Implementation of a Holistic Lifestyle Management Program with an Adult Diagnosed with Schizophrenia: Using Psychoeducation to Increase Healthy Lifestyle Behaviours and Enhance Employment

By

Jessica Connolly

A thesis submitted to the School of Community Services in Partial fulfillment of the requirements for the degree of Bachelor of Applied Arts in Behavioural Psychology

St. Lawrence College
Kingston, Ontario
Canada
February 13, 2013
DEDICATION

I would like to give a big thank you to my family and friends who have supported me throughout my thesis journey. Their words remained as a motivator for me to keep striving until the end.
ABSTRACT

The program was well designed to help the client develop the beneficiary tools to maintain physical, emotional, and psychological health to ensure stability within the employment industry. The ultimate purpose of this program was to integrate a holistic lifestyle management program into the life of an individual with a diagnosis of schizophrenia to enhance employment. The development of this program is crucial in helping clients increase their quality of life, purpose, and self-efficacy. Promoting a healthy lifestyle structure in the client’s life can help with creating stability and confidence in the work environment. Introducing the client to new lifestyle skills can help boost self-esteem which can reflect within the workplace by increasing assertiveness and appropriate communication. The staff members of the agency are encouraged to utilize the program for future vocational groups as it may be a benefit for the staff and clients.
ACKNOWLEDGMENTS

I would like to thank my college supervisor, Lana DiFazio and my placement supervisors Marcie McCann and Holly Stickan for their effort and time they spent with me to complete my very first thesis paper. Their reliable support and endless dedication has helped me strengthen my writing skills in preparation for obtaining a career in my field. It has been an elongated journey writing my thesis paper along with some tears, stress, confusion, aggravation, but not to mention, a sense of gratification. Thank you all for everything, you are excellent supervisors who have helped me to embark on the road of my dreams.

I also would like to thank the faculty of the Behavioural Psychology Bachelor’s Degree Program for their substantial efforts in preparing me for my future. The lectures, power points, feedback, and their advice have allowed me to utilize every bit of information and use it to expand my knowledge, expertise, and professionalism.

On a final note, I would like to conclude by saying there is always light at the end of the tunnel, I know because I’ve seen it. Thank you everyone who has truly inspired me to make the most out of myself. Your support has been exceptionally empowering.
TABLE OF CONTENTS

Dedication ........................................................................................................... ii
Abstract ............................................................................................................... iii
Acknowledgements .......................................................................................... iv
Table of Contents .............................................................................................. v
Chapter I: Introduction ..................................................................................... 1
Chapter II: Literature Review ........................................................................... 2
  Mental Illness and Employment ........................................................................ 2
  Stigma ............................................................................................................... 3
  Lifestyle Management ....................................................................................... 3
  A Lifestyle Study .............................................................................................. 4
  Psychoeducation .............................................................................................. 5
  Time Use ......................................................................................................... 5
  Stress Management .......................................................................................... 6
  Physical Activity and Nutrition ........................................................................ 6
Social Skills ......................................................................................................... 6
  The relationship between the literature review analysis and the thesis project 7
Chapter III: Method ........................................................................................... 8
  Client Referral Process .................................................................................... 8
  Facilitators ..................................................................................................... 8
  Client background ........................................................................................... 8
  Informed Consent Procedures ......................................................................... 8
  Lifestyle Management Manual ......................................................................... 9
  Setting ............................................................................................................. 9
  Design ............................................................................................................ 9
  Assessment Measures ..................................................................................... 9
  PAR-Q & YOU Form ....................................................................................... 9
  Beck Depression Inventory ............................................................................. 10
  Sessions ......................................................................................................... 10
  Behavioural Education ................................................................................... 10
  Feedback Form ............................................................................................... 11
Chapter IV: Results ........................................................................................... 12
  Pre-test BDI ................................................................................................... 12
  Post-test BDI ................................................................................................. 12
  PAR-Q & YOU Form .................................................................................... 12
  Feedback Form .............................................................................................. 12
Chapter V: Discussion ....................................................................................... 14
  Recommended Changes ................................................................................. 14
  Strengths ....................................................................................................... 14
  Limitations .................................................................................................... 14
  Impacts .......................................................................................................... 15
  Multilevel Challenges to Service Implementation Report ............................ 15
    Client ........................................................................................................... 15
    Program ...................................................................................................... 16
    Organizational ............................................................................................ 16
    Societal ....................................................................................................... 16
References .................................................................................................................................................. 17
Appendix A: Consent Form .................................................................................................................................. 20
Appendix B: Overview of Program Sessions .................................................................................................. 24
Appendix C: Semi-Structured Interview ........................................................................................................ 26
Appendix D: PAR-Q & YOU FORM ................................................................................................................ 28
Appendix E: Level of Depression as Indicated by Scores on the BDI Table ............................................. 29
Appendix F: Feedback Form ............................................................................................................................ 30
Chapter I: Introduction

