



Optimal Health Program Practitioner Training

Marco De Ieso
Professor David Castle
Dr Gaye Moore



OUR COLLABORATORS



The Optimal Health Program

Overview



Optimal Health
Program

Optimal Health Program (OHP)

- Collaborative salutogenic approach to managing symptoms and behaviours to produce designated levels of wellbeing determined by the participant
- It draws upon evidence based practices that sit within collaborative therapy, positive psychology and wellbeing
- It also draws upon outcome informed evidence where the participant takes ownership for their own wellbeing processes, planning and interventions.
- The program is therefore a framework of engagement with the content being determined by participants.

More About OHP

- This approach requires the practitioner to create a reciprocal learning environment where relational expertise for both roles is honoured.
- Though certain elements of OHP may resonate more with participant/ practitioner over others, no one element of OHP is greater than the whole.
- OHP is intentionally designed to be andragogical process where the participant constantly builds capacity for self, to ever enhance self-directed holistic wellbeing.

More About OHP

- OHP is in alignment with key elements of consumer defined recovery; being self-defined and self-determined and provides the essential mechanism of how to, that is through self-advocacy.
- At the heart of OHP sits two important instruments:
1) I Can Do Model and 2) Health Plans.
- I Can Do Model defines: actual and potential resources, to manage any adversity in life and maintain desired levels of wellbeing.
- Health Plans ensure personal autonomy is maintained at all times, including during episodes of illness.

OHP Improves Health Literacy

Health Literacy is the degree to which individuals have the capacity to *obtain*, *process*, and *understand* basic health information, supports and services needed to make appropriate health decisions.

Health Literacy is dependent on both individual and systemic factors:

1. Communication skills of lay people and professionals
2. Knowledge of lay people and professionals of health topics
3. Culture
4. Demands of the healthcare and public health systems
5. Demands of the situation/context

OHP provides opportunity for the participant and practitioner to explore these factors together.

Benefit of Increased Consumer Health Literacy

Health Literacy can provide consumers with:

1. Vehicle to better self advocate
2. Make informed decisions
3. Identify more options
4. Exercise self agency
5. Achieve desired health outcomes.



OHP provides a framework to progress those health outcomes.

OHP is consistent with national framework for recovery oriented mental health services

- Promoting a culture and language of hope and optimism
- Person first and holistic
- Supporting personal recovery
- Organizational commitment and workforce development
- Action on social inclusion and the social determinants of health, mental health and wellbeing.

The Optimal Health Program

Architecture



Optimal Health
Program

Architecture of OHP

ARCHITECTURE	SESSION	OHP MENTAL HEALTH	OHP SUBSTANCE USE
Situational Awareness	1	What is Optimal Health?	What is Optimal Health? Stages of Change Impacts of Substance Use
Enhancing Self-Efficacy	2	Strengths and Vulnerabilities Health Plan 1	Strengths and Vulnerabilities Resolving Ambivalence Health Plan 1
	3	Stressors and Strategies Health Plan 2	Stressors and Strategies Health Plan 2
Determinants of Health	4	Metabolic Monitoring and Medication	Harm Minimization Metabolic Monitoring and Medication
	5	Collaborative Partners and Collaborative Strategies Health Plan 3	Collaborative Partners and Collaborative Strategies Health Plan 3
Enhancing change through visioning and goal setting	6	Defining change Orientation and preparation for change	Defining change Orientation and preparation for change
	7	Creative problem solving Goal setting Reflection and celebration	Creative problem solving Goal setting Reflection and celebration
Summarising the learning and sustaining plans	8	Health Plans 1, 2 and 3 My Health Journal	Health Plans 1, 2 and 3 My Health Journal Reasons for Use Scale
	Booster	Reflecting on the learning in the transformational journey to sustain well being	Reflecting on the learning in the transformational journey to sustain well being

OHP Delivery

Formal OHP

- 8 weekly sessions plus post program booster
- Between session coaching
- Group or individual delivery
- Adapt according to need
- Introduce topics in sessions, don't exhaust them (rule of 1/3).

Informal OHP

- Incorporating elements of OHP into your current practice, in conjunction with other interventions, to promote wellbeing.

OHP Resources

- Mental Health Workbook
- Substance Use Workbook
- Facilitator Session Plans and Reflections
- Practitioner Training Workbook
- Practitioner Worksheets
- Psychiatric Medication Information
- Pocket Health Journal



The Optimal Health Program

Practitioner Stance



Optimal Health
Program

The Collaborative Therapy Practitioner Stance

“The therapist is not an expert agent of change; that is, a therapist does not change another person. Rather, the therapist’s expertise is in creating a space and facilitating a process for dialogical conversations and collaborative relationships. When involved in this kind of process, both client and therapist are shaped and reshaped-transformed-as they work together.”

Harlene Anderson 2003

Underpinnings of engagement

Collaboration and mutuality

- Shared respect
- Shared responsibility
- Reciprocal learning environment
- Use a coaching stance
- Focus on processes

Foster hope, critical thinking, resilience and self regulation

- Enhance autonomy
- Employ strengths
- Deploy effective strategies
- Develop effective support networks
- Establish autonomous goals
- Share learning outcomes

Creating the stance

Mutual Inquiry

- Practitioner as both host and guest in clients life
- Heads together to address the reason for the conversation

Relational Expertise

- Clients as the experts on themselves and their lives
- Practitioner as the experts on the process & space for collaborative relationships

Not Knowing

- Practitioner always holding the belief that there is more to know/that we can never fully understand another person

Creating the stance

Being Public

- Practitioner is open and generous with their thoughts, not holding onto an idea, opinion, or line of inquiry

Living with Uncertainty

- Being open to the unforeseen
- Attitude of being prepared

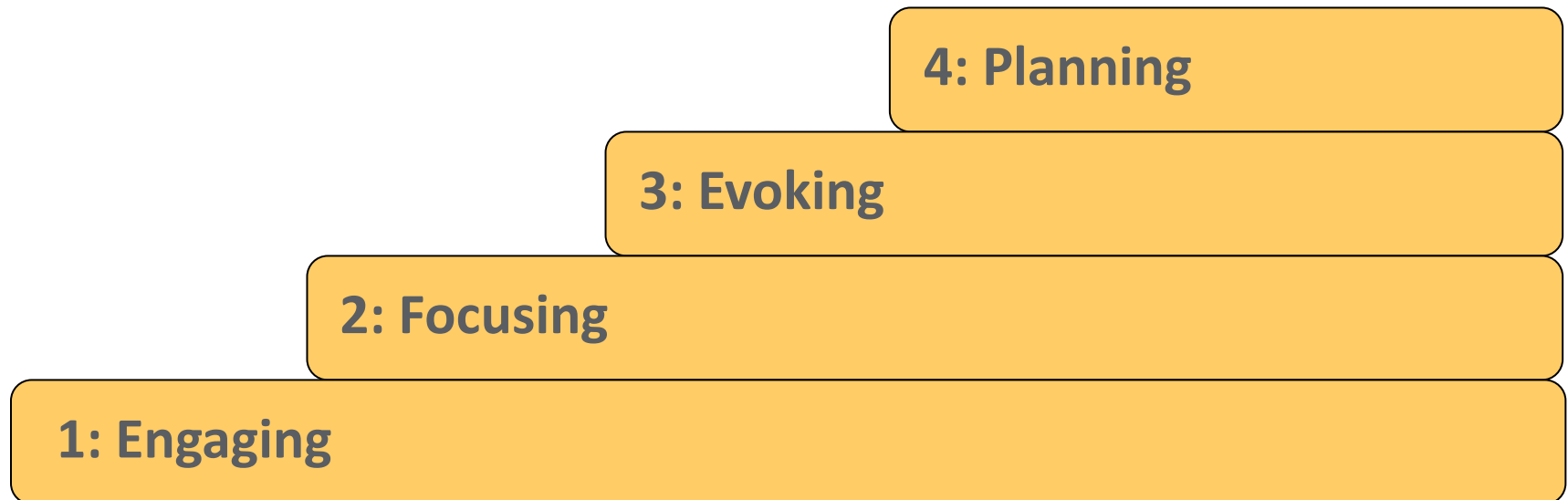
Mutually Transforming

- Therapy as a mutually transforming process for all present, including practitioner

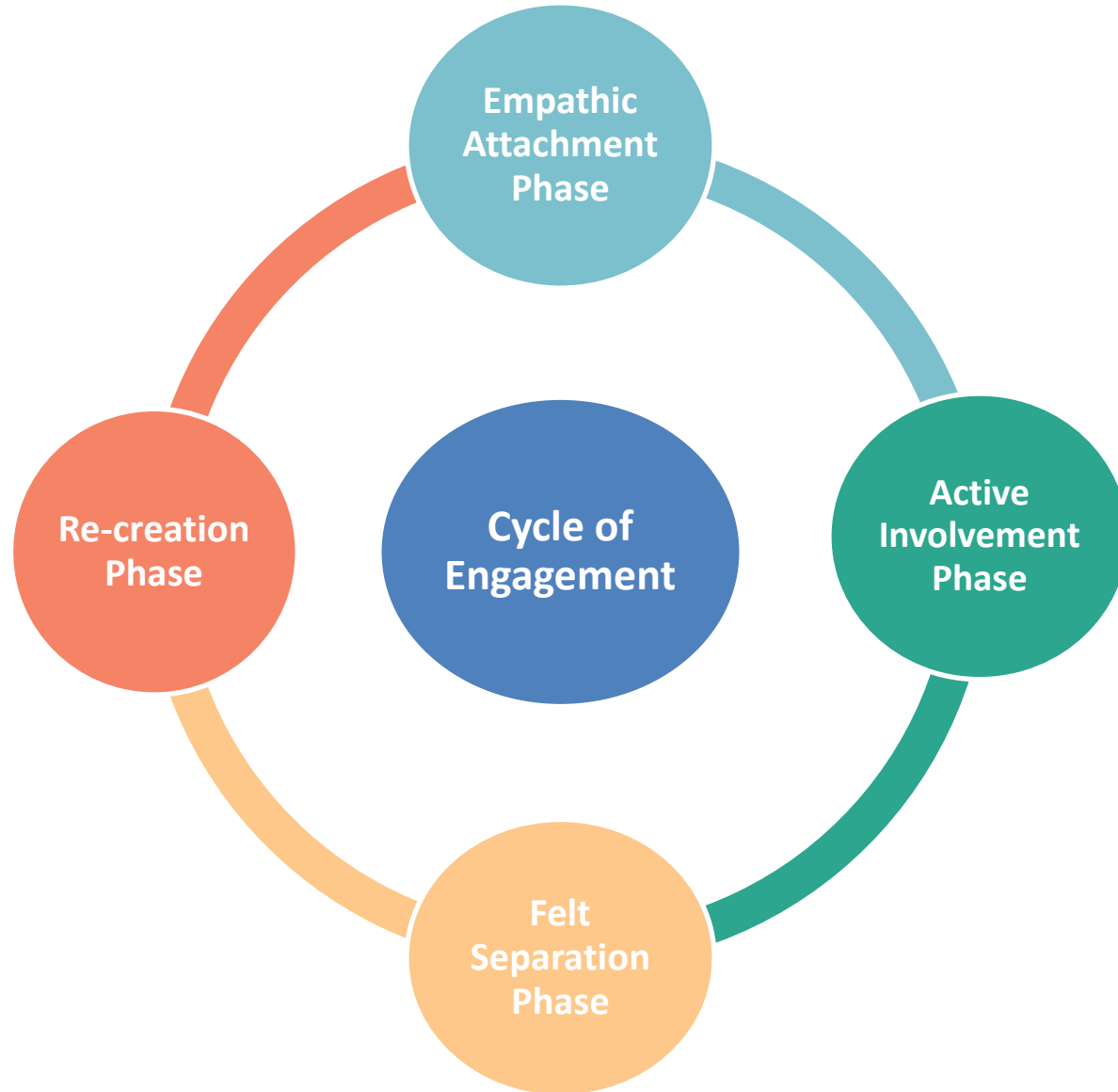
Orienting Toward Everyday Life

- belief that people are naturally resilient and desire healthy relationships and life quality

