

A PHYSICAL ACTIVITY PROGRAM MANUAL DESIGNED FOR COLLEGE  
STUDENTS DIAGNOSED WITH DEPRESSION

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A Project

Presented

to the Faculty of

California State University, Chico

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

in

Kinesiology

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by

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Spring 2016

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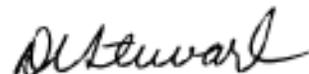
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## DEDICATION

I would like to dedicate this project to my family, friends, and WCF team.

## ACKNOWLEDGEMENTS

This project would not have been possible without the support, guidance, and faith instilled in me from my committee. First, I am grateful for the opportunity to work with my graduate advisor and committee chair, Dr. Kevin Patton. His door is always open and I know I can depend on him. When times get tough, I think of what Dr. Patton would say to me. He is an outstanding mentor and I have the utmost respect and appreciation for everything he has done to help me succeed.

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## ABSTRACT

### A PHYSICAL ACTIVITY PROGRAM MANUAL DESIGNED FOR COLLEGE STUDENTS DIAGNOSED WITH DEPRESSION

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Master of Arts in Kinesiology

California State University, Chico

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This project is a step-by-step manual for universities in need of a physical activity program for college students diagnosed with depression. Depression is highly prevalent in the general population, with most lifetime mental health problems surfacing by the typical college age. It has been shown that increased physical activity participation can alleviate symptoms of depression, and have heightened effects when performed with a peer (Mota-Pereira, Silverio, Carvalho, Ribeiro, Fonte, & Ramos, 2011). Although universities have resources for their students including a health and/or counseling center and disabilities center, they provide limited treatment options. An additional adjunct treatment for depression in students involving physical activity with a peer is needed on university campuses.

This manual is modeled after a specialized physical activity program, WellCat Fit, and was created for a university that wants to adopt such a program. It contains multiple guides for each position involved in the program, directions on how to conduct a program from start to finish, examples of presentations, handouts, and forms, as well as answers to common questions. This manual also makes adjustments to fit the needs of universities

with limited/unlimited resources.

## CHAPTER I

### INTRODUCTION TO THE PROJECT

According to the American College Health Association's (2014) National College Health Assessment (NCHA), 32.6% of college students reported being so depressed that it was difficult to perform normal, everyday functions. Depression is a common but serious mental illness commonly marked by sad or anxious feelings that last for a long period of time and interferes with day-to-day life (National Institute of Mental Health, 2016). Some triggers of depression in college students may include living away from family for the first time, feeling alone or isolated, experiencing conflict in relationships, facing new and sometimes difficult school work, and worrying about finances (National Institute of Mental Health, 2016). Encouragingly, an analysis of 2005 NCHA ACHA data of 43,499 college students aged 18 to 25 suggests that physically active college students had a significantly lower occurrence of hopelessness, depression, and suicidal behavior compared with inactive students (Taliaferro, Rienzo, Pigg, Miller, & Dodd, 2009). However, only 40% of college students participate in any kind of regular physical activity (Ferrara, 2009).

Just 30 minutes of exercise significantly increases positive well-being and vigor in patients with Major Depressive Disorder (Bartholomew, Morrison, & Ciccolo, 2005). The symptoms of Major Depressive Disorder (MDD) and depression in general are disabling and interfere with everyday activities such as studying, eating, and sleeping. People with depression may have only one episode of major depression in their lifetime, but more often, depression comes back repeatedly (National Institute of Mental Health,

2016). The results of one study indicated that participation at least two times a week in an exercise program is needed for significant mood improvements (Matsouka, Kabitsis, Harahousou, & Trigonis, 2005). Physiologically speaking, exercise engages mitochondrial pathways and might be associated with mood improvement (Aguiar, Stragier, Da Luz Scheffer, Remor, Oliveira, Prediger, & Lanfumey, 2014). Physical activity is a valuable treatment option for depression because of its potential to prevent depressive symptoms and chronic disease and disability (Durstine, Moore, Painter, & Roberts, 2009).

The American College of Sports Medicine (2011) recommends that adults should get at least 150 minutes of moderate-intensity exercise per week which includes cardiorespiratory fitness, resistance training, flexibility, and neuromotor exercises. Unfortunately, there are many obstacles standing in the way of a college student when it comes to adhering to these health recommendations. These barriers include a lack of time due to their busy school and work schedules, a financial strain that prevents them from joining a gym or having the ability to buy healthy foods, and an absence of health-related resources for students on university campuses.

College students with MDD also suffer from feelings of sadness, irritability over small matters, insomnia or excessive sleeping, changes in appetite and weight, restlessness, mood swings, indecisiveness, decreased concentration, loss of interest, feelings of worthlessness and self-blame, and suicidal thoughts (Mayo Clinic, 2013). Also, competence is a main predictor of levels of exercise attendance, adherence, and dropout (Vlachopoulos & Neikou, 2007). This explains why it is a struggle for college students with MDD and anxiety disorders to become physically active, let alone seek

treatment. These results indicated a need for physical activity promotion programs that adapt to their unique needs and lifestyle.

The typical prescription for depression includes psychotherapy and/or medication. Psychotherapy may not be enough to treat depression, and antidepressant medications can be expensive and have a wide variety of negative side effects (Mayo Clinic, 2014). These therapies play a crucial role in the recovery and treatment process of MDD but are not the only solution. Now that the positive effects of physical activity on mental health are becoming more familiar, it would only make sense to incorporate this idea in adjunct to these pre-existing treatments. An additional physical activity program may encourage mental health benefits when incorporated into the treatment plan of a college student diagnosed with depression.

A study showed that an exercise group demonstrated improvement of depressive symptoms at the last observation compared to baseline values and the control group during a physical activity training program (Mota-Pereira, Silverio, Carvalho, Ribeiro, Fonte, & Ramos, 2011). Although members of training programs have maintained adherence during supervised sessions, studies have uncovered the decreased adherence rates during self-managed exercise (Gary, 2006). Adherence programs that help patients master self-regulation lead to stronger commitment to a new behavior and instill confidence for future success (Duncan, Pozehl, Norman, & Hertzog, 2011). This information is imperative when creating an effective physical activity program for college students suffering from depression, but there is more needed when considering the behavior change in this specific population. Therefore, a program must include techniques grounded in theory that explain and aid these health behavior changes.

When creating a physical activity program for college students diagnosed with depression, it is important to consider multiple theories as a framework for the design. Theories allow us to better understand and predict physical activity behavior and give us a scientifically validated blueprint from which to formulate effective behavioral interventions (Lox, Ginis & Petruzzello, 2010). Models for behavior change that have been successfully applied by practitioners in changing physical activity habits include the Transtheoretical Model (Prochaska & Velicer, 1994) and Self-Efficacy Theory (Bandura, 1977). The Transtheoretical Model outlines the five stages involved in adopting a new behavior; precontemplation, contemplation, preparation, action, and maintenance. These stages are pertinent when considering the right course of action for a patient or client who wants to change or adopt a new behavior. The Self-Efficacy Theory focuses on how the client feels about their abilities in a particular situation based on past performance, vicarious experiences, social persuasion, and physiological/affective states. These factors influence the client's current motivation and adherence to exercise. These theories will be revisited in-depth in the following chapter.

There are very few interventions that demonstrate the immense influence that physical activity can have on mental health, and there is a lack of guidance as how to begin a successful intervention or program for this specific population. An instructional step-by-step manual that follows the outline of the popular theoretical frameworks is needed to aid universities in the initiation of such programs. The goal of this project is to guide universities through the exercise peer mentor training process and development of a physical activity mental health program for college students suffering from depression.

### Purpose of the Project

The purpose of this project is to create a training manual for universities to utilize in establishing an effective physical activity program, which can be used as an additional mental health resource for college students diagnosed with depression. The completed project will provide a foundation for universities seeking to begin a physical activity program. The goal of any program utilizing this manual will be to help universities to decrease symptoms of depression, increase exercise adherence rates, build self-efficacy and self-esteem, and promote the physical and mental health of their students.

### Scope of the Project

The final product of this project is a step-by-step manual that clearly identifies the actions needed to establish and expand a physical activity program for college students with depression. This manual will contain information on: a) how to implement a program in the university setting based on existing literature, b) the latest exercise psychology training techniques and required certifications to prepare exercise peer mentors, c) the process of recruiting college students to become members of the program, program intervention strategies, and program management, d) ways to measure depression levels in order to track the progress of the student, e) publicizing the program, and f) a collection of forms, fliers, and scales required throughout the development of the program.

Universities that are in need of a physical activity program, or that are looking to improve their existing program, are the target audience. This manual is an essential tool for someone in a university health center, counseling center, kinesiology department, or psychology department that wants to build or enhance a program. The manual will help

guide the training of exercise peer mentors, management of the physical activity program, and assist students with depression by providing them with supervised exercise as an adjunct treatment. This project will guide them through all of the necessary sections previously listed, and will explain the reason behind each step based on literary support and previous experience.

### Significance of the Project

This project is designed to be informational, persuasive, and instructional. It is informational in the sense that it stems from many popular exercise psychology theories and follows what is already known about exercise adherence. Also, the information in this project is supported by the latest literature and previous experiences from current exercise adherence programs. The only difference from other literature is that the target population is college students with depression, not one or the other. To the author's knowledge, there are currently no other manuals for physical activity programs for college students with depression.

This is where the project becomes a persuasive piece. It is the goal of the author to share the ways this project benefits college students as well as universities and to help the reader see the true need for it. A thoroughly composed physical activity program is significant for a college student with depression because it helps to decrease the symptoms associated with their mental health, and exercise makes them physically healthier by reducing the risk of chronic diseases (ACSM, 2015). Also, this program can build their self-efficacy for exercise and overall self-esteem, help them to find intrinsic motives for exercise, and give them the opportunity to explore other treatment options or

enhance the effects of their current treatment. In a previous study by Kilpatrick, Hebert, & Bartholomew (2005), motives that are linked to sport participation are competition, affiliation, enjoyment, and challenge, where motivation for exercise and physical activity is based on appearance and physical health benefits. Results of this study indicate that intrinsic motives, such as enjoyment and affiliation, result in higher adherence rates than the extrinsic motive of appearance. This is why it is significant to make a program that can change the view that college students with depression have of the purpose for exercise and physical activity. They may think that they should only participate in these activities to “look good” or “get stronger”, but there is so much more that exercise has to offer. Therefore, showing students the mental health benefits of exercise will increase their adherence rates and give exercise a stronger purpose in their life.

Besides benefitting the mental health of college students, a manual for a physical activity program can greatly profit a university. First, a program like this will communicate the importance of physical and mental health and wellbeing for students. This will demonstrate that the university puts the students’ needs and health first. Second, this promotes acceptance and reduces the stigma and false images that are commonly associated with mental health that can lead to prejudice and discrimination (Facts of Stigma and Mental Illness in Diverse Communities, 2015). Students will become more familiar with mental health, increasing the understanding for those who are struggling. By making such a program available as a resource on campus it not only encourages a healthy approach to coping with depression, but also has the potential to reduce health costs for student care because of the increased health benefits. Lastly, this program provides peer mentors who are interested in exercise, health and wellness, and

psychology with the valuable opportunities to gain consulting experience that will help them in future careers.

Lastly, this project is meant to be instructional. This completed work is a step-by-step manual for making an effective physical activity program for college students suffering from depression. This manual guides a university through the stages of starting this program and helps them through all of the formalities and challenges associated with managing it. Therefore, this project can be considered an instructional how-to guide for establishing a program.

#### Limitations of the Project

Although this manual is a valuable tool, there are some limitations to consider. This project is limited to the slight body of research, which is still emerging. Not only is the reasoning for the manual content based on limited research, but also feedback and outcomes resulting from the single, current exercise adherence program at CSU, Chico. Also, portions of this project are written from a first person perspective due to the author's personal involvement in the existing exercise adherence program.

Besides the issue of limited research resources, the word "depression" is a broad term that encompasses a myriad of mental health problems. Therefore, this manual may not cater to the precise needs of specific mental health diagnoses. While this project is aimed at college students with depression, concepts in this manual can be applied to different audiences with possible varying outcomes as well.

Lastly, exercise has been shown to improve the mental health of patients with depression but is ambiguous in terms of the ratio of impact it has when considering other

factors involved. It is unclear if improvements can be attributed to the new social support between the exercise adherence mentor and student, to the mixture of exercise and medication, or if exercise is the main factor.

### Definition of Terms

#### Adherence

Maintaining an exercise regimen for a prolonged period of time (Lox, Ginis, Petruzzello, 2010).

#### Adjunct treatment

A treatment that does not replace other treatments, but is considered an additional treatment.

#### Adoption

The beginning stage of an exercise regimen (Lox, Ginis, Petruzzello, 2010).

#### Anxiety disorder

A category of mental health characterized by excessive or inappropriate expression of anxiety.

#### Bipolar disorder

A mood disorder characterized by one or more episodes of mania or mixed episodes of mania and depression (Lox, Ginis, Petruzzello, 2010).

#### Decisional balance

A model that reflects how people perceive the pros and cons of changing their behavior (Lox, Ginis, Petruzzello, 2010).

#### Depression

A mental illness characterized by one or more of the following: sustained feelings of sadness, feelings of guilt or worthlessness, disturbances in appetite, disturbances in sleep patterns, lack of energy, difficulty concentrating, loss of interest in all or most activities, problems with memory, thoughts of suicide, hallucinations (Lox, Ginis, Petruzzello, 2010).

#### Emotional well-being

A greater amount of positive affect than negative affect along with favorable thoughts such as satisfaction with life (Lox, Ginis, Petruzzello, 2010).

#### Exercise

A form of leisure physical activity that is undertaken in order to achieve a particular objective (Lox, Ginis, Petruzzello, 2010).

#### Exercise psychology

A field of study concerned with the application of psychological principles to the promotion and maintenance of exercise and the psychological and emotional consequences of leisure physical activity (Lox, Ginis, Petruzzello, 2010).

#### Extrinsic motivation

Motivation that is induced by a force outside the individual (Lox, Ginis, Petruzzello, 2010).

#### Intrinsic motivation

Motivation that emanates from within a person (Lox, Ginis, Petruzzello, 2010).

#### Major depressive disorder (MDD)

Also called major depression. The symptoms of major depression are disabling and interfere with everyday activities such as studying, eating, and sleeping. People with

this disorder may have only one episode of major depression in their lifetimes. But more often, depression comes back repeatedly. (National Institute of Mental Health, 2016).

### Mental health

According to the U.S. surgeon general, a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity (Lox, Ginis, Petruzzello, 2010).

### Mental health problems

Signs and symptoms of insufficient intensity or duration to meet the criteria for mental disorders, but sufficient to potentially warrant active efforts in health promotion, prevention, and treatment (Lox, Ginis, Petruzzello, 2010).

### Mood

Subjective states of feeling that have a cognitive basis and that can enhance or interfere with purposive behavior (Lox, Ginis, Petruzzello, 2010).

### Motivational interviewing (MI)

A counseling technique that provides people with the opportunity to talk about and resolve their mixed feelings so that they can move forward with change (Lox, Ginis, Petruzzello, 2010).

### Physical activity (PA)

Any bodily movement produced by skeletal muscles that results in energy expenditure (Lox, Ginis, Petruzzello, 2010).

### Psychotherapy

Also known as talk therapy, is a way to treat people with a mental disorder by helping them understand their illness (National Institute of Mental Health, 2016).

### Resilient

The ability for someone to recover from difficulties

### Sedentary

Chronic pattern of inactivity

### Self-efficacy

The extent to which individuals believe they will be successful in performing the desired behavior given the abilities they possess and the situation in which they find themselves (Lox, Ginis, Petruzzello, 2010)

### Self-esteem

The evaluation or affective consequences of one's self-concept (Lox, Ginis, Petruzzello, 2010)

### Self-determination

Autonomous, self-dependent behavior (Lox, Ginis, Petruzzello, 2010)

### Social Support

An individual or group of people that may be helpful for an individual attempting a behavior change.

### Stigma

A mark of shame associated with a specific group, characteristic, or person

### Stages of Change

The categories within which individuals move as they attempt behavior changes. The five stages of change are: precontemplation, contemplation, preparation,

action, and maintenance (Prochaska & Velicer, 1997).

## CHAPTER II

### REVIEW OF LITERATURE

#### Depression

Major Depressive Disorder (MDD) is highly prevalent in the general population to the extent that 16.2% of adults experience lifetime episodes (Kessler et al., 2009, 2005, 2003), which may be associated with high chances of disability and poor functioning (Deschenes et al., 2015). Depression is a mood disorder that can be experienced across a life span by an individual. It has been found to be associated with negative health, economic, and quality of life outcomes. In addition to depression's effect on an individual's mental health, Martinsen (2008) describes symptoms of depression as disturbances in appetite, increased sedentary behavior, and a decrease in physical activity, particularly in women and those above the age of 40. As discussed in a study conducted by Stanton & Happell (2014), patients who are diagnosed with mental health problems are at a significantly higher risk of physical health complications compared to those without mental health problems. Patients with a severe mental health diagnosis often receive antipsychotic medication as a primary form of treatment. However, such medication puts the patient at a higher risk of metabolic side effects including obesity, diabetes, and dyslipidaemia (Bradshaw & Pedley, 2012). This could lead to day-to-day discomfort and hardships that worsen their original depressive condition or even shorten their life expectancy up to 25 years (Stanton & Happell, 2014).

According to Clum (2013), psychological factors are hypothesized to be important influences on eating and exercise behavior and result in a strong association

between depressive symptoms and body mass index. In a study with patients diagnosed with bipolar disorder, low self-efficacy, low educational status, illness comorbidity and social isolation were correlated with lower levels of physical activity (Vancampfort et al., 2012). In another study, patients with depression felt a diminished self-efficacy across a range of behaviors, which may be a factor in the decline of exercise participation (Teixeira et al., 2002). Also, with a decline of exercise participation is an association with a higher risk of cardiorespiratory disease, diabetes, and all-cause mortality (Kodama et al., 2009; Myers et al., 2002). In summary, these studies point to the fatal physical and mental health problems that may follow a depression diagnosis.

Many people with depression do not seek treatment because of social stigma that is associated with their mental health (Jones et al., 2011; Priest, Vize, & Tylee, 1996; Schomerus, Matschinger, & Angermeyer, 2009). Many of these studies examine the problems that these patients endure and how it affects their life, but a next step is unidentified. Smith (2009) recognizes that more in-depth research needs to be conducted in the future to figure out how these patients can build resiliency to help combat depressive symptoms and talk about their symptoms with a health care provider.

### College Students

Although depression can be diagnosed at any age, most lifetime mental health problems have first onset during or shortly before the typical college age (Kessler, Berglund, Demler, Merikangas, & Walters, 2005). College students are exposed to a variety of new experiences and potential lifestyle changes that may influence their health such as eating habits, living environment, and daily physical activity. Stressors in the

students' life, irregular sleep patterns, a change in a personal relationship, or academic pressures can all contribute to the severity or the start of a student's depressive symptoms (Kadison, 2004).

According to Fur, Westerfeld, McConnell, & Jenkins (2001), more than 50% of students had experienced symptoms of depression during their college attendance. This not only takes a toll on their mental health, but there has been a negative association between depression and college academic success (Deroma, Leach, & Leverett, 2009; Eisenberg, Golberstein, & Hunt, 2009). In an American College Health Association report released in 2011, students cited depression and anxiety as among the top impediments to academic performance. In 2012, the National Alliance on Mental Illness (NAMI), Gruttadaro, and Crudo collected data from college students of various races, living situations, sexual orientations, and types of depressive disorders and found that 64% of the participants were no longer attending college due to a mental health related reason. Multiple studies confirm this statement (Kessler, Foster, Saunders, & Stang, 1995) and have found that mental health in early adulthood has implications for many aspects of well-being, including alcohol and substance abuse (Angst, 1996; Weitzman, 2004), and the outcome of future employment and relationships (Ettner, 1997; Kessler, Walters, & Forthofer, 1998).

The student may even attempt suicide due to the perceived severity of the situation. Suicide is the second leading cause of death for ages 15-34 (U.S. Department of Health and Human Services, 2015). A study conducted by Eisenberg, Gollust, Golberstein, and Hefner (2007) revealed that out of 2,843 students at a large Midwestern public university with a similar demographic profile to that of the national population of

students, the estimated prevalence of any depressive or anxiety disorder was 15.6% for undergraduates and 13% for graduate students. The findings of this study highlight the need to address mental health in young adult populations. Even in a university that had access to free short-term psychotherapy and basic health services, most of the students with mental health problems did not receive treatment. They conclude their study by pointing out that campus communities reach over half of young adults and should represent unique opportunities to address mental health issues in this age group.

### Universities

In 2014, the American College Health Association (ACHA) and the National College Depression Partnership reintroduced the Depression Quality Improvement Collaborative as a way to support college health systems by providing optimal depression care through the use of outcomes measurements and collaborative learning. Their creation of an 18-month program focuses on improving the detection and treatment engagement of depressed students, amplifying existing health and mental services, as well as creating a safety net for campus communities. The ACHA has involved 30 colleges and universities in the depression screenings of 300,000 students and improved their treatment. This can be a beneficial tool, but it is slightly less feasible for those universities that do not possess the necessary resources for implementing such mental health programs in a university setting, or it may even be devalued by those that do not see the need for it.

Although some universities may not use the ACHA's collaborative program, they may encourage the students' mental health resources in some other way. Mowbray,

Megivern, Mandiberg, Strauss, Stein, Collins, & Lett (2006) found that many colleges provide multiple resources on campus such as a disabilities office, which focuses on academic adjustments, and health services center, which may only handle prescriptions. This lack of coordination between departments can make it unclear for the students as to which resource to utilize. For the campuses that have established a student health and wellness department, the problem may be a lack of students. They have identified that current campus-based mental health services expect students to recognize their own mental health problems. Some college students are unwilling to seek psychological help because of the perceived stigma associated with disclosure of mental health. Stigma linked with mental illness produces shame, fear, and guilt, which can reduced the likelihood of seeking advocacy from individuals or family members (Blacklock, Benson, Johnson, & Bloomberg, 2003). The 2012 study by NAMI took a survey report on mental health and discovered that students' reasons for not disclosing mental health information were due to the fear or concern for the impact disclosing would have on how students and faculty would perceive them, they saw no opportunity to disclose, their diagnosis did not impact academic performance, they were unaware that disclosing could help secure accommodations, and they felt their information would not remain confidential. They also asked what factors would help the students that discontinued their education due to mental health reasons stay in school. A few of the top answers included receiving accommodations such as tutoring, accessing mental health services and supports on campus to help them address mental health issues, connecting with mental health providers earlier, having peer-run support groups available, and getting support from family and friends.

Social support is considered a psychosocial coping resource that positively affects the students' self-esteem and self-efficacy and buffers the negative effects of stress (Thoits, 1995). The literature shows a consistent link between social support and depression (Balaji, Claussen, Smith, & Visser, 2007; Coyne & Downey, 1991; Seeman, 1996; Son, Lin, & George, 2008) as well as a lower likelihood of anxiety, suicidality, self-injury, and symptoms of eating disorders (Hefner & Eisenberg, 2009). Also, social support has been found to be one the most significant predictors of physical activity participation in college students (Wallace, Buckworth, Kirby & Sherman, 2000). Family and peer social support are the strongest predictors of physical activity participation. Lack of family support may be the reason peer support is a popular form of health promotion on college campuses.

In conclusion, many universities are in need of strong and effective mental health resources for their students due to the increase in depression rates. Although some universities are taking action and meeting the students' needs, others are not. This is why a peer-run adherence program that is prompt, confidential, accessible, and involves physical activity can be the solution to a university's lack of mental health programs that can make a positive impact on the students' academics and life.

### Adherence Programs

In an analysis of 38 reviews on adherence, it was concluded that half of all adherence interventions fail (van Dulmen, Sluijs, van Dijk, de Ridder, Heerdink, & Bensing, 2007). Adherence interventions in both depressed and non-depressed populations are a major issue (Davis & Addis, 1999). College students suffering from symptoms of MDD often have difficulty attending class, engaging in social activities,

maintaining jobs, and completing everyday tasks. This is why depression and anxiety are associated with low adherence rates (Crone, Johnston, Gidlow, Henley, & James, 2008). In an exercise intervention for patients with MDD, Herman, Blumenthal, Babyak, Khatri, Craighead, & Krishnan (2002) found that baseline anxiety and life satisfaction were the best predictors of participation. Krogh, Lorentzen, Subhi, & Nordentoft (2014) conducted a similar study and found a positive association between age and weekly adherence rates in patients with mild to moderate depression, and recommended that future studies address younger participants for increased participation.

