explain that you are calling on behalf of a walking group and that participants are interested in walking at their site. Do not disclose any diagnostic or program-related information. If a participant is making the arrangements, make sure he or she follows the same guidelines. If asked for more information by a community contact, it is not dishonest to say that participants are trying to develop healthier habits by walking together in the community.

When you go for walks, take advantage of opportunities to reinforce the health benefits of walking and help with problem solving any challenges that may come up. Briefly review goals with individuals as they walk. At the beginning of the class, find a convenient location to briefly assess mood and update progress on goals. Keep these check-ins fun and relaxed. Remind participants to stop and rest whenever needed. Encourage participants to alert a facilitator if they feel pain. Toward the end of the session, reassess mood; and remind participants to update and continue to work on goals.

Remember, if this is a telehealth class, this session will take a bit more planning. Participants may need individual phone calls helping them plan their walking location each week and facilitators may need to provide examples or help them learn more about their communities. Also keep in mind that going to different locations is a goal of Part II. Community integration is a primary goal, so assisting participants to identify new places, both indoors and out, for the walks will be important. And remember to continue frequent reminders to keep a comfortable pace with frequent rests during the activity. Facilitators can still check in individually with participants throughout class. A focus on time instead of distance will also be an important modification. Before reaching the halfway point of the walk time-wise, ask participants to turn around and head back to their starting point to increase the chance participants will end together regardless of their pace.

Strive to promote an enjoyable atmosphere by reminding participants to walk at their own pace and guiding the group to discuss goals, current events, etc. On session 2 of week 7, remind participants that week 8 will involve meeting in the classroom to review and complete the surveys (or telehealth phone or video appointments at home to review and complete surveys).

WEEKS 1 • SESSION 2 — WEEK 7 • SESSION 2: OUTLINE

Session Goal: Walk at a community location for 40 to 50 minutes.

I. Provide time for informal socializing.

II. Review the agenda for this session.

III. Assess mood using verbal rating scale.

IV. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

   c. Check to see whether participants are stretching.

V. Check-in with participants after walking for 20 minutes.

VI. Complete the walk, and remind participants of the walking location for the next session.

VII. Assess mood again using the verbal rating scale and discuss any changes.

VIII. Review out-of-session assignment:

   a. Ask participants to come to the next class session in comfortable clothes that are appropriate for physical activity.