People diagnosed with a mental illness experience various symptoms and mental distortions that are beyond their control (Woolis, 1992). The individual’s thoughts and feelings can be irrational and behaviours can manifest in unpredictable ways. People with mental illness have to cope with the symptoms, but also must endure societal ignorance surrounding mental health issues. According to Woolis, this population tends to be frightened, isolated, and ridiculed from society due to a lack of understanding of mental illness. As a result, the individuals often develop secondary symptoms that exacerbate their illness, such as experiencing depression, alienation, and loneliness. The ultimate purpose of this program is to integrate a holistic lifestyle management program into the life of an individual with a diagnosis of schizophrenia to enhance employment. It is hypothesized that if healthy lifestyle behaviours are increased for an individual with a schizophrenia diagnosis through a holistic lifestyle management program, employment enhancement will be the result therefore sustaining employment for the current study’s participant.

In the following thesis, the core chapters that will be discussed are: a review of the literature on schizophrenia and lifestyle management approaches with this population; the methodology of the current study; the results; and lastly a discussion of the findings.
Chapter II: Literature Review

According to Oltmanns, Neale, & Davison (2003), the primary characteristics of schizophrenia are hallucinations, delusions, and affect and thought disturbances. Most of the time, people with the illness experience a decrease in significant areas of functioning such as work, interpersonal relations, or self-care. Schizophrenia affects 1 to 2% of the population and is quite a moderately common disorder (Jones & Cannon, 1998; Keith, Regier, & Rae, 1991; as cited in Oltmanns et al., 2003). In order to make a valid diagnosis of schizophrenia, individuals must currently exhibit two or more characteristic symptoms according to the DSM-IV (Lindsay, Paulhus, & Nairne, 2008).

There are positive and negative symptoms of schizophrenia. Positive symptoms consist of delusions or hallucinations while negative symptoms consist of a decreased interest in life and lack of ability to express emotions (Lindsay et al., 2008). Research has indicated that people who are diagnosed with schizophrenia benefit from social skills training and cognitive behavioural therapy. These techniques can decrease the negative symptoms experienced from the disorder while encouraging appropriate social performance (Fung, Tsang, & Corrigan, 2008). According to Henry, Hippel and Sharpio (2010), people with schizophrenia have the inability to focus their attention on the social demands they because from stigmatizing threats made by society. In addition their social functioning can be negatively impacted due to their awareness that others may be informed of their diagnoses. This causes an interruption in their ability to socially interact.

Individuals diagnosed with schizophrenia are becoming more at risk for social and occupational impairment and incessantly and intermittently reveal psychotic symptoms throughout their lives (Jones & Cannon, 1998; Keith, Regier, & Rae, 1991; as cited in Oltmanns, 2003).

Mental Illness and Employment

Acquiring the skills to obtain employment has been a challenge for people with mental illness; the unemployment rate for this population is quite high with a range of 75 to 78% for this population (Waghorn & Lloyd, 2005, as cited in Sherring, Robson, Morris, Frost & Tirupati, 2010). According to Krupa, Kirsh, Cockburn, and Gewurtz (2009) society’s misinformed perceptions have led to a misunderstanding of the vocational skills of mentally disordered people; even though competent abilities can be demonstrated in the work place. According to Krupa et al., stigmatization within the workplace is a violation of the Canadian Human Rights Act and the Employment Equity Act.

Overall, society has conceptualized mental illness and employment negatively. However, obtaining employment can benefit mentally disordered individuals without neglecting productivity within the work force. Such benefits include social inclusion, diversity, and a chance to express their potentials within the employment industry. Specifically, people who are diagnosed with schizophrenia have difficulties with maintaining employability due to their lack of teamwork skills (Torrey, 2006).

Individuals who are mentally ill and who obtain employment have greater life benefits that help them achieve adaptive daily functioning, such as financial, social, and health (Bond, 2004; Burns et al., 2008, as cited in Sherring et al., 2010). According to Sherring, the mentally ill are frequently reported as having some impairment in vocational and educational development; therefore, it is recommended that some employment support should be offered as early as possible to prevent long-term physical and social impairment. According to Becker and
Drake (2003), it has been shown from a variety of vocational programs that without employment support programs that address problem solving techniques within the workforce, individuals with mental health disorders are faced with challenges and complexities, which may hinder their success.

Individuals who have schizophrenia benefit from a healthier and productive life when they are employed. According to (Minato; Zemke, 2004; as cited in Fuller et al., 2000), people with schizophrenia benefit more positively when they are employed in the community as it helps relieve symptoms of their illness, gives them daily structure, provides purpose in their lives, increases opportunities for peer socialization, and allows them to earn an income to further their independence. Thus, assisting mental health clients with vocational services to obtain and maintain an employment position can have great benefits to the individual.

