

HEALTH-ENHANCEMENT PROGRAM (HEP) GUIDELINES

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Author Roles

D.M.: HEP design, writer, coordination, intervention research, co-investigator; J.S.: HEP design, functional movement and physical activity expert, section writer, coordination; R.D.: Consultant, co-investigator, senior scientist; C.S.: Program Officer and Project Scientist; P.Y.: Music therapy expert, section writer; J.T.: Nutrition expert, section writer; A.L.: HEP design, primary investigator.

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Note for Researchers

Future investigations aiming to describe the specific effects of mindfulness meditation outcomes must be designed to include bona fide control groups, either alone or in combination with waitlist controls. In particular, it is important to underscore that the appropriateness of the control condition in any study is entirely dependent on the questions being tested and the outcomes being measured. Thus, HEP is not necessarily an ideal control condition for all studies of MBSR, but may be a good one for those studies designed to test specific effects of mindfulness.

With respect to HEP, it is important to note that there are two ways to replicate HEP as a control condition: by honoring the (1) letter of the guidelines or (2) the spirit of HEP. We suggest not sacrificing the latter through undue concentration on the former. It is the latter that we regard as most important. Further details meant to guide future researchers are included below.

HEALTH-ENHANCEMENT PROGRAM (HEP): **GUIDELINES PREAMBLE**

The goal of the Health Enhancement Program (HEP) was to create an active control condition for the study of Mindfulness Based Stress Reduction (MBSR). Ideally, such a control would be identical to MBSR but would be missing the mindfulness component.

Approaching that goal meant addressing the following priorities:

- (1) The creation of a program that has real health benefits for participants. We arduously guarded against the creation of a “sham” treatment. In addition to making this a strong test of MBSR, it had the additional benefit of retaining participants.
- (2) Matching MBSR
 - a. Teachers first, content second. We hired excellent teachers who believe in and are dedicated to the practices they teach. Teachers were in charge of designing their classes with as little intervention from researchers as was needed to meet other study goals.
 - b. Flexible application of class material while maintaining as much similarity in repeated class offerings as possible. It would have been easier to create a manual and have teachers follow it closely; instead, we created “guidelines” in cooperation with the MBSR and HEP instructors that outlined their plan in clear detail but also allowed and encouraged minor changes as judged necessary by instructors for effective teaching. This element was judged to be critical in MBSR and was thus included in HEP as well.

This spirit is embodied in the second paragraph of the MBSR Guidelines Preamble, pasted here: “The class outline included in these guidelines includes all core elements listed below and reflects the general plan for the current study’s MBSR class as taught by Katherine Bonus, M.A. and Cindy McCallum. Some minor changes may occur during the intervention, such as the length of the discussion period, or the order of some of the modules. These changes reflect the need for the MBSR teachers to address with flexibility the difficulties of a given group as revealed during the group discussions. These minor changes will not change the core course of the program listed below and are an inherent feature of the MBSR intervention. These changes will be documented after each class and will be summarized after the intervention in an addendum.”

- c. Structural equivalence. MBSR and HEP shared the same amount of class and homework time.
- d. Social support. The group format was the chief way social support was encouraged. In addition, the HEP classes always contained a “check-in” period and instructors were encouraged to use the group to help each other learn class material and meet obstacles to making appropriate changes in life routines, etc.
- e. Physical activity. For example, walking is included in HEP just as it is in MBSR. Physical stretching and movement match to some degree what occurs in Yoga. The music therapy component included an exercise that matched the body scan in several ways. The nutrition component included didactic material and reading similar to MBSR.
- f. Lead instructor + assistant format. To achieve other constraints, we decided to have three HEP instructors instead of two. We retained, however, a common lead facilitator as practiced in MBSR.

- g. Teacher peer-supervision. MBSR teachers normally meet weekly as a group to talk about challenges they are facing in their current classes, share ideas with each other, and debrief. Thus, HEP teachers also met weekly to match this component of MBSR.
- (3) Avoiding HEP teachers and content related to mindfulness or other contemplative traditions (e.g., yoga, tai chi). For example, MBSR engages in physical activity in the form of walking and yoga, but the emphasis is always on bringing awareness to emotions, cognitions, and physical sensations while engaged in these activities. HEP's functional movement and physical activity components (which included walking) were primarily focused on the physical benefits of moving the body. While some awareness is involved (e.g., learning how to move one's body correctly in functional movement certainly requires some awareness of this process), the level of awareness did not go beyond the level advocated by any conscientious physical trainer.

A Balancing Act: Valid vs. Replicable & Generalizable

One of the largest challenges in conducting this research from our perspective is that of balancing validity, on the one hand, with replicability and generalizability on the other. In the name of the latter two admirable goals, one could create a class recipe or script, and hire graduate student instructors to follow the script mindlessly. Reducing Mindfulness Based Stress Reduction (MBSR) to a script would risk producing replicable and generalizable results for an intervention that has little relation to mindfulness, the active ingredient we are interested in measuring. Thus, an active control condition for MBSR must also not be reduced to a script.

Did HEP achieve structural equivalence to MBSR?

Results suggest that MBSR and HEP were equivalent in many important ways (see MacCoon, et al., 2011).

Section Reference

MacCoon, D.G., Imel, Z.E., Rosenkranz, M.A., Sheftel, J.G., Weng, H.Y., Sullivan, J.C., Bonus, K.A., Stoney, C.M., Salomons, T.V., Davidson, R.J., Lutz, A. (in press). The validation of an active control intervention for Mindfulness Based Stress Reduction (MBSR). Behaviour Research and Therapy.

HEALTH-ENHANCEMENT PROGRAM: QUALIFICATIONS AND RECOMMENDED GUIDELINES FOR PROVIDERS

Nutrition

The following Standards of Practice were developed to guide the practice of Nutrition.

1. Complete a minimum of a bachelor's degree at a U.S. regionally accredited university or college and course work approved by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association (ADA).
2. Complete a CADE-accredited supervised practice program at a healthcare facility, community agency, or a foodservice corporation, or combined with undergraduate or graduate studies. Preferably, a program running 6-12 months.
3. Pass a national examination administered by the Commission on Dietetic Registration (CDR).
4. Complete continuing professional educational requirements to maintain registration.
5. Hold an additional certification in nutritional programming for integrative medicine.

For more background information about Nutrition experts, go to:

American Dietetic Association
120 South Riverside Plaza
Suite 2000
Chicago, Illinois 60606-6995
(800)-877-1600
<http://www.eatright.org>

Julie Thurlow, DrPH, RD, CD, the instructor for the nutrition component of HEP, meets or exceeds these standards.

Physical Activity & Functional Movement

The following Standards of Practice were developed to guide the practice of Physical Activity (PA). An exercise physiologist who is committed to the highest standard of care will serve as a role model by practicing exemplary behaviors when working with customers and colleagues. Cooperation with other experts is expected while at the same time assuming teaching responsibilities are integral to the success of this program. The program serves a diverse clientele and problems encountered can be challenging and require a high level of independence in decision making. Creativity, innovation and good communication skills are necessary. A high degree of organizational and interpersonal skills is required for the position.

The PA expert is capable of performing the following clinical responsibilities as needed:

- Masters degree in exercise science, exercise physiology, kinesiology or related field
- Extensive work experience in a hospital based health/fitness facility
- Two years cumulative clinical experience in broad based programming – fitness, cardiac rehab, integrative medicine
- Risk assessment to determine appropriateness and readiness for lifestyle enhancement
- Administer submaximal and maximal exercise test on low and high risk populations
- Demonstrate mastery in the use of testing equipment, protocol selection, indications and contraindications, and termination criteria for exercise testing

- Record, analyze, and interpret results of tests and prepare appropriate lifestyle recommendations
- Demonstrate mastery in utilizing psychological interviewing skills to mentor clients as they seek to adopt a healthier lifestyle
- Nationally recognized certification in lifestyle coaching curriculum – completed or in process
- Experience working with a wide array of the public
- Excellent communication and interpersonal skills with both individuals and groups
- Current Health Care Provider CPR-BLS certification or higher

For more background information about Physical Activity experts, go to:

The American College of Sports Medicine
P.O. Box 1440
Indianapolis, IN 46206-1440
(317) 637-9200, (317) 634-7817 (Fax)
<http://www.acsm.org>

Jude Sullivan, the instructor for the physical activity and functional movement components of HEP, meets or exceeds these standards.

Music Therapy

Persons who complete one of the approved college music therapy curricula (including an internship) are then eligible to sit for the national examination offered by the Certification Board for Music Therapists. Music therapists who successfully complete the independently administered examination hold the music therapist-board certified credential (MT-BC).

The National Music Therapy Registry (NMTR) serves qualified music therapy professionals with the following designations: RMT, CMT, ACMT. These individuals have met accepted educational and clinical training standards and are qualified to practice music therapy. www.musictherapy.org

The recertification cycle is a five-year period following successful completion of the music therapy board certification examination, during which the Music Therapist-Board Certified (MT-BC) must fulfill requirements for recertification to assure continued competence in music therapy. The end of the cycle corresponds to the expiration date of the certificant's current certificate, issued by the Certification Board for Music Therapists (CBMT).

To be recertified, the MT-BC must meet the following conditions by the end of their five-year cycle:

1. Complete a [Summary of Music Therapy Education Activities Form](#), with 100 CMTE credits claimed, or take the CBMT Exam in the fourth year of their five-year cycle. Exam information may be found at [CBMT Examination Information](#);
2. Pay all maintenance fees;
3. Participate in the Annual Audit of CMTE credits, if selected;
4. Complete remedial CMTE credits if required as a result of utilizing the exam option;
5. Complete and submit the [Application for Recertification](#)

Source: www.cbmt.org (May, 2006)

Pam Young, the instructor for the music therapy component of HEP, meets or exceeds these standards.

HEALTH-ENHANCEMENT PROGRAM (HEP) STRUCTURE, METHODS, AND KEY PROGRAM CHARACTERISTICS UW-INTEGRATIVE MEDICINE

BACKGROUND AND OVERVIEW

Mr. Jude Sullivan, M.S., Senior Clinical Exercise Physiologist at UW Health Sports Medicine, will serve as the senior instructor for the training sessions. His assistants will include Pamela Young, a music therapist in private practice, and Julie Thurlow, DrPH, RD, LD who will teach nutrition. Mr. Sullivan will attend and lead every class with one assistant rotating through as appropriate for their area of expertise (see below). The format of the health enhancement program will be modeled after traditional activity and nutrition programs used in weight management, cardiac rehab and diabetes prevention programs. The program is designed to increase health and well-being by focusing on four health domains that impact health and are interventions regularly practiced at integrative medicine. These include: (1) Music Therapy (Assistant is a certified music therapist); (2) Nutrition (Assistant is an expert in diet and nutrition); (3) physical activity including walking and stretching (Mr. Jude Sullivan's area of expertise); and (4) Functional movement (Mr. Jude Sullivan's area of expertise). The program will be structured very similarly to the MBSR program: participants will meet in groups of up to 24 participants, for 2 ¼ – 2 ½ hour sessions, once per week for 8-weeks, with 3-hour sessions for the first and last week. There will be an all-day class and requested practice 6 days per week. Participants are asked to select a daily practice time best for them and to record on a log sheet what they practiced and how long. Class will normally involve a review of previously assigned homework with discussion of difficulties participants may have experienced, introduction of new material, and hands-on practice/experience with new techniques or skills.

Note: The following section is a modified version of the same section found in the 2004 Mindfulness-Based Stress Reduction: Qualifications and Recommended Guidelines for Providers written by Saki F. Santorelli, Ed. D.

STRUCTURE AND METHODS

- a) Eight-weekly classes 2.5-3.0 hours in duration
- b) An all-day class during the sixth week of the program (7.5 hrs)
- c) Formal HEP methods:
 - Nutrition
 - Physical activity including walking and stretching
 - Music Therapy
 - Functional Movement
- d) Non-scheduled HEP practices to be applied when appropriate throughout an individual's day
- e) Daily assignments including a minimum of 45 minutes per day of scheduled and non-scheduled HEP practices 6 days per week for the entire duration of the course.
- f) Individual and groups discussions oriented around weekly home assignments including an exploration of obstacles, difficulties, and development of self-regulatory skills and capacities.

Total in-class contact: approximately 30 hours

Total home assignments: minimum of 42-48 hours

Total individual interview time: 45-60 minutes

KEY CHARACTERISTICS

- A fundamental component of health and well-being
- Intensive training in HEP capacities
- Educational orientation
- Group format –14 participants per class
- Instruction will take into account the needs of particular individuals. This means listening to what the client says, taking into consideration what they need, and working with them to continue to integrate the teachings. A good example is a client who tells the instructor that a particular physical position is painful. The instructor will work with the individual to use a physical position that is comfortable while also meeting the goals of the exercise.
- Experiential, highly participatory format
- Highly challenging and strongly supportive
- Self-responsibility emphasized within the context of a collaborative relationship between participant, HEP provider.
- Array of HEP methods to meet individual participant needs and learning styles
- Interactive instructor and participant-initiated dialogue and inquiry intended to explore obstacles to practice and questions about methods and materials that inhibit learning, growth, and healing
- Short-term Intervention: HEP is relatively brief in duration (8 weeks). The structure is intended to foster participant self-regulation and self-reliance
- Life-long Learning: HEP is both an immediate and deliberate shift in health orientation and methods for enhancing health and well-being across the life span.

PROGRAM STANDARDS

1) HEP Teacher Readiness and Competency

All prospective instructors should meet the *Qualifications and Recommended Guidelines for HEP Providers*.

2) Pre-Program Group Information sessions

All pre-program assessment data is collected at the required *Information session*. All post-program assessment data is collected during an extended Class 8 (last session) of the Stress Reduction Program. Four information sessions will be held as part of the current study. At these sessions, researchers will review the consent form and answer questions related to study procedures; and both MBSR and Health-enhancement instructors will give an overview of their classes. *Information sessions* are approximately 120 minutes in length.

During the *Information session*, all program candidates learn more about the MBSR and HEP programs, have small group dialog with teachers regarding their motivation for taking the class, questions and concerns (e.g., what should I wear? Can I eat in class if diabetic?), clarifying their understanding of the class requirements and making a decision about enrollment in the study (for a detailed schedule of *Information sessions* see HEP-MBSR Operations Manual).

3) Screening Criteria for Exclusion from HEP

[See MacCoon, et al., 2011, Table 2]

4) Participant/Provider Informal Learning Contract

Each MBSR or HEP candidate who enrolls in the program is encouraged to intentionally and actively commit themselves to an oral learning contract that includes:

- attending all weekly classes
- engaging in daily home assignments
- participating in the all-day retreat
- making-up weekly classes they have missed when possible. For the purposes of the HEP-MBSR empirical trial, individual make-up sessions with the relevant instructor will be scheduled. The courtesy of an advance phone call is requested from participants if they are going to miss a class. The individual session will last for up to 60 to 90 minutes and its contents will be documented. If someone cannot come in, a telephone session will occur.