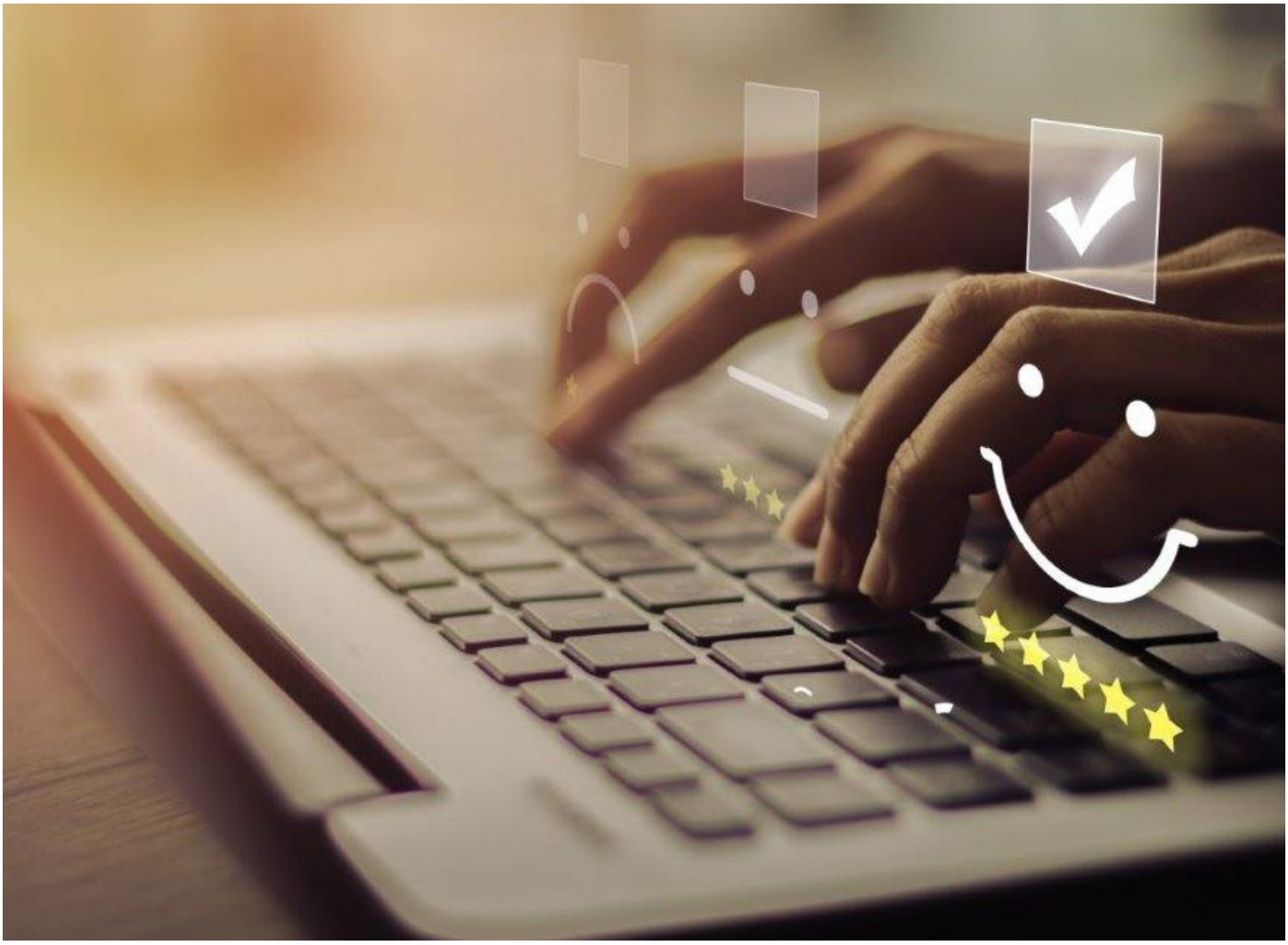
   b. Ask participants to update their physical activity goals the first session of each week, work on goals throughout the week, and come to the next class prepared to discuss their progress. Encourage use of pedometers and stretching.

IX. Seek participant feedback on the class session.

WEEK 8

Session 1: Completion of Surveys

Class should begin with an update on goals, followed by distribution of surveys. Completing surveys during this session allows the next and final GMGW class session to focus on celebrating accomplishments. Allow 45 minutes for participants to complete surveys. Remind participants to continue to work on goals and to be prepared to share their progress during the next class. If completing these surveys by video or phone, individual appointments for completion are highly recommended.



WEEK 8 • SESSION 1: OUTLINE

Session Goal: Complete surveys.

I. Provide time for informal socializing.

II. Set the agenda for this session.

III. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

IV. Distribute surveys and provide 45 minutes for completion. Provide those who are unable to complete the surveys with the option of staying after class or making an appointment to complete the surveys another time.

V. Review out-of-session assignment:

   a. Ask participants to update their physical activity goals and come to the next class prepared to discuss their progress. Encourage use of pedometers.

WEEK 8

Session 2: Reviewing All That We Have Done and Learned

This is the last class of the GMGW program. Use this time to review past sessions and celebrate successes. Discuss progress on goals, and encourage participants to continue working on them after the class is over.

Be sure to ask participants to share what they have learned, how they have made changes in their lives, what they liked and disliked, etc. Take time to celebrate individual accomplishments!

Distribute class-completion certificates (mail these beforehand if you are delivering GMGW by telehealth), and thank participants for their commitment to GMGW. Encourage participants to discuss ways that they will continue to increase physical activity in their daily lives. You can begin a walking club for alumni of GMGW that meets once a week to walk in the community. Another option is to encourage participants to develop their own walking club that is independent of GMGW.

WEEK 8 • SESSION 2: OUTLINE

Session Goal: Review and distribute class-completion certificates.

I. Provide time for informal socializing.

II. Set the agenda for this session.

III. Use Weekly Check-in form to discuss progress on goals.

   a. Congratulate those meeting/exceeding their goal.

   b. Help participants find solutions to barriers and challenges.

IV. Ask participants to share what they have learned during Part I and Part II of GMGW. Praise participants for their progress.

