



Steps to Success

A PERSONAL MAP FOR LIVING WELL

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If you can take eight steps . . .

What do you think would happen if you decided to go on a road trip, but you didn't know where you currently were or your final destination? Oh, yeah, you also don't even have a map. You would probably be lost. You would end up somewhere, but it might not be where you want to be.

When most people embark on a trip, they determine their starting point, they decide where they want to go, and then they consult a map (or GPS) to determine the best way to get there. There are also a number of other decisions and planning steps involved, such as identifying the purpose of the trip (sight-seeing, romantic get-away, business), choosing best mode of transportation (car, bus, plane, train), inviting travel companions to join you, packing, etc.

Steps to Success is your road map for successful lifestyle change. It is the best way to ensure that you will end up where you want to be.

If you are using this journal during a health education program, you are probably learning a LOT of new and helpful information *about* lifestyle change. The focus of the ***Steps to Success*** questions and activities are to translate what you are learning into intentional behavior patterns—to help you be successful *in* lifestyle change. The aim is to help you develop a personal map for living well that will work for you. We'll break the change process down into a manageable step-by-step system that will give you a sense of direction and teach you how to successfully reach your wellness goals. No more feeling overwhelmed!

Prayerfully reflect on your answers to the ***Steps to Success*** questions. Take your time. . . there's no hurry. If you can take eight steps, you can reach your wellness goals. You can *live well!*

Are you ready? Let's get started!

Step 1: Where am I now?

If you can take eight steps, you can reach your wellness goals...

The best place to start is right where you are! Take a few minutes to get an accurate picture of where you are right now with regards to your level of wellness.

Rate the following *Living Well Indicators* on a scale of 1 to 10 (10 is awesome):

Known Health Risks & Disease	1	2	3	4	5	6	7	8	9	10
Energy Level	1	2	3	4	5	6	7	8	9	10
Mental Performance	1	2	3	4	5	6	7	8	9	10
Quality of Life <i>(Life satisfaction, balance, & purpose)</i>	1	2	3	4	5	6	7	8	9	10

Have you had blood work or other biometric measurements (weight, BMI, body fat percentage, blood pressure, etc.) recently? If so, what health risks were identified?

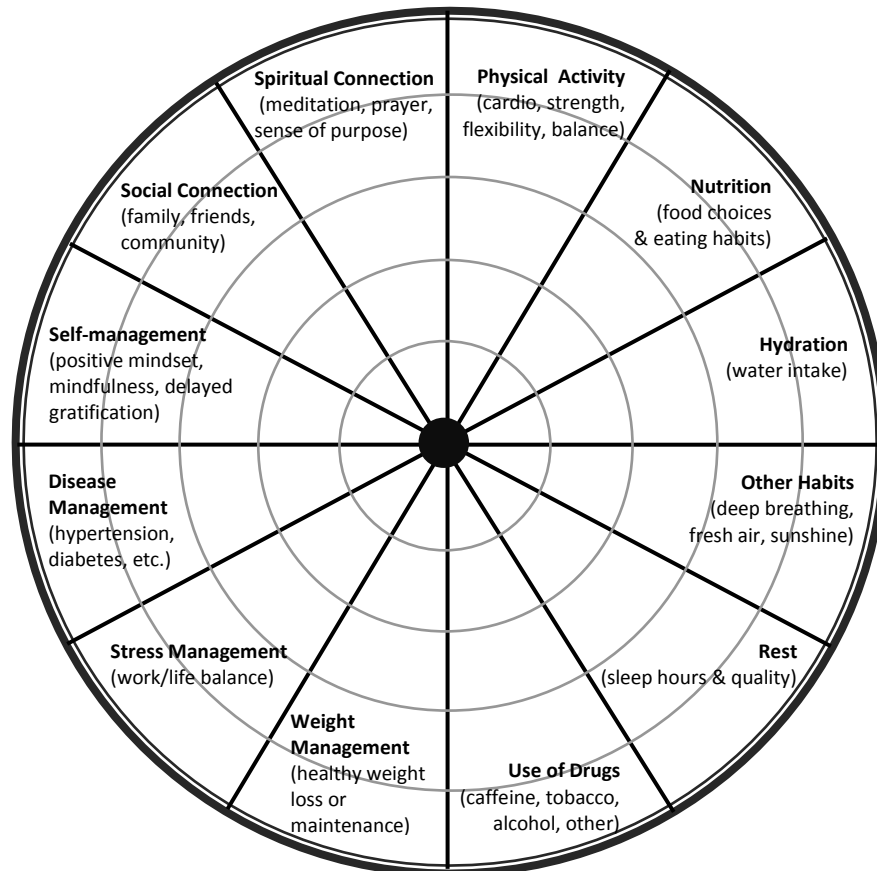
If you are currently attending a health education program, what prompted you to sign up?

What has most captured your attention from all that you've learned?

What are you seeing for yourself that might need to change now that you have attended this program?

ARE YOU LIVING WELL?

Rate your Lifestyle Habits: Seeing the center of the lifestyle habits wheel below as 0 and the outer edge as 10, rate your level of satisfaction with each area by drawing a straight or curved line to create a new outer edge. For instance, if you are feeling great about your exercise habits, you might give yourself a 9 or 10. If you are feeling pretty frustrated with the amount of sleep you are getting, you might give yourself a 1 or 2.



The new perimeter of the circle represents your lifestyle habits right now. **If this were a real wheel, what kind of ride would you be having?**

Write a summary statement describing your current level of wellness.