5) Hours of Instruction

Approximately 30 hours of in-class instruction will be provided. The first and last classes are 3.0 hours. Classes two through seven are 2.5 hours. The all-day class is 7.5 hours. In addition, when deemed necessary by the instructor and the participant, personalized individual instruction is sometimes required and recommended (the UW-Integrative Medicine Program does not charge for this time).

6) Classroom Instruction: Curriculum Guidelines

a) Scheduled and non-scheduled HEP practice

Each HEP class includes the introduction of both scheduled and unscheduled components of HEP.

Scheduled HEP practices include: various forms of physical activity practiced as a formal, scheduled routine, formal nutrition study, and scheduled routines of music therapy and functional movement.

Non-scheduled HEP practices include: using scheduled practices and skills in daily living as necessary or appropriate. For example, participants are encouraged to read nutrition information as they shop and cook, and use particular physical activity, functional movement, or music therapy techniques during unscheduled times through their day as appropriate.

b) Didactic Presentations

A first-hand, on-going, experiential engagement in various HEP practices on the part of both the instructor and the participants is a primary feature of HEP. However, whether HEP is used in a medical or non-medical setting, it is critically important for the instructor to provide a contextual framework whereby participants begin to understand the relationship between a given HEP practice and their capacity to enhance wellness. This is particularly true for practices, such as music therapy and functional movement, which may be relatively unfamiliar to program participants. Therefore, instructors should provide information on the empirical evidence for treatments, the rationale for their inclusion in a class on health and well-being, and what benefits are expected from these practices. Importantly, rather than “lecturing” to program participants, the attention and skill of the instructor should be directed toward listening to the examples provided by program participants and then, in turn, to use as much as possible participant-generated experiences as a starting point for “weaving” the more didactic material into the structure and fabric of each class.

c) Class Discussion

It is recommended that a significant amount of the time in each class be dedicated to an exploration of the participants' experience of the scheduled and non-scheduled HEP practices and other weekly home assignments. This requires the instructor to sharpen her/his ability to listen closely, allow space, and instead, to inquire directly into the actual participant's experience. To do so requires the instructor to create a safe space and to encourage program participants to assist in the co-creation of a sensitive, safe environment. Creating such safety requires willingness on the part of the instructor to suspend judgment, to attempt to understand as much as possible the lived experience of the participants, and to refrain from using "formulaic" responses when confronted with difficult or uncomfortable classroom experiences. Beginning in Session 1 "ground rules" for classroom participation should be made explicit, emphasizing a combination of individual responsibility, confidentiality among class members, and an atmosphere of respect and mutual discovery.

e) Attitudinal Qualities Associated with HEP Practice

A critical feature of HEP instruction is that the group facilitator and guest experts embody and practice the skills they are teaching. That is, HEP providers must practice what they preach. In this way, the instructor models and embodies the skills and qualities of committed practice they are encouraging class participants to adopt.

f) Home Assignments

The cultivation of knowledge and the development of any skill require deliberate, consistent practice. Therefore, the transformational backbone of HEP is daily home assignments. Although there are 30 hours of direct classroom contact during a typical 8-week program, this is not enough time for participants to begin to learn, deepen, and apply the HEP skills in their everyday lives. What is required is ongoing homework. Home assignments consist of scheduled and non-scheduled HEP practices as well as a variety of exercises systematically sequenced throughout the course of the program.

g) Course Enrollment

HEP is primarily offered in classroom format. Classes will involve about 14 participants. The group format is a salient feature of HEP that must be clearly explained to the HEP participant by the instructor prior to enrollment. Care should be taken to ascertain the participants' level of comfort with this approach and consideration must be given to the candidates' capacity to comfortably function within a large class format.

h) Suggested Resources for Continuity of Practice After Course Completion

Instructors should be familiar with and able to recommend a host of community resources available to participants following the completion of HEP. It is helpful for the instructor to develop and provide program graduates with a list of reading materials, gym facilities, and other suggestions for fostering the continuity of HEP practices.

i) Ongoing Teacher Peer Supervision

To ensure communication, cooperation, and the integrated nature of HEP, the facilitator and guest experts are required to meet weekly for at least one hour as a group to review previous class experiences, discuss challenging participants, encourage cross-fertilization of information and techniques, and plan future classes as changing conditions warrant. It is also expected that HEP providers will be available for participants via email.

HEALTH-ENHANCEMENT PROGRAM: MODULE DETAILS

HEP is organized into four areas of information: nutrition, physical activity, functional movement, and music therapy. Each area is taught by an expert who meets the requirements detailed below in “qualifications and recommended guidelines for providers”. Here we provide an overview of each area.

PHYSICAL ACTIVITY

Regular physical activity substantially reduces the risk of dying of coronary heart disease, the nation's leading cause of death, and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles, and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is associated with fewer hospitalizations, physician visits, and medications. Moreover, physical activity need not be strenuous to be beneficial. People of all ages benefit from participating in regular, moderate-intensity physical activity, such as 30 minutes of brisk walking five or more times a week. Despite the proven benefits of physical activity, more than 50% of American adults do not get enough physical activity to provide health benefits. 25% of adults are not active at all in their leisure time. Activity decreases with age and is less common among women than men and among those with lower income and less education. Despite the known benefits of physical activity, making it a part of our daily routines is sometimes difficult. This is an important focus for HEP. In this regard, it is important to remember that one can start slowly and work up to a higher level of activity.

Class participants will engage in consistent rhythmic movement of choice that can be accomplished in a single session per day or aggregated over multiple sessions (i.e. it can be done in an unscheduled way throughout the day or as part of a schedule). The goal is to complete up to 30 minutes daily for 5 days per week. The focal activity is walking but can be any similar activity preferred by the participant. In addition, passive, static (non-moving) and dynamic (moving) stretching will be incorporated. The effort expended while engaging in the rhythmic activity is not to exceed what participants would self-judge to be between “fairly light” and “somewhat hard” (numeric = “11-13”) using the Borg Perceived Exertion Scale for physical activity (Borg, 1982). Experts advise that people with chronic diseases, such as a heart condition, arthritis, diabetes, or high blood pressure, should talk to their doctor about what types and amounts of physical activity are appropriate. All participants are required to have a Physician's Authorization form completed. In addition, if one has 2 or more risk factors for coronary artery disease, a more in depth physician screening is recommended prior to participation.

Section Reference

Borg, G. A. V. (1982). Psychophysical basis of perceived exertion. *Med Sci Sport and Exerc*, 14, 377-381.

FUNCTIONAL MOVEMENT

People of all ages and levels of physical ability are innately dependent on the ability to move. Motion occurs in the frontal, sagittal and transverse planes. Muscles are orchestrated to either evoke movement or maintain dynamic stability via concentric, eccentric and/or isometric contractions. Yet, skeletal muscle itself is incapable of controlling movement unless it is connected to bone. Bones, and their associated joints, act as lever systems with muscle forces acting as the counterbalance to an applied load. As we age, it is observed that lifestyle choices we make reduce our ability to take advantage of the infinite manner in which we can move and use our bodies. Functional movement training will help improve:

- Balance
- Core Stability
- Agility
- Mobility

Specifically, we address quality posture and alignment. Posture and alignment are the keys to creating optimal function. The functional interaction of each component in the kinetic chain allows for efficient and effective movement. The core (the entire circumferential area and within between the armpits and the groin) is an often neglected chain “link” that can dramatically contribute to improved health, athleticism, or sport performance. In addition, functional movement focuses on proprioception, defined as a sensory modality that includes sensation of joint movement and joint position sense. Balance is controlled by vision, the vestibular system and proprioception.

As a result, the goal of the overall training plan is to expand one’s movement repertoire in order to become more physically adaptable and “free.” This freedom opens doors to choose more activities to participate in as well as supply one with the necessary tools to be ready to adjust reactively as one needs (e.g. when tripping on a curb or slipping on a patch of ice). When training is introduced in an integrated manner, one quickly realizes that “different” forms of training overlap with one another (i.e. balance and core training). Ideally, they will blend together to make a complete training program. The following briefly describes the manner in which the program can be advanced:

- DECELERATE (slow down) before ACCELERATE (speed up); resist movement before assist movement
- SIMPLE movement patterns to COMPLEX movement patterns
- SLOW TO FAST (Do drills as fast as you CAN; NOT as fast as you CAN’T)
- RHYTHM first, then TEMPO; be coordinated and graceful before moving quickly
- Change the venue/modality = Changing the stimulus (e.g. WATER, SAND, HILLS, RESISTANCE CORDS adds intriguing problems to solve)
- Add REACTIONS and SKILLS (e.g. cables for advanced acceleration/deceleration, ball toss with a partner while squatting)

MUSIC THERAPY

The American Music Therapy Association defines music therapy as “an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation. Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses; design music sessions for individuals and groups based on client needs using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up”. (www.musictherapy.org).

As a board-certified music therapist, I believe in the power of music and its ability to bring about change in the clients that I serve. I believe in music **as** therapy versus music **in** therapy. My belief is that the power for change lies in the music and the therapist serves as the instructor. Music is an effective use for therapy due to the way the body and the brain respond to the musical stimulus. Research suggests that music therapy can increase relaxation-related melatonin levels (Kumar et al., 1999), enhanced immune response (Bittman et al., 2001; Wachi et al., 2007), favorably change stress-related gene expression (Bittman et al., 2005), and help increase positive mood and reduce burn out (Bittman et al., 2004).

For the purposes of this study I will demonstrate music therapy being used for stress reduction using active music making and drumming and songwriting. Exploring a variety of music interventions with participants will maximize the class’ impact for a group with diverse musical and cultural backgrounds as well as physical and emotional needs. Exploring two different techniques will increase the probability that at least one of the interventions will help participants manage their stress. Initial homework assignments will be designed for class members to obtain a level of comfort with various types of music. The assignments will progress to the point where participants take an active role in their own music making.

Component 1 – Supportive Music & Imagery

Supportive music and imagery is an adaptation of the Bonny Method of Guided Imagery and Music (BMGIM). “Guided Imagery and Music is a music-centered exploration of consciousness which uses specific programmed music to stimulate and sustain a dynamic unfolding of inner experiences offering persons many possibilities for wholeness” (www.empowerinnovations.com). During the supportive music and imagery session the clients will be asked to find a place on the floor using a pillow or blanket, if they choose, that they will be asked to bring. The therapist will encourage the clients to become aware of their surroundings by instructing the clients to close their eyes and focus on the floor supporting them and their peers and around them. They will be instructed to relax their bodies and quiet their minds. They will be given a piece of paper and a set of oil pastels. The music will begin and the clients will be instructed that when they feel they are ready they can begin to draw what feeling or image the music is bringing to their minds. The music will last about eight to ten minutes. After the music has played there will be a time of group discussion where the clients will be asked to share their drawings, images and feelings.

Component 2 - Active music making & drumming

The active music making and drumming component will consist of the participants using music and drumming as an emotional outlet and exploring their own music making. A variety of non-pitched instruments, including drums and percussion instruments, will be available and styles of music such as Native American music will be explored along with improvisation.

Therapeutic drumming is used for many reasons. It may be used for recreational purposes, to build teamwork and morale in a corporate setting or improve coordination for a patient recovering from an injury (<http://www.ubdrumcircles.com/faqs.php>). Research shows that the biological benefits of drumming include but are not limited to a boost in the immune system and a defense against burn out for staff members in long term care facilities and registered nurses. A facility in Pennsylvania which incorporated drumming as part of their employee wellness and benefit package saw a 50% improvement in their employee's mood, including a decrease in feelings of fatigue, anxiety and depression (www.healthysounds.com/feature14.html).

Biofeedback research indicates that these results are achieved due to the increase of Alpha waves in the brain during a drumming session (www.healthysounds.com/feature10.html). “*HealthRHYTHMS* is on the forefront of establishing a solid foundation for proving the biological benefits of drumming. Neurologist Barry Bittman, M.D. and his renowned research team discovered that a specific group drumming approach significantly increased the disease fighting activity of circulating white blood cells (Natural Killer cells) that seek out and destroy cancer cells and virally-infected cells. Along with conventional medical strategies, Dr. Bittman includes group drumming in all of his disease-based programs at the Mind-Body Wellness Center” (http://www.remo.com/portal/pages/health_rhythms/index.html).

Component 3- Songwriting

The songwriting component will consist of the participants using a song to express their feelings. Song writing is used with a client to help them process and put words to their current state of existence. This technique consists of the therapist and client brainstorming about possible themes to the song, the rhythm, the tempo and the title of the song (O’Callaghan, 1999). A variety of sounds and lyrics may be explored before the final product is complete. It is a process in which the client and the therapist play equal roles in creating the music. Often a client may wish to write a song conveying a message for a significant loved one. Clare C. O’Callaghan (1999) used song writing with Palliative care patients and found that it gave them a sense of pride and helped them to express messages to their families.

Section References

- Bittman, B., Berk, L., Shannon, M., Sharaf, M., Westengard, J., Guegler, K. J., et al. (2005). Recreational music-making modulates the human stress response: A preliminary individualized gene expression strategy. *Medical Science Monitor*, 11(2), 31-40.
- Bittman, B. B., Berk, L. S., Felten, D. L., Westengard, J., Simonton, O. C., Pappas, J., et al. (2001). Composite effects of group drumming music therapy on modulation of neuroendocrine-immune parameters in normal subjects. *Alternative Therapies*, 7(1), 38-47.
- Bittman, B. B., Snyder, C., Bruhn, K. T., Liebfreid, F., Stevens, C. K., Westengard, J., et al. (2004). Recreational music-making: an integrative group intervention for reducing burnout and improving mood states in first year associate degree nursing students: Insights and economic impact. *International Journal of Nursing Education Scholarship*, 1(1), 1-26.
- Blues. Retrieved March 23, 2006 from <http://en.wikipedia.org/wiki/Blues>
- Callaghan, C. C. (1999). Lyrical themes in songs written by palliative care patients. In D. Aldridge (Ed.), *Music therapy in palliative care: New voices* (pp. 43-58). London: Jessica Kingsley Publishers.
- Dileo, C. (1999). Songs for living: The use of song in the treatment of oncology patients. In C. Dileo (Ed.), *Music therapy and medicine: Theoretical and clinical applications* (pp.151-166). Silver Spring, MD: American Music Therapy Association.

