Complementary and Integrative Health Validation Policy Package Version 2.0

Washington D.C. VA Medical Center

September 28, 2015
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Dear VA Colleagues,

After an exciting year of implementing our Complementary and Integrative Health (CIH) Validation Policy Package (formerly known as the “Integrative Health and Wellness Program validation procedure”) at the Washington, DC VA Medical Center, we are pleased to offer this updated policy package. It includes adjustments based on needs and lessons we identified throughout the year, and an appendix with forms and implementation guidelines that may be helpful to other VA Medical Centers.

Highlights Include:

• Implementation process guide outlining each step, ranging from conducting outreach about the purpose and intention of the validation process, to determining proficiency, and designing orientations for new providers.
• Updated minimum proficiencies for massage, Mindfulness Base Stress Reduction (MBSR), Tai Chi and Qi Gong.
• New validation policies and protocols for Integrative Health Education, and Group Meditation.
• Appendix with documents and forms to support validation process implementation.
• Guidance on transitioning to Complementary and Integrative Health (CIH) Validated Services for Medical Centers who already have staff providing wellness services.

As we continue to receive questions, input and guidance from other Medical Centers, and add additional modalities, we expect this policy package to evolve. For questions about or contributions to the policy package, please contact Alyssa Adams at Alyssa.Adams2@va.gov or Jill Sheppard Davenport at Jill.SheppardDavenport@va.gov.

Sincerely,

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Dear VA Colleagues,

Like many VA Medical Centers, the Integrative Health and Wellness (IHW) Program at the Washington DC VA Medical Center has been in the process of assessing its health and wellness offerings for Veterans and staff over the last year. IHW is currently offering eight wellness modalities as part of its expanding programs, including auricular acupuncture, Heartmath biofeedback, iRest Yoga Nidra, wellness massage, Mindfulness Based Stress Reduction (MBSR), qi gong/tai chi, reiki, and yoga.

A persistent question in the VA community has been the credentialing of integrative service providers. Since many of the specialties offered do not yet, as of this writing, have federal occupational codes, the path to hire qualified providers even under contract has been unclear. In the interim, individual hospitals have pieced together their own programs.

Under a FY14 grant from the Office of Patient Centered Care, IHW began work on the question of how to validate these providers. As it turns out, the VA’s National Credentialing Office has in fact identified a correct process to validate appropriately trained staff so that they can provide wellness services to Veterans at VA facilities. The Director of the VA’s National Credentialing Office clarified that these service providers do not follow the regular credentialing process for clinical staff. The direction to VA hospitals from the National Credentialing Office has been that each hospital needs to identify an internal mechanism to assure verification or authentication of wellness providers’ credentials and competency, and that a review process by an internal health promotion committee has been a typical way to do so.

As a service to other VA facilities and as part of our grant work, IHW is sharing both the overview of its internal process, and its validation policy documents for the eight wellness services it provides here at the hospital. All of these documents have been reviewed by the National Credentialing Office; for each of these modalities the policies outline proficiencies, education, and certification requirements; identify session protocols; and provide both a research background as well as an activity policy document. The validation protocol outlined in the overview was reviewed and accepted by the DC VA’s Medical Center Director, and its Medical Executive Committee.

It is important to note that the policy documents were developed in conjunction with the DC VA Medical Center’s Integrative Health and Wellness Steering Committee, a cross-departmental, cross-disciplinary group of more than 50 staff including doctors, nurses, psychologists, social workers, physician’s assistants, and other clinical staff. The proficiencies and policies for individual modalities were refined in consultation with advanced professionals in the field and national professional and training organizations. Under the National Credentialing Office’s guidance, individual VA hospitals must each determine their own minimum proficiencies to practice and identify their own policy guidelines. What we offer here is the best professional consensus that we identified, and which was accepted as such by the appropriate authoritative bodies for this hospital.
Since it is an additional question which frequently gets asked, we also identified, to the extent that we were able, which VA facilities are currently providing these integrative services. We expect that this list will quickly grow out of date as other facilities expand these needed wellness service provisions to Veterans, as well as to staff.

We hope this overview and these policies will assist other hospitals in expanding their patient centered, integrative care and increasing Veterans’ opportunities to achieve health, wellness and wholeness.

Sincerely,

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Washington D.C. VA Medical Center
Complementary and Integrative Health Services
Validation Process Overview

A. Overview

The Washington DC VA Medical Center (DCVAMC) offers Complementary and Integrative Health (CIH) services within the Integrative Health and Wellness Program and ten other hospital departments (e.g. Mental Health Clinic, Community Living Center, Geriatrics & Palliative Care.)

The CIH Validation Committee established the Complementary and Integrative Health Validation Policy Package 2.0 (formerly known as the “Integrative Health and Wellness Program validation procedure”), which currently validates ten CIH modalities as part of its expanding services for Veterans and staff at DCVAMC (see Appendix A.) Committee Members also Chair Working Groups (see Appendix L), which provide continuing education and support. Validated services include: auricular acupuncture, group meditation, Heartmath Biofeedback, integrative health education, iRest Yoga Nidra, wellness massage, Mindfulness Base Stress Reduction (MBSR), qi gong/tai chi, reiki, and yoga.

As background, the VA National Credentialing Office identified that CIH services are wellness promotion activities, not clinical or therapeutic treatment. Therefore, the services and the individuals who provide them are not under the purview of the National Credentialing Office, or a VA Medical Center’s Medical Executive Committee (MEC).

Given this, the National Credentialing Office is directing each VA Medical Center to identify an internal mechanism to assure validation of CIH provider credentials and competencies as follows:

- Establish a committee for developing and implementing a validation process for wellness promotion activities. At the DCVAMC, the CIH Validation Committee fulfills this directive.

- Once the policy is established, a designated representative should brief the Medical Center Director and the Medical Executive Committee. This briefing will summarize the policy, and identify measures it includes to determine whether a credentialed clinical provider who offers a specified service is practicing in accordance with their state licensure and scope. At the DCVAMC, the CIH Validation Committee Chair fulfills this directive.

The DCVAMC CIH Validation Committee developed the validation policy in conjunction with a CIH Steering Committee, which is a cross-departmental, cross-disciplinary group of hospital staff including doctors, nurses, psychologists, social workers, physician’s assistants, and others.

To support other VA Medical Centers in developing and implementing their own CIH validation policy, we are sharing the DCVA Medical Center Complimentary and Integrative Health Validation Policy Package Version 2.0. A summary of the policy’s five-step validation process is below. (See Appendices A and B for more detail.)
#1 Document Collection & Review
CIH Validation Committee collects and reviews candidate documents.

#2 Minimum Proficiency Determination
CIH Validation Committee determines whether candidate meets minimum proficiencies. Candidate interview conducted on as-needed basis to collect additional information. Successful candidates approved to go on to orientation.

#3 Orientation
Working Group Chair(s) orients candidate to CIH service provision policies and protocols, including standardized CPRS notation, if applicable.

#4 Continuing Education Enrollment
Candidate enrolls in on-going working group(s), and agrees to participate in CIH core competency workshops.

#5 Validation
CIH Validation Committee Chair and relevant Working Group Chair(s) sign CIH Provider Validation Form. Form placed in candidate personnel file. Candidate is now an CIH Validated Provider.
B. CIH Validated Service Policy Application

The following provides definitions, and states which providers and CIH services are covered by this policy package.

1. Definitions:

   a. “CIH Validated Services” are health and wellness promotion activities offered both by the Integrative Health and Wellness Program, and by other departments and programs at the DC VA Medical Center.

   b. “Nonclinical service provider” offers health and wellness services outside of a clinical capacity as an educator or practitioner to support or complement clinical services. These providers may posses a range of degrees, backgrounds, and/or licenses, and are hired to work at the medical center in a nonclinical capacity. CIH service providers who are credentialed outside of the DCVAMC, and not hired to perform clinical services/are not credentialed at the hospital, are considered nonclinical CIH service providers for the purpose of this policy.

   c. “Credentialed clinical service provider” offers health and wellness services as an aspect of (individual or group) clinical care, and may include, but is not limited to psychologists, primary care providers (e.g. M.D., D.O., Nurse Practitioner, Physician’s Assistant), nurses, medical fellows, social workers and chaplains.

   d. “CIH Validated Provider” is a nonclinical service provider or a credentialed clinical service provider who has been validated to provide CIH services by the CIH Validation Committee.

2. Which CIH services are covered by this policy package?

   The CIH Validation Committee currently validates the following services, termed “CIH Validated Services:”

   • Auricular Acupuncture
   • Group Meditation
   • Heartmath Biofeedback
   • Integrative Health Education
   • iRest Yoga Nidra
   • Mindfulness Base Stress Reduction (MBSR)
   • Qi Gong/Tai Chi
   • Reiki
   • Wellness Massage
   • Yoga

3. Which CIH service providers are covered by this policy package and require validation?

   a. This policy package applies to all CIH Validated Services provided to Veterans by nonclinical service providers directly for the IHW Program, or for another program or department. Nonclinical service providers at the DCVAMC will become eligible to offer CIH Validated Services after providing documentation of
b. This policy package applies to CIH Validated Services provided to Veterans by these credentialed clinical service providers directly for the IHW Program, or for another program or department, including: Auricular Acupuncture, Qi Gong/Tai Chi, Reiki, Yoga. Credentialed clinical service providers at the DCVAMC will become eligible to offer the services listed here after providing documentation of appropriate training and/or professional experience (as applicable), and becoming approved as a CIH Validated Provider. Validation is required because these services require specialized training.

c. This policy package does not apply to CIH services provided to Veterans by these credentialed clinical service providers directly for the IHW Program, or for another program or department, if those services are in alignment with their training, scope of practice and licensure: Group Meditation, Heartmath Biofeedback, Integrative Health Education, Wellness Massage, MBSR, iRest Yoga Nidra. Validation is not required for credentialed clinical service providers for these services because these services do not require specialized training and the Medical Executive Committee previously reviewed the provider's credentials. (For example, a psychologist serving in a clinical capacity does not need to be validated to provide Heartmath Biofeedback, and a Nurse Practitioner does not need to be validated to provide Integrative Health Education.) Credentialed clinical providers cannot provide services that are not in alignment with their training, scope of practice and licensure.

4. How is scope determined for credentialed clinical service providers?

• Credentialed clinical service providers who provide services covered by this policy must confirm that provision falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief. In addition, the CIH Validation Committee is contacting relevant state licensing boards for further clarification.

5. When is a Veteran eligible to receive CIH Validated services from within the Integrative Health and Wellness Program (IHW), specifically?

• As background, a Veteran becomes eligible to receive CIH Validated services from the IHW Program after being referred for a consult and attending an IHW Program Orientation.
These steps do not apply to CIH services offered by other departments, who have other eligibility requirements.

- Any clinical provider can submit a consult to an IHW Program CIH Validated Service for a Veteran. The Veteran’s medical provider must provide medical clearance on the consult. Once a Veteran enters the IHW Program, s/he may then elect to receive additional services, based on their medical clearance.

6. **What is the purpose of “IHW Program Session Protocols” and which staff members are required to follow them?**

- This policy package outlines session protocols for the IHW Program’s CIH Validated Providers to support staff in providing patient-centered, consistent and safe care to Veterans. *All IHW Program CIH Validated Providers must follow these protocols.*

- *The protocols also serve as guidance for CIH Validated Providers in other departments.*

- The IHW Program, and other department supervisors and staff, may utilize session protocols to evaluate staff performance. In addition, a Professional Practice Evaluation for CIH Service Provision template (Appendix J) is available for supervisors to optionally use when evaluating service provision by CIH Validated Providers. Evaluation continues to be the responsibility of individual department Service Chiefs (only IHW Program CIH Validated Providers are evaluated by the IHW Program Director.)
CIH Service
Validation & Provision Policies
**Auricular Acupuncture: Policy for Service Provision**

**Policy Purpose:** This policy provides guidelines on the use of auricular acupuncture as a CIH Validated Service for use at DCVAMC. It is relevant to acupuncture services provided to Veterans by nonclinical and credentialed clinical service providers.

**Validation Process:** Nonclinical and credentialed clinical service providers at the DCVAMC will become eligible to provide auricular acupuncture services after providing documentation of appropriate training and/or professional experience, and becoming approved as a CIH Validated Provider.

To maintain a uniform standard of care among licensed acupuncturist providers, and physician, nurse practitioner, medical fellow or physician’s assistant providers, validation is required for all staff who provide auricular acupuncture to Veterans.

**Overview:** Acupuncture originated in China over 2,500 years ago and is one of the oldest, most frequently used medical procedures in the world. Acupuncturists employ very fine-gauge, sterile, stainless steel needles, which are placed at defined anatomic points to restore balance and regulation to the body, mind, emotions and spirit. Auricular acupuncture uses location points on the outer ear for this purpose.

**Minimum Proficiencies:** To provide auricular acupuncture at DCVAMC, the practitioner must have either (a) a state license in acupuncture (L.Ac.) with a master’s degree in acupuncture (M.Ac.) from an ACAOM-accredited institution and Diplomat Board Certification from the National Certification Commission for Acupuncture and Oriental Medicine, or b) state license as a Physician (M.D., Nurse Practitioner or Physician’s Assistant with Helms Institute Acupuncture training or its equivalent. Practitioners must provide documentation of a passing score on the Council of Colleges of Acupuncture and Oriental Medicine’s Clean Needle Technique course. They must adhere to DCVAMC policies for clinical providers. If the acupuncturist is not a licensed physician (i.e., MD, DO), s/he must have a physician supervisor within DCVAMC.

Credentialed clinical service providers who provide services covered by this policy must confirm that providing auricular acupuncture falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

**Examples of VA Medical facilities with Acupuncture and Auricular Acupuncture Programs:** Richmond, Ann Arbor, San Diego, Seattle, Washington D.C.

**IHW Program Session Protocols:** DCVAMC’s auricular acupuncture program includes sessions tailored to suit the unique needs of the Veteran population, and provides the appropriate level of support for each individual.

IHW auricular acupuncture providers will document sessions in the Computerized Patient Record System (CPRS) using the CPRS Note Title: Integrative Health & Wellness Tailored Auricular Acupuncture Note. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

**Research:** Research suggests that auricular acupuncture assists in supporting individuals with health challenges including mood disorders and chronic pain.
Auricular Acupuncture: Background

Acupuncture originated in China over 2,500 years ago and is one of the oldest, most frequently used medical procedures in the world. Acupuncturists employ very fine-gauge, sterile, stainless steel needles which are placed at defined anatomic points beneath the skin’s surface, chosen to restore balance and regulation in the energetic systems of the body, and to build deficient or move obstructed energy. A growing body of research shows acupuncture may improve many physical and mental symptoms including nausea, headaches, musculoskeletal pain, fibromyalgia, insomnia, depression, many of the components of posttraumatic stress disorder, and chemical addictions.

Auricular acupuncture is one of the more widely used Microsystems within Eastern medicine. Microsystems use one aspect of the body - for example, the ears, hands or feet - to treat conditions that are present anywhere in the body. Auricular acupuncture uses stimulation points on the outer ear to access and balance the body’s energetic systems. There are over 300 acupuncture points on each ear. Research suggests that auricular acupuncture can provide specific support in working with addiction treatment, mood disorders, obesity, and pain management.

Research suggests that auricular acupuncture assists in supporting individuals with health and wellness challenges including chemical addictions, mood disorders, obesity, and chronic pain.
Auricular Acupuncture: Proficiencies for Service Provision

Staff at the DCVAMC will become eligible to provide auricular acupuncture after providing documentation of appropriate training or licensure.