PROS AND CONS OF CHANGING

Did you know that how you feel about lifestyle change contributes to your success? Complete this scale based on your thoughts about the lifestyle habit(s) you are considering changing. Source: *Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (1994). Changing for Good. New York: William Morrow & Co., Inc., pp. 169-170.*

- 1 = Not important
- 2 = Slightly important
- 3 = Somewhat important
- 4 = Quite important
- 5 = Extremely important

- ___ 1. Some people would think less of me if I change.
- ___ 2. I would be healthier if I change.
- ___ 3. Changing takes a lot of time.
- ___ 4. Some people would feel better about me if I change.
- ___ 5. I'm concerned I might fail if I try to change.
- ___ 6. Changing would make me feel better about myself.
- ___ 7. Changing takes a lot of effort and energy.
- ___ 8. I would function better if I change.
- ___ 9. I would have to give up some things I enjoy.
- ___ 10. I would be happier if I change.
- ___ 11. I get some benefits from my current behavior.
- ___ 12. Some people could be better off if I change.
- ___ 13. Some people benefit from my current behavior.
- ___ 14. I would worry less if I change.
- ___ 15. Some people would be uncomfortable if I change.
- ___ 16. Some people would be happier if I change.

___ **Pros Score** (add up scores for even numbered items, e.g., #2, #4, #6, etc.)

___ **Cons Score** (add up scores for odd numbered items, e.g., #1, #3, #5, etc.)

To be ready to take **action** on your behavior, you need the following:

Pro score of at least 28. The higher the score the better (i.e., more support for change when made).

Con score of less than or equal to 17. The lower the score the better (i.e., fewer barriers to change).

LIFESTYLE DECISION BALANCE

Whenever we consider a change—even for the better—there is always ambivalence. We want to change—and we don't. We want to get fit—and we want to just relax in front of the TV at night. We want to eat better—and we want to keep enjoying the taste and convenience of fast foods. This is completely normal. Research shows that throughout the cycle of change we weigh the advantages and disadvantages of changing. Whenever the benefits outweigh the costs, we take action. Take a few minutes to explore why you want to change and why you want to stay the same.

Reasons to Not Change (Resistance)	Reasons to Change (Motivation)
Benefits of not changing <i>What do you like about your current lifestyle? What else? What are the benefits of staying the same?</i>	Concerns about changing <i>What concerns you about your current lifestyle? What concerns do others have about your health? What would happen if you stayed the same?</i>
Concerns about changing <i>What concerns do you have if you were to make lifestyle changes? What effects would changing have on you?</i>	Benefits of changing <i>How do you think your health would improve if you were to change? In what ways would you benefit from changing?</i>

Does your motivation for change outweigh your resistance? What have you learned from this activity?

Step 2: Where do I want to go?

If you can take eight steps, you can reach your wellness goals...

When you are considering lifestyle change, it is easiest to begin with the end in mind and get a clear picture of where you want to end up. However, the destination possibilities for living well are as distinct and varied as the venue options for a vacation. The best way to narrow it down is to consider what is important to *you*. Where do *you* want to go?

Review the lifestyle habits wheel. Which area(s) have you felt God nudging you recently to make changes?

How would a family member or close friend describe your level of wellness?

How do your lifestyle habits affect their lives?

Our internal values provide a vital filter for decision-making. Take each of the living well indicators and the lifestyle habit areas and think through the values discovery questions below, jotting down the words or phrases that come to mind.

- What is important to me in this lifestyle area?
- What would I spend time or money on in this area? What would I sacrifice for?
- What kinds of things get me all riled up in this area? Do I have any “soap box” issues I talk about all the time?

Known Health Risks & Disease –

Energy Level –

Mental Performance –

Quality of Life –

Physical Activity –

Nutrition –

Hydration –

Other Habits –

Rest –

Use of Drugs –

Weight Management –

Stress Management –

Disease Management –

Self-management –

Social Connection –

Spiritual Connection –

How well is your current lifestyle aligned with your personal values?

DEFINING YOUR VISION FOR LIVING WELL

Take 10 minutes and write a descriptive narrative on what it means for you to live well. Paint a vivid verbal picture with lots of specific details. Close your eyes and picture yourself having arrived at your destination. *How will you look? How will you feel physically? What difference will it make? How will your family and friends feel about you? How will you feel about yourself?* Take a few minutes to write down those feelings. Write in present tense, as if you have already achieved this level of wellness.

LIFESTYLE CHANGE AGENDA

Prayerfully review the activities you've completed so far. Compare where you are now with your vision for living well.

If you could make three significant changes to your life and level of wellness this year, what would you change?

- 1.
- 2.
- 3.

What do you believe are the top three things on God's change agenda for you?

- 1.
- 2.
- 3.

Choose one focus area which you feel ready, willing and committed to change right now. **On a scale of 1 – 10, how would you describe a "10" in this area?**

Craft a living well goal that excites you. What do you want to have/accomplish by the end of this year? You'll know this if whenever you think about goal you start smiling.

Write it in a sentence: **One year from now, I will . . .**

Reword as a **SMART** goal: Specific, Measurable, Attainable, Relevant to values, Time-sensitive.

- S – Did I *specifically* say what I want to accomplish? Would someone else understand it?
- M – Did I write it in a way that I can *measure* it? How will I know if I've achieved it?
- A – Did I consider if this goal is *attainable* at this time, considering my reality and resources? Is it dependent on anyone or anything out of my control?
- R – Did I *consider* if it is *relevant* to me? Does it excite me? Is it aligned with my values?
- T – Did I build in enough *time* to reach this goal? Did I include a deadline?