- Dileo, C. & Bradt, J. (1999). Entrainment, resonance, and pain-related suffering. In C. Dileo (Ed.), *Music therapy and medicine: Theoretical and clinical applications* (pp.181-188). Silver Spring, MD: American Music Therapy Association.
- History of the Blues. Retrieved March 23, 2006 from <http://afroamhistory.about.com/od/bluesmusic/a/bluesmusic.htm>
- Kumar, A. M., Tims, F., Cruess, D. G., Mintzer, M. J., Ironson, G., Loewenstein, D., et al. (1999). Music therapy increases serum melatonin levels in patients with alzheimer's disease. *Alternative Therapies*, 5(6), 49-57.
- O'Callaghan, C. C. (1999). Lyrical themes in songs written by palliative care patients. In D. Aldridge (Ed.) *Music Therapy in Palliative Care: New Voices* (pp. 43-67). London: Jessica Kingsley.
- Wachi, M., Koyama, M., Utsuyama, M., Bittman, B. B., Kitagawa, M., & Hirokawa, K. (2007). Recreational music-making modulates natural killer cell activity, cytokines, and mood states in corporate employees. *Medical Science Monitor*, 13(2), 57-70.
- What is music therapy? Retrieved March 23, 2006 from <http://www.musictherapy.org/>.

NUTRITION

Optimal nutrition is not only the provision of nutrients to prevent deficiencies but also provision of amounts of nutrients and other dietary components/constituents to provide optimal health and decrease the risk of cardiovascular disease, hypertension, dyslipidemia, type 2 diabetes, overweight and obesity, osteoporosis, constipation, diverticular disease, iron deficiency anemia, oral disease, malnutrition, and some cancers. Together, physical activity and poor nutrition have been identified as the second leading underlying cause of death in the United States (McGinnis & Foege, 1993). Current best evidence indicates that the protective effects of food come from a dietary pattern that provides foods in appropriate types and amounts, and not supplements of specific nutrients and/or food components. Based on the new *Dietary Guidelines for Americans* (U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2005) and the updated Food Guide Pyramid, including online resources for tracking food groups and portions, participants will learn what the current recommended dietary pattern is for their specific age, gender and activity as well as ways of identifying the strengths and weakness of their current diet and how to effect change if necessary.

Section References

- McGinnis, J. M., & Foege, W. H. (1993). Actual causes of death in the United States. *JAMA: The Journal of the American Medical Association*, 270(18), 2207-2212.
- U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2005). *Dietary guidelines for americans* (6th ed.). Washington, DC: U.S. Government Printing Office.

HEALTH-ENHANCEMENT PROGRAM:

CLASS OUTLINE

The following class outlines are meant as guidelines to be applied flexibly by the providers as class conditions suggest. Thus, the order of particular classes as well as the content within each class may change as the provider team perceives is advisable. Because the different modules offered in HEP (nutrition, physical activity, music therapy, and functional movement) rely on very different areas of expertise, class instruction is organized with a common facilitator who is an expert in two of these areas and two other experts. The facilitator is present at every class and area experts attend only the classes involving their area of expertise. Due to the group format, it is recommended that the facilitator have someone else assist when they are the expert for a given class. That is, each class should have two providers present. The class outlines described below are based on the following general schedule.

- 1) Weeks 1&2 – Physical Activity/Functional Movement and Music Therapy
- 2) Weeks 3&4 – Nutrition
- 3) Weeks 5&6&7 – Physical Activity/Functional Movement and Music Therapy
- 4) Week 8 – Physical Activity and Functional Movement

Attendance (HEP-Cohort 1)

Suggested abbreviations: Check = present; AL = arrived late (mins); LE = left early (mins); A = absent; C = called participant; M=makeup (date;mins). * For Instructors Only *

[illegible]

Attendance (HEP-Cohort 2)

Suggested abbreviations: Check = present; AL = arrived late (mins); LE = left early (mins); A = absent; C = called participant; M=makeup (date;mins). * For Instructors Only *

[illegible]

CLASS #1
(3 hours)

Providers Present: Providers Present: Physical Activity-Functional Movement Expert/Facilitator and Music Therapist

Theme: General: From our point of view, each person in the room has more strengths than weaknesses and those strengths can be used to work with or overcome weaknesses. Problems or challenges that may occur in trying to improve one's life can be worked with, and this course is an opportunity to do that in a supportive environment.

Physical Activity: Bodily movement is germane to our physical being. Planned and spontaneous physical activity can enhance one's overall sense of well-being and heightened feelings of energy.

Functional movement: Posture and alignment are the keys to creating optimal function. The integration of each component in the kinetic chain allows for efficient and effective movement. Focus on posture/core strength and balance.

Music Therapy Theme: Supportive Music and Imagery (SMI) is a "music-centered exploration of consciousness which uses specific programmed music to stimulate and sustain a dynamic unfolding of inner experiences offering persons many possibilities for wholeness"

1)Facilitator: Please take attendance using sheet provided (this is only for unblinded personnel)

2) Introduce facilitator & Welcome (30 mins)

a) Review of contract and guidelines for participation (3 mins)

- i) attending all weekly classes
- ii) engaging in daily home assignments
- iii) participating in the all-day retreat
- iv) making-up weekly classes they have missed when possible. For the purposes of the HEP-MBSR empirical trial, individual make-up sessions with the relevant instructor will be scheduled. The courtesy of an advance phone call is requested from participants if they are going to miss a class. The individual session will last for up to 60 to 90 minutes and its contents will be documented. If someone cannot come in, a telephone session will occur.

b) Group climate rules (2 mins)

- i) Goal is to create an environment where people can engage with the material in a place that is comfortable for them and where they can speak their mind respectfully without judgment from others
- ii) Respect for each person's ability, at whatever level that is
- iii) Confidentiality
- iv) Respectful interaction

- c) Collect registration form (2 mins)
- d) Brief overview to the program by the facilitator (handout 1; 5 mins)
 - i) 4 Components: physical activity, functional movement, music therapy, nutrition
 - ii) Components work together to address important aspects of your well-being
- e) Reminder about wearing comfortable clothing appropriate for walking, jogging, moving, etc.
- f) A word about homework and HEP as a whole (5 mins)
 - i) Homework is required and intensive (about 45 mins/day, 6 out of 7 days). We encourage you do to your best to do the homework because our goal is that you get the most out of this program possible.
 - ii) Homework will be assigned for each component during class. At the end of each class, you will receive a handout summarizing the homework for the week for all components.
 - iii) Each HEP component is important to your health and needs equal attention in terms of practice. Our goal is to practice the skills you will be learning throughout the class. Sometimes, however, you will do more nutrition homework, for example, than music therapy or physical exercise. But, by the end of the program, you will have a home practice routine that you can do on your own that will represent a balance among the components.
- g) Go around the room and give people the opportunity to introduce themselves, what they are here for, their expectations for the program and to say one (or more) positive things about themselves (i.e., what are you like when you feel healthy and are engaged in good health habits). It is helpful if the instructor makes appropriate comments, observations, and welcoming remarks from time to time in response to individuals. Sometimes it's good to have people talk to their neighbors before opening up the discussion to the larger group. (15 mins)

3) Functional Movement (35-40 mins)

- a) Lecture – Introduction of topic and its benefits (10 mins)
- b) Posture with a Stick (5 mins)
 - i) Stand Tall (1.25 mins)
 - ii) Walk – F/B/R/L (1.25 mins)
 - iii) Squat (1.25 mins)
 - iv) Table Top (1.25 mins)
- c) “Free” Posture & Balance (handout 2; 8 mins)
 - i) Step (5 mins)
 - (1) R/L Stork w/ eyes open (1.25 mins)
 - (2) F/B step to balance – 1-2 second hold (1.25 mins)
 - (3) R/L step to balance – 1-2 second hold (1.25 mins)
 - (4) R/L 135° turn step to balance – 1-2 second hold (1.25 mins)

- ii) Leap (3 mins)
 - (1) F/B leap to balance – 1-2 second hold (1 min)
 - (2) R/L leap to balance – 1-2 second hold (1 min)
 - (3) R/L 90° turn leap to balance – 1-2 second hold (1 min)
- d) Intro to the “Core” - Beach Balls (8 mins)
 - i) Side Leans (1.3 mins)
 - ii) Twists (1.3 mins)
 - iii) Figure 8s (1.3 mins)
 - iv) Arcs (1.3 mins)
 - v) Golfs (1.3 mins)
 - vi) Chops (1.3 mins)
- 4) Physical Activity (handout 3; 35-40 mins)
 - a) Lecture – Introduction of topic and its benefits (10 mins)
 - b) Walk/jog on track making note of how body responds (15 mins)
 - c) Group Stretch (10 mins)
 - i) Calves (2 mins)
 - ii) Hug Knees (2 mins)
 - iii) Hug Knees & Twist R/L (2 mins)
 - iv) Prone Quad (2 mins)
 - v) Cat/Dog (2 mins)

- 5) Assign homework for physical activity & functional movement (10-15 mins)
 - a) Discuss the difference between formal and informal homework
 - i) Formal homework requires that people schedule part of their day to do only that.
 - ii) Informal homework is separate from formal homework. It is meant to help people incorporate the skills they learn into their daily activities. That is, they do not have to set aside time for the informal practice but just try to engage in these suggestions at spontaneous points during each day. We would suggest focusing on one of the suggestions for the week or for each day. For example, just work on posture for a day or for the week instead of practicing more than one skill during a single day.
 - b) Formal homework
 - i) Functional Movement: Daily evaluation of posture – Practice stepping/leaping, moving forward/backward/right/left (10 mins/day)
 - ii) Physical Activity: explore regular walking (15 mins/day) & stretch (5 mins/day)
 - iii) Discussion about challenges/potential obstacles to completing homework, doubts about applicability to health and well-being, etc.
 - c) Review informal homework ideas on handout 4

- 6) Music Therapy (60 mins)
 - a) Introduction: What is music therapy? (5-10 mins)
 - i) How can music help?
 - ii) Finding a comfort level with music
 - iii) Overview of what will be covered: SMI, song-writing, drumming & music making
 - b) Introduction to supportive music and imagery (SMI; 5 mins). Participants are given a piece of paper and a set of oil pastels during the introduction
 - c) Application of Supportive Music and Imagery (SMI; 30-40 min)
 - i) Focusing (5 mins)
 - (1) Find a place on the floor
 - (2) Close your eyes and focus on the floor supporting you and your peers and around you
 - (3) Relax your bodies and quiet your minds
 - ii) Music & Drawing (8-15 mins)
 - (1) Music will begin (8-10 mins long). Classical instrumental music chosen by the therapist. The music played will be part of a music program (10-12 pieces). A variety from this set will be played. Very few of the songs are recognizable unless participants are very familiar with classical music.
 - (2) When you are ready, begin to draw what you are feeling or whatever images the music is bringing to your minds.
 - iii) Group Discussion (~20 mins): After the music has played there will be a time of group discussion where the clients will be asked to share their drawings, images and feelings

d) Assign music therapy homework (5 mins):

- i) Find one or two songs that they feel they could use for SMI and bring it to the next class (2 x 10 mins)
- i) Listen to three radio stations (for 20 minutes) not normally listened to in order to familiarize self with different types of music (3 x 20 mins).
- ii) Walk through two music stores in order to familiarize themselves with different instruments spending 45 minutes in each store (2 x 45 mins)
- iii) Review informal homework ideas on handout 4

7) Facilitator: Handouts (5 mins)

- a) Week 1 homework summary (handout 4)
- b) Practice Log: Complete practice log (to hand in to researcher; handout R1)

Instructor Reminders: Please complete post-class documentation (handout T1)
 If someone missed a class, please complete handout T2

Note: all “R” handouts are for researchers and should be collected in an envelope without HEP facilitator or instructors viewing the material. “T” handouts are also for researchers. Both “R” and “T” handouts will be collected after each class by a research assistant.

CLASS #2
(2 ½ hours)

Providers Present: Physical Activity-Functional Movement Expert/Facilitator and Music Therapist

Theme: Physical Activity: Bodily movement is germane to our physical being. Planned and spontaneous physical activity can enhance one's overall sense of well-being and heightened feelings of energy.

Functional movement: Posture and alignment are the keys to creating optimal function. The integration of each component in the kinetic chain allows for efficient and effective movement. Focus on posture/core strength and balance.

Music Therapy: Supportive Music and Imagery (SMI) is a “music-centered exploration of consciousness which uses specific programmed music to stimulate and sustain a dynamic unfolding of inner experiences offering persons many possibilities for wholeness”

- 1) Facilitator: Please take attendance using sheet provided (this is only for instructor use, not for researchers to view)
- 2) Facilitator: Go around the room and give people the opportunity to explain their experience of the preceding week & ask questions or make comments about the homework (10-15 mins)
- 3) Functional Movement (35-40 mins)
 - a) Do you feel more empowered? Does regular scheduled activity work better in your lifestyle or do you respond better to unscheduled, spontaneous opportunities when they present themselves? Do you find yourself gravitating to only one of the disciplines or to a combination? Do you envision yourself incorporating all disciplines to enhance your health?
 - b) Review Posture with a Stick (5 mins)
 - i) Stand Tall (1 min)
 - ii) Walk – F/B/R/L (1 min)
 - iii) Squat (1 min)
 - iv) Table Top (1 min)
 - c) Multi-Directional Travel - Agility Ladder (handout 5; 15 mins)
 - i) Alternating Forward/Backward 1-in (1 min)
 - ii) Forward/Backward 1-in (1 min)
 - iii) Right/Left Right Leg/Left Leg 1-in (1 min)
 - iv) Forward/Backward 2-in (1 min)
 - v) Right/Left 2-in (1 min)
 - vi) Right/Left Carioca (1 min)
 - vii) Forward/Backward 3-Count Shuffle (1 min)
 - viii) Forward/Backward Cross-Over Step (1 min)
 - ix) Forward/Backward Skier Bound (1 min)

- d) Hurdles – Step Over Only (15 mins)
- 4) Physical Activity (35-40 mins)
 - c) Walk/jog on track (20 mins)
 - d) Group Stretch (15-20 mins)
 - i) Calves (2.5 mins)
 - ii) Hug Knees (2.5 mins)
 - iii) Hug Knees & Twist R/L (2.5 mins)
 - iv) Prone Quad (2.5 mins)
 - v) Cat/Dog (2.5 mins)
- 5) Assign homework for physical activity & functional movement (~5 mins)
 - a) Functional Movement: Daily evaluation of posture and balance control
 - i) Practice stepping/leaping, moving forward/backward/right/left (5 mins/3 times this week)
 - ii) Practice coordinating static body positioning – single leg balance & stand and step (5 mins/3 times this week)
 - b) Physical Activity: explore regular walking (15 mins/day) & stretch (5 mins/day)
 - c) Discussion about challenges/potential obstacles to completing homework, doubts about applicability to health and well-being, etc.
 - d) Review informal homework ideas on handout 7
- 6) Music Therapy (60 mins)
 - a) Review of Previous Class
 - i) Questions and comments
 - ii) Sharing personal experiences
 - b) Reminder of rationale for supportive music and imagery (SMI)
 - c) Participants are given a piece of paper and a set of oil pastels
 - d) Application of SMI (30-40 min)
 - i) Focusing (5 mins)
 - (1) Find a place on the floor
 - (2) Close your eyes and focus on the floor supporting you and your peers and around you
 - (3) Relax your bodies and quiet your minds
 - ii) Music & Drawing (8-15 mins)
 - (1) Music will begin (8-10 mins long). Classical instrumental music chosen by the therapist. The music played will be part of a music program (10-12 pieces). A variety from this set will be played. Very few of the songs are recognizable unless participants are very familiar with classical music.