1) To provide auricular acupuncture at DCVAMC, the practitioner must have either:

A) State license in acupuncture (L.Ac.) with a masters degree in acupuncture (M.Ac.) from an Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), accredited institution, and Diplomat Board Certification from the National Certification Commission for Acupuncture and Oriental Medicine; or,

B) State license as a Physician, Nurse Practitioner or Physician’s Assistant with Helms Institute Acupuncture training or its equivalent. Practitioners must have graduated from an accredited program in their discipline.

2) In addition, all staff who provide auricular acupuncture must:

A) Complete National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Clean Needle Technique certification. This is the national certification standard for best practices in acupuncture needle safety.

Credentialed clinical service providers must confirm that providing auricular acupuncture falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

Those providing auricular acupuncture at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans. Providers must adhere to VHA policies for clinical providers. Non-physician (e.g. M.D., D.O., P.A.) acupuncturists must have a physician-supervisor within the DCVAMC.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.

Notes:

ACAOM is the body authorized by the U.S. Department of Education to accredit Acupuncture and Oriental Medicine programs.

NCCAOM is the only national organization that validates competency in the practice of Acupuncture and Oriental Medicine through professional certification.
Examples of VA Medical Centers
With Auricular Acupuncture Programs

McGuire Richmond VA Medical Center
1201 Broad Rock Blvd
Richmond, VA  23249

Ann Arbor VA Medical Center
2215 Fuller Road #312
Ann Arbor, MI 48105

San Diego VA Medical Center
3350 La Jolla Village Dr.
San Diego, CA 92161

Seattle Puget Sound VA Medical Center
1660 South Columbian Way
Seattle, WA 98108

Washington D.C. VA Medical Center
50 Irving Street NW
Washington, DC 20422
Auricular Acupuncture: IHW Program Session Protocols

Any clinical provider can place a consult for a Veteran for this service. DCVAMC’s auricular acupuncture program includes sessions tailored to suit the unique needs of the Veteran population, and provide the appropriate level of gentle support for each individual. Auricular acupuncture sessions run between 45-75 minutes.

Auricular acupuncture sessions include both standardized group auricular acupuncture and tailored, semi-programmed group auricular acupuncture. The tailored auricular acupuncture consists of the evaluation of 12 pre-selected points using an electronic point finder. The five most reactive points are treated in each ear. The standardized group uses the same 5 points on all participants; they are points that are designed to mitigate the stress response in a general way. During the administration of these points, the acupuncturist is required to follow all VHA guidelines and policies surrounding patient care.

All sessions follow a standard protocol, with the specific sequence varying according to the particular background of the Veteran:

- Instructor will pass the sign in sheet for participant to sign in
- Check-in with each participant, with a special focus on whether the participant is attending for the first time
- A brief overview of auricular acupuncture
- Gentle auricular acupuncture support to promote relaxation and wellness
- Continued individual assessment throughout the session
- Final check-in: any questions, comments, or concerns that arose in the session

Specialized discussion beneficial for participants include:

- Giving the option to leave eyes open or closed throughout the session according to the Veteran’s preference
- Inviting Veterans to be comfortable for the session by taking off shoes or eyeglasses, or adjusting themselves in their chair
- Inviting Veterans to slow their orienting response, noticing the care and support that is in the room for them – as well as the care and support they have for other participating Veterans

Auricular acupuncture providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Tailored Auricular Acupuncture Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.
Auricular Acupuncture Research


Group Meditation: Policy for Service Provision

Policy Purpose: This policy provides guidelines on the use of group meditation as a CIH Validated at DCVAMC. It is relevant to Group Meditation services provided to Veterans by nonclinical service providers.

Validation Process: Nonclinical service providers at the DCVAMC will become eligible to provide group meditation services after providing documentation of appropriate training and professional experience.

CIH validation is not required for clinical staff who provide group or individual meditation services to Veterans in alignment with their training, scope of practice and licensure. Such staff may include, but is not limited to psychologists, primary care providers (e.g. M.D., N.P., P.A.), nurses, social workers and chaplains.

Overview: Meditation emphasizes the mind-body-spirit connection. Practices bring awareness to one's thoughts, needs and reactions, and may elevate consciousness, to reduce negative or repetitive thinking patterns, alleviate symptoms of depression, stress anxiety and trauma, and improve well-being.

Minimum Proficiencies: While there is no certifying body for non-Mindfulness Based Stress Reduction meditation teachers, nationally recognized organizations provide meditation teacher training or preparation. These training programs are informed by a variety of traditions, and prepare teachers to lead groups within a variety of settings. Teachers must demonstrate successful program completion, along with proficiency in applying their training within secular settings for either Veterans, or adults recovering from trauma or physical or mental illness.

Examples of VA Medical Centers with Meditation Programs:

Central Arkansas, Dallas, West Palm Beach, Richmond, Washington, DC. Additional Veterans Administration Medical Centers are including meditation as a component of other wellness services.

IHW Program Session Protocols: In a group meditation session, as participants learn to become aware of their thoughts, needs and reactions, the teacher supports practice by offering instructive lessons, guided meditation, and ongoing practice support. Several exercises can be taught and used during a session, including for example, mindful breathing, listening, movement, and eating; body scan or progressive muscle relaxation; mindful thought awareness; guided imagery; mantra repetition; self-compassion meditation; and mindful relationship development. At the end of the session, a practice protocol may be offered to Veterans for home use.

IHW Program group meditation providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Energetic Wellness Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.
**Research:** Research suggests that meditation participants experience an increased resilience to stress; decreased symptoms of trauma, anxiety and depression; and both improved concentration and self-awareness.
Group Meditation: Overview

Meditation is an evidence-based practice based on ancient traditions that is appropriate for secular settings, and can be inclusive of all religions and spiritual beliefs. By using a range of practices such as breathing, listening, movement, mantra repetition and awareness-building, participants may focus their attention on the present moment; develop greater insight into their thoughts, needs and reactions, from an observational rather than judgmental perspective; or improve their level of consciousness and well-being. The practice is particularly helpful for those who experience symptoms of trauma, scattered or racing thoughts, self-hatred, insomnia, anger, emotional distress, mood fluctuations or physical pain.

Meditation emphasizes the mind-body-spirit connection and sensory awareness. The practice builds a foundation for improving mental and physical well-being, and self-managing pain and distress. Extensive research finds meditation can reduce psychological stress, improve cortical thickness in areas related to attention and sensory processing, and reduce pain, anxiety, depression and perceived levels of stress among participants.

Health professionals in the U.S. began using meditation in medical and therapeutic settings in the late 1970s to support emotional regulation and pain management. Current Western applications range from clinical and therapeutic settings (e.g. Dialectical Behavioral Therapy, Mindfulness-Based Cognitive Therapy, Acceptance and Commitment Therapy), to hospital and medical centers, and community, military, academic, athletic and corporate settings.

Research suggests that meditation participants experience an increased resilience to stress; decreased symptoms of trauma, anxiety and depression; and both improved concentration and self-awareness.
Group Meditation Proficiencies for Service

Nonclinical service providers at the DCVAMC will become eligible to provide group meditation services after providing documentation of appropriate training and/or professional experience.

CIH validation is not required for credentialed clinical service providers who provide group meditation services to Veterans in alignment with their training, scope of practice and licensure. Clinical staff includes, but is not limited to, psychologists, primary care providers (e.g. M.D., N.P., P.A.), medical fellows, nurses, social workers and chaplains. They may provide group meditation to Veterans in alignment with their license, scope of practice and training without being validated, like other clinical providers.

The minimum proficiency required to provide group meditation at the DCVAMC for nonclinical service providers is completion of a teacher-training program with a nationally recognized meditation teacher-training program or organization, or comparable training and experience, and the additional requirements outlined below. While there is no license or state-recognized certifying body for meditation teachers, several nationally-recognized organizations provide meditation teacher training, certification, or preparation, such as The Mindfulness Institute, Mindful Schools, The Heart-Mind Education Project, The UC San Diego Center for Mindfulness, Insight Meditation Society, Spirit Rock Mediation Center Community Dharma Leader Program, Mindfulness Center Meditation Teacher Training, and the Meditation Training Teacher Institute. Teacher training programs are informed by a variety of traditions, and prepare teachers to lead groups within a variety of age ranges and settings.

To ensure proficiency, practitioners must provide documentation of each of the following:

A) Successful completion of a meditation teacher-training program with a nationally recognized program, or comparable training and experience with curriculum portfolio demonstrating ability to provide meditation to Veterans in the VA setting as documented by C.V.

B) At least one year of proficiency in teaching meditation within healthcare settings to Veterans, adults recovering from trauma, or physical or mental illness, or within adult therapeutic or wellness settings, as documented by provider’s CV.

C) At least one letter of recommendation.

D) At least three years of ongoing personal meditation practice.

E) Participation in a minimum of five days of continuing education/experiential learning at a training center, retreat or equivalent, within the last three years.

Those providing group meditation at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
Examples of VA Medical Centers with Group Meditation Programs

Central Arkansas Veterans Healthcare System Medical Center
4300 West 7th Street
Little Rock, AR 72205

Dallas VA Medical Center - North Texas
4500 S. Lancaster Road
Dallas, TX 75216

West Palm Beach VA Medical Center
7305 North Military Trail
West Palm Beach, FL 33410

Richmond VA Medical Center
1201 Broad Rock Blvd.
Richmond, VA 23224

Washington D.C. VA Medical Center
50 Irving Street NW
Washington, DC 20422

Note: Additional Veterans Administration Medical Centers are including meditation as a component of other wellness services.
Group Meditation: IHW Program Session Protocols

Any clinical provider can place a consult for a Veteran for this service. IHW Program group meditation sessions typically range from between 1 to 2.5 hours, and Veterans are usually seated on a chair. Veterans may choose to participate with their eyes opened or closed. Sessions are delivered with instruction from a meditation teacher, and veterans are may be provided with additional take-home materials to apply instruction throughout their week.

The provider will introduce him/herself and provide a brief explanation of meditation – what it is and what to expect during the group session, and answer any questions Veterans may have.

In a meditation session, as participants learn to become aware of their thoughts, needs and reactions, or gain greater consciousness, the teacher supports the practice by offering instructive lessons, guided meditation, and ongoing practice support. Several different exercises can be taught and used during a session, including for example, mindful breathing, listening, movement, and eating; body scan or progressive muscle relaxation; mindful thought awareness; guided imagery; mantra repetition; self-compassion meditation; and mindful relationship development. At the end of the session, a practice protocol may be offered to veterans for home use.

For any classes incorporating mindful movement, the provider will ask if there are any injuries, determine if there are any exclusions, and adapt class accordingly. Providers will ensure time is available at the end of each session to check-in with participants regarding their experience and answer any questions about the group session. Providers will also invite participants to inform them about any uncomfortable experiences or concerns that arise, either during or after the session.

Providers will document Veteran Meditation group sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Energetic Wellness Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations by the instructor, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
**Meditation Research**


Heartmath Biofeedback: Policy for Service Provision

**Policy Purpose:** This policy provides guidelines on the use of Heartmath Biofeedback as an CIH Validated Service for use at DCVAMC. It is relevant to Heartmath Biofeedback services provided to Veterans by nonclinical service providers.

**Validation Process:** Nonclinical service providers at the DCVAMC will become eligible to provide Heartmath Biofeedback services after providing documentation of appropriate training, and becoming approved as an CIH Validated Provider. CIH validation is not required for credentialed clinical service providers who provide Heartmath Biofeedback services to Veterans in alignment with their training, scope of practice and licensure. Such staff may include, but is not limited to psychologists, primary care providers (e.g. M.D., D.O., Nurse Practitioner, Physician’s Assistant, Medical Fellows), nurses, and social workers.

**Overview:** The HeartMath Biofeedback program emphasizes the role of the heart and heart rate variability (HRV) as a key component to increase self-regulation of the nervous system. The HeartMath Biofeedback system uses emWave technology, an advanced heart-rate rhythm monitor which displays the heart’s rhythm and allows participants to learn to shift their internal self experience into an optimal state.

**Minimum Proficiencies:** The minimum proficiency to provide Heartmath Biofeedback at DCVAMC is to be a Certified Heartmath Practitioner through the completion of the Institute of Heartmath’s HeartMath Interventions Program. In addition to the Institute’s training program, seasoned Medical Center Heartmath providers are encouraged to provide on-the-job training and supervised orientation practice sessions for nonclinical providers, to ease the transition of applying skills to a Veteran population if necessary.

**Examples of VA Medical Centers with Heartmath Biofeedback Programs:** Minneapolis, San Diego, Long Beach, St. Petersburg, Gainesville, Salisbury, New York, Houston, Palo Alto, Washington D.C.

**IHW Program Session Protocols:** In an IHW Program Heartmath session, as participants learn to track stress responses through the monitor, the facilitator supports the practice of relaxation exercises by the participant, which are then fine-tuned based on feedback. Several different relaxation exercises can be taught and used during a session, including deep breathing, progressive muscle relaxation, guided imagery, and mindfulness. At the end of the session, a practice protocol is developed for home use.

Heartmath Biofeedback providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Biofeedback Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

**Research:** Research suggests that the Heartmath Biofeedback assists participants in increasing stress resilience and improving cognitive function.
Heartmath Biofeedback: Background

Biofeedback has been used to support relaxation and autonomic regulation since the early 1900’s. Edmund Jacobsen, a researcher at Harvard throughout the 1920’s and 1930’s, was one of the first to develop progressive muscle relaxation as an effective behavioral technique for the alleviation of tension and a variety of medical symptoms, using crude electromyographic equipment to monitor the levels of tension in his patients during the course of a session. Modern biofeedback work involves the sophisticated use of electronic monitoring of normally automatic bodily functions in order to train a person to acquire voluntary control of those functions, and has been successfully used to train patients to control physiological processes including muscle tension, blood pressure, and heart rate.

The HeartMath Biofeedback program emphasizes the role of the heart and heart rate variability (HRV) as a key component to increasing self-regulation of the nervous system. The HeartMath Biofeedback system uses emWave technology, an advanced heart-rate rhythm monitor which displays the heart’s rhythm and allows participants to learn to shift their internal self experience into an optimal state through their focused attention and breathing. Additional tools developed by the program broaden participants’ education on stress reduction and emotional self-management, which assist through regular practice in creating a healthier automatic response to stress. Research suggests that the Heartmath program assists participants in increasing stress resilience and improving cognitive function.

Research suggests that the program assists participants in increasing stress resilience and improving cognitive function.
Heartmath Biofeedback: Proficiencies for Service Provision

Nonclinical service providers at the DCVAMC will become eligible to provide Heartmath Biofeedback after providing documentation of appropriate training.

CIH validation is not required for credentialed clinical staff who provide Heartmath Biofeedback services to Veterans in alignment with their training, scope of practice and licensure. Clinical staff includes, but is not limited to, psychologists, primary care providers (e.g. M.D., N.P., P.A.), nurses, medical fellows, social workers and chaplains.

The minimum proficiency to provide Heartmath Biofeedback at DCVAMC is:

- Heartmath Practitioner Certification through the Institute of Heartmath’s HeartMath Interventions Program. This program is designed for doctors, nurses, psychologists, licensed therapists, counselors, social workers, and other health care professionals.