Although there have been short-term interventions that study the physiological and psychological effects of physical activity on older males and females diagnosed with depression, there has been little research that focuses on the depressed college population and physical activity adherence rates. In 2012, Rieck presented an examination of a peer-assisted physical activity pilot program for college students with depression, known as WellCat Fit. The subjects consisted of 9 students, ages 19-32, who were diagnosed with mild to moderate depression. They participated in an 8-week self-selected physical activity program with a peer mentor. Positive changes were found among the participants for depression symptomology, self-efficacy for physical activity, and physical activity participation. Self-efficacy for physical activity has consistently been identified as a correlate of physical activity participation in both healthy individuals and those with chronic diseases and has been associated with high physical activity levels in college students (Doerksen, Umstattd, & McAuley, 2009). Self-efficacy provides a conceptual framework for the design of an adherence management program. Despite the small sample size, the positive trends in the data indicate that WellCat Fit may be an effective

adjunct intervention for treating college students with depression.

### Physical Activity

Physical activity (PA) has shown to be a protective factor against coronary heart disease, hypertension, type II diabetes mellitus, colon cancer, obesity, osteoporosis, and depression (Fletcher, Balady, Blair, 1996; Pate, Pratt, Blair, et al., 1995). Lower levels of physical activity in people with mental illness might also in part explain the increased mortality rates in this cohort (Richardson, Faulkner, McDevitt, Skrinar, Hutchinson, & Piette 2005). For these reasons, it is important to strongly consider physical activity in an attempt to improve a person's physical and mental health.

With each new stage a life comes a new responsibility, time commitment, and a drop in physical activity rates. The greatest decreases in PA occurred between ages 15 and 18 in a study by Caspersen, Pereira, & Curran (2000). This is a time when high school students are only offered sports and maybe a physical education class to just barely meet the requirements for daily physical activity recommendations. For the students who decide to partake in a sport or exercise or who engage in high levels of vigorous physical activity, such as jogging, football, and swimming, have been found to use less marijuana, have a healthier dietary intake, greater stress management skills, and better quality of sleep (Deslisle, Werch, Wong, Bian, & Weiler, 2010). Taliaferro, Rienzo, Miller, Pigg, & Dodd (2008) found a significant relationship between frequent, vigorous activity and reduced risk of hopelessness and suicide among male adolescents. Unfortunately, there are those students that do not participate in a sport in an educational setting, much less take part in an unstructured form of physical activity. This could be due to lack of time, interest in sports, money, or family and peer support. If a high school

student does not value the benefits of physical activity and make it a priority in their life, it may be difficult for them once transitioning into adulthood.

Compared to high school students, college students are most likely experiencing less availability in their schedules, a continued lack of enjoyment for sports and physical activity, more financial troubles, and a possible change in social support. This could mean that they are continuing or digressing towards a sedentary lifestyle and enduring increased levels of stress, anxiety, and depression. Taliaferro, Rienzo, Pigg, Miller, and Dodd (2008) examined the relationship between exercise and depression in a large sample of more than 40,000 college students; results indicated that students who engaged in weekly aerobic exercise reported lower levels of depression and suicidal behavior. McPhie & Rawana (2015) examined the influence of physical activity on the trajectory of depression from adolescence through emerging adulthood and determined that higher frequencies of physical activity are more resilient to developing depressive symptoms. This suggests that engagement in physical activity serves as a protective factor, buffering against the experience of depression, possibly by fostering social connectedness, increasing self-esteem and efficacy, or providing an adaptive outlet for managing one's emotions. Sadly, due to the previously noted perceived barriers, students may turn to an "easier solution".

College students suffering from depression are usually prescribed psychotherapy or medication as a primary form of treatment for their diagnosis. However, nonpharmacological interventions for preventing and managing depression among adolescents represent more affordable and less controversial options than psychotropic drugs (Johnson & Taliaferro, 2011). Findings from a review of more than 65 studies

indicated that even low levels of physical activity might produce a protective effect against depression (Teychenne, Ball, & Salmon, 2008), and 19 studies suggested that physical activity serves as a protective factor against depression among middle and older adolescents (Johnson & Taliaferro, 2011). In fact, a 16-week exercise intervention found exercise to be as effective as antidepressants in treating older patients with depression (Blumenthal, 1999). Seeing as medication and psychotherapy may be a necessary form of treatment for a student with depression, research suggests that physical activity could make a great adjunct treatment. In a systematic review of studies based on exercise and mental illness, Stanton & Happell (2014) decided that exercise might be a valuable addition to usual care for the treatment of people hospitalized due to depression. They also realized that improvements in symptoms could be achieved with brief, high-intensity interventions, where the benefits of exercise might precede that of antidepressant medication.

Regular exercise has also been shown to protect against relapse to previous levels of depression (Babyak, 2000). This could be significant to a student who suffers from chronic depression and has persistent cycling of extreme symptoms. A meta-analysis on the effects of exercise on depression (North, McCullagh, & Tran, 1990) concluded that exercise could help decrease depression even in those who are not initially depressed. This can be construed as a possible preventative measure for those students who want to avoid symptoms of stress and anxiety, or even as a form of additional treatment during times of lower levels of depression. In a study conducted by Barholomew, Morrison, and Ciccolo (2005), a comparison of two groups of subjects with MDD showed that the group that participated in just 30 minutes of moderate-intensity exercise experienced an

increase in positive mood and well-being in contrast to the group that participated in 30 minutes of quiet rest. In this case, some form of physical activity is better than being sedentary. Matsouka, Kabitsis, Harahousou, & Trigonis (2005) evaluated the effects of a 12 week recreational exercise program on mood state of 55 sedentary women ages 60-75 and found that participation at least two times a week is necessary for significant mood alterations. Although these subjects are older than the average college student, these results suggest that it is possible for sedentary women to see improvements in their mood by just participating in physical activities 2 days per week for about 3-4 months. When considering a college student's academic year, this could mean seeing improvements in their mental wellbeing in as little as 1 semester.

### Theoretical Foundations

As mentioned previously, there are two main theories that should function as a framework when designing a physical activity program for college students diagnosed with depression; Transtheoretical Model (Prochaska & Velicer, 1994) and Self-Efficacy Theory (Bandura, 1977). The Transtheoretical Model summarizes the five stages involved in adopting a new behavior; precontemplation, contemplation, preparation, action, and maintenance. These steps can be a helpful outline when focusing on the depressed population, and the behavior of exercise. Lox, Ginis, and Petruzzello (2010) clearly describe the stages as follows. First, a person with depression may have no interest in exercising now or within the next six months and would be categorized in the precontemplation stage. People in this stage tend to focus on the disadvantages of exercise and may remain in this stage for a long period of time. If someone with

depression does have intentions of starting exercise within the next six months and they are aware of the pros of exercising but are equally aware of the cons, they would fall in the contemplation stage. Someone in this category knows they should be exercising but is not ready to take action yet. In the next stage, preparation, the person is more committed to the idea of exercise and plans to start within a month. Actions that signify that a person is in the preparation stage are buying gym memberships or equipment needed for the exercises they want to participate in or obtaining medical clearance from a doctor. Once the person begins exercising regularly, they are in the action stage. Although the person is finally exercising, there is still a high risk of dropout at this point due to unrealistic goals they set for themselves and barriers they feel they cannot overcome such as the time it takes to exercise or the money required to purchase gym memberships. Lastly, a person reaches the final stage, maintenance, when they adhere to their exercise routine for at least six months. At this stage they value the pros of exercise but must work hard to avoid relapse and continue this behavior. These stages are extremely important when considering the right course of action for a patient or client that is in need of a behavior change. Lox et al. (2010) reminds us that movement through the stages involves changing how people think about exercise, how they think about themselves, and the aspects of the environment that influence exercise behavior.

Within the theory of the social cognitive approach is the topic of self-efficacy, or the extent to which the individual feels he/she will be successful in performing the exercises, given the abilities he/she possess and the particular situation in which he/she finds himself. Bandura (1977) proposed four main sources of self-efficacy; past performance, vicarious experiences, social persuasion, and physiological/affective states.

In the example of the person with depression who wants to change their exercise behavior, their self-efficacy for exercise is influenced greatly by these four sources. The individual may have an increase in self-efficacy for running if they had a positive experience in their past performance in an activity such as jogging. This may also be increased if the individual is running with a partner or is part of a running club. This vicarious experience that is also known as modeling can be effective when the individual can relate to and feel a connection with the modeler (running partners). In this situation, social persuasion can be displayed verbally or nonverbally such as a running partner cheering for the individual with depression during a 5k race or even simply inviting them to go on a run outside. In this next example it is assumed that the individual with depression enjoys running even though they have only participated in walking. It is possible that their physiological state, such as an increase in heart rate while running, may be uncomfortable to them and decrease their self-efficacy for running. Once they feel this discomfort and pain their affective states can also negatively impact their self-efficacy. This is why it is important to evaluate the self-efficacy of a depressed individual who wants to engage in exercise. This can be done by discussing their past performance accomplishments and disappointments, introduce them to an exercise mentor that they can trust and relate to, provide social support and persuasion by being positive and involving other important figures in their lives, and educate the individual in terms of the natural physiological and affective responses to exercise (Lox et al., 2010). The goal is to help the individual through this process in order to increase their self-efficacy, which results in adherence to a behavior change.

## Summary and Conclusion

Overall, research with adults supports the use of PA to prevent and possibly treat depressive symptoms (Penedo & Dahn, 2005). In the present study (Dorgo, Robinson, & Bader, 2009), older adults who participated in a physical fitness program with peer support perceived (a) overall improvement in physical and mental wellbeing, (b) better social functioning, (c) enhanced ability to carry out physical and emotional roles, (d) improved general health, and (e) increased level of vitality. By participating in physical activity, a college student can not only survive but also thrive. Thus, we conclude that peer-mentored exercise programs for older adults are superior to programs mentored by young professionals and may lead to increased exercise adherence. Two factors that improved adherence rates in the Dorgo et al. (2009) study were the availability of structured exercise programs and peer mentoring. Similar results in a study by Castro, Pruitt, Buman, and King (2011) revealed that participants assigned to the peer-mentored condition experienced significant and equivalent improvements in physical activity behavior compared to those assigned to professional staff. Also, adherence is more likely to occur if individuals find enjoyment, inherent satisfaction, and have internalized motives towards participation in an activity (Rodgers, Hall, Duncan, Pearson, & Milne, 2010; Ryan, Frederick, Lepes, Rubio, & Sheldon, 1997). Research is pointing to a more efficacious approach to depression, but university health care providers are still recommending imperfect treatments. Healthcare practice must go beyond prescribing exercise to providing information on how to locate and access community resources for older adults that includes peer support (Dorgo et al., 2009). This calls for the creation of a new and improved physical activity adherence program that is easily accessible to college

students with depression, involves peer mentoring, and focuses on the intrinsic benefits associated with an activity they truly enjoy.

## CHAPTER III

### METHODOLOGY

#### Introduction

Depression is the leading cause of disability worldwide with 75% of all lifetime cases of mental illness beginning by age 24 (Mental Health by the Numbers, 2015). College students diagnosed with depression suffer academically, socially, and experience a great decline in overall health and wellbeing. Unfortunately, nearly 60% of adults with a mental illness did not receive mental health services in the previous year, which can be a result of stigmatization of mental health, a lack of mental health resources on campuses and in communities, and the absence of knowledge of alternate and adjunct approaches and treatments to mental health issues (Mental Health by the Numbers, 2015). Exercise has been identified as a viable option of treatment that has made a beneficial impact on adults suffering from depression and anxiety disorders.

Physical activity has shown to be a protective factor against coronary heart disease, hypertension, type II diabetes mellitus, colon cancer, obesity, osteoporosis, and depression (Fletcher et al., 1996; Pate et al., 1995). However, only 40% of college students participate in any kind of regular physical activity, with 30% or more of all students not participating in any exercise at all on a weekly basis (Ferrara, 2009; Huang et al., 2003; Keating et al., 2005; Lowry et al., 2000; Pinto, 1995; Racette et al., 2005; Suminski et al., 2002).

#### Population

The intended audience for this project is limited to individuals with specialized training in applied exercise psychology. The manual within this project was developed exclusively for use by college health professionals, and recommended for those with specialties in exercise science and/or exercise psychology programs in an exercise adherence program setting. Finally, the intervention techniques are designed to focus specifically on college-age individuals who are diagnosed with depression and anxiety disorders.

### Description of the Manual

The manual is designed to instruct three Program Coordinators (Referral, Training, and Promotion Coordinators) on how to implement and lead a physical activity program with Peer Mentors. There will also be a resource for Peer Mentors to help them guide their student clients through exercise behaviors. The manual includes a section of the necessary forms, trainings and a step-by-step guide to beginning a program as a Coordinator. An informational training guide for the program's Peer Mentors then follows it. The final section is a packet of resources, questionnaires, scales, and tools for the Peer Mentors to provide their student clients. The organization of the manual will take the form of the appendix as follows:

#### **Overview of Program Positions (See Appendix A)**

-Flow chart and table of position descriptions

#### **FAQ**

-Frequently asked questions and answers about the program

#### **A Guide for the Referral Coordinator (See Appendix B)**

I. Job Description

- a. Duties and Responsibilities
- II. Implementing Referral System
- III. Patient Communication
- IV. Tracking Progress and Feedback

**A Guide for the Training Coordinator (See Appendix C)**

- I. Job Description
  - a. Duties and Responsibilities
- II. Training Peer Mentors
  - a. Health Insurance Portability and Accountability Act (HIPAA)
  - b. History and Rules of Program
  - c. Current Literature and Organizations
  - d. Suicide Prevention and Awareness
  - e. Motivational Interviewing
  - f. Health at Every Size
  - g. Continued Trainings/Teachings
- III. Collecting Data

**A Guide for the Promotion Coordinator (See Appendix D)**

- I. Job Description
  - a. Duties and Responsibilities
- II. Publicizing/Promoting Program
  - a. Campus Connection

- b. Public connection
- c. Fliers/announcements/website

### **A Guide for Hiring Peer Mentors (See Appendix E)**

- I. Job Description
- II. Previous Course Knowledge and Exercise Experience
- III. Financial vs. Academic Compensation
- IV. Time and Activity Specialties

### **A Guide for the Peer Mentor (See Appendix F)**

- I. Training Review and Checklist
- II. Mentor Handbook
  - a. Pre-Program
  - b. During Program
  - c. Post-Program

### **Handouts for Students: Tools and assessments for the program participant (See**

### **Appendix G)**

- I. Pre-Program
  - Scales, assessments, logs, & goal setting sheets
- II. During Program
  - Scales, additional adherence handouts
- III. Post-Program

-Scales, exercise after the program handout

### Overview of Program Positions & FAQ

Appendix A of the manual is to be viewed by all positions in the program. It demonstrates the hierarchy of leadership in the program with a flow chart and includes a table of positions and their descriptions. Following this section is a list of frequently asked questions. The author has given answers and suggestions to some of these common questions, scenarios, and problems associated with a peer mentored physical activity program.

### Guides for the Program Coordinators

Appendix B-D of the manual contains three instructional guides for the Program Coordinators; Referral Coordinator, Training Coordinator, and Promotion Coordinator. It includes flow charts and job descriptions that highlight the duties and characteristics of an individual that is qualified for each position and clearly identifies how the coordinating positions are divided. Within each of these manuals are categories. Each of these categories explains the steps needed to accomplish each task and complete the process of starting and carrying out a successful physical activity program. Though the main focus of this section is to help the program Coordinators start the program and understand the significance of each step, it is also important to assist them in keeping their program robust and running smoothly.

In the manual for the Referral Coordinator position, a series of example Microsoft Excel 2008 spreadsheets created by the author and used to organize the steps involved in the referral process are presented. A series of email prompts will be included for contacting mentors and participants enrolled in the program to keep them informed and

obtain feedback for future alterations and enhancements that may need to take place. There is also an example of an online comment log designed by the author on a Google Docs Spreadsheet that is used to track the mentor's observations of their sessions with the participants. This resource is also used as a way for the Coordinators to provide feedback and instruction to their Mentors if necessary.

The manual for the Training Coordinator position contains sections based on each training topic. Some of these trainings are flexible and can be adapted to most environments and circumstances that are unique to those who are using the manual. However, some of the sections do not condone skipping any steps or leaving out certifications such as HIPAA due to the universities' legal obligations. The trainings include YouTube videos created by the author, Microsoft Word documents, and Microsoft PowerPoint presentations. In terms of the trainings in this section, they are each described and applied to the program, but later presented in *A Guide for the Peer Mentor*. This section also discusses the proper way to distribute and obtain assessment results from the participants.

In the manual for the Promotion Coordinator, links to the current CSU, Chico program's website and video will be listed, and copies of flyers and bulletins developed in Microsoft Word 2008. There is also step-by-step information that instructs this coordinator what to do in order to publicize the program to the campus and community.

#### A Guide for Hiring Peer Mentors

Appendix E is intended to guide each of the Coordinators through the process of hiring Peer Mentors. The guide includes the Peer Mentor job description, previous course knowledge and exercise experience that they must have, a comparison of paid positions

and academic credit options, and time and activity specialties of the Mentor.

### A Guide for the Peer Mentor

Appendix F begins with a flow chart of duties, Mentor checklist, and list of resources needed during the program. Next, there are Microsoft PowerPoint 2008 handouts and tools to aid the trainings on the history and rules of the program developed by the original program developers, exercise adherence, and motivational interviewing techniques and application with YouTube links. In addition to the presentations are handouts made in Microsoft Word 2008 about the dos and don'ts and tips for productive exercise sessions as well as required scales and assessments.

This training manual is a handbook for Mentors to utilize before, during, and after physical activity sessions have ended with their participant. This section consists of the subjects of what their relationship is to the student, lists of campus and local emergency contact information, how to assess which stage of change the student is experiencing by using a Transtheoretical Model chart designed by the author. The manual concludes with a post-program instructional section, designed for Peer Mentors to support student clients' transition into an active lifestyle independently.

### Handouts for Students

The final section of the manual consists of a variety of handouts meant to be supplied by the Training Coordinator, shared and explained to the Peer Mentor, and then distributed and completed by the student with depression. The handouts and tools are useful because they clearly provide information about the program, help the Mentor to understand the student's current physical activity level, goals, motivation, and track the progress of their depressive symptoms throughout the program. The author has found that

the use of the handouts and tools should occur pre, during, and post-program.

The student handouts were created to describe and clarify the various phases of the program. A student who seeks help for depression is asked to fill out the Patient Health Questionnaire, known as the PHQ-9 (Pfizer, 1999). They then receive an invitation to the program through the Referral Coordinator's email, complete the Zung Self-Rating Depression Scale (Zung, 1965), and fill in the initial program assessment, PA schedule sheet, and goal sheet, which are all designed on Microsoft Word documents. The assessment is made up of ten questions that measure and identify the students' motivation for exercise, social support, barriers, purpose for joining the program, the impact of their medical condition on their physical activity, and their physical activity experience and interests. The PA scheduling and goal setting sheet was created by the author to encourage students to develop a realistic idea of how these new exercise behaviors and goals will fit into their current routine. It provides the students with a chart of weekly commitments and time slots that show their current priorities and activity levels. There are also questions on this handout that require the students to analyze and reflect upon their recordings. Once the participant has decided to exit the program, they are then sent a Survey Monkey website link that contains an anonymous post-program survey.

### Conclusion

A physical activity manual geared towards trained Program Coordinators and Peer Mentors working with college students diagnosed with depression was developed within this project. The methods used in the creation of this manual included a combination of structured theories, methods, exercise psychology techniques, updated tools previously designed for similar programs as well as new tools completed in collaboration with

current Peer Mentors, and original ideas created by the author.

## CHAPTER IV

### SUMMARY AND RECOMMENDATIONS

#### Summary

This project is a guide for the implementation of a physical activity program for students who are diagnosed with depression in a university setting. Depression is the leading cause of disability worldwide with most lifetime cases of mental illness beginning by the typical college age (Mental Health by the Numbers, 2015). Depression can have a negative impact on a person's mood, concentration, self-esteem, weight, sleeping patterns, and feelings about his/her self. Many university campuses may have the standard resources to help them cope with depression, such as medication or psychotherapy, but none that involve physical activity. Research with adults has supported the use of physical activity to prevent and possibly treat depressive symptoms (Penedo & Dahn, 2005). If physical activity has been shown to help people with depression, and social support has been found to be one the most significant predictors of physical activity participation in college students (Wallace, Buckworth, Kirby & Sherman, 2000), then a new resource is desired. There are currently no known manuals created for universities in need of a program that helps students diagnosed with depression by participating in physical activities with a peer. This project is designed as an additional mental health resource for universities to use in order to provide their students with more support.

The goal of this project was to create an effective physical activity manual geared towards trained Program Coordinators and Peer Mentors working with university

students to alleviate their depressive symptoms. The manual was developed from structured theories and methods, exercise psychology techniques, as well as updated and original tools. Knowing that not all universities have access to the same resources, the manual provides multiple options to consider when launching the program. There are numerous factors and steps that are essential to the program's function but others that are categorized as recommended or ideal and can be altered as needed. As a result, a basic structure for a physical activity program was completed for universities in need of such a program. This manual is intended to be used as a starter tool-kit that outlines the positions, flow of the necessary steps, and tips for starting and expanding the program.

### Recommendations

Although this project is completed to its fullest potential, there are still fine adjustments that may need to be made to accommodate a university's specific situation. This may be due to finances, availability of peer mentors, specific diagnoses of patients who are enrolled in the program, or the pace of program growth. It should also be noted that some factors that were researched and included in the project do not have an extensive history and may change as future studies progress. For example:

1. There are still few peer-guided physical activity interventions for college students diagnosed with depression.
2. Depression is a broad term that encompasses multiple mental health factors.
3. Further research should examine the effectiveness of physical activity and adherence programs for this population, translating feedback from program participants, how the environment that the participant is in during physical activity effects their

depression, and ways the program benefits the Peer Mentors.

It is recommended, however, that a university without a program start with this project as a basic guideline in order to create their ideal program. When applying this program in a university setting, it should be known that it is an adjunct therapy and may not replace any other prescribed therapies. The use of this project will not only benefit students with depression, but will also make a remarkable difference in a university and community.

### Conclusion

In the most recent College Health Assessment conducted by the ACHA (2014), nearly one third of college students claimed that they were so depressed that they could not perform everyday tasks. This can include actions such as getting out of bed, attending class, eating, studying, engaging in social interactions, or participating in physical activity. Just 30 minutes of exercise significantly increases positive well-being and vigor in patients with Major Depressive Disorder (Bartholomew, Morrison, & Ciccolo, 2005). Unfortunately, it has been noted that only 40% of college students participate in any kind of regular physical activity (Ferrara, 2009).

Although students with depression may be provided with medication or psychotherapy as a treatment for their symptoms, these resources may not meet the students' needs. Some clinicians may understand the positive effects that physical activity has on depressive symptoms and recommend this as an adjunct treatment. However, there is a disconnect between the university's solution and the patient. First, the patient and their motivation for physical activity in the hope of experiencing intrinsic benefits may be non-existent. Second, the student that is interested in taking a holistic approach to coping

with depression may not have the opportunity to do so on their campus. Universities must go beyond prescribing exercise to leading the student to accessible campus resources that include peer support and physical activity. A physical activity program manual geared towards college students diagnosed with depression was created in order to fulfill this need for an additional mental health resource in a university setting.

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APPENDIX A



**A PHYSICAL ACTIVITY PROGRAM  
MANUAL DESIGNED FOR COLLEGE  
STUDENTS DIAGNOSED WITH  
DEPRESSION**

Master's Project by Roxsanne Rarick

## **Introduction**

This manual is to be used as a basic guide for creating a physical activity program geared towards college students who are diagnosed with depression. It contains an overview of the program positions, answers to frequently asked questions, detailed guides for each position, a description of required and recommended trainings, as well as a variety of worksheets and handouts for the participant. Some of these tools may need alterations depending on the user's needs. Multiple options are also given throughout the manual to distinguish what is absolutely required and what additions are ideal when forming a program. This allows the user to be flexible and make adjustments to the program as needed.