V. Distribute class-completion certificates. Thank participants for their commitment to GMGW.

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APPENDICES

Appendix A. Sample Progress Note

Appendix B. Recruitment Advertisement

Appendix C. Class Plan

Appendix D. Benefits of Regular Physical Activity

Appendix E. Barriers to Physical Activity

Appendix F. Types of Physical Activity

Appendix G. How Hard Should I Exercise?

Appendix H. Weekly Check-in form

Appendix I. Coping with Pain

Appendix J. Neighborhood Environment Walkability Scale (NEWS)

Appendix K. Class Completion Certificate

SAMPLE PROGRESS NOTE

Mr. /Mrs./Ms. X has requested to participate in a class, Get Moving and Get Well. This class will meet twice a week and include 20 to 30 minutes of slow to moderate walking at a pace comfortable for the participant. There will also be light stretching and demonstration of some other light to moderate exercises like yoga and tai chi. Participants will be given a pedometer and encouraged to walk for exercise outside of class. Please sign this note if you approve of this individual's participation and indicate in an addendum if there are any concerns or restrictions on his/her activity.

NEW CLASS

Get Moving and Get Well

WHAT WILL WE DO IN CLASS?

- Get physically active by walking, stretching, and trying new things.
- Have fun

HOW OFTEN WILL WE MEET?

- Twice a week
- 60 minutes each class
- For about 6 months (24 weeks)

FOR MORE INFORMATION CONTACT
[FIRST & LAST NAME] AT [000-111-2222]

APPENDIX C

GMGW Class Plan

Purpose: This class is for anyone who would like to increase physical activity. We will try simple and affordable ways to increase physical activity. During the class, you will walk, stretch, dance to music, and try new things like yoga and mindful walking.

Facilitators: _____ will be the instructors for the class.

When we meet: [insert day of the week] and [insert day of the week] from [insert time] to [insert time].

Where we will meet: Most weeks we will meet _____. There are a few weeks that we will meet at different locations in the community.

Things we need you to do:

- Make a commitment to try out different ways to increase physical activity.
- Set personal goals to increase activity.
- Dress comfortably.
- Be safe. If it hurts, you should not do it. Communicate about any discomfort or pain to the class facilitators.
- Come to class twice a week for 16 weeks (this adds up to four months).
  - » Consider attending the next part of the class for 8 more weeks.
- Call [insert name and number] in advance if you are unable to attend class.
- Complete in- and out-of-session assignments. The progress you make is up to you. The more you put in, the more you will get out of it.
- Have fun!

APPENDIX C

Class Guidelines

The purpose of these guidelines is to create an open and respectful environment that is safe for sharing and learning.

1. We want to help everyone feel comfortable sharing information in this class. We are asking all participants to agree to maintain confidentiality. This means what is said in class must remain in class. We cannot guarantee that all participants will always keep confidentiality, so we ask you to think carefully about the information you choose to share in group. The class facilitators will keep your confidentiality and will discuss the limits of confidentiality with you on the first day of class.

2. Treat participants and facilitators with respect. It is good to first think: "Would I want to be treated the way I am treating someone else?"

3. There is always the chance that you may feel uncomfortable in class. Remember to let facilitators know if you feel very tired, feel discomfort or pain. If you feel you need to take a break, you can do so quietly without disrupting the class. If you need support or assistance, please ask one of the facilitators to talk with you privately outside class. Try to do this in a way that is not disruptive to other class members.

4. Listen to your body. If it is in pain, let the class facilitators know.

5. Talk to your doctor about pain or problems that come up.

6.

7.

APPENDIX C

Weekly Class Schedule

Week	Focus
Date Week 1, session 1	• Introductions • Complete surveys
Date Week 1, session 2	•
Date Week 2, session 1	•
Date Week 2, session 2	•
	•
	•
	•
	•

APPENDIX D

Benefits of Regular Physical Activity

- Helps you manage your weight
- Reduces your risk of coronary heart disease
- Reduces your risk of stroke
- Decreases blood pressure
- Reduces your risk of colon cancer
- Helps prevent and control diabetes
- May decrease “bad” (LDL) cholesterol and raise “good” (HDL) cholesterol
- Helps you sleep better
- Strengthens bones, reduces pain, and helps prevent injury
- Increases muscular strength and endurance
- Increases flexibility and range of motion
- Improves your mood
- Reduces stress and depression
- Improves self-esteem
- Makes you feel better

APPENDIX E

Barriers to Physical Activity

Ever feel like something always gets in the way of doing physical activity? Here is a list of some common barriers to physical activity, along with ideas for how to overcome them.