**Stigma**

Over time, stereotypes and misconceptions developed from society regarding mental illness may be due to a lack of education. As a result, people diagnosed with a mental disorder are often faced with challenges that interfere with normal daily functioning. Some people in society have developed the belief that people who have a mental illness are dangerous and can harm themselves, or their children, resulting in fear and rejection to this population (Leff & Warner, 2006). These socially stigmatizing attitudes have lead people with psychiatric illnesses to develop a lower sense of self-worth in comparison to the rest of society; this has resulted in a lack of motivation to succeed.

For many years there has been a stigma associated with mental health and employment opportunities. Society has a skewed perception of mental health patients and the opportunities available to them within the work force. According to King et al. (2006), there are three significant barriers that mentally disordered people face with in the employment industry: (1) personal barriers, such as low self-esteem, self-efficacy, psychiatric symptoms, and medication side effects; (2) barriers created by other individuals, such as stereotyping from community members and employers; and (3) service delivery system barriers, such as work productivity. There is evidence claiming that those who have a mental health issue have less desire to pursue work as they anticipate discrimination, lose financial and psychological benefits. People diagnosed with a mental disorder have concerns about being less productive in the workforce and a relapse of mental issues (Butler, Howard, Choi, & Thornicroft, 2010).

Assisting patients who have mental health disabilities through vocational rehabilitation will not only help them gradually recover from mental health symptoms, but will also increase self-worth, social interaction, financial income, quality of life, self-esteem, community participation, and decrease their dependence on mental health services (Arns & Linney, 1993).

**Lifestyle Management**

Lifestyle management is comprised of adhering to a variety of self-care components in your life to achieve optimal health. According to Janssen-Ortho Inc. (2009), self-management involves self-awareness, monitoring, coping strategies, personal goal setting, and relapse planning and management.

Studies show that having a person’s commitment on overall lifestyle improvement facilitates in the recovery process of mental illness. Evidence suggests that people with some form of mental illness are more likely to develop unhealthy lifestyles, such as poor health behaviours, chronic medical conditions, and increased mortality in comparison to individuals
who do not have a mental illness (Kilbourne et al., 2007).

According to O’Sullivan, Gilbert & Ward, (2006), contributing factors such as reductions in physical activity and employment opportunities seem to increase the chances of developing weight gain, obesity, and other negative repercussions in the mental health population. Poor management of lifestyle characteristics such as diet, stress management, and physical activity can lead to an increased susceptibility to develop negative symptoms in individuals with schizophrenia (O’Sullivan et al., 2006). Through the use of exercise, nutrition, and medication, these conditions can be controlled to avoid premature death. Clinically, there has been little systematic research done in conducting developing wellness programs for people with mental illness in approaching the integration of a healthier lifestyle (Perlman et al., 2010). There is evidence to suggest that personal adjustment, health maintenance, and recovery from illness can be strongly correlated with social support (Chuang, Mansell, & Patten, 2008). Evidence suggests that people who have a mental illness are recommended to make positive changes with their physical health because that population reports a lower quality of life, worse general health, and more problems with physical activity (Daumit et al., 2005, as cited in Perlman et al., 2010). A variety of environmental factors which increase mortality rates, such as, weight gain, lack of exercise, and lack of nutritional education for people with mental illness, can be clinically controlled.

It has been recommended that mental health services should develop intervention programs that focus on weight management, initial psychiatric treatment, improving nutritional knowledge, and increasing participation in physical activity programs (O’Sullivan, et al., 2006). Employees who take care of themselves through physical activity and form social relationships find themselves more stimulated and energetic (Bissonnette, 2004). Individuals who have a mental illness may have health problems and require attention to increase their knowledge of healthy lifestyle choices to produce positive behaviours (Bezyak, Berven, & Chan, 2011).

**A Lifestyle Study**

According to O’Sullivan et al. (2006), the Inner North Brisbane Mental Health Service, Royal Brisbane and Women’s Hospital had conducted programmes in the past designed to study the health and lifestyle concerns of consumers. However, evidence revealed difficulties with these programmes as they were only available for specific targeted groups. This current study was conducted by allied health students under supervisor from experienced clinicians a study to determine whether promoting healthy lifestyle program that educate mentally ill individuals addressing keys concepts will increase healthy behaviours. There were three modules conducted. The first module consisted of teaching nutrition and healthy eating. The second module was comprised of looking after one’s physical health while the third module looked at the benefits of exploring activities and interests. The program was designed to ensure practical and educational learning to improve retention of material while increasing healthy lifestyle behaviours. The goal of the program was to use a motivational approach when teaching, in order to enhance client success and to increase the longevity of the program.