One year from now, I will . . .

Now let's do a little backward planning. Work backwards to determine what mile markers you will be at nine months, six months, three months, and one month. *What would you like to accomplish? What behaviors do you want to be doing consistently that you are not currently doing?*

Nine months from now I will . . .

Six months from now I will . . .

Three months from now I will . . .

One month from now I will . . .

Do these look achievable? If so, you are on the right track!

NAMING YOUR “WHY”

In his reflections as an Auschwitz survivor, psychiatrist Viktor Frankl acknowledged the importance of having a greater sense of purpose when he observed, “He who has a why to live can endure almost any how.”

Why does your Living Well goal matter to you? What difference would it make in your life? Is this something you want to do right now?

You’ll know you have a powerful enough reason when you get emotional. Digging deep to find a powerful “why” for change will keep you inspired and connected to your goal no matter what challenges lay ahead.

Step 3: What will it cost me?

If you can take eight steps, you can reach your wellness goals...

In the first two steps you identified your starting point and a destination for your wellness. As you would for a vacation trip, your next step is to consider the costs involved. Every decision, or lack of a decision, has a cost. Many other things are going on in your life right now. These competing priorities can reduce the time and energy you can devote to building new habits. Take a few minutes to consider the costs for change and the ambivalence you feel about changing.

What will this lifestyle change cost you in terms of time, money, energy, character growth and relationships?

What will it cost if you don't change?

What might you need to say NO to in order to say YES to focusing on living well?

AM I READY?

This activity will help you assess your readiness to change behaviors related to your Living Well goal. First, list the new behavior you are considering on the left. In the second and third columns, rate how important making change is to you and your current level of confidence in your ability to change. (Source: *Wellcoaches*)

Importance of Change Rating:

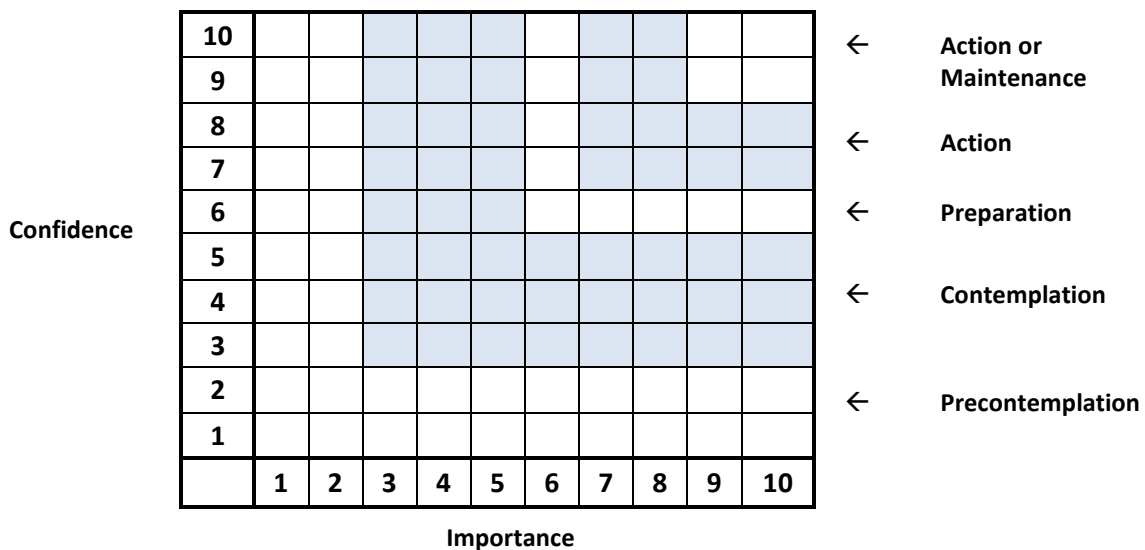
- 1 = not important at all
- 5 = somewhat important
- 10 = extremely important

Confidence in Change Rating:

- 1 = not confident at all
- 5 = somewhat confident
- 10 = extremely confident

BEHAVIOR	IMPORTANCE	CONFIDENCE

Next, plot the intersection of your rating of importance with your level of confidence; mark this intersection with the behavior letters. If a behavior is rated in Preparation or higher, you're ready to move forward!



Step 4: *What has worked in the past?*

If you can take eight steps, you can reach your wellness goals...

It has been estimated that will power accounts for only about 10% of the ability to make lasting changes. It seems natural to want to focus our energy and attention on problems, so that we can fix what isn't working. Although this seems logical, it almost invariably results in us getting more of what we don't want. Your next step on the way to success will focus on how to "work smarter, not harder" by taking a backward glance. Appreciative Inquiry is the strategy of looking at what has worked in the past, and leveraging those experiences to give you momentum in your wellness journey. This strategy operates from the premise that positive change is created when we study and discuss what we want more of, not what we want less of. By analyzing your previous successes, you become encouraged, empowered, and smarter about taking action that will move you forward in the direction of your goals.

As you reflect on your wellness journey up to this point, we have all had ups and downs, high points and low points. Recall an instance when you were at your best with regards to your health, a time when you felt you were making good choices, when your healthy lifestyle habits were a regular part of your day.

What was the situation?

How did you feel then?

What did you do that made a positive difference?

How can you apply and build on those same strategies to bring success to this season of lifestyle change?

What have you learned from this activity?

