INTEGRATING HEALTH PROMOTION

INTO COUNSELLING PRACTICE

BY KATHI CAMERON, RCC

In many ways, clinical counsellors play a large role in the promotion of health and resiliency. From stress-management skill building to the promotion of addiction-free living, much of our work is focused on preventing chronic disease from a psychosocial perspective.

The practice of health promotion places emphasis on addressing the underlying causes of ill health for the sole purpose of preventing illness. Health is the relationship between myriad determinants from socio-cultural and economic influences to public-policy development and the design of healthy environments and communities.

Depending upon which model of health you align with, health may include emotional, social, intellectual, spiritual, and physical components as they work together to promote resiliency in both mind and body. Some models accommodate more and others less, but each speaks to the fluidity and interconnection of a wide variety of factors. Most importantly, each component of health is equal to the other and may offer similar health benefits.

These days, we are inundated with media messages about nutrition, exercise, and weight management, but this focus represents only one component of health. If a client is feeling less than excited to start walking, why not focus on something he is more interested in? This could include participating in more social events, picking up a new hobby, adding more laughter to his life, or practising daily gratitude. Sometimes making changes to the most difficult aspects of health behaviour (i.e., eating more vegetables) comes easier if the other components of health are attended to and in balance with each other.

Here, I will examine the less familiar terrain of physical activity and healthy nutrition as they relate to the practice of clinical counselling and the promotion of mental health. While these concepts are not new, the challenge is in creating action plans with clients that promote a sense of mastery and success to foster the motivation to continue with the healthy behaviour. As a health-promotion educator, I have found this to be one of the most difficult and interesting challenges. How do we, as helping professionals, use physical activity and healthy eating prescriptions to help build a stronger scaffold to support our clients through the therapeutic process? How can we seamlessly integrate suggestions, action plans, and discussions around health practices without taking precious time away from the primary focus of therapy?

While most counsellors are not personal trainers, nor should they overstep the professional scope of practice, some clinical practitioners are adding walking to their therapeutic tool box.

Interventions such as yoga or mind-body approaches combined with breathing exercises help treat the symptoms of anxiety and depression, and resistance-training exercises may be prescribed for people living with mild and major neurocognitive disorders.

WHY PHYSICAL ACTIVITY FOR MENTAL HEALTH?

When it comes to the positive benefits physical activity has on mental health, the list is long. It is now understood that physical activity (i.e., walking) can reduce mild to moderate depression equal to that of an anti-depressant. In addition, exercise can improve mood, self-esteem, sense of mastery, and social connection (not to mention an elevated sense of well-being). Exercise has been shown to decrease the side effects of certain medications, provide positive benefits to those living with schizophrenia, and reduce the effects of ADD/HD. It is also an excellent anxiety/stress management tool. *Physical Exercise Interventions for Mental Health* offers mental health practitioners a greater understanding of how physical activity is currently used as a mental health intervention for people with a diverse range of mental health disorders.[1]

Not only has research identified the benefits of physical activity for mental health, exercise prescriptions vary depending upon the mental health issue. For example, interventions such as yoga or mind-body approaches combined with breathing exercises help treat the symptoms of anxiety and depression, and resistance-training exercises may be prescribed for people living with mild and major neurocognitive disorders.

Another consideration highlighted by studies emphasizes the effects that exercising with a partner or group has in improving adherence to the regime. In one meta-analysis examining exercise for depression, people in supervised or group exercise programs showed higher adherence rates compared to people exercising individually.[2] It is easier to stay motivated with a friend.

SO WHAT DOES THIS MEAN FOR THE CLINICAL COUNSELLOR?

During the first part of my career, I studied and practised kinesiology and exercise psychology as I worked in the field of exercise prescription for special populations. Now, as a practising clinical counsellor, I see physical-activity counselling is a wonderful opportunity to promote mental health.

Interestingly, physical-activity counselling among exercise professionals is becoming more familiar as personal trainers and rehabilitation specialists integrate motivational interviewing and behaviour-modification strategies into their practice. For example, the Alberta Centre for Active Living has provided fitness leaders with tools and information to address exercise adherence and behaviour change with their clients.[3]

While most counsellors are not personal trainers, nor should they overstep the professional scope of practice, some clinical practitioners are adding walking to their therapeutic tool box.* As simple as walking may be, it is still a challenge to create a plan of action for a client that encourages a sense of mastery and adherence to a program. That said, walking is an excellent modality to promote cardiovascular and muscular strength, while reaping the mental health benefits.[4]

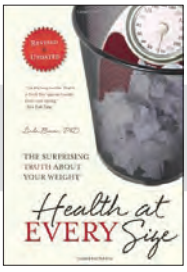
WHY HEALTHY EATING FOR MENTAL HEALTH?