Do you feel self-conscious about your weight and being seen by others? Being physically active makes you feel healthy and good about yourself almost immediately. Consider joining men- or women-only gyms or working with a trainer one-on-one. Once you feel good, it's easy not to worry so much about how you look. You'll be surprised how supportive people will be.

Have you had little practice or a bad experience with physical activity in the past? Start slowly with something that you like. If you joined a gym before and hated it, then try something totally different, like walking with a friend or taking dance classes. You don't have to be a gym rat to be successful at physical activity.

Not in the mood to exercise or have little motivation? When you exercise, your mood almost always improves. Once you start moving you usually become motivated to do more because it makes you feel good and increases energy. Next time you're not in the mood, try some physical activity.

Does the hot or cold weather stop you from being physically active? You don't have to exercise outdoors. There are lots of activities you can do inside. You can walk at a mall; get an exercise tape from the local library; use items around the house for strength training, such as canned food or water bottles; join the local gym or participate in community classes; use active video games; or put on some music and dance.

APPENDIX E

Can't find the time to be physically active?
Every bit of activity helps. Spreading exercise over the day in several 10-minute bouts works just as well as exercising all at once. Add physical activity to other daily routines. For example, walk to the store, take the stairs, park farther away and walk, or exercise at your desk or while watching TV. Schedule physical activity just like a doctor's appointment or get together with a friend. Make it a priority.

Isn't exercising expensive? There are many of physical activities you can do at little or no cost. Consider walking, using household items for weights, working in the yard, doing free or low-cost community events, or borrowing exercise or dance videos from the library.

Think physical activity will make your pain worse? In most cases, regular physical activity reduces pain over time.

Are you afraid of getting hurt? Learn how to warm up and cool down to prevent injury. Choose activities that are appropriate for you by working with a physical activity specialist and choose activities that you are comfortable doing. Consult your primary care team if pain is severe or persistent.

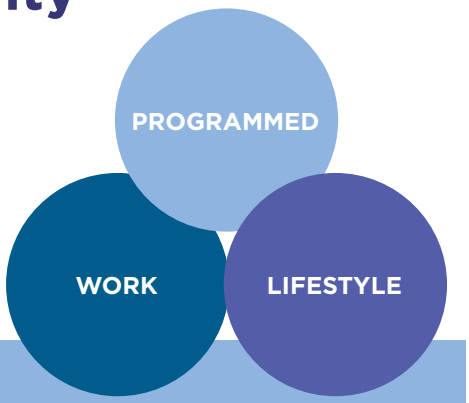
Feel like you have no support? Ask for help from family and friends. Find a physical activity buddy.

Does stress get in the way of physical activity? Stress does not have to stop you from being physically active. In fact, being active is a good way to relieve some stress. If you need more help, ask your MOVE!® team.

APPENDIX F

Types of Physical Activity

Programmed, Lifestyle, and Work physical activity all build upon each other. They help meet physical activity goals, reduce boredom, and keep both mind and body challenged! These activities help weight management and benefit your health. Here are some examples of each type of activity. Find areas where you can add or improve.



PROGRAMMED ACTIVITIES

Aerobic Activities:

- Walking
- Jogging
- Stair climbing
- Swimming
- Water walking
- Water aerobics
- Gardening
- Dancing (any type)
- Aerobics classes
- Bicycling
- Roller or ice skating
- Snow skiing
- Chair exercises
- Machines
  - » Treadmill
  - » Stationary bike
  - » Rowing machine
  - » Ski machine
  - » Elliptical trainer
- Sports
  - » Basketball
  - » Tennis
  - » Golf

Strength Activities:

- Free weights
- (dumbbells)
- Resistance tubes
- & bands
- Circuit machines
- Pilates
- Conditioning exercises
- Medicine balls

Flexibility Activities:

- Stretching
- Yoga
- Tai Chi

WORK ACTIVITIES

- Take the stairs instead of the elevator
- Stand up while you're talking on the telephone
- Walk down the hall to talk to a co-worker instead of picking up the telephone or sending an e-mail
- Walk during your lunch break
- Keep a resistance band or stability ball in your office

LIFESTYLE ACTIVITIES

- Walk or ride a bicycle for trans-portation instead of car or bus
- Mow the grass, rake the leaves, weed the garden
- Get off the bus one stop early, and walk the rest of the way
- Walk every hole if you play golf
- Walk the dog; if you don't have one, borrow someone else's
- Do some extra laps when you are shopping at the mall
- Chop or split wood
- Wash your car
- Vacuum often
- March in place during
- TV commercials

APPENDIX G

How Hard Should I Exercise?