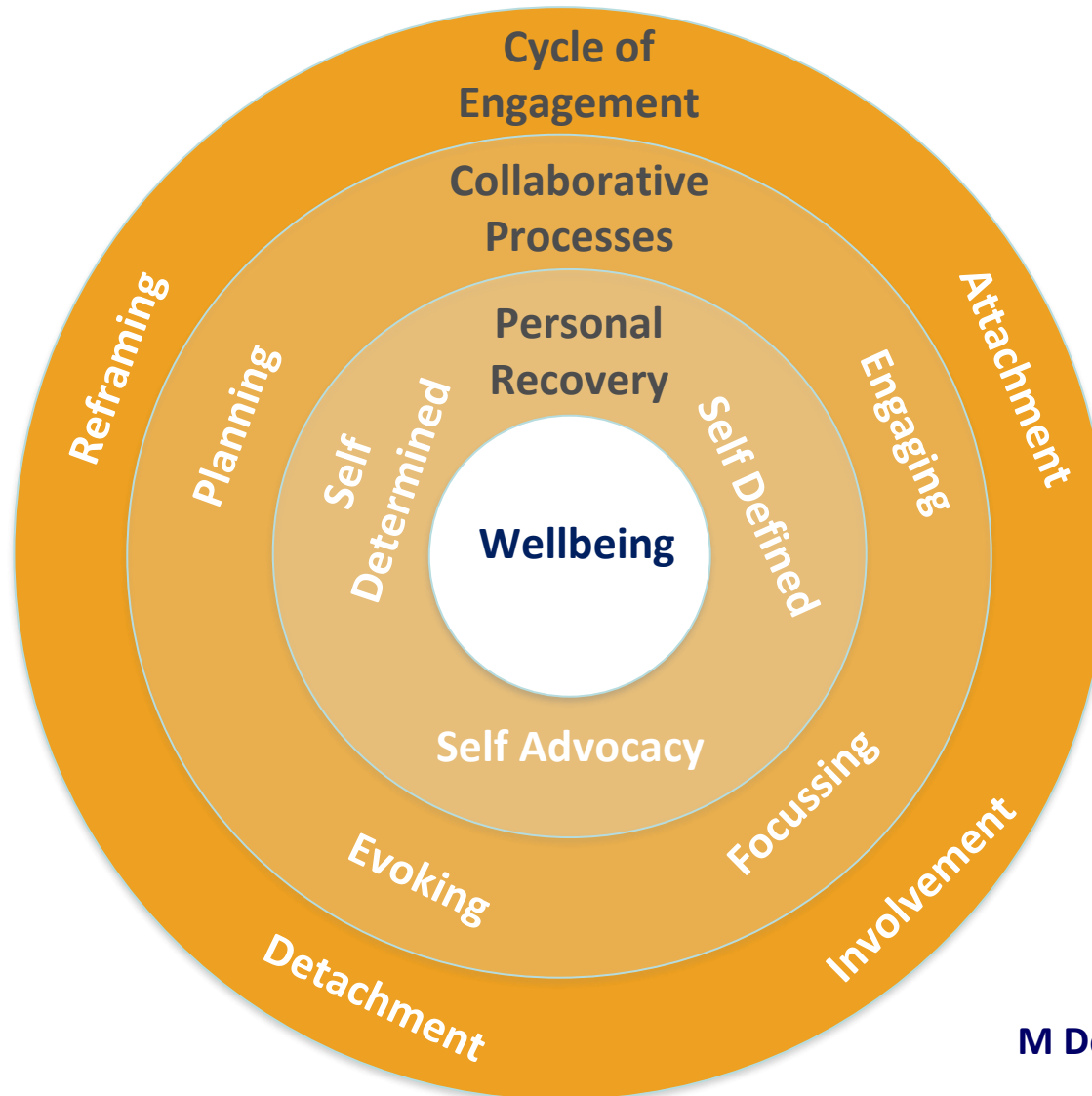
Steps in Collaborative Therapy Process



Collaborative Therapy Engagement Cycle



Facilitating OHP with Collaborative Therapy



Activity

In a group:

Taking into consideration the principles of OHP how would you engage a participant in OHP?

Skills – Coaching Skill Set, Motivational Interviewing Skill Set, Recovery Oriented Practice