Participants in the study were referred by doctor or case manager. At the end of each module, a satisfaction survey was distributed to the participants to evaluate the program and gather critical feedback from a client perspective. The results immensely demonstrated client satisfaction on the program with most clients independently discovering healthy lifestyle adjustments they planned to make through the course of the program. Furthermore, a limitation to this study consists of the gathering of subjective information for the data collection.
Psychoeducation

Cognitive behavioural therapy (CBT) offers supportive therapeutic relationships to help clients feel comfortable with cognitive and behavioural exploration. According to Wright, Basco, and Thase (2006) psychoeducation is demonstrated in CBT essentially by advocating client involvement and comprehension through two techniques. The first technique is for the therapist to give brief sessions that explain the target concept followed by the therapist asking the client questions. The second technique uses the client’s life situations to demonstrate the concepts. Effective psychoeducation through CBT aims to help the clients prevent behavioural and cognitive relapse. Clients are taught to become self-sufficient by giving them the skills to maintain their learned behaviours and cognitions after therapy has ended. It is hypothesized that if healthy lifestyle behaviours are increased for an individual with a schizophrenia diagnosis through a holistic lifestyle management program, employment enhancement will be the result.

Time Use

According to Minato and Zemke (2004), people who have an illness of schizophrenia may have difficulties with how they decide to use their time, which ultimately affects how they are defined as a person. Schizophrenia is a mental illness that can act as a disruption with their daily routines, such as getting up in the morning, having breakfast, engaging in self-care, using transportation, and going to work. They also commented that mental illness may impede with the structuring of routines, which is why it is recommended that clients seek assistance in redesigning an appropriate lifestyle to ultimately help them gain a sense of agency. According to Minato & Zemke, people who can provide assistance to this population on structuring an appropriate time schedule that produces lifestyle benefits for them can provide a balanced routine; that allows them to engage in not only an occupation, but other multiple activities that individuals need or want to achieve regularly to sustain productivity and satisfaction.

Minato and Zemke (2004) conducted a study in Japan that explored the population of schizophrenia and their time management skills in conjunction with techniques used to strengthen their sense of time. The study in Japan (Minato & Zemke, 2004) evaluated time use with outpatients with schizophrenia living in the community, in comparison to the general Japanese population. There were 54 male and 35 female participants who volunteered their time to participate in the study while signing an informed consent. The research was to determine whether people with schizophrenia living in the community with or without job related schedules have different time management use than those without schizophrenia. The study provides insight on ways to help people with schizophrenia live healthy lives in the community and ensure that they have the daily living skills to do so. The study consisted of promoting individuals to write in a daily diary over a two day period recording the time that they spent for each of these categories: sleep, work, homemaking, play, socialization, and rest. Visual analysis indicates that individuals with schizophrenia regardless of being employed or not spent more time in sleep and rest categories than the general population. The general population of Japanese, regardless of employability or not, spent more time in self-care and meals categories. Overall results indicate that people with schizophrenia spent less time in activity and leisure than the Japanese population. Thus, results support the notion that people with schizophrenia demonstrate patterns of inactivity which is subtracting less time from other areas in their life. However, further limitations should be accounted for. Firstly, there was a survey used to enable comparison between sample groups which is not the most reliable tool to use for group distinction. A second limitation consists of the researchers both collecting and analyzing the data which can create bias.
Stress Management

According to Wang et al. (2009), previous research has indicated that the way people manage their stress does not only affect the prognosis of mental disorders but also the way in which they function. According to Perlman et al., (2010), a multidimensional wellness group was implemented for eighty-three veterans with comorbid psychiatric and medical conditions. The fifteen week program was designed to increase patients’ quality of life with physical and behavioural practices. Psychoeducation was used to in the program to ensure beneficial results for the clients. Positive health behaviours were encouraged through a discussion on the following to ensure best practices were being demonstrated: exercise, nutrition, sleeping patterns, and substance use. Behavioural activation which is a physical practice of behaviour, was emphasized in the program. The participants expressed their opinions about the program through a survey. Group members reported improvements on three emotional health/interpersonal sections on the survey. They were emotional role functioning, social role functioning, and mental health. In addition, three physical health areas improved such as general health, physical role functioning, and bodily pain. However further limitations should be accounted for. This was an uncontrolled study based on self-report measures which limits the treatment efficacy. Replications for other samples are needed as well as follow-ups to establish the duration of treatment effects.

Physical Activity and Nutrition

O'Sullivan et al. (2006) revealed that regardless of all the knowledge surrounding the benefits of exercise, individuals with a mental illness have demonstrated significantly lower activity levels than the general population.

Negative symptoms experienced by mentally ill individuals such as lack of motivation and social isolation, often lead to diminished activity levels and general fitness health (O'Sullivan et al., 2006). Evidence shows that physical activity reduces psychosis, depression, and anxiety symptoms in individuals with schizophrenia. In addition research indicates improvements in physical health and a sense of well-being when physical activity is employed regularly.

According to McDougall (1992) (as cited in O'Sullivan et al., 2006), mentally ill individuals have higher morbidity and mortality rates due to poor diet. Specifically, people who are diagnosed with schizophrenia have rates in obesity higher than the general population (Rege, 2008). They also have negative lifestyle habits such as poor diet, smoking, and a higher level of inactivity level in comparison to the general population. Diet is a main factor in controlling health outcomes with mentally ill individuals who sometimes tend to choose accessible fast foods; a diet high in fats and sugars while not obtaining an optimal level of fiber in comparison to the general population. It is important to ensure healthy eating patterns that are balanced while choosing the right foods and the best way to eat them. According to Aquilia, (2002) (as cited in O'Sullivan et al., 2006), mental health institutions should provide weight management interventions in combination with psychiatric treatment, nutritional education, and promote involvement in exercise programmes.