Increasing physical activity improves health and fitness. It is also a key to successfully managing your weight. What is easy for one person may be hard for another. Listen to your body. You are the best judge of how hard you should exercise. Start slowly and build on your physical activity program. Here are some terms you are likely to hear:

"MODERATE-INTENSITY PHYSICAL ACTIVITY"

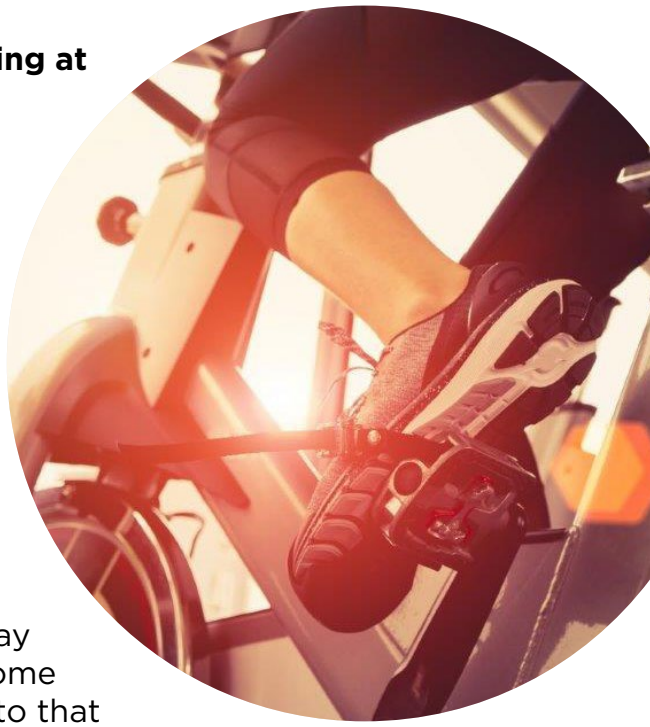
- This is how hard you need to exercise for health benefits.
- These physical activities make you breathe a little harder and sweat lightly.
- There are activities you feel you could do for up to 45 minutes. This does not mean that you have to do the activity for this long – just that you feel you could.
- Examples include brisk walking, bicycling on flat ground, dancing, and carrying or stacking wood.

"VIGOROUS-INTENSITY PHYSICAL ACTIVITY"

- These physical activities make you breathe hard, make your heart beat fast, and make you sweat.
- Examples include running, aerobics classes, swimming laps, racquet sports, and shoveling.

APPENDIX G

Use the following to help you decide if you are exercising at the right intensity:



TALK TEST: During moderate-intensity exercise, you should be able to talk with a friend. If you cannot talk comfortably, you are exercising at a vigorous level. If you are just starting to exercise, begin with light- or moderate-intensity activities and build up.

BORG SCALE: Use this scale to rate how hard you are exercising. Aerobic activities should be done at level 13, or somewhat hard. Strength activities should be done at levels 15–17, or hard to very hard. You can gradually make activities harder as you become more fit. Activities that used to be hard will become easier over time. For example, slow walking on level ground may be a level 13 effort for you in the beginning. As you become more fit, it may take brisk walking up a slight hill to get to that same level 13 effort.

THE BORG CATEGORY RATING SCALE

Least Effort		
6		
7	very, very light	
8		
9	very light	
10		
11	fairly light	**Aerobic Training Zone**
12		
13	somewhat hard	
14		
15	hard	**Strength Training Zone**
16		
17	very hard	
18		
19	very, very hard	
20		
Maximum Effort		

APPENDIX H

Weekly Check in

Name: _____

Date: _____

How many steps did you walk last week?_____

How many miles did you walk last week? _____

How many days did you walk last week, not including the VA? _____

Where did you walk?