The Optimal Health Program

Introduction



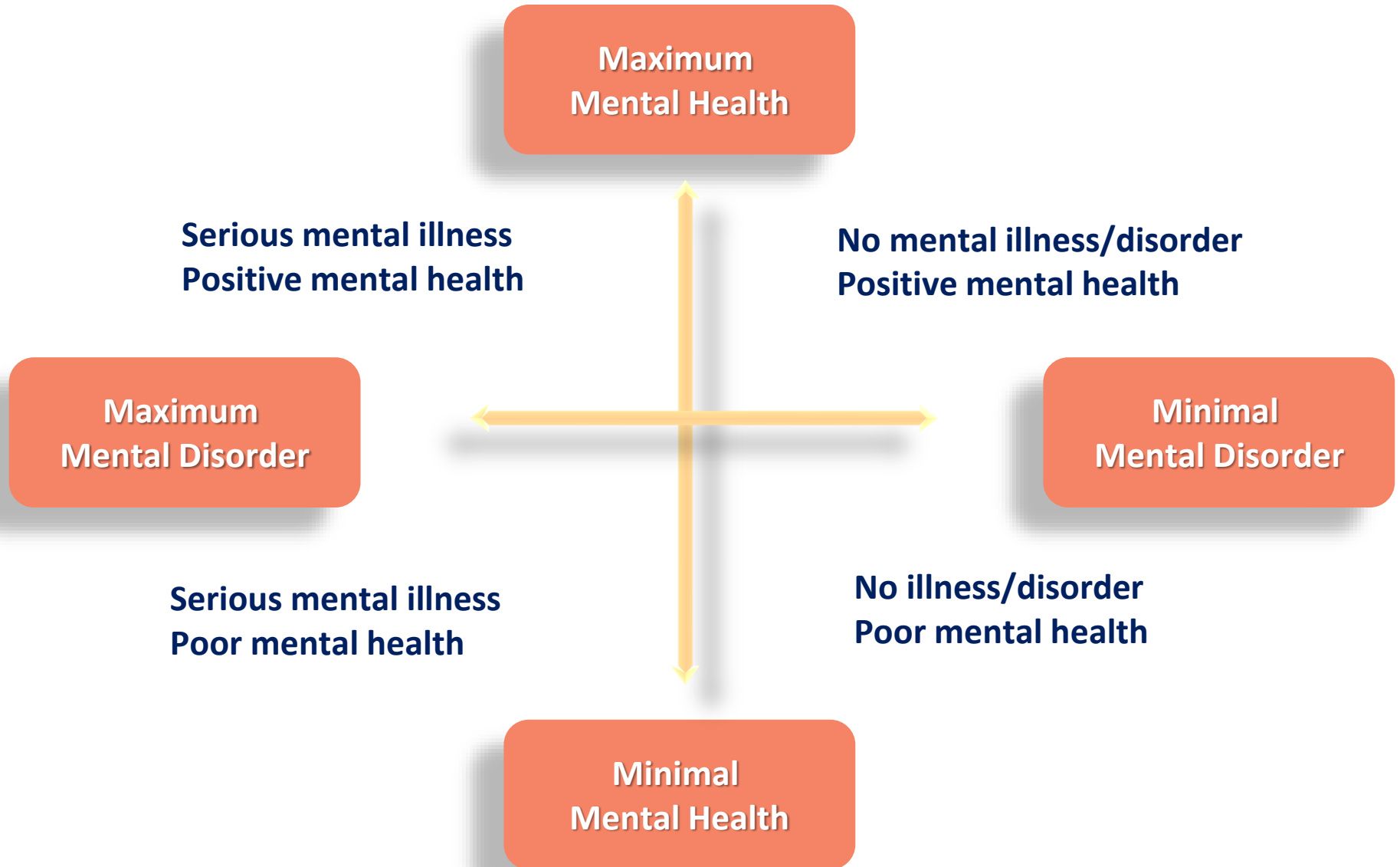
Optimal Health
Program

Introduction to OHP

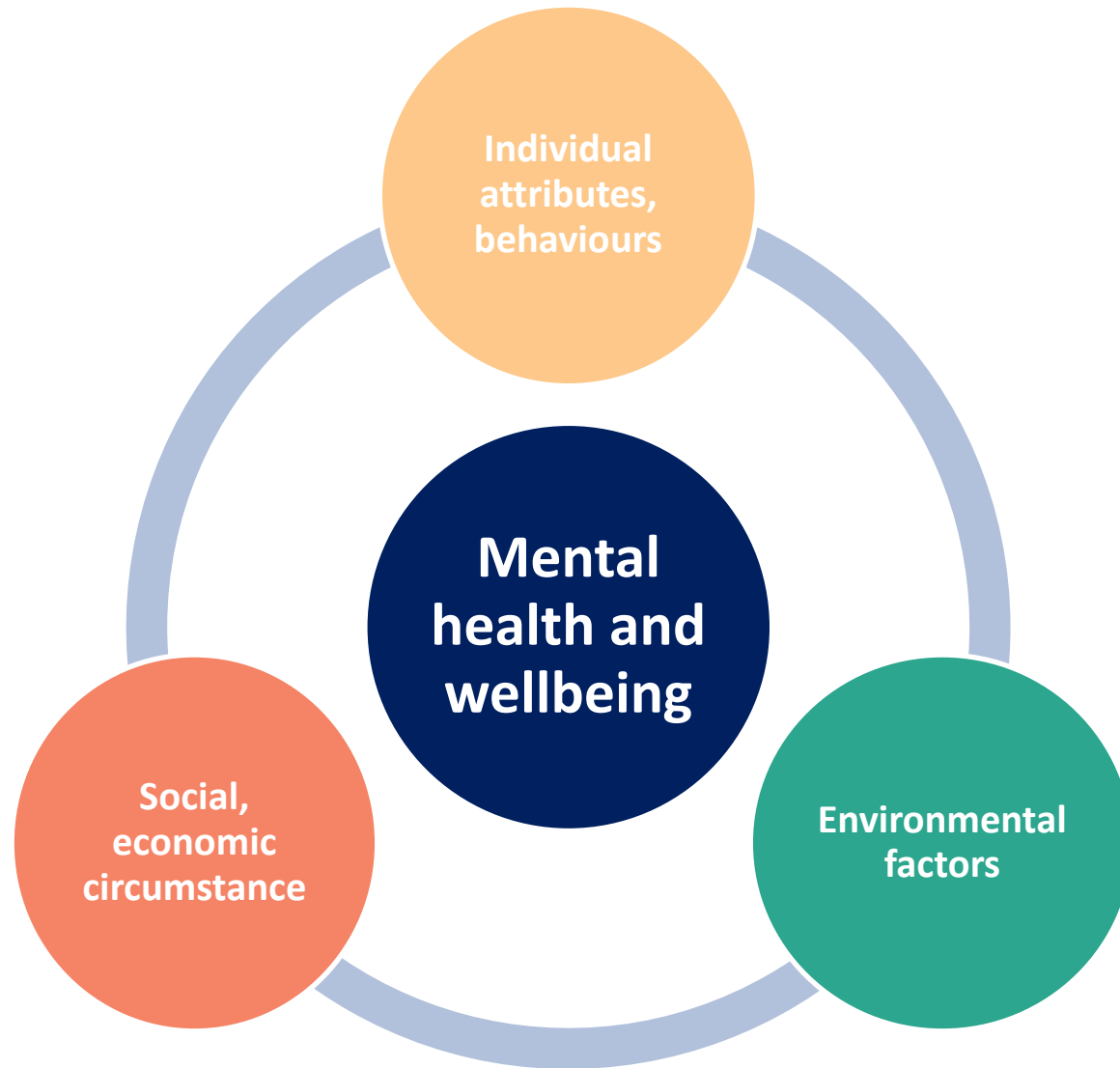
Mental Health

Core Component	Knowledge Domains	Skills	Observable Practice
Guidelines and Principles of Optimal Health	Collaborative Therapy Elements of Therapeutic Relationships Principles of collaboration & mutuality Well Being Theory Hope Theory Self Determination Theory Growth Mindset Principles of Coaching Strengths Based Approach Self Efficacy Theory Social Determinants of Health	Demonstrate true collaboration to maximise support for another's development & exercise of self agency in developing/maintaining optimal well-being Coaching Skill Set Motivational Interviewing Skills Recovery Oriented Practice	Demonstrable belief in another's ability to effect positive change in their own lives Develop effective working alliances

The Mental Health Continuum



Determinants of Health



Introduction to Optimal Health

- 1. Optimal Health Process**
- 2. Self Assessment Measures**
- 3. Health Plans 1, 2 & 3**
- 4. What does it mean to be healthy?**
- 5. Understand where I am today**

Facilitator Session Plans & Reflections

Session 1 – What is Health?

Session Objectives:

By the end of this session, the participant will:

- Have an understanding of what is involved in the Optimal Health Program.
- Be able to provide a definition of 'optimal health'.
- Begin to consider how their behaviour can influence their health.
- Have an understanding of the health wheel.

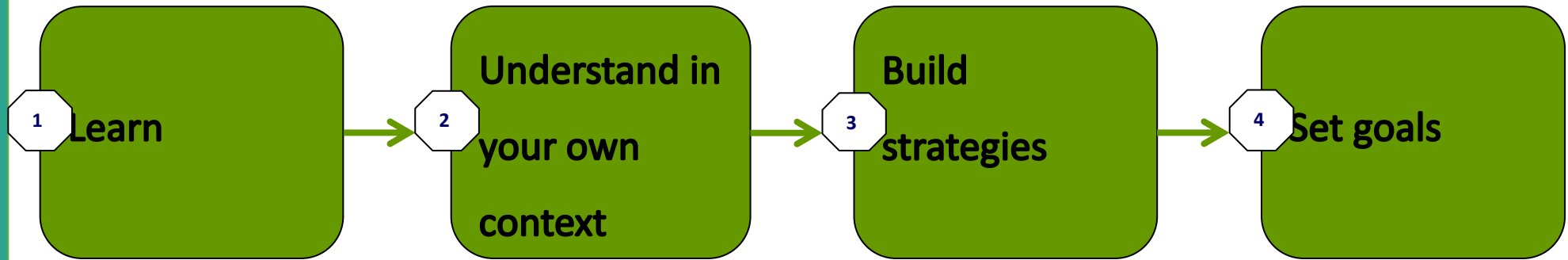
Session Outline:

Topic	Duration
1. Optimal Health Process	10 mins
2. Health Plans 1, 2 & 3	5 mins
3. What does it mean to be healthy?	15 mins
4. Understand where I am today	15 mins
5. What is Optimal Health?	10 mins
6. The Health Wheel	5 mins

Session Resources:

- Pens
- My Workbook

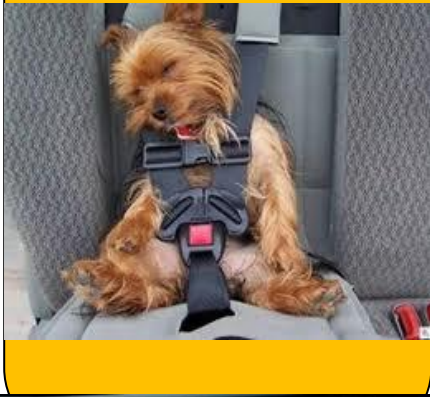
Introducing Optimal Health Program



→ **Self-efficacy**

Health Plans

Health Plan 1



Health Plan 2



Health Plan 3



OPTIMAL HEALTH

A balance

- 1) physical
- 2) emotional
- 3) intellectual
- 4) spiritual
- 5) occupational
- 6) social

I-CAN-DO MODEL

A balance

- 1) strengths
- 2) vulnerabilities
- 3) stressors
- 4) strategies

VISIONING AND GOAL SETTING

A balance

- 1) importance
- 2) confidence
- 3) values
- 4) need

What does it mean to me to be healthy?