Social Skills

Although clients who have mental disabilities may be socially withdrawn, it is crucial for them to adapt to a social environment if they want to maintain employment. Lack of social skills can result in stress and a diminished lifestyle Falloon, (1984) (as cited in Nilsson,Gräwe,
Social skills training is a recognizable behavioural intervention to increase social competence with people diagnosed with schizophrenia. Social skills training are critical to teach an individual to develop social competence (McFall, 1982; as cited in Spence, 2003). Some of the components to teach in achieving social competence include control over non-verbal gestures such as eye-contact, facial expression, posture, social distance, and use of gesture depending the social situation (Spence, 2003). There are some social skills training programs developed for those with schizophrenia that are intensely structured to ensure specific social components are addressed. Examples of the targeted components include social cues, facial expressions, and the basic elements to construct an appropriate social interaction (Torrey, 2006). In addition to non-verbal gestures, the incorporation of appropriate verbal qualities should be taught. These include teaching correct tone of voice, volume, rate and clarity of speech (Spence, 2003). On a more complex level, helping an individual achieve the necessary conversational skills includes teaching the appropriate moments in which to initiate the conversation and choosing appropriate subjects for conversation.

According to Spence, there are certain cognitive, emotional, and environmental issues that act as an influence to social development. When teaching a person to practice a skill, it is valuable for the client to be provided with feedback and reinforcement. Spence (2003) indicates that feedback should be given in a constructive manner that ensures there is recognition of the positive performance while focusing on the areas of change to better improve the skill being employed. According to McDougall (1992) (as cited in O’Sullivan et al., 2006), healthy lifestyle programming should incorporate educational components that will promote dynamic involvement to increase the transference of skills to their external environment.

The relationship between the literature review analysis and the thesis project

The literature review provided information that pertains to the thesis project by first exploring the importance behind why individuals with schizophrenia or a mental illness may benefit from a lifestyle management program. The analysis helps to create a positive correlation between improvement of lifestyle and employment sustainability. Furthermore, the analysis explores each educational session from the lifestyle management project and elaborates on the pertinence of teaching clients the material.
Chapter III: Method

Client Referral Process

The client was referred into an adult mental health service that offered vocational services in which he utilized. The client’s coordinator referred the client for additional support with his depressive symptoms and decision making that would help him have an enhanced employment experience.

Facilitators

The facilitator was a placement student who was supervised by a full time vocational coordinator at the agency. The facilitator was responsible for implementing the program. The supervisor’s role was to evaluate the student’s progress in the program that she had developed for her client. The supervisor scheduled weekly meetings to monitor the student’s development and implementation of the program, as well as her general professional functioning in the agency.

Client background

The client is a 30-year-old man who has a diagnosis of schizophrenia, undifferentiated type. The client is currently employed within the custom service industry and living independently. He has post-secondary education and successfully completed his math degree. The client is very devoted to his parents and visits with them on a regular basis. The client had been with the agency since 2006 and the vocational team specifically, since 2010. The client engages in frequent negative self-talk and lacks effective communication skills with his coworkers and managers. Since his volume of speech is low when communicating, it is difficult for others to comprehend what he is verbalizing. He demonstrates flat affect as he frequently presents as monotone or non-responsive. There are observable symptoms to suggest depression, such as fatigue, sluggish, non-expressive tone, and he appears unmotivated to make change in his life but, there is no official diagnosis.

Informed Consent Procedures

A consent form was developed by the facilitator of the program (Appendix A). The consent form stated the length of the program, the overall purpose of the program, and the rights the client has to refrain from participation or withdrawal from the program at any given time. The consent form explains clearly the confidentiality measures that are performed to ensure security of the client’s information and involvement with the program. The program facilitator independently read and reviewed the consent form to the client to ensure comprehension and provide clarification. It is important to note that the client’s vocational workers were not involved in the delivery and supervision of the program but merely would only follow up with the development of the program and the client with the facilitator. Following this action, the client signed the forms at the agency. Any questions the client had were immediately answered by the program facilitator, to ensure there was not any confusion with the purpose or expectations of the program. In terms of medical background, a medical letter was received from the facilitator to allow her permission to engage her client to workout at the gym with her assistance. Due to confidentiality, the medical letter is not included in the appendices. It is also
important to note that the current study was reviewed and approved by the Research and Ethics Board at St. Lawrence College.