STRENGTHS INVENTORY

Related to Appreciative Inquiry is the task of taking an inventory of the personal strengths you have to apply to your Living Well goal. Sometimes we unnecessarily make our journey an uphill process by following the advice of others without factoring in our own lives. We purchase a treadmill because our best friend has one and walks faithfully every morning before work . . . without considering that our creativity and social needs cause us to quickly get bored on a treadmill. What you don't want to do is take a strategy that doesn't honor you.

Everyone's path for living well is unique and their own, but knowing yourself is critical to being successful. Capitalize on your strengths. Refine your strategy for achieving your Living Well goal in a way that incorporates your abilities, interests, and situation.

What comes easy for you?

What character strengths do you apply when presented with a challenge?

What makes an activity fun and enjoyable for you?

How can you use your strengths to customize your plan for living well?

What have you learned from this activity?

Step 5: How committed am I to this goal?

If you can take eight steps, you can reach your wellness goals...

If you're participating in a health education program, you've already taken some important steps toward improving your health. You're taking personal responsibility for your wellness. And you're discovering what choices will help you achieve your wellness goals and how to make these changes. The next step is to *commit* to making those changes—to *commit* to your goal. With any change, the biggest challenge we face is not with our ability or knowledge or resources. It's with our commitment. Remaining committed to a goal and to the actions that will get you to your goal—one step at a time—is what makes the difference between victory and defeat.

Think about your level of commitment. Does it sound like: *I want to try to change Maybe I'll begin after the holidays One of these days I'll be ready*

Or have you made a firm commitment? *I will do what it takes to change I will develop a new relationship with food and choose healthier options. . . . I will make room in my day for exercise and physical activity. . . .*

Research has found that people who expressed a commitment to change were significantly more likely to change in the following six months than those who didn't. Once you've made a firm commitment, suddenly you feel empowered. The changes you are wanting fit into your life—because you make them fit. You clear your calendar for getting to the gym a couple of times a week. You buy foods to pack a healthy lunch instead of resorting to fast food. You let your friends know your plans. You avoid situations you know will be tempting. Choose to empower yourself and commit to making those changes that will align with what is really important to you... and ultimately improve your health.

What difference would a firm commitment level make in your ability to make lifestyle change?

What will it take for you to firmly commit to making changes in your life?

What have you learned from this activity?

MY COMMITMENT TO LIVING WELL

Are you ready, willing, and able to take the first steps toward your wellness vision? Let's put that in writing!
Rewrite your SMART Living Well goal:

My Commitment: I am committed to living well! My wellness vision is important enough to me that I am willing to spend the time, energy, and resources necessary to change my lifestyle. I will remain firmly focused on my goal and refuse to allow anything else in my life to stop me from achieving it. I resolve to not give in to the urge to give up, but to daily commit to take *one step* to keep myself moving forward toward my goal. I will post this commitment where I can see it daily and be reminded of it as I work toward my final goal.

Signed _____

Date _____

It is important to post your commitment statement, wellness vision, or other visual reminders of your goals in a conspicuous place where you will see them often. **How will you keep your commitment to action visible?**

Making a commitment to take action is a first step. Telling someone EXACTLY when you will do it and making an agreement to let them know that you've accomplished the goal can really cement your ability to follow through. It is amazing how effective such a simple step can be—and it's a step we don't implement often enough. For many, it's an important key to developing a regular exercise plan, changing eating patterns, and losing weight. Yet it's easy to fall into that stubborn trap of "trying to go it alone," and keeping our most important goals and priorities to ourselves. Guess what? When we keep our commitments a secret, others can't help us honor them and it becomes awfully easy to let them slide down our list of priorities.

Who can you share this commitment with?

Step 6: What is my plan for success?

If you can take eight steps, you can reach your wellness goals...

Up to this point, the steps you have taken have dealt with the thinking part of change. You've clarified the wellness goal you want to achieve and why it matters to you, explored your motivation and resistance for change, reflected on the strategies that have been successful in the past and the personal strengths you can leverage, and made a firm commitment to achieve your goal. Although essential first steps, change occurs due to action, not just thinking.

James 1:22-24 (NIV) tells us, *"Do not merely listen to the word, and so deceive yourselves. Do what it says. Anyone who listens to the word but does not do what it says is like a man who looks at his face in a mirror and, after looking at himself, goes away and immediately forgets what he looks like."*

A vision without action is merely a dream. It is now time to identify the action needed to turn your intentions into reality---so that you will reach your destination. Planning will help you sort everything out so the pieces fall into place. Writing these small, doable action steps down on your task list or calendar helps to reduce overwhelm. And having a plan helps you to continue on the journey when you run into obstacles.

Review your Living Well goal. How much time can you invest each week towards achieving it?

Are there any resources you need?

What information might you need to know and where can you find it?

Who's already doing this that could help you?

THE NEXT STEP FORWARD

Brainstorm the specific tasks involved in achieving your Living Well goal. Break these tasks down even further to smaller, doable weekly steps. **In the next week, what specific things could you think about or do, that would move you forward?**

ACTION STEP(S)

Now, take out your calendar and schedule any time you need to make it happen. **Are there any scheduled activities that you need to plan around?**

On a scale of 1 – 10, how confident are you that you will accomplish these action steps? _____

If your answer is less than 8, consider how you could revise your action steps to make them more achievable. If necessary, reword them so that your confidence level is an 8 or higher.

Is there anything that can get in the way of accomplishing your action steps? If so, what could you do about it?