Biofeedback competencies developed by the HeartMath Interventions Certified Practitioner Program include:

- Detailed information on the scientific underpinnings of the HeartMath System including the implications of Heart Rate Variability measurement and assessment.
- Specific protocols for integrating HeartMath interventions into professional practice, including:
  1) Multi-visit session protocols;
  2) One or two visit session protocols for various brief counseling issues;
  3) Acute session protocols in an emergency room and other similar situations;
  4) Group session protocols; and
  5) Session protocols for young children.
- Step-by-step instructions in how to teach individual patients HeartMath’s core tools and how to use the how to use the emWave technology in professional practice.
- Assessment protocols for Heart Rate Variability (HRV) and psychophysiological status

In addition to the Institute’s training program, seasoned Medical Center Heartmath providers are encouraged to provide on-the-job training and supervised orientation practice sessions for nonclinical providers, to ease the transition of applying skills to a veteran population if necessary. Those providing Heartmath Biofeedback at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans. As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
Examples of VA Medical Centers with Heartmath Biofeedback Programs

Minneapolis VA Medical Center  
1 Veterans Drive  
Minneapolis, MN 55417

San Diego VA Healthcare System  
3350 La Jolla Village Drive  
San Diego, CA 92161

Long Beach VA Medical Center  
5901 E 7th Street  
Long Beach, CA 9082

Bay Pines VA Medical Center  
10000 Bay Pines Blvd North  
St Petersburg, FL 33708

Malcom Randall VA Medical Center  
1601 SW Archer Road  
Gainesville, FL 32601

Hefner VA Medical Center  
1601 Brenner Avenue  
Salisbury, NC 28144

James J Peters VA Medical Center  
130 W Kingsbridge Road  
New York, NY 10468

DeBakey VA Medical Center  
2002 Holcombe Blvd  
Houston, TX 77030

Palo Alto VA Medical Center  
3801 Miranda Avenue  
Palo Alto, CA 94304

Washington D.C. VA Medical Center  
50 Irving Street NW  
Washington, DC 20422
HeartMath Biofeedback: IHW Program Session Protocols

Any clinical provider can place a consult for a Veteran for this service. IHW Program Heartmath Biofeedback sessions may be conducted individually or with small groups. Heartmath utilizes intentionally generated heart rate rhythmic patterns (heart rate variability or HRV) with specific relaxation techniques to create a permanent shift in the participant’s physiologic and emotional response to stress. The changes in HRV are monitored through Heartmath’s emWave technology, and give the participants feedback on how their practice is changing their body’s response to stress cues.

In a Heartmath session, as participants learn to track stress responses through the monitor, the facilitator supports the practice of relaxation exercises by the participant, which are then fine-tuned based on feedback. Several different relaxation exercises can be taught and used during a session, including deep breathing, progressive muscle relaxation, guided imagery, and mindfulness. As the participant is able to slow their heart rate, they receive instant feedback on their progress on the emWave screen, with the goal being to learn how control their heart rate response on their own, without the use of biofeedback equipment. At the end of the session, a practice protocol is developed for home use.

A typical session includes:
- Veterans sign in on sign-in sheet.
- Class begins with an overview of the session and instruction in using breathing and progressive relaxation techniques
- Participants use the emWave Pro to get an initial baseline evaluation
- Instructor supports the session, teaching self-regulation, stress reduction, and emotional management skills and assessing progress through the emWave monitors
- The progress and changes to the autonomic nervous system are measured and documented as coherence scores
- Discussion and assignment of home practice for the week
- Instructor is available for brief discussion after class or to schedule an appointment at another day/time as needed.

Providers will document Veteran Integrative Heartmath Biofeedback sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Biofeedback Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations by the Heartmath provider, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
HeartMath Biofeedback Research


Integrative Health Education: Policy for Service Provision

Policy Purpose: This policy provides guidelines on the use of Integrative Health Education as an CIH Validated Service at DCVAMC. It is relevant to Integrative Health Education services provided to Veterans by nonclinical service providers.

Validation Process: Nonclinical service providers at the DCVAMC will become eligible to provide Integrative Health Education services after providing documentation of appropriate training and/or professional experience (as applicable), and becoming approved as an CIH Validated Provider. CIH validation is not required for credentialed clinical staff who provide Integrative Health Education services to Veterans in alignment with their training, scope of practice and licensure. Such staff may include, but is not limited to psychologists, primary care providers (e.g. M.D., D.O., N. P., P.A.), medical fellows, nurses, social workers, and chaplains.

Overview: Integrative Health Education emphasizes the mind-body-spirit connection, and integrated function among all body systems. The purpose of this education is to improve health outcomes. Integrative Health Education can include, but is not limited to integrative nutrition, Whole Health Education, coaching, and group health promotion.

Minimum Proficiencies: Validated Integrative Health Educators may have a range of degrees, licenses and professional experiences, including but not limited to the fields of health education, health promotion, cognitive science, nutrition, integrative health, and health coaching. Practitioners must meet one of three minimum proficiencies.

Examples of VA Medical Centers with Integrative Health Education Programs: Many VA Medical Centers offers a wide range of Integrative Health Education services to Veterans, such as the Greater Los Angeles Medical Center, Richmond VA Medical Center, and Washington D.C. VA Medical Center.

IHW Program Session Protocols: In an IHW Program Integrative Health Education group or workshop, participants learn a distinct set of health-promotion skills and gain awareness of how these skills can provide relief and improve outcomes related to health and wellness, with the potential to improve one’s quality of life.

Integrative Health Education providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Health Education Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

Research: Research suggests that Integrative Health Education participants experience increased resilience to stress; decreased symptoms related to medical or nutrition diagnoses; improved quality of life and relationships; and improved dietary and lifestyle choices.
Integrative Health Education: Background

Integrative Health Education emphasizes the mind-body-spirit connection, and integrated function among all body systems. The purpose of this education is to improve health outcomes. Integrative Health Education can include, but is not limited to, integrative nutrition, Whole Health Education, coaching, and group health promotion. It focuses on prevention, healthy behaviors and skills.

As an important aspect of patient-centered care, Integrative Health Education emphasizes a spectrum of mental, physical, emotional, spiritual, community, environmental and lifestyle factors that can affect an individual’s health. This education can also include an understanding of integrated functions among bodily systems, to improve health outcomes by treating a person as a unified whole.

Sessions may be tailored to participants and can cover, for example, lessons pertaining to pain, emotional distress, impaired digestion, insomnia, and other factors limiting, or fostering, an improvement in one’s quality of life. Integrative Health Education is linked to improved mental and physical health outcomes and is appropriate for those with compromised immunity or digestion; those experiencing depression, stress, anxiety or trauma; and those seeking to improve their overall well-being.

Research suggests that Integrative Health Education participants experience increased resilience to stress; decreased symptoms related to medical or nutrition diagnoses; improved quality of life and relationships; and improved dietary and lifestyle choices.
Integrative Health Education Proficiencies for Service Provision

Nonclinical service providers at the DCVAMC will become eligible to provide Integrative Health Education services after providing documentation of appropriate training and/or professional experience. Validated Integrative Health Educators may have a range of degrees, licenses and professional experiences, including but not limited to the fields of Health Education Health Promotion, Cognitive Science, Nutrition, Integrative Health, and Health Coaching.

Group- or workshop-based Integrative Health Education is not clinical in nature, and validated Integrative Health Educators do not provide individualized treatment plans. (CIH Validated student interns functioning within the IHW Integrative Medicine Clinic may provide individualized Integrative Health Education and recommendations if supervised by a clinical care provider.)

CIH validation is not required for clinical staff who provide Integrative Health Education services to Veterans in alignment with their training, scope of practice and licensure. Clinical staff includes, but is not limited to, psychologists, primary care providers (e.g. M.D., N.P., P.A.), nurses, medical fellows, social workers and chaplains.

1) To provide Integrative Health Education at the DCVAMC, nonclinical service providers must provide documentation of one of the following:

   A) Minimum of a master’s degree in their relevant field from a state-accredited institution, and either: a state or association license (if applicable), or at least two years of commensurate professional experience as documented by C.V.

   B) Current enrollment as a master or doctoral degree student at a state accredited-institution as documented by a letter from the registrar, and/or participating in a supervised internship, practicum, or other clinical experience in their relevant field with relevant documentation to demonstrate participation as documented by C.V.

   C) At least five years of commensurate professional experience as documented by C.V., degree(s)/trainings/certifications, and curriculum portfolio demonstrating ability to provide Integrative Health Education in the VA setting.

2) In addition, all practitioners must provide at least one letter of recommendation.

Those providing Integrative Health Education at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
Examples of VA Medical Centers with Integrative Health Education Programs

Many VA Medical Centers offers a wide range of Integrative Health Education services to Veterans. Listed are three VA Medical Centers, among other locations, with notable programs:

Greater Los Angeles Medical Center
11301 Wilshire Blvd
Los Angeles, CA 90073

Richmond VA Medical Center
1201 Broad Rock Blvd.
Richmond, VA 23224

Washington D.C. VA Medical Center
50 Irving Street NW
Washington, DC 20422

Note: Additional Veterans Affairs Medical Centers are also including Integrative Health Education as a component of other CIH services.
Integrative Health Education: IHW Program Session Protocols

IHW Program Integrative Health Education sessions typically range from between 1 to 1.5 hours. Sessions are delivered with instruction from an Integrative Health Educator, and Veterans may be provided with additional take-home materials to reinforce/apply instruction.

In an Integrative Health Education group or workshop, participants learn a distinct set of health-promotion skills, and gain awareness of how these skills can provide relief and improved outcomes related to symptoms such as pain, emotional distress, impaired digestion, insomnia, and other factors limiting, or with the potential to improve, their quality of life.

Several exercises can be taught and used during a session or throughout a group, including but not limited to group coaching, nutrition education, breathing and relaxation techniques, meditation, cooking, movement and stretching, and self-help practices.

The Integrative Health Educator will introduce him/herself and provide a brief explanation of the purpose and use of the skills to be covered, what to expect during the session, and answer any questions Veterans may have. The provider will explain that educational services are not clinical in nature, and that educators do not provide individualized treatment plans.

Providers will document Veteran Integrative Health Education sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Health Education Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations by the Integrative Health Educator, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
Integrative Health Education Research

Duke University, What is Integrative Medicine, https://www.dukeintegrativemedicine.org/about/what-is-integrative-medicine/ Accessed 7/1/15.


iRest Yoga Nidra: Policy for Service Provision

Policy Purpose: This policy provides guidelines on the use of iRest Yoga Nidra as a CIH Validated Service at DCVAMC. It is relevant to iRest Yoga Nidra services provided to Veterans by nonclinical service providers.

Validation Process: Nonclinical service providers at the DCVAMC will become eligible to provide iRest Yoga Nidra after providing documentation of appropriate training, and becoming approved as an CIH Validated Provider. CIH validation is not required for credentialed clinical service providers who provide iRest Yoga Nidra to Veterans in alignment with their training, scope of practice and licensure. Such staff may include, but is not limited to psychologists, primary care providers (e.g. M.D., D.O., N. P., P.A.), nurses, medical fellows, social workers and chaplains.

Overview: iRest Yoga Nidra is a guided mindfulness meditation program which has been developed over the past twenty-six years by Richard Miller, PhD, a clinical psychologist, author, and researcher. The program consists of a series of sessions during which participants are guided into deep relaxation through a multifaceted approach that includes breathing, body awareness, and progressive relaxation techniques.

Minimum Proficiencies: The minimum level required to teach iRest at DCVAMC is a certificate of completion for Level I as designated by Integrative Restoration Institute (IRI) in California. Level II certification or higher, is a plus.

Examples of VA Medical facilities with iRest programs: Chicago, Miami, Los Angeles, Palo Alto, San Francisco, Tampa, Portland, Nashville, Washington D.C.

IHW Program Session Protocols: IHW Program iRest Yoga Nidra sessions run between 60-90 minutes. Classes are taught utilizing a standard curriculum of meditation scripts that run over the course of eight weeks. A standard eight-week course of iRest will be taught as a repeating cycle; once Week/Lesson Eight is completed, the entire sequence of classes will be repeated. A Veteran may begin the class at any point and cycle through the entire sequence in turn.

iRest providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness iRest Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

Research: Research suggests that iRest Yoga Nidra helps decrease anxiety and depression, improve sleep, relieve chronic pain and increase a sense of well-being.
iRest Yoga Nidra: Background

iRest® Yoga Nidra is a guided mindfulness meditation program which has been developed over the past twenty-six years by Richard Miller, PhD, a clinical psychologist, author, and researcher. The program consists of a series of 1-1.5 hour sessions, during which participants are guided into deep relaxation through a multifaceted approach that includes breathing, body awareness, and progressive relaxation techniques. These activities are taught as skills that participants then learn to use themselves in daily life.

A gentle form of meditation that is easily accessible to anyone without any previous yoga or meditation experience, iRest is uniquely supportive for individuals with a wide range of health conditions and injuries. Rather than sitting with an erect spine and no support, which is more typical of classic meditation practice, iRest offers participants the option of practicing in any comfortable position, including lying down, or sitting comfortably in a chair or wheelchair. The guided instructions and visualizations are simple, and focus primarily on the felt experiences in the body.

Research suggests that iRest Yoga Nidra helps decrease anxiety and depression, improve sleep, relieve chronic pain and increase a sense of well-being. In June of 2010, iRest was endorsed by the U.S. Army Surgeon General and Defense Centers of Excellence as a complementary and alternative medicine approach, and a Tier One intervention for chronic pain by the Army Surgeon General’s Pain Task Force.
iRest Yoga Nidra: Proficiencies for Service Provision

Nonclinical service providers at the DCVAMC will become eligible to provide iRest Yoga Nidra services after providing documentation of appropriate training and/or professional experience.

There are three levels of training for iRest Yoga Nidra: Level I, Level II, and iRest Teacher Certification as designated by Integrative Restoration Institute (IRI) in California, the professional institute which provides iRest training.

The minimum level required to teach iRest at DCVAMC is a certificate of completion for Level I. Once Level I training is complete, these teachers are qualified to teach from the meditation and relaxation scripts that are included in the basic iRest curriculum. Level II teachers work to become script-free in their teachings, which is also a goal of the certification process for all iRest Teachers. Level II certification or higher, is a plus.

For a person to achieve the highest level of certification, becoming a Certified iRest Yoga Nidra Teacher, three levels of training are completed: Level I, Level II, and an additional iRest Certification course. Upon completion of the complete certification process, a practitioner may refer to themself as a “Certified iRest Yoga Nidra Teacher” or an “iRest Teacher.”