**Lifestyle Management Manual**

A manual was developed for the client that consisted of five sessions related to the promotion of a healthy lifestyle to increase healthy lifestyle behaviours. Each session provided the client with educational information. Every week, one or two sessions, depending on the client’s availability, was implemented by the facilitator. Each session was approximately 2 hours in length and focused on one topic related to healthy living. Topics included stress management, physical health, nutrition, time management, and social skills. Appendix B provides an overview of the five sessions in the manual, and Appendix C presents the entire manual. The manual was given to the client upon completion of the program for future reference.

**Setting**

The role of the agency is to provide clients with services to help them cope with their mental illness and increase overall life satisfaction. They provide group and individual counseling sessions to target client’s behavioural and or cognitive concerns while devising a plan of action tailored specifically to the individual’s needs and goals. The sessions were held in a quiet, but large enough room where distraction could be eliminated. The sessions were held in either an office, interview room or computer lab. A desk and chairs were provided for comfort and usability. The facilitator offered refreshments for every session.

**Design**

The program was presented to one person; therefore making it a single subject design. The dependent variable was the client’s change in depressive symptoms, while the independent variable was the use of psychoeducational sessions to assist the clients in developing the appropriate skills to increase self-confidence, self-efficacy, and contentment to help relieve depressive symptoms.

**Assessment Measures**

The facilitator accompanied the coordinator on several meetings with the client to start building a rapport with the client. This allowed the facilitator to critically observe the client and his behavioural style. The facilitator had the opportunity to expand her knowledge of the client by observing him in his workplace environment to examine his strengths and weaknesses. This opportunity allowed the facilitator to develop more appropriate strategies to maintain the client’s overall work efficacy.

Prior to treatment, an informal questionnaire (Appendix C) was developed and used to evaluate the client’s lifestyle and maladaptive behaviours. The questionnaire was comprised of 10 questions related to the client’s current lifestyle. This assessment allowed the facilitator to analyze the client’s responses.

**PAR-Q & YOU Form**

The PAR-Q & YOU Form (Appendix D); Warburton, Jamnik, Bredin, and Gledhill,
Appendix D) is a questionnaire that examines the physical fitness readiness for people ages 15 to 69. This was administered to the client before he started his program as physical activity was a component in treatment.

**Beck Depression Inventory**

Beck (1996) developed the Beck Depression Inventory I (BDI) to assess the severity of depressive symptoms. The inventory is represented in a Likert-scale format as it requires the individual to rate each statement from zero to three. Zero is represented as the statement least relevant to the individual and three represents the statement that is the most relevant to the individual. For example if the statement is “I feel sad everyday” an individual who is sad only occasionally, could rate that statement as a zero, one, or two. The inventory consists of 21 items. After completing all the items, the data was totaled to evaluate the level of the individual’s depression. As part of procedural protocol, the total number is critical in determining the kind of treatment needed to relieve the individual’s depressive symptoms. The BDI provides a table to determine an individual’s level of depression (see Appendix E).

Due to the fact the BDI is copyrighted, the Beck Institute provided consent to administer the test and discuss the client’s results. The only exception was that the test could not be reproduced in the body or appendix of the thesis, but only referred to it. This scale is currently in the public domain.

**Sessions**

There were five sessions in total. The first half of each session consisted of a collaborative discussion on the topic of that day as well as didactic instructions made by the facilitator. The client was given a workbook of all the sessions laid out for visual guidance, prompting, and fading purposes. There were writing activities that were introduced throughout the sessions to help expand his knowledge on the topic, role playing, scenarios, and lastly practicing of the skills. The writing activities were completed with the facilitator and the client to ensure discussion work was completed correctly and understood. All writing activities can be found in the manual.

**Behavioural Education**

During the second half of each session, the client and the facilitator had the chance to practice behavioural skills that were devised to create a more enhanced lifestyle. Each behavioural skill lasted approximately one hour and a half. The first session was on stress management. The client began the first session in the classroom learning about stress management and then he attended a scheduled yoga class that was offered in the agency by a yoga instructor.

The second session was on nutrition. The client began the second session in the classroom learning about nutrition and then attended a trip to a local grocery store to put his knowledge into practical use. A dietician accompanied the client and facilitator throughout their entire visit to the grocery store to educate the client on proper nutrition and how to buy healthy foods that are affordable. The third session was on physical health. The client began the third session in the classroom learning about physical health and then followed attended an outing to a local gym to participate in some light exercises. The exercises were simple enough for the client. The workouts simply involved using cardio machines to increase cardiovascular health.
fourth session was on time management. The client began the session in the classroom learning about effective time management and then attended a second outing to the gym in continuation of practicing stress management and physical health. The fifth session was on social skills. The client began the session in the classroom learning about social skills through handouts and some role playing and then attended a third outing to the gym in continuation of practicing stress management and physical health.

Once each session ended, the client returned his workbook to the facilitator to prevent from reading ahead. The client was only given the workbook as a reference once the treatment had ended.