ANTICIPATING OBSTACLES

Making lasting lifestyle change is a journey, not a sprint. Obstacles and lapses are common. Just like a sports team strategy, your map for living well isn't complete without a strong defensive plan.

What things have the potential to sabotage your Living Well Goal? What obstacles or high-risk situations might you face? Who will sabotage you (intentionally or unintentionally)? Spend some time anticipating the things in your life that have the potential to trip you up and keep you from completing your action steps. Use your imagination and write down a few possible scenarios that could disrupt your plans for living well.

Then, more importantly, ask yourself what you will do if you find these things are getting in the way? Brainstorm potential strategies and tools you will need to succeed in that situation. Visualize yourself responding the way you ideally would like to respond. This way of thinking is similar to the simulations that fighter pilots or astronauts go through over and over and over until a potential situation is so familiar that the first time they ever do it they function as if they've done it before.

A possible obstacle:

Your strategy for getting around it:

A possible high risk situation:

How you want to respond:

DEVELOPING A STRONG SUPPORT SYSTEM

A crucial part of changing a behavior or achieving a goal is to develop a strong support system. Your support system can include a range of people and structures that provide accountability and leverage for positive change—classes, gym membership, a workout partner, a supportive environment, food journals, exercise logs, a wellness coach, a daily planner, a competition, encouraging friends, online support, role models who have traveled the road ahead of you as well as those who are starting out and need your guidance, and more. Whatever your goal may be, you will get you there sooner with support.

What kinds of support do you need to help you change your unhealthy behavior and reach your personal wellness goal?

What established habits or routines can you piggyback onto?

What changes can you make in your environment to make it more supportive? Is there anything you need to get rid of? Anything you can add?

Who in your life is most committed to seeing you succeed in making healthy changes? How can you partner with them to reinforce your goals?

ACCOUNTABILITY PARTNER PLAN

Accountability is critical for the achievement of your Living Well goals. It is too easy to dismiss your goals when you keep them to yourself. Whatever your goal may be, you will get you there sooner with the support of others. Hebrews 10:24,25 reminds us to ". . . consider how we may spur one another on toward love and good deeds. Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another--all the more as you see the Day approaching."

Specific accountability is more focused and effective when you have a clear accountability plan. Developing one simply involves writing down an answer to these three questions:

1. Who am I accountable to?
2. What am I accountable for?
3. When and how will this accountability take place?

Question 1: Who am I accountable to? This person could be a friend, family member, coworker, or anyone else you trust. Seek out someone who is also pursuing lifestyle change. Whether or not they share the same goal is not as important as whether they are traveling on the road with you. Share honestly why you need help and what you want to change. You could even reciprocate by offering accountability for a change goal they are working on.

My accountability partner is: _____

Question 2: What am I accountable for? Asking, "How's it going?" is not very effective, because the typical answer ("Pretty good!") can mean anything. Make it easy for your accountability partner by composing one or two direct, specific questions that your partner can ask you about your progress toward your Living Well goal. For instance, don't ask your partner to hold you accountable to "do better with my exercise." If your action step this week is to accumulate 7500 steps on your pedometer five days this week, a better question might be, "How many days this week have you achieved 7500 steps?"

I want to be held accountable with this direct, specific question: _____

Question 3: When and how will this accountability take place? You'll make it easiest for them if you clarify expectations up front. How will you meet? For how long? And how often? Saying, "We'll just do it when we run into each other" usually doesn't work very well. You will also want to clarify how long this accountability relationship will last. (Suggestion: it takes six weeks or more to begin forming a habit.)

Accountability Partner Expectations

1. This is an intentional relationship to help us accomplish our lifestyle change goals.
2. The purpose of our interaction is to hold each other accountable for the specific action steps we have developed and to provide mutual encouragement and support—not to give advice.
3. We will check in with each other by (phone, email, in person)
4. We will meet (weekly, biweekly, monthly) on (day/time).
5. We will make every effort to be on time. If it is necessary to reschedule, we will do so with at least a 24-hour notice.
6. We will be open and honest with each other about the progress we have made and the challenges we are facing.
7. We will respect each other's privacy. All information shared during our visits will be kept confidential.
8. If our times together become inconsistent or unproductive, we will choose to refocus, recommit or end well.

Accountability Check-In Process

1. Briefly Review:
 - SMART Living Well goal and related action steps
 - Specific accountability question
 - Progress (victories/challenges experienced since last visit; insights learned)
2. Look Ahead:
 - Action steps planned for next week
 - Specific accountability question, if changed
 - How can I best support you?
 - Confirm next meeting time and place.
3. Offer mutual encouragement and pray together, if desired.

[Source: Adapted from materials produced by *Transformational Leadership Coaching*.]

LIVING WELL ACCOUNTABILITY QUESTIONS

Following is a list of sample questions to use with your peer accountability partner. Choose one or two to use as is, modify, or create your own to fit your needs.