Those providing iRest Yoga Nidra at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
## Examples of VA Medical Centers with iRest Yoga Nidra Programs

<table>
<thead>
<tr>
<th>Medical Center</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicago VA Federal Health Care Center</td>
<td>3001 Green Bay Road, North Chicago, IL 60064</td>
</tr>
<tr>
<td>Gulf Coast Veterans Health Care System</td>
<td>400 Veterans Ave, Biloxi, MS 39531</td>
</tr>
<tr>
<td>Portland VA Medical Center</td>
<td>3710 SW Us Veteran Hospital Road, Portland, OR 97239</td>
</tr>
<tr>
<td>Nashville VA Medical</td>
<td>1310 24th Avenue South, Nashville, TN 37212-2637</td>
</tr>
<tr>
<td>Miami VA Medical Center</td>
<td>1201 N.W. 16th Street, Miami, FL 33125</td>
</tr>
<tr>
<td>Northern California VA System</td>
<td>10535 Hospital Way, Mather, CA 95655</td>
</tr>
<tr>
<td>Palo Alto VA Center</td>
<td>3801 Miranda Avenue, Palo Alto, CA 94304</td>
</tr>
<tr>
<td>Rockford IL VA Center</td>
<td>7015 Rote Road, Suite 105, Rockford, IL 61107</td>
</tr>
<tr>
<td>Central Western Massachusetts VA Hospital Center</td>
<td>421 North Main Street, Leeds, MA 01053</td>
</tr>
<tr>
<td>San Francisco VA Center</td>
<td>4150 Clement Street, San Francisco, CA 94121</td>
</tr>
<tr>
<td>Greater Los Angeles VA Healthcare System</td>
<td>11301 Wilshire Blvd, Los Angeles, CA 90073</td>
</tr>
<tr>
<td>Tampa VA Medical Center</td>
<td>13000 Bruce B Downs Blvd, Tampa, FL 33612</td>
</tr>
<tr>
<td>Washington D.C. VA Medical Center</td>
<td>50 Irving Street NW, Washington, DC 20422</td>
</tr>
</tbody>
</table>


iRest Yoga Nidra: IHW Program Session Protocols

IHW Program iRest Yoga Nidra sessions run between 60-90 minutes. Classes are taught utilizing a standard curriculum of meditation scripts that run over the course of eight weeks. An Introduction to Integrative Restoration-iRest Yoga Nidra workbook may be used by the students in class, with CDs available for home practice that are made available to all participants. An eight-week course of iRest will be taught as repeating cycles; once Week/Lesson Eight is completed, the entire sequence of classes will be repeated. A Veteran may begin the class at any point and cycle through the entire sequence in turn.

The class will begin with a check-in by the instructor that will include:

- Participant sign-in process
- Asking the group if anyone is attending for the first time
- Asking about home practice via the use of recorded practices given to the Veterans, and address frequency of use, benefits of home practice that might be noted, questions and/or concerns about home practice including how to use the recordings, and anything noted by Veteran in their home practice
- A brief overview of the overall practice including some of the potential benefits that have been recorded through survey and research data, and anecdotal reports from practicing Veterans
- An introduction to the practice that is planned for the day, including an overview of the section of the workbook that is related to the practice for the day. Each Veteran will be given a copy of the workbook for their own personal use to support their continued understanding of the practice as they integrate the practice into their lives.

The instructor will lead an iRest session of approximately 35-40 minutes from the standard 8 week scripts and curriculum. Specialized instructions for VA populations include:

- Giving the option to leave eyes open or closed through the practice
- Reinforcing the use of the Inner Resource should any difficult sensation, emotions, or images arise during the practice

Approximately 5-10 minutes will be spent at the end of each class to check in with participants on the following areas:

- Any questions, comments, or concerns that arose in the practice
- Support for the use of the CDs for home practice and suggestions for how to use them to address specific challenges such as insomnia, chronic pain, and anxiety

Providers will document Veteran iRest Yoga Nidra sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health and Wellness iRest Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations by the iRest Yoga Nidra provider, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
iRest Yoga Nidra Research


Wellness Massage: Policy for Service Provision Policy

**Purpose:** This policy provides guidelines on the use of Wellness Massage as an CIH Validated Service at DCVAMC. It is relevant to Wellness Massage services provided to Veterans by nonclinical service providers.

**Validation Process:** Nonclinical service providers at the DCVAMC will become eligible to provide Wellness Massage after providing documentation of appropriate training and professional experience, and becoming approved as a CIH Validated Provider.

CIH validation is not required for credentialed clinical service providers who provide massage as wellness or as clinical treatment to Veterans in alignment with their training, scope of practice and licensure. Such staff may include, but is not limited primary care providers (e.g. M.D., D.O., N.P., P.A), physical therapists, medical fellows, massage therapists hired to provide clinical services, and nurses.

**Overview:** Massage incorporates the gentle manipulation of superficial and deeper layers of muscle and soft connective tissue using various techniques to enhance function, aid in the healing process, and promote relaxation and well-being. Sessions may include working with the body using various degrees of pressure, tension, motion, or vibration, done either manually or with mechanical aids.

**Minimum Proficiencies:** To provide massage at DCVAMC, nonclinical service providers must have graduated from a National Certification Board for Therapeutic Massage and Bodywork-Assigned (NCBTMB) School, or equivalent. In addition, practitioners must have state licensure and document a minimum of 250 hours of professional hands-on experience.

**Examples of VA Medical facilities with Massage programs:** Ann Arbor, Saginaw, Long Beach, Dallas, Washington, D.C.

**IHW Program Session Protocols:** IHW Program wellness massage includes sessions tailored to suit the unique needs of the Veteran population, and provides the appropriate level of gentle support for each individual. Massage sessions run between 30-60 minutes.

Wellness Massage providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Massage Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

**Research:** Research suggests that massage helps decrease anxiety and depression, improve sleep, relieve chronic pain and increase a sense of well-being.
Massage: Background

The practice of massage for wellness dates back thousands of years; references to massage appear in ancient writings from Rome, Greece, Egypt, China, Japan, and India. Massage incorporates the gentle manipulation of superficial and deeper layers of muscle and soft connective tissue using various techniques to enhance function, aid in the healing process, and promote relaxation and well-being. Target tissues may include muscles, tendons, ligaments, fascia, skin, joints, or other connective tissue, as well as lymphatic vessels, or organs of the gastrointestinal system.

There are a wide variety of approaches to massage, including acupressure, Shiatsu, Swedish, sports, cranial sacral, and myofacial techniques. Sessions may include a combination of these techniques structured to respond to the needs and preferences of the patient, and may include gently working with the body using various degrees of pressure, tension, motion, or vibration, done either manually or with mechanical aids. Research suggests that massage helps decrease anxiety and depression, improve sleep, relieve chronic pain and increase a sense of well-being.

Research suggests that massage helps decrease anxiety and depression, improve sleep, relieve chronic pain and increase a sense of well-being.
Wellness Massage: Proficiencies for Service Provision

Nonclinical service providers at the DCVAMC will become eligible to provide Wellness Massage after providing documentation of appropriate training and professional experience.

Practitioners must have graduated from a National Certification Board for Therapeutic Massage and Bodywork-Assigned (NCBTMB) School, or equivalent. To be NCBTMB-assigned school, the coursework must cover: 125 hours of instruction in the body’s systems and anatomy, physiology, and kinesiology; 200 hours of in-class, supervised hands-on instruction in massage and bodywork assessment, theory and application instruction; 40 hours of pathology; 10 hours of business and ethics instruction (a minimum of 6 hours in ethics); 125 hours of instruction in an area or related field that theoretically completes your massage program of study.

In addition, practitioners must have state licensure and document a minimum of 250 hours of professional hands-on experience as documented by C.V.

CIH validation is not required for credentialed clinical service providers who provide wellness or clinical massage services to Veterans in alignment with their training, scope of practice and licensure. This includes, but is not limited to primary care providers (e.g. M.D., N.P., P.A.), physical therapists, medical fellows, massage therapists hired to provide clinical services, and nurses.

Board Certification from the National Certification Board for Therapeutic Massage and Bodywork, which requires passing a Board certification exam, 750 hours of education, 250 hours of professional hands-on experience, and CPR certification, is a plus but not required. Graduation from a Commission of Massage Therapy-accredited school is also a plus.

Those providing Wellness Massage at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
Examples of VA Medical Centers with Massage Programs

Ann Arbor VA Medical Center
2215 Fuller Road #312
Ann Arbor, MI 48105

Long Beach VA Medical Center
5901 E 7th Street
Long Beach, CA 90822

Lutz Saginaw VA Medical Center
1500 Weiss Street
Saginaw, MI 48602

Dallas VA Medical Center
4500 S. Lancaster Road
Dallas, TX 75216

Washington D.C. VA Medical Center
50 Irving Street NW
Washington, DC 20422
Wellness Massage: IHW Program Session Protocols

IHW Program wellness massage includes sessions tailored to suit the unique needs of the Veteran population, and provides the appropriate level of gentle support for each individual. Massage sessions run between 30-60 minutes.

All sessions follow a standard protocol, with the specific sequence varying according to the particular background of the Veteran:

- Instructor will pass the sign in sheet for participant to sign in
- Check-in with each participant, with a special focus on whether the participant is attending for the first time
- A brief overview of massage
- Gentle massage support to promote relaxation and wellness
- Continued individual assessment throughout the session
- Final check-in: any questions, comments, or concerns that arose in the session

Specialized discussion beneficial for participants include:
- Giving the option to leave eyes open or closed throughout the session according to the Veteran’s preference

Safety and comfort for participants in these wellness sessions is paramount. Verbal check in and assessment will continue throughout the session to ensure the Veteran’s comfort and support.

Providers will document Wellness Massage sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Massage Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.


Mindfulness Based Stress Reduction (MBSR): Policy for Service Provision

**Policy Purpose:** This policy provides guidelines on the use of Mindfulness Based Stress Reduction (MBSR) as CIH Validated Service at DCVAMC. It is relevant to MBSR services provided to Veterans by nonclinical service providers.

**Validation Process:** Nonclinical service providers at the DCVAMC will become eligible to provide MBSR after providing documentation of appropriate training and professional experience, and becoming approved as a CIH Validated Provider.

CIH validation is not required for credentialed clinical service providers who provide MBSR services to Veterans in alignment with their training, scope of practice and licensure. This includes, but is not limited to primary care providers (e.g. M.D., N.P., P.A.), physical therapists, medical fellows, nurses and chaplains.

**Overview:** MBSR is an eight-week program of weekly 2 ½ hour classes and a full day retreat. The classes provide instruction and practice in mindfulness meditation practices, gentle stretching and mindful yoga, group dialogue and discussions aimed at enhancing awareness in everyday life, and mindful communication, among other topics.

**Minimum Proficiencies:** To provide MBSR at DCVAMC, the provider must be a certified teacher through the Oasis Institute, Center for Mindfulness, University of Massachusetts Medical School.

**Examples of VA facilities with MBSR Programs:** Los Angeles, Seattle, Durham, Little Rock, Madison, Northport, Hines Chicago, Washington D.C.

**IHW Program Session Protocols:** The IHW Program Mindfulness Based Stress Reduction group is a closed group that meets weekly for eight weeks, with each weekly session lasting approximately 2 ½ hours. In addition, there is an all-day Saturday silent retreat that meets between the sixth and seventh class.

MBSR providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Energetic Wellness Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

**Research:** Research suggests that MBSR has a positive effect in reducing medical and psychological symptoms across a wide range of diagnoses including chronic pain, high blood pressure, fibromyalgia, cancer, heart disease, asthma, GI distress, skin disorders, PTSD, panic, fatigue, and sleep disturbances.
Mindfulness Based Stress Reduction (MBSR): Background

Dr. Jon Kabat-Zinn, Professor of Medicine Emeritus at the University of Massachusetts Medical School, developed the Mindfulness Based Stress Reduction (MBSR) program at the University of Massachusetts Medical Center as a focus of its Stress Reduction Clinic in 1979. The MBSR program is now offered in over 200 medical centers, hospitals, and clinics around the world, including some of the leading integrative medical centers such as the Scripps Center for Integrative Medicine, the Duke Center for Integrative Medicine, and the Jefferson-Myrna Brind Center for Integrative Medicine.

MBSR is an eight-week program of weekly 2 ½ hour classes and a full day retreat. The classes provide instruction and practice in mindfulness meditation practices, gentle stretching and mindful yoga, group dialogue and discussions aimed at enhancing awareness in everyday life, and mindful communication, among other topics. The classes are also a time for participants to share about their experiences practicing mindfulness, with daily practice being essential to receive maximum benefit from the program.

Research suggests that MBSR is a useful method for improving mental health and reducing symptoms of stress, anxiety and depression. There is nearly 30 years of research on the positive effects of MBSR for reducing medical and psychological symptoms across a wide range of diagnoses including chronic pain, high blood pressure, fibromyalgia, cancer, heart disease, asthma, GI distress, skin disorders, PTSD, panic, fatigue, sleep disturbances, and symptoms of stress.
MBSR: Proficiencies for Service Provision

Nonclinical service providers at the DCVAMC will become eligible to provide MBSR after providing documentation of appropriate training and professional experience. The training curriculum for MBSR teachers is regulated by Oasis Institute, Center for Mindfulness, University of Massachusetts Medical School; only a person specifically certified in teaching the MBSR curriculum can teach MBSR.

The following proficiencies are required to teach MBSR at DCVAMC.

For those beginning professional training in MBSR on March 1, 2013* or after, the minimum requirements to begin teaching MBSR are as follows:

1. Completion of an eight week MBSR course as a participant
2. Completion of Oasis Institute’s MBSR in Mind-Body Medicine
3. Completion of Oasis Institute’s Practicum in MBSR
4. Completion of Oasis Institute’s Teacher Development Intensive
5. Completion of two or more 5-10 day silent, teacher led mindfulness retreats.
6. Preliminary teaching experiences (short classes, workshops)
7. Completion of Oasis Institute’s Essential Study
8. Continued personal and professional development. This includes at least two years of ongoing daily mindfulness meditation practice; ongoing practice in body-centered awareness practices such as yoga, tai-chi, or qi-gong; and relevant professional education and training.

For those who began professional training prior to March 1, 2013*, minimum requirements to teach MBSR are as follows:

1. Completion of an eight week MBSR course as a participant
2. Completion of Oasis Institute’s MBSR in Mind-Body Medicine or Completion of Oasis Institute’s Practicum in MBSR or Completion of Oasis Institute’s Teacher Development Intensive
3. Completion of one or more 5-10 day silent, teacher led mindfulness retreats.
4. Continued personal and professional development. This includes at least two years of ongoing daily mindfulness meditation practice; ongoing practice in body-centered awareness practices such as yoga, tai-chi, or qi-gong; and relevant professional education and training.
5. Continued training to complete the above requirements or authorization letter from Oasis Institute to teach MBSR

Those providing MBSR at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans. As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.

*March 1, 2013 cut-off date is based on new training requirements from the Oasis Institute, Center for Mindfulness, University of Massachusetts Medical School, effective March 1, 2013. If a teacher took the MBSR course prior to March 1, 2013, but did not begin professional teaching training until after, the new standards apply.
Examples of VA Medical Centers with MBSR Programs

Greater LA VA Medical Center  
11301 Wilshire Blvd  
Los Angeles, CA 90073

Puget Sound VA Medical Center  
1660 S Columbian Way  
Seattle, WA 98108

Durham VA Medical Center  
508 Fulton St, Durham, NC 27705

Middleton VA Medical Center  
2500 Overlook Terrace  
Madison, WI 53705

Central Arkansas Veterans Healthcare System  
4300 W 7th Street  
Little Rock, AR 72205

Northport VA Medical Center  
79 Middleville Road  
Northport, NY 11768

Hines VA Medical Center  
5000 S 5th Avenue  
Hines, IL 60141

Washington D.C. VA Medical Center  
50 Irving Street NW  
Washington, DC 20422
MBSR: IHW Program Session Protocols

The Mindfulness Based Stress Reduction group is a closed group that meets weekly for eight weeks. Each weekly class is 2 ½ hours long. In addition, there is an all-day Saturday silent retreat that meets between the sixth and seventh class. Classes are taught utilizing a standard curriculum: The University of Massachusetts Medical School, Stress Reduction Clinic, Mindfulness-Based Stress Reduction (MBSR) Curriculum Guide 2009 by Melissa Blacker, MA, Florence Meleo-Meyer, MS, MA, Jon Kabat-Zinn, PhD, and Saki Santorelli, Ed.D, MA.