(2) When you are ready, begin to draw what you are feeling or whatever images the music is bringing to your minds.

iii) Group Discussion (~20 mins): After the music has played there will be a time of group discussion where the clients will be asked to share their drawings, images and feelings

7) Assign music therapy homework (~ 2 mins)

- a) Use their personal songs for 20 minutes of SMI, 5 times this week. They will be asked to bring their drawings to the next class. (5 x 20 mins)
- b) Give participants SMI instructions for their use at home (handout 6)
- c) Review informal homework ideas on handout 7

8) Facilitator: Handouts (~ 2 mins)

- a) Week 2 homework summary (handout 7)
- b) Practice Logs: Collect last week's practice logs & hand out blank practice logs (to hand in to researcher; handout R1)
- c) Tell participants: This week is lighter on homework than next week (about 35 mins vs. about 50 mins for next week).

Instructor Reminders: Please complete post-class documentation (handout T1)
If someone missed a class, please complete handout T2

CLASS #3
(2 ½ hours)

Providers Present: Facilitator & Nutrition Expert

Objective: At the end of this class the participants will be able to identify the major themes of the Dietary Guidelines, list the Pyramid food groups and the amounts of each food recommended within each group and be able to accurately record amounts of food eaten for diet journaling and dietary pattern and nutrient intake evaluation.

- 1)Facilitator: Please take attendance using sheet provided (this is only for instructor use, not for researchers to view)
- 2)Facilitator: Go around the room and give people the opportunity to explain their experience of the preceding week & ask questions or make comments about the homework. Note: Client motivation to continue committing to 45 mins of homework per week may be an issue to explore and encourage (15-20 mins)
- 3)Facilitator introduces nutrition expert
- 4)Nutrition Lecture - What Is Considered To Be A Good Diet? (~ 1 hour, 45 mins)
 - A. Introduction of the DHHS/USDA Dietary Guidelines (40 mins)
 - Feel better today. Stay healthy for tomorrow.
 - Make smart choices from every food group.
 - Mix up your choices within each food group
 - Find balance between food and activity
 - Get the most nutrition out of your calories
 - Nutrition: to know the facts use the label
 - Play it safe with food.
 - About alcohol
 - B. The food groups and the choices and amounts recommend from the new Food Pyramid (handout 8; 35 mins)
 - What the groups are
 - How to calculate the amounts from each group you need
 - What part added fats and sugars play in the total diet
 - Where “discretionary calories” come from
 - C. How do I tell if I have a good diet or one that needs improvement? (20 mins)
 - Diet journaling and recording
 - Understanding portion sizes and food preparation recording
 - Recording of when, where and whys of intake
 - Evaluating based on Pyramid recommendations

D. Nutrition Homework Assignments (10 mins)

- Daily diet journaling (5 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using “tracking by hand” (handout 10)
- Menu Planning (handout 11): Plan your meals for this week (1 x 60 mins) and use “tracking by hand” (handout 10)
- Collect nutrition labels of favorite foods for discussion at next class (1 x 60 mins)
- Review informal homework ideas on handout 12

5)Facilitator: Other component homework and handouts (15 mins)

- a) Week 3 homework summary (handout 12)
- b) Practice Logs: Collect last week’s practice logs & hand out blank practice logs (to hand in to researcher; handout R1)
- c) Functional Movement homework: Daily evaluation of posture and balance control
 - i) Practice stepping/leaping, moving forward/backward/right/left (5 mins/3 times this week)
 - ii) Practice coordinating static body positioning – single leg balance & stand and step (5 mins/3 times this week)
- d) Physical Activity: explore regular walking (15 mins/day) & stretch (5 mins/day)
- e) Music therapy: Use their personal songs for 20 minutes of SMI, 1 time this week. This is to keep the skill fresh while focusing more time this week on nutrition.
- f) Review informal homework ideas for non-nutrition components on handout 7

Instructor Reminders: Please complete post-class documentation (handout T1)

If someone missed a class, please complete handout T2

CLASS #4

(2 ½ hours)

Providers Present: Facilitator & Nutrition Expert

Objective: At the end of this class participants will be able to fine tune diet quality based on the recommendations of the Dietary Guidelines for not only food groups but also specific components by being able to identify sources of sodium, saturated fat, cholesterol, fiber and other nutrients through the use of the USDA My Pyramid Tracker program, as well as identify ways to meet the challenges of the behavioral changes that may be required.

1. Facilitator: Please take attendance using sheet provided (this is only for instructor use, not for researchers to view)
2. Facilitator: Go around the room and give people the opportunity to explain their experience of the preceding week & ask questions or make comments about the homework (10-15 mins)
3. Nutrition lecture: Finding Ways to Make a Good Diet Better (~2 hours)
 - a) Discussion of the diet journaling assignment & menu planning (15 mins)
 - i) Portion sizes and amounts
 - ii) When, where and why of eating
 - iii) Choices
 - iv) Compliancy with Pyramid recommendations
 - v) Highlight for them that meal planning will be the main homework once HEP has finished. Any questions? Do participants feel confident they can do it on their own? Obstacles?
 - b) Change (15 mins)
 - i) Identifying need for change and attitudes towards that change
 - ii) Identifying steps and methods for change
 - iii) Dealing with setbacks in behavior change
 - c) Fine tuning the Pyramid to meet the Dietary Guideline recommendations (45 mins)

<ul style="list-style-type: none"> • Adequate nutrients within calorie needs • Weight management • Physical activity • Food groups to encourage • Fats 	<ul style="list-style-type: none"> • Carbohydrates • Sodium and potassium • Alcoholic Beverages • Food Safety
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 - d) Using labels to help make choices (20 mins)
 - i) Where to find the information
 - ii) What a serving is
 - iii) What the Daily Values are and how to use them
 - e) How to analyze the diet using My Pyramid Tracker (handout 13): Demonstration of the USDA website

f) Nutrition homework assignments (10 mins)

- Daily diet journaling (5 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using “tracking by hand” (handout 10)
- Analyze a typical day’s diet using My Pyramid Tracker to see how well the diet meets the recommendations (1 x 20 mins; handout 13)
- Identify areas of the diet that need change and list barriers to change as well as methods to overcome those barriers (1 x 30 mins; use plain sheet of paper or the back of one of your other forms)
- Review informal homework ideas on handout 14

4. Facilitator: Other component homework and handouts (10-15 mins)

- a) Week 4 homework summary (handout 14)
- b) Practice Logs: Collect last week’s practice logs & hand out blank practice logs (to hand in to researcher; handout R1)
- c) Functional Movement homework: Daily evaluation of posture and balance control
 - i) Practice stepping/leaping, moving forward/backward/right/left (5 mins/3 times this week)
 - ii) Practice coordinating static body positioning – single leg balance & stand and step (5 mins/3 times this week)
- d) Physical Activity homework: explore regular walking (15 mins/day) & stretch (5 mins/day)
- e) Music therapy homework: Use their personal songs for 20 minutes of SMI, 1 time this week. This is to keep the skill fresh while focusing more time this week on nutrition.
- f) Review informal homework ideas for non-nutrition components on handout 14

Instructor Reminders: Please complete post-class documentation (handout T1)

If someone missed a class, please complete handout T2

CLASS #5

(2 ½ hours. Note: Program half-over today.)

Providers Present: Physical Activity-Functional Movement Expert/Facilitator and Music Therapist

Theme: Physical Activity: Expanding one's movement repertoire enhances their ability to be more adaptable to the unpredictable nature of the environment we live in, and allows us the ability to respond in a healthy way.

Functional Movement: Posture and alignment are the keys to creating optimal function. The functional interaction of each component in the kinetic chain allows for efficient and effective movement. Focus on learning that we are meant to move and that we can do so in three different planes: sagittal, frontal and transverse.

Music Therapy: Active Music Making & Drumming – using music and drumming as an emotional outlet and exploring their own music making.

- 1) Facilitator: Please take attendance using sheet provided (this is only for instructor use, not for researchers to view)
- 2) Facilitator: Go around the room and give people the opportunity to explain their experience of the preceding week & ask questions or make comments about the homework. Program is ½ over today. May be a good time to motivate people to stick with their commitment and celebrate any progress they've made as a result of their work to date. (15-20 mins)
- 3) Functional Movement (30-35 mins)
 - a) Review Posture with a Stick (5 mins)
 - i) Stand Tall
 - ii) Walk – F/B/R/L
 - iii) Squat
 - iv) Table Top
 - b) Beach Ball Warm Up (5-10 mins)
 - i) Side Leans
 - ii) Twists
 - iii) Figure 8s
 - iv) Arcs
 - v) Golfs
 - vi) Chops
 - vii) Chop and Twist
 - viii) Figure 8 Through Legs
 - ix) Circle Hips
 - x) Circle Legs
 - c) Multi-Directional Travel - Agility Ladder (10-15 mins)
 - i) Alternating Forward/Backward 1-in
 - ii) Forward/Backward 1-in
 - iii) Right/Left Right Leg/Left Leg 1-in
 - iv) Forward/Backward 2-in
 - v) Right/Left 2-in
 - vi) Right/Left Carioca

- vii) Forward/Backward 3-Count Shuffle
- viii) Forward/Backward Cross-Over Step
- ix) Forward/Backward Skier Bound
- x) 90° Bounce
- xi) 180° Bounce
- d) Hurdles – Step Over / Step Under (10-15 mins)
 - i) Forward/Backward Alternating 1-over
 - ii) Forward/Backward 2-over
 - iii) Right/Left Lead Right/Left 2-over
- 4) Physical Activity (35-45 mins)
 - a) walk/jog (20-25 mins)
 - b) Group Stretch (10-15 mins)
 - i) Calves
 - ii) Hug Knees
 - iii) Hug Knees & Twist R/L
 - iv) Prone Quad
 - v) Cat/Dog
- 5) Assign homework for physical activity & functional movement (5-10 mins)
 - a) Functional movement
 - i) Practice stepping/leaping as in previous week and incorporating twisting, turning and leaning using all three planes (10 mins/ 3 times per week)
 - ii) Forward/Backward balance/beach ball work (10 mins/ 3 times per week)
 - iii) Continued practice of single leg balance (5 mins/ 3 times per week)
 - b) Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
 - c) Discussion about challenges/potential obstacles to completing homework, doubts about applicability to health and well-being, etc.
 - d) Review informal homework ideas on handout 15

6) Music Therapy (60 mins)

a) Introduction to active music-making and drumming (10 mins)

- i) A variety of non-pitched instruments, including drums and percussion instruments, will be available and styles of music such as Native American music will be explored along with improvisation.
- ii) Therapeutic drumming is used for many reasons. It may be used for recreational purposes, to build teamwork and morale in a corporate setting or improve coordination for a patient recovering from an injury (<http://www.ubdrumcircles.com/faqs.php>).
- iii) Research shows that the biological benefits of drumming include but are not limited to a boost in the immune system and a defense against burn out for staff members in long-term care facilities and registered nurses.
 - (1) A facility in Pennsylvania which incorporated drumming as part of their employee wellness and benefit package saw a 50% improvement in their employee's mood, including a decrease in feelings of fatigue, anxiety and depression (www.healthysounds.com/feature14.html).
 - (2) Biofeedback research indicates that these results are achieved due to the increase of Alpha waves in the brain during a drumming session (www.healthysounds.com/feature10.html).
 - (3) "*HealthRHYTHMS* is on the forefront of establishing a solid foundation for proving the biological benefits of drumming. Neurologist Barry Bittman, M.D. and his renowned research team discovered that a specific group drumming approach significantly increased the disease fighting activity of circulating white blood cells (Natural Killer cells) that seek out and destroy cancer cells and virally-infected cells. Along with conventional medical strategies, Dr. Bittman includes group drumming in all of his disease-based programs at the Mind-Body Wellness Center" (http://www.remoo.com/portal/pages/health_rhythms/index.html).
- iv) The music and drumming will be the outward reflection of the inside stress. The session will conclude with a brief discussion about the subjects drumming experience and homework assignments will be given that include rhythmic patterns the subjects will be asked to explore on a drum or percussion instrument of their choosing that they will purchase or make.

b) Warm up activities (10 mins)

- i) Drum hello: A discussion will be held about stress that is felt in the lives of the participants. The participants will then pass a drum one to another, say their name and will be instructed to "play" or "drum" the stress that they have experienced that day.
- ii) Egg pass
- iii) Bell toss

c) Drumming (35 minutes)

- i) Exploration of instruments: They will be instructed to explore the variety of instruments that will be provided ad lib for a period of ten minutes and then will be led through a series of warm up activities with the instruments in order to expel any feelings or preconceived notions of inadequacy.
- ii) Finding a group heartbeat: The participants will be instructed to choose an instrument in which they are comfortable and sit in a circle. The therapist will facilitate a discussion about rhythms that are all around us in our bodies and in the environment. Examples may be: our heartbeat, our breathing, our brainwaves or the ocean. The therapist will then begin by having the group play their heartbeat. The purpose of this intervention is to provide group cohesion and to provide safety in rhythm for the participants.
- iii) Group drumming: The therapist will then divide the group into three subgroups giving each group a specific rhythm to play that is independent of the other. For example, one group may be instructed to play the rhythm of a person's name such as George Washington. [George (beat 1) Wash-(beat 2) ing (beat 3) ton (beat 4)], while another group is instructed to play Abraham Lincoln [A-(beat 1) bra-(beat 2) ham (beat 3) Lin (beat 4) coln (beat 5)].

- iv) Call & Response: The therapist will also lead the group in a variety of call and response rhythm patterns and will give directions to vary the tempo and dynamic of the music.
 - v) Improvisational Drumming: Drumming improvisation will also be explored where the group will be asked to play whatever rhythm they would like to play. If the therapist feels it is appropriate, she may invite a subject to join her in leading a group exercise. The therapist will provide additional instruction as needed to the participants in order for them to sit, stand and move around the room while playing instruments and singing.
 - d) Conclusion and Review (5 mins)
 - e) Assign music therapy homework (5 mins): Purchase or borrow an instrument of choice and play the instrument along with two songs of choice in order to facilitate personal music making (5 x 10 mins)
 - f) Review informal homework ideas on handout 15
 - g) Reminder: All day is coming up on Saturday, _____ (date)
 - h) Sign up people for food groups for all day. Each person should sign up for one food group to bring to contribute to a group salad. Lettuce is provided. Each person should also bring serving bowl for the food, a serving utensil, and what is needed to prepare it (e.g., knife and cutting board). There are no kitchen facilities so if washing is necessary this should be done before they arrive. They should bring water to drink.
- 7) Facilitator: Nutrition homework and handouts
- a) Week 5 homework summary (handout 15)
 - b) Practice Logs: Collect last week's practice logs & hand out blank practice logs (to hand in to researcher; handout R1)
 - c) Nutrition homework: Daily diet journaling (5 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using "tracking by hand" (handout 10)
 - d) Review informal nutrition homework ideas on handout 15

Instructor Reminders: Please complete post-class documentation (handout T1)
 If someone missed a class, please complete handout T2

CLASS #6
(2 ½ hours)

Providers Present: Providers Present: Physical Activity-Functional Movement Expert/Facilitator and Music Therapist

Theme: Physical Activity: Expanding one's movement repertoire enhances their ability to be more adaptable to the unpredictable nature of the environment we live in, and allows us the ability to respond in a healthy way.