Physical Activity

- *How many times did you exercise this week?*
- *How did your exercise go this week?*
- *How many steps did you get in this week?*

Nutrition (food choices, eating habits)

- *How many servings of fruits & vegetables are you getting in every day?*
- *How many days did you eat a healthy breakfast this week?*
- *How much water did you drink today?*

Lifestyle Habits (sleep, breathing, fresh air, sunshine, use of drugs)

- *Have you had a (drink, smoke, caffeinated beverage) this week?*
- *What time are you getting to bed each evening?*
- *How much sunshine did you get today?*

Weight Management

- *How are you monitoring portion sizes?*
- *What strategies are you employing to avoid overeating?*
- *How many times did you eat emotionally?*

Stress Management

- *On a scale of 1-10, what is your stress level today?*
- *What stress-relieving activities did you do this week?*

Health Risk & Disease Management

- *How often are you checking your blood sugar levels?*
- *Did you make the appointment you needed?*
- *Are you taking your medications as prescribed?*

Quality of Life (life satisfaction, life purpose)

- *How much time this week did you spend on activities that are important to you?*

Positive Mindset

- *Have you been anxious about anything?*
- *What strategies are you employing to maintain a positive attitude?*
- *How many days did you write in your gratitude journal?*

Relationships

- *Are you holding on to any bitterness against another person?*
- *Who did you go out of your way to connect with this week?*

Spiritual Connection

- *How many days did you take time for reflection this week?*
- *How are you taking time to nurture your soul?*
- *What spiritual disciplines are you using to help you with your wellness goals?*

Keeping track of our daily eating and movement patterns is one of the keys to successful lifestyle change. The first reason for careful self-observation is that people do not necessarily remember their own past accurately. It's been reported in the *New England Journal of Medicine* that people attempting to lose weight tend to underestimate the amount they eat by as much as 47 percent and to overestimate their physical activity by as much as 51 percent. And when scientists at the USDA's Beltsville Human Nutrition Research Center in Maryland asked 98 men and women how much they ate in a 24-hour period, they found that six out of seven women underreported by an average of 621 calories, and six out of ten men underreported by an average of 581 calories.

More than just recording, this feedback tools also provide information—feedback—that allows you to gradually improve. Most often improvement is not sudden and dramatic, but slow, a bit at a time. Without careful records, we will not notice small advances or consistent errors. In one experiment, for example, a group of college sprinters were divided into two groups. One group was told their time for each spring, but the second group was not. Both groups ran ten sprints over the course of the afternoon. After ten trials, the sprinters without knowledge of their times—no feedback—were running no faster than they had at the beginning of the trials. But the group who was given feedback all ran faster in the later trials. They used the knowledge they had to improve.

Following are two sample feedback tools you can make copy to get you started. However, you may find that creating your own customized feedback tool fits your needs better. What should be included? New behaviors, problem areas, anything you would find helpful to track. Choose a format that works best for you: a blank notebook, a chart on the fridge, your computer, or a pda. The best feedback tool is the one YOU will use!

The most important step in the using a feedback tool is to set aside a few minutes at the end of each day or week to reflect on what actually happened. Note the victories you've experienced—and take time to celebrate! What unexpected challenges did you face? Explore the attitudes and values that lie underneath your habits. You will also begin to see relationships between what you did (or don't do) and the goal you want to reach. Patterns may emerge. For example, you may observe that each time you get down in the dumps, you respond by overeating. These valuable insights can then better inform you for what you want to do differently the next day or week.

You will find a feedback tool to be a powerful exercise for learning, self-awareness, and positive behavioral changes that will lead to living well!

LIVING WELL WEEKLY FEEDBACK TOOL

This week's Focus: _____

	Sunday, _____	Monday, _____	Tuesday, _____	Wednesday, _____
Breakfast				
Lunch				
Dinner				
Snacks				
How many servings?	Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Legumes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> +	Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Legumes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> +	Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Legumes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> +	Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Legumes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> +
Physical Activity Type				
Minutes				
Steps				
Media Minutes				

	Thursday, ____	Friday, ____	Saturday, ____	Awareness
Breakfast				
Lunch				
Dinner				
Snacks				
How many servings?	Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Legumes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> +	Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Legumes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> +	Whole Grains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Fruits <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Veggies <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Legumes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> + Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> +	
Physical Activity Type				
Minutes				
Steps				
Media Minutes				

WEEK IN REVIEW	What can I learn from my successes and challenges this week? _____
	What will I do differently next week based on the insights I've learned? _____
	How will I celebrate? _____

LIVING WELL WEEKLY PLANNING

Set aside a few minutes at the beginning of each week to reflect on what took place in the previous week.

What percentage of your action steps were you able to complete? Note the victories you've experienced—and take time to celebrate!

What unexpected challenges did you face? What did you learn from these experiences? How does this inform how you move forward?

Now review your wellness vision and SMART lifestyle change goal. **What do you see as the next step(s)?**

ACTION STEP(S)	COMPLETED %

On a scale of 1 – 10, how confident are you that you will accomplish these action steps? _____

If necessary, reword them so that your confidence level is an 8 or higher.

Is there anything that can get in the way of accomplishing these action steps? What could you do about it? What resources might you need? What personal strengths can you apply?

Remember to transfer action steps to your calendar or daily task list!

MORE STRATEGIES FOR SUCCESS

Congratulations! You know where you are headed and have designed a personalized map to get there. Here's a few more success strategies to put in place to keep you on track.

Strategies for staying focused: What can you do to keep your destination in focus? What about visual cues or setting alarms on your cell phone to remind you at various times during the day to drink your water, exercise, or record your activity in your journal. What has worked for you in the past when you've made a positive change?

Strategies for inspiration: What scripture verses would be an encouragement? What spiritual disciplines would help you to connect your faith with your Living Well goal?

Strategies for tracking progress: How will you track your progress? What will you measure?

Strategies for celebration: What mile markers should be celebrated? How will you celebrate your achievements?

Step 7: How is my thinking affecting my goals?

If you can take eight steps, you can reach your wellness goals...