Although researchers have yet to identify, let alone agree on, the best diet for a healthy long life, research has been able to confirm a strong relationship between nutrition and mental health. Studies examining the relationship between processed food and depression show a positive correlation. One study, examining perceived happiness in college students and nutrition, found a positive relationship between eating breakfast, vegetable and fruit consumption, and the self-reported perception of happiness.[5]

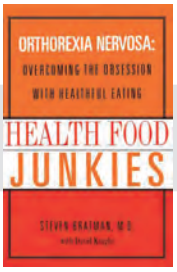
A helpful resource that might be of interest comes from the Dietitians of Canada and addresses the relationship between nutrition and mental health, including specific mental health conditions and suggestions for nutritional prescription.[6] But how can we implement this information while respecting our professional scope of practice?

I tend to focus my attention on the addition of whole foods, rather than the elimination of foods, with the goal of promoting intrinsic changes within the client. It is important to avoid terms such as "good" or "bad" food. Our socio-cultural focus on food has reduced it to mere carbs, protein, and fats, removing all other meaning. As counsellors, I believe we can promote healthful eating by fostering discussions around whole foods and vegetable consumption, while keeping a healthy relationship with food and what it means to the client. Also note that by suggesting our clients eat more whole foods and vegetables, we are asking them to commit time to something they may not want or be able to commit to.

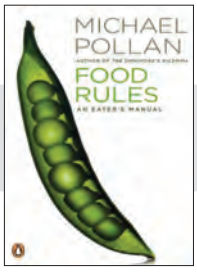
SUGGESTED READS



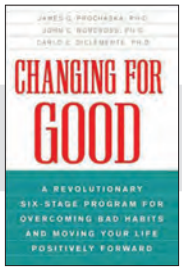
1 HEALTH AT EVERY SIZE
by Linda Bacon (Dallas: Benbella Books, Inc, 2008)



2 HEALTH FOOD JUNKIES
by Steven Bratman (New York: Broadway Books, 2008)



3 FOOD RULES: AN EATER'S MANUAL
by Michael Pollon (New York: Penguin Books, 2009)



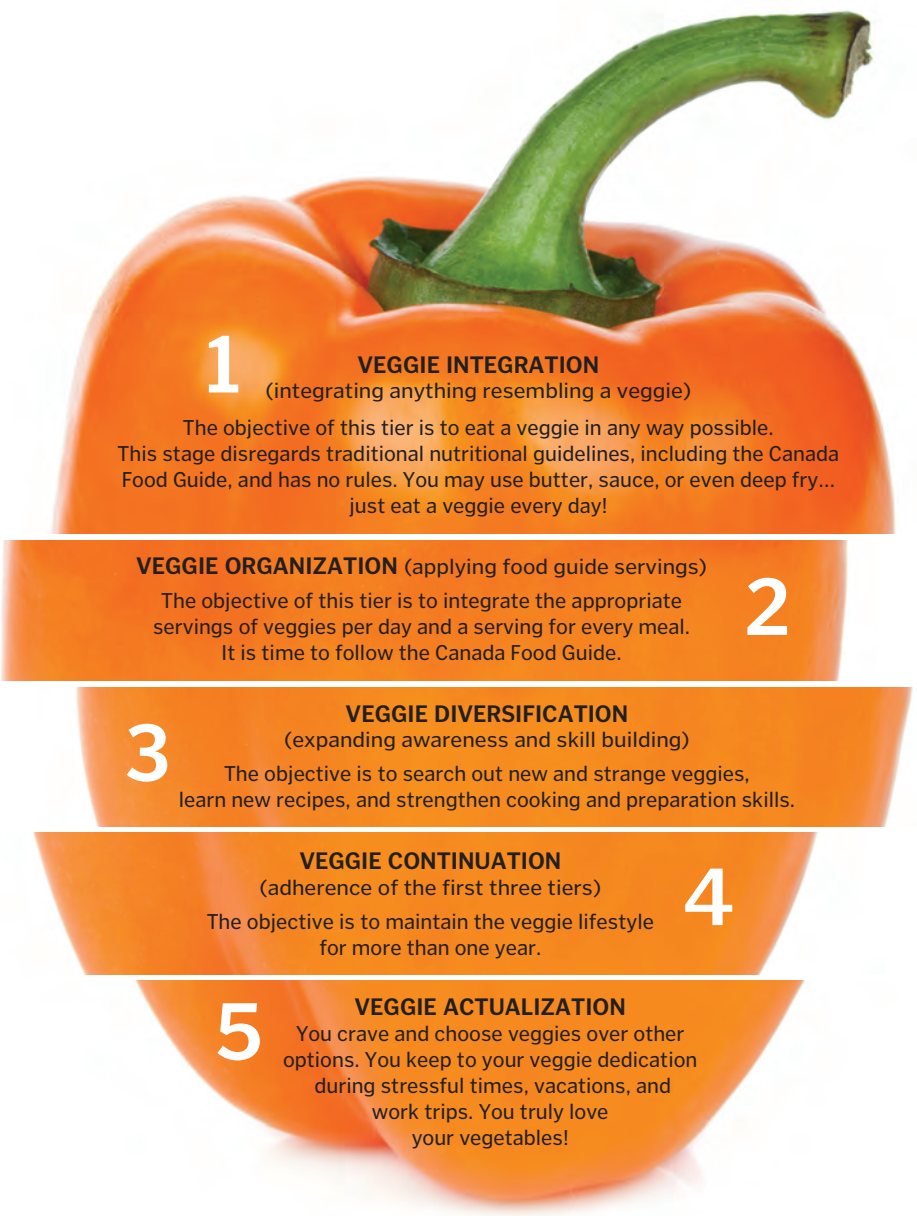
4 CHANGING FOR GOOD
by James O. Prochaska, John C. Norcross, Carlo C. DeClemente (New York: HarperCollins, 1994)