_____

_____

_____

What time of day did you walk (e.g., morning, afternoon, evening)?

_____

_____

_____

What progress have you made on your physical activity goal?

_____

_____

_____

What changes do you want to make to your physical activity goal? Remember to make sure that it is a S.M.A.R..T. goal: Specific, Measurable, Achievable, Realistic, and Time-Based.

_____

_____

_____

Coping With Pain

Pain often gets in the way of being physically active.

Here are several tips:

- Talk with your health care provider about options for managing your pain.
- Maintain a positive outlook and make the most of every day.
- Your body is designed to move. Being inactive is a known cause of pain.
- Being active and in shape may reduce or prevent pain. If an activity increases your pain, talk with your health care team.
- Exercise causes the body to produce endorphins, which are natural pain relievers.
- Water activities can be helpful for people with joint and muscle pains. Classes are offered at many local centers or pools.
- Space activities out so that you don't overdo it. If you haven't been doing any exercise, start slowly and increase gradually.
- Pain is often reduced by relaxing and stretching.
- Relaxation tools can be found at bookstores and libraries, online, and as mobile applications, like *Breathe2Relax*.
- Self-help books on managing pain can be found at bookstores and libraries.

APPENDIX J

ID# _____ Date _____

Neighborhood Environment Walkability Scale (NEWS)

We would like to find out more information about the way that you perceive or think about your neighborhood. Please answer the following questions about your neighborhood and yourself. Please answer as honestly and completely as possible and provide only one answer for each item. There are no right or wrong answers and your information is kept confidential.

A. TYPES OF RESIDENCES IN YOUR NEIGHBORHOOD

Among the residences in your neighborhood...

1. How common are detached single-family residences in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

2. How common are townhouses or row houses of 1-3 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

3. How common are apartments or condos 1-3 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

4. How common are apartments or condos 4-6 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

5. How common are apartments or condos 7-12 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

6. How common are apartments or condos more than 13 stories in your immediate neighborhood?

1	2	3	4	5
None	A few	Some	Most	All

B. Stores, facilities, and other things in your neighborhood

About how long would it take to get from your home to the nearest businesses or facilities listed below if you walked to them? Please put only one check mark (√) for each business or facility.

	1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
example: gas station	1.____	2.____	3.__✓__	4.____	5.____	8.____
1. convenience/small grocery store	1.____	2.____	3.____	4.____	5.____	8.____
2. supermarket	1.____	2.____	3.____	4.____	5.____	8.____
3. hardware store	1.____	2.____	3.____	4.____	5.____	8.____
4. fruit/vegetable market	1.____	2.____	3.____	4.____	5.____	8.____

		1-5 min	6-10 min	11-20 min	21-30 min	31+ min	don't know
5.	laundry/dry cleaners	1.____	2.____	3.____	4.____	5.____	8.____
6.	clothing store	1.____	2.____	3.____	4.____	5.____	8.____
7.	post office	1.____	2.____	3.____	4.____	5.____	8.____
8.	library	1.____	2.____	3.____	4.____	5.____	8.____
9.	elementary school	1.____	2.____	3.____	4.____	5.____	8.____
10.	other schools	1.____	2.____	3.____	4.____	5.____	8.____
11.	book store	1.____	2.____	3.____	4.____	5.____	8.____
12.	fast food restaurant	1.____	2.____	3.____	4.____	5.____	8.____
13.	coffee place	1.____	2.____	3.____	4.____	5.____	8.____
14.	bank/credit union	1.____	2.____	3.____	4.____	5.____	8.____
15.	non-fast food restaurant	1.____	2.____	3.____	4.____	5.____	8.____
16.	video store	1.____	2.____	3.____	4.____	5.____	8.____
17.	pharmacy/drug store	1.____	2.____	3.____	4.____	5.____	8.____
18.	salon/barber shop	1.____	2.____	3.____	4.____	5.____	8.____
19.	your job or school	1.____	2.____	3.____	4.____	5.____	8.____

[check here _____ if do not have work away from home or do not attend school]

20.	bus or trolley stop	1.____	2.____	3.____	4.____	5.____	8.____
21.	park	1.____	2.____	3.____	4.____	5.____	8.____
22.	recreation center	1.____	2.____	3.____	4.____	5.____	8.____
23.	gym or fitness facility	1.____	2.____	3.____	4.____	5.____	8.____

C. ACCESS TO SERVICES

Please circle the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

1. I can do most of my shopping at local stores.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Stores are within easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. Parking is difficult in local shopping areas.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. There are many places to go within easy walking distance of my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. It is easy to walk to a transit stop (bus, train) from my home.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. The streets in my neighborhood are hilly, making my neighborhood difficult to walk in.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

7. There are many canyons/hillsides in my neighborhood that limit the number of routes for getting from place to place.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

D. STREETS IN MY NEIGHBORHOOD

Please circle the answer that best applies to you and your neighborhood.