A study binder and CDs are provided to students to assist with home practice, and home practice is expected six days a week. Group facilitators’ contact information is provided to Veterans should they need assistance, have questions, or have concerns that arise between class sessions.

A typical class includes:

1. Veterans sign in on sign-in sheet.
2. As Veterans sign in, Veterans’ home practice logs with facilitator’s comments are returned to Veterans.
3. As Veterans sign in, group facilitator is available for Veterans to discuss any salient issues pertaining to the day’s class (needing to leave session early, recent health concerns, etc.).
4. Class begins with instruction and practice in an experiential exercise (i.e. body scan, sitting meditation, movement meditation, walking meditation)
5. Discussion of day’s experiential exercise and discussion of home practice including any questions or areas of concern. Veterans turn in their most recent home practice logs following this discussion.
6. Introduction of theme for day’s discussion and introduction of discussion topic for the day (i.e. reacting vs. responding to stress, mindfulness communication)
7. Discussion and assignment of home practice for the week. Pertinent materials in provided binders are reviewed.
8. Class closes with a sitting meditation.
9. Group facilitator available for brief discussion after class or to schedule an appointment at another day/time as needed.

Providers will document Veteran MBSR sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Energetic Wellness Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
**MBSR Research**


Tai Chi and Qi Gong: Policy for Service Provision

Policy Purpose: This policy provides guidelines on the use of Tai Chi and Qi Gong as a CIH Validated Service at DCVAMC. It is relevant to Tai Chi and Qi Gong services provided to Veterans by nonclinical service providers and credentialed clinical service providers.

Validation Process: Nonclinical and credentialed clinical service providers at the DCVAMC will become eligible to provide Tai Chi and Qi Gong services after providing documentation of appropriate training and professional experience, and becoming approved as an CIH Validated Provider.

Overview: Tai Chi and Chi Gong are exercises that use breathing, posture, and movement along with focused awareness and attention to stimulate the sensations of Qi (energy) in the body. With their roots in Chinese medicine and martial arts, Qi Gong and Tai Chi are traditionally used for exercise, wellness and meditation.

Minimum Proficiencies: At DCVAMC, Tai Chi instructors must be a Tai Chi Practitioner certified by the American Tai Chi and Qi Gong Association (ATCQGA), or equivalent. In addition, the DCVAMC also requires a minimum of 350 hours of Tai Chi professional teaching experience. Qi Gong instructors must be a Level I Qi Gong Instructor certified by the National Qigong Association, or equivalent. In addition, the DCVAMC also requires a minimum of 350 hours Qi Gong professional teaching experience. Credentialed clinical service providers must confirm that providing Tai Chi and/or Qi Gong falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

Examples of VA Medical Centers with Tai Chi or Qi Gong Programs: Northport, Sioux Falls, Phoenix, Greater Los Angeles, Miami, Richmond, Portland, Seattle, Washington D.C.

IHW Program Session Protocols: IHW Program Tai Chi and Qi Gong sessions run between 45-60 minutes. A Veteran or staff member may begin the class at any point and cycle through the entire sequence in turn. Tai Chi and Qi Gong practices can each be modified to accommodate varied populations with specific limitations.

Tai Chi and Qi Gong providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Qi Gong/Tai Chi Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

Research: Research indicates Tai Chi and Qi Gong may have a positive effect on bone health, cardiopulmonary fitness, physical function, fall prevention and balance, and psychological factors including anxiety and depression.
Tai Chi and Qi Gong: Background

Tai Chi and Chi Gong are exercises that use breathing, posture, and movement along with focused awareness and attention to stimulate the sensations of Qi (energy) in the body. With its roots in Chinese medicine and martial arts, Qi Gong and Tai Chi are traditionally used for exercise, wellness and meditation. Because the approach is low impact and can be done lying, sitting, or standing, Qi Gong is accessible for individuals with disabilities, seniors, and people recovering from injuries. Beginning postures are done standing, with each posture flowing gently into the next without pause, ensuring that the body is in constant motion.

The literal meaning of Tai Chi is “supreme ultimate boxing technique.” Tai Chi can be considered as a martial art practice, with a full range of adjunct exercises and strength development exercises from beginning to advanced levels; Tai Chi as taught traditionally also includes many Qi Gong exercises. The literal meaning of Qi Gong is “Qi development skills,” and implies a process of learning how to accumulate and direct energy in the body. Qi Gong generally includes meditations, focused attention, breathing exercises, and also movement exercise systems that may resemble martial arts or traditional dance.

Research indicates Qi Gong and Tai Chi may have a positive effect on bone health, cardiopulmonary fitness, physical function, fall prevention and balance, and psychological factors including anxiety and depression.
Tai Chi and Qi Gong: Proficiencies for Service Provision

Nonclinical service providers and credentialed clinical service providers at the DCVAMC will become eligible to provide Tai Chi and Qi Gong services after providing documentation of appropriate training and professional experience.

The American Tai Chi and Qi Gong Association has established instructional proficiencies for Tai Chi Instructors. At DCVAMC, Tai Chi instructors must be a Tai Chi Practitioner certified by the American Tai Chi and Qi Gong Association (ATCQGA), or equivalent, which requires at least 150 documented hours of formal Tai Chi training, two or more reference letters, and continuing education (in the form of self-study, workshops, seminars and/or classes) in Tai Chi for at least 10 hours a year to maintain certification. In addition, the DCVAMC also requires a minimum of 350 hours of Tai Chi professional teaching experience.

ATCQGA Certified Tai Chi Instructor Level I or equivalent (at least 150 documented hours of formal Tai Chi training, at least 500 hours of experience in teaching Tai Chi, and three reference letters), or higher ATCQGA certification, a plus.

The National Qigong Association (NQA) has established proficiencies for training as a Qi Gong instructor. At DCVAMC, Qi Gong instructors must be Level I Qi Gong Instructor certified by the National Qigong Association, or equivalent, which requires at least 200 documented formal hours of Qi Gong Training. In addition, the DCVAMC also require a minimum of 350 hours Qi Gong professional teaching experience.

NQA Level II Instructor (350 hours formal training), NQA Level III Master Instructor (500 hours formal training and five years Qi Gong professional teaching experience), NQA Level IV Teacher, NQA Clinical Instructor, or NQA Clinical Therapist Level, a plus.

Tai Chi and Qi Gong instructors must also possess additional experience with applying their modality to emotional trauma, physical trauma (e.g. traumatic brain injury, movement limitations), and in providing and contextualizing energetic healing experiences for vulnerable populations, as documented on CV.

Additional preferred competencies for both Tai Chi and Qi Gong teachers at DCVAMC include:

- Familiarity with the basic principles of Chinese medicine, including proficiency with the theoretical background of internal Qi trajectories, primary meridians and Qi cultivation principles.
- Training in one or more of the following: physical anatomy, kinesiology, movement therapies including Feldenkrais, Alexander technique, Body-Centered Psychotherapy, Asian Bodywork Therapy (Shiatsu, Chi Nei Tsang, Anma, Jin Shin Do etc.) or Western massage therapy.
- Other experience or training in martial arts including Wushu, Judo, Karate, Jujitsu or Chin-na.

Given that new certifying and training bodies are in development, these proficiencies will be reviewed within two years for relevancy to best reflect standards within the field.
Credentialed clinical service providers must confirm that providing Tai Chi and/or Qi Gong falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

Those providing Tai Chi and/or Qi Gong at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
Examples of VA Medical Centers with Tai Chi and Qi Gong Programs

Northport VAMC  
79 Middleville Road  
Northport, NY 11768

Sioux Falls VA Health Care System  
2501 West 22nd Street  
Sioux Falls, SD 57105

Richmond VAMC  
1201 Broad Rock Blvd  
Richmond, VA 23224

Miami VAMC  
1201 NW 16th Street  
Miami, FL 33125

Phoenix VA Health Care  
650 E. Indian School Road  
Phoenix, AZ 85012

Greater Los Angeles VAMC  
11301 Wilshire Blvd  
Los Angeles, CA 90073

Fargo VA Health Care System  
2101 N Elm Street  
Fargo, ND 58102

Oscar G. Johnson VAMC  
325 E H Street  
Iron Mountain, MI 49801

Madison VAMC  
2500 Overlook Terrace  
Madison, WI 53705

Portland VA Medical Center  
3710 SW Us Veteran Hospital Road  
Portland, OR 97239

Puget Sound VA  
1660 S Columbian Way  
Seattle, WA 98108

Washington D.C. VA Medical Center  
50 Irving Street NW  
Washington, DC 20422
Tai Chi and Qi Gong: IHW Program Session Protocols

IHW Program Tai Chi and Qi Gong sessions run between 45-60 minutes. A Veteran may begin the class at any point and cycle through the entire sequence in turn. Tai Chi and Qi Gong practices can each be modified to accommodate varied populations with specific limitations. Students must practice at home to get maximum benefit.

If classes are in a studio space with freshly cleaned floors (i.e. dance studio or yoga studio), then bare feet are best for participants’ balance and stability. Otherwise, any kind of sport shoe is required. Practice outside is preferred. Participants are encouraged to wear loose clothing allowing for expansion around the waist to support lower abdominal breathing. Exercises can be performed seated, or even in the case of Qi Gong, lying down, with the instructor maintaining a safe and respectful space for all levels of participation.

Instructors will meet with participants in an orientation session to explain the modality they are teaching and to establish the idea of Persistent Diligent Practice, with mild challenges that foster incremental improvement. A short intake interview will take place for all participants prior to the start of the sessions.

Each session will begin with a check-in by the instructor that will include:

1. Participant sign-in
2. Participants are welcomed to the group with a short introduction to the practice.
3. The instructor will clarify if anyone is attending for the first time, and ask if there are any questions from home practice from those who are already participants.
4. Instructor will provide a brief overview of the overall practice, with an introduction to the practice that is planned for the day.
5. Practice begins, with consistent checking in with participants to confirm that they understand the exercise, and are able to focus on a state of meditative awareness.
6. Benefits from practice cover a broad spectrum; as each movement or technique is introduced the particular benefit can be described, but it is important that participants spend most of the time actually practicing without having to think about theory or perfecting technique. Most individual movements are simple to learn.
7. Relaxation during movements and slowness in movement are ways for the body to make immediate adjustments and find a comfortable path.
8. The instructor will provide simple feedback to correct posture and instruction to moderate the exercise to match any current limitation of a participant.
Specialized instructions beneficial for specialized populations include:

- Deep or long stances are advanced techniques and should be avoided in the beginning. Forms will be modified to accommodate beginners, those who are older, or those who have joint problems.
- Relaxation techniques of various types are used to soften muscles and begin positive changes in breathing and body awareness.

Approximately 5-10 minutes will be spent at the end of each class to check in with participants on the following areas:

- Any questions, comments, or concerns that arose in the practice
- Support for home practice and suggestions on how to use the basic practices learned in class to address specific challenges, such as insomnia, chronic pain, and anxiety

Providers will document Tai Chi and Qi Gong sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Qi Gong/Tai Chi Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
Tai Chi and Qi Gong Research


Reiki: Policy for Service Provision

**Policy Purpose:** This policy provides guidelines on the use of Reiki as a CIH Validated Service at DCVAMC. It is relevant to Reiki services provided to Veterans by all nonclinical service providers and credentialed clinical service providers.

**Validation Process:** Nonclinical service providers and credentialed clinical service providers at the DCVAMC will become eligible to provide Reiki after providing documentation of appropriate training and becoming approved as an CIH Validated Provider.

**Overview:** Reiki is a safe, gentle, nonintrusive technique that fosters wellness by promoting relaxation and stress reduction.

**Minimum Proficiencies:** Reiki providers at Washington DC VAMC will provide documentation indicating they have been trained by a Reiki Master who is an affiliate member of the International Center for Reiki Training (ICRT), the international Reiki professional organization. DCVAMC providers must have a master level certification to provide Reiki to Veterans. Credentialed clinical service providers must confirm that providing Reiki falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

**Examples of Other VA Medical Facilities with Reiki Programs:** Minneapolis, Manchester, Chicago, Seattle, New York, Las Vegas, and Washington, D.C.

**IHW Program Session Protocols:** IHW Program Reiki sessions run between 10-60 minutes; Veterans may choose to receive Reiki lying on a table or sitting in a chair. Sessions may be either touch or non-touch, honoring the preference of each individual Veteran. Reiki providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Energetic Wellness Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

**Research:** Research suggests that Reiki can decrease blood pressure, and assist in the management of pain, depression, and anxiety.
Reiki: Background

Reiki is a gentle, nonintrusive technique that fosters wellness through a holistic approach which promotes relaxation and stress reduction by supporting balance among all aspects of an individual – mind, body, emotions, and spirit. Commonly translated from the Japanese as “Universal Life-Force Energy,” Reiki was initially developed and taught by Dr. Mikao Usui in Japan in the early 1920's.

During a Reiki session, the provider’s hands are placed near or lightly touching various parts of the person’s body, including the head, shoulders, stomach, legs, and feet. Most individuals receiving Reiki report feelings of deep relaxation, and often fall asleep during a session. Sessions can last from ten minutes to more than an hour, depending upon available time. Research suggests that Reiki can decrease blood pressure, and assist in the management of pain, depression, and anxiety.

In 2007, the American Hospital Association reported more than 800 American hospitals (>15%) offered Reiki as part of their hospital services. Reiki programs are currently offered at Walter Reed National Military Medical Center (WRNMMC), MedStar Washington Hospital Center, Georgetown University Medical Center, University of Maryland Medical Center, Winchester Medical Center, INOVA Fair Oaks Hospital, Warren Memorial Hospital, and Fauquier Health Hospital.

Research suggests that Reiki can decrease blood pressure, and assist in the management of pain, depression, and anxiety.
Nonclinical service providers and credentialed clinical service providers at the DCVAMC will become eligible to provide Reiki services after providing documentation of appropriate training and professional experience. Reiki providers at Washington DC VAMC will document that they have been trained and certified by a Reiki Master who is an affiliate member of the International Center for Reiki Training (ICRT), the international Reiki professional organization. Affiliate Reiki Masters will use ICRT approved manuals in their classes and agree to abide by the ICRT code of ethics and standards of practice. DC VAMC providers must have a master level certification to provide Reiki to Veterans.

Reiki 1 and 2 Competencies include:

- The history of Reiki
- Reiki practice overview
- Understanding the human energy system
- Reiki foundational approaches and techniques
- Hand positions for providing Reiki to self and others
- The protocol for a complete Reiki session
- Values and ethics of a Reiki practitioner

Advanced Reiki Training/Master Competencies include:

- Reiki master meditation to strengthen mental focus and awareness
- Reiki master approaches to service provision
- Advanced Reiki techniques and tools
- Instruction and practice on teaching Reiki
- The values and service orientation of a Reiki master

Credentialed clinical service providers must confirm that providing Reiki falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

Those providing Reiki at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
Examples of VA Medical Centers with Reiki Programs

Minneapolis VA Health Care System
1 Veterans Drive
Minneapolis, MN 55417

Manchester VA Medical Center
718 Smyth Road
Manchester, NH 03104

Jesse Brown VA Medical Center
820 S Damen Ave #119
Chicago, IL 60612

Puget Sound VA Health Care System
1660 S Columbian Way
Seattle, WA 98108

VA NY Harbor Healthcare System
800 Poly Place
Brooklyn, NY 11209

North Las Vegas VA Medical Center
6900 North Pecos Road
North Las Vegas, NV 89086

Washington D.C. VA Medical Center
50 Irving Street NW
Washington, DC 20422
Reiki: IHW Program Session Protocols

IHW Program Reiki sessions run between 10-60 minutes. Veterans may choose to receive Reiki lying on a table or sitting in a chair. Sessions may be either touch or non-touch, honoring the preference of each individual Veteran.