Functional Movement: Posture and alignment are the keys to creating optimal function. The functional interaction of each component in the kinetic chain allows for efficient and effective movement. Focus on learning that we are meant to move and that we can do so in three different planes: sagittal, frontal and transverse.

Music Therapy: Active Music Making & Drumming – using music and drumming as an emotional outlet and exploring their own music making.

- 1) Facilitator: Please take attendance using sheet provided (this is only for instructor use, not for researchers to view)
- 2) Facilitator: Go around the room and give people the opportunity to explain their experience of the preceding week & ask questions or make comments about the homework (10-20 mins)
- 3) Functional Movement (30-35 mins)
 - a) Review Posture with a Stick (5 mins)
 - i) Stand Tall
 - ii) Walk – F/B/R/L
 - iii) Squat
 - iv) Table Top
 - b) Multi-Directional Travel - Agility Ladder w/variant pattern (10-15 mins)
 - i) Alternating Forward/Backward 1-in
 - ii) Forward/Backward 1-in
 - iii) Right/Left Right Leg/Left Leg 1-in
 - iv) Forward/Backward 2-in
 - v) Right/Left 2-in
 - vi) Right/Left Carioca
 - vii) Forward/Backward 3-Count Shuffle
 - viii) Forward/Backward Cross-Over Step
 - ix) Forward/Backward Skier Bound
 - x) 90° Bounce
 - xi) 180° Bounce
 - xii) Right/Left Ali Shuffle 2-in
 - xiii) Right/Left Ali Shuffle 1-in
 - c) Cable work with Partners (10 mins)
 - i) Side Leans
 - ii) Twists
 - iii) Figure 8s
 - iv) Arcs
 - v) Chops
 - vi) Chop and Twist
 - vii) Clockwise Giant Circles

- viii) Count-Clockwise Giant Circles
 - d) Hurdles – Step Over / Step Under Only variant pattern (10-15 mins)
- 4) Physical Activity (30-35 mins)
- a) Track – walk/jog (20-30 mins)
 - b) Group Stretch (10-15 mins)
 - i) Calves
 - ii) Hug Knees
 - iii) Hug Knees & Twist R/L
 - iv) Prone Quad
 - v) Cat/Dog
- 5) Assign homework: Choice of individual or partner work (5-10 mins)
- a) Functional movement
 - i) Forward/Backward balance/beach ball work (10 mins/ 3 times per week)
 - ii) Continued practice of single leg balance (5 mins/ 3 times per week)
 - b) Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
 - a) Discussion about challenges/potential obstacles to completing homework, doubts about applicability to health and well-being, etc.
 - b) Review informal homework ideas on handout 16
- 6) Music Therapy (60 mins)
- a) Review of Previous Class: Questions & Comments (10-15 mins)
 - b) Drum Hello (~5 mins)
 - c) Drumming (35 mins)
 - i) Exploration of instruments
 - ii) Finding a group heartbeat
 - iii) Group drumming (George Washington, Abraham Lincoln)
 - iv) Call & Response
 - v) Improvisational Drumming
 - c) Conclusion and Review (5 mins)
 - d) Assign music therapy homework (5 mins): Play purchased or borrowed instrument along with two songs of their choice in order to facilitate personal music making for 10 minutes six days a week (6 x 10 mins). The participants will be reminded of the group discussion that was held regarding “drumming” or “playing” their stress and will be encouraged to use this same approach during their homework.
 - e) Review informal homework ideas on handout 16

- 7) Facilitator: Discuss the up-coming all day session. Tell people what to bring and what to expect: Lunch, loose fitting clothes (layers), mat or pad. Sign people up for the ingredients they will bring for the all day nutrition buffet (handout 20; ~ 5 mins)
- 8) Facilitator: nutrition homework and handouts
 - a) Week 6 homework summary (handout 16)
 - b) Practice Logs: Collect last week's practice logs & hand out blank practice logs (to hand in to researcher; handout R1)
 - c) Nutrition homework: Daily diet journaling (5 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using "tracking by hand" (handout 10)
 - d) Review informal nutrition homework ideas on handout 16
 - f) Reminder: All day is coming up on Saturday, _____ (date)

Instructor Reminders: Please complete post-class documentation (handout T1)
 If someone missed a class, please complete handout T2

CLASS #7
(2 ½ hours)

Providers Present: Providers Present: Physical Activity-Functional Movement Expert/Facilitator and Music Therapist

Theme: Physical Activity: Expanding one's movement repertoire enhances their ability to be more adaptable to the unpredictable nature of the environment we live in, and allows us the ability to respond in a healthy way.

Functional Movement: Posture and alignment are the keys to creating optimal function. The functional interaction of each component in the kinetic chain allows for efficient and effective movement. Focus on learning that we are meant to move and that we can do so in three different planes: sagittal, frontal and transverse.

Music Therapy: Song-writing – participants using a song to express their feelings. Song writing is used with a client to help them process and put words to their current state of existence. This technique consists of the therapist and client brainstorming about possible themes to the song, the rhythm, the tempo and the title of the song (O'Callaghan, 1999). A variety of sounds and lyrics may be explored before the final product is complete. It is a process in which the client and the therapist play equal roles in creating the music. Often a client may wish to write a song conveying a message for a significant loved one. Clare C. O'Callaghan (1999) used song writing with Palliative care patients and found that it gave them a sense of pride and helped them to express messages to their families.

- 1) Facilitator: Please take attendance using sheet provided (this is only for instructor use, not for researchers to view)
- 2) Facilitator: Go around the room and give people the opportunity to explain their experience of the preceding week & ask questions or make comments about the homework (10-15 mins)
- 3) Functional Movement (35-40 mins)
 - a) Review Posture with a Stick (5 mins)
 - i) Stand Tall
 - ii) Walk – F/B/R/L
 - iii) Squat
 - iv) Table Top
 - b) Multi-Directional Travel - Agility Ladder w/variant pattern (10 mins)
 - i) Alternating Forward/Backward 1-in
 - ii) Forward/Backward 1-in
 - iii) Right/Left Right Leg/Left Leg 1-in
 - iv) Forward/Backward 2-in
 - v) Right/Left 2-in
 - vi) Right/Left Carioca
 - vii) Forward/Backward 3-Count Shuffle
 - viii) Forward/Backward Cross-Over Step
 - ix) Forward/Backward Skier Bound
 - x) 90° Bounce
 - xi) 180° Bounce
 - xii) Right/Left Ali Shuffle 2-in

- xiii) Right/Left Ali Shuffle 1-in
 - c) Cable work with Partners (10 mins)
 - i) Side Leans
 - ii) Twists
 - iii) Figure 8s
 - iv) Arcs
 - v) Chops
 - vi) Chop and Twist
 - vii) Clockwise Giant Circles
 - viii) Count-Clockwise Giant Circles
 - d) Hurdles – Step Over / Step Under Only variant pattern (10 mins)
- 4) Physical Activity (35-40 mins)
 - a) Track – walk/jog (20 mins)
 - b) Group Stretch (10 mins)
 - i) Calves
 - ii) Hug Knees
 - iii) Hug Knees & Twist R/L
 - iv) Prone Quad
 - v) Cat/Dog
- 5) Assign homework: Choice of individual or partner work (5-10 mins)
 - a) Functional movement: Right/Left balance/beach ball work (10 mins/ 3 times per week)
 - b) Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
 - c) Discussion about challenges/potential obstacles to completing homework, doubts about applicability to health and well-being, etc.
 - d) Review informal homework ideas on handout 18
- 6) Music Therapy (60 mins)
 - a) Explanation of Therapeutic Value of Song Writing (5 mins)
 - b) Drum Hello
 - c) Introduction to Song Writing (5 mins; handout 17): The songwriting component will consist of the participants using a song to express their feelings. In order to introduce composition to a group of “non musicians” the use of body percussion will be used. Each participant will be asked to create a sound. The combination of sounds will result in the group’s first composition.
 - d) Song Writing (45 mins)
 - i) Blues Style of music (handout 17): The therapist will explain the structure of the 12 bar blues (statement, repeated statement, question, answer). For this session, the group will write a song together brainstorming for lyrics as a group. The use of lyrics will then be introduced with a 12 bar blues form. Because of the personalized form and uniqueness of the blues, the therapist will provide a 12 bar blues structure in order to simplify the songwriting process (<http://afroamhistory.about.com/od/bluesmusic/a/bluesmusic.htm>). “Early blues frequently took the form of a loose narrative, often with the singer voicing his or her "personal woes in a world of harsh reality: a lost love, the cruelty of police officers, oppression at the hands of white folk, hard times” (<http://en.wikipedia.org/wiki/Blues>).
 - ii) Instruments to be used
 - iii) Brainstorming for Lyrics
 - iv) Tempo
 - v) Melody

- vi) The group will then be divided into three subgroups. Each group of clients will be asked to provide their own lyrics, based on their feelings of stress, and their song will be performed for the group. This may also be recorded or transcribed so there is a written record of the experience for the participant to keep.
 - vii) Performance for class of small group song – Record performance (5 mins)
 - e) Conclusion and Review (5 mins)
- 7) Assign music therapy homework (~5 mins)
- a) Play purchased or borrowed instrument along with two songs of their choice in order to facilitate personal music making for 10 minutes (4 x 10 mins). The participants will be reminded of the group discussion that was held regarding “drumming” or “playing” their stress and will be encouraged to use this same approach during their homework.
 - b) Use their personal songs for 20 minutes of SMI, 2 times this week. They will be asked to bring their drawings to the next class. (2 x 20 mins).
 - c) Review informal homework ideas on handout 18
- 8) Facilitator: nutrition homework and handouts (~5 mins)
- a) REMINDER: Please bring your calendars to next class b/c clinic visits will be scheduled at that time
 - b) Week 7 homework summary (handout 18)
 - c) Practice Logs: Collect last week’s practice logs & hand out blank practice logs (to hand in to researcher; handout R1)
 - d) Nutrition homework
 - i) Daily diet journaling (2 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using “tracking by hand” (handout 10)
 - ii) Analyze a typical day’s diet using My Pyramid Tracker to see how well the diet meets the recommendations (1 x 20 mins)
 - iii) Review informal nutrition homework ideas on handout 18

Instructor Reminders: Please complete post-class documentation (handout T1)
 If someone missed a class, please complete handout T2

CLASS #8
(3 hours)

Providers Present: Physical Activity-Functional Movement Expert/Facilitator and assistant

Theme: Physical Activity: Expanding one's movement repertoire enhances their ability to be more adaptable to the unpredictable nature of the environment we live in, and allows us the ability to respond in a healthy way.

Functional Movement: Posture and alignment are the keys to creating optimal function. The functional interaction of each component in the kinetic chain allows for efficient and effective movement. Focus on learning that we are meant to move and that we can do so in three different planes: sagittal, frontal and transverse.

- 1) Facilitator: Please take attendance using sheet provided (this is only for instructor use, not for researchers to view)
- 2) Facilitator: Go around the room and give people the opportunity to explain their experience of the preceding week & ask questions or make comments about the homework (15-20 mins).
- 3) Functional Movement (60 mins)
 - a) Review Posture with a Stick (~ 3 mins)
 - i) Stand Tall
 - ii) Walk – F/B/R/L
 - iii) Squat
 - iv) Table Top
 - b) Multi-Directional Travel - Agility Ladder w/variant pattern and multiple ladders (~15 mins)
 - i) Alternating Forward/Backward 1-in
 - ii) Forward/Backward 1-in
 - iii) Right/Left Right Leg/Left Leg 1-in
 - iv) Forward/Backward 2-in
 - v) Right/Left 2-in
 - vi) Right/Left Carioca
 - vii) Forward/Backward 3-Count Shuffle
 - viii) Forward/Backward Cross-Over Step
 - ix) Forward/Backward Skier Bound
 - x) 90° Bounce
 - xi) 180° Bounce
 - xii) Right/Left Ali Shuffle 2-in
 - xiii) Right/Left Ali Shuffle 1-in
 - c) Cable work with Partners – Single Leg Balance (~15 mins)
 - i) Side Leans
 - ii) Twists
 - iii) Figure 8s
 - iv) Arcs
 - v) Chops
 - d) Hurdles – Leap Over / Step Under Only variant pattern (20-25 mins)

- 4) Physical Activity (45 mins)
 - a) Track – walk/jog (20 mins)
 - b) Group Stretch (10 mins)
 - i) Calves
 - ii) Hug Knees
 - iii) Hug Knees & Twist R/L
 - iv) Prone Quad
 - v) Cat/Dog

- 5) Facilitator: Assign balanced homework for all HEP components for next 4 months & handouts (10 mins)
 - a) Week 8 homework summary for all of HEP (handout 19)
 - b) Practice Logs: Collect last week's practice logs & hand out daily practice log for use until 4-month follow-up (handout R2)
 - c) Homework for next 4 months
 - i) Review “Support for Continuing Practice” (handout 21). Read 1st 2 paragraphs & pass out to participants. Note: The study is over AFTER the 4-month follow-up. So, participants should not take any class not previously a part of their pre-study routine if it involves music, nutrition/diet, physical activity, or functional movement. This is important for the integrity of the science in the study. But, if they do take such a class, it is important they are able to tell the researchers that they did.
 - ii) Functional movement (choice of individual or partner work): Multi-Directional balance/beach ball work (10 mins/ 3 times per week)
 - iii) Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
 - iv) Music Therapy (60 mins/week formed from any combination below)
 - (1) Use their personal songs for 20 minutes of SMI, 3 times a week
 - (2) Play purchased or borrowed instrument along with two songs of their choice in order to facilitate personal music making for 10 minutes, 6 times a week. They can “drum” or “play” their stress.
 - v) Nutrition (60 mins/week)
 - (1) Menu Planning (handout 11): Plan 3 meals for each week (3 x 20 mins) and use “tracking by hand” (handout 10)
 - (2) Once per month, analyze a typical day's diet using My Pyramid Tracker to see how well the diet meets the recommendations (1 x 20 mins)
 - vi) Informal homework should be continued from here on and can include any from previous weeks

- 6) Goodbye (25-30 mins)
 - a) Evaluate course
 - b) Have people met their goals? What are their goals for the next 4 months?
 - c) Discussion about challenges/potential obstacles to continuing to practice everything they've learned, doubts about applicability to health and well-being, etc.