That said, I would like to offer a model I have used in my practice with great success. Taking from the brilliance of Abraham Maslow, I have created my own Veggie Actualization Model (see page 24) to help address eating behaviour in a safe, progressive, and, dare I say, enjoyable way. Although it may appear a little tongue-in-cheek at first, this model is based on behavioural psychology coupled with my years of experience coaching clients from veggie haters to veggie appreciators.

While the Veggie Actualization Model aims to encourage people to maintain this new veggie lifestyle, it is about process and providing space for clients to learn from their lapses. If life stressors or changes in lifestyle bump clients off the wagon, it is important to get re-oriented even if it means starting again. If a client reaches Veggie Actualization, it is not unlike the termination stage of the Transtheoretical Model of Change.[7] Vegetables become as day-to-day as brushing one's teeth.

It is important to avoid terms such as "good" or "bad" food. Our socio-cultural focus on food has reduced it to mere carbs, protein, and fats, removing all other meaning.

** It is important to understand the unique legal liability that comes with integrating physical activity into clinical practice. Counsellors may want to check with their insurance provider to ensure their current coverage includes physical activity. For example, personal trainers must ask clients to complete a PAR-Q inventory before engaging in an exercise prescription. Considerations may include the current "fitness" of the client (heart health, joint issues, for example) and approval from the client's general practitioner.*



VEGGIE ACTUALIZATION MODEL

1) The first tier introduces the idea of more vegetables in a fun way. All nutritional guidelines have been removed to focus only on the act of choosing, preparing, and eating anything that resembles a vegetable.

2) The second tier focuses on enhancing understanding of serving sizes.

3) The third level expands vegetable awareness and skill building.

4) The fourth tier focuses on maintaining this new veggie lifestyle.

5) The client reaches the final tier when vegetables are part of their lifestyle without much thought or challenge.

CASE STUDY ONE: KEVIN

Kevin and his wife were going through marital difficulties. Initially, he wanted his wife to join him in couples counselling, but she declined so he pursued individual counselling. During our first session, Kevin verbalized his interest in strengthening his mental and physical health. With a greater sense of quality of life, he hoped he would perceive his marriage and spouse in a more positive way.

After a few sessions, it became clear there were certain components of health Kevin was not comfortable in pursuing yet. He had a history of emotional eating and suffered from a negative body image and low self-esteem. He wasn't ready to address his using food to cope, but he was interested in discussing how he might integrate walking into his day.

After discussing the benefits of walking, Kevin created a plan to invite his wife to join him for an evening walk. Over the course of a month, Kevin and his wife took brief walks while enjoying some talk time away from the kids. He found his wife responded more positively to talking while walking rather than sitting across from each other. In addition, making the appointment with his wife to walk kept Kevin on track and motivated to continue. However, after that initial month, the walking habit fell by the wayside, and it became clear that Kevin needed something he could do independently.