The Reiki provider will introduce him/herself and provide a brief explanation of Reiki – what it is and what to expect during the session, and answer any questions the Veteran may have.

Once the Veteran is comfortable and ready to proceed, the provider’s hands are placed on or above different locations of the body and held in each position, for 3-5 minutes, or until the provider feels they should move their hands to the next position.

Typical areas of focus for these positions include:

- Crown of the head
- Ears
- Shoulder / collar bone
- Heart
- Abdomen
- Hips
- Knees
- Feet

Providers will ensure time is available at the end of each session to check in with participants regarding their experience and answer any questions about the session; providers will also invite participants to continue to drink water as they prepare to leave the session.

Providers will document Veteran Reiki sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Energetic Wellness Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
Reiki Research


Yoga: Policy for Service Provision

Policy Purpose: This policy provides guidelines on the use of Yoga as a CIH Validated Service at DCVAMC. It is relevant to yoga services provided to Veterans by nonclinical service providers and credentialed clinical service providers.

Validation Process: Nonclinical service providers and credentialed clinical service providers at the DCVAMC will become eligible to provide Yoga after providing documentation of appropriate training and professional experience, and becoming approved as an CIH Validated provider.

Overview: Yoga combines movement and postures, clear mental focus, and breathing techniques to help people experience an increased sense of well-being and relaxation; to improve general physical health; and to facilitate flexibility and muscle strength.

Minimum Proficiencies: Yoga providers at DCVAMC must be certified as an RYT-200 from a Yoga Alliance certified school. In addition to this designation, they will have had a minimum of one year teaching experience prior to starting at the VA hospital. Credentialed clinical service providers must confirm that providing yoga falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

Examples of VA Medical Centers with Yoga Programs: Madison, Sioux Falls, Seattle, Greater Los Angeles, Portland, Boston, Denver, Washington, D.C.

IHW Program Session Protocols: IHW Program yoga classes includes health and wellness classes for all levels of individuals including chair yoga, beginner classes, multi-level, chronic illnesses/cancer, and classes tailored for the geriatric population. Yoga classes are structured to suit the unique needs of the Veteran population at each level, and provide the appropriate combination of physical postures, breathing techniques, and meditation/guided imagery for each group. All participants will be reminded regularly of the importance of tuning in to their physical and emotional state during practice, and will be encouraged not to go beyond their ability or what is comfortable for them during that particular session.

Yoga providers will document sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Yoga Note. The note will include the length and focus of the session; any comments, concerns or issues shared by the Veteran regarding their response to the session; recommendations for future sessions. Providers will note if there are any particular observations or the need to contact other providers regarding the Veteran.

Research: Research suggests that yoga assists in positively managing pain, insomnia, anxiety, and depression, and increasing flexibility and balance.
Yoga: Background

Originating in India, yoga is an ancient wellness practice dating back thousands of years; “yoga,” a Sanskrit word meaning to “join” or “unite,” dates back to 3000 B.C. Yoga combines movement and postures, clear mental focus, and breathing techniques to help people experience an increased sense of well-being and relaxation; to improve general physical health; and to facilitate flexibility and muscle strength. There are many forms of yoga including the Hatha, Iyengar, Anusara, Bhakti, Ashtanga, Kriya, Kundalini, and Kripalu traditions. Each approach utilizes various degrees of stretching, movement, meditation, and breathing to achieve balance and harmony throughout the mind and body.

The creation of balance, strength, and flexibility through yoga is done through the performance of a series of poses or postures, each of which has specific physical benefits. The poses can be done quickly in succession, or more slowly to increase stamina and perfect the alignment of the pose. A misconception which often prevents individuals from participating in yoga is the belief that yoga is only for the young and flexible. For those requiring additional support, chair yoga is a gentle form of yoga that is practiced sitting in a chair, or standing using a chair for support.

Over the past few decades, research has shown that numerous conditions can benefit from a regular yoga practice, including alcohol/substance abuse, chronic pain, anxiety, cancer, depression, PTSD, heart disease, high blood pressure, multiple sclerosis, obesity, and diabetes. Yoga promotes healing in the body in a number of ways. It strengthens muscles and increases oxygenation to the tissues, and it improves immune, joint, and brain function. Cancer patients report decreased stress and an increased sense of well-being, aiding in their ability to effectively cope with the challenging effects that radiation and chemotherapy treatments have on the body. Yoga also promotes weight loss through increased body respect and awareness, leading to healthier lifestyle choices.

Research suggests that yoga assists in positively managing pain, insomnia, anxiety, and depression, and increasing flexibility and balance.
Yoga: Proficiencies for Service Provision

Nonclinical service providers and credentialed clinical service providers at the DCVAMC will become eligible to provide yoga services after providing documentation of appropriate training and professional experience. All yoga instructors at DCAVMC will have a minimum requirement for service provision of completing a 200-hour program from a Yoga Alliance certified school. The Yoga Alliance is the main professional and trade association for yoga teachers and schools across multiple disciplines in the United States.

A two hundred-hour yoga teacher training program following the Yoga Alliance’s specified curriculum results in the certification of a yoga teacher as an RYT-200. In addition to this designation, yoga teachers at DCVAMC will need to have had a minimum of one year teaching experience prior to starting at the hospital as documented by C.V.

In addition to the RYT-200 certification, DCVAMC yoga teachers will acquire practical knowledge of the following Core Competencies during the yoga service provision orientation.

- Working with TBI, PTSD, Trauma, and Chronic Pain
- Adapting yoga exercises for patients with chronic illnesses
- Establishing safety guidelines for specialty populations

All yoga instructors will be required to be certified with the Yoga Alliance, and as a result will need to comply with their on-going CEU requirements.

Credentialed clinical service providers must confirm that providing yoga falls within the scope defined by their state licensure, and practice with the concurrence of their Service Chief.

Those providing yoga on at DCVAMC must be knowledgeable and sensitive to the unique experiences and special needs of combat-deployed Veterans.

As with the other validated modalities, providers will participate in a working group to foster on-going collaboration, continuing education and the facilitation of best practices.
Examples of other VA Medical Centers with Yoga Programs

Madison VA Medical Center
2500 Overlook Terrace
Madison, WI 53705-2286

Sioux Falls VA Medical Center
2501 West 22nd Street
Sioux Falls, SD 57105

Seattle VA Medical Center
1660 S Columbian Way
Seattle, WA 98108

Greater Los Angeles Medical Center
11301 Wilshire Blvd
Los Angeles, CA 90073

Portland VA Medical Center
3710 SW Us Veteran Hospital Road
Portland, OR 97239

Boston VA Medical Center
150 South Huntington Avenue
Jamaica Plain, MA 02130

Denver VA Medical Center
1055 Clermont Street
Denver, CO 80220

Washington D.C. VA Medical Center
50 Irving Street NW
Washington, DC 20422

In addition, yoga is being offered at The Walter Reed Medical Center as well as many US Military Bases (Soldier 360 Program) throughout the world to increase focus/concentration among active duty soldiers, manage stress, and decrease the symptoms associated with PTSD.
Yoga: IHW Program Session Protocols

IHW Program yoga classes includes health and wellness classes for all levels of individuals including chair yoga, beginner classes, multi-level, chronic illnesses/cancer, and classes tailored to the geriatric population. Yoga classes are tailored to suit the unique needs of the Veteran population at each level, and provide the appropriate combination of physical postures, breathing techniques, and meditation/guided imagery for each group.

All classes follow a standard protocol, with the specific sequence varying according to the particular training and yoga tradition of the teacher:

- Instructor will pass the sign in sheet for students to sign in
- Check-in with each participant, with a special focus on whether the participant is attending for the first time
- A brief overview of the day’s practice
- Centering
- Asana (a series of various physical postures to promote relaxation and wellness)
- Continued individual assessment throughout the practice
- Breathing techniques (3-part breath, conscious breathing)
- Meditation
- Final check-in: any questions, comments, or concerns that arose in the session

Safety for participants in these wellness sessions is paramount. Therefore, no physical adjustments will be made by the teachers, which might push participants past their comfort levels. Only verbal cues will be given to ensure that all Veterans are safely performing the postures. All participants will be reminded regularly of the importance of tuning in to their physical and emotional state during practice, and will be encouraged not to go beyond their ability or what is comfortable for them that day. With several populations, especially those with chronic illnesses or cancer, the physical postures will include limited and very simple movements in a chair and will be taught by a qualified instructor.

Providers will document Veteran yoga sessions in the Computerized Patient Record System (CPRS), using the CPRS Note Title: Integrative Health & Wellness Yoga Note. The note will include the length of the group session and any comments, concerns or issues shared by participating Veterans regarding his/her response to the session, and recommendations for future sessions. If there are any observations, or a need to contact other providers regarding the Veteran’s care, this will be noted as well.
Yoga Research


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Scope Integrity Plan, Alternative CIH Validation Process Provision, and CIH
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Outlines how DCVAMC implements the CIH Validation Process throughout the
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Service; for use by Department Service Chiefs for hiring purposes, by
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E. Supervisor Confirmation Letter .......................................................85
For CIH providers who began providing CIH services prior to the Validation
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F. Validation Committee Vote Log .....................................................86
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when reviewing large numbers of candidates, such as during the first time a
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G. CIH Orientation Agenda Checklist ..................................................87
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I. Alternative CIH Provider Validation Form ........................................89
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J. Professional Practice Evaluation for CIH Service Provision ..................91
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K. CIH Steering Committee Charter ....................................................93
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L. CIH Validation Subcommittee Charter ............................................95
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Appendix A: Complementary & Integrative Health (CIH) Validation Process – Transition to Validated Services

Outlines how DCVAMC navigated developing an initial CIH Validation Process Policy, transitioned to CIH Validated services, and implemented the policy among existing service providers and within departments. Also contains the DCVAMC Scope Integrity Plan, Alternative CIH Validation Process Provision, and CIH Validation Committee Voting Process.

### PART #1: ESTABLISH CIH VALIDATION COMMITTEE AND VALIDATION PROCESS

<table>
<thead>
<tr>
<th>Process</th>
<th>Implementation</th>
<th>Supporting Documents/Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish CIH Validation Committee</td>
<td>The Washington DC VA Medical Center (DCVAMC) previously established the CIH Steering Committee.</td>
<td>- Complementary &amp; Integrative Health Steering Committee Charter</td>
</tr>
<tr>
<td></td>
<td>The CIH Steering Committee determined that its voting members would comprise the CIH Validation Committee. The CIH Validation Committee ensures for a consistent, equitable and succinct validation process.</td>
<td>- Complementary &amp; Integrative Health Validation Committee Charter</td>
</tr>
<tr>
<td>Develop CIH Validation Process</td>
<td>The CIH Validation Committee Chair and grant-funded CIH Policy Consultant/Point of Contact (POC) led the CIH Validation Committee to develop and approve the CIH Validation Process for use by both the IHW Program and the Medical Center as a whole, and to serve as a model for other Medical Centers.</td>
<td>- CIH Validation Policy Package Version 2.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CIH Validation Minimum Proficiencies Checklist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CIH Provider Validation Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Service Chief Concurrence Form</td>
</tr>
<tr>
<td>Develop Alternative CIH Validation Process Provision (if needed)</td>
<td>Many VA Medical Centers, like DCVAMC, already employ staff providing CIH services. As with any new policy, some current providers may not meet new standards set by the CIH Validation Policy. To balance the intention of the policy to provide quality control, while ensuring current services are not unnecessarily interrupted, the CIH Validation Committee developed and approved an alternate route to validation.</td>
<td>- Alternative CIH Validation Process Provision (below)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Alternative CIH Provider Validation Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Supervisor Confirmation Form</td>
</tr>
<tr>
<td>Inform Hospital Leadership of Scope Integrity Plan</td>
<td>CIH Validation Committee Chair briefs the Medical Center Director and the Medical Executive Committee on how the CIH Validation Committee will identify that the practice of the specified modality falls within state licensure requirements for credentialed providers.</td>
<td>- Scope Integrity Plan (below)</td>
</tr>
<tr>
<td>Vote - CIH Validation Committee Members</td>
<td>As a first step, relevant Working Group Chair or POC collects candidate documents and presents Candidate Validation Packet to the CIH Validation Committee. Committee reviews and validates their Committee peers.</td>
<td>- CIH Validation Minimum Proficiencies Checklist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Candidate Validation Packet (supplied electronically by candidate)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CIH Validation Vote Log (optional)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Voting Process (below)</td>
</tr>
</tbody>
</table>

### PART #2: IMPLEMENT CIH VALIDATION PROCESS AMONG EXISTING PROVIDERS

<table>
<thead>
<tr>
<th>Process</th>
<th>Implementation</th>
<th>Supporting Documents/Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>Identify all Medical Center staff providing CIH services that need to be validated. Inform them of the purpose and plan for validating CIH services, and expectations for participation.</td>
<td>- CIH Validation Minimum Proficiencies Checklist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Service Chief Concurrence Form (as applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Supervisor Confirmation Form (as applicable)</td>
</tr>
<tr>
<td>Document Collection</td>
<td>- Current CIH provider sends documents to POC. - POC distributes documents to CIH Validation Committee for review.</td>
<td>- Candidate Validation Packet (supplied electronically by candidate)</td>
</tr>
<tr>
<td>Document Review</td>
<td>CIH Validation Committee reviews documents for proficiencies and other requirements. On as-needed basis, Working Group Chair interviews candidate or requests additional documentation.</td>
<td>- Candidate Validation Packet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CIH Validation Minimum Proficiencies Checklist</td>
</tr>
<tr>
<td>Vote – Existing Providers</td>
<td>CIH Validation Committee votes on candidate(s.) Working Group Chair or POC presents candidate validation packet and makes recommendation regarding their suitability for validation. POC documents votes. CIH Validation Committee Chair or POC notifies candidate(s) and department director(s.)</td>
<td>- Candidate Validation Packet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CIH Provider Validation Form OR Alternative CIH Provider Validation Form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- CIH Validation Vote Log (optional)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Voting Process (below)</td>
</tr>
</tbody>
</table>
Please refer to Appendix B for implementing the CIH Validation Process among new CIH providers/new hires.

**DCVAMC Scope Integrity Plan**

- The CIH Validation Committee requires credentialed CIH service providers to the identify area(s) within their scope of practice from their state licensing board that permits them to provide their CIH service. Validation candidates must submit the regulation, with pertinent sections highlighted, with their candidate validation package. In addition, the CIH Validation Process Point of Contact is contacting relevant state licensing boards for further clarification.

- Note: only credentialed CIH service providers whose modality must be validated is required to submit this documentation. For example, a nurse providing Reiki would identify and highlight the portion of their scope that permits "stress management" "therapeutic touch," or similar language, and ensure their scope does not explicitly prohibit services akin to Reiki.

- In most cases, the regulations will not directly address whether a specific CIH modality is within a practitioner’s scope of practice, but rather, contain language that prohibits certain practices, or allows practitioners to provide services for which they have received professional training and certificates. In cases needing more clarity, practitioners are advised to contact their state licensing board, and submit documentation of the communication with their candidate validation package. At the DCVAMC, this Scope Integrity Plan is embedded within the CIH Validation Policy Package Version 2.0 and CIH Validation Minimum Proficiencies Checklist.