## Overview of Program Positions



<b>Position</b>	<b>Description</b>
<b>Program Manager</b>	<ul style="list-style-type: none"> <li>-Oversees program Coordinators</li> <li>-Receives patient info from clinician</li> <li>-Keeps/ secures record of patient info</li> <li>-Responsible for reporting concerning behaviors to clinician</li> </ul>
<b>Referral Coordinator</b>	<ul style="list-style-type: none"> <li>-Receives patient contact info from Manager</li> <li>-Invites patient to program through email</li> <li>-Pairs patient with mentor</li> <li>-Keeps contact with future/past patient participants</li> <li>-Helps in hiring of Mentors</li> <li>-Collaborates with other Coordinators in program decisions</li> </ul>
<b>Training Coordinator</b>	<ul style="list-style-type: none"> <li>-Leads Mentor trainings</li> <li>-Collects data and tracks program effectiveness</li> <li>-Teaches new techniques that can be applied to activity sessions</li> <li>-Helps in hiring of Mentors</li> <li>-Collaborates with other Coordinators in program decisions</li> </ul>
<b>Promotion Coordinator</b>	<ul style="list-style-type: none"> <li>-Connects Mentors/program to community and campus</li> <li>-Finds outside resources and events for participants and Mentors to attend</li> <li>-Promotes program through fliers, pamphlets, social media, student announcements...etc.</li> <li>-Helps in hiring of Mentors</li> <li>-Collaborates with other Coordinators in program decisions</li> </ul>
<b>Peer Mentor</b>	<ul style="list-style-type: none"> <li>-Provides participants with knowledge and support of physical activity and mental health</li> <li>-Discusses physical activity session/program problems with Coordinators</li> <li>-Applies new techniques and exercise psychology concepts to sessions</li> <li>-Uses Motivational Interviewing when discussing behavior change with participants</li> </ul>

## **Frequently Asked Questions**

### **Should a Mentor ever tell a participant what to do, even if they are asked to?**

Mentors shouldn't tell the participant what to do for PA like a personal trainer, but it is more than okay to give suggestions if they're stuck. Mentors should ask them questions about what it is that they do or don't feel like doing, intensity of exercise, cardio vs weights, group exercise class or just the participant and Mentor...etc. From there they could give them 3 suggestions and have them make the final decision about what they want to do. If they don't look like they are enjoying an activity, Mentors should let them know that it's okay to move onto something else. It is okay to give direction on movements and exercise routines. If they are totally stumped about what to do Mentors can give them suggestions. Let's say they want to do abs during their session but have no clue what even exercises those muscles. Mentors can ask if they would want to learn a routine or try new machines at the gym. From there, they can figure out ways to change up the routine or adapt it to their fitness level.

### **How do you answer questions about yourself while still keeping the conversation about them?**

It is common to have the participant ask Mentors personal questions, especially the longer they meet with them. The Mentor can disclose their information as long as it is productive, appropriate, and doesn't turn the attention around onto the Mentor too much. They should be talking about the participant more than themselves. For example, if a Mentor can relate to the participant about struggling with body image, they don't want to lead off the conversation by talking all about themselves and the issues they may have

had (unless they specifically ask the Mentor and the Mentor feels comfortable talking about it).

I like to think of the example of talking to your friend who broke up with a boyfriend. You may have gone through a breakup yourself and can relate to your friend's experience, but at this time your friend doesn't want to hear about your past break up. Instead, she wants to tell you all about her situation and have you listen, support, ask questions, and let her know that it's normal to feel the way she is feeling. So if the conversation does put the focus on you, politely respond and try to turn the conversation back to them. This hour is all about the participant!

**What if the participant says they do not have time to meet because of a lot of homework or a big test?**

Ask the participant about their schedule and what they consider a priority. Then help them see that there may be a way to work PA into their schedule even in small bouts.

**What if the participant doesn't have a car, and lives too far to walk when it gets dark?**

Like the rain, the fact that it gets darker earlier in the day during winter is a barrier too. They must have a way of getting to and from school. The Mentor could start there and see if there are ways they can meet closer to the participant's school schedule, or find alternate transportation (free bus!) when it's dark. If that still doesn't work, the Mentor can suggest meeting earlier in the morning before class or even on weekends.

**If it is raining out and the participant does not like the gym, what are some things we can do?**

If it's raining, the Mentor should encourage the participant to still meet up and brainstorm ideas that can work on rainy days if that is the barrier. They should figure out what other places they are comfortable meeting and what their PA goal will be for that day (ex: walk for 30 min and stretch, or do body weight exercises at the gym). We want to let the participants know that it's okay to mix up a routine and learn to adapt when there's bad weather.

**Is it okay to study with the participant if they have a lot of tests in a given week?**

If they need to study but still want to meet that's fine to a certain extent. Mentors don't want to only study when they meet with the participant, so they should emphasize that studying won't be a regular event. Mentors should support their decision to study and communicate that they understand school is a priority, and suggest meeting up for a study break walk around campus. If the participant is really overwhelmed but wants to make time for both exercise and school Mentors can ask if they'd be interested in sitting down and writing out a schedule that includes all of their activities. (See Scheduling document)

**Is there a minimum time of physical activity Mentors should try to meet with participants?**

It is recommended that Mentors meet with the participants for two 1-hour sessions per week. If it works with their schedules they could arrange to meet for a shorter period

of time more frequently. It's understandable that the participant may not see that they have time for PA that day and have to cut the session short. Mentors could talk to them about what those sessions mean to them and see how much they value that time. (Ex: they may feel like that 1 hour session gives them the chance to focus on themselves and clear their mind. Mentors would then affirm their decision to take time for themselves and ask if they have the chance to feel that way in any other part of their day. From there the participant will discuss how much they really do/don't value those sessions.)

**What if the participant is not responding to messages from the Mentor? Should they be persistent, or give them space?**

If a participant is not responding to messages, Mentors should call or text them again. If they don't respond for a couple of days, Mentor need to let the Referral Coordinator know and they will send a follow up email that looks like this:

*Hello,*

*I was just checking in to see how everything is going with the WellCat Fit Program. Are you enjoying the activities that you and your mentor are doing? Are you able to find time to meet each other regularly? Do you feel like your mentor is a good fit for you? Let me know if you have any questions or concerns.*

**How do I approach the subject of weight loss goals?**

It is common for the participant to come into the program expecting to lose

weight. Whether they lose weight or not, it is important to explore their purpose for losing weight and what that weight loss means to them. The Mentor should use Motivational Interviewing (MI) to ask evoking questions and lead to setting up an experiment to shift the focus to the intrinsic benefits of exercise.

### **Is it appropriate to have activity sessions at the Mentor's or participant's house?**

It is recommended that physical activity sessions be held at a neutral location, but is understandable if the participant does not feel comfortable doing PA in public. If they are meeting at someone's house, the sessions should be focused on PA and kept professional. Once the session is over, the Mentor and participant should part ways. It is important for the Mentor to set boundaries before attending the session so it is not perceived as a friendly get-together.

### **Can the participant invite a friend to a session?**

Participants may want to share their PA sessions with a friend or significant other. If they suggest this, it is recommended that the friend only attends 1 or 2 sessions and is someone that has a positive impact on the participant's health. Remember, the PA sessions should be all about the participant! After the session with the friend, the Mentor should talk to the participant about possibly meeting with the friend for PA outside of the program. This will help them to find a new exercise buddy and help them to transition out of the program when they are ready.

APPENDIX B

# WellCat *fit*

## **A Guide for the Referral Coordinator**

## **A Guide for the Referral Coordinator**

This section of the training manual is meant to be a guide for the Referral Coordinator. This section clearly defines their duties, what knowledge and experience are recommended to be completed beforehand, the process of implementing a referral system, when and how to communicate with patients, and ways to track patient progress and obtain program feedback. The following is a flow chart defining the steps of this position.



## *I. Job Description*

### **WellCat Fit Program: Referral Coordinator Job Description**

The Student Health Center is currently seeking an applicant with a background in Kinesiology, Exercise Physiology, Psychology, Health Education, Therapeutic Recreation, or a similar field to serve as a Referral Coordinator and help implement a new 8-10+ week wellness program. The WellCat Fit program will use Peer Mentors to support a specific population of students in becoming physically active. These students have voluntarily agreed to participate in the program in hopes that physical activity will have a positive effect on their everyday lives. To help achieve this goal, the students will be choosing the physical activities they would like to participate in, which could differ from week to week. The job of the Peer Mentor is not to be a decision maker or personal trainer, but rather to be part of a support system to help the student access their choices and overcome what may be their own barriers to being physically active.

### **Characteristics and Expectations of Referral Program Coordinators**

Referral Coordinators must have knowledge of exercise psychology topics such as overcoming exercise barriers and adherence, mental health, and the psychological and physiological benefits of exercise. It is required that applicants have extensive leadership, managerial, or program coordination experience as well as customer service. They should be sociable, helpful, caring, understanding, friendly, and open minded. They must also be reliable, flexible, organized, and easily reachable either by phone or email.

Referral Coordinators must be able to attend 4 hours of training at the Counseling and Wellness Center and Student Health Center as well as attend additional seminars and

trainings. The Referral Coordinator is responsible for reporting to the Program Manager every two weeks on referral processing and Peer Mentor performance to discuss any questions, issues, successes, or barriers. The Program Manager will be available at all times to address questions or concerns for any mentor or any participant. Depending on the popularity and demand of the program, this position equates to approximately 30-40 hours per week of work. Referral Coordinators will be compensated for their services in the WellCat Fit Program.

Referral Coordinators are responsible for aiding other Coordinators during interviews and taking a lead role during the administrative process of the program. First, they are responsible for receiving patient referrals from the Program Manager and organizing and securing the patients' contact information. Next, they are to contact each patient and provide information for them and answer any questions they may have. Then, they are to pair the patient with a Peer Mentor based on common schedules and activity interests. For the remainder of the program, they are to maintain communication with the past, current, or future program participants and ensure that they are benefiting from the program and are given every opportunity to improve their mental health.

***To apply to be a Referral Coordinator for the WellCat Fit Program please email the following to wellcatfit101@csuchico.edu : Resume, a description of yourself and why you would work well in this program, and 3 references.***

## ***II. Implementing a Referral System***

The main duty of the Referral Coordinator is to make connections between the clinician and the program, and between the program and participants. The clinician is responsible for the medical and psychological diagnosis of the participant. They remain

in the student counseling and health centers and solely provide a recommendation to join the physical activity program upon determining the students' level of depression/anxiety.

First, the clinician distributes the Patient Health Questionnaire (PHQ-9), a 10 question self-rating survey, and a clinical interview to make a judgment to consider the patient to be depressed. Once the patient is considered depressed, the clinician can recommend enrollment in the physical activity program. If the student expresses interest in the program, he/she is given the Informed Consent form. This form briefly explains the program, how data are collected and handled through the use of the Zung Self-Rating Depression Scale and an online effectiveness survey, and states that they are volunteering for the program and may terminate their participation at any time without consequence. The following is the PHQ-9.

---

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

 Over the last 2 weeks, how often have you been  
bothered by any of the following problems?

(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL:

\_\_\_\_\_

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

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The clinician will then inform the student that completed surveys will be deidentified and kept in a password protected file to be viewed only by their medical provider and trained researchers. If there are any areas of concern identified on the survey regarding the students' safety, the clinician is then notified by the Program Manager and

is responsible for taking further action to contact and treat the student as they see fit. The following is an example of the Informed Consent document.

## **CSUC SHS Informed Consent for Wellcat Fit Program**

Date: \_\_\_\_\_

Dear (Student's First Name),

You have been identified by your provider as a student who could benefit from the addition of regular physical activity to your health program based on your results from the Patient Health Questionnaire (PHQ-9). The PHQ-9 is a 10 question self-rating survey that measures a patient's mood and health. Our program helps us to determine the effectiveness of regular physical activity in relation to symptoms of depression and anxiety. The Student Health Service of CSU Chico would like to offer you an opportunity to participate in a peer assisted physical activity program. Such a program would optimally last up to 8 – 10+ weeks and include any form of physical activity you would enjoy. You could potentially benefit from this program by improving your physical health, as well as having fewer symptoms of stress, anxiety and/or depression.

If you choose to participate in the program, you will be asked to meet with a Peer Mentor for the purposes of having an "exercise buddy" at the location of your choice for up to 8 – 10+ weeks. Since this program is part of a study, you will be asked to fill out a Zung Self-Rating Depression Scale at your first session and every 4<sup>th</sup> week after. Survey responses will be confidential and used only by your medical provider and trained researchers. The results of this survey will be used to determine if students who engage in regular physical activity have an improvement in their symptoms of depression or anxiety. You will also be asked to fill out a very brief online anonymous survey at the completion of the program to help track and improve the program's effectiveness. Participation in this program is entirely voluntary and will not affect your medical care in any way. The information will be used to develop health and wellness programs for the CSU Chico campus.

The Zung Self- Rating Depression Scale is a short self-administered survey to quantify symptoms of depression. The Zung Self- Rating Depression Scale form will be given to you in an envelope by your Peer Mentor, and sealed upon completion. Completed surveys will be deidentified and kept in a password protected file to be viewed only by your medical provider and trained researchers. If there are any areas of concern identified on the survey regarding your safety, you may be contacted by your medical provider.

There may be some personal discomfort with the content of certain questions on the Zung Self- Rating Depression Survey. For example, there are questions regarding your feelings or physical symptoms you may have. There are also inherent risks of any

physical activity program which include muscle or ligament injuries, fatigue, altered heartbeat, menstrual complaints, gastrointestinal distress, chest pain, and breathing difficulties. If any of these side effects occur, contact your medical provider at the Student Health Center immediately. If it is after hours, you may seek urgent medical care. It is not the intention of this program to cause personal discomfort for someone however, if you find yourself upset at any time, please go or contact the Student Health Center at (530) 898-5241 or the Counseling Center at (530) 898-6345 for health and counseling services. For after office hours, you may also contact the Butte County Crisis Hotline at (530) 891-2810, available 24 hours per day/7 days per week.

Participation in this program is entirely voluntary. You may choose not to participate in the program at all or you may withdrawal at any time and it will not affect your medical care in any way.

Please contact Dr. Deborah Stewart, Medical Chief of Staff of Chico State Student Health Service at (530) 555-1111 regarding any pertinent questions about this program and your rights.

We are looking forward to working with you on optimizing your health!

Thank you,  
Deborah Stewart, M.D., Medical Chief of Staff  
Student Health Services

My signature on this line affirms that I am interested in participating in this program, and learning more about this program. I have had the program explained to me and all my questions have been answered. I understand that my signature below does not mean that I have to participate fully in this program and that I can stop my participation at any time I wish without consequence.

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

**WellCat** *fit*

First, in order to ensure systematic flow of the program, the referral process at the Student Health and Counseling Centers should be consistent. It is important for the Referral Coordinator to give the same instructions to each clinician about referring patients to the program. On the day of the appointment, it is recommended that the clinician provide the Referral Coordinator with an email containing the patient's full name, student identification number, phone number, and email address. Since the patient is motivated to become a program participant on that day, it is important to stress that the referral process happens immediately before they lose that motivation.

Next, the Referral Coordinator creates an Excel Contact Spreadsheet and inputs the patient's information into the column labeled "Recent Referrals". This is when they are emailed an invitation to the program. As the Referral Coordinator collects more information about the patient and enrolls them as a participant, they will then record everything and organize them into the appropriate columns. The following is an example of the Excel spreadsheet that clearly shows the necessary columns needed for organizing referrals, current participants, future participants to contact for the following semester, and those who have dropped the program.

Member	Phone #	Email	Gender Preference	Activity	Mentor	Update	Date Score 1	Score 1	Date Score 2	Score 2
<b>Current</b>										
Student #1	(503) 555-6966	<a href="mailto:lc19@mail.edu">lc19@mail.edu</a>	Male	Yoga, machines, walking	Mentor #1		8/19/15	50	10/4/15	44
Student #2	(523) 555-8371	<a href="mailto:jp22@mail.edu">jp22@mail.edu</a>	Male	Fuego, wants to try rock climbing, boxing,	Mentor #1	Follow up 12/5/15	11/29/15	39	1/8/15	34
Student #3	(323) 555-1984	<a href="mailto:yj34@mail.edu">yj34@mail.edu</a>	Female	Interval class, running, weight lifting,	Mentor #2	Follow up 12/15/15	9/23/15	61	12/14/15	39
Student #4	(949) 555-1018	<a href="mailto:sf8@mail.edu">sf8@mail.edu</a>	Female	Yoga, hiking, disc golf, Wrec	Mentor #2	Follow up 1/12/16	11/19/15	57	1/5/16	49
Student #5	(210) 555-6646	<a href="mailto:fm12@mail.edu">fm12@mail.edu</a>	Female	swimming, hiking, wants to try Rock climbing	Mentor #3	Follow up 1/8/16	8/28/15	51	10/28/15	53

Recent Referrals	Phone #	Email	Gender preference	Activity	Mentor	Update	Date Score 1	Score 1	Date Score 2	Score 2
Student #6	(450) 555-6787	<a href="mailto:mi92@mail.edu">mi92@mail.edu</a>				Second email sent 2/11/16				
Student #7	(450) 555-9909	<a href="mailto:ic73@mail.edu">ic73@mail.edu</a>				First email sent 2/9/16				

Next Semester	Phone #	Email	Gender preference	Activity	Mentor	Status	Date Score 1	Score 1	Date Score 2	Score 2
Student #8	(290) 555-5677	<a href="mailto:ip17@mail.edu">ip17@mail.edu</a>	Female	jogging outside	Mentor #3	Too busy fall 2015				
Student #9	(210) 555-1234	<a href="mailto:sv80@mail.edu">sv80@mail.edu</a>	Female	weight training	Mentor #1	Wants to rejoin in fall 2016	6/12/15	66		
Student #10	(323) 555-1247	<a href="mailto:pw44@mail.edu">pw44@mail.edu</a>	Male			Never showed up to session				

Dropped	Phone #	Email	Gender preference	Activity	Mentor	Reason for Dropping	Date Score 1	Score 1	Date Score 2	Score 2
Student #11	(707) 555-2270	<a href="mailto:cb83@mail.edu">cb83@mail.edu</a>	Male	Swimming	Mentor #1	Graduated fall 2015	4/13/15	53		
Student #12	(949) 555-1023	<a href="mailto:ms15@mail.edu">ms15@mail.edu</a>	Female	Basketball	Mentor #3	Wanted to drop	10/1/14	43	12/11/14	47
Student #13	(480) 555-4604	<a href="mailto:qb72@mail.edu">qb72@mail.edu</a>	Male	Volleyball, yoga	Mentor #4	Dropped out of school	10/8/14	40	3/9/15	27
Student #14	(949) 555-3209	<a href="mailto:mi90@mail.edu">mi90@mail.edu</a>	Male	Zumba, walking	Mentor #4	Graduated fall 2015	3/27/15	48	5/8/15	32
Student #15	(707) 555-6334	<a href="mailto:cw40@mail.edu">cw40@mail.edu</a>	Female	Spin, weights	Mentor #2	Graduated fall 2015	5/27/15	54	7/30/15	38
Student #16	(503) 555-9009	<a href="mailto:pk88@mail.edu">pk88@mail.edu</a>	Male	Walking outside	Mentor #1	No contact after summer 2015	3/19/15	38	5/22/15	51
Student #17	(523) 555-8372	<a href="mailto:ik96@mail.edu">ik96@mail.edu</a>	Female	Soccer, running	Mentor #3	Graduated spring 2015	2/6/15	39	4/5/15	30

For example, when observing the Contact Spreadsheet, it is clear that Student #1 is a participant who is paired with Mentor #1 and enjoys participating in yoga, exercising on weight machines, and walking. This contact sheet also provides Student #1's scores from their Zung Depression Scale and the dates which he completed the scale. When looking at the "Recent Referrals" column, it is recorded that Student #6 has been referred to the program, emailed an invite twice, but has still not responded. The patients listed in the "Next Semester" column have previously been referred to the program but either never joined due to a busy schedule, or started the program but did not complete it. These patients should be contacted at the beginning of the following semester and sent an invitation again. Lastly, the column labeled "Dropped" shows a list of participants who exited the program for multiple reasons, the semester they ended, their mentor's name, and their Zung Depression Scale data.

### ***III. Patient Communication***

As stated in the previous section, it is beneficial to the program and patient if the process of referring and enrolling them is immediate. Once the patient's information is inputted into the Contact Spreadsheet, the Referral Coordinator should email them and invitation within 24 hours. The email should welcome the patient to the program, explain in detail what to expect from the program, include a link to the program's website/ video, and ask them about their schedule of availability, if they'd rather meet with a male or female mentor, and what physical activities are they interested in trying. The following is an example of an invitation email.

Invitation Email:

Hi (*Patient's Name*),

Glad to hear you are interested in the WellCat Fit program! My name is (*Referral Coordinator's Name*) and I am the Referral Coordinator. Let me tell you a bit more about the program. WellCat Fit focuses on using physical activity to promote mental health. It's been shown that regular activity can reduce stress, anxiety, and symptoms of depression. We help you by pairing you with a Peer Mentor who you will meet with twice a week for an hour of physical activity of your choice. We encourage you to choose activities you enjoy or would like to try; your Mentor can help you brainstorm some ideas if needed. Remember, our goal is the mental benefits, not necessarily physical benefits. Your Peer Mentor is not a personal trainer, but rather a friend and mentor to join you for some exercise each week. Secondly, WellCat Fit is a study in which we look at how this weekly physical activity helps with symptoms of depression. If you choose to join we will ask you to fill out a completely anonymous and confidential survey that should take about 5 minutes of your time during your first week, 4 weeks later, and a final exit survey.

If you are interested in joining the program I would be excited to set you up with an exercise Peer Mentor right away, but will need a bit of information from you before we get going. I want to pair you up with the best match possible. What does your availability look like? Are there certain days and times you would prefer to work with your Peer Mentor? Do you have any activities in mind that you would like to do or try while in the program? Finally, do you have a gender preference for your exercise Peer Mentor?

Below is a link to a movie about our program. I will include the login info as well.

**<http://vimeo.com/67673349>**

**password: Wellcat Fit**

Feel free to email me or call. Talk to you soon!

*-(Referral Coordinator's Name)*  
*(530) 555-1234*  
*100 Wildcat Way, Suite #1*  
*Activeville, CA 95555*

After sending an invitation email, it is important to record the date that you sent it in case they do not respond. It is recommended that the Referral Coordinator send a second invitation email within 1 week of sending the original invitation email. The following is an example of second invitation email.

Second Invitation Email:

Hi (*Patient's Name*),

I was just writing as I have not heard back from you about joining the WellCat Fit program. Are you still interested in joining? If so, what does your availability look like? Are there certain days and times you would prefer to work with your Peer Mentor? Do you have any activities in mind that you would like to do or try while in the program? Finally, do you have a gender preference for your exercise Peer Mentor?

Please let me know if you have any questions or concerns I could address.  
Thanks!

*-(Referral Coordinator's Name)  
(530) 555-1234  
100 Wildcat Way, Suite #1  
Activeville, CA 95555*

After sending two invitations the patient may or may not respond. If the patient does not respond, it is recommended to move their information down to the “Next Semester” column and contact them later. Before the beginning of the following semester, a variation of the invitation email can be sent. The following is an example of such an email.

Re-Invitation Email:

Hi (Patient's Name),

My name is (Referral Coordinator's Name) and I am the Referral Coordinator for the WellCat Fit program. You have expressed interest in our program in previous semesters and I wanted to offer you an invite again. Let me tell you a bit more about the program. WellCat Fit focuses on using physical activity to promote mental health. It's been shown that regular activity can reduce stress, anxiety, and symptoms of depression. We help you by pairing you with a Peer Mentor who you will meet with twice a week for an hour of physical activity of your choice. We encourage you to choose activities you enjoy or would like to try; your Mentor can help you brainstorm some ideas if needed. Remember, our goal is the mental benefits, not necessarily physical benefits. Your Peer Mentor is not a personal trainer, but rather a friend and mentor to join you for some exercise each week. Secondly, WellCat Fit is a study in which we look at how this weekly physical activity helps with symptoms of depression. If you choose to join we will ask you to fill out a completely anonymous and confidential survey that should take about 5 minutes of your time during your first week, 4 weeks later, and a final exit survey.

If you are interested in joining the program I would be excited to set you up with an exercise Peer Mentor right away, but will need a bit of information from you before we get going. I want to pair you up with the best match possible. What does your availability look like? Are there certain days and times you

would prefer to work with your Peer Mentor? Do you have any activities in mind that you would like to do or try while in the program? Finally, do you have a gender preference for your exercise Peer Mentor?

Below is a link to a movie about our program. I will include the login info as well.

**<http://vimeo.com/67673349>**

**password: Wellcat Fit**

Feel free to email me or call. Talk to you soon!

*-(Referral Coordinator's Name)*

*(530) 555-1234*

*100 Wildcat Way, Suite #1*

*Activeville, CA 95555*

If they do respond, the Referral Coordinator will record their responses, transfer their information into the “Current Participants” column on the Contact Spreadsheet, and match them with a Peer Mentor. Once the new participant is matched, the Referral Coordinator will email them again to notify them of the next steps. The following is an example of such an email.