One of the greatest saboteurs to long-term success with health and wellness is negative self talk. Our internal perceptions about ourselves actually affect who we are and who we are becoming. Change that lasts begins on the inside and shows on the outside. Negative self-talk can block you from changing, because it defeats you before you begin. Often the reasoning behind our self-talk distorts reality.

Do any of these common types of distorted thinking sound familiar?

- All-or-Nothing Thinking. "I've already blown my diet today, so I might as well finish the cake."
- Overgeneralization. "I didn't make it to the gym today. I'm such a loser."
- Jumping to Conclusions. "Sandy brought donuts to work. She doesn't want me to lose weight."
- Emotional Reasoning. "I feel lazy, so it must be true."
- Should Statements. "I should get on the treadmill."
- Can't Thinking. "I can't control myself."
- Personalization. "If only I was in better shape. Then I would have gotten that promotion."
- Mind Reading. "They are all probably talking about how fat I am."

What is your internal dialogue associated with lifestyle change and the new choices you are making?

So what can you do about those negative thoughts? The answer is you have to consciously and deliberately change them into positive ones. The more we do this, the less room there is for negative statements to surface.

1. Analyze that dialogue and name the distortions in your thinking .
2. Challenge your negative thoughts with evidence-based observations. Are they based on any inaccurate suppositions or generalizations? What if a complete stranger said that statement to you? Argue with yourself!
3. Take on the thought patterns, one by one and replace your negative, distorted thoughts with positive ones. ("That dessert yesterday was yummy but not a habit I want to fall back into" or "If I keep trying, I'll build up my confidence and ability to change in time")

Self-Defeating Inner Dialogue	Positive, Encouraging Thoughts

What impact would turning your negative thoughts into positive, encouraging thoughts have on your Living Well goal?

God's Word is powerful for transforming our negative, distorted thinking. It is the key to our success in any behavior change. Scripture offers insight into the steps we can take to allow God to transform our thinking and enable us to make positive improvements in our habits and choices.

Take every thought captive. "We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ." 2 Corinthians 10:4,5, NIV. Just like a virus protection software that scans our computer and quarantines harmful viruses to prevent infection of our files, we must be continuously listening to our thoughts and noting when they do not match up to the truth of God's Word. Then we have to make a conscious decision to STOP thinking those thoughts!

Release condemning thoughts. "Therefore, there is now no condemnation for those who are in Christ Jesus" Romans 8:1, NIV. Negative, distorted thoughts are destructive and don't come from the LifeGiver. It's not God's style to belittle or berate. Ask for forgiveness when necessary and move on without passing judgment on yourself.

Realize you are powerless to change on your own. . . . BUT you *can* change through Christ's power working in you. "I can do everything through Him who gives me strength" Philippians 4:13, NIV. It will take time—so be patient and give yourself permission to fail. But remember, you *can* do it! Ask for God's help in making these changes in your thoughts and habits.

Renew your mind. "Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind" Romans 12:2a, NIV. Ask God to show you His truth that counters the distorted thought. List the truth beside the negative thought and when that thought comes to mind, replace it with the scripture or truth you have discovered. When we adjust destructive thoughts before they take root in our minds and hearts, we can change the destructive behaviors that result from those thoughts.

What would Jesus think? "Since, then, you have been raised with Christ, set your hearts on things above, where Christ is seated at the right hand of God. Set your minds on things above, not on earthly things" Colossians 3:1, 2, NIV. Test your thoughts against this question, Is this a heavenly thought? What does Jesus think? As your mind is continually being made new by the spiritual input of God's Word and prayer, your life will be continually transformed.

Ongoing process. "Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up" Galatians 6:9, NIV. Changing your thought patterns will be an ongoing process, made up of one choice after another.

Lean on God's promises. We often use the metaphor of a journey when describing the pursuit of wellness. A familiar passage, Psalm 23 is rich in descriptive imagery of the different needs provided by the shepherd for his sheep.... encouragement, discipline, guidance, etc. Re-read it today in light of your wellness journey and remember that you are promised everything that you need!

How might you be able to apply these thoughts to your wellness journey?

Step 8: How can I turn my setbacks into comebacks?

If you can take eight steps, you can reach your wellness goals...

Sometimes, despite your best intentions, you lapse back into an unhealthy habit. Setbacks are inevitable in any long-term effort. Yet some people become so distracted and discouraged by these lapses that they forget their larger successes and go off track. Learning how to bounce back and persevere is one of the most helpful lessons learned from sports psychology.

Athletes are reminded to view setbacks as temporary and a normal part of life; to look back only to learn from what happened---not to criticize; to concentrate on their goal; and to remember how far they've come so far.

Another key to dealing with setbacks is to redefine them as successes. How do you do that? By leveraging the setback as a learning experience to help you move forward toward reaching your goal. Dealing with setbacks will help you turn them into comebacks as you successfully reach your wellness goals!

Think of a recent setback in your health behavior change efforts. What happened to get you off course?

What can you learn from this experience that can inform your next step?

What could you do differently next time?

ABC'S OF BEHAVIOR CHANGE

Another strategy for dealing with setbacks is to think about what is controlling your behaviors. You don't just binge on a box of Oreos out of the blue. There is usually an activating event that triggers the behavior, and often a consequence that reinforces it.