Your surroundings



Your mind

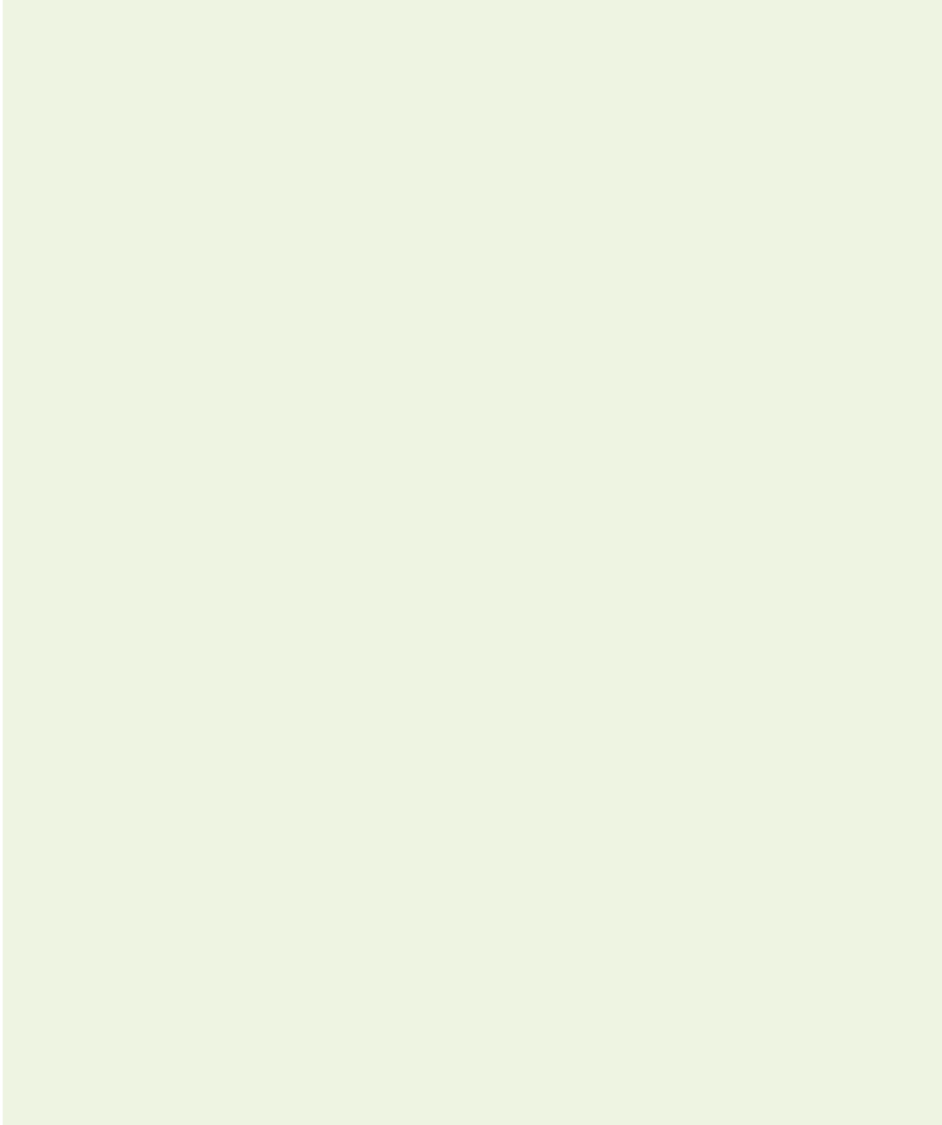


Your body

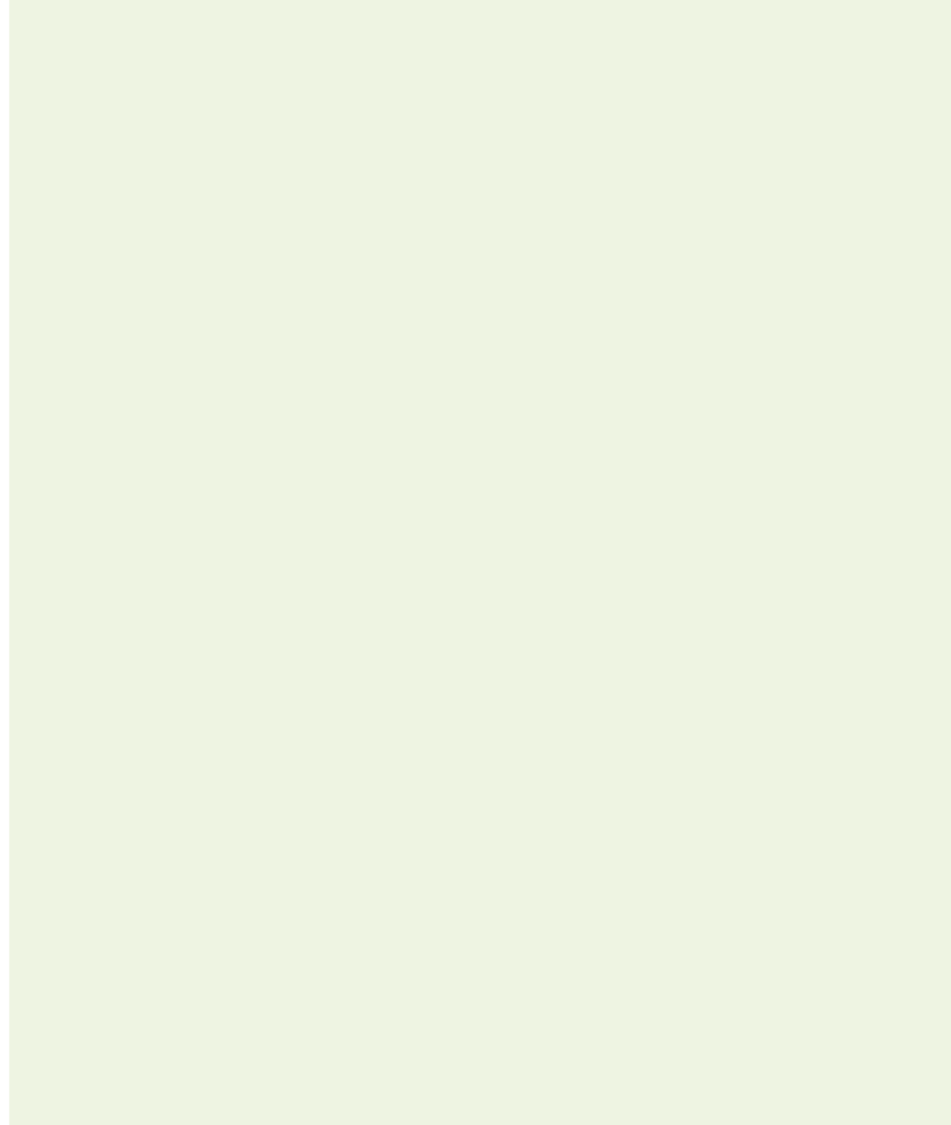


How do my behaviour and actions influence my health?

What are some of the things I do, which may have a **positive impact** on my health?



What are some of the things I do, which may have a **negative impact** on my health?



Activity

In silent reflection complete the activities on pages 5 and 6: What does it mean to be healthy?

Share your thoughts with the person next to you.

Select the most important aspect of your well-being and write it on a post it note. Then place that note under the domain that best describes it.

Week Log

I AM TRACKING

activities

emotions

eating

substance use

Days	Monday 29 July 2013	Tuesday 30 July 2013	Wednesday 31 July 2013	Thursday 1 August 2013	Friday 2 August 2013		
midnight	P 8 – coffee Biscuits – E 2						midnight
3 am	Feeling anxious unable to sleep						3 am
6 am	Feeling worried about work						6 am
9 am	P 8 – coffee Biscuits – E 2						9 am
noon	P 8 – coffee Banana bread – E 2						noon
3 pm	Confrontation with manager – very upset						3 pm
6 pm	P 10 – coffee Roast lamb – E 6						6 pm
9 pm	P 8 – coffee Biscuits – E 2						9 pm
midnight	Mind racing unable to go to sleep						midnight

P = pleasure 1 - no pleasure, 10 - maximum pleasure

E = amount of effort 1 - no effort, 10 - maximum effort

Session One

Core Component	Knowledge Domains	Skills	Observable Practice
Optimal Health	Well Being Theory	Explain Optimal Health Program Use of open questioning and affirming values	Explore domains of well-being Completion of Optimal Health Wheel

Session 1: Optimal Health

1. What is Optimal Health?
2. The Health Wheel

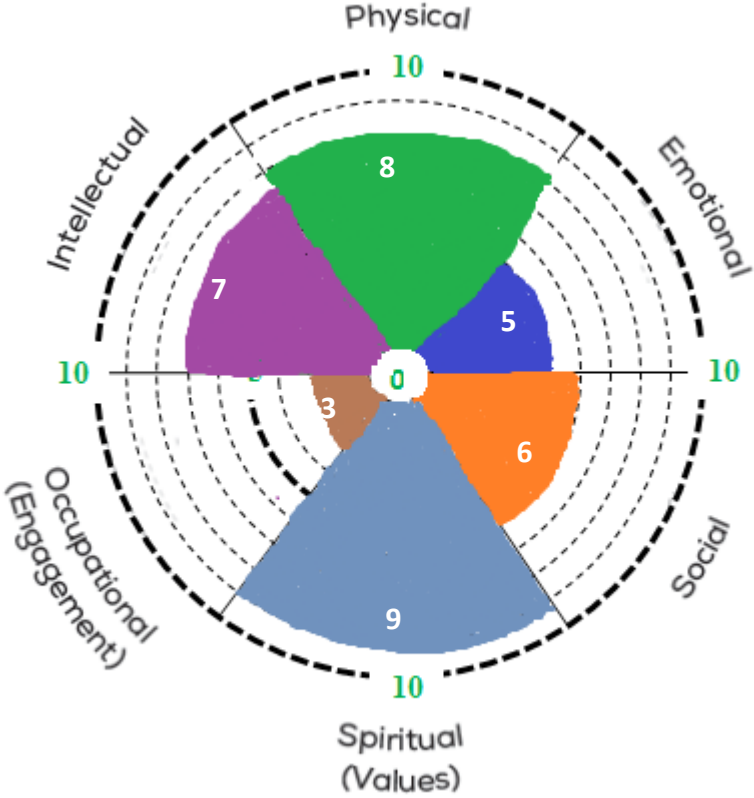
Page 10 - 14

Optimal Health

Optimal Health is a balance of the six domains

- **Physical**
- **Emotional**
- **Social**
- **Spiritual/Values**
- **Occupational/Engagement**
- **Intellectual**

Optimal Health Wheel



Activity

In pairs: Take turns to facilitate each other through the Optimal Health Wheel [Page 12].

Group discussion: What worked well?

What key words did you find yourself using in this conversation?

Reflection: Complete in your own time [Pages 13 and 14].

Skills – Explain OHP, use open questioning and affirming values

My Workbook

General Self-Efficacy Scale *

Name _____ Date _____

Using the scale below, circle the number that best describes how true the statement has been for you **DURING THE PAST WEEK**.

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
2. If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4
3. It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
4. I am confident that I could deal efficiently with unexpected events.	1	2	3	4
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
6. I can solve most problems if I invest the necessary effort.	1	2	3	4
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
8. When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
9. If I am in trouble, I can usually think of a solution.	1	2	3	4
10. I can usually handle whatever comes my way.	1	2	3	4

Work and Social Adjustment Scale **

Rate each of the following questions on a 0 to 8 scale: 0 indicates no impairment at all and 8 indicates severe impairment.

1. Because of my health problem/s my ability to work is impaired.	
2. Because of my health problem/s my home management (cleaning, shopping, cooking, looking after home or children, and paying bills) is impaired.	
3. Because of my health problem/s my social leisure activities (with other people, such as parties, outings, dating, home entertainment) is impaired.	
4. Because of my health problem/s my private leisure activities (done alone, such as reading, gardening, collecting, sewing, and walking) is impaired.	
5. Because of my health problem/s my ability to form and maintain close relationships with others, including those I live with, is impaired.	

My Workbook

Name _____ Date _____

HEALTH WHEEL

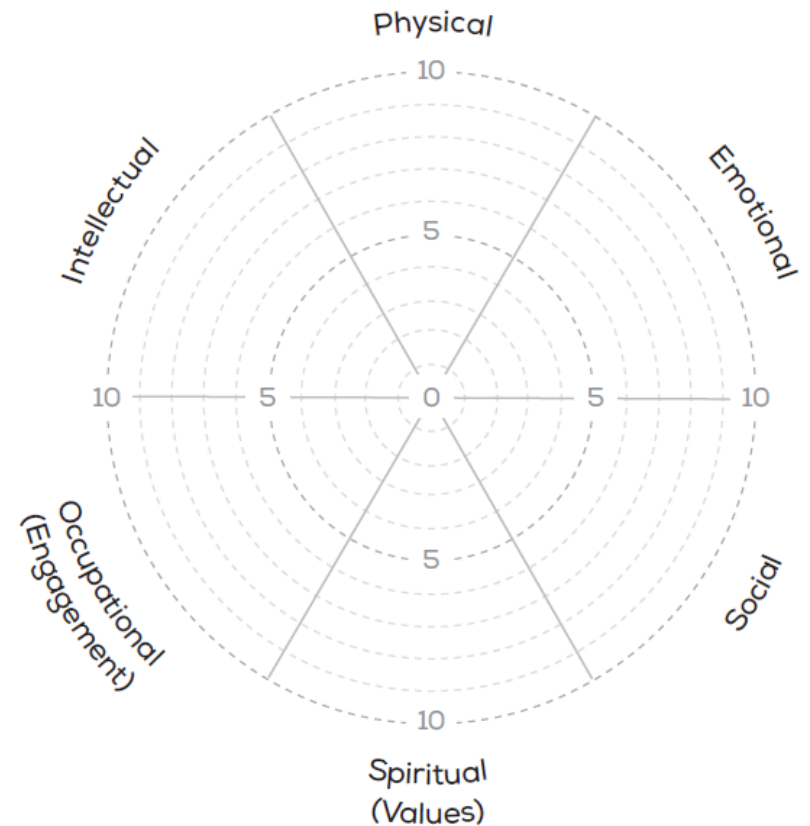
Consider each area of health one by one. Refer to page 11 for further explanation of the 6 areas of Optimal Health.

Colour in a section on your Health Wheel between 0 and 10 according to your satisfaction with your health in each of the above areas.

0 = very dissatisfied

10 = very satisfied

Optimal Health Wheel



Session Two

Core Component	Knowledge Domains	Skills	Observable Practice
I Can Do Model Part 1 – Strengths & Vulnerabilities	Self Efficacy Theory Stress Vulnerability Model Strengths Based Approach	Explore vulnerabilities through the balance of a strengths based approach	Identify and clarify Vulnerabilities and Strengths. Commence Health Plan 1

Session 2: I Can Do Model [Part1]

1. Revision of Session 1
2. Overview of the I Can Do Model
3. Understanding Our Strengths & Vulnerabilities
4. Health Plan 1

Self-Efficacy: I Can Do Model

Self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that affect their lives.

Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998)

MY STRENGTHS

MY VULNERABILITIES

I-Can-Do model



MY STRATEGIES

STRESSORS

Activity

Individually: Write down what you think are some strengths, vulnerabilities, strategies and stressors [Page 16].

As a group: Brainstorm potential vulnerabilities, strengths, strategies and stressors.

Identify day to day strategies for maintaining well-being.

Strengths and Vulnerability



Personal qualities
Skill and talents
Interests/aspirations
Environmental

Genetic factors
Environment
Brain chemistry

STRENGTHS

Personal qualities

Sometimes it can be difficult to identify our own personal qualities. You can ask help from people that know you, your friends, family, your GP or therapist.

- | | |
|-------------------------|-------------------------|
| Some examples: | Hard-working |
| Friendliness | Kindness |
| Sense of humour | Patience |
| Strength under pressure | Sensitivity |
| Reliability | Easy to talk to |
| Being caring | Generosity |
| Hopefulness | Willingness to stand up |
| Honesty | for the underdog |

Environmental

Environmental strengths are resources that exist outside your personality and are of help when reaching for your goals.

- | | |
|-----------------------|------------------------|
| Some examples: | A job |
| Friends and family | A home |
| Pet | A place where you feel |
| Supportive faith | safe |
| Community | Education |

MY STRENGTHS

Personal qualities

Environmental

MY HEALTH PLAN 1

Optimal Health

If your health was like a car, Health Plan 1 would be like every day maintenance of your car. Every time you drive, you have to be aware of the speed, check the rear view mirror and make sure you stay on the road.

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To develop an everyday maintenance plan for well-being.

Health Plan 1 identifies vulnerabilities and strengths, moving the participant from a 'why' mind frame to a 'how' solution focused mind frame.

Session Three

Core Component	Knowledge Domains	Skills	Observable Practice
I Can Do Model Part 2 – Strategies & Stressors	Self Efficacy Theory Stress Vulnerability Model Strengths Based Approach	Explore positive and negative stressors through a solution focused framework	Identify and clarify Stressors and Strategies Commence Health Plan 2

Session 3: I Can Do Model [Part 2]

- 1. Revision of Session 2**
- 2. Stressors and Stress:**
 - **Positive and Negative Stress**
 - **Body's Response to Stress**
 - **Stressful Situations & Early Warning Signs**
 - **Monitoring Daily Stress**
- 3. Strategies**
- 4. Health Plan 2**

MY STRENGTHS

MY VULNERABILITIES

I-Can-Do model



MY STRATEGIES

STRESSORS

I Can Do Model

Stress

Positive

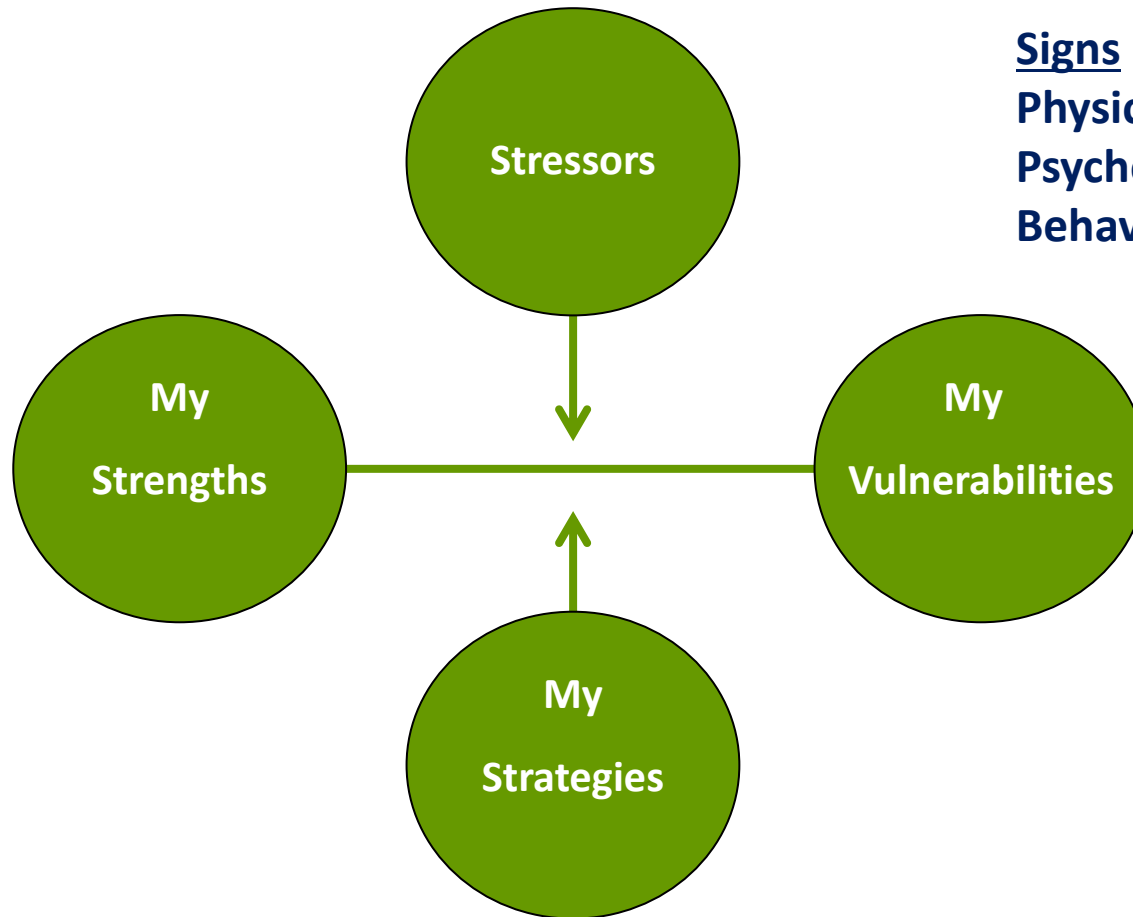
Negative

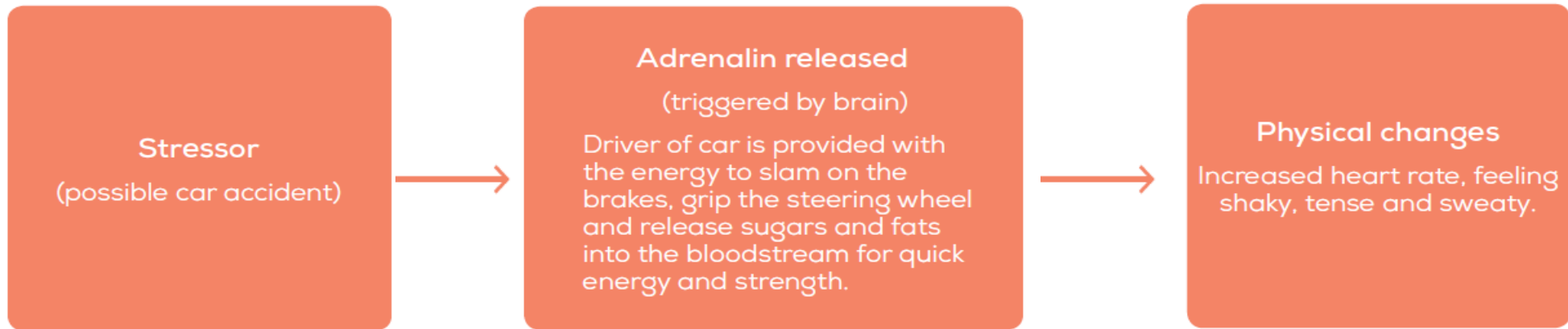
Signs

Physical

Psychological

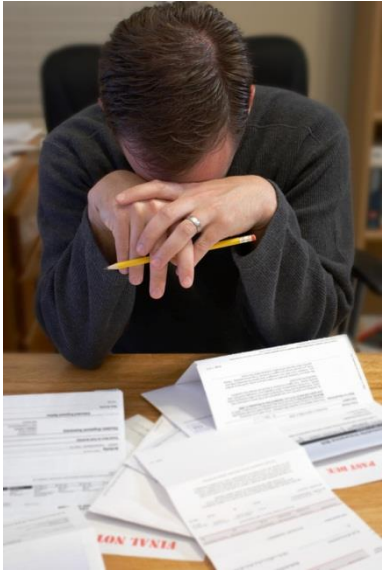
Behavioural





- Blood is sent from less important organs (skin, digestive system) to more important organs (brain and muscles).
- Heart rate gets faster to pump blood quickly around the body.
- Blood pressure increases to supply blood efficiently.

- Breathing rate increases to get more oxygen from the atmosphere.
- Glucose (sugar) and lipids (fats) are released to provide the body with energy.



Stressor



Stress sign



Early warning sign

	Benefits - identify	Cost - ignore
Stressful situations		
Early warning signs		

MONITORING DAILY STRESS

Think of a recent day or week and write down some of your activities:

Where was I?	What happened?	How did I react?	How did I feel?	What were my stress signs?	How important was it?

Can you recognise the cumulative effect on your body and mind over time?

I Can Do Model



Coping Strategies

Stressors	Strategies
Positive	
Job interview	Anticipate interview questions
	Practise interview process
Negative	
Traffic Jam	Deep breathing
	Allow additional time in peak hour

MY HEALTH PLAN 2

Collaborative Strategies

Health Plan 2 is useful when you end up on a windy road, your car starts skidding and you need to use your brakes.

Fortunately your car has anti-skid brakes to assist you.

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Maximises effective strategies by creating collaborative strategies.

Things to do when noticing early warning signs and support is required while maintaining self agency.

Session Four

Core Component	Knowledge Domains	Skills	Observable Practice
Medication & Metabolic Monitoring	Principles of Empowerment through education and choice	Support consumers to deepen awareness of medication, metabolism and choice	Consumers completing metabolic monitoring with their GPs

Session 4: Medication

1. Revision of Session 3
2. Effective Use of Medication
3. Monitoring Medication
4. Metabolic Monitoring

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Metabolic Monitoring

		Base date	3 months	6 months	12 months
INSERT RESULT IN EACH CELL		/ /	/ /	/ /	/ /
Physical & Metabolic	Height				
	Weight (in kg)				
	BMI = weight in kg by height in m ²				
	Waist				
	Blood Pressure				
	Fasting Blood Glucose				
	Lipids (Chol, LDL, HDL, TG)				
	LFT				
	U&E				
	FBE				
	TFTs				
	Prolactin				
	Vitamin D				
Cardiac	Others (e.g.: HbA1c, CRP, Troponin I/T)				
	ECG				
	Echocardiogram (if indicated)				
Main medications	1.				
	2.				
	3.				
Medication levels	e.g.: Li, Clozapine				
Interventions/Other					
Print name & signature of doctor completing this collection occasion:					

Guidelines for Practitioners

1. BMI – Body Mass Index (25-29 = overweight)
2. Fasting glucose (≥ 7 mmol/l)
3. Lipids (HDL/LDL < 3.5)
4. Prolactin (0-20ng/ml)
5. Cardiac function (ECG, troponin)
6. LFT – Liver Function Test
7. TFT – Thyroid Function Test
8. FBE & U&Es – Hb, electrolytes, kidney function

Managing Medications

- Discuss lifestyle changes with clinicians
 - Diet
 - Substance use
- Maintain regular blood testing
- Report side effects immediately
- Report unexplained symptoms immediately
- If feeling unwell see a doctor immediately
- Dial 000

Reasons for Medication Use

- **Strategy to maintain wellness**
- **Stabilize condition**
- **Improve well-being**
- **Reduce symptom impact**
- **Coping**
- **Compliance**
- **Avoid readmission**

Substance Use Harm Minimization

For participants who openly discuss their substance use make a time to administer the ASSIST [by WHO] and discuss harm minimization and appropriate strategies for their health plan.