Enrollment Email:

Hi *(Patient's Name)*,

Thank you for providing me with that information. I have taken into consideration your schedule of availability, activity interests, and gender preference and have found *(Peer Mentor's Name)* to be a match. I have passed your contact information onto *(Peer Mentor's Name)* and they will be contacting you shortly to set up a time to meet. During your first meeting they will go over any questions you have about the program, create a weekly program schedule, and just spend time getting to know you. There will not be any physical activity during your first meeting.

Thank you and welcome to WellCat Fit!

*-(Referral Coordinator's Name)*

*(530) 555-1234*

*100 Wildcat Way, Suite #1*

*Activeville, CA 95555*

At this point, the Peer Mentor will contact the participant and communicate with the Referral Coordinator about any problems that the participant may be having with the program. Although the Peer Mentor meets with the participant regularly, it is always best for the Referral Coordinator to also keep in contact with the participant. It is recommended that they send the participant a follow-up email about 4 weeks into the program. The purpose of the follow-up email is to assure that the participant is comfortable with their Peer Mentor and the activities they are participating in. A follow-up email can also be useful in a situation where a Peer Mentor notifies the Referral Coordinator that the participant is no longer attending sessions or has doubts about the program. The following is an example of a follow-up email.

Follow-up Email:

Hi (*Patient's Name*),

I was just checking in to see how everything is going with the WellCat Fit Program. Are you enjoying the activities that you and your Mentor are doing? Are you able to find time to meet each other regularly? Do you feel like your Mentor is a good fit for you? Let me know if you have any questions or concerns.

*-(Referral Coordinator's Name)  
(530) 555-1234  
100 Wildcat Way, Suite #1  
Activeville, CA 95555*

***IV. Tracking Progress and Feedback***

After the Referral Coordinator enrolls a new participant, the Mentor is responsible for recording observations and mental health improvements in an Excel spreadsheet. This

spreadsheet, the Comment Log, is accessed by all the Mentors after each session and regularly read by the Referral Coordinator. It is the Referral Coordinator's job to comment on the Comment Log entries and give direction or affirmation to the Mentor. The purpose of the log is to track the progress of the participant as well as help guide the Mentor through any new scenarios that they may find themselves in. The following is an example of a Comment Log.

Mentor	Participant	Date	Time	Observations	Comments
Andy	LC	1/25/16	1:00- 2:00pm	<p>Today I noticed that LC was a lot more confident than he has been. He showed me a yoga routine he found on the internet and said he wanted help learning some of those positions. We normally do yoga by ourselves in one of the gym's studios, but he insisted that we use the stretching area by the indoor track. I praised him for making such a big step and let him know that we could switch back to the private studio if he felt uncomfortable at any time. I assisted him with the stretches for 30 mins. He then wanted to walk around the track and talk for the rest of the session. He decided that he was ready to try a group yoga class next time.</p>	<p><i>That's great that you gave him affirmations when making that step! Remind him during your next session that if he feels uncomfortable in the group class that you both can always leave and continue stretching in your usual spot.</i></p>

Another way for the Referral Coordinator to track feedback is through the follow-up emails explained in the previous section. When the Referral Coordinator receives responses to those emails, they should copy and paste them into a single document to compare the participants' submissions. The following is an example of follow-up responses for an actual physical activity program.

### Follow-up Responses:

Hi,

Everything is going great! My Mentor, Andy, is awesome. He really knows what he is doing! I know he cares about how my life is going and wants to make sure that we work on what is best for me. I actually look forward to exercising now (which I thought would never happen). I really like the program. I feel that my personal goals (fitness, health, anxiety, etc.) can be easily achieved with the program. Thank you for checking in, I really appreciate it.

Thank you,

Student #1

Hi,

The program worked really well for me. One of the things that made it work was that Taylor and I got along really well. She was as interested in playing tennis, as was I. There isn't really anything I didn't like about the program. We mostly played tennis, but we also played badminton and went to a yoga session. I can imagine the experience being a bit different for someone interested in doing a sport or activity involving more than two people. Usually it was just Taylor and I, but a few times we played with some of my friends, Jenna and Julia, in badminton and tennis.

There were a few times that I started to get depressed because of stress. I remember one time right before the end of the semester, I was about to text Taylor to cancel tennis, when I realized that the whole point of the tennis sessions was to help me deal with my depression. So I went and played tennis and I felt a lot better.

Thank you for this program. It helped me a lot.

Kind Regards,  
Student #2

Hello,

Yes. I really enjoy having someone relying on me to exercise regularly. I have learned a lot about my physical health since joining the program but there were times where I wanted to control my eating habits as well. I think both good exercise and nutrition could really help students who are battling stress, anxiety, and depression. I hope this helps! Other than that, I think the program is great!

Thank you!  
Student #3

Hello there,

I really loved the program. I think it was exactly what I needed when I started. I was going through a very hard time and I felt like my mentor listened, didn't judge, and genuinely cared. I thought the fun bike rides, runs, and gym workouts were awesome and I appreciated how they gave activity suggestions while engaging in activities I wanted. I think the best part of the program was the consistency and external accountability. One suggestion I would have would be connecting the participants with each other. In situations with anxiety and depression, people often report loneliness as a main contributing factor. The larger and strong a person's support network, the higher the probability of long-term improvement. Obviously it's tricky because when I started the program I did not want to be friends with other people, but after a few months I found myself wanting to engage more with others.

What helped me stick to the program? My mentor! I thoroughly enjoyed seeing her 2x per week. Perhaps it was a unique situation but I think her and I meshed well and we became more of friends. I noticed I have been having more challenges sticking to consistent exercise routines, partly because really hot in town. Maybe having a transition type program to assist participants continue exercise programs post semester.

-Student #4

Hey,

I hope all is well. I think that more than anything that motivated me to continue to participate in the program was having a supportive and understanding mentor. Even though what got me to participate in the first place was my struggle with my mental health, what kept me going was having a good mentor that has good knowledge of anxiety and depression. I don't think I would have continued to go if my mentor had a negative attitude. I honestly have such a positive view on the program and I liked being able to control what we did when we met up and that it was not a program that focused on losing weight. Pretty much, there wasn't anything that didn't work for me. In regards to any changes that could be made for the future, one thing I was thinking is that the word about it should be spread. Many students haven't heard about it, but then again it's understandable as to why it's more private. I hope this feedback helps!

-Student #5

Lastly, the Referral Coordinator's final duty is to contact participants when they exit the program with a final thank you email and survey. The purpose of this email is to thank the participant for committing to the program and letting the Mentor help them through a difficult time in their life. Also, this final email should contain a link to a post-program online survey for the participant to complete anonymously. The following is an example of the email that is sent to the participant as well as possible survey questions.

#### Exit Email:

Hello (Participant's name),

We want to thank you for your dedication to the Program. As you exit the program, we would love to hear about your feedback and experience via the online survey link below. The survey should take only 5-10 min and is completely anonymous. The responses provided will be used to develop a stronger program for the (University's Name) campus in the hope of optimizing the health of other students. Thank you again for the time and trust you put into our team.

<https://www.surveymonkey.com/r/9P5DRW9>

*-(Referral Coordinator's Name)  
(530) 555-1234  
100 Wildcat Way, Suite #1  
Activeville, CA 95555*

#### Exit Survey:

Thank you for taking the time to complete our survey! It is designed for you to anonymously give your honest feedback of your experience in the program. We would like to know your opinions in order to grow the program and help future students in their physical activity and health goals.

**\* 1. Overall, how would you rate the quality of your WellCat Fit experience? 1 (poor)- 5 (excellent)**

1	2	3	4	5
<input type="radio"/>				

**2. What worked well for you?**

**3. What did not work for you?**

**4. Please rate the quality of your mentor in the following areas:**

	Very Poor	Poor	Fair	Good	Very Good
Knowledge of physical activities	<input type="radio"/>				
Willingness to try new activities	<input type="radio"/>				
Understanding of your thoughts, feelings and experiences	<input type="radio"/>				
Availability	<input type="radio"/>				
Approachability	<input type="radio"/>				
Compassion	<input type="radio"/>				

**5. What are your thoughts on the idea of having an exercise mentor?**

**6. Did you have more than one mentor in your time at WellCat Fit?**

Yes

No

If yes, how was this adjustment for you?

7. What would you like to see change in the program?

8. What helped you to stick with the program?

9. How did the WellCat Fit Program impact your life?

10. On a scale of 1 - 5, how effective do you think this program was in positively enhancing your mental health?  
1 (Poor) - 5 (Excellent)

1                      2                      3                      4                      5

Done

The feedback derived from the follow-up emails and Exit Survey can be of great use to the Referral Coordinator. These tools can help the program to make adjustments according to the needs of their students. This can lead to a stronger, more successful program.

APPENDIX C

# WellCat *fit*

## **A Guide for the Training Coordinator**

## **A Guide for the Training Coordinator**

This section of the training manual is meant to be a guide for the Training Coordinator. This section clearly defines their duties, what knowledge and experience are recommended to be completed beforehand, the process of training Peer Mentors, descriptions of each training section, and ways data are collected. The following is a flow chart defining the steps of this position.



## *I. Job Description*

### **WellCat Fit Program: Training Coordinator Job Description**

The Student Health Center is currently seeking an applicant with a background in Kinesiology, Exercise Physiology, Psychology, Health Education, Therapeutic Recreation, or a similar field to serve as a Training Coordinator and help implement a new 8-10 week wellness program. The WellCat Fit program will use Peer Mentors to support a special population of students in becoming physically active. These students have voluntarily agreed to participate in the program in hopes that physical activity will have a positive effect on their everyday lives. To help achieve this goal, the students will be choosing the physical activities they would like to participate in, which could differ from week to week. The job of the Peer Mentor is not to be a decision maker or personal trainer, but rather to be part of a support system to help the student access their choices and overcome what may be their own barriers to being physically active.

### **Characteristics and Expectations of Training Coordinators**

Training Coordinators must have knowledge of exercise psychology topics such as overcoming exercise barriers and adherence, mental health, and the psychological and physiological benefits of exercise. This position not only requires the applicant to have experience in applying exercise psychology, but also have the ability to collect, understand, and utilize data to help improve the program's effectiveness and determine the impact physical activity has on mental health. Also, the Training Coordinator should have experience using Motivational Interviewing techniques and the ability to teach these techniques to others.

The Training Coordinator should be sociable, helpful, caring, understanding, friendly, and open-minded. They must also be reliable, flexible, organized, and easily reachable either by phone or email. Training Coordinators must be able to attend 4 hours of training at the Counseling and Wellness Center and Student Health Center as well as attend additional seminars and trainings. The Training Coordinator is responsible for reporting to the Program Manager every two weeks on Peer Mentor performance and program function to discuss any questions, issues, successes, or barriers. The Program Manager will be available at all times to address questions or concerns for any mentor or any participant. Coordinators will be paid for their services in the WellCat Fit Program.

Training Coordinators are responsible for aiding other Coordinators during interviews and taking a lead role during trainings. They must also complete additional research assignments to better the quality of the participants' experience. Some of their duties include researching new exercise and sport psychology techniques to utilize during trainings. This means making frequent independent decisions about applying research methods to the program by the creation of tools, handouts, presentations, and exercises in order to benefit the patient's mental health as well as the knowledge of the Peer Mentors. They are also responsible for the collection of data associated with the WellCat Fit Program as well as researching other scales, assessments, and ways of measuring changes in mood in the participants. The main goal of the Training Coordinator is to help the program and its members stay informed of current trends and problems related to physical activity and mental health and use critical thinking and research findings to develop the program further. Depending on the popularity and demand of the program,

this position equates to approximately 30-40 hours per week of work. Training Coordinators will be compensated for their services in the WellCat Fit Program.

***To apply to be a Training Coordinator for the WellCat Fit Program please email the following to wellcatfit101@csuchico.edu : Resume, a description of yourself and why you would work well in this program, and 3 references.***

## ***II. Training Peer Mentors***

The main duty of the Training Coordinator is to prepare the Peer Mentors for working with students diagnosed with depression in a physical activity setting. Once the Peer Mentors are hired they will attend multiple trainings that will educate them on appropriate ways to deal with patient information, an overview of the program, current literature and organizations that support the program, crisis management, how to communicate with participants, and encouraging a non-diet approach to exercise. It is ideal that the Training Coordinator creates a binder, *A Guide for the Peer Mentor*, which can be used as a handbook for each new Mentor. It will be used to organize each of the trainings, keep track of certifications, and be used as a reference for pre, during, and post-program matters. If there comes a time when more Mentors need to be hired after the semester starts due to unexpected enrollment rates, the Training Coordinator may need to make arrangements to perform the trainings again and have guides ready.

The following sections contain explanations of each training. Additional information and forms related to the trainings can be found in *A Guide for the Peer Mentor*.

### ***a. Health Insurance Portability and Accountability Act (HIPAA)***

When working with patients from the Student Health and Counseling Centers, it is pertinent that everyone involved understand confidentiality and security as it applies to protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) ensures that all those employed in a health care setting know how to transfer, receive, handle, and share all forms of PHI including papers, electronic documents, and conversations (California Department of Health Care Services, 2015).

The completion of HIPAA training and certification is required for someone in a Peer Mentor position since they may receive patient information during an activity session. This also means that patient confidentiality is in effect and no Peer Mentor should ever disclose the participants' enrollment in the program or any of their personal information. The only time that they can discuss a participant is during a private meeting with staff for professional reasons, or on the private Comment Log that codes the participant's name with only initials.

HIPAA training in some cases can be provided through the university and completed online within 1.5 hours. For those who do not have access to the exam through the university can usually find an online source to receive certification. This certification lasts 12 months and should be renewed yearly. The following is an example of a HIPAA certificate of completion.



***b. History and Rules of Program***

Peer Mentors can begin their training on the history and rules of the physical activity program as soon as they are cleared to work. During the hiring process they may have learned briefly about the program, but should understand how every part of the program works. It is the Training Coordinator's responsibility to fully explain the actions that take place when a student is diagnosed with depression and enrolled in the program, the program's mission, how progress is tracked, and guidelines to follow when meeting with the participant. This portion of the training is required for all positions and must be completed before working with participants.

The Training Coordinator should first present the history of the program. This can easily be prepared and illustrated with Microsoft PowerPoint. The goals of the presentation are to help Peer Mentors become familiar with the effects of physical activity on depression, how exercise adherence can be applied in the college health

setting, and recognize that the physical activity program plays a role as an adjunct treatment for college students diagnosed with depression. During this presentation, it is recommended to include the original pilot study to understand the motivation behind the program and how it has developed since then. The following is a PowerPoint presentation on the history of the program.

## Integration of Physical Activity Into Depression Treatment in College Health: The WellCat Fit Experience

Deborah Stewart, MD  
Garrett Rieck, MA  
California State University, Chico

CHICO  
STATE UNIVERSITY

Chico



### Goals of Presentation:

- Become familiar with the research on the effect of physical activity on symptoms of depression
- Gain familiarity with principles of physical activity adherence and their application in the college health setting
- Develop an understanding of the role of a peer assisted physical activity program as a treatment component for the treatment of depression in the college student population



Wellcat Fit is a peer mentored physical activity program designed to be a treatment component of depression for college students

### Mental Health of College Students

- In the past 12 months
  - 46.5% of college students felt things were hopeless
  - 31.6% felt so depressed it was difficult to function
  - 51.3% felt overwhelming anxiety
  - 58.4% felt very lonely
  - 38.1% felt overwhelming anger
  - 7.5% seriously considered suicide

Source: American College Health Association (Spring 2012)

### Background

Analysis of 2005 NCHA ACHA data of 43,499 college students aged 18 to 25 concluded that men and women who engaged in some physical activity each week demonstrated a reduced risk of hopelessness, depression, and suicidal behavior compared with their inactive counterparts. (Taliaferro, 2009, Am J Coll Health)

### Background

- Several studies conclude physical activity is an effective treatment for depression. (Babiyak et al., 2000; Dunn et al., 2005; Klein et al., 1989)
- There have been several physical activity interventions for college students. (Boyle et al., 2001; Keeler, 2013; Leslie et al., 1999; Wallace et al., 2000)

## Physical Activity in College Students

- ACSM Guidelines for healthy adults 18 – 65:
  - Moderate CV exercise at least 150 minutes/week AND/OR
  - Vigorous CV exercise at least 75 minutes/week AND
  - 8-10 strengthening exercises with 8-10 reps 2-3 times/week
- Only 47.4% of college students meet ACSM guidelines for PA (ACHA, 2013)
- Barriers to physical activity in college students
  - Lack of time
  - Lack of energy
  - Lack of willpower (Kolaric et al, 2013)

## Physical Activity in College Students

- Self-efficacy for physical activity
  - Correlate of physical activity participation in both healthy individuals and those with chronic diseases
  - High physical activity levels in college students
- Social support
  - Significant predictor of physical activity participation in college students
- Peer support
  - Prevalent form of health promotion on college campuses

(Doerkson, Unstatt, & McAuley, 2009; Leslie et al., 2007; McAuley & Blansmer, 2000; Von Ah et al., 2004; Wallace, Buckworth, Kirby & Sherman, 2000)

## Physical Activity and Depression

- SMILE study (Blumenthal, et al, 2007)
  - Prospective, randomized controlled 4 month study of 202 adults with major depression
  - Efficacy of exercise comparable to antidepressant treatment
- SMILE study one year follow-up (Hoffman, et al, 2011)
  - Rates of MDD remission increased from 46% at post treatment to 66% for participants available for f/u
  - Neither initial rx group assignment nor antidepressant use during f/u period predicted MDD remission at 1 year
  - However regular exercise during f/u period predicted depression rating scale and MDD diagnosis at 12 months

## Physical Activity and Depression

- Meta-analysis of effects of exercise on depression in general population (Rethorset, 2009)
  - 58 randomized trials (n=2982) studying effect of exercise on depressive symptoms
  - Findings – interventions lasting 4-9 weeks have significantly larger effect sizes than interventions of 17-26 weeks, but interventions of 10 – 16 weeks resulted in larger effect sizes than 4-9 weeks
  - Aerobic and resistance exercise equally effective in alleviating depression symptoms
  - Level 1 Grade A evidence supporting use of exercise to alleviate depression

## History of Program Development

- Student Health Center Medical Chief of Staff  
Deborah Stewart, MD
- Dept of Kinesiology Faculty in Sports and Exercise Psychology  
Linda Keeler, EdD, CC-AASP
- Department of Nutrition Faculty  
Dawn Clifford, RD

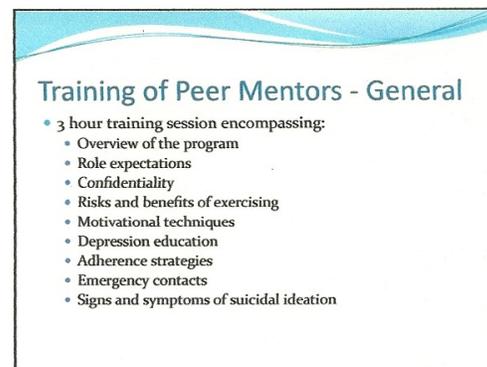
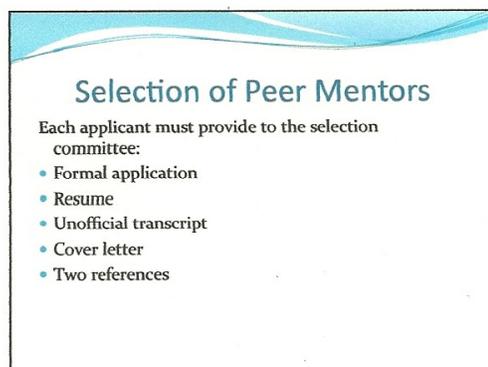
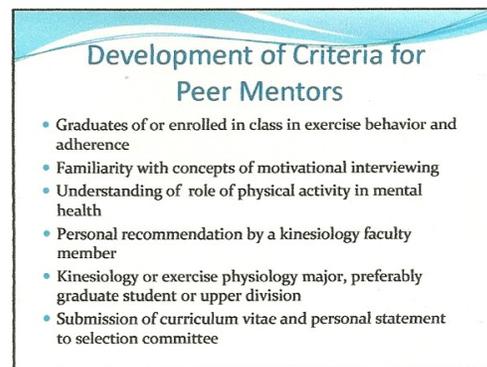
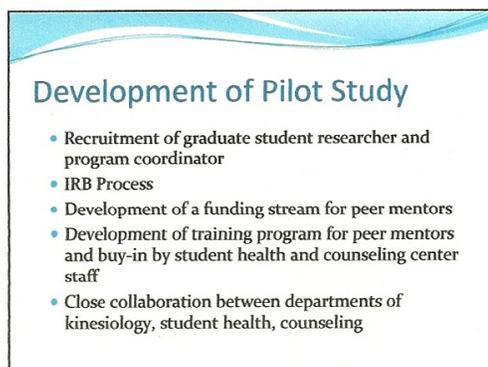
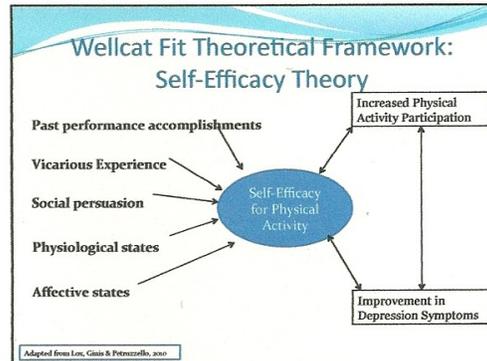
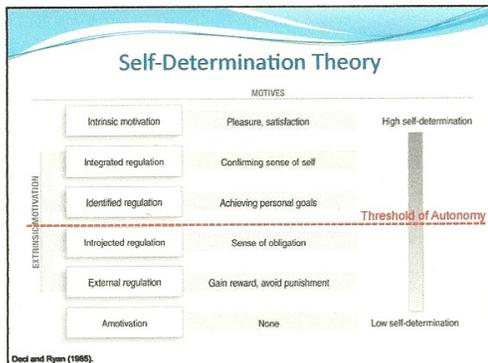
## Self-Determination Theory

3 basic needs of people influence motivation  
Competence  
Relatedness  
Autonomy

Different types of motivation (see continuum next slide) are more autonomous (and therefore more sustainable) than others

Many people start exercise with extrinsic reasons (weight loss, appearance), but unless they tune into the immediate intrinsic benefits (enjoyment, mood enhancement) they will not continue

(Deci & Ryan, 1985)



## Training Peer Mentors – Keys to Success

- Activities should be **enjoyable**
- Competitive activities may be contraindicative
- Outside activities/nature may have enhanced effects
- Talk about possible barriers (weather, school, lack of energy) and how to overcome them

## Exercise and Depression

Modes	Aerobic and anaerobic have been effective, walking most often prescribed
Frequency and Duration	Duration unknown, although mood can improve with 10 minute bouts Programs longer than 8 weeks may work best Both acute and chronic benefits
Intensity	High and moderate intensity appear beneficial although enjoyment is a moderator
Fitness Levels	Improved fitness is not necessary, but may enhance improvements
Severity of Problem	Most severely depressed individuals reap greatest benefits
Demographics	Same effectiveness across gender

## Exercise Adherence - Dos

- What have they tried and enjoyed before
- New activities they would like to “test” out and assess enjoyment /comfort
- Give choices in daily activity-Have a plan (Client may be unsure of desired activity)
- BE RELIABLE-social interaction may be just as important as activities
- Speak about intrinsic benefits of activity (better mood, more energy, less stress, self-concept, concentration)
- Acknowledge physical benefits of activity if person brings it up, but don't allow to override the importance of intrinsic benefits
- BE YOURSELF-Genuine disposition helps client feel at ease

## Exercise Adherence - Don'ts

- Base the choice, length, or intensity of the activity on fitness outcomes
- Wear revealing clothing
- Talk a lot about fitness improvements/appearance improvements- Comparisons are often a cause of anxiety
- Give the impression that weight can be controlled
- Avoid self-disclosure, unless it would be helpful to client

## Tips for Added Success

- Always show positive encouragement
- Use terms like PA and exercise instead of “working out” or getting “in shape”
- Physical Activity doesn't always mean gym -meeting up for a walk may be beneficial
- Be aware of surroundings- environment can cause anxiety- be ready to react on the fly
- Variety adds spice
- **You will run into your/his/her friends**, ask client how they would like to be introduced
- Stretching is a great activity to loosen up/chat
- **HAVE FUN!** Be yourself and you will brighten his/her day!