Instructor Reminders: Please complete post-class documentation (handout T1)
 If someone missed a class, please complete handout T2

ALL DAY Outline

9:00-9:15	Welcome, Introduction and Ground Rules
9:15-10:00	Drumming Intro – 5’-10’ Music Therapy Practice – Guided SMI – 35’-40’
10:00-10:30	Walking Activity – Rain or Shine ☺
10:30-12:00	Preparing a Meal: Music/Functional Movement/Nutrition Combined Practice*
12:00-1:00	Lunch w/ Music and Conversation – Buffet Style
1:00-3:15	Breakout Sessions – 3 x 45’ each <ul style="list-style-type: none"> • Nutrition • Music Therapy • Functional Movement/Physical Activity
3:15-4:00	Wrap Up of Days Events

*Group Meal Preparation:

1. *Posture Check - All*
2. Food Prep Station 1: Preparing Veggies/Fruits (4 participants lead)
3. *Transition 1: Stationary and Moving Balance - All*
4. Food Prep Station 2: Dairy (3 participants lead)
5. *Transition 2: Beach Ball &/or Partner Cable Drills - All*
6. Food Prep Station 3: Meat (Protein) and Beans (3 participants lead)
7. *Transition 3: Hurdle Walking &/or Ladder Drills - All*
8. Food Prep Station 4: Grains (3 participants lead)
9. *Transition 4: Group Stretch - All*
10. Food Prep Station 5: Dressing – Oil/Vinegar/Seasonings (2 participants lead)

Some group stretches will be included/substituted as part of the transition in lieu of the movements, too.

Instructor Reminders: Please complete post-class documentation (handout T1)
 If someone missed a class, please complete handout T2

Guide to Handouts

The HEP guidelines include handouts specific to the HEP-MBSR study intervention. The class handouts are followed by handouts specific to the scientific portion of the study to be completed by class participants (labeled “R” for research). These are followed by research handouts to be completed by the HEP teachers (labeled “T” for teacher). Also, Pam Young’s name changed during the course of the project. In favor of historical accuracy, handouts appear with Pam’s previous name, Pam Polcyn.

HEALTH-ENHANCEMENT PROGRAM: MODULE DETAILS

HEP is organized into four areas of information: nutrition, physical activity, functional movement, and music therapy. Each area is taught by an expert with years of experience in their field. The components are designed to complement each other to improve well-being of the body and mind.

PHYSICAL ACTIVITY: Jude Sullivan, M.S.

Regular physical activity substantially reduces the risk of dying of coronary heart disease, the nation's leading cause of death, and decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. It also helps to control weight, contributes to healthy bones, muscles, and joints, reduces falls among older adults, helps to relieve the pain of arthritis, reduces symptoms of anxiety and depression, and is associated with fewer hospitalizations, physician visits, and medications. Moreover, physical activity need not be strenuous to be beneficial. People of all ages benefit from participating in regular, moderate-intensity physical activity, such as 30 minutes of brisk walking five or more times a week. Despite the proven benefits of physical activity, more than 50% of American adults do not get enough physical activity to provide health benefits. 25% of adults are not active at all in their leisure time. Activity decreases with age and is less common among women than men and among those with lower income and less education. Despite the known benefits of physical activity, making it a part of our daily routines is sometimes difficult. This is an important focus for HEP. In this regard, it is important to remember that one can start slowly and work up to a higher level of activity.

Class participants will engage in consistent rhythmic movement of choice that can be accomplished in a single session per day or aggregated over multiple sessions (i.e. it can be done in an unscheduled way throughout the day or as part of a schedule). The goal is to complete up to 30 minutes daily for 5 days per week. The focal activity is walking but can be any similar activity preferred by the participant. In addition, passive, static (non-moving) and dynamic (moving) stretching will be incorporated. The effort expended while engaging in the rhythmic activity is not to exceed what participants would self-judge to be between “fairly light” and “somewhat hard” (numeric = “11-13”) using the Borg Perceived Exertion Scale for physical activity (Borg, 1982). Experts advise that people with chronic diseases, such as a heart condition, arthritis, diabetes, or high blood pressure, should talk to their doctor about what types and amounts of physical activity are appropriate. All participants are required to have a Physician’s Authorization form completed. In addition, if one has 2 or more risk factors for coronary artery disease, a more in depth physician screening is recommended prior to participation.

Section Reference

Borg, G. A. V. (1982). Psychophysical basis of perceived exertion. *Med Sci Sport and Exerc*, 14, 377-381.

FUNCTIONAL MOVEMENT: Jude Sullivan, M.S.

People of all ages and levels of physical ability are innately dependent on the ability to move. Motion occurs in the frontal, sagittal and transverse planes. Muscles are orchestrated to either evoke movement or maintain dynamic stability via concentric, eccentric and/or isometric contractions. Yet, skeletal muscle itself is incapable of controlling movement unless it is connected to bone. Bones, and their associated joints, act as lever systems with muscle forces acting as the counterbalance to an applied load. As we age, it is observed that lifestyle choices we make reduce our ability to take advantage of the infinite manner in which we can move and use our bodies. Functional movement training will help improve:

- Balance
- Core Stability
- Agility
- Mobility

Specifically, we address quality posture and alignment. Posture and alignment are the keys to creating optimal function. The functional interaction of each component in the kinetic chain allows for efficient and effective movement. The core (the entire circumferential area and within between the armpits and the groin) is an often neglected chain “link” that can dramatically contribute to improved health, athleticism, or sport performance. In addition, functional movement focuses on proprioception, defined as a sensory modality that includes sensation of joint movement and joint position sense. Balance is controlled by vision, the vestibular system and proprioception.

As a result, the goal of the overall training plan is to expand one’s movement repertoire in order to become more physically adaptable and “free.” This freedom opens doors to choose more activities to participate in as well as supply one with the necessary tools to be ready to adjust reactively as one needs (e.g. when tripping on a curb or slipping on a patch of ice). When training is introduced in an integrated manner, one quickly realizes that “different” forms of training overlap with one another (i.e. balance and core training). Ideally, they will blend together to make a complete training program. The following briefly describes the manner in which the program can be advanced:

- DECELERATE (slow down) before ACCELERATE (speed up); resist movement before assist movement
- SIMPLE movement patterns to COMPLEX movement patterns
- SLOW TO FAST (Do drills as fast as you CAN; NOT as fast as you CAN’T)
- RHYTHM first, then TEMPO; be coordinated and graceful before moving quickly
- Change the venue/modality = Changing the stimulus (e.g. WATER, SAND, HILLS, RESISTANCE CORDS adds intriguing problems to solve)
- Add REACTIONS and SKILLS (e.g. cables for advanced acceleration/deceleration, ball toss with a partner while squatting)

MUSIC THERAPY: Pam Polcyn, MT-BC, WMTR

The American Music Therapy Association defines music therapy as “an established healthcare profession that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy improves the quality of life for persons who are well and meets the needs of children and adults with disabilities or illnesses. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation. Music therapists assess emotional well-being, physical health, social functioning, communication abilities, and cognitive skills through musical responses; design music sessions for individuals and groups based on client needs using music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, and learning through music; participate in interdisciplinary treatment planning, ongoing evaluation, and follow up”. (www.musictherapy.org).

As a board-certified music therapist, I believe in the power of music and its ability to bring about change in the clients that I serve. I believe in music **as** therapy versus music **in** therapy. My belief is that the power for change lies in the music and the therapist serves as the instructor. Music is an effective use for therapy due to the way the body and the brain respond to the musical stimulus.

For the purposes of this study I will demonstrate music therapy being used for stress reduction using active music making and drumming and songwriting. Exploring a variety of music interventions with participants will maximize the class' impact for a group with diverse musical and cultural backgrounds as well as physical and emotional needs. Exploring two different techniques will increase the probability that at least one of the interventions will help participants manage their stress. Initial homework assignments will be designed for class members to obtain a level of comfort with various types of music. The assignments will progress to the point where participants take an active role in their own music making.

Component 1 – Supportive Music & Imagery

Supportive music and imagery is an adaptation of the Bonny Method of Guided Imagery and Music (BMGIM). “Guided Imagery and Music is a music-centered exploration of consciousness which uses specific programmed music to stimulate and sustain a dynamic unfolding of inner experiences offering persons many possibilities for wholeness” (www.empowerinnovations.com). During the supportive music and imagery session the clients will be asked to find a place on the floor using a pillow or blanket, if they choose, that they will be asked to bring. The therapist will encourage the clients to become aware of their surroundings by instructing the clients to close their eyes and focus on the floor supporting them and their peers and around them. They will be instructed to relax their bodies and quiet their minds. They will be given a piece of paper and a set of oil pastels. The music will begin and the clients will be instructed that when they feel they are ready they can begin to draw what feeling or image the music is bringing to their minds. The music will last about eight to ten minutes. After the music has played there will be a time

of group discussion where the clients will be asked to share their drawings, images and feelings.

Component 2 - Active music making & drumming

The active music making and drumming component will consist of the participants using music and drumming as an emotional outlet and exploring their own music making. A variety of non-pitched instruments, including drums and percussion instruments, will be available and styles of music such as Native American music will be explored along with improvisation.

Therapeutic drumming is used for many reasons. It may be used for recreational purposes, to build teamwork and morale in a corporate setting or improve coordination for a patient recovering from an injury (<http://www.ubdrumcircles.com/faqs.php>). Research shows that the biological benefits of drumming include but are not limited to a boost in the immune system and a defense against burn out for staff members in long term care facilities and registered nurses. A facility in Pennsylvania which incorporated drumming as part of their employee wellness and benefit package saw a 50% improvement in their employee's mood, including a decrease in feelings of fatigue, anxiety and depression (www.healthysounds.com/feature14.html).

Biofeedback research indicates that these results are achieved due to the increase of Alpha waves in the brain during a drumming session (www.healthysounds.com/feature10.html). “*HealthRHYTHMS* is on the forefront of establishing a solid foundation for proving the biological benefits of drumming. Neurologist Barry Bittman, M.D. and his renowned research team discovered that a specific group drumming approach significantly increased the disease fighting activity of circulating white blood cells (Natural Killer cells) that seek out and destroy cancer cells and virally-infected cells. Along with conventional medical strategies, Dr. Bittman includes group drumming in all of his disease-based programs at the Mind-Body Wellness Center” (http://www.remo.com/portal/pages/health_rhythms/index.html).

Component 3- Songwriting

The songwriting component will consist of the participants using a song to express their feelings. Song writing is used with a client to help them process and put words to their current state of existence. This technique consists of the therapist and client brainstorming about possible themes to the song, the rhythm, the tempo and the title of the song (O’Callaghan, 1999). A variety of sounds and lyrics may be explored before the final product is complete. It is a process in which the client and the therapist play equal roles in creating the music. Often a client may wish to write a song conveying a message for a significant loved one. Clare C. O’Callaghan (1999) used song writing with Palliative care patients and found that it gave them a sense of pride and helped them to express messages to their families.

Section References

Blues. Retrieved March 23, 2006 from <http://en.wikipedia.org/wiki/Blues>

- Callaghan, C. C. (1999). Lyrical themes in songs written by palliative care patients. In D. Aldridge (Ed.), *Music therapy in palliative care: New voices* (pp. 43-58). London: Jessica Kingsley Publishers.
- Dileo, C. (1999). Songs for living: The use of song in the treatment of oncology patients. In C. Dileo (Ed.), *Music therapy and medicine: Theoretical and clinical applications* (pp.151-166). Silver Spring, MD: American Music Therapy Association.
- Dileo, C. & Bradt, J. (1999). Entrainment, resonance, and pain-related suffering. In C. Dileo (Ed.), *Music therapy and medicine: Theoretical and clinical applications* (pp.181-188). Silver Spring, MD: American Music Therapy Association.
- History of the Blues. Retrieved March 23, 2006 from <http://afroamhistory.about.com/od/bluesmusic/a/bluesmusic.htm>
- O'Callaghan, C. C. (1999). Lyrical themes in songs written by palliative care patients. In D. Aldridge (Ed.) *Music Therapy in Palliative Care: New Voices* (pp. 43-67). London: Jessica Kingsley.
- What is music therapy? Retrieved March 23, 2006 from <http://www.musictherapy.org/>.

NUTRITION: Julie Thurlow, DrPH, RD, CD

Optimal nutrition is not only the provision of nutrients to prevent deficiencies but also provision of amounts of nutrients and other dietary components/constituents to provide optimal health and decrease the risk of the development of chronic disease. Current best evidence indicates that the protective effects of food come from a dietary pattern that provides foods in appropriate types and amounts, and not supplements of specific nutrients and/or food components. Using information from the 2005 Dietary Guidelines and the revised Food Guide Pyramid, participants will learn what the current recommended dietary pattern is for their specific age, gender and activity as well as ways of identifying the strengths and weakness of their current diet and how to effect change if necessary.

HEP - Functional Movement

Posture/Balance

Goals of Training:

1. Learn what it means to stand (or sit) tall while still – feeling three contact points with guide stick.
2. Learn what it means to stay tall when moving – feeling three contact points with guide stick.
3. Develop fundamental body position in space - static and dynamic proprioceptive balance.
4. Learn how to become less reactive and more adaptive with movement.
5. Learn to control total body balance through control of the trunk/core.
6. Learn how to use your feet to allow your hips to twist and turn with more freedom and fluidity.

Key Points:

1. Start in forward-backward plane, progress through right-left plane, and finish with rotation.
2. Develop the patterns using intensities/complexities that are most easy and progressing to most difficult.