Common Medications in Mental Health Treatment

- Antipsychotics
- Antidepressants
- Mood Stabilizers
- Anxiolytics
- Side Effect Medications

Common Side Effects of Mental Health Medication

- Sedation
- Weight Gain
- Dry Mouth
- Constipation
- Light-headedness
- Nausea
- Uncontrolled urination

Common Side Effects of Mental Health Medication

- Lethargy
- Migraine
- Muscle stiffness
- Tremors
- Blurred vision
- Change in blood pressure
- Loss of libido

Common Side Effects of Mental Health Medication

- Change in sugar levels
- Urinary retention
- Increased depression
- Suicidal ideation
- Skin irritations
- Fainting
- Loss of concentration

Common Side Effects of Mental Health Medication

- Sweating
- Insomnia
- Loss of appetite
- Sexual dysfunction
- Nervousness
- Irritability
- Development of comorbidities

Common Side Effects of Mental Health Medication

- Change in body temperature
- Experiencing influenza type symptoms
- Change in skin colour/tone
- Seizures or fits
- Loss of function
- Numbness
- Chest, face, back or arm pain

Reasons for Substance Use

- **Recreation**
- **Enhancement**
- **Coping**
- **Conformity/Acceptance**
- **Protective factor**
- **Control**
- **Escape**
- **Compensation**

Session Five

Core Component	Knowledge Domains	Skills	Observable Practice
Collaborative Partners and Strategies	Therapeutic Relationship Concept of Mutuality Self Efficacy and Empowerment Eco Mapping	Eco mapping facilitation Time Line Activity facilitation	Commence mapping of one's support network. Time line activity to identify Commence Health Plan 3

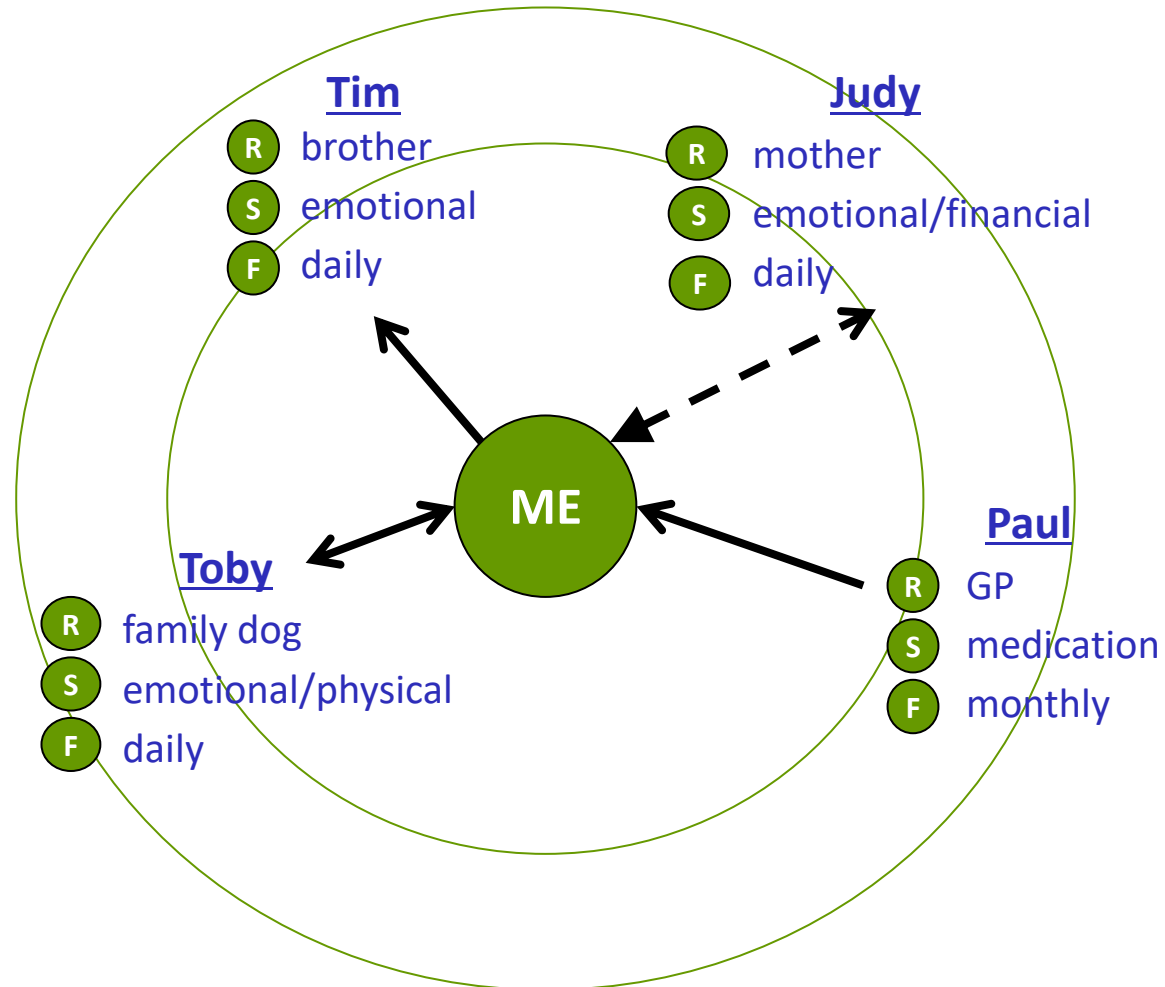
Session 5: Collaborative Partners and Strategies

1. Revision of Session 4
2. Collaborative Partners
3. Collaborative Strategies
4. Health Plan 3

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Collaborative Partners & Strategies

- R** relationship
- S** support
- F** frequency





MY COLLABORATIVE PARTNERS AND STRATEGIES

My Collaborative Strategy 1

When I experience a stressful situation, for example _____

and I notice My Early Warning Signs, such as _____

I will contact: Name: _____ Address: _____

Relationship: _____ Phone: _____

They can be involved by _____

Activity

Individually: Complete an eco map [Page 46]

In pairs: Facilitate each other to develop collaborative strategies using the network on the eco map [Pages 47 and 48].

Group discussion: What did your partner do well in facilitating the process?

Skills – Eco mapping facilitation

MY HEALTH PLAN 3

Episode Of Illness

Sometimes your car breaks down. In a case like this Health Plan 3 provides you with your road side assistance.

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Strategies during episode of illness to maintain self determination.

It revises Health Plans 1 and 2 and builds a safety plan, documenting individual needs.

Session Six

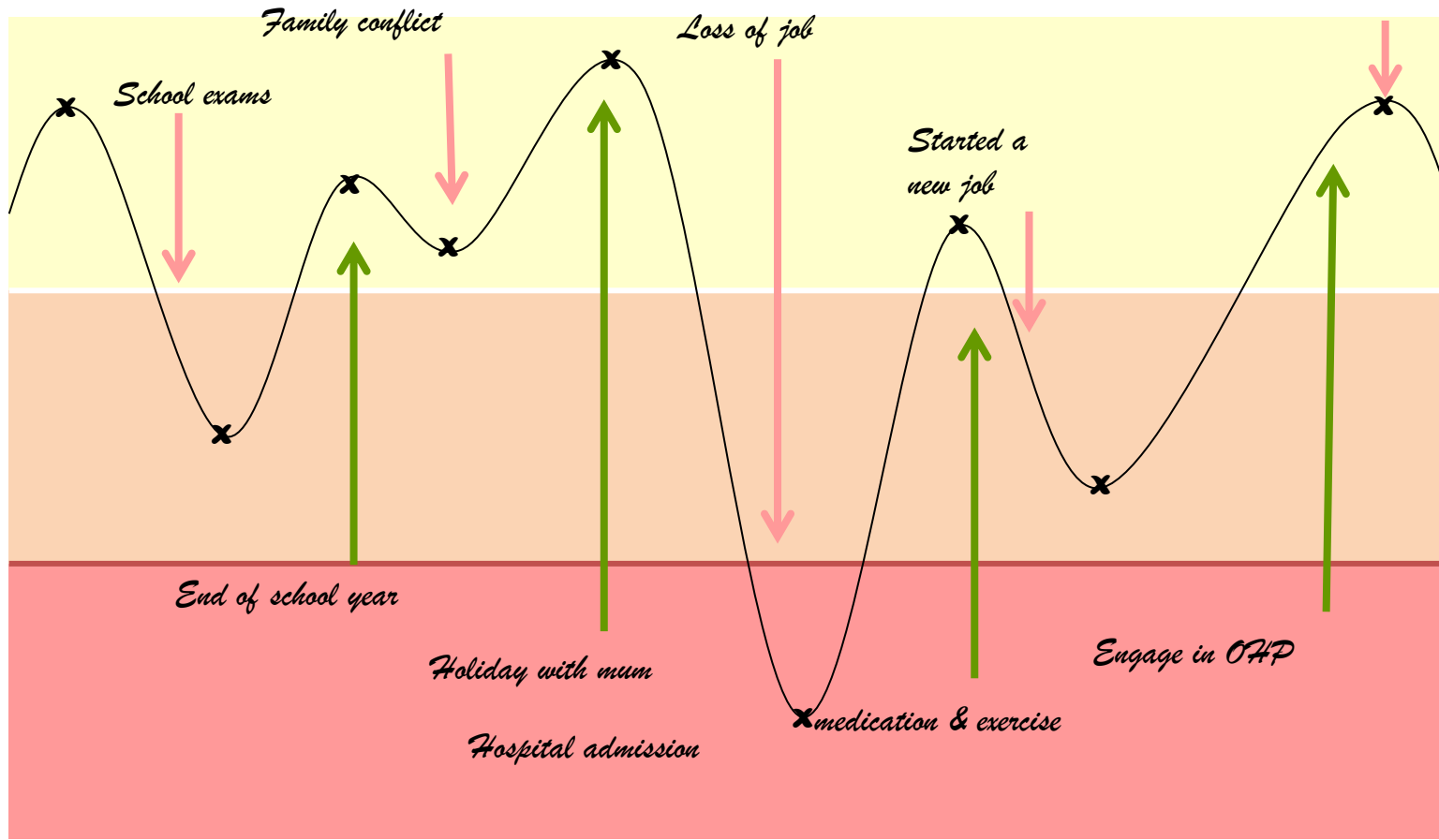
Core Component	Knowledge Domains	Skills	Observable Practice
Change Enhancement	Motivational Interviewing Strengths Based Approach Principles of Motivation	Use Motivational Interviewing skills: <ul style="list-style-type: none">• Developing discrepancy• Resolving ambivalence• Rolling with resistance	Using the Decisional Balance Using scaling questions of importance and confidence