## Trainings – Mental Health

- Mental health trainings
  - Depression Outreach Alliance Training (DORA) is a one hour peer based wellness and suicide prevention program training held by staff from the counseling center
  - Kognito program is an online interactive training simulation designed for students to learn the common indicators of psychological distress and how best to approach an at-risk student for referral to the counseling center. They have an opportunity to practice challenging conversations which may arise in a WellCat Fit session between a peer mentor and a participant

### Outreach to Referring Clinicians

- Educational outreach sessions to referring clinicians every semester is mandatory for success
- Central point of access for referrals is important
- Important to have periodic "check-ins" with clinicians about status of individual referrals as well as number of overall referrals to program
- Suggestions have been made that it would be helpful for referring clinicians to meet peer mentors every semester as a group

### Patient Referral and Selection

- Referrals come primarily from student health center and counseling center, although several have come indirectly from the accessibility resource center (disability resource center)
- At present, selection criteria are depression as primary diagnosis only (not primary anxiety or primary SUD) at present, but may have co-existing disorders
- Patients may have counseling only, medication only (not preferred), or both
- Must be referred by clinician through medical director
- Must have no contraindications to exercise

### Patient Entry into Program

- Program coordinator contacts client to explain program and determine physical activity interests of client as well as availability
- Program coordinator matches client interests and availability with peer mentor
- Peer mentor contacts client and arrange first meeting
- Suggest first meeting be non-exercise (coffee, tea, etc)

### Types of activities

- 8 – 10 weeks
- 2 times/week for 1 hour each meeting
- All physical activities self-selected by participants
  - e.g. WREC, tennis, track, Bidwell Park, ping pong, dancing, dog walking, climbing

### Positive Reinforcement

- Gym
- Exercise
- Working Out



- Physical Activity
- Getting Active
- Get Moving
- Reducing Stress
- Feeling Better



\*Avoid talking about weight loss.



### Research Questions

- What are the effects of a peer-assisted physical activity program on:
  - Depression symptoms in college students with depression?
  - Self-efficacy for physical activity in college students with depression?
  - Physical activity rates of college students with depression?

## Wellcat Fit Participants

- **Intervention Group:**
  - Students diagnosed with depression from the SHS or CWC
    - Actively seeking treatment (counseling and/or medication)
  - No relative or absolute contraindications to physical activity or exercise (Thompson, Gordon & Pescatello, 2010)
- **Control**
  - Students diagnosed with depression from the SHS or CWC who chose not to participate but who are actively seeking treatment (counseling and/or medication) (Thompson, 2010)

## Data

Baseline Demographics for Study Participants (n = 13)

	Intervention (n=9)	Control (n=4)
Mean Age (SD)	24.90 (6.54)	24.25 (4.99)
Ethnicity	White 7 (78%)	3 (75%)
	Hispanic/Latino(a) 2 (22%)	1 (25%)
Gender	Female 8 (89%)	3 (75%)
	Males 1 (11%)	1 (25%)

## Zung Self Rating Depression Scale

- Questionnaire used to diagnose depression in the Student Health Center.
- 20 questions (10 positive/10 negative) used to assess depression levels and quantify symptoms
- Scores are scaled 1-4 based on the following replies:
  - "A little of the time"
  - "Some of the time"
  - "Good part of the time"
  - "Most of the time"
- Most with depression score 50-69 (Zung, 1965)

## Self-Efficacy for Exercise Scale (SEES)

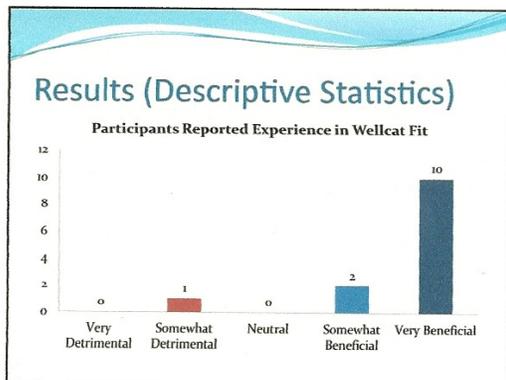
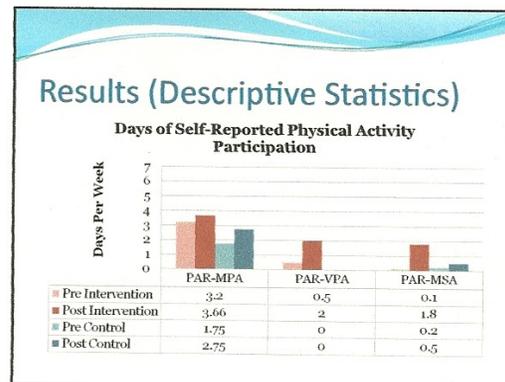
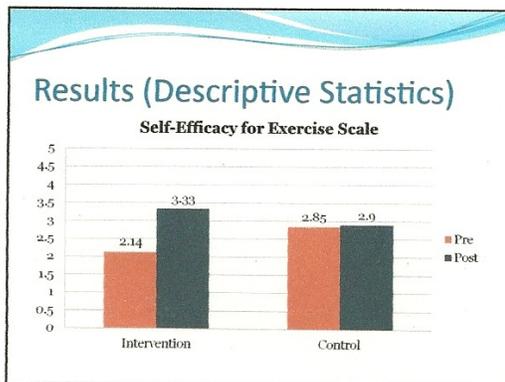
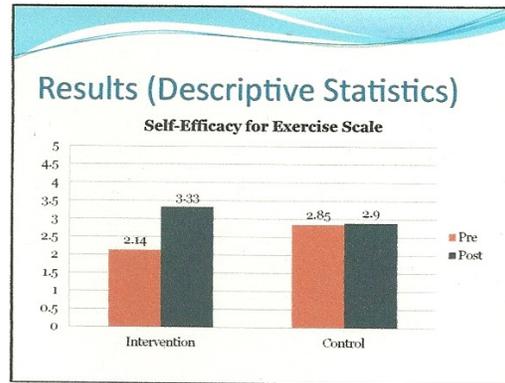
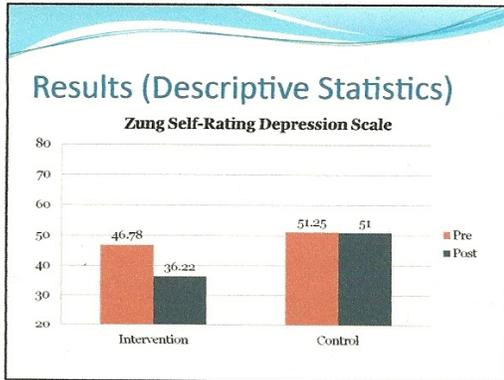
- Assesses confidence in overcoming barriers to be physically active
- I will exercise when:
  - 1=Not at all confident; 5=Extremely confident
- Questions:
  - When I am tired
  - When I am in a bad mood
  - When I feel I don't have time
  - When I am on vacation
  - When it is bad weather
- Marcus, 1992

## Modified Seven-Day Recall of Self-Reported Physical Activity (PAR)

- Self-reported physical activity levels:
  - Moderate physical activity (walking, yoga, light cycling, weight training, etc)
  - Vigorous activity (jogging, basketball, backpacking, etc)
  - Muscle strengthening activities (exercises that work major muscle groups such as the legs, hips, back, abdomen, chest, shoulders, and arms)
- Did you perform these activities in the last week?
- How many days for at least 30 minutes?
- Determined if the participants increased their physical activity participation. (Sallis, 1985)

## Data Analysis

- Pre and post data were analyzed at the conclusion of the 8 week study using SPSS version 20.0
- Data were analyzed using a 2x2 mixed factorial ANOVA
  - Pre/post as the repeated measures factor
  - Experimental condition as the Between Subjects Factor
- Data were also analyzed using descriptive statistics



### Conclusions of Pilot Study

- Significance was not found on some measures possibly due to small n (9)
  - Mean scores on ZSDs; decrease in depression scores
  - Mean scores on the modified PAR; increase participation in MPA, VPA, and MSA
- WellCat Fit is inexpensive, simple, and easy to implement
- Trends in the data indicate WellCat Fit may be an effective adjunct treatment for college students with depression

### Limitations of the Study

- Specific to the college population and one university
- A convenience sample was used
- Did not take into account the effects of medication and counseling
- Intervention subjects had more history of physical activity participation than controls
- Higher percentage of female participants, as seen in other campus based activity programs (Keeler, 2013)

### Recommendations

- Examine the influence of psychopharmacology and counseling
- Follow up data to evaluate long term effects
- Evaluate the role of social support
- Employ different strategies to recruit control subjects and previously inactive intervention subjects
- Examine types of activities chosen most often
- Use qualitative data or a mixed method approach

### Participant Feedback

- "...not like a counselor, but just having somebody to vent to. You're doing something physical and you have the social aspect and it was really nice to have both of those"
- "I didn't know what to expect...because it didn't sound like something at all that a school would be a part of, it sounded way too good to be true...it was such an answer to prayers."

### Participant Feedback

- "Someone wants you there and you want them there, it is like a mutual friend thing. It motivated me to get back into activities."
- "...Someone validating that I'm not alone and that my life circumstances aren't such that there can't be changes...kinda giving me hope...it is what the program does...I'm in a lot better place than I was at the beginning of the semester in every aspect."

### Participant Feedback

- "I thought it was just going to be a straight workout buddy. I didn't expect to gain a friend. We laugh a lot and talk a lot. It is something I look forward to. She really has helped me get through this semester."
- "I got out and did things. It was just nice to have someone to talk to a couple times a week, beside a therapist, and we did some fun things like playing Frisbee and playing ping pong."

### Mentor Feedback

- "My experience with WellCat Fit has been educational, rewarding and fulfilling. This program has allowed me to enrich my passion for physical activity by sharing it with fellow students who are seeking emotional wellness."
- My relationship with my exercise buddies could be defined as a friendship with confidential limitations. I believe they see me as a role model and non-judgmental sounding board."

### Clinician Feedback

- All clinicians responding (n=6) described the program as beneficial or very beneficial
- Referring clinicians included psychologists, primary care NPs, and psychiatric NPs, and primary care MDs
- All clinicians but one had heard feedback from student participants
- Clinicians who had referred the majority of the students commented that students loved the program and that the program was very helpful for feeling better

### Clinician Feedback -2

- "I was very impressed with how quickly my client connected with his exercise buddy. It sounds to me like the low-key nature of their meetings worked well with my client's ambivalence about changing."
- "My client felt in control of the sessions and was not "mandated" to exercise in a certain way. This was helpful for him, as he is trying to internalize his sense of control over his own mental health."

### Clinician Feedback - 3

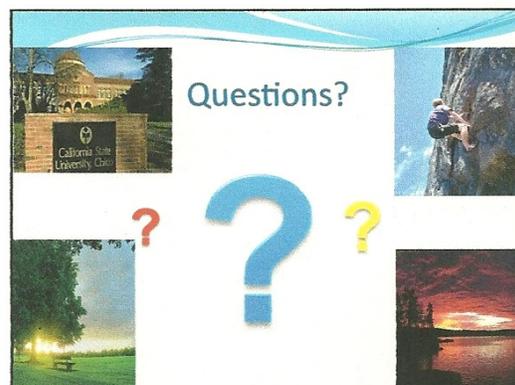
- "It also might be helpful if clients participating in WellCat Fit signed a release so we could get basic reports on their progress from their buddies. For example, if we knew that a client missed a couple of sessions, we might be able to talk with them about what's getting in the way of meeting consistently."
- "I would love to hear about the exercise buddies experience with the program. I think this would help me make more referrals as it would personalize the program for me."

### Further questions

- What is the role of social interactions in the effectiveness of WellCat Fit?
- What other populations would this model fit?
  - Anxiety
  - Substance abuse
  - ? others
- What potential does this model have for other institutions of care?
  - Primary care centers
  - Large institutions such as Kaiser Permanente
  - Mental health programs
  - County mental health facilities
  - Clinician training programs
- What is the optimal training for peer mentors?

### Special thanks to:

- Linda Keeler, EdD, Western Washington University
- Cal MHSA
- Department of Kinesiology, CSU Chico
- Counseling and Wellness Center, CSU Chico
- Student Health Center, CSU Chico



After discussing the history of the program, the Training Coordinator will educate the Peer Mentors on their specific duties and expected contributions to the program. They will be informed on how and when to contact the participant once enrolled in the program, the goals and purpose of their first session, the process and timeline of distributing the initial assessment and Zung Self-Rated Depression Scale, a review of typical physical activity sessions, and the documentation of sessions.

At this point in the presentation it is crucial that the Training Coordinator clearly state all of the guidelines and rules associated with the Peer Mentor position. This should illustrate what a physical activity session should look like and how they should conduct themselves as professional mentors. It should be confirmed that a violation of the rules could result in automatic termination from the program. The rules are as follows:

#### *Rules and Guidelines for the Peer Mentor*

##### **-Keep participants' information and conversations confidential**

The Peer Mentor should know by now the rules of HIPAA and understand that they cannot discuss sessions with anyone except for professional reasons with the Coordinators. This means they are not to disclose the participants' program enrollment to anyone.

##### **-Do not give advice or tell a participant what to do**

Since the Peer Mentor is not a licensed therapist, they are not to diagnose or tell the participant what to do. They are to use Motivational Interviewing to ask permission to make suggestions and converse about ideas. The best things a Mentor can do are to listen,

ask questions, and support the participant. In terms of exercise, they are allowed to give direction on movements and exercise routines. If the participant has no idea where to begin, the Mentor can ask to give suggestions to kickoff the session.

**-Be reliable! Arrive at least 5 minutes early to sessions, and stay at least 15 minutes**

Arriving early ensures that the Peer Mentor is prepared for the session mentally and physically. If the participant is unexpectedly absent or tardy, the Mentor is responsible for contacting them and waiting at least 15 minutes after the scheduled time. They may leave after the 15 minutes is up if they do not receive a response from the participant. If the Mentor is unable to meet at the scheduled time, they must contact the participant at least 24 hours before and reschedule the session immediately.

**-Self-disclosure should be kept to a minimum**

It is common for the participant to ask the Peer Mentor personal questions, especially the longer they meet. It is okay for the Mentor to disclose information as long as it is productive, appropriate, and does not turn the attention to the Peer Mentor's needs. They should be talking about the participant more than about themselves. For example, the Mentor may be able to relate to the participant's struggle with body image. The Mentor may have gone through a similar situation and can identify with the participant's experience, but that does not permit them to share their own experiences with body image. The participant may not want to hear about the Mentor's experience. Instead, they may want to talk about their own experience and have the Mentor listen, support, ask questions, and let them know that it is normal to feel the way that they are feeling. If the

participant directs the conversation so that it does not put the focus on the Mentor, they should politely respond and try to turn the conversation back to the participant. This session is all about them!

**-Focus on the psychological benefits of exercise**

The purpose of the program is for the participants to reap the psychological benefits of physical activity. The Peer Mentor should not force the participant to engage in exercises for the purpose of weight loss/gain, aesthetic appeal, or athletic performance. Although participants may experience physiological changes due to increased physical activity levels, it is the job of the Mentor to focus on the intrinsic benefits of physical activity and the mental health of the participant. They may acknowledge the physical benefits of physical activity but should not allow it to override the importance of intrinsic benefits.

**-Do not drive the participant to the session location**

If your program permits meeting off campus, the Mentor and participant are not to drive in the same vehicle together. Due to safety and liability reasons, Mentors and participants are responsible for their own transportation to and from sessions. For example, if their session is to be held at a local destination they may walk together to the destination, but may not transport each other in a vehicle to arrive at or depart from that destination.

**-Keep the relationship professional**

It is important for the Mentor to confirm their role in relation to the participant. The Mentor is there to support the participant by guiding them through physical activity sessions. It is not appropriate to establish any other type of relationship with the participant.

Along with explaining the rules and guidelines, it is helpful for the Training Coordinator to share some suggestions that may lead to successful session outcomes. The following are tips for added success:

*Tips for Success for the Peer Mentor*

**-Always show positive encouragement**

The Peer Mentor is there to support and encourage the participants' efforts. It is important for them to be positive and avoid criticism.

**-Use terms like “physical activity” instead of “working out” or “getting in shape”**

This simple change in vocabulary takes the focus off of the negative connotations associated with “working out” and “getting in shape”.

**-Physical activity doesn't have to be in the gym**

Explore the outdoors! Just getting some fresh air and going for a walk can improve the participants' mental health.

**-Let them know it is a safe environment**

The Mentor should convey that they are trustworthy, non-judgmental, and supportive and will keep the participants' information confidential.

**-Discuss and troubleshoot barriers to physical activity such as time and weather**

Participants may bring up perceived barriers that prevent them from coming to sessions or doing physical activity on their own. The Mentor should ask permission to explore this topic further in order to alleviate the impact of the perceived barriers. (See Youtube videos and handouts)

**-Ask open-ended questions for productive communication**

If the participant is shy or has trouble expressing how they feel about an activity, it can be extremely helpful for the Mentor to ask open-ended questions. These types of questions cannot be answered with a simple "yes" or "no". It allows the participant to give more detailed responses and help the flow of the conversation.

**-Variety adds spice!**

The Mentor should let the participant know that they can shake up their routine or switch activities at any time.

**-Have the participant choose the activities**

If the participant is following directions from someone and forced to do an activity, they will most likely lose interest and their adherence rates will decrease. The

Mentor should encourage the participant to choose a physical activity that they enjoy and want to do, not one that they feel like they have to do.

**-Discuss what should happen and how the participant should be introduced if you see someone you know during a session**

If the participant and Mentor are meeting on campus they will most likely encounter someone they know. A plan should be discussed in the first session to avoid any future uncomfortable situations.

**-Have fun and be yourself!**

The participant will feel more at ease if the Mentor is natural and genuine.

***c. Current Literature and Organizations***

After the Training Coordinator teaches the Peer Mentors the history and rules, it is highly recommended that they review current literature, theories, and organizations associated with the program. This part of the training can be presented along with another portion of the training and should last about 1 hour. Although the student may have previously completed course curriculum involving the Transtheoretical Model, exercise adherence and behavior, and Self-efficacy theory, it would be wise to evaluate and apply these topics to their position. The Peer Mentors' guide will include handouts that explain the framework and exercise adherence training. It is also suggested that the Training Coordinator refer to the Review of Literature section (Chapter 2) of this project in order to educate the Mentor on the specific research related to the physical activity program.

*d. Suicide Prevention and Awareness*

The purpose of suicide prevention and awareness training is to discuss the signs and symptoms of suicidal. Symptoms may surface during physical activity sessions, which is why Peer Mentors are required to be prepared to recognize signs and assist the participant. The Training Coordinator should have experience with suicide prevention and awareness as well, but does not necessarily have to be the instructor for this portion of the training. One option of crisis training that universities can easily obtain is SafeTALK. This training features presentations from a registered SafeTALK trainer, access to support from a local community resource person, an explanation of the TALK steps, followed by hands-on skills practice and development (LivingWorks Education, 2014). This training typically lasts 2 hours.

If the Training Coordinator does not have access to a registered SafeTALK trainer, they can find alternative trainings such as Mental Health First Aid. This would be the ideal training to organize for the Peer Mentors because it teaches signs of addictions and mental illness, the impact of mental and substance use disorders, a 5-step plan to assess and take action in a crisis, and relevant local resources (National Council for Behavioral Health, 2013). This training does cover more than SafeTALK, but it is not available in every city. Some universities have the privilege to attend Mental Health First Aid training on campus for a small fee, while others may have to find a nearby organization, such as NAMI, to coordinate and schedule training. Also, it may not be realistic for programs to attend this training due to the length of time it takes to complete (2 sessions at 4.5 hours each).

In addition to acquiring training and certification in suicide prevention and awareness, Peer Mentors should be given an emergency contact list. This list should contain the contact information of the Coordinators, Program Manager, Student Health Center, Student Counseling Center, University Police Department, local hospitals, and campus and local suicide hotlines. It may also be useful to include various pamphlets and flyers for other related resources.

*e. Motivational Interviewing*

Besides having knowledge of exercise psychology techniques and crisis training, it is required that the Peer Mentors learn how to properly communicate with the participants by using Motivational Interviewing (MI) or an equivalent form of communication style. Since the Peer Mentors are not licensed therapists, they are not to give advice or diagnose the participants, which is why MI is the safest and most effective way for them to communicate behavior change.

In a physical activity setting it is common to work with an ambivalent population. In other words, there are always people who know they should make a change in their life but are hesitant to do so due to a lack of motivation, little encouragement from family and friends, past failures and attempts, and a multitude of other reasons. MI is a style of communication that helps the speaker guide the conversation to result in positive behavior changes. It is non-threatening, builds trust, and helps the interviewee to find his or her own motivation for change (Miller & Rollnick, 2013). MI is essential for the Peer Mentors to use when helping the participants adhere to physical activity.

This technique may take years to master, but the basics can be taught to the Mentors in a few sessions. It is recommended that the Peer Mentors already have a background in MI, and should practice these techniques throughout the semester with the Training Coordinator. They can present MI using Microsoft PowerPoint, handouts and flow charts, guided YouTube videos, as well as role-playing practices. By the end of the training, the Peer Mentors should feel comfortable using MI to talk a participant through a behavior change. The following is an example of an MI training presentation.



**Motivational Interviewing**

Strategies for Engaging & Guiding Clients Through Behavior Change

### + What is MI?

- Style of collaborative communication that helps people through a behavior change
- Non-judgmental & builds trust
- Helps person find their own purpose and motivation for change based on values/beliefs

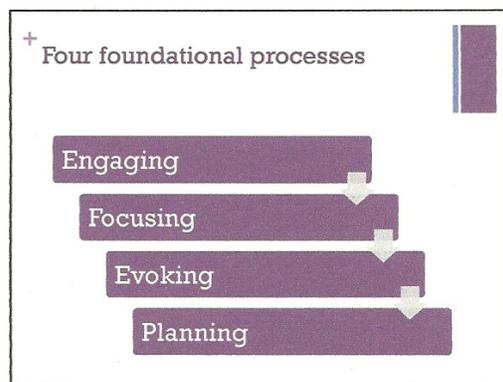
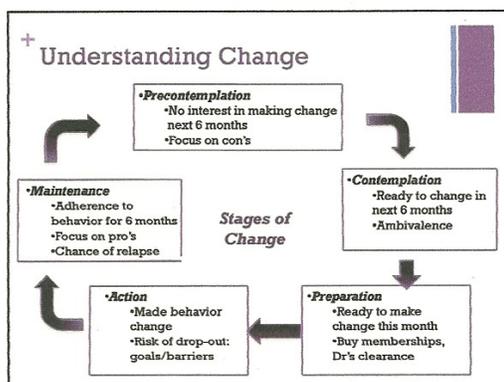
### + What is MI not?

- A diagnosis or label-maker
- A way to give advice
- Manipulative



### + Why do we need MI?

- Understand people's motivation or lack of
- Learn how to overcome barriers
- Building healthy relationships
- Guide people to help themselves through problems

### + How do you MI?

- **Engaging**
  - Understanding problem from client's perspective
  - Learn how problem effects their life
  - Become aware of what client is doing in relation to problem
- **Focusing**
  - Narrowing from a broad decision to a specific behavior/ goal
  - Guide person through MI to prioritize changes
  - Ask to explore one topic

### + Evoking

- *Eliciting a person's own motivation for change*
- **OARS**
  - Open-ended questions
  - Affirming
  - Reflective listening
  - Summarizing

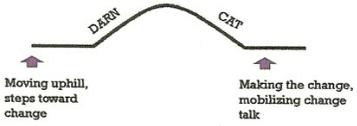
### + Evoking Change Talk

- *Change Talk is speech that favors movement in the direction of change*
- Examples of change talk:
  - I want
  - I desire
  - I wish
  - I can
- How to elicit change talk
  - Why do you want to make a change?
  - What are the reasons for change?
  - What would some of the benefits be?



### + Evoking Change Talk

- **Preparatory Change Talk**
  - *DARN- Desire, Ability, Reasons, Need*
  - *(ex: How will making this change make your life better?)*
- **Mobilizing Change Talk**
  - *CAT- Commitment, Activation, Taking Steps*



### + Planning

- Goal: collaborate to create plan to experiment with behavior change
- **Ask-Offer-Ask**
  - What ideas does client have for change?
  - Would you like to hear my ideas?
  - What does client think?
- **Menu of Options**
- **Setting up Experiment**
- **OAB**
  - State Goal >>> SMART
  - Assess Confidence
  - Troubleshoot Barriers



### + Final Thoughts

- Don't rush MI!
- Your client should be talking more than you
- Assess what stage of change client is in
- Not all clients are the same
- Listening can be stronger than talking
- Recognize & Affirm client's efforts

*f. Health at Every Size*

This next training would be ideal to include because it parallels the mission of the physical activity program and would be a great addition to the other trainings. The Health at Every Size framework (HAES) supports the idea of making healthy changes in life without dieting and a weight-centered focus. “HAES shifts the focus for weight management to health promotion” (Bacon & Aphramor, 2011). This paradigm promotes five ideas: health enhancement, size and self-acceptance, the pleasure of eating well, an end to weight bias, and the joy of movement. HAES strengthens the intrinsic values of health behaviors and goes hand-in-hand with a physical activity program. It encourages that all physical activities be performed for enjoyment and health benefits rather than following a specific routine or disciplined exercise for the purpose of weight loss (Matz & Frankel, 2014). This would be an exemplary addition to the Mentors’ training that would strengthen the participants’ experience in the program.

