

February 2014

Dear Friend:

Thank you for your interest in the **Mindfulness Based Stress Reduction (MBSR)** program offered through the *UW Health Mindfulness Program*. We encourage you to carefully consider participating in this unique and life changing program. The course is designed to introduce Mindfulness meditation practice as a way of reducing stress, and developing greater balance, control and fuller participation in your life. Mindfulness is a way of learning to relate directly to whatever is happening in your life including the challenges of stress, pain, illness and everyday demands. Established in 1993, this program is one of over two hundred fifty MBSR centers worldwide.

Course Description

Please read this letter carefully for it describes the MBSR program and includes important details that may answer questions you could have about the program. In addition to an initial Introductory Session, this class meets 2½-3 hours weekly and one all-day class on a Saturday or Sunday. The course includes guided instruction in Mindfulness meditation practices, gentle stretching, Mindful gentle yoga, inquiry and application into experiences of daily living, group dialogue, home assignments, and audio recordings.

What is required: an Introductory Session, class attendance and homework, which includes a willingness and commitment to take time for you each day.

Who Can Take This Class

Anyone is welcome who is interested in Mindfulness meditation and is willing to engage in the process of exploring and practicing Mindfulness formally and informally. Since its beginning in January 1993, the UW Health MBSR class has had enrollees with various health concerns, as well as those who simply are interested in new possibilities for their life and are willing to engage in the process of learning and integrating Mindfulness in their life circumstances.

Spring 2014 Schedule

Session 1 – Wednesday evenings

Introductory Session: Wednesday, April 9, 2014, 5:30-6:30 pm

Class Sessions: 5:30-8 pm, Wednesdays - April 16, 23, 30, May 7, 14, 21, 28, June 4, 2014

Session 2 – Sunday afternoons

Introductory Session: Sunday, April 13, 2014, 2-3 pm

Class Sessions: 2-4:30 pm, Sundays - April 27, May 4; 1-3:30 pm - Saturday May 10;
2-4:30 pm, Sundays - May 18, 25, June 1, 8, 15, 2014

Session 3 – Tuesday mornings

Introductory Session: Tuesday, April 15, 2014, 9-10 am

Class Sessions: 9-11:30 am, Tuesdays - April 22, 29, May 6, 13, 20, 27, June 3, 10, 2014

Session 4 – Tuesday evenings

Introductory Session: Tuesday, April 15, 2014, 5:30-6:30 pm

Class Sessions: 5:30-8 pm, Tuesdays - April 22, 29, May 6, 13, 20, 27, June 3, 10, 2014

~ **Day of Mindfulness for all sessions** - Saturday, May 31, 2014, 10 am - 4:30 pm

Location

UW Health - Research Park Clinic, 621 Science Drive, Madison WI 53711
(near the intersection of Whitney Way and Tokay Boulevard)

Class Fee

- \$495 for completed registration forms and payment received on or before **Tuesday March 18, 2014**
- \$520 for completed registration forms and payment received after Tuesday March 18, 2014

The program fee includes:

- An Introductory Session
- Eight weekly sessions
- One all-day session (Day of Mindfulness)
- Practice audio CDs and class materials

Contact your insurance provider for possible discounts and/or reimbursement. Upon completion of the class, Unity and Physician Plus provide a reimbursement of \$100/single policy or \$200/family policy. The *UW Health Mindfulness Program* is entirely supported through tuition. We offer a variety of payment plans and partial financial assistance for those who's financial needs complicate their participation.

How to Enroll

Consult with your physician or health care provider about the potential benefits of participating in this program. A letter of referral, including a diagnosis is appreciated but generally not required.

Applications are accepted on a first come, first served basis. Class size is limited and sessions often fill prior to the early registration discount deadline. Early registration is strongly advised in order to reserve your space in the class and attend the Introductory Session. Please return completed registration forms along with the deposit of \$200 (check payable to: *UWHC/MBSR*). The class fee balance is due at the first class.