Session 6: Change Enhancement

- 1. Revision of Session 5**
- 2. Timeline Activity – Understanding Past Events**
- 3. Revision of Health Wheel**
- 4. Visioning and Goal Setting – Change Enhancement:**
 - Defining Change**
 - Decisional Balance**
 - Orientation and Preparation**

Understanding past events

STRESSORS



Health Plan 1

Optimal Health

Health Plan 2

Sub Optimal Health

Danger Threshold

Health Plan 3

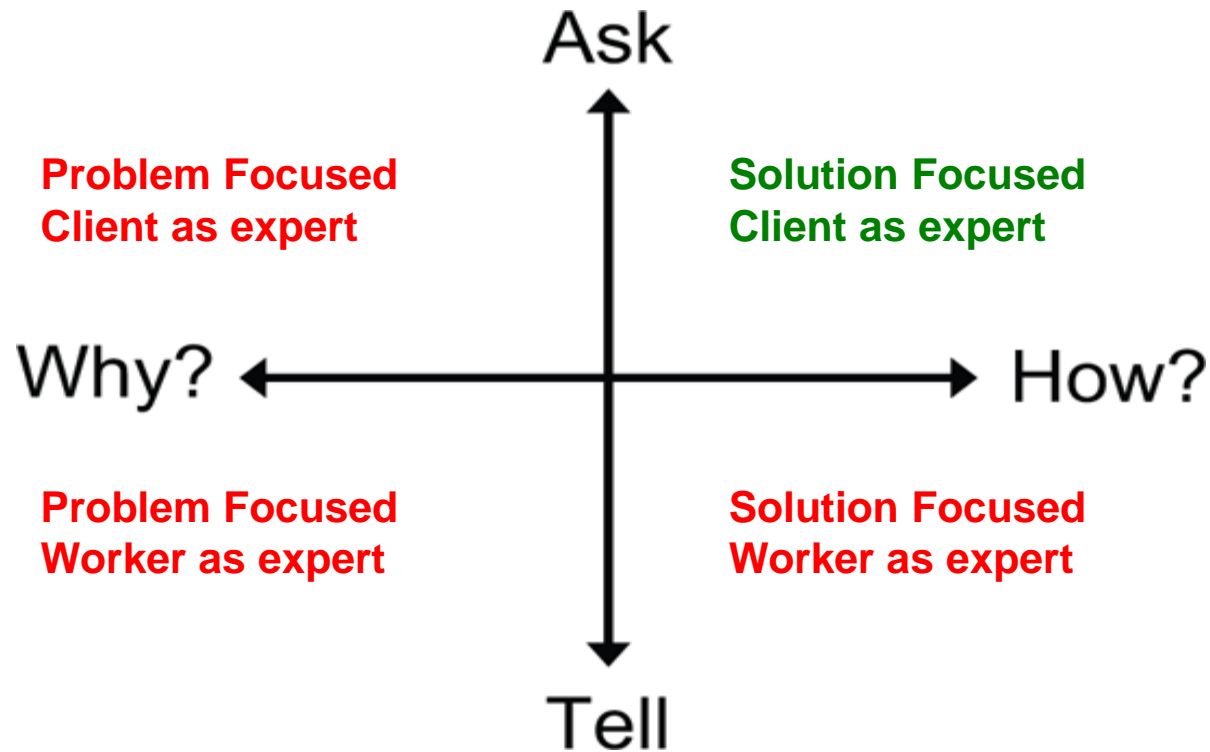
Episode of Illness

Past

STRATEGIES

Present

Having Coaching Conversations



Self-Concordance and Change

- **Intrinsic motivation** - actions engaged in for pure enjoyment
- **Identified motivation** - actions engaged in as they closely align with what is important to us
- **Introjected motivation** - actions engaged in because we feel we should do them
- **Extrinsic motivation** - actions engaged in because of reward or punishment

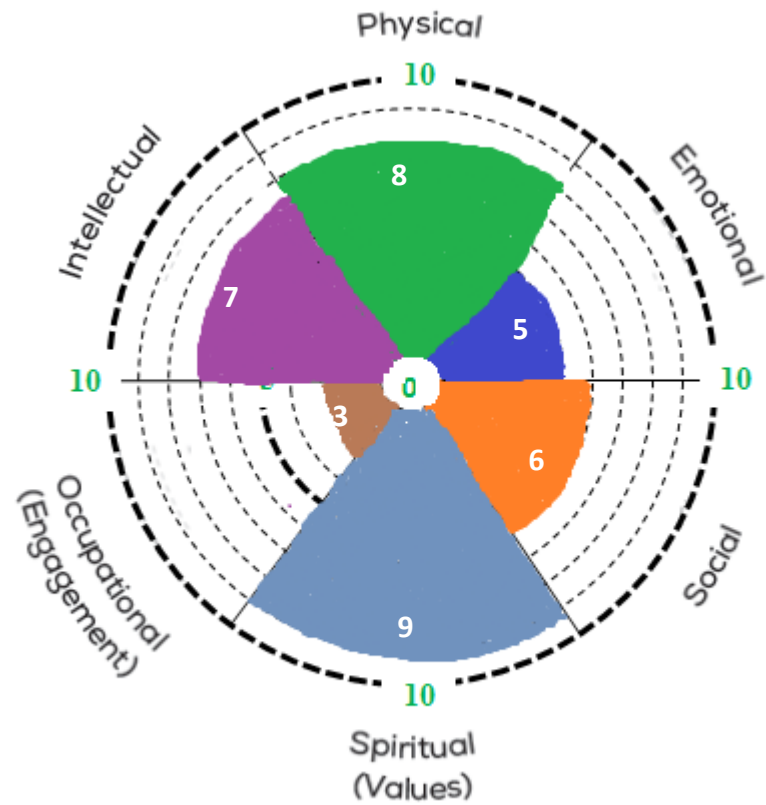
Self-Concordance and Change

- Decision alone is often insufficient to create change. Change is more likely when guided by internal motivation.
- Ambivalence and resistance to change is normal. Trying to force change may result in generating more resistance, defending the current behaviour or generating ambivalence.
- People who talk about change, explore self-concordance, are more likely to make change.

Self-Concordance, Ambivalence and Change

- When positive and negative emotions conflict creating competing internal desires ambivalence may be the outcome.
- Resolving ambivalence when it occurs is key to change.
- Making use of tools like the Decisional Balance, exploring intrinsic and identified motivation can help resolve ambivalence .

Visioning and Goal Setting



1 DEFINING CHANGE

The change I'd like to make is:

How important is it for you?



What would make this more important for you?

How confident do you feel?

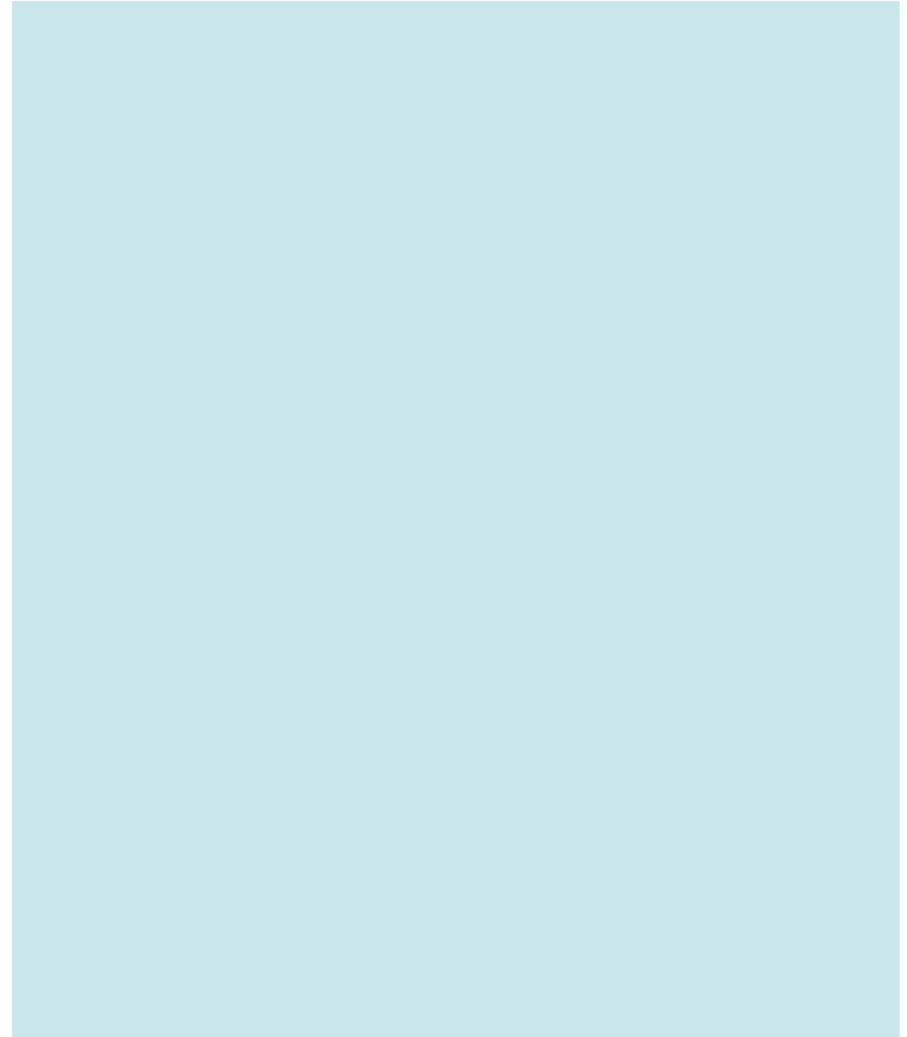


What would it take to make you more confident?
What needs to happen to achieve this?