Training Coordinators should either be well versed in HAES or have connections to a HAES advocate. The teachings should encompass the mission of HAES and how to apply its theories through the use of MI during physical activity sessions.

*g. Continued Trainings/Teachings*

The trainings explained above should all be completed before a Peer Mentor works with a participant. Throughout the semester, it is the job of the Training Coordinator to constantly look for new teachings and research that can help the Peer Mentors. These topics and findings are to be brought up at meetings and future trainings. The listed required trainings should not be passed over, and the recommended trainings

should be highly considered. If a Training Coordinator feels that it is necessary, they should replace one of the recommended trainings with a more suited resource or include more trainings to meet the needs of the participants.

### ***III. Collecting Data***

Among their other duties, the Training Coordinator is responsible for collecting data from the participants enrolled in the program. They first must teach Mentors the proper way to distribute and collect the Zung Self-Rated Depression Scale. Since the program highlights the confidentiality of the participant, the Mentor should keep the scale as private as possible. The Mentor should be instructed to print a paper copy of the scale and place it in an unsealed envelope. The participant can choose to complete the scale during their first session or fill it out elsewhere and return it to the Mentor during the second session in a sealed envelope. The Mentor will then immediately transfer the envelope to the possession of the Training Coordinator, where they will contain it in a locked filing system. The following is a copy of the Zung Scale and scoring key.

## ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Adapted from Zung, A self-rating depression scale, *Arch Gen Psychiatry*, 1965;12:63-70.

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## KEY TO SCORING THE ZUNG SELF-RATING DEPRESSION SCALE

Consult this key for the value (1-4) that correlates with patients' responses to each statement. Add up the numbers for a total score. Most people with depression score between 50 and 69. The highest possible score is 80<sup>1</sup>.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue	1	2	3	4
2. Morning is when I feel the best	4	3	2	1
3. I have crying spells or feel like it	1	2	3	4
4. I have trouble sleeping at night	1	2	3	4
5. I eat as much as I used to	4	3	2	1
6. I still enjoy sex	4	3	2	1
7. I notice that I am losing weight	1	2	3	4
8. I have trouble with constipation	1	2	3	4
9. My heart beats faster than usual	1	2	3	4
10. I get tired for no reason	1	2	3	4
11. My mind is as clear as it used to be	4	3	2	1
12. I find it easy to do the things I used to	4	3	2	1
13. I am restless and can't keep still	1	2	3	4
14. I feel hopeful about the future	4	3	2	1
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions	4	3	2	1
17. I feel that I am useful and needed	4	3	2	1
18. My life is pretty full	4	3	2	1
19. I feel that others would be better off if I were dead	1	2	3	4
20. I still enjoy the things I used to do	4	3	2	1

Adapted from Zung.<sup>2</sup>

References: 1. Carroll BJ, Fielding JM, Blashki TC. Depression rating scales: a critical review. *Arch Gen Psychiatry*. 1973; 28:361-366.

2. Zung WWK. A self-rating depression scale. *Arch Gen Psychiatry*. 1965;12:63-70.

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Later, the Training Coordinator will access the scale, calculate the total, take note of the patient's initials and the date it was completed, and input the data into the Contact Sheet. The following is an example of collected Zung Scale data that was recorded on the right side of the Contact Sheet.

Member	Phone #	Email	Gender Preference	Activity	Mentor	Update	Date Score 1	Score 1	Date Score 2	Score 2
Current										
Student #1	(503) 555-6966	<a href="mailto:lc19@mail.edu">lc19@mail.edu</a>	Male	Yoga, machines, walking	Mentor #1		8/19/15	50	10/4/15	44
Student #2	(523) 555-8371	<a href="mailto:jp22@mail.edu">jp22@mail.edu</a>	Male	Fuego, wants to try rock climbing, boxing,	Mentor #1	Follow up 12/5/15	11/29/15	39	1/8/15	34
Student #3	(323) 555-1984	<a href="mailto:y134@mail.edu">y134@mail.edu</a>	Female	Interval class, running, weight lifting,	Mentor #2	Follow up 12/15/15	9/23/15	61	12/14/15	39

Lastly, the Training Coordinator is responsible for accessing online survey data from the exit survey completed by participants who leave the program. The Referral Coordinator provides the participant with the link to the anonymous survey, but it is the job of the Training Coordinator to interpret the results of the survey and use it to better the program's efficiency.

APPENDIX D

# WellCat *fit*

## **A Guide for the Promotion Coordinator**

## **A Guide for the Promotion Coordinator**

This section of the training manual is meant to be a guide for the Promotion Coordinator. This section clearly defines their duties, what knowledge and experience are recommended to be completed beforehand, ways to reach out to the campus and community, how to keep the program updated on local health events, and digital media associated with the program. The following is a flow chart defining the steps of this position.



## *I. Job Description*

### **WellCat Fit Program: Promotion Coordinator Job Description**

The Student Health Center is currently seeking an applicant with a background in Kinesiology, Exercise Physiology, Psychology, Health Education, Therapeutic Recreation, or a similar field to serve as a Promotion Coordinator and help implement a new 8-10+ week wellness program. These students have voluntarily agreed to participate in the program in hopes that physical activity will have a positive effect on their everyday lives. To help achieve this goal, the students will be choosing the physical activities they would like to participate in, which could differ from week to week. The job of the Peer Mentor is not to be a decision maker or personal trainer, but rather to be part of a support system to help the student access their choices and overcome what may be their own barriers to being physically active.

### *Characteristics and Expectations of Promotion Coordinators*

Promotion Coordinators must have knowledge of exercise psychology topics such as overcoming exercise barriers and adherence, mental health, and the psychological and physiological benefits of exercise. It is preferred that this position be filled by someone with experience in advertising/marketing and graphic design techniques. It is also highly recommended that the applicant is familiar with the university and community's resources and events. They should be sociable, helpful, caring, understanding, friendly, and open-minded. They must also be reliable, flexible, organized, and easily reachable either by phone or email. Assistants must be able to attend 4 hours of training at the Counseling and Wellness Center and Student Health Center. Promotion Coordinators

should be prepared to report to the Program Manager every two weeks on the program's brand and community/campus connections and events to discuss any questions, issues, successes, or barriers. The Program Manager will be available at all times to address questions or concerns for any mentor or any participant. Depending on the popularity and demand of the program, this position equates to approximately 15-20 hours of work per week. It can be presented as a part-time position or can be combined with the Referral Coordinator position. Promotion Coordinators will be compensated for their services in the WellCat Fit Program.

Promotion Coordinators are responsible for aiding other Coordinators during interviews and trainings, and have a lead role when it comes to promotion of the program. They are to contact all nearby colleges, programs, clubs, and events in need or who are interested in the program and provide them with information. They also will make frequent independent decisions when it comes to reaching out to the university's students, faculty, and resources on campus for program support. They may do this through the student announcements, program website, and pamphlets/fliers/social media/presentations for students in every department on campus. This also includes teaming up with other mental health resources on campus to decrease stigma on campus and provide opportunities for students to seek help when in need. Not only is the Promotion Coordinator responsible for connections on campus, but off campus as well. They are expected to promote the program locally and make the program known to the community.

***To apply to be a Promotion Coordinator for the WellCat Fit Program please email the following to wellcatfit101@csuchico.edu : Resume, a description of yourself and why you would work well in this program, and 3 references.***

## ***II. Publicizing/Promoting Program***

### ***a. Campus Connection***

Connecting Peer Mentors and Program Coordinators to campus events, organizations, and any mental health/ physical activity opportunities is the main role of the Promotion Coordinator. This helps to provide more resources for participants as well as spread the word about the program to other students struggling with depression. The Coordinator should make an event calendar for the year that highlights all of the mental health or physical activity related events of the year. This may include events such as Welcome Week at the university's gym/recreation center, a recreational sports league calendar, mental health discussions and presentations on campus, or a Stress Less day during finals week. This can be given to Mentors to use as a reference if their participant has an interest in other campus events that support their depressive symptoms.

It is also recommended that the Promotion Coordinator make connections with different departments on campus that may not have knowledge or access to physical activity programs. They can do this with fliers and pamphlets, hand out informational bookmarks, or make an announcement in the school papers and weekly university emails. They will advertise to the kinesiology and psychology departments as well to notify them of the Peer Mentor positions. Ways the Coordinator can promote the program to the university's students and faculty are fliers, informational booths at campus events, arranging fundraisers, updating the program's website, and sharing the program video. These connections should be kept year-round in order to increase the program's popularity, reduce stigma associated with mental health, and have the program be known as a credible resource on campus.

The Promotion Coordinator should also check in and keep strong relationships with the health and counseling centers to answer clinician questions about the program and gain their support. They should set up a meeting with the clinicians at the beginning of each semester to go over the workings of the program and give updates if needed. Promotion Coordinators can also obtain information about current counseling groups available to students that may appeal to the program participants. The Referral Coordinator should attend this meeting and confirm that the clinicians have an accurate understanding of the referral system.

***b. Public Connection***

Besides keeping connections on campus, it is important for the Promotion Coordinator to establish a connection between Mentors and Program Coordinators to local events, organizations, recreational sports opportunities and any mental health/physical activity. This includes things such as fun runs, cycling groups, or mental health organizations like NAMI. By connecting the program to the public, it is the goal of the Promotion Coordinator to help the community understand and support students with depression and provide the Coordinators and Mentors with additional knowledge and resources. This could also be beneficial when the participants exit the program and are interested in maintaining physical activity on their own. If the Mentors have connections to the public, they can aid the participants when transitioning out of the program and help them find a way to continue physical activity off campus.

***c. Fliers/announcements/website***

The following are tools to be utilized as a means of advertising the exercise adherence program. They can be used as a guide for the Promotion Coordinator when creating fliers, announcements, and any other mediums to advertise for their own university's program.



1. Becoming Comfortable Teaching New Activities
2. Good Resume Builder
3. Motivational Interviewing Experience
4. Helping a Peer Through a Difficult Time
5. Internship Hours/Paid Time
6. Getting to See People Make Positive Changes in Their Lives
7. Passing Along Your Love for Physical Activity to Someone

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Student Health Center

(530)898-5241



## **Top 10 Reasons to Participate in Physical Activity**

1. Helps combat depression
2. Helps improve concentration
3. Reduces anxiety
4. Prevents cognitive decline
5. Improves body image
6. Reduces stress
7. Increases productivity
8. Improves sleep quality
9. Sharpens memory
10. Increases brainpower

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Student Health Center

(530)898-5241

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# FEELING DOWN?

## WellCat Fit May Be For You!

The WellCat fit program is an 8-10 week program to help you improve your mental and physical wellbeing through a self-selected physical activity program. Taking the first step toward a physically active lifestyle can be an overwhelming experience, especially when attempted alone. We understand this, which is why we use an exercise buddy system. All exercise buddies or "peer mentors" are highly trained and knowledgeable in principles of physical activity and are flexible to meet the needs of your busy schedule.

Unlike personal trainers, our peer mentors are not there to tell you what you should and should not do. They are there to support your choices and provide guidance when needed by being a reliable activity partner. Whether you enjoy walks through Bidwell Park, biking around Chico, or going to the WREC center, your peer mentor will be there to support you in the ways you would like to be physically active.

*\*Must be diagnosed with depression and/or anxiety disorder*



**WellCat** *fit*

## Benefits of Physical Activity:

**Enhance Positive  
Mood**

**Improve Body  
Image, Self-  
Esteem, Cognitive  
Functioning**

**Enhance Social  
Contacts and  
Relationships**

**It's FREE for  
students**

### CONTACT

**Student Health Center or  
Counseling Center for a  
referral\***

**Deborah Stewart, M.D.  
dcstewart@csuchico.edu**

[http://www.csuchico.edu/  
shs/wellcat\\_fit.shtml](http://www.csuchico.edu/shs/wellcat_fit.shtml)

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## Student Announcement

**Subject:** *Feeling Down?*

**Body:** The WellCat Fit program is an 8-10 week program to help you improve your mental and physical wellbeing through a self-selected physical activity program. Taking the first step toward a physically active lifestyle can be an overwhelming experience, especially when attempted alone. We understand this, which is why we use an exercise buddy system. All exercise buddies or “Peer Mentors” are highly trained and knowledgeable in principles of physical activity and are flexible to meet the needs of your busy schedule. Unlike personal trainers, our Peer Mentors are not there to tell you what you should and should not do. They are there to support your choices and provide guidance when needed by being a reliable activity partner. Whether you enjoy walks through Bidwell Park, biking around Chico, or going to the WREC center, your Peer Mentor will be there to support you in the ways you would like to be physically active. Visit the student health center or the counseling center for a referral.

\*Must be diagnosed with a depression and/or anxiety disorder

Contact Information: Deborah Stewart, M.D. [wellcatfit101@csuchico.edu](mailto:wellcatfit101@csuchico.edu)

Or visit [http://www.csuchico.edu/shs/wellcat\\_fit.shtml](http://www.csuchico.edu/shs/wellcat_fit.shtml) for more info

## Website

[http://www.csuchico.edu/shs/wellcat\\_fit.shtml](http://www.csuchico.edu/shs/wellcat_fit.shtml)

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- Resources and Links
- Services Provided
- Student Affairs
- Student Health Advisory Council (SHAC)
- Other Programs
- RED FOLDER
- Safeplace

## STUDENT HEALTH SERVICE

You are here: [CSU, Chico](#) | [Student Health Service](#) | [WellCat Fit](#)

### WellCat Fit

#### About the program...

The WellCat fit program is an 8-10 week program to help you improve your mental and physical wellbeing through a self-selected physical activity program. Taking the first step toward a physically active lifestyle can be an overwhelming experience, especially when attempted alone. We understand this, which is why we use an exercise buddy system. All exercise buddies or "peer assistants" are highly trained and knowledgeable in principles of physical activity and are flexible to meet the needs of your busy schedule. Unlike personal trainers, our peer assistants are not there to tell you what you should and should not do. They are there to support your choices and provide guidance when needed by being a reliable activity partner. Whether you enjoy walks through Bidwell Park, biking around Chico, or going to the WRECcenter, your peer assistant will be there to support you in the ways you would like to be physically active.



### What can this program do for me?

It can provide physical health benefits such as:

- Reduced feelings of depression, anxiety, and negative mood
- Enhances positive mood
- Improves body image, self-esteem and self concept regardless of physical changes
- Improves cognitive functioning
- Enhances social contacts and relationships

### How to join?

The WellCat Fit Program is **FREE** for students identified as qualifying by doctors at the Student Health Center

### Contact info:

#### Roxy Rarick

[rrarick@mail.csuchico.edu](mailto:rrarick@mail.csuchico.edu)

#### Deborah Stewart, M.D.

[dstewart@csuchico.edu](mailto:dstewart@csuchico.edu)

## Video Link and Password

<http://vimeo.com/67673349>

Password: Wellcat Fit

## *Spring 2016* Counseling and Wellness Center Groups

### *Mondays*

#### **(3:00-4:30 pm) Family Issues**

Explores the impact of family dynamics and other personal relationships with the focus on improving your connectedness with others.

#### **(3:30-5:00 pm) CARE**

Learn skills to manage distress, regulate your emotions, become more mindful, and improve relationships.

#### **(4:30-6:00 pm) Prisms: A Group for Sexual Assault Survivors**

This group is designed for women who are ready to explore and reclaim what was taken from them; a rainbow of feelings and emotions that make each of us whole.

### *Tuesdays*

#### **(1:30-3:30 pm) CBT Therapy for Insomnia**

Learn skills based on the idea that insomnia can be treated effectively by addressing the underlying causes of insomnia—thoughts and behaviors—which are learned and can be unlearned.

#### **(3:30-5:00 pm) Living Well: A Substance Use Support Group**

Thinking about changing your relationship with alcohol and/or drugs? Whether you're thinking about reducing your use or quitting altogether, the Living Well group offers a safe space to get support from your peers

### *Wednesdays*

#### **(1:10-2:40 pm) Better Relationships**

A group for students who want to build new relationships and improve their current relationships with friends, family, partners, and others.

#### **(3:30-5:00 pm) Rainbow Suspenders**

A group designed to provide a safe space for LGBTQIA+ identified students to get support around the unique experiences related to being a member of the Queer community. The group welcomes students at all levels of sexual and/or gender identity development, and group discussion is driven by the priorities and needs of its members.

#### **(5:00-6:30 pm) Family Issues**

Explores the impact of family dynamics and other personal relationships with the focus on improving your connectedness with others.

### *Thursdays*

#### **(11:00-12:30 pm) The Men's Perspectives Group**

Men dealing with issues of anxiety, depression, loneliness, and/or anger are invited to help and be helped by other men dealing with similar issues in a confidential and non-judgmental group that aims to improve relationships with self and others.

#### **(3:30-5:00 pm) Peace of Mind**

Reduce feelings of anxiety and symptoms of depression by learning thought changing techniques as well as practicing meditations and self affirmations.

#### **(3:30-5:00 pm) Better Relationships**

A group for students who want to build new relationships and improve their current relationships with friends, family, partners, and others.

### *Fridays*

#### **(11:00-12:30 pm) Manage Your Moods: A Bipolar Support Group**

This is a group for students diagnosed with Bipolar Disorder. Learn personal strategies that will help with everyday living and add to your success in a college environment.

Bookmark

<p><b>WellCat <i>fit</i></b></p> <p><b>Benefits of Physical Activity:</b></p> <p>Enhance Positive Mood</p> <p>Improve Body Image, Self-Esteem, Cognitive Functioning</p> <p>Enhance Social Contacts and Relationships</p> <p>It's FREE for students</p>		<p>My goal for increasing my physical activity is:</p> <hr/> <hr/> <p>A more realistic (measurable) version of this goal is:</p> <hr/> <hr/> <p>My "physical activity buddy" who will help me achieve this goal is:</p> <hr/> <hr/> <p>Student Health Center or Counseling Center for a referral*</p> <p>Deborah Stewart, M.D. dcstewart@csuchico.edu</p> <p><a href="http://www.csuchico.edu/shs/wellcat_fit.shtml">http://www.csuchico.edu/shs/wellcat_fit.shtml</a></p>
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APPENDIX E



## **A Guide for Hiring Peer Mentors**

## **A Guide for Hiring Peer Mentors**

This section of the training manual is meant to be a guide for the Coordinators to follow when choosing the best candidates for the Peer Mentor position. This section clearly defines the duties of a Peer Mentor, what courses and experience are recommended to be completed beforehand, how they can be compensated for their contributions to the program, and information that should be gathered from the applicant before making a final decision.

## *I. Job Description*

### **Wellcat Fit Program: Peer Mentor Job Description**

The Student Health Center is currently seeking Graduate and Undergraduate students from the Kinesiology, Exercise Physiology, Health Education, Psychology, and Therapeutic Recreation programs to serve as Peer Mentors and help implement a new 8-10 week wellness program. Other majors may qualify based on their backgrounds, training, and courses they have completed. The WellCat Fit program will use Peer Mentors to support a selected population of students in becoming physically active. These students have voluntarily agreed to participate in the program in hopes that physical activity will have a positive effect on their mental and physical health. To help achieve this goal, the students will be choosing the physical activities they would like to participate in, which could differ from week to week. The job of the Peer Mentor is not to be a decision maker or personal trainer, but rather to be part of a support system to help the student access their choices and overcome what may be their own barriers to being physically active.

If chosen as a Peer Mentor you will receive a minimum of 4 hours of training from professionals at the Counseling and Wellness Center and the Student Health Center, which will include information on benefits and risks of exercise, confidentiality, motivational enhancement, symptoms and signs of suicidal ideation, crisis management, and symptoms and signs of depression. Benefits discussed will include improved health and wellbeing. Risks discussed will include injuries, breathing difficulties, fatigue, and others. Peer Mentors will be taught how to aid the participants in accessing appropriate

services such as the Student Health Center, Counseling center, hotlines and other support if there are any concerns about the participant's health or wellbeing.

*Characteristics and Expectations of Peer Mentors*

Peer Mentors must be physically fit enough to perform a variety of fitness activities, and have a wide knowledge of exercise barriers and how to overcome them. They should be sociable, helpful, caring, understanding, friendly, and open minded. They must also be reliable, flexible, organized, and easily reachable either by phone or email.

Peer Mentors must be able to attend 4 hours of training at the Counseling and Wellness Center and Student Health Center as well as attend additional seminars and trainings throughout the semester. Upon completion of training, Peer Mentors and participants will be matched based on personality and schedules. Mentors should be prepared to work with 1-3 students over an 8-10+ week period. Each participant that a Mentor is paired with equates to approximately 2-3 hours of meeting time per week. Mentors must also report to the Program Coordinators every two weeks of each participant's program to discuss any questions, issues, successes, or barriers. The Program Manager will be available at all times to address questions or concerns for any Mentor or any participant. Peer Mentors will be compensated for their services in the WellCat Fit Program.

***To apply to be a Peer Mentor for the WellCat Fit Program please email the following to wellcatfit101@csuchico.edu : Resume, a description of yourself and why you would work well in this program, and 2 letters of recommendation with at least one being a university faculty member.***

***II. Previous Course Knowledge/ Exercise Experience***

When choosing a person for the Peer Mentor position, it is important that they have at least a basic understanding of exercise adherence as it pertains to college students diagnosed with mental health disorders. This sub section has been divided into three parts to accommodate universities dependent upon the resources available to them. The following describes what course knowledge and exercise experience is required for this position, additional recommendations for the position, as well as ideal knowledge and experiences for potential candidates.

Required: The Peer Mentor should have a basic college-level Introduction to Exercise Psychology course and most upper division Kinesiology courses completed. Other majors may qualify based on their backgrounds, training, and courses they have completed. They also should lead a healthy and active lifestyle in order to meet with multiple participants, and have knowledge of multiple exercises and physical activities.

Recommended: The Peer Mentor should be a final-year undergraduate or graduate level Kinesiology or Psychology student with an Exercise Behavior and Adherence course completed. Other majors may qualify based on their backgrounds, training, and courses they have completed. This person should have experience in a fitness setting, whether from a previous job or multiple college-level courses. This means having the physical capabilities of performing a variety of activities for 2-6 sessions a week. They also need to have a strong understanding of exercising for mental health benefits and how depression affects a student.

Ideal: In a situation where a university has a wider selection of applicants, it would be ideal to choose a graduate Kinesiology student with an emphasis in Exercise Psychology. They should have an extensive background in personal training and/or strength and conditioning, but focus on the mental health benefits of physical activity rather than performance and ability. The applicant should also have at least one Counseling or Motivational Interviewing course completed.

### ***III. Financial vs. Academic Compensation***

When compensating Peer Mentors for their contributions to the program it is important to consider your university's financial status, department budget, and needs of the Mentors. This sub section has been divided into three parts to accommodate universities dependent upon the resources available to them.

Required: For institutions in which payment for Peer Mentors is not feasible or possible, there are alternate options. Undergraduate and graduate students can benefit greatly if they are compensated with academic credits or volunteer hours. There are many programs that require internship credits to qualify for graduation. If your university won't allow credits to be given for their time filling this position, the student can count those hours as volunteer time. Dedicating their time to being a Peer Mentor could easily equate to 48-128 hours per a semester depending on the number of participants they are assigned to work with.

Recommended: As stated in the previous sub-section, Peer Mentors can work in exchange for academic credits or volunteer hours. If your budget allows for the majority of your employees to be paid you could give your applicants a choice; receive money in exchange for their work, or receive academic credit. However, this choice should be noted during the application process for the position in order for the program to budget accordingly.

Ideal: If a financial opportunity is available to your program, every Peer Mentor should be compensated on an hourly basis, rather than by the number of participants they work with. It is highly recommended that they be paid on an hourly basis because it encourages the Peer Mentors to be more proactive in the mentoring process. A Mentor can encourage longer or more frequent sessions for the participant if they deem it to be beneficial to their mental health, or can complete extra assignments for the program. The idea of paying a mentor based on an hourly wage promotes an increased contribution to their position and the program.

#### ***IV. Time and Activity Specialties***

Besides collecting information about the Peer Mentor applicant's compensation and experience it is important to ask them about their availability and activity specialties. Peer Mentors must be prepared to work with at least one participant twice a week (about 2 hours), complete all the necessary trainings throughout the semester (4-6 hours), and document all of their sessions at the end of each week (0.5-1 hour). While interviewing the applicant, you should have a realistic idea of how many hours a week they can commit to the program while taking into consideration their school

schedule and other responsibilities. At this time, it is best to also discuss the physical activities that they specialize in and activities that they are not comfortable performing. This can be useful information to note when matching the Mentor with a participant who is requesting a specific activity to perform during sessions.