Online payment with VISA/MC is available at: www.uwhealth.org/classes

Cash/checks and registration forms are accepted in person at the front desk of UW Health - Research Park, 621 Science Drive, Madison WI 53711.

Miscellaneous Information

- First and last class sessions sometimes meet for 3 hours.
- Dress comfortably.
- If you need to eat something prior to class, there are machines with some products available, i.e. sandwiches, bagels, yogurt, fruit or you are welcome to bring your own. It is advised not to eat a heavy meal right before coming to class.
- Chairs, cushions and some yoga blankets are provided. Sitting on the floor is not a requirement. There will be opportunities to lie on the floor during class, i.e. during the body scan exercises and gentle hatha yoga.
- Because practice audio CDs are provided, you will need to have your own CD player for your daily homework.
- The staff is friendly and very supportive. We want you to feel at ease!
- *Refunds are considered if class is dropped within 24 hours after end of the Introductory Session.* This refund policy is necessary so as to be able to have adequate time to contact and admit applicants from the waitlist.

About the Instructors

Katherine Bonus

- established this program in 1993 with UW Health Preventive Cardiology
- completed the Professional Training Program and Teacher Developmental Intensive Program at the Center for Mindfulness, University of Massachusetts Medical Center
- completed the Professional Certification Teacher Training Program offered through the Center for Mindfulness in Medicine, Health Care and Society at the University of Massachusetts Medical School

Chris Smith

- completed the MBSR Professional Training Program with Jon Kabat-Zinn and Saki Santorelli at the University of Massachusetts Medical Center
- Licensed Family Therapist

Diana Grove

- completed MBSR Professional Training Program with Jon Kabat-Zinn and Saki Santorelli through the Mindfulness Based Stress Reduction Clinic, University of Massachusetts Medical Center
- has taught adult education classes for 20 years

Lori Gustafson

- completed MBSR Professional Training Program with Jon Kabat-Zinn and Saki Santorelli through the Mindfulness Based Stress Reduction Clinic, University of Massachusetts Medical Center
- trained as a facilitator with CARE (Cultivating Awareness and Resilience in Education)

Michael Waupoose

- completed MBSR Professional Training Program with Jon Kabat-Zinn and Saki Santorelli through the Mindfulness Based Stress Reduction Clinic, University of Massachusetts Medical Center
- Licensed Clinical Social Worker
- Certified Addiction counselor

We hope all this information is helpful.

If you have any additional questions, please call us at: (608) 265-8325.

Additional information is also available on our website at: www.uwhealth.org/integrativemed

Sincerely,

Katherine Bonus, MA; Chris Smith, MDiv, CMFT; Diana Grove, BS, RN;
Lori Gustafson, MS; Michael Waupoose, MSSW
UW Health Mindfulness Program
Mindfulness Based Stress Reduction Program Instructors

Enclosures

KB/CS/DG/LG/MW/pek

Spring 2014

MINDFULNESS BASED STRESS REDUCTION PROGRAM

UW Health - Research Park, 621 Science Drive, Madison WI 53711

Please indicate a 1st and 2nd choice:

_____ **Session 1** (Wednesday evenings)

_____ **Session 2** (Sunday afternoons)

_____ **Session 3** (Tuesday mornings)

_____ **Session 4** (Tuesday evenings)

~ Day of Mindfulness for all sessions - Saturday, May 31, 2014, 10 am - 4:30 pm

**Thank you for filling out these forms. We realize the personal nature of these questions.
Please know that the completed forms are kept confidential.**

Name: _____

Address: _____
Street City Zip Code

e-mail address: _____

Telephone: _____
Home Cell/Work

Age: _____ (please, used only for demographic research)

Emergency Contact Info: _____
Name Telephone Number

Referral Source: (please check all that apply)