**Feedback Form**

The client was provided a feedback form (Appendix F) after the intervention was completed to generate opinions regarding areas of strengths or needs. The form supplied additional information to the facilitator on what changes needed to be addressed ensuring an increase in program quality.
Chapter IV: Results

Pre-test BDI

It is important to note that there were two responses endorsed for one of the questions. The client circled a 0 and a 1. The client scored either 11/21 or 12/21 on the BDI at baseline (Figure 1). Whether the client circled 0 or 1 on the one question in the pre-test, the client would still be in the same category for that range of score. (Appendix E). The pre-test was scored on a possible 21 points. The pre-test results indicated that the client’s score fell within the category associated with a mild mood disturbance,

Post-test BDI

There were no problems with responses on the post-test. The client scored a 10/21 at post-intervention (Figure 1), which is 1-2 points lower than the pre-test score. Overall, there was a change in the category of depression from the pre-test to the post-test. While the pre-test results indicated that the client’s score fell within the category associated with a mild mood disturbance, while the post-test results indicated that the client’s mood variations were considered within the normal range, when compared to the BDI categories.

![Figure 1: Level of Depression Scores Based on Pre-test and Post-test BDI Scores](image)

PAR-Q & YOU Form

The form reveals that the client answered “No” to physical health problems six out of seven questions. The seven question asks if there are any reasons why you should not do physical activity. The client therefore indicated “yes” due to his current nerve damage as well as side effects from one of the medications he is currently taking. The medication is known to cause dehydration especially if physical activity will be occurring. Due to the responses retrieved from this form, it was necessary for the facilitator to obtain consent from the client’s family doctor before proceeding with the gym sessions. The original copy of the PAR-Q & YOU Form was not included in the appendices due to confidential information disclosed on the document.

Feedback Form

At program completion, the facilitator met with the client to obtain the client’s perspective on the changes he had noticed after completing the manual. The client’s responses
are clearly indicated on the feedback form which can be located in Appendix F.
Chapter V: Discussion

The results indicate that the client’s BDI category of depression changed only slightly after the implementation of the program, though the client moved into a different depression classification, possibly indicating some intervention success. This offers only modest support for the success of the intervention. Whether the client’s scores on the BDI would change further over time is unknown however, that could be re-evaluated if the client’s worker re-administered the scale again 2-3 months after the end of the intervention.

The results provide only modest support for literature’s finding that using a variety of techniques to improve lifestyle management increases the overall recovery process and the specific mental health of clients. Helping the client to become acquainted with healthy lifestyle behaviours produces positive behaviours seemed to benefit the client. At the very least, the introduction of new material on proper lifestyle management had positive effects for the client by enabling him to move into a more adaptive category on the depression scale.

Recommended Changes

It is recommended that the facilitator administering the BDI while the client is present in the same room to ensure errors were not made. This will help verify whether the client followed the BDI instructions correctly and to ensure changes are made to the test before the client leaves the room. Following this recommendation would have led to a more accurate result, by catching the double response to one item as soon as they were made. Another recommendation would be for the test administrator to read the BDI instructions to the client and checking for comprehension before administering the test to ensure that the client is given the instructions clearly.

Strengths

The Lifestyle Program has a few strengths that should be noted. First, at program completion, the facilitator met with the client to obtain the client’s perspective on the changes he had noticed after completing the manual. The client disclosed that he felt more confident. On the client feedback form, he indicated that the community outings were beneficial for building social skills, which could help strengthen the client’s success with employment. In addition, the program is generalizable to other clients within the agency. The essentials skills taught in the manual are those that the clients can use to help with increasing their intrinsic motivation, life skills in a variety of targeted areas and professionalism.

In regards to its administration, the Lifestyle program is versatile in that it can be administered by any staff member at the agency. Although this program was implemented with one person, the manual could be presented in a group setting. A final strength to the program is its accessibility. All tools and resources used in the manual and the program can be found online.

Limitations

There are a few limitations to discuss about the overall program. One limitation is that the program has a weak research design. In addition, the BDI and feedback self-report measures relied on subjective data. Administering measures that solely rely on self-report do not always effectively demonstrate strong validity. For example, the client could have been responding to
questions in a socially desirable fashion. Due to the fact that all the assessment measures were subjective, there was low validity in the data scores. Overall, it could not be determined if the changes were a result of the program. A second limitation involves the client’s competence to understand the purpose of the program. In regards to the community outings requiring a demonstration of physical skill, the client may have focused his attention to the physical skill while neglecting other important aspects. For example, the client may have disregarded the connection between the program’s purpose and the maintenance of employment. This presumption is based on the client’s fluctuations with his engagement level in the sessions during the psychoeducation component.