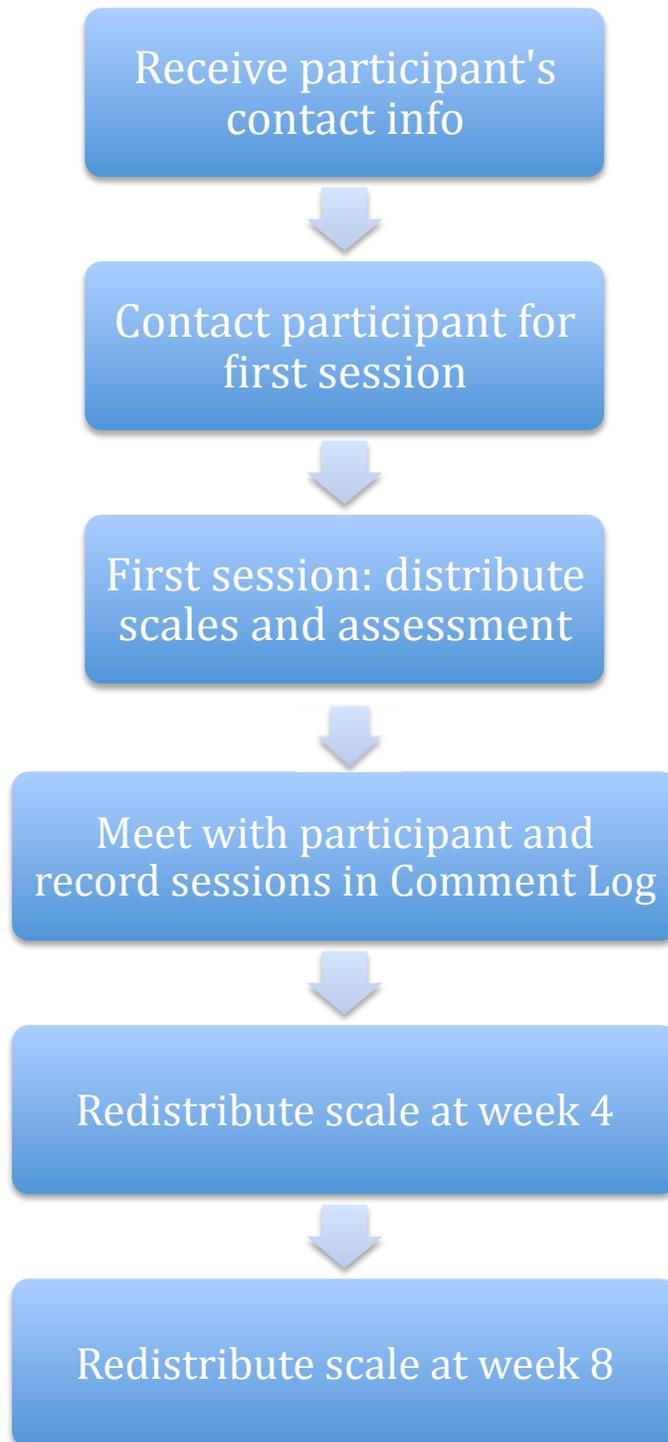
APPENDIX F

# WellCat *fit*

## **A Guide for the Peer Mentor**

## **A Guide for the Peer Mentor**

This section of the training manual is meant to be a handbook for the Peer Mentor. This section clearly defines their duties, what knowledge and experience are recommended to be completed beforehand, an explanation of the required trainings, tips on how to communicate with participants, and ways to help participants to make healthy behavior changes. The following is a flow chart defining the steps of this position.



## **Pre-Program**

This section of the manual contains worksheets and forms that are to be completed before meeting with participants. They are divided according to the corresponding trainings that are presented by the Training Coordinator.

Checklist and Contacts**Mentor Checklist**

Name: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

# of Participants: \_\_\_\_\_ Date Joined: \_\_\_\_\_

\_\_\_\_\_ **Live Scan Background Check**-UPD (M, W, F & Sat 9am-4pm)\_\_\_\_\_ **Payroll Paperwork**-Room 209 (Bring ID, Social Security Card & Live Scan)\_\_\_\_\_ **Approved Live Scan**-Must pass for employment\_\_\_\_\_ **HIPAA Certification**-Online (1.5 hrs)\_\_\_\_\_ **MI Training**-1 hour with Coordinator\_\_\_\_\_ **Rules/ History**-Instructed by Coordinator (includes Q&A)\_\_\_\_\_ **SafeTALK Certification**- Counseling center (2 hours)\_\_\_\_\_ **HAES Training**-30 mins-1 hour with Coordinator\_\_\_\_\_ **Contract Signed**- agree to duties, sign, and turn in to Coordinator\_\_\_\_\_ **Comment Log**- Invitation accepted and recording sessions

## Emergency Contact List

### *WellCat Fit Staff*

Dr. Deborah Stewart	Program Manager	(916) 898-5555
Roxy Rarick	Program Coordinator	(530) 502-5555
Annie Howes	Training Coordinator	(929) 785-5555
Miranda Weir	Referral Coordinator	(808) 441-5555
Kelly Jensen	Promotion Coordinator	(928) 640-5555

### *University/Local Resources*

Butte County Behavioral Health 24 hr crisis Hotline	(530) 891-2810
Campus Alcohol & Drug Education Center	(530) 898-6450
City of Chico Police	(530) 897-4911
Domestic Violence 24 hr Hotline	(530) 895-8476
Medical Emergencies	911
Rape Crisis Intervention	(530) 342-7273
Safe Place	(530) 898-3030
Student Counseling Center	(530) 898-6345
Student Health Center	(530) 898-4057
Suicide Hotline	1-800-273-TALK (8255)
University Police Department	(530) 898-5555

History and RulesProgram Rules

<b>Rules</b>	<b>Explanations</b>
Keep info confidential	-Keep enrollment private -Follow HIPAA
No advice giving	-Not certified to give advice -Use MI to ask to give suggestions
Be reliable	-Be prepared and 5 min early -Stay 15 min if participant late -Must be easy to contact
Minimal self-disclosure	-Keep the focus on participant -Only disclose productive, appropriate, relevant information
Focus on intrinsic benefits	-Take the focus off weight/size
Drive separately	-If meeting off campus, transport yourselves independently
Be professional	-Set boundaries and remain a mentor

### Peer Mentor Contract

**I value and know my role as a *role model*.** In order to best fulfill that role, I will make decisions in my own life that are positive and healthy, challenge myself to continue my own physical, mental, spiritual and emotional growth, accept guidance and confrontation from others who care about me.

**I value and know my role as a *friend*.** In order to best fulfill that role, I will offer opportunities for people to explore their thoughts and feelings, offer myself as a link between students and the professional services on campus, not manipulate any situation or another person's vulnerability for my own benefit maintain confidentiality, except when, to my best judgment, the person is in physical or mental danger which could result in self-harm or harm to others, has a problem beyond my ability to assist, or discloses information which I must report according to law or campus policy.

**I value and know my role as a *team member*.** In order to best fulfill that role, I will accept supervision and support from the coordinators, commit to actively participating in the program, support and encourage my fellow peer mentors.

**I value and know my role as an *educator*.** In order to best fulfill that role, I will learn as much as possible about the issues that affect my peers, only offer information that I am qualified to offer and with the greatest accuracy possible, accept feedback and support from the coordinators or other professional staff.

**I value and know my role as an *activist*.** In order to best fulfill that role, I will refuse to be a bystander, I will confront unhealthy attitudes and behaviors, I will work to change the campus and community environment to promote healthy choices.

**I value and know my role as a *peer mentor*.** In order to best fulfill that role, I will grant individual respect and dignity, honor and strive to understand diversity in all its forms, recognize that, through patience and understanding, every person is constantly growing and learning.

I, \_\_\_\_\_, agree to follow these rules and fulfill my duties as a Peer Mentor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 10 Tips for Successful Physical Activity Sessions

1. Have the participant choose what they want to do
2. Make the activity fun! Feel free to change things up if they look bored
3. Focus on the psychological benefits of exercise, not performance outcomes
4. Turn the focus on them. This hour is for them, not you
5. PA doesn't just mean going to the gym. Feel free to explore the outdoors!
6. Silence is okay. Don't feel the need to talk the whole time.
7. Forcing the participant to do something they're not ready for may shake their confidence.
8. Ask questions and ask to give suggestions if they have no idea what to do
9. Discuss their barriers to PA, such as time and weather
10. Let them know it is a safe environment and information is confidential

## *Exercise and Depression*

Modes	Aerobic and anaerobic have been effective, walking most often prescribed
Frequency and Duration	Duration unknown, although mood can improve with 10 minute bouts Programs longer than 8 weeks may work best Both acute and chronic benefits
Intensity	High and moderate intensity appear beneficial although enjoyment is a moderator
Fitness Levels	Improved fitness is not necessary, but may enhance improvements
Severity of Problem	Most severe depressed individuals reap greatest benefits
Demographics	Same effectiveness across gender

### **Do:**

- Ask individuals what they have tried and enjoyed before
- Ask if there are any new activities they would like to “test” out and assess enjoyment/comfort
- Give choices in daily activity. Have a plan (they may be unsure of desired activity)
- Speak about intrinsic benefits of activity (better mood, more energy, less stress, self-concept, alertness/concentration)
- BE YOURSELF! Genuine disposition helps client feel at ease

### **Don't:**

- Base the choice, length, or intensity of the activity on fitness outcomes
- Talk a lot about fitness improvements/appearance improvements- Comparisons are often a cause of anxiety
- Give the impression that weight can be controlled

Adapted from Rieck, 2012

*Motivational Interviewing*

*MI Example Script*

**Mentor:** How do you feel about the changes you attempted to make last week?

**Participant:** You'd be so proud of me! I actually got up before class and went for a walk around the block the other morning.

**Mentor:** That's great you were able to wake up early enough and do some physical activity!

**Participant:** Yea, I mean it was only one time, but I was still able to get in some exercise for once before class instead of hitting the snooze button.

**Mentor:** You feel like you were able to break a habit.

**Participant:** Yes!

**Mentor:** You are very committed to following through with the changes we discussed. What's the next step for you?

**Participant:** I really need to try and get up earlier more often.

**Mentor:** You want to try this again, maybe more than just once a week.

**Participant:** Yes. At least I would already be up in time for classes and I wouldn't miss them.

**Mentor:** It sounds there's other potential benefits to waking up early to do some physical activity.

**Participant:** Yea, waking up on time to make it to classes!

**Mentor:** What might make it harder to wake up more than once a week before classes to get some activity in?

**Participant:** I don't know, I guess I just feel tired and stressed all the time from school, like I should be getting more sleep instead.

**Mentor:** You are a busy student with a lot on your plate. It sounds like you're really committed to your schoolwork.

**Participant:** Yea, I guess I am.

**Mentor:** What are the other barriers to waking up early?

**Participant:** Hmm, I can't think of anything else. I think I'm just in the habit of sleeping in. If I just force myself to set an alarm early enough in the morning and go to sleep earlier the night before, I wouldn't be as tempted to sleep in.

**Mentor:** You came up with a solution on your own and that is to go to bed earlier and set an alarm in the morning. What will your roommates think?

**Participant:** Honestly, I don't think anyone will notice. And if they do, I'll just tell them what we've been talking about. Maybe it will make them want to try waking up early and exercising too.

**Mentor:** Overall, you're excited mentioned a concern about sleeping in. You've also figured out a plan, which is about waking up early so you can get in some physical activity before classes. You were successful the other day and now you'd like trying this more often. Making this change will also help you make it to your morning classes. You want to set an alarm and go to sleep earlier the night before.

**Participant:** You know it's really not that hard to set an alarm and wake up earlier. I may not be able to do it every day, but I could probably try a few days a week, just to see how I like it.

**Mentor:** It sounds like you're interested in setting up another little experiment.

**Participant:** Yes. I liked how I felt after and that I was able to get to my morning classes. If I did this again, I wonder if I'd feel less sluggish in the afternoon.

**Mentor:** While the cost of 30 minutes or so of less sleep in the morning to wake up and maybe take a walk around the block may give you less time to sleep in the morning, you're wondering if you might have more energy in the afternoon because you were able to get moving around earlier in the day.

**Participant:** Yes, it sounds like I may lose some sleep if I do not go to bed earlier the night before.

**Mentor:** So, let's see... getting activity in, more energy in the afternoon. Any other benefits of waking up early and getting physical activity?

**Participant:** Yes. I might actually enjoy the morning time and getting moving.

**Mentor:** Good point. It's easy to forget that physical activity is supposed to be fun. Waking up before the hustle and bustle might make getting in physical activity more enjoyable. At this point how motivated are you to wake up early and get some physical activity a few days a week from a scale from 0 to 10? Ten means very motivated and 0 means not at all motivated.

**Participant:** I'd say I'm at a 9.

**Mentor:** That's high. Tell me more about your answer.

**Participant:** Well, I'm realizing there are many benefits to waking up early and getting in physical activity.

**Mentor:** You see the benefits and yet, you aren't quite at a ten.

**Participant:** I know there are certain days that it just won't be possible given my schedule the night before and the morning of, the stressors of school and work.

**Mentor:** You're realizing it will be impossible to be perfect with this behavior.

**Participant:** Yes, but I can at least improve from what I'm currently doing, which is hitting the snooze button every morning.

**Mentor:** You're noticing that any movement forward is a step in the right direction. I'm wondering if it would be helpful to set a more specific achievable goal for enjoying physical activity in the morning. How many days a week would be reasonable for you?

**Participant:** I could easily do two weekdays, and at least one weekend morning as well.

**Mentor:** That seems reasonable. OK, so we have a specific goal to shoot for of two weekdays and one weekend morning. This would be in addition to us meeting up twice a week as well. At this point, how confident are you that you that you can reach this specific goal on a scale from 0 to 10?

**Participant:** I'm at a 9. I can't say 10 because I just need to try it first. But, I'm feeling pretty confident now that I've given myself some wiggle room.

**Mentor:** You're feeling pretty good about this. If you take a look at the next few weeks, what barriers, if any, might get in the way?

**Participant:** Well, I know I have a work meeting early in the morning on Thursday, so that day is out. On the other days, I guess it's just a matter of remembering.

**Mentor:** Can I share with you a technique other clients have tried for remembering a certain behavior? (don't use your behaviors as an example!)

**Participant:** Sure!

**Mentor:** Other people have found that setting an alarm for different days of the week on their phone can help. One idea is that you could set the alarm now and it will repeat the alarm on those days until you turn it off. How does that sound?

**Participant:** Yes, that will work for me.

**Mentor:** Great! Any other barriers that you can think of?

**Participant:** Other barriers may come up, but I think I'm at least ready to give it a try.

**Mentor:** Changing the way you've done something for so long can be challenging.

You've mentioned many reasons you'd like to wake up early and get physical activity in.

We've discussed different strategies that may help you wake up early and now you're ready to give them a try. How would you like to meet up at the end of this week and we can talk about how the week went?

**Participant:** That would be great.

**Mentor:** Great, see you then!

Authored by Kelly Jensen and Roxsanne Rarick, 2016

## Evoking Questions

Trying to find reasons for changing a behavior? Ask the participant evoking questions to understand their motivation and help guide them through a successful behavior change!

<b>Types of Evoking Questions</b>	<b>Examples</b>
D.A.R.N.	How will making this PA change make your life better?
Importance Ruler	On a scale from 0-10, how important is that change for you?
Elaboration	What is concerning about that to you?
Querying Extremes	What are your worst fears about PA? What's the worst thing that could happen if you continue PA? What's the worst thing that could happen if you stop PA?
Looking Back	Do you remember a time when you had a good relationship with PA? What was that like?
Looking Forward	If you decide to change that behavior, how will your future be different?
Exploring Goals	What would you like your relationship with PA to be?
Exploring Values	What is it that you value in life? How does this particular change relate back to your values?
Change in Abstract	If you were going to make this change, how might you go about doing so?
Grading	If you could give yourself a grade on PA, what grade would you give yourself and why?

\*PA= physical activity

Evoking question I can ask: \_\_\_\_\_

## Responding to Sustain Talk and Discord

Does it feel like the subject of behavior change is at a stand still? Follow these steps to appropriately respond to sustain talk to evolve the discussion into a productive conversation.

**Example:** I hate running! I *always* start to run, get bored, and then leave the gym.

<b>Type of Response</b>	<b>Purpose</b>	<b>Example of Response</b>
Emphasizing Autonomy	Express autonomy support and their ability to make choices for themselves	Running isn't something you're interested in. This is your choice and no one else's.
Reframing	Invites client to consider different interpretations of what has been said	Running just doesn't do it for you.
Agreeing with a Twist	A reflection, affirmation, or accord followed by a reframe	Running frustrates you. You're committed to finding a new way to get active.
Running Head Start	Elicits client's change talk in which Mentor first explores perceived "good things" about the status quo, in order to then query "not so good things"	It sounds like running isn't a good way for you to stay active. How does it make you feel when you get bored and leave the gym?

Participant example:

---

My response:

---

*Motivational Interviewing Videos and Worksheets*

The following YouTube videos are based on 5 common barriers to physical Activity. By following along with the video, Mentors can be better prepared to use Motivational Interviewing to help participants overcome those barriers. In addition to the videos are worksheets that reflect on important aspects of MI. Each video is about 10 minutes in length.

Video #1: Perceived Lack of Time

1. What are 3 common reasons clients say they don't have time for exercise?  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_
  
2. When speaking to your client, how do you want to start the conversation?  
\_\_\_\_\_
  
3. The client brings up the barrier of time. What other evoking question can you ask?  
\_\_\_\_\_
  
4. During planning, you will first give your ideas for the client to change a behavior.  
  
TRUE          FALSE
  
5. Your client is quiet and out of ideas. What can you provide them?  
\_\_\_\_\_
  
6. Why do you encourage an "experiment" vs a final plan?  
\_\_\_\_\_  
\_\_\_\_\_
  
7. What is GAB, and what is its purpose?  
\_\_\_\_\_  
\_\_\_\_\_

<https://www.youtube.com/watch?v=gQyvb47kJyA>

Video #2: Perceived Lack of Resources

1. What are 3 reasons clients say they have no resources?  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_
  
2. What are some details you should know about the client's life when discussing resources?  
\_\_\_\_\_
  
3. The client brings up the barrier of resources. What other evoking question can you ask?  
\_\_\_\_\_
  
4. The client is stuck in the contemplation stage. In this case, how do you help them advance to the preparation stage?  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Your client tells you they rate their confidence in their final goal at a 7. What do you do next?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. You only have 5 minutes left of your session and you are still evoking. It's okay to skip to planning and make a final goal before they leave.  
TRUE            FALSE
  
7. What other ideas do you have for helping your client find resources?  
\_\_\_\_\_  
\_\_\_\_\_

<https://www.youtube.com/watch?v=kNWmtc194K0>

Video #3: Self-Efficacy & Negative Self-Talk

1. What is self-efficacy? What word can substitute it when talking to clients?

- \_\_\_\_\_  
- \_\_\_\_\_

2. What 5 factors influence self-efficacy ?

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

3. The client won't say they have a low self-efficacy for exercise. What is an example of something they may say that can convey that message?

\_\_\_\_\_  
\_\_\_\_\_

4. The client brings up the barrier of low confidence. What other evoking question can you ask?

\_\_\_\_\_

5. What specific ideas do you have for supporting client self-efficacy in trying a new activity?

\_\_\_\_\_  
\_\_\_\_\_

6. Your client has doubts about their exercise performance. What can you provide them?

\_\_\_\_\_

7. When talking to a client with low self-efficacy it's usually helpful to say, "All you need to do is bring a friend to the gym and that will help your confidence."

TRUE          FALSE

<https://www.youtube.com/watch?v=0QdGl7e3dJU>

*Video #4: Lack of Intrinsic Motivation*

1. What is intrinsic motivation for exercise?  
\_\_\_\_\_
2. Why is it important for a client to have intrinsic motivation for exercise?  
\_\_\_\_\_
3. The client brings up this barrier. What other evoking question can you ask?  
\_\_\_\_\_
4. Your client is skeptical and explains that it's impossible for them to focus on the intrinsic benefits of exercise. What do you do next?  
\_\_\_\_\_  
\_\_\_\_\_
5. After you offer relevant information to the client, what is the next step?  
\_\_\_\_\_
6. The client in the video is worried about the calorie counters on the cardio machines at the gym. What suggestions could you provide for them to troubleshoot this barrier?  
\_\_\_\_\_  
\_\_\_\_\_
7. It is important to ask your client, "How will you know this experiment is working?"  
  
TRUE          FALSE

[https://youtu.be/\\_uZ88r0ssbl](https://youtu.be/_uZ88r0ssbl)

Video #5: Exercise Boredom

1. What is the counselor's goal in this video?  
\_\_\_\_\_
2. What phrase does the client say that tells the counselor their barrier?  
\_\_\_\_\_
3. The client brings up this barrier. What other evoking question can you ask?  
\_\_\_\_\_
4. What should you do after evoking but before helping the client come up with a plan?  
\_\_\_\_\_
5. What are 3 suggestions you have for making PA fun?  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_
6. What specifics are important to discuss with your client when setting up an experiment?  
\_\_\_\_\_  
\_\_\_\_\_
7. Your client sets a big goal for themselves and you don't want them to feel defeated. What can you do to ensure they are more successful with this behavior change?  
\_\_\_\_\_  
\_\_\_\_\_

<https://youtu.be/qn55dlJPPmU>

### **During the Program**

This section of the manual contains directions for the Peer Mentor, which is accompanied by scales and handouts associated with previous trainings. During this part of the program, it is the role of the Peer Mentor to get to know the participant, to collect data, and tools to help them through a healthy behavior change.

### First Session with Participant

Once the student referral is in the program's system and is paired with a Mentor, they can then schedule their first session. The Referral Coordinator provides the Mentor with the participant's name, phone number, email, and possible activity interests. Upon receiving this information, the Mentor immediately contacts the participant to schedule and explain what is needed at their first session (schedule/ pen/ non-workout attire). The purpose of the first session is to introduce Mentor to the participant without starting physical activity. The Mentor should meet at a neutral location such as a coffee shop or somewhere on campus for at least 30 minutes. It is then the Mentor's duty to make the participant feel comfortable and get to know them a bit better.

From there the Mentor can ask questions about scheduling, previous experience with physical activity, support systems, available resources, and goals. They can do this by following the initial assessment and using it to record notes as the discussion progresses. The following is the initial participant assessment.

## Participant Assessment

Student Initials\_\_\_\_\_

Date of Assessment\_\_\_\_\_

**The following assessment is designed to increase your mentor's knowledge about your physical activity goals and daily activity. Please read each question below and answer it accordingly.**

1. Choose a number between 1 & 10 that best describes your weekly responsibilities and associated stress level (school workload, job, roommate, volunteer activities). 10= very high stress
2. Explain why you picked that number.
3. List any medical injuries, medications or previous medical issues in the past that influence your activity level.
4. What is your experience with physical fitness?
5. What are some physical activities that you would like to try?
6. Who already supports or encourages you to be physically active right now?
7. What motivated you to join WCF?
8. What is important to you about joining WCF? What are you hoping to get out of our time together?
9. What barriers might get in your way of being more active this semester? In the future?
10. How motivated are you on a scale from 1 to 10 to increase your activity with 10 being very motivated?

Along with the assessment will be a Zung Self-Rating Depression Scale that the participant can choose to fill out during the first session, or complete at home and return it at the next session in a sealed envelope. It is not recommended at this point to ask personal questions about the participant's diagnoses, unless the participant directs the conversation in such a way. The Mentor will then give the sealed envelope to the Training Coordinator to keep in their locked file. The following is the Zung Scale.

## ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Adapted from Zung, A self-rating depression scale, *Arch Gen Psychiatry*, 1965;12:63-70.

Presented as a service by

**GlaxoWellcome**

Glaxo Wellcome Inc.  
Research Triangle Park, NC 27709  
Web site: [www.glaxowellcome.com](http://www.glaxowellcome.com)

By the end of the session, the participant should have a full understanding of the program, what a typical session will be like, when and where they plan to meet with their mentor, and what activity they will try first. The Mentor should confirm that the participant is comfortable with the plans and has no further questions. They can do this by using the following scheduler, goal setting worksheet, and physical activity log.



### **Setting Goals**

1. List 4 goals that seem realistic in terms of your time, capabilities, interests, and resources
  - a.
  - b.
  - c.
  - d.