A. Activating Events Think of situations in which you sometimes find yourself reverting back to old behaviors. (*A busy day. An impending deadline. An argument with someone. HALT – You feel hungry, angry, lonely or tired.*)

B. Behavior What do you do as a result of the activating event? (*You skip your evening walk. You don't do your relaxation exercises for a week. You binge on a box of Oreos.*)

C. Consequences What happens as a result of your behavior? (*You "feel" like you have treated yourself. You are distracted temporarily from the stress.*)

A ctivating Events	B ehaviors	C onsequences

Now that you understand what's driving your behaviors, consider how to guard yourself. It's way more than saying no to cookies—it's the choices made leading up to the cookies that set the stage.

What emotions do you need to pay attention to?

What preventive measures (like going to bed on time, taking a break for yourself after times of high energy expenditure, connecting with supportive friends, etc.) can you take?

What situations make it easier to be successful with your Living Well goals?

How can you build more of these into your life?

Live Well

Everyone's path for effective change is unique and their own, but knowing yourself is critical to being successful. Now that you've taken the time to prayerfully design your personal map for living well, don't ignore the information you have gathered and the plans you've made. Refer to your map often and revise frequently.

If you hit a speed bump or get stuck, look at your map and see if anything you noted explains what's slowing you down. Is your destination clear? Do you have a powerful motivator to keep you moving? Does your goal still work for you? Do you need to do some strategizing around a new obstacle? Have you lost track of the mindset you wanted to honor? Is there a setback you need to reframe as a learning opportunity so it becomes a successful stepping stone to your next step?

The surefire way to stay moving is to ask yourself every morning, "What can I do *today* to move a little closer toward my goal"? Then take that step. Taking action, even in small ways, is the process that builds momentum and creates change. Focus on forward movement by asking, *what is my next step?*

Effective change is a PROCESS. Hopefully these eight steps will help you get the process off to a strong start.

For ongoing support, join the *Living Well community*—an online learning and support community for Christians pursuing a meaningful, balanced, and healthy life. You'll have access to an ever-expanding library of courses, downloadable forms, coaching questions, discussion forum, and other tools to keep you focused and on track. For more information, visit www.keys2livingwell.com.

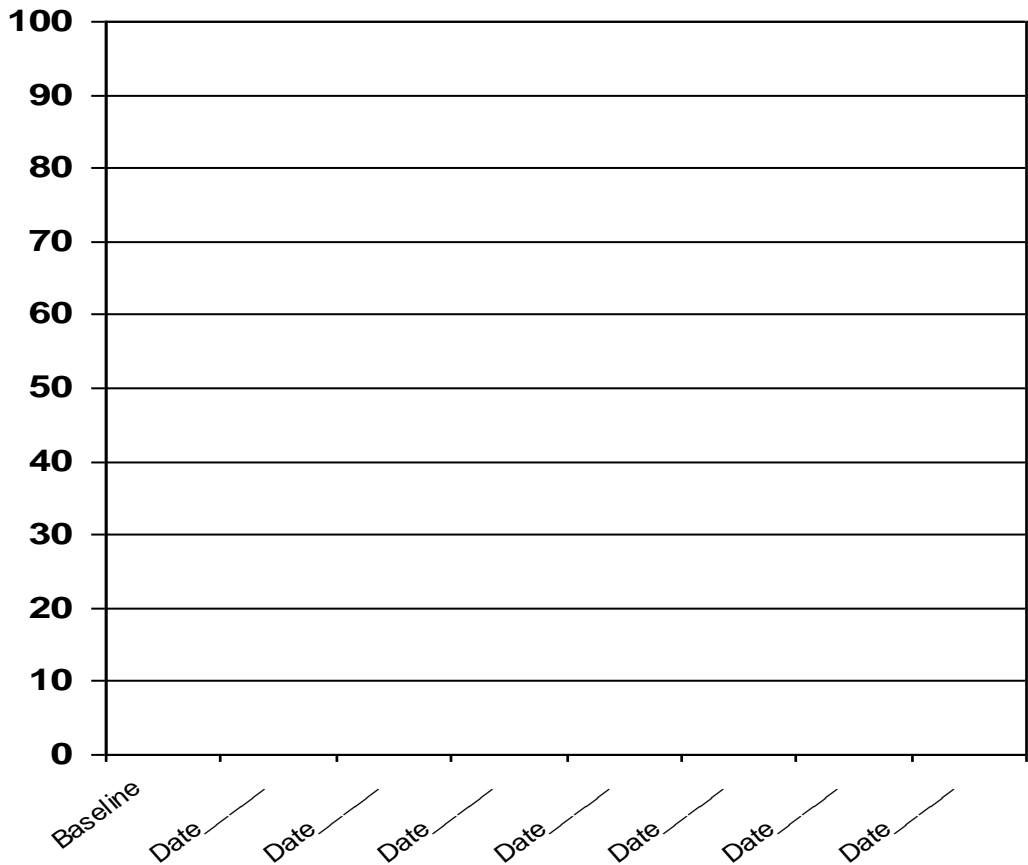
LIVING WELL OUTCOMES – ARE WE THERE YET?

Start Date: _____

Outcome Measurements	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
My SMART Goals:	% Met	% Met	% Met	% Met	% Met	% Met	% Met	% Met
1.								
2.								
3.								

Use symbols to differentiate your goals and graph your progress:

- - Goal #1
- - Goal #2
- ★ - Goal #3



A POSTCARD FROM ME

When we take a trip we often send postcards to loved ones to share our experiences while traveling. Write yourself a letter dated *one year from now* describing where you are on your journey, your plan for getting there, and how you succeeded in the past year. Don't forget where you put it so that you can read it regularly.