POSTER & BALANCE

- 1) Stand Tall and Stand Tall with a stick
 - a) Single Leg Stand
 - b) Standing Arc
- 2) Walk Tall and Walk Tall with a stick
 - a) Forward, Backward, Right, Left Step to Balance
 - b) Step with Rotation to Balance
 - c) Arc Walks
 - d) Right/Left Side Step
 - e) Right/Left Staggered Side Step

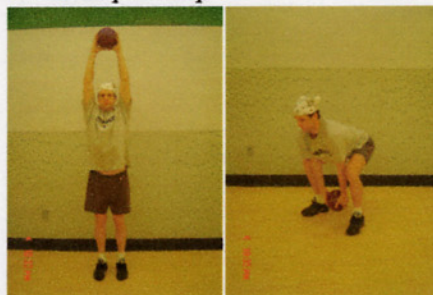
Example: Standing Arc



FORWARD/BACKWARD MED BALL DRILLS

- 1) EASY
 - a) Chop
- 2) DIFFICULT
 - a) Good Morning

Forward/Backward Example: Chop



RIGHT/LEFT MED BALL DRILLS

- 1) EASY
 - a) Side Lean
 - b) Golf
 - c) Twists
- 2) DIFFICULT
 - a) Arcs

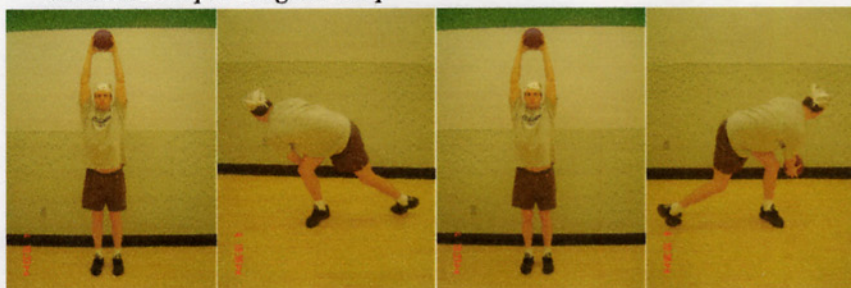
Right/Left Example: Golf



MED BALL DRILLS WITH ROTATION

- 1) EASY
 - a) Chop and Twist
 - b) Overhead Circles
- 2) DIFFICULT
 - a) Diagonal Chop
 - b) Clockwise & Counter Clockwise Giant Circles

Rotation Example: Diagonal Chop



PERCEIVED EXERTION (RPE) SCALE

6

How to use this scale:

7 **VERY, VERY LIGHT**

As you exercise you can monitor the intensity level by using this scale. Consider the following factors as you use this scale:

8

9 **VERY LIGHT**

10

11 **FAIRLY LIGHT**

12

13 **SOMEWHAT HARD**

14

15 **HARD**

16

17 **VERY HARD**

18

19 **VERY, VERY HARD**

20

- 1) "6" is comparable to seated rest and "20" is comparable to maximal physical exertion which would probably be uncomfortable and make you want to stop
- 2) use the words to guide you, you do not have to select a number with words by it nor do you have to select a number without words by it
- 3) rate your effort globally, in other words, try not to over-focus on heavy breathing, sweating or local muscular fatigue
- 4) trust your instinct. In general, longer duration cardiovascular exercise is rated between 10 and 15. The higher the intensity the harder it will feel, and the less likely you will be able to maintain it for long periods of time.

HEP Homework: Week 1

This week's homework will take about 45 minutes per day (6 out of 7 days during the week). Note: Nutrition will be introduced in week 3.

- 1) Functional Movement: Daily evaluation of posture – Practice stepping/leaping, moving forward/backward/right/left (10 mins/day)
- 2) Physical activity: explore regular walking (15 mins/day) & stretch (5 mins/day)
- 3) Music Therapy
 - a) Find one or two songs that you feel you can use for supportive music and imagery (SMI) and bring them to the next class (2 x 10 mins)
 - b) Listen to three radio stations (for 20 minutes) not normally listened to in order to familiarize self with different types of music (3 x 20 mins).
 - c) Walk through two music stores in order to familiarize yourself with different instruments spending 45 minutes in each store (2 x 45 mins)

Please remember to complete your homework practice log and bring it with you to the next class (to hand in to researchers)

HEP - Functional Movement

Coordinated Movement

5

Goals of Training:

1. Develop fundamental movement qualities necessary for proper change of direction.
2. Learn BOTH force ABSORPTION (bending; eccentrics) and force TRANSMISSION (extending; concentrics) using good form.
3. Enhance effective power.

Key Points:

1. SKILL FIRST!
2. Develop the patterns that are most simple and progressing to most complex. Eventually, develop a feel for the RHYTHM of the drill.
3. Develop the patterns using speeds (TEMPO) that are most slow and progressing to most enhanced.
4. Taking #1 and #2 together, perform drills "as fast as you CAN, rather than as fast as you CAN'T."
5. Develop the patterns using intensities that are most easy and progressing to most difficult.
6. Remember the use of proper arm opposition with all of these drills!

BEGINNER LEVEL DRILLS

1. Forward/Backward 1-ins – Right/Left leg lead; one foot is always in and the other is always out
2. Forward/Backward 2-ins – Right/Left leg lead; both feet are always in
3. Lateral R-ins - Right/Left shoulder lead; Right foot is always in and Left foot is always out
4. Lateral L-ins - Right/Left shoulder lead; Left foot is always in and Right foot is always out
5. Lateral 2-ins – Right/Left leg lead; both feet are always in

Example: Forward 1-in – Right Leg lead



INTERMEDIATE LEVEL DRILLS

1. Single Leg Ali Shuffle – Right/Left leg lead; scissors kick, alternate which foot is in and which foot is out
2. Double Leg Ali shuffle – Right/Left leg lead; scissors kick, both feet always in the same box while moving laterally
3. Carioca – Right/Left lead; typical drill but demands greater hip rotation
4. Slalom Bounds – Alternate Right/Left in as you bound down the ladder; be sure feet make simultaneous ground contact
5. Forward/Backward 3-count Shuffle – Right/Left leg lead; step into the ladder with the first two steps always in the ladder and the third step always outside of the ladder
6. Forward/Backward Cross-Over Step – Right/Left leg lead; step across your body into the ladder with the first step always in the ladder and the second and third steps always outside of the ladder

Example: Forward/Backward Cross-Over Step – Right/Left leg lead; step across your body into the ladder with the first step always in the ladder and the second and third steps always outside of the ladder



ADVANCED LEVEL DRILLS

1. Lead leg cross-over – Right/Left leg lead; lead leg always crosses outside of ladder, back leg is always in the ladder
2. Back leg cross-over – Right/Left leg lead; back leg always crosses outside of the ladder, lead leg is always in the ladder
3. 180° Turns – Right/Left foot always in; jump and turn 180° while moving down the ladder
4. 180° Turns – Alternate Right/Left foot in; jump and turn 180° while moving down the ladder

Example: Back leg cross-over – Right/Left leg lead; back leg always crosses outside of the ladder, lead leg is always in the ladder



HEP Music Therapy:

Application of Supportive Music and Imagery (SMI; ~20 mins)

- i) Focusing (5 mins)
 - (1) Find a place on the floor
 - (2) Close your eyes and focus on the floor supporting you
 - (3) Relax your body and quiet your mind
- ii) Music & Drawing (8-15 mins)
 - (1) Begin music (8-10 mins long)
 - (2) When you are ready, begin to draw what you are feeling or whatever images the music is bringing to your mind.

HEP Homework: Week 2

This week's homework will take about 35 minutes per day (6 out of 7 days during the week). This week's homework is a bit shorter, in part because nutrition has not yet been introduced and, in part, because next week's homework will take about 50 minutes per day.

1) Functional Movement

- a) Practice stepping/leaping, moving forward/backward/right/left (5 mins/3 times this week)
- b) Practice coordinating static body positioning – single leg balance & stand and step (5 mins/3 times this week)

2) Physical Activity: explore regular walking (15 mins/day) & stretch (5 mins/day)

3) Music Therapy: Use your personal songs for 20 minutes of SMI, 5 times this week. Please bring your drawings to the next class. (5 x 20 mins)

Please remember to complete your homework practice log and bring it with you to the next class (to hand in to researchers)

MyPyramid

STEPS TO A HEALTHIER YOU

MyPyramid.gov

8



GRAINS

VEGETABLES

FRUITS

MILK

MEAT & BEANS

GRAINS

Make half your grains whole

Eat at least 3 oz. of whole-grain cereals, breads, crackers, rice, or pasta every day

1 oz. is about 1 slice of bread, about 1 cup of breakfast cereal, or 1/2 cup of cooked rice, cereal, or pasta

VEGETABLES

Vary your veggies

Eat more dark-green veggies like broccoli, spinach, and other dark leafy greens

Eat more orange vegetables like carrots and sweetpotatoes

Eat more dry beans and peas like pinto beans, kidney beans, and lentils

FRUITS

Focus on fruits

Eat a variety of fruit

Choose fresh, frozen, canned, or dried fruit

Go easy on fruit juices

MILK

Get your calcium-rich foods

Go low-fat or fat-free when you choose milk, yogurt, and other milk products

If you don't or can't

consume milk, choose lactose-free products or other calcium sources such as fortified foods and beverages

MEAT & BEANS

Go lean with protein

Choose low-fat or lean meats and poultry

Bake it, broil it, or grill it

Vary your protein routine -- choose more fish, beans, peas, nuts, and seeds

For a 2,000-calorie diet, you need the amounts below from each food group. To find the amounts that are right for you, go to MyPyramid.gov.

Eat 6 oz. every day

Eat 2 1/2 cups every day

Eat 2 cups every day

Get 3 cups every day;
for kids aged 2 to 8, it's 2

Eat 5 1/2 oz. every day

Find your balance between food and physical activity

- Be sure to stay within your daily calorie needs.
- Be physically active for at least 30 minutes most days of the week.
- About 60 minutes a day of physical activity may be needed to prevent weight gain.
- For sustaining weight loss, at least 60 to 90 minutes a day of physical activity may be required.
- Children and teenagers should be physically active for 60 minutes every day, or most days.



Know the limits on fats, sugars, and salt (sodium)

- Make most of your fat sources from fish, nuts, and vegetable oils.
- Limit solid fats like butter, margarine, shortening, and lard, as well as foods that contain these.
- Check the Nutrition Facts label to keep saturated fats, *trans* fats, and sodium low.
- Choose food and beverages low in added sugars. Added sugars contribute calories with few, if any, nutrients.



MyPyramid.gov
STEPS TO A HEALTHIER YOU

U.S. Department of Agriculture
Center for Nutrition Policy and Promotion
April 2005
CNPP-15



USDA is an equal opportunity provider and employer.

Nutrition Homework: Diet Record

Name: _____

Date: _____

Please fill out this diet record as completely and accurately as you possibly can. One record per day. Household measures and weights are needed. When you are at home if you can measure out foods, it will give you an idea of what that amount of food looks like on a plate for reference when measuring is not possible (i.e. restaurants). You will need this detailed information to do the analysis accurately.

[illegible]

Name: _____

Date: _____

		Breakfast	Lunch	Dinner	Snack	Other	Other	Day Totals
Day 1	Grains							
	Vegetables							
	- Dark Green							
	- Orange							
	- Dry beans & peas							
	- Starchy Vegies							
	- Other							
	Fruits							
	Milk							
	Meat & Beans							
	Oil & Discretionary							
Day 2	Grains							
	Vegetables							
	- Dark Green							
	- Orange							
	- Dry beans & peas							
	- Starchy Vegies							
	- Other							
	Fruits							
	Milk							
	Meat & Beans							
	Oil & Discretionary							
Day 3	Grains							
	Vegetables							
	- Dark Green							
	- Orange							
	- Dry beans & peas							
	- Starchy Vegies							
	- Other							
	Fruits							
	Milk							
	Meat & Beans							
	Oil & Discretionary							

HEP Nutrition. Hand-tracking instructions: For each meal, please indicate the quantity of each food type involved.

This record applies to (check one):

- ☐ Daily diary journaling
☐ Menu planning for the week

	Subtotals
Grains	
Vegetables	
- Dark Green	
- Orange	
- Dry beans & peas	
- Starchy Vegies	
- Other	
Fruits	
Milk	
Meat & Beans	
Oil & Discretionary	

Day 4	Grains							
	Vegetables							
	- Dark Green							
	- Orange							
	- Dry beans & peas							
	- Starchy Vegies							
	- Other							
	Fruits							
	Milk							
	Meat & Beans							
	Oil & Discretionary							
Day 5	Grains							
	Vegetables							
	- Dark Green							
	- Orange							
	- Dry beans & peas							
	- Starchy Vegies							
	- Other							
	Fruits							
	Milk							
	Meat & Beans							
	Oil & Discretionary							
Day 6	Grains							
	Vegetables							
	- Dark Green							
	- Orange							
	- Dry beans & peas							
	- Starchy Vegies							
	- Other							
	Fruits							
	Milk							
	Meat & Beans							
	Oil & Discretionary							

Weekly Totals	
Grains	
Vegetables	
- Dark Green	
- Orange	
- Dry beans & peas	
- Starchy Vegies	
- Other	
Fruits	
Milk	
Meat & Beans	
Oil & Discretionary	

Nutrition Homework: Menu planning

Name: _____

Date: _____

Please write below a menu with serving amounts for each meal and snack for the upcoming week, making sure that each day achieves the correct number of serving for each of the Pyramid food groups. Do a shopping list and make sure you have the foods on hand! Yes, things happen and changes will occur. Note those changes on your menu and note how it affected the numbers of servings of each food group as well as discretionary calories. Also, different people have different eating habits. If you eat brunch, dinner and snacks OR three meals and three snacks, simply modify the form to reflect this. The main point is to make sure that your planned diet meets the recommendations for foods. Use the form on the back to track daily and weekly totals.

	Breakfast	Lunch	Dinner	Snack
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				

HEP Homework: Week 3

This week's homework will take about 50 minutes per day (6 out of 7 days during the week).

1) Nutrition

- a) Daily diet journaling (5 x 15 mins; handout 9) and compare to food guide pyramid handout (handout 8) using "tracking by hand" (handout 10)
- b) Menu Planning (handout 11): Plan your meals for this week (1 x 60 mins) and use "tracking by hand" (handout 10)
- c) Collect nutrition labels of favorite foods for discussion at next class (1 x 60 mins)

2) Functional Movement homework

- a) Practice stepping/leaping, moving forward/backward/right/left (5 mins/3 times this week)
- b) Practice coordinating static body positioning – single leg balance & stand and step (5 mins/3 times this week)

3) Physical Activity: explore regular walking (15 mins/day) & stretch (5 mins/day)

- 4) Music therapy: Use your personal songs for 20 minutes of SMI, 1 time this week. This is to keep the skill fresh while focusing more time this week on nutrition. Bring your drawings to class #5 (the one after next week's class).

Please remember to complete your homework practice log and bring it with you to the next class (to hand in to researchers)

Nutrition Homework: Online Diet Analysis Instructions

For a typical day you have kept a food record, please do an analysis of your diet clicking on the My Tracker information on the Food Pyramid website www.mypyramid.gov, and then going to “Assess Your Food Intake”. If you want to do more than one day during your week, that information may help you further and may be helpful for you to bring in. Visit “How does it work?” to get complete instructions on the use of the site. You must register as a site user and follow the directions on the website.

Remember to be as specific as possible when you enter a particular food. For instance, if you enter “soymilk” there will be no choices, but if you enter “soy milk” (note the space between the words), there are several choices. Choose the one closest to the food/beverage you consumed. After each food that is chosen, you must then choose an appropriate serving size and then enter the number of servings. After each addition, hit “enter food” until you are finished for the day. Then hit “save and analyze”. Analyze for “Meeting 2005 Dietary Guidelines”, “Nutrient Intakes”, and “My Pyramid Recommendation”. Print out each day before going on to the next day. Note on each analysis what areas you are doing well in and what needs to be improved.