**DCVAMC Alternative CIH Validation Process Provision**

- In September 2014, the Integrative Health and Wellness Program released a Wellness Service Provision Policy to identify staff with appropriate training to provide wellness services/CIH services to veterans at the DCVAMC. The CIH Validation Committee intends this policy and the CIH Validation Policy Package Version 2.0 to apply to new staff hires, and to staff currently delivering CIH services at the Medical Center.

- The CIH Validation Committee also recognizes that staff providing services prior to January 2015 (date of original IHW Validation Process Policy implementation) may not possess the new minimum proficiency requirements. To balance the need for important services to continue uninterrupted with the intent of the validation process, the CIH Validation Committee reviewed the qualifications for this staff member, and collected a Supervisor Confirmation Letter to determine whether s/he should be approved to continue CIH service provision based on prior service quality, not based on meeting all of the new validation requirements. The committee uses an Alternative CIH Provider Validation Form to document the determination.

**DCVAMC CIH Validation Committee Voting Process**

The CIH Validation Committee votes to:

1. **Approve** candidate to proceed to DCVAMC CIH Orientation
2. **Approve** candidate to go on to DCVAMC CIH Orientation and Refer to Supervised Practice Session (where Working Group Chair provides additional orientation for candidates that possess appropriate proficiencies but need additional training)
3. **Conditionally Approve** candidate upon receipt of additional information/documentation/skills demonstration interview (where Working Group Chair provides observational interview to determine if candidate possesses skills required to interact with and provide service to veterans)
4. **Not Approve**
Appendix B: CIH Validation Process - Rolling Basis

Outlines how DCVAMC implements the CIH Validation Process throughout the Medical Center, after the first phases of implementation (Appendix A.) Also contains the CIH Validation Committee Voting Process.

### PART #3: IMPLEMENT CIH VALIDATION PROCESS AMONG NEW PROVIDERS

<table>
<thead>
<tr>
<th>Process</th>
<th>Implementation</th>
<th>Supporting Document(s)</th>
</tr>
</thead>
</table>
| Outreach                     | **CIH Validation Committee** outreaches to Human Resources, Service Chiefs & department directors to inform them about the CIH Validation Process, its purpose, and the required qualifications and proficiencies for CIH providers.                                                                                                           | - CIH Validation Minimum Proficiencies Checklist  
- Service Chief Concurrence Form (as applicable)  
- Supervisor Confirmation Form (as applicable)                                                                 |
| Document Collection          | **For a validation candidate who is being interviewed by a department** (e.g. oncology, IHW) as a new hire, department director collects documents from candidate during the hiring interview process and sends to CIH Validation Process Point of Contact (POC). The validation process should be completed before hiring to provide a CIH service.  
- **For validation candidate who is already DCVAMC staff**, staff member sends documents to POC.  
- POC distributes documents to CIH Validation Committee for review.                                                                                                                                  | - Candidate Validation Packet (supplied electronically by candidate)                                          |
| Document Review              | **CIH Validation Committee** reviews documents for proficiencies and other requirements. On as-needed basis, **Working Group Chair** interviews candidate or requests additional documentation.                                                                                                                                                   | - Candidate Validation Packet  
- CIH Validation Minimum Proficiencies Checklist                                                                                                                |
| Vote                         | **CIH Validation Committee** votes on candidate(s) on a rolling basis. Working Group Chair or POC presents candidate validation packet to committee and makes recommendation regarding their suitability for validation. POC documents votes. CIH Validation Committee Chair or POC notifies candidate(s) and department director(s.)  
- Candidate Validation Packet (copies distributed to CIH Validation Committee)  
- CIH Provider Validation Form  
OR Alternative CIH Provider Validation Form  
- CIH Validation Vote Log (optional)  
- Voting Process (below)                                                                                                                                                           |
| CIH Orientation              | Relevant **Working Group Chair** provides orientation folder for candidates, provides in-person orientation on rolling basis, and documents attendance on relevant form. The orientation occurs before validation is complete to ensure providers receive any necessary training before being officially validated.  
- DCVAMC CIH Orientation Folder  
- CIH Orientation Agenda Checklist  
- CIH Provider Validation Form  
OR Alternative CIH Provider Validation Form                                                                                                                                              |
| Validate Candidates          | **CIH Validation Committee Chair** and relevant **Working Group Chairs(s)** sign validation form. POC distributes form and the optional Professional Practice Evaluation Template to candidate(s) for personnel file.  
- CIH Provider Validation Form OR Alternative CIH Provider Validation Form  
- Validation Form Professional Practice Evaluation Template                                                                                                                        |
| Ongoing Core Competency Training | **Working group Chairs** organize & offer training to all validated providers on specified topics throughout the year.                                                                                                                                                                                                                      | - Training materials (prepared by working group chairs)                                                                                                           |
| Community Building           | **CIH Validation Committee** organizes mixers for all validated providers.                                                                                                                                                                                                                                                                    | - Snacks and drinks                                                                                         |
DCVAMC CIH Validation Committee Voting Process

The CIH Validation Committee votes to:

1. **Approve** candidate to go on to DCVAMC CIH Orientation
2. **Approve** candidate to go on to DCVAMC CIH Orientation and **Refer to Supervised Practice Session** (where Working Group Chair provides additional orientation for candidates that possess appropriate proficiencies but need additional training)
3. **Conditionally Approve** candidate upon receipt of additional information/documentation/skills demonstration interview (where Working Group Chair provides observational interview to determine if candidate possesses skills required to interact with and provide service to veterans)
4. **Not Approve**

CIH Validation Committee Chair or POC notifies relevant Department Director in addition to candidates.
Appendix C: Complementary and Integrative Health (CIH)
Validation Minimum Proficiencies Checklist

To provide a CIH service at the DCVAMC, a practitioner must provide documentation of the minimum proficiencies outlined below. Examples of the type of documents one can use are listed below, however this list is not exhaustive. Credentialed clinical CIH service providers must submit a Service Chief Concurrence Form.

For those seeking to provide services at the DCVAMC for the first time, knowledge of and sensitivity to the unique experiences and special needs of combat-deployed Veterans will be taken into account by the interview process.

**Note:** This policy does not apply to the following services provided to Veterans by credentialed clinical providers directly for the IHW Program, or for another program or department, if those services are in alignment with their training, scope of practice and licensure: Group Meditation, Heartmath Biofeedback, Integrative Health Education, Wellness Massage, MBSR, iRest Yoga Nidra.

### Auricular Acupuncture

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>Masters degree in acupuncture (M.Ac.) from a Accreditation Commission for Acupuncture and Oriental Medicine accredited institution (copy/scan of diploma and C.V.; not necessary to submit diploma if NCCAOM-certified)</td>
</tr>
<tr>
<td>☐</td>
<td>Diplomat Board Certification from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) (copy/scan of certificate)</td>
</tr>
<tr>
<td>☐</td>
<td>State license in acupuncture (L.Ac.) (copy/scan of state license)</td>
</tr>
<tr>
<td>☐</td>
<td>The National Certification Commission for Acupuncture and Oriental Medicine Clean Needle Technique Certification (copy/scan of certificate)</td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>State license as a Physician, Nurse Practitioner or Physician’s Assistant from an accredited program (copy/scan of state license and C.V.)</td>
</tr>
<tr>
<td>☐</td>
<td>Helms Institute Acupuncture training or equivalent (copy/scan of certificate)</td>
</tr>
<tr>
<td>☐</td>
<td>The National Certification Commission for Acupuncture and Oriental Medicine Clean Needle Technique Certification (copy/scan of certificate)</td>
</tr>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Credentialed clinical service providers must confirm that providing auricular acupuncture falls within the scope defined by their state licensure (e.g. printout of scope of practice from state licensing board, with pertinent sections highlighted) and practice with the concurrence of their Service Chief (Service Chief Concurrence form.)</td>
</tr>
</tbody>
</table>
## Group Meditation

- ☐ Completion of a meditation teacher-training program with a nationally recognized program or organization (provider CV.)

  OR

- ☐ Comparable training and experience, with curriculum portfolio demonstrating ability to provide meditation to Veterans in the VA setting (provider CV.)

  AND

- ☐ At least one year of proficiency in teaching meditation within healthcare settings to Veterans, adults recovering from trauma, or physical or mental illness, or within adult therapeutic or wellness settings (provider CV.)

- ☐ At least three years of ongoing personal meditation practice (provider CV.)

- ☐ Participation in a minimum of five days of continuing education/experiential learning at a training center, retreat or equivalent, within the last three years (provider CV.)

## Heartmath Biofeedback

- ☐ Certified Heartmath Practitioner through completion of the Institute of Heartmath’s HeartMath Interventions Program (copy/scan of certificate).

- ☐ Proficiency in providing services within healthcare settings to Veterans, adults recovering from trauma, or physical or mental illness, or within adult therapeutic or wellness settings (provider CV.)

## Integrative Health Education

- ☐ Minimum of a master’s degree in their relevant field from a state-accredited institution (copy of diploma), and either: a state or association license, if applicable (copy/scan of license), or at least two years of commensurate professional experience (provider C.V.)

  OR

- ☐ Current enrollment as a master or doctoral degree student at a state accredited-institution, and/or participating in a supervised internship, practicum, or other clinical experience in their relevant field (letter from the registrar or internship.) Provider CV. At least one letter of recommendation.

  OR

- ☐ At least five years of commensurate professional experience (provider C.V., copy of degree(s)/trainings/certifications) and curriculum portfolio demonstrating ability to provide Integrative Health Education in the VA setting (provider portfolio.) At least one letter of recommendation.
**iRest Yoga Nidra**

|   | Level 1 Certificate of Completion designated by Integrative Restoration Institute (copy/scan “Teacher-In-Training Level 1” certificate, or higher; or other documentation such as a dated email from the Institute confirming course completion.) Provider C.V. |

**Wellness Massage**

|   | Graduated from a National Certification Board for Therapeutic Massage and Bodywork-Assigned (NCBTMB) School (http://www.nctmb.org/schools/assigned-schools), or equivalent (copy/scan of diploma.) |
|   | Obtained state licensure (copy/scan of license) |
|   | Completed 250 hours of professional hands-on experience (Provider C.V.) |

**Mindfulness Based Stress Reduction (MBSR)**

|   | Certified as MBSR teacher through the Oasis Institute, Center for Mindfulness, University of Massachusetts Medical School, based on date-specific professional training requirements detailed in CIH Validation Policy Package Version 2.0 (printout/scan of Certificate of Completion.) Provider C.V. |

**Tai Chi and Qi Gong**

|   | Tai Chi instructors: certified as Tai Chi Practitioner by the American Tai Chi and Qi Gong Association, or equivalent as outlined within CIH Validation Policy Package Version 2.0 (printout/scan of certificate.) **Plus,** minimum of 350 hours of Tai Chi professional teaching experience (provider C.V.) |
|   | Qi Gong instructors: certified as Level I teacher by the National Qigong Association, or equivalent as outlined within CIH Validation Policy Package Version 2.0 (printout/scan of certificate.) **Plus,** minimum of 350 hours of Qi Gong professional teaching experience (provider C.V.) |
|   | All instructors must possess additional experience with applying their modality to emotional trauma, physical trauma (e.g. traumatic brain injury, movement limitations), and in providing and contextualizing energetic healing experiences for vulnerable populations (provider CV.) |
|   | Credentialed clinical providers must confirm that providing Tai Chi and/or Qi Gong falls within the scope defined by their state licensure (printout of scope of practice from state licensing board, with section(s) pertaining to “physical therapies,” “movement instruction” or other pertinent language highlighted,) and practice with the concurrence of their Service Chief (Service Chief Concurrence form.) |
Additional preferred competencies include:

- Familiarity with basic principles of Chinese medicine, including proficiency with the theoretical background of internal Qi trajectories, primary meridians and Qi cultivation principles.
- Training in one or more of the following: physical anatomy, kinesiology, movement therapies including Feldenkrais, Alexander technique, Body-Centered Psychotherapy, Asian Bodywork Therapy (Shiatsu, Chi Nei Tsang, Anma, Jin Shin Do, etc.) or Western massage therapy.
- Other experience or training in martial arts including Wushu, Judo, Karate, Jujitsu or Chin-na.

### Reiki

| ☐ | Trained by a Reiki Master who is an Affiliate Member, Professional Member, or Licensed Reiki Master Teacher of the International Center for Reiki Training (printout/scan from http://www.reikimembership.com/MembershipListing.aspx with trainer name highlighted.) |
| ☐ | Master level certification from above Reiki trainer (printout/scan of certificate.) Provider C.V. |
| ☐ | Credentialed clinical service providers must confirm that providing Reiki falls within the scope defined by their state licensure (e.g. printout/scan of scope of practice from state licensing board, with section(s) pertaining to “relaxation,” “stress management” or other pertinent language highlighted), and practice with the concurrence of their Service Chief (Service Chief Concurrence form.) |

### Yoga

| ☐ | Certified as an RYT-200 from a Yoga Alliance certified school (printout/scan of certificate) |
| ☐ | Have a minimum of one-year yoga teaching experience (provider C.V.) |
| ☐ | Credentialed clinical service providers must confirm that providing yoga falls within the scope defined by their state licensure (e.g. printout/scan of scope of practice from state licensing board, with section(s) pertaining to “physical therapies,” “movement instruction” or other pertinent language highlighted), and practice with the concurrence of their Service Chief (Service Chief Concurrence form.) |
Appendix D: Complementary and Integrative Health (CIH)
Washington DC VA Medical Center
Service Chief Concurrence Form

This documents that I concur with (credentialed clinician name) ________________’s provision of (check all that apply):

☐ Auricular Acupuncture
☐ Qi Gong/Tai Chi
☐ Reiki
☐ Yoga

Service Chief Name: ___________________________ Date: ________________

Signature ___________________________

Department: ___________________________
Appendix E: Complementary and Integrative Health (CIH)
Washington D.C. VA Medical Center
Supervisor Confirmation Letter

I, (name/title) ________________________________, currently

supervise (practitioner name) _______________________________

who has provided the following CIH service(s) at the DCVAMC since (date)

____________________________ (please check all that apply.)

☐ Auricular Acupuncture        ☐ Mindfulness Base Stress Reduction (MBSR)
☐ Group Meditation             ☐ Qi Gong/Tai Chi
☐ Heartmath Biofeedback        ☐ Reiki
☐ Integrative Health Education ☐ Wellness Massage
☐ iRest Yoga Nidra             ☐ Yoga

I attest to the quality and effectiveness of the provider’s services and confirm the
provider is practicing without incidence.

Optional Additional Comments:

Supervisor Name: ___________________________  Date: __________________

Signature _________________________________

Department: ____________________________
## Appendix F: CIH Validation Committee Vote Log

Date: _______  Validation Committee Member: ____________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Wellness Service</th>
<th>Approval Status/Comments</th>
</tr>
</thead>
</table>
| (e.g. Jane Doe) | (e.g. CLC, IHW, Neurology, Recreational Therapy) | (e.g. Wellness Massage, Tai Chi, Yoga) | ☐ Approved for CIH Orientation  
☐ Approved for CIH Orientation & Referred to Supervised Practice Session  
☐ Conditionally Approved  
☐ Not Approved  
Comments: |
|               |                                 |                                       | ☐ Approved for CIH Orientation  
☐ Approved for CIH Orientation & Referred to Supervised Practice Session  
☐ Conditionally Approved  
☐ Not Approved  
Comments: |
|               |                                 |                                       | ☐ Approved for CIH Orientation  
☐ Approved for CIH Orientation & Referred to Supervised Practice Session  
☐ Conditionally Approved  
☐ Not Approved  
Comments: |
|               |                                 |                                       | ☐ Approved for CIH Orientation  
☐ Approved for CIH Orientation & Referred to Supervised Practice Session  
☐ Conditionally Approved  
☐ Not Approved  
Comments: |
Appendix G: Complementary & Integrative Health (CIH) Orientation Agenda Checklist

☐ Working group chair schedules orientation with validation candidate(s). (This may be a separate meeting, or within regularly scheduled working group meeting.)