### **How I feel about PA**

1. Make a list of your positive and negative attitudes about physical activity.
  
  
  
  
  
  
  
  
  
  
2. What are the reasons for your negative/positive attitudes toward physical activity?
  
  
  
  
  
  
  
  
  
  
3. Find a solution for each of the negative attitudes and write them down.

<b>My Week of Activity</b>			
1. Keep a log of your physical activities for 1 week. Activities can include walking, chores around the house, sports, exercising, etc.			
	Moderate Physical Activity	Vigorous Physical Activity	Screen Time
Sample Day	Walking: 2 x 10 min. Vacuuming: 15 min.	Cardio Kickboxing class: 55 minutes	Computer: 120 min. TV: 150 min.
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

*Helping Participant Through Behavior Change*

These next handouts are to be utilized by the Peer Mentor when they are reflecting on their application of MI during sessions or determining which stage of change their participant is experiencing. By completing these handouts, Mentors can better understand the participant's perceptions of behavior change.

## Motivational Interviewing Guide

**Participant's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Did I **Engage** with the participant?      *Yes*                      *No*

Barrier **Focused** on: \_\_\_\_\_

Did I **Evoke** to find reasons for behavior change?    *Yes*                      *No*

Reasons for change: \_\_\_\_\_

During **Planning** did I Ask-Offer-Ask?      *Yes*                      *No*

What did client already know? \_\_\_\_\_

What info did I offer? \_\_\_\_\_

How did participant respond to this? \_\_\_\_\_

Did I ask to **Set up Experiment**?    *Yes*                      *No*

Specifics we discussed: \_\_\_\_\_

**Goal:** \_\_\_\_\_

**Assessed Confidence:** \_\_\_\_\_

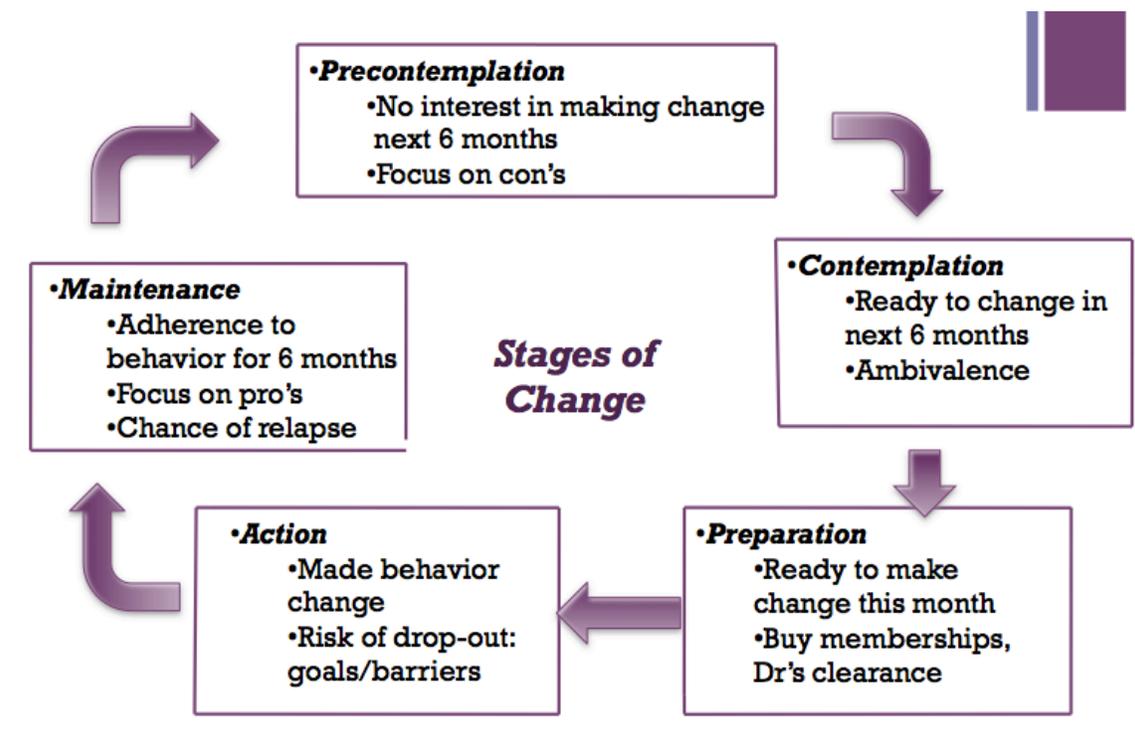
**Barriers:** \_\_\_\_\_

What I can improve: \_\_\_\_\_

I should have asked: \_\_\_\_\_

## Transtheoretical Model

Participant: \_\_\_\_\_



Stage of Change: \_\_\_\_\_

Signs of this stage: \_\_\_\_\_

\_\_\_\_\_

How I can help: \_\_\_\_\_

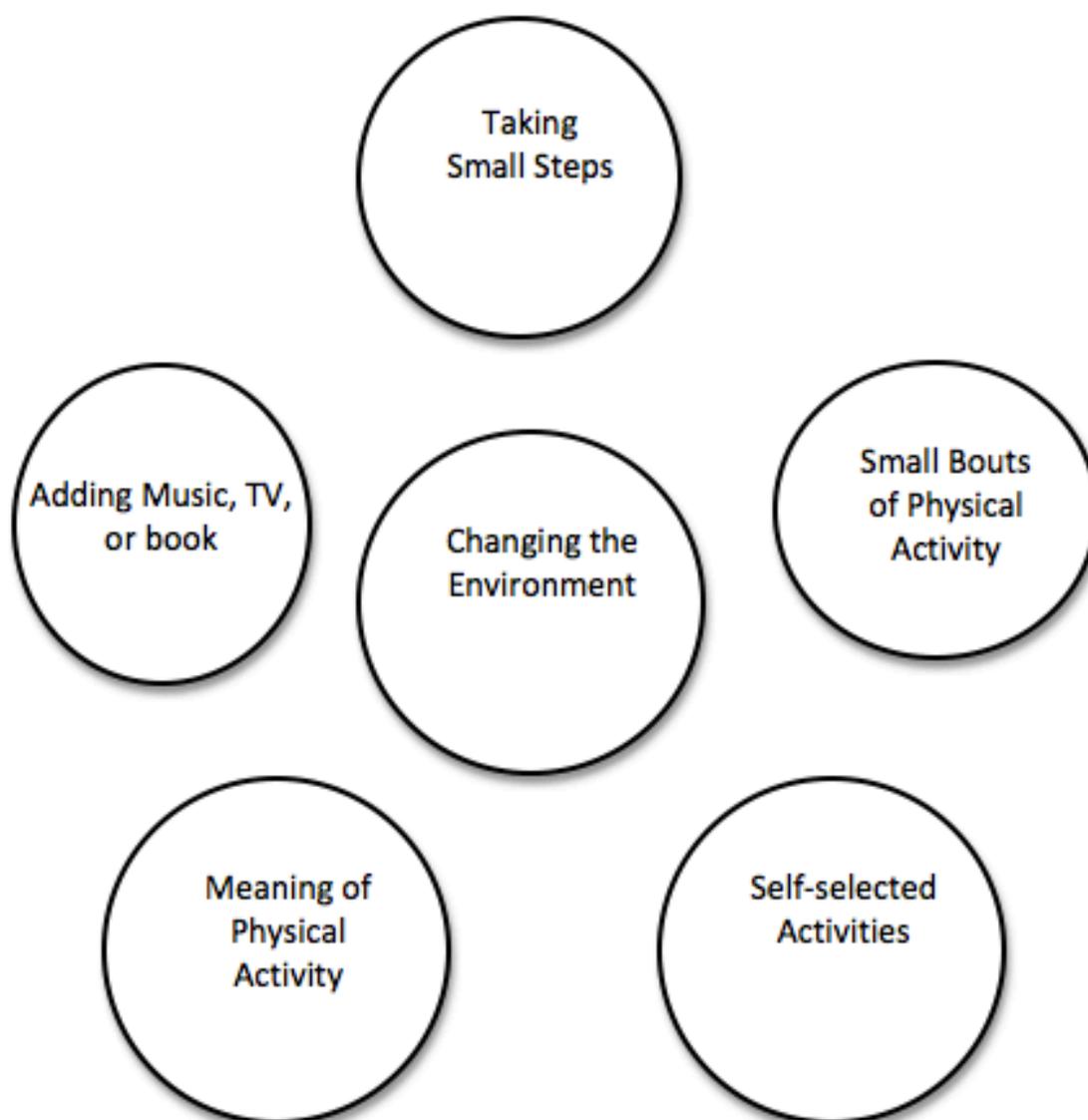
\_\_\_\_\_

### Circle Chart

This next handout can be used when a participant doesn't know where to start and may need to hear more information about adding PA into their weekly routine. The participant will pick one of the circles and the Mentor will provide them with information about that topic.

## Adding Physical Activity

Can't decide where to start the conversation? Here are some ideas to explore that may make it easier and more enjoyable to add in physical activity.



### Comment Log

Lastly, the Peer Mentor is responsible for recording their notes and observations of PA sessions into the Comment Log. Information on this log is only for the Peer Mentors and Coordinators to read and will be used for professional reasons. The observations should include things such as overall mood, how long they met, the activities the participant selected, and their reaction to those activities. Mentor's will record every session and look for feedback from the Referral Coordinator about improvements and suggestions to make in future sessions.

Mentor	Participant	Date	Time	Observations	Comments
Andy	LC	1/25/16	1:00- 2:00pm	<p>Today I noticed that LC was a lot more confident than he has been. He showed me a yoga routine he found on the internet and said he wanted help learning some of those positions. We normally do yoga by ourselves in one of the gym's studios, but he insisted that we use the stretching area by the indoor track. I praised him for making such a big step and let him know that we could switch back to the private studio if he felt uncomfortable at any time. I assisted him with the stretches for 30 mins. He then wanted to walk around the track and talk for the rest of the session. He decided that he was ready to try a group yoga class next time.</p>	<p><i>That's great that you gave him affirmations when making that step! Remind him during your next session that if he feels uncomfortable in the group class that you both can always leave and continue stretching in your usual spot.</i></p>

## Zung Scale

4 weeks into the program, the Mentor will distribute a second Zung Self-Rating Depression Scale to the participant. They will collect the scale in the sealed envelope and deliver it to the Training Coordinator.

### ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Adapted from Zung, A self-rating depression scale, *Arch Gen Psychiatry*, 1965;12:63-70.

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## **Post-Program**

This final section of the manual contains 2 documents for the Peer Mentor to provide the participant. First, is a handout for participants who are having doubts about doing physical activity on their own when they transition out of the program. Lastly, there is a copy of a final Zung Scale, which is to be distributed for the last time to the participant and turned into the Training Coordinator.

## ***PA After the Program***

On a scale from 1-10, how confident am I to do PA on my own? Why?

---

---

Who else can I do PA with on days I need a buddy?

- \_\_\_\_\_  
- \_\_\_\_\_

Where can I do PA if I don't have access to the university's gym?

- \_\_\_\_\_  
- \_\_\_\_\_

What barriers might prevent me from doing PA?

- \_\_\_\_\_ - \_\_\_\_\_  
- \_\_\_\_\_ - \_\_\_\_\_

What are some solutions to these barriers?

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

What new activities do I want to try?

---

## ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

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APPENDIX G



## **Handouts for Students**

**Tools and Assessments for the Program Participant**

## Pre-Program

---

### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been  
bothered by any of the following problems?  
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns  +  +

(Healthcare professional: For interpretation of TOTAL, TOTAL:   
please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

## CSUC SHS Informed Consent for WellCat Fit Program

Date: \_\_\_\_\_

Dear (Student's First Name),

You have been identified by your provider as a student who could benefit from the addition of regular physical activity to your health program based on your results from the Patient Health Questionnaire (PHQ-9). The PHQ-9 is a 10 question self-rating survey that measures a patient's mood and health. Our program helps us to determine the effectiveness of regular physical activity in relation to symptoms of depression and anxiety. The Student Health Service of CSU Chico would like to offer you an opportunity to participate in a peer assisted physical activity program. Such a program would optimally last up to 8 – 10+ weeks and include any form of physical activity you would enjoy. You could potentially benefit from this program by improving your physical health, as well as having fewer symptoms of stress, anxiety and/or depression.

If you choose to participate in the program, you will be asked to meet with a Peer Mentor for the purposes of having an "exercise buddy" at the location of your choice for up to 8 – 10+ weeks. Since this program is part of a study, you will be asked to fill out a Zung Self-Rating Depression Scale at your first session and every 8<sup>th</sup> week after. Survey responses will be confidential and used only by your medical provider and trained researchers. The results of this survey will be used to determine if students who engage in regular physical activity have an improvement in their symptoms of depression or anxiety. You will also be asked to fill out a very brief online anonymous survey at the completion of the program to help track and improve the program's effectiveness. Participation in this program is entirely voluntary and will not affect your medical care in any way. The information will be used to develop health and wellness programs for the CSU Chico campus.

The Zung Self- Rating Depression Scale is a short self-administered survey to quantify symptoms of depression. The Zung Self- Rating Depression Scale form will be given to you in an envelope by your Peer Mentor, and sealed upon completion. Completed surveys will be deidentified and kept in a password protected file to be viewed only by your medical provider and trained researchers. If there are any areas of concern identified on the survey regarding your safety, you may be contacted by your medical provider.

There may be some personal discomfort with the content of certain questions on the Zung Self- Rating Depression Survey. For example, there are questions regarding your feelings or physical symptoms you may have. There are also inherent risks of any physical activity program which include muscle or ligament injuries, fatigue, altered heartbeat, menstrual complaints, gastrointestinal distress, chest pain, and breathing difficulties. If any of these side effects occur, contact your medical provider at the Student Health Center immediately. If it is after hours, you may seek urgent medical care. It is not the intention of this program to cause personal discomfort for someone however, if you find yourself upset at any time, please go or contact the Student Health

Center at (530) 898-5241 or the Counseling Center at (530) 898-6345 for health and counseling services. For after office hours, you may also contact the Butte County Crisis Hotline at (530) 891-2810, available 24 hours per day/7 days per week.

Participation in this program is entirely voluntary. You may choose not to participate in the program at all or you may withdraw at any time and it will not affect your medical care in any way.

Please contact Dr. Deborah Stewart, Medical Chief of Staff of Chico State Student Health Service at (530) 898-5241 regarding any pertinent questions about this program and your rights.

We are looking forward to working with you on optimizing your health!

Thank you,

Deborah Stewart, M.D., Medical Chief of Staff  
Student Health Services

My signature on this line affirms that I am interested in participating in this program, and learning more about this program. I have had the program explained to me and all my questions have been answered. I understand that my signature below does not mean that I have to participate fully in this program and that I can stop my participation at any time I wish without consequence.

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

**WellCat** *fit*

\* Adapted from original document by Dr. Deborah Stewart, edited by Roxsanne Rarick 2015

## WellCat Fit Assessment

Student Initials\_\_\_\_\_

Date of Assessment\_\_\_\_\_

**The following assessment is designed to increase your mentor's knowledge about your physical activity goals and daily activity. Please read each question below and answer it accordingly.**

1. Choose a number between 1 to 10 that best describes your weekly responsibilities and associated stress level (school workload, job, roommate, volunteer activities). 10= very high stress
2. Explain why you picked that number.
3. List any medical injuries, medications or previous medical issues in the past that influence your activity level.
4. What is your experience with physical fitness?
5. What are some physical activities that you would like to try?
6. Who already supports or encourages you to be physically active right now?
7. What motivated you to join WCF?
8. What is important to you about joining WCF? What are you hoping to get out of our time together?
9. What barriers might get in your way of being more active this semester? In the future?
10. How motivated are you on a scale from 1 to 10 to increase your activity with 10 being very motivated?





## Physical Activity Log

<b>My Week of Activity</b>			
1. Keep a log of your physical activities for 1 week. Activities can include walking, chores around the house, sports, exercising, etc.			
	Moderate Physical Activity	Vigorous Physical Activity	Screen Time
Sample Day	Walking: 2 x 10 min. Vacuuming: 15 min.	Cardio Kickboxing class: 55 minutes	Computer: 120 min. TV: 150 min.
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

## Zung Scale (1<sup>st</sup> distribution)

### ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

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5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
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## During Program

-Zung Scale (2<sup>nd</sup> distribution, 4 weeks into program)

### ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
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## 20 Ways to Make More Time For Physical Activity

Feel like there's just not enough time to do the activities you enjoy? Here are some quick, creative ways to add fun activities-not just exercise- into your daily routine.

<ol style="list-style-type: none"> <li>Pick physical activities that you enjoy doing. If you enjoy it, you'll make time for it</li> <li>Get a little yoga session in by stretching at your desk</li> <li>Meet up with your friends for a walk instead of going out to lunch</li> <li>Find a new exercise class at the gym that fits into your schedule</li> <li>Try fun exercises, like jump roping, to do during commercial breaks or waiting for dinner to cook</li> <li>Bike, skate, or scooter to a friend's house, school, or work</li> <li>Ride the stationary bike or elliptical while studying/reading</li> <li>Dance to music while cooking and cleaning</li> <li>Take your dog to the park and throw a frisbee</li> <li>Join a recreational sports team to get the chance to play and have fun with a sport of your choice</li> </ol>	<ol style="list-style-type: none"> <li>Take the stairs instead of the elevator</li> <li>Find a fun workout/dance video online that you can try at home</li> <li>Park further from your destination</li> <li>Play a game of ping pong with a friend</li> <li>Track your daily steps with pedometer or phone app</li> <li>Swim in the river or lake on a hot day</li> <li>Get a group together to go for a hike</li> <li>Split up long periods of studying with steps that equate to the number of minutes you've been sitting (ex: 60 min of studying=60 steps)</li> <li>Walk around the building on your lunch break</li> <li>Stand instead of sit while working or watching TV</li> </ol>
---	--



- ◆ What other activities would you add to this list?
- ◆ What days/times could you fit these activities in?
- ◆ Who can you do some of these activities with?

## Goal Setting for Physical Activity

### As easy as 1-2-3

Feel like something's holding you back from the activities you enjoy? Setting a goal is easy. Maintaining that goal long-term isn't. There's so much to consider when setting a new physical activity goal. You want to find something that's enjoyable and sustainable. Use this worksheet as a guide to think through all the pieces of making a change.

#### Step 1. What, when, where and who?

Activities I enjoy the most:	Where will I do the activity?
When will I do the activity?	Who will I do the activity with?

#### Step 2: What to expect

Who supports me in this activity?	How will this activity help my emotional state?
How will my body feel during this activity?	What did I experience last time I tried an activity like this?

#### Step 3: Troubleshoot

What are obstacles that might get in the way of doing this activity regularly?	What are some ways I could overcome those obstacles?
--	--

#### My New Goal:

How confident am I on a scale from 0 (not at all confident) to 10 (very confident) that I can follow through with this goal for 2 weeks? \_\_\_\_\_

## 15 WAYS TO MAKE PHYSICAL ACTIVITY

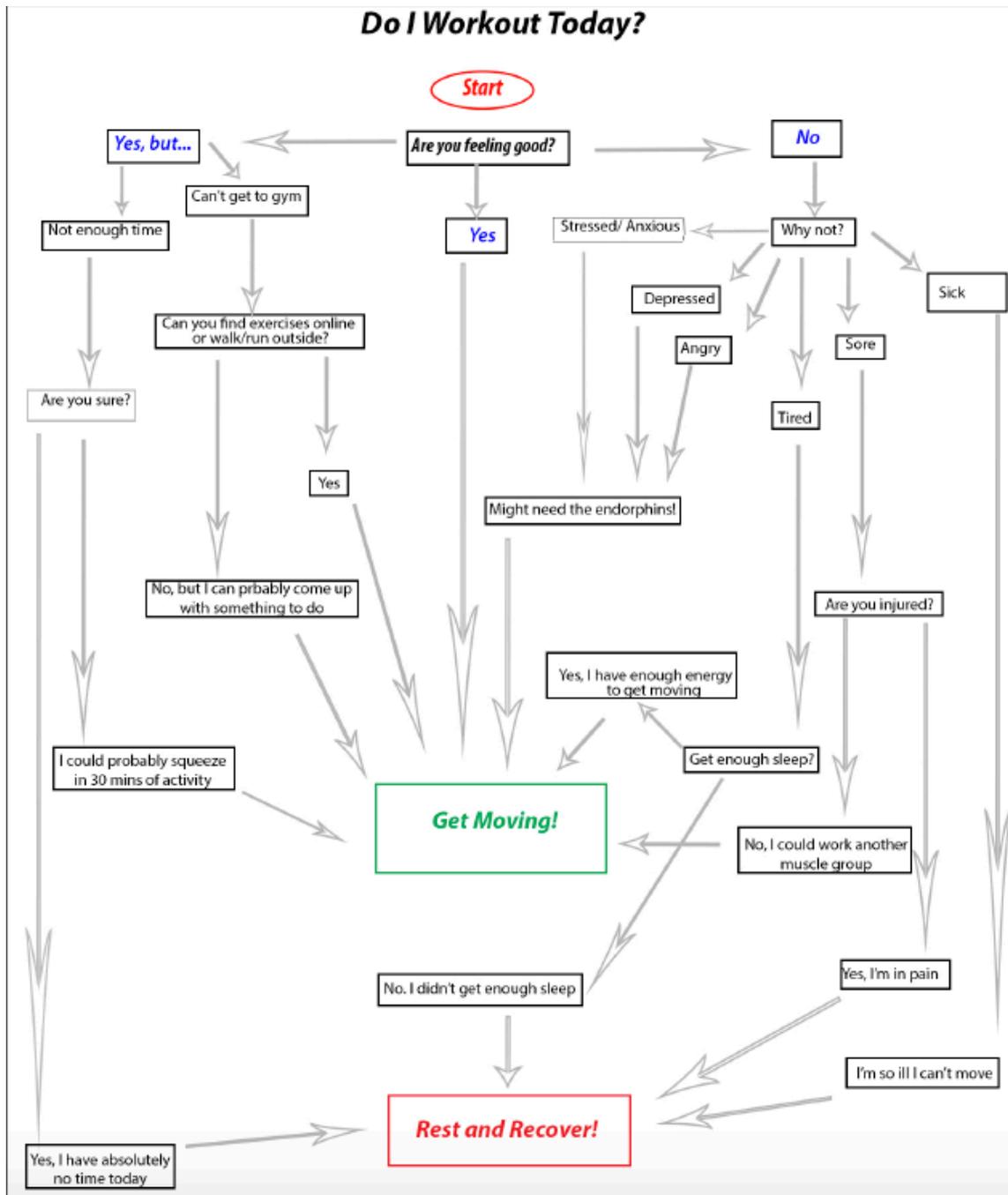


If you're like most people, you're likely finding a million reasons NOT to be physically active. With all that life throws at you, it's easy to push exercise aside. Who has time for sweat, soreness, and tedious movements? No one! Physical movement doesn't have to be like that. We make time for things we ENJOY doing. Here are 15 ways to make physical activity something you look forward to, instead of dread.

- |   |  |
|---|--|
| 1. Bring a friend along                       | 10. Walk outside   |
| 2. Make a new workout playlist                | 11. Sign up for a fun run  |
| 3. Watch TV when doing cardio                 | 12. Write exercises on popsicle sticks and pull a few out of a jar to mix up your routine              |
| 4. Slow down the pace if you're uncomfortable | 13. Try hula hooping and jump roping for cardio  |
| 5. ...Or kick it up a notch if you're bored!  | 14. Roll a dice to decide how many reps or minutes you will do an exercise                             |
| 6. Try a new activity                         | 15. Find a Tabata routine online   |
| 7. Join a team sport                          | Note: Tabata training is a High-Intensity Interval Training (H.I.I.T) workout that lasts four minutes. |
| 8. Look up an exercise video online           |  |
| 9. Sign up for a dance class                  |  |

One way I can make physical activity more fun is: \_\_\_\_\_

### Do I Workout Today?



## Post-Program

Zung Scale (3rd distribution, last day or 8 weeks into program)

### ZUNG SELF-RATING DEPRESSION SCALE

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
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Physical Activity After The Program***PA After the Program***

On a scale from 1-10, how confident am I to do PA on my own? Why?

---

---

Who else can I do PA with on days I need a buddy?

- \_\_\_\_\_  
- \_\_\_\_\_

Where can I do PA if I don't have access to the university's gym?

- \_\_\_\_\_  
- \_\_\_\_\_

What barriers might prevent me from doing PA?

- \_\_\_\_\_ - \_\_\_\_\_  
- \_\_\_\_\_ - \_\_\_\_\_

What are some solutions to these barriers?

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

What new activities do I want to try?

---