Benefits of _____
_____ (change)



Benefits of continuing to _____
_____ (present behaviour)



Costs of continuing to _____
_____ (present behaviour)

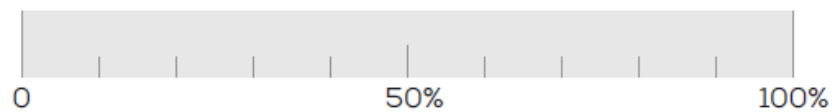


Costs of _____
_____ (change)



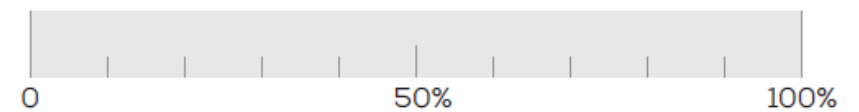
Consider social (e.g. friends), health (e.g. fitness) and financial (e.g. saving) benefits or costs in each box.

How important is it for you?



What would make this more important for you?

How confident do you feel?



What would it take to make you more confident?
What needs to happen to achieve this?

Change Process Concepts

Stages of Change

States of Change



Change Enhancement

Motivation is interactional i.e. it is influenced by the environment we find ourselves in and by the people around us - i.e. we can influence it.

Motivation has 2 key influences:

1. Meaning (intrinsic values or extrinsic rewards)
2. Mastery (confidence and capacity)

Activity

Reflective journal: Complete the exercises [Page 59 to 61].

2 ORIENTATION & PREPARATION

Gather relevant information about the problem and yourself. Look at what you have learnt about yourself, explore your Optimal Health Wheel and I-Can-Do model. Take learnings from the past and anticipate the future.

What are some of your strengths and values that can assist you in achieving the change you want to make?

What could be holding you back?

What obstacles or fears are you facing? What are the vulnerabilities that might stand in your way?

How could you overcome this obstacle?

Use Creative Problem Solving to generate some ideas and options.

Anticipate the future

Imagine you wake up one morning and you achieved this goal. What is the first thing you would notice?

What might someone close to you notice about you that gives them the idea that things are better for you?

Imagine how you would feel. Write down or draw how your morning and day would look like.

Session Seven

Core Component	Knowledge Domains	Skills	Observable Practice
Visioning & Goal Setting	Pathway Thinking Visioning Goal Setting	Support use of SMARTER goals	Identify and clarify valued directions Creation of action plans to achieve valued directions

Session 7: Visioning and Goal Setting

1. Revision of Session 6
2. Creative Problem Solving
3. Goal Setting
4. Reflection and Celebration

Page 63 - 70

Problem Solving through Solution Focused Thinking

Solution Focused Thinking, originating from Solution Focused Brief Therapy [SFBT], is based on two principles:

- The *why* of the problem is not relevant
- The aim is to assist the client identify solutions to issues, substituting new behaviours that will break undesired patterns

“Appreciative Coaching – A Positive Process for Change” by Orem, Binkert and Clancy

SMARTER and SMARTEST

Specific

Measurable

Achievable

Realistic

Time-framed

Enjoyable

Rewarding

Specific

Measurable

Achievable

Realistic

Time-framed

Enjoyable/Rewarding

Sustainable

True to self

Goal Setting

Principles:

- AAA – Autonomous, Approach, Achievable
- Avoidance versus Approach
- Proximal or Distal
- Maximum of 3 goals
- Duration of no more than 12 weeks
- 70% to 80% confidence
- Restorative time and ritual
- Internal and external resources

Reflection and Celebration

- **Steps to achieve goal**
- **Striving pace**
- **Things learned**
- **Signposting achievements**
- **Celebrating**
- **Next steps**



Session Eight

Core Component	Knowledge Domains	Skills	Observable Practice
Maintain Wellbeing	Strengths Based Approach Well Being Theory Self Determination Theory Self Efficacy and Autonomy Therapeutic Alliance and Collaboration	Support self efficacy Identify key learning outcomes	Completion of Health Plans 1, 2 & 3 Using the Health Journal

Session 8: Maintaining Well-being

- 1. Revision of Session 7**
- 2. Revision of Health Plans 1, 2 and 3**
- 3. Completion of Self Assessment Measures**
- 4. Health Journal**
 - 1. Health Wheel**
 - 2. Daily Log**
 - 3. Time Line Activity**
 - 4. Goal Setting**

Health Plans

Health Plan 1



Daily Thriving Plan

Health Plan 2



Collaborative Strategies

Health Plan 3



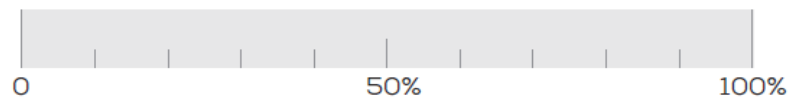
Action Plan

Health Journal

DEFINING CHANGE

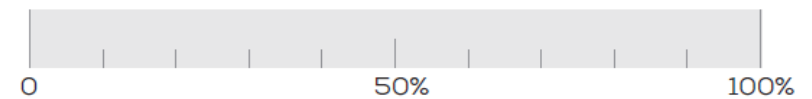
The change I'd like to make is:

How important is it for you?



What would make this more important for you?

How confident do you feel?



What would it take to make you more confident?
What needs to happen to achieve this?

Health Journal

Daily Log

I AM TRACKING

goals

emotions

eating

substance use

My Diary

Days							
midnight							midnight
3 am							3 am
6 am							6 am
9 am							9 am
noon							noon
3 pm							3 pm
6 pm							6 pm
9 pm							9 pm
midnight							midnight

P = pleasure 1 - no pleasure, 10 - maximum pleasure

E = amount of effort 1 - no effort, 10 - maximum effort

Health Journal

Days/
Weeks

--	--	--	--	--	--	--	--

I am doing well/
I am coping

.
.
.
.

Optimal Health

I experience
early warning signs

.
.
.
.

Sub-Optimal Health

Episode of illness

.
.
.
.

Episode of Illness

Booster

Core Component	Knowledge Domains	Skills	Observable Practice
Optimal Health	Strengths Based Approach Well Being Theory Self Determination Theory Self Efficacy and Autonomy Therapeutic Alliance and Collaboration	Reflective Practice Skills	Review Health Plans Using the Health Journal Signpost achievements

Participant Booster Sessions

- 1. Revision and catch up**
- 2. Where are you now?**
- 3. Review Health Plans**
- 4. Problem solving potential vulnerable situations**
- 5. Acknowledge achievements**
- 6. Goal setting and close**

Booster Elements

- What is their situation now?
- What processes of OHP are they currently using?
- Review Health Wheel
- Review I Can Do Model
- Review the Health Plans
- What does the participant want to work on next?
- Address areas of vulnerability or stress
- What will be their next step/s?
- How will they get there?

Activity

In small groups: design a booster for the case study Joe.

Reflection: share your booster with the broader group.

The Optimal Health Program

Practice Forum



Optimal Health
Program

Practice Forum

Chose from the available sessions which one you'd like to develop and present back to the other participants.

Take 20 minutes to develop your presentation.

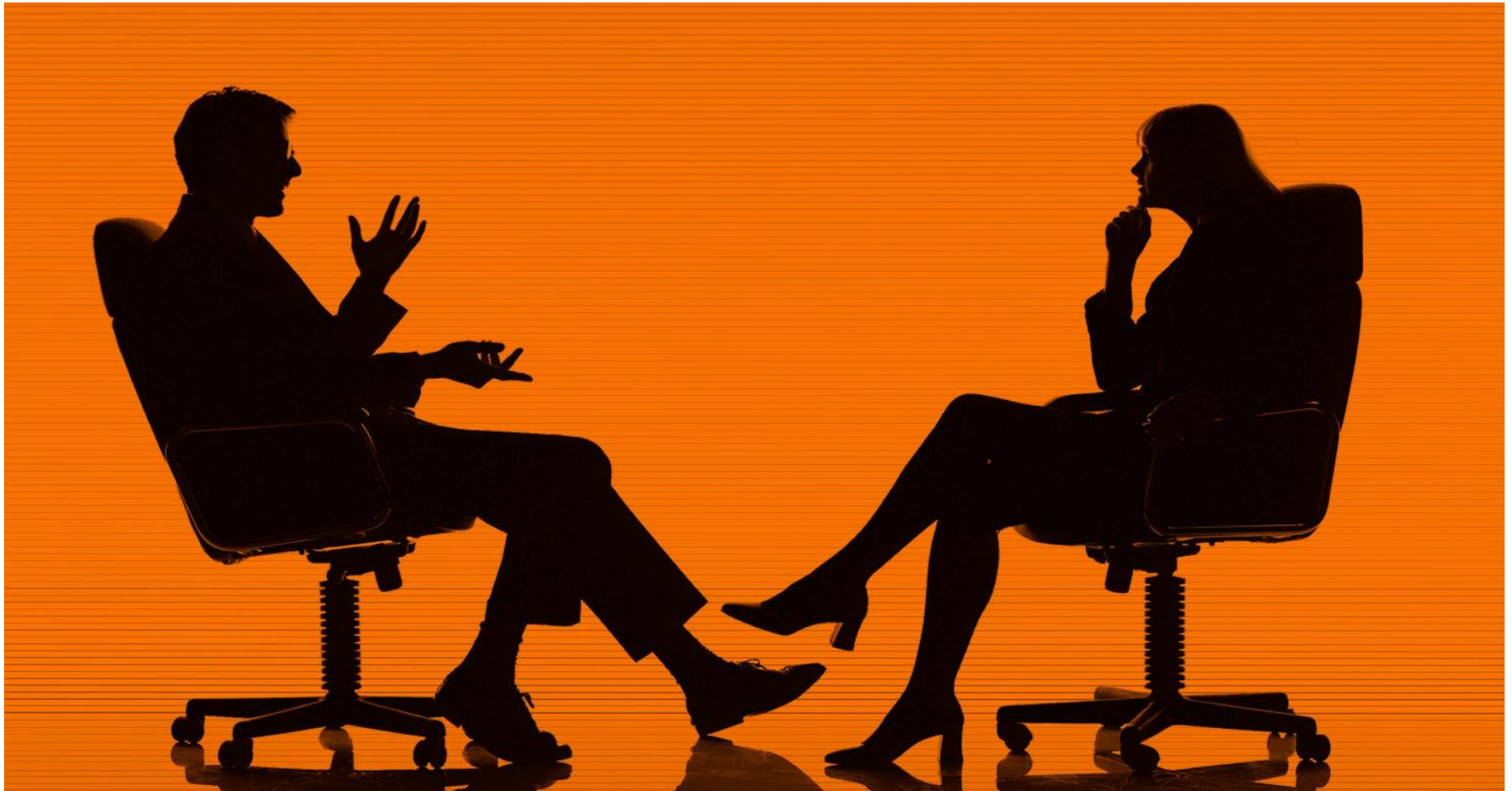
Practice Forum

Everyone now has the opportunity to present back to the group one session of OHP.

What can you take away from the presentations and use in your facilitation?

How will you bring OHP alive in your practice?

“Conversational partners generate knowledge and other newness far more creative, abundant and specific to the local context and the partner’s needs than any member could accomplish alone.” *Family Process Harlene Anderson 2012*



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Designed by Liisa Vurma, Thick; Susan Mackie, de Bono Institute and Stokes Studios.