☐ Overview of CIH services at DCVAMC and Individual CIH Service Provision history at DCVAMC.

☐ Introductions (if working group members are in attendance)

☐ Purpose & Operation of Working Groups
  ○ Mentorship, Continuing Education, Problem-Solving, etc.

☐ How Veterans Are Assigned To/Select to Receive CIH Services

☐ Review standardized protocol for relevant CIH Service (from CIH Validation Policy Package 2.0)

☐ Review standardized CPRS documentation and note language/content:
  ○ Session length & focus
  ○ Specific concerns/issues brought up by the Veteran
  ○ Any particular observations or need to contact other providers regarding the Veteran

☐ Review CIH Online Resources

☐ Provide Introductory Sensitivity Training (as applicable): unique experiences and special needs of combat-deployed veterans, trauma-informed touch and care, ethic for service provision

☐ Adherence to DCVAMC Policies for Clinical Providers

☐ Scheduling of Supervised Practice Session, as needed, for additional orientation

Suggested Documents:
  1) CIH Validation Policy Package Version 2.0
  2) CIH Orientation Folder
  3) DCVAMC Policies for Clinical Providers
  4) Contact Info for CIH Working Group members
  5) Calendar of Working Group meetings
  6) CPRS Notes Guidance
Appendix H: Complementary and Integrative Health (CIH)
Provider Validation Form
Washington DC VA Medical Center

Provider Name: ____________________________ Date: __________________

Department: ____________________________ CIH Service(s) (check below):

☐ Auricular Acupuncture ☐ Mindfulness Base Stress Reduction (MBSR)
☐ Group Meditation ☐ Qi Gong/Tai Chi
☐ Heartmath Biofeedback ☐ Reiki
☐ Integrative Health Education ☐ Wellness Massage
☐ iRest Yoga Nidra ☐ Yoga

CIH Validation Committee reviewed:
☐ Minimum proficiencies and requirements as applicable per modality, outlined by CIH Validation Policy Package Version 2.0

For credentialed clinical providers, also reviewed as applicable, based on modality:
☐ Service Chief Concurrence Form
☐ Confirmation that service(s) falls within provider’s scope of practice

CIH Validation Committee Determination:
☐ Approved to proceed to DCVAMC CIH Orientation
☐ Approved to proceed to DCVAMC CIH Orientation and Referred to Supervised Practice Session(s) for additional training (comments)
☐ Conditionally Approved upon receipt of additional information/documentation/skills demonstration interview (date & comments)
☐ Not Approved

Additional Validation Steps included:
☐ Participated in DCVAMC CIH Orientation on date(s), modality(ies):

☐ Reviewed DCVAMC CIH Orientation Folder
☐ Registered in on-going modality working group(s)
☐ For those conditionally approved, additional information/documents received and approved (date) ______________.

Yearly evaluation of staff performance continues to be the responsibility of individual departments. This practitioner is validated to provide the CIH service(s) referenced above at DCVAMC.

(Name/Modality) ____________________________ ____________________________
(Signature) Director, CIH Validation Committee Working Group Chair

(Name/Modality) ____________________________ ____________________________
(Signature) Working Group Chair Working Group Chair
Appendix I: Complementary and Integrative Health (CIH)

Alternative Provider Validation Form

Washington DC VA Medical Center (DCVAMC)

Note: the DCVAMC used a version of this form for the initial implementation of the IHW Provider Master Validation Policy Package. After May 2015, this form is no longer valid for use at the DCVAMC and is included in the CIH Validation Policy Package Version 2.0 as an example for other medical centers to use in transitioning to CIH validated services.

In September 2014, the DCVAMC released the Integrative Health and Wellness Service Provider Master Validation Policy Package to identify staff with appropriate training to provide CIH services to veterans at the DCVAMC. This policy applied to new staff hires, and to staff currently delivering CIH services.

The CIH Validation Committee also recognizes that staff providing services prior to the policy implementation date may not possess the new minimum proficiencies. To balance the need for important services to continue uninterrupted with the intent of the validation process, the CIH Validation Committee reviewed the qualifications for this staff member and determined that s/he should be approved to continue their CIH service provision based on prior service quality, not based on meeting all of the new validation requirements.

The CIH Validation Committee provides Alternative CIH Service Provision Validation for the staff member below to provide the indicated service(s) at the DCVAMC.

Provider Name: ___________________________ Date: ______________

Department: ___________________________ CIH Service(s) (check below):

☐ Auricular Acupuncture ☐ Mindfulness Base Stress Reduction (MBSR)
☐ Group Meditation ☐ Qi Gong/Tai Chi
☐ Heartmath Biofeedback ☐ Reiki
☐ Integrative Health Education ☐ Wellness Massage
☐ iRest Yoga Nidra ☐ Yoga

Validation Committee reviewed:
☐ Minimum proficiencies and requirements as applicable per modality, outlined by CIH Validation Policy Package Version 2.0
☐ Supervisor Confirmation Letter, required in lieu of meeting all of the minimum proficiencies

For credentialed clinical providers, also reviewed as applicable, based on modality:
☐ Service Chief Concurrence Form
☐ Confirmation that service(s) falls within provider’s scope of practice

CIH Validation Committee Determination, using alternative standards:

☐ Approved to proceed to DCVAMC CIH Orientation
☐ Approved to proceed to DCVAMC CIH Orientation and Referred to Supervised Practice Session(s) for additional training (comments) ____________________.
☐ Conditionally Approved upon receipt of additional information/documentation/skills demonstration interview (date & comments) ________________________.
☐ Not Approved
Additional Validation Steps included:

☐ Participated in DCVAMC CIH Orientation on date(s), modality(ies):

________________________, ___________________, ___________________

☐ Reviewed DCVAMC CIH Orientation Folder
☐ Registered in on-going modality working group(s)
☐ For those conditionally approved, additional information/documents received and approved (date) ________________.

Yearly evaluation of staff performance continues to be the responsibility of individual departments.

This practitioner is validated to provide the CIH service(s) referenced above at DCVAMC.

(Name/Modality) ___________________________ ___________________________

(Signature) ___________________________ ___________________________

Director, CIH Validation Committee Working Group Chair

(Name/Modality) ___________________________ ___________________________

(Signature) ___________________________ ___________________________

Note: Print double-sided
### Appendix J: Professional Practice Evaluation (PPE) for Wellness Service Providers

CIH Service Provider (Name, Title):

Evaluation Completed by (Name, Title):

Date Range of Evaluation: / / to / /

Date of Evaluation / / Provider signature:

*Signature indicates that the provider was given the opportunity to discuss results with Service Chief, if needed.*

<table>
<thead>
<tr>
<th>Performance Element</th>
<th>Unit of Measurement</th>
<th>PPE Trigger</th>
<th>Target / Goal</th>
<th>Provider Performance</th>
<th>Evaluation Tool</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT CARE AND PROCEDURAL SKILLS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Appropriate and timely documentation of sessions in CPRS</td>
<td># of Untimely Documentations</td>
<td>2 or more</td>
<td>0</td>
<td></td>
<td>Quarterly Chart Review</td>
<td></td>
</tr>
<tr>
<td>2. Appropriate compliance with CIH service policy protocols</td>
<td># of Non-Compliances</td>
<td>2 or more</td>
<td>0</td>
<td></td>
<td>Record Review</td>
<td></td>
</tr>
<tr>
<td><strong>PROFESSIONAL/CLINICAL KNOWLEDGE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintenance of service provision certification</td>
<td>Current/Lapsed</td>
<td>Lapsed</td>
<td>Current</td>
<td></td>
<td>Current certification on file</td>
<td></td>
</tr>
<tr>
<td>4. Completion of appropriate CEUs annually (if applicable)</td>
<td>Completed/Uncompleted/N/A</td>
<td>Uncompleted</td>
<td>Completed</td>
<td></td>
<td>CEU certificate/TMS</td>
<td></td>
</tr>
<tr>
<td><strong>PRACTICE-BASED LEARNING AND IMPROVEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Regular participation in appropriate CIH Working Group</td>
<td>Participating/Not Participating</td>
<td>Not Participating</td>
<td>Participating</td>
<td></td>
<td>Work Group Chair/Self-report</td>
<td></td>
</tr>
<tr>
<td>6. Validated complaints from patients/family/staff</td>
<td># of Validated Complaints</td>
<td>2 or more</td>
<td>0</td>
<td></td>
<td>Service report</td>
<td></td>
</tr>
<tr>
<td><strong>PROFESSIONALISM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Appropriate communication with patient/family/staff</td>
<td># of Inappropriate Communications</td>
<td>2 or more</td>
<td>0</td>
<td></td>
<td>Service report</td>
<td></td>
</tr>
<tr>
<td>8. Department staff meeting attendance</td>
<td>% Attendance</td>
<td>Less than 50%</td>
<td>100%</td>
<td></td>
<td>Attendance records</td>
<td></td>
</tr>
<tr>
<td>9. Maintenance of active licensure</td>
<td>Current/Lapsed</td>
<td>Lapsed</td>
<td>Current</td>
<td></td>
<td>Current licensure file</td>
<td></td>
</tr>
<tr>
<td><strong>SYSTEMS-BASED PRACTICE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. CIH Activity Workload</td>
<td># Encounters/Groups</td>
<td># established by supervisor</td>
<td>Less than # established</td>
<td></td>
<td>Encounter Report/Group Roster</td>
<td></td>
</tr>
<tr>
<td>11. Completion of encounters with 24 hrs.</td>
<td>% Completed</td>
<td>95%</td>
<td>100%</td>
<td></td>
<td>Encounter Report</td>
<td></td>
</tr>
</tbody>
</table>
Appendix K: CIH Steering Committee Charter

DCVA Medical Center
Committee Charter
Date:
Page 1 of 2

Complementary and Integrative Health (CIH) Steering Committee Charter

1. **MEMBERSHIP:**

Integrative Health & Wellness Program Director..............................................Chairperson
Food and Nutrition Working Group Chair....................................................Member
Events & Education Working Group Chair...................................................Member
Mind and Emotion Working Group Chair....................................................Member
Spiritual Life Working Group Chair..............................................................Member
Energetic Body Working Group Chair............................................................Member
Research Working Group Chair....................................................................Member
Pain Clinic Representative..............................................................................Member
Community Living Center Representative.....................................................Member
Mental Health Representative........................................................................Member
Patient Centered Care Representative............................................................Member
Patient Centered Care Representative............................................................Member
Integrative Health Service Provider Representative.........................................Member (non-voting)
Integrative Health Service Provider Representative.........................................Member (non-voting)
Integrative Health Service Provider Representative.........................................Member (non-voting)
Integrative Health Service Provider Representative.........................................Member (non-voting)
Integrative Health Service Provider Representative.........................................Member (non-voting)
Integrative Health Service Provider Representative.........................................Member (non-voting)

The CIH Steering Committee membership is composed of the chairperson, working group chairs, complementary and integrative health service providers in the medical center, and VA staff members who are interested in partnering to promote integrative, patient-centered care. Contributing (non-voting) members will provide expertise in complementary and integrative health modalities. Appointment to the CIH Steering Committee is subject to approval by the committee chairperson. Four members are required for a quorum. Membership reflects participation from multiple departments at the DC VA Medical Center. Attendance at steering committee meetings will be required for working group chairs, the chairperson, and departmental representatives. Attendance of other contributors will be at the invitation of the chairperson.

Working group chairs will be voted on annually during the first steering committee meeting of the new fiscal year and can be removed at the discretion of the chairperson at any time during their tenure.

2. **MEETINGS:** Meetings are held on the first Thursdays of the month at 12:00 p.m. in the Freedom Auditorium Conference Room.
Appendix K: CIH Steering Committee Charter

DCVA Medical Center
Committee Charter
Date:
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3. **FUNCTIONS:**
   
a. To promote health and well-being in Veterans and in DCVAMC Staff Members
b. Guide the provision and further development of safe and effective integrative and complementary services to decrease stress levels, improve coping skills, and improve well-being of Veterans and Staff at DCVAMC.
c. Provide education and information to Veterans and Staff about integrative health and wellness.
d. Support research on user satisfaction levels and safety/effectiveness of integrative and complementary modalities offered in order to improve these services.
e. Identify new partnership opportunities to support integrative health and wellness for Veterans and Staff in the communities in which we work.

4. **MINUTES:** Minutes are maintained and include the names of members and others attending, actions taken and/or recommendations made. Minutes are sent the week following the meeting to Steering Committee members. Minutes are forwarded to the Customer Service Committee.

5. **SUBCOMMITTEE:** The Complementary and Integrative Health Validation Subcommittee reports to the CIH Steering Committee. The CIH Validation Subcommittee consists of the CIH Steering Committee Working Group Chairs and the Chairperson. The CIH Steering Committee Chairperson will also serve as the Chairperson for the CIH Validation Subcommittee. Additional contributing (non-voting) members with expertise in complementary and integrative health modalities will regularly attend meetings as subject matter experts.

6. **GOVERNANCE:** Reports to Customer Service Committee.

Pending Approval by Committee as of 9.29.15.

Committee Chairperson: ____________________________________________________________

                                   SIGNATURE                       DATE

Medical Center Director: __________________________________________________________

                                   SIGNATURE                       DATE
Appendix L – CIH Validation Subcommittee Charter

DCVA Medical Center
Committee Charter
Date:
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Complementary and Integrative Health (CIH) Validation Subcommittee Charter

1. **MEMBERSHIP:**

Integrative Health & Wellness Program Director………………………………Chairperson
Food and Nutrition Working Group Chair……………………………………Member
Events & Education Working Group Chair……………………………………Member
Mind and Emotion Working Group Chair……………………………………Member
Spiritual Life Working Group Chair……………………………………Member
Energetic Body Working Group Chair……………………………………Member
Research Working Group Chair……………………………………Member
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)
Integrative Health Service Provider Representative……………………Member (non-voting)

Additional contributing (non-voting) members with expertise in complementary and integrative health modalities will regularly attend meetings as subject matter experts. Four members are required for a quorum.

2. **MEETINGS:** Meetings are held on the third Thursday of the month at 12:00pm in the Freedom Auditorium Conference Room or on an as-needed basis as Service Chiefs and Departmental Directors seek to hire and/or validate Wellness Service Providers.

3. **FUNCTIONS:**

a. To monitor and implement the CIH Provider Validation Process.

b. To review proficiencies and validate CIH Service Providers at the DC VA Medical Center.

c. To approve revisions to the CIH Provider Validation Process at the departmental level.

d. To discuss and problem solve issues or initiatives that are identified within each working group
4. **MINUTES:** Minutes are maintained and include the names of members and others attending, actions taken, and/or recommendations made. Minutes are forwarded to the CIH Steering Committee.

5. **GOVERNANCE:** Reports to CIH Steering Committee.

Pending Approval by Committee as of 9.29.15.

Committee Chairperson: ______________________________________________________

SIGNATURE                                                             DATE

Medical Center Director: ________________________________________________

SIGNATURE                                                             DATE