Because Kevin seemed disinclined to walk alone, rather than push physical health, I explained the five components of health — social, physical, intellectual, spiritual, and emotional — and addressed the benefits of each. I asked him to choose a component he felt would be easiest to address. He chose spiritual health, which I defined as a

connectedness with self, others, a higher power, and nature and which provides us with the capacity to love and forgive and enhances our sense of fulfillment. We agreed that Kevin would write in his journal two things he was grateful for each day. Our discussion of this new exercise included appropriate time and place to write, as well as potential barriers. Research suggests that the practice of gratitude may have a positive effect on perceived physical health, and by listing what we are grateful for, we are able to shift our perspective of lack to abundance. So while Kevin was unable to maintain the walking habit on his own, he has stuck to his spiritual health goal and feels an elevated level of appreciation and is better able to focus on the positive.

CASE STUDY TWO: CAROLE

Carole was struggling with obesity and had the opportunity to undergo bariatric surgery as long as she could demonstrate to her medical team that she was making changes to her diet. After visiting a registered dietitian nutritionist, she came to me for help putting the plan into action. Not only did Carole find the change in eating habits daunting, but she also had the added challenge of finding a menu her children and husband would appreciate.

I soon learned Carole worked in a demanding job, had two children in secondary school, and typically opted for processed and fast foods due to her schedule. She enjoyed her evening snacks and feared she wouldn't be able to make the switch to vegetables.

Carole's mission was clear — preparing for possible surgery — and we used our time together to examine her relationship and history with food, her fears of letting go of comfort foods, and how she may feel about eating as a result of bariatric surgery. At the same time, I integrated the Veggie Actualization Model to help her (and her family) get more acquainted with vegetables.

Sometimes making changes to the most difficult aspects of health behaviour (i.e., eating more vegetables) comes easier if the other components of health are attended to and in balance with each other.

The first step and its suggestion of slathering broccoli with cheese sauce not only shocked (and delighted) Carole, but helped her create a menu that met her family's approval. For the first few months, we addressed the challenges and barriers to this first step, such as fatigue and lack of time. Together, we restructured action plans to include frozen vegetables (less preparation and just as many health benefits) and advanced meal preparation. From there, we worked up the hierarchy until Carole would come to a bump in the road and, together, we would find alternatives.

When Carole reached Veggie Diversification, her interest in vegetables and how to prepare them really took hold. We began a "veggie of the week" program wherein Carole and her family chose a new vegetable and would seek out a way to prepare, cook, and enjoy it together. As you can imagine, this exercise not only inspired a greater appreciation for vegetables but also connected the family. Currently, Carole is stabilized at Veggie Continuation. When times are stressful and she slides into old behaviours, she now has the skills and understanding to get back on the wagon.

I believe, as probably most of us do, that to be effective clinical counsellors, we have to consider all aspects of health in our practice and in our own lives. I also believe that, over time, the lines between health promotion and clinical counselling will blur. Until then, the work may be focused on creating the appropriate guidelines that respect all scopes of practice, while providing clients with a more holistic therapeutic experience. ■

Kathi Cameron, MA, RCC, works as a health promotion educator with Canadian Forces Base 19 Wing and as a clinical counsellor with Pacific Therapy and Consulting in the Comox Valley.
www.healthinreallife.blogspot.com

REFERENCES

1 L. Lam, & M. Riba (Eds.) (2016). *Physical Exercise Interventions for Mental Health.* United Kingdom: Cambridge University Press.

2 Krogh, J., Nordentoft, M. Sterne, J.A., & Lawlor, D.A. (2011). The effect of exercise in clinically depressed adults: systematic review and meta-analysis of randomized controlled trials. *Journal of Clinical Psychiatry*, 72, 529-538.

3 The Centre for Active Living resource offers tools and strategies that help to identify barriers to physical activity and may be a useful tool for helping professionals. www.centre4activeliving.ca/our-work/physical-activity-counselling-toolkit/

4 For more information on the benefits of walking and a general, easy-to-implement prescription, check out "23 and 1/2 Hours" on Youtube. Dr. Mike Evans walks us through the research while offering basic suggestions to the novice walker.

5 Lesani, Mohammadpoorasl, Javadi, Esfeh, & Fakhari (2016). Eating breakfast, fruit and vegetable intake and their relation with happiness in college students. *Eating and Weight Disorders – Studies on Anorexia, Bulimia and Obesity*, 21, 645-651.

6 Dietitians of Canada offers a downloadable PDF that addresses the relationship between nutrition and mental health and examines specific mental health conditions and suggestions for nutritional prescription. www.dietitians.ca/Downloads/Public/Nutrition-and-Mental-Health-complete-2012.aspx

7 Prochaska, J.O., & DeClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19, 276-288.