HEP Homework: Week 4

This week's homework will take about 40 minutes per day (6 out of 7 days during the week).

1. Nutrition homework assignments
 - a. Continue diet journaling (5 x 15 mins; handout 9)
 - b. Analyze a typical day's diet using My Pyramid Tracker to see how well the diet meets the recommendations (1 x 20 mins; handout 13)
 - c. Identify areas of the diet that need change and list barriers to change as well as methods to overcome those barriers (1 x 30 mins; use plain sheet of paper or the back of one of your other forms)
2. Functional Movement homework
 - a. Practice stepping/leaping, moving forward/backward/right/left (5 mins/3 times this week)
 - b. Practice coordinating static body positioning – single leg balance & stand and step (5 mins/3 times this week)
3. Physical Activity homework: explore regular walking (15 mins/day) & stretch (5 mins/day)
4. Music therapy homework: Use your personal songs for 20 minutes of SMI, 1 time this week. This is to keep the skill fresh while focusing more time this week on nutrition. Bring your drawings from last and this week to the next class.

Please remember to complete your homework practice log and bring it with you to the next class (to hand in to researchers)

HEP Homework: Week 5

This week's homework will take about 45 minutes per day (6 out of 7 days during the week).

1. Functional movement
 - a. Practice stepping/leaping as in previous week and incorporating twisting, turning and leaning using all three planes (10 mins/ 3 times per week)
 - b. Forward/Backward balance/beach ball work (10 mins/ 3 times per week)
 - c. Continued practice of single leg balance (5 mins/ 3 times per week)
2. Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
3. Music therapy: Purchase or borrow an instrument of choice and play the instrument along with two songs of choice in order to facilitate personal music making (5 x 10 mins)
4. Nutrition homework: Daily diet journaling (5 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using "tracking by hand" (handout 10)

Please remember to complete your homework practice log and bring it with you to the next class (to hand in to researchers)

HEP Homework: Week 6

This week's homework will take about 40 minutes per day (6 out of 7 days during the week).

1. Functional movement
 - a. Forward/Backward balance/beach ball work (10 mins/ 3 times per week)
 - b. Continued practice of single leg balance (5 mins/ 3 times per week)
2. Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
3. Music Therapy: Play purchased or borrowed instrument along with two songs of your choice in order to facilitate personal music making for 10 minutes six days a week (6 x 10 mins). Remember the group discussion on “drumming” or “playing” your stress and try to use this same approach during your homework.
4. Nutrition homework: Daily diet journaling (5 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using “tracking by hand” (handout 10)

Please remember to complete your homework practice log and bring it with you to the next class (to hand in to researchers)

HEP Music Therapy Song Writing

An example of 12 bar blues song is provided below:

D - - -
 Woke up this morning with the

G - - - D - - - D7 - - -
 blues down in my soul

G - - -
 Woke up this morning with the

G7 - - - D - - - D7 - - -
 blues down in my soul Saying "My

A - - A7
 baby gone and left me, got a

G - - G7 D - - - D - A A7
 heart as black as coal"

Clap hands ____X____ **Clap** ____X____

Pat legs ____X____ **Pat legs** ____X____

Snap fingers _X____ **Snap fingers** ____X____

Stomp feet ____X____ **Stomp feet** ____X____

HEP Homework: Week 7

This week's homework will take about 45 minutes per day (6 out of 7 days during the week).

1. Functional movement: Right/Left balance/beach ball work (10 mins/ 3 times per week)
2. Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
3. Music Therapy
 - a. Play purchased or borrowed instrument along with two songs of your choice in order to facilitate personal music making for 10 minutes four days a week (4 x 10 mins). Try to “drum” or “play” your stress.
 - b. Use your personal songs for 20 minutes of SMI, 2 times this week. Please bring your drawings to the next class. (2 x 20 mins).
4. Nutrition homework
 - a. Daily diet journaling (2 x 15 mins; handout 9) and compare to food guide pyramid (handout 8) using “tracking by hand” (handout 10)
 - b. Analyze a typical day's diet using My Pyramid Tracker to see how well the diet meets the recommendations (1 x 20 mins)

Please remember to complete your homework practice log and bring it with you to the next class (to hand in to researchers)

HEP Homework: Week 8 & Beyond!

Congratulations on finishing the Health Enhancement Program! Now it is up to you to continue using and practicing the skills, exercises, and knowledge you have gained. To consolidate and expand on the gains you have made, continue to practice 6 out of 7 days each week. The following homework represents a balanced program that combines the skills you have learned over the course of the class.

1. Functional movement (choice of individual or partner work): Multi-Directional balance/beach ball work (10 mins/ 3 times per week)
2. Physical Activity: Walking (20 mins/day) & stretching (5 min/day)
3. Music Therapy (60 mins/week made up of any combination below)
 - a. Use your personal songs for 20 minutes of SMI, 3 times a week (20 mins/ 3 times per week)
 - b. Play purchased or borrowed instrument along with two songs of your choice to facilitate personal music making for 10 minutes, 6 times a week. “Drum” or “play” your stress. (10 mins/ 6 times per week)
4. Nutrition (60 mins/week)
 - a. Menu Planning (handout 11): Plan 3 meals for each week (3 x 20 mins) and use “tracking by hand” (handout 10)
 - b. Once per month, analyze a typical day’s diet using My Pyramid Tracker to see how well the diet meets the recommendations (1 x 20 mins)

Please remember to complete your daily practice log (handout R4). It will just take a minute or two each day. This will be handed in to researchers at your 4-month follow up visit.

Date log stopped / /
 m m d d y y y y

Please record the **NUMBER of MINUTES** you practice each of the following, each day. If you practice more than once, enter this as a separate total (minutes) on the same day. For example, if you practiced the stretching for 20 minutes in the morning and 20 minutes in the evening on Day 2, you would enter “20, 20” in the Day 2, Exercise/Stretching square. Please total the number of minutes for all practice each day.

	Day of Class (do not count in-class practice)	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Physical Activity							
Functional Movement							
Music Therapy							
Nutrition							
TOTALS							

Comments:

[illegible]

AT THE END OF THE SEVEN-DAY PERIOD PLEASE BRING THIS LOG TO CLASS.

4-month Practice Log (HEP-Cohort 1)**Dear Participant:**

What matters most about this log is that you are honest in completing it. Your instructor will not receive this information. We hope you will do what you wish to do to improve your own well-being. If that means taking a break or never practicing again, that is fine. What is important is that you record what you actually have or have not done. The information you provide will be more accurate if you take a moment each day to complete this log. However, if you forget to do so, please fill in days as soon as you can and let us know that those days were based on recall in the “comments” section.

For each day, please record the NUMBER of MINUTES you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day. For example, if you practiced physical activity for 20 minutes in the morning and 20 minutes in the evening on 10/20/06, you would enter “20, 20” in the 10/20/06 row, Physical Activity column. If you engaged in a different practice, please follow the same procedure but briefly note in the “other” column the name of the practice.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
10/20/06						
10/21/06						
10/22/06						
10/23/06						
10/24/06						
10/25/06						
10/26/06						
10/27/06						
10/28/06						
10/29/06						
10/30/06						
10/31/06						

IDNUM: _____

Handout R2: Page 2 of 6

For each day, please record the **NUMBER of MINUTES** you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
11/1/06						
11/2/06						
11/3/06						
11/4/06						
11/5/06						
11/6/06						
11/7/06						
11/8/06						
11/9/06						
11/10/06						
11/11/06						
11/12/06						
11/13/06						
11/14/06						
11/15/06						
11/16/06						
11/17/06						
11/18/06						
11/19/06						
11/20/06						
11/21/06						
11/22/06						
11/23/06						
11/24/06						
11/25/06						
11/26/06						
11/27/06						
11/28/06						
11/29/06						
11/30/06						

IDNUM: _____

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For each day, please record the **NUMBER of MINUTES** you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
12/1/06						
12/2/06						
12/3/06						
12/4/06						
12/5/06						
12/6/06						
12/7/06						
12/8/06						
12/9/06						
12/10/06						
12/11/06						
12/12/06						
12/13/06						
12/14/06						
12/15/06						
12/16/06						
12/17/06						
12/18/06						
12/19/06						
12/20/06						
12/21/06						
12/22/06						
12/23/06						
12/24/06						
12/25/06						
12/26/06						
12/27/06						
12/28/06						
12/29/06						
12/30/06						
12/31/06						

IDNUM: _____

For each day, please record the NUMBER of MINUTES you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
1/1/07						
1/2/07						
1/3/07						
1/4/07						
1/5/07						
1/6/07						
1/7/07						
1/8/07						
1/9/07						
1/10/07						
1/11/07						
1/12/07						
1/13/07						
1/14/07						
1/15/07						
1/16/07						
1/17/07						
1/18/07						
1/19/07						
1/20/07						
1/21/07						
1/22/07						
1/23/07						
1/24/07						
1/25/07						
1/26/07						
1/27/07						
1/28/07						
1/29/07						
1/30/07						
1/31/07						

IDNUM: _____

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For each day, please record the **NUMBER of MINUTES** you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
2/1/07						
2/2/07						
2/3/07						
2/4/07						
2/5/07						
2/6/07						
2/7/07						
2/8/07						
2/9/07						
2/10/07						
2/11/07						
2/12/07						
2/13/07						
2/14/07						
2/15/07						
2/16/07						
2/17/07						
2/18/07						
2/19/07						
2/20/06						
2/21/06						
2/22/06						
2/23/06						
2/24/06						
2/25/06						
2/26/06						
2/27/06						
2/28/06						

IDNUM: _____

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For each day, please record the **NUMBER of MINUTES** you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
3/1/06						
3/2/06						
3/3/06						
3/4/06						
3/5/06						
3/6/06						
3/7/06						
3/8/06						
3/9/06						
3/10/06						
3/11/06						
3/12/06						
3/13/06						
3/14/06						
3/15/06						

On average, I recorded this information (circle one): Daily Weekly Monthly Just before I turned it in

How accurately does this log reflect your actual practice (circle # below):

Not at All	Poorly	Not very well	Ok	Pretty well	Very well	Perfect
1	2	3	4	5	6	7

Comments: _____

THE INSTRUCTOR WILL NOT SEE YOUR RESPONSES

4-month Practice Log (HEP-Cohort 2)**Dear Participant:**

What matters most about this log is that you are honest in completing it. Your instructor will not receive this information. We hope you will do what you wish to do to improve your own well-being. If that means taking a break or never practicing again, that is fine. What is important is that you record what you actually have or have not done. The information you provide will be more accurate if you take a moment each day to complete this log. However, if you forget to do so, please fill in days as soon as you can and let us know that those days were based on recall in the “comments” section.

For each day, please record the NUMBER of MINUTES you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day. For example, if you practiced physical activity for 20 minutes in the morning and 20 minutes in the evening on 11/14/06, you would enter “20, 20” in the 11/14/06 row, Physical Activity column. If you engaged in a different practice, please follow the same procedure but briefly note in the “other” column the name of the practice.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
11/14/06						
11/15/06						
11/16/06						
11/17/06						
11/18/06						
11/19/06						
11/20/06						
11/21/06						
11/22/06						
11/23/06						
11/24/06						
11/25/06						

IDNUM: _____

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For each day, please record the **NUMBER of MINUTES** you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
12/1/06						
12/2/06						
12/3/06						
12/4/06						
12/5/06						
12/6/06						
12/7/06						
12/8/06						
12/9/06						
12/10/06						
12/11/06						
12/12/06						
12/13/06						
12/14/06						
12/15/06						
12/16/06						
12/17/06						
12/18/06						
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12/20/06						
12/21/06						
12/22/06						
12/23/06						
12/24/06						
12/25/06						
12/26/06						
12/27/06						
12/28/06						
12/29/06						
12/30/06						
12/31/06						

IDNUM: _____

Handout R2: Page 3 of 6

For each day, please record the NUMBER of MINUTES you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
1/1/07						
1/2/07						
1/3/07						
1/4/07						
1/5/07						
1/6/07						
1/7/07						
1/8/07						
1/9/07						
1/10/07						
1/11/07						
1/12/07						
1/13/07						
1/14/07						
1/15/07						
1/16/07						
1/17/07						
1/18/07						
1/19/07						
1/20/07						
1/21/07						
1/22/07						
1/23/07						
1/24/07						
1/25/07						
1/26/07						
1/27/07						
1/28/07						
1/29/07						
1/30/07						
1/31/07						

IDNUM: _____

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For each day, please record the **NUMBER of MINUTES** you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
2/1/07						
2/2/07						
2/3/07						
2/4/07						
2/5/07						
2/6/07						
2/7/07						
2/8/07						
2/9/07						
2/10/07						
2/11/07						
2/12/07						
2/13/07						
2/14/07						
2/15/07						
2/16/07						
2/17/07						
2/18/07						
2/19/07						
2/20/06						
2/21/06						
2/22/06						
2/23/06						
2/24/06						
2/25/06						
2/26/06						
2/27/06						
2/28/06						

IDNUM: _____

Handout R2: Page 5 of 6

For each day, please record the NUMBER of MINUTES you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
3/1/07						
3/2/07						
3/3/07						
3/4/07						
3/5/07						
3/6/07						
3/7/07						
3/8/07						
3/9/07						
3/10/07						
3/11/07						
3/12/07						
3/13/07						
3/14/07						
3/15/07						
3/16/07						
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3/18/07						
3/19/07						
3/20/07						
3/21/07						
3/22/07						
3/23/07						
3/24/07						
3/25/07						
3/26/07						
3/27/07						
3/28/07						
3/29/07						
3/30/07						
3/31/07						

IDNUM: _____

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For each day, please record the **NUMBER of MINUTES** you practice each day. If you practice more than once, enter this as a separate total (minutes) on the same day.

Date	Functional Movement	Physical Activity	Music Therapy	Nutrition	Other (specify)	Comments
4/1/07						
4/2/07						
4/3/07						
4/4/07						
4/5/07						
4/6/07						
4/7/07						
4/8/07						
4/9/07						
4/10/07						

On average, I recorded this information (circle one): Daily Weekly Monthly Just before I turned it in

How accurately does this log reflect your actual practice (circle # below):

Not at All	Poorly	Not very well	Ok	Pretty well	Very well	Perfect
1	2	3	4	5	6	7

Comments: _____

THE INSTRUCTOR WILL NOT SEE YOUR RESPONSES

Class Documentation

Complete after each class

Class Date: _____

Teacher's Name: _____

Please check all that apply.

In relation to the course guidelines, during today's class have there been any changes to:

- ☐ Class Length
- ☐ Content Order
- ☐ Overall Content

Please give a detailed description of any changes that were made during today's class in the space provided (use back side if necessary):

Make-Up Class Documentation

Health Enhancement Program

Teacher's Name: _____

Client's Name: _____

Date of Missed Class _____

Date of Make-Up Class/contact _____

Please provide a detailed description of the content of the make-up class or contact including deviations from the content of missed class in the space provided below.