Physician (name) _____ Web Site _____
Previous Class Member (name) _____ Newspaper (name) _____
Psychologist (name) _____ Cardiac Rehab _____
Mindfulness Based Brochure _____ Other _____

Registration Procedure:

~ Class Fee:

- \$495 for completed registration forms and payment received on or before **Tuesday, March 18, 2014**
- \$520 for completed registration forms and payment received after Tuesday, March 18, 2014

Complete all forms and return with your payment of \$200. The class fee balance is due at the first class. Online payment with VISA/MC is available at: www.uwhealth.org/classes
Cash/checks and completed registration forms are accepted in person (or mail if by check) at the front desk of UW Health - Research Park, 621 Science Drive, Madison WI 53711.

Please make check payable to: *UWHC/MBSR*.

Class size is limited. Early registration is strongly recommended - classes often fill prior to the early registration discount deadline.

Registrations are accepted on a first come, first served basis.

Insurance Information:

Provider: _____

Contact your insurance provider for possible discounts and/or reimbursement.

Upon completion of the class, Unity and Physicians Plus reimburse \$100/single policy or \$200/family policy.

Return/mail completed forms and \$200 deposit to:

**Mindfulness Program
UW Health - Research Park
621 Science Drive
Madison WI 53711**

MINDFULNESS BASED STRESS REDUCTION PROGRAM
UW Health Mindfulness Program - Spring 2014

Name: _____

Date: _____

Welcome to the Mindfulness Based Stress Reduction program at UW Health. By setting the time aside to complete this questionnaire, you are taking an important step toward reducing your stress and increasing your well being. We recognize the personal nature of the following questions. We don't take this lightly. All information you provide is kept confidential. The intention with completing this questionnaire is to invite you to honestly reflect on the circumstances that bring you to the MBSR program. At the end of the eight week training, we will ask you to reflect on these same areas. This second look may provide important information for your long term well being and health. Also, we would like to better understand what people in the class are confronting, so that we can help support the cultivation of mindfulness in your life circumstances. In addition to this questionnaire, we will ask you to complete a pre and post questionnaire. The pre and post questionnaire provides the MBSR program at UW Health a portal to understanding how the MBSR intervention may be impacting people's lives

Please complete these forms as honestly as you can. This is not always easy. Yet, the truth of your personal experience is the place from which we invite you to speak. Keep in mind that our circumstances are constantly changing, so your responses are not seen as the "final word" but rather a "snapshot" or "glimpse" into what is happening right now.

1. In your own words, what are the "causes" of your stress?

For example, work, relationships, pain etc. Feel free to identify your current worries, challenges and anything else you think is important to consider.

2. What are the helpful and not so helpful ways you are managing stress?

3. Please rate your overall stress level at this point in your life using a 1 - 10 point scale.

“1” = stress free, and “10” = stressed to the max.

Place an “X” at the appropriate area on the line below.

“1” _____ “10”

4. Please describe any previous experience you have had with stress reduction, meditation, relaxation, mindfulness, imagery, and other mind-body approaches to healing and health. If you have not had any prior experience, please write “no experience”.

5. What goals would you like to set for yourself in taking this program?

6. What do you care about most in your life?

7. What brings you joy?

- 8.** Has a healthcare provider recommended you take this program?
If so, what is your understanding of the reason for this recommendation?
- 9.** Are you currently involved in a specific medical treatment or psychological counseling program? Please list any current medications.
- 10.** Please list any previous hospitalizations with dates.
- 11.** Please describe any complementary or alternative treatments you have received or are receiving.
- 12.** Please describe your physical health right now.
For example, sleep quality, diet, smoking, drug and alcohol use.

13. Please describe your emotional health, your strengths and challenges.

14. Please describe your spiritual health.
For example, what is satisfying and challenging?

15. Please describe your support system(s).

16. At the completion of this class, imagining that you do learn what you wanted to learn, what would this look like for you?

~ Please add anything else that is important for the instructor to know about you and your situation.