1. The streets in my neighborhood do not have many, or any, cul-de-sacs (dead-end streets).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. There are walkways in my neighborhood that connect cul-de-sacs to streets, trails, or other cul-de-sacs.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. The distance between intersections in my neighborhood is usually short (100 yards or less; the length of a football field or less).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. There are many four-way intersections in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. There are many alternative routes for getting from place to place in my neighborhood. (I don't have to go the same way every time.)

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

E. PLACES FOR WALKING AND CYCLING

Please circle the answer that best applies to you and your neighborhood.

1. There are sidewalks on most of the streets in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. The sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. Sidewalks are separated from the road/traffic in my neighborhood by parked cars.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. There is a grass/dirt strip that separates the streets from the sidewalks in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

F. NEIGHBORHOOD SURROUNDINGS

Please circle the answer that best applies to you and your neighborhood

1. There are trees along the streets in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Trees give shade for the sidewalks in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. There are many interesting things to look at while walking in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. My neighborhood is generally free from litter.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. There are many attractive natural sights in my neighborhood (such as landscaping, views).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. There are attractive buildings/homes in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

G. SAFETY FROM TRAFFIC

Please circle the answer that best applies to you and your neighborhood.

1. There is so much traffic along the street I live on that it makes it difficult or unpleasant to walk in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. The speed of traffic on the street I live on is usually slow (30 mph or less).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. The speed of traffic on most nearby streets is usually slow (30 mph or less).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. Most drivers exceed the posted speed limits while driving in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. There are crosswalks and pedestrian signals to help walkers cross busy streets in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

7. The crosswalks in my neighborhood help walkers feel safe crossing busy streets.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

8. When walking in my neighborhood, there are a lot of exhaust fumes (such as from cars, buses).

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

H. SAFETY FROM CRIME

Please circle the answer that best applies to you and your neighborhood.

1. My neighborhood streets are well lit at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

2. Walkers and bikers on the streets in my neighborhood can be easily seen by people in their homes.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

3. I see and speak to other people when I am walking in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

4. There is a high crime rate in my neighborhood.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

5. The crime rate in my neighborhood makes it unsafe to go on walks during the day.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

6. The crime rate in my neighborhood makes it unsafe to go on walks at night.

1	2	3	4
strongly disagree	somewhat disagree	somewhat agree	strongly agree

APPENDIX J

I. NEIGHBORHOOD SATISFACTION

Below are things about your neighborhood with which you may or may not be satisfied. Using the 1-5 scale below, indicate your satisfaction with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 5-point scale is as follows:

1 = strongly dissatisfied

2 = somewhat dissatisfied

3 = neither satisfied nor dissatisfied 4 = somewhat satisfied

5 = strongly satisfied

How satisfied are you with...

(example) __3_the number of pedestrian cross-walks in your neighborhood ?

a. _____the highway access from your home?

b. _____the access to public transportation in your neighborhood?

c. _____your commuting time to work/school?

d. _____the access to shopping in your neighborhood?

e. _____how many friends you have in your neighborhood?

f. _____the number of people you know in your neighborhood?

g. _____how easy and pleasant it is to walk in your neighborhood?

h. _____how easy and pleasant it is to bicycle in your neighborhood?

i. _____the quality of schools in your neighborhood?

j. _____access to entertainment in your neighborhood (restaurants, movies, clubs, etc.)?

k. _____the safety from threat of crime in your neighborhood?

l. _____the amount and speed of traffic in your neighborhood?

m. _____the noise from traffic in my neighborhood?

n. _____the number and quality of food stores in your neighborhood?

o. _____the number and quality of restaurants in your neighborhood?

p. _____your neighborhood as a good place to raise children?

q. _____your neighborhood as a good place to live?

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