The length of the sessions is another limitation. Due to the fact there was a cognitive and behavioural component to incorporate in each session; sessions were structured to fit a limited time frame to ensure boredom was reduced. The cognitive component of the session was 30 minutes in duration while the behavioural component was an hour and a half. Furthermore, the time set aside for psychoeducation may not have allowed a sufficient amount of time for learning. The client’s appraisal of skills taught may have been limited due to time constraints. If more time was allotted there may have been the opportunity for more depth in information provided to the client in each session. There are concerns surrounding the behavioural components of the sessions as well. Behavioural activities included participating in yoga at the agency, attending the gym, and going to the grocery store. The activities chosen may not have interested the client or may have not been comfortable for the client to perform. Failing to provide the client with favourable options may have affected attendance and participation. The client did disclose that he does not perform yoga very often and only goes to the gym approximately once a week, which suggests that he has a lack of interest in these activities.

There were some complications in scoring the Beck Depression Inventory. The client circled two answers for one of the questions on the pre-test and this affected the accuracy and reliability of the results. A final limitation concerns program fading. Due to time constraints no fading procedures were implemented to ensure the client could engage in the healthy lifestyle activities independently. The client may require on-going support in order to become fully autonomous in program engagement.

Impacts and Insights

According to the client, the program offered additional qualitative support for the impact of the intervention. The client expressed his enjoyment of the program, especially the social component it had offered. In addition the client stated that he felt better after the gym and anticipates continuing this activity.

From the facilitator’s perspective, it appeared that the client had become more assertive in making a variety of decisions. Based on observation, the client has become more motivated to take advantage of available resources while in the community to increase his social skills and productivity. Vocationally, the client has improved in his work ethic as noted by the client’s work supervisors. The client demonstrated some initiative throughout program completion by creating a resume and submitting it to an employer. The client has shown further initiative by exploring options in employment, social, and recreation areas. The above informal observations support the social validity of the intervention.

Multilevel Challenges to Service Implementation Report

Client Level

Every client is different. It can be difficult sometimes working with clients who can are
very narrow minded or resistant to change. It was difficult to motivate the client to move forward with an action or learn to have a different perspective on an issue. This is why it is critical to clarify to the client the benefits of attending their program sessions, and how the client’s engagement can facilitate with reaching their personal goal and employment stated in the consent form.

**Program Level**

The major challenge was developing a program that was not a duplicate of the agencies. At the agency they have their own vocational programs developed and conducted to help with clients with employability. The difficulty was to ensure a unique program, different from the agencies, was created while still developing informational sessions suitable for the client. Talking with other staff members to become familiar with the programs they offer will help to develop a unique and creative program that’s differs from theirs.

**Organizational Level**

Within the mental health agency, a multidisciplinary team is required to provide adequate amount of support to clients from various coordinators on the team. However sometimes when working collaboratively as a group there is still lack of communication. It is highly important for staff members to communicate effectively with other team members to ensure updates on clients are provided to deescalate duplicate work. After communicating with the team the facilitator was able to design the manual on information the client has not yet been taught by previous staff. Also, sharing information about clients with one another helps resolve any uncertainty with handling issues.

**Societal Level**

Taken in consideration that the client lacks some social skills and has a limited social network, the difficulty that developed was implementing a program that involves interaction out in the community. People who have a mental illness may isolate themselves and feel indifferent. This may divert them from wanting to engage in such a program that promotes social interaction. It is important to model appropriate social interaction when out in the community with clients and provide prompts for them to ensure they can verbalize and act independently without assistance.
References


Beck (1996) Beck Depression Inventory, Harcourt


Appendix A: Consent Form

Project title: The “Holistic Lifestyle Management Program”

Principal Investigator: [Name redacted]
Name of supervisor: [Name redacted]
Name of Institution: St. Lawrence College
Name of sponsor: N/A
Name of part partnering institution/agency: Frontenac Community Mental Health and Addiction Services (FCMHAS)

Invitation
You are being invited to take part in a research study. I am a student in my 4th year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at the [Name redacted] Community Mental Health and Addiction Services (FCMHAS). As part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

Why is this study being done?
This study is being completed to provide you with the appropriate lifestyle management skills to help with maintaining your job. My project is called The Lifestyle Management program. This program is focused at helping people gain valuable lifestyle behaviour skills to improve employment. Some examples of skills that will be taught are learning how to have a healthier lifestyle through physical activity, nutrition, time management, stress management, and improving social skills. The facilitator has created a feedback form for the end of the treatment to see if whether it helped you to make healthier lifestyle choices independently and to see whether you enjoy the program. The form gives you the chance to look the program over as a whole and to provide your opinions about it. The form will provide more information to the facilitator on what changes need to be made to ensure the program can be created more effectively. Your opinions and suggestions are very important as the facilitator is using your feedback to help evaluate her program.

What will you need to do if you take part?
If you choose to take part in this study you will be asked to take part in the Lifestyle Management program. The sessions will be two hours in length. Each session will begin with a discussion on each healthy lifestyle topic. There will be five sessions; two sessions completed weekly completed by a facilitator. Topics are: physical health, nutrition, time management, social skills, and stress management. Topics are not in order of when they will be taught. The first half of each session will involve a discussion on the topic of that day with writing activities to complete that will last for a half hour. The second half of each session, you and the facilitator will have the chance to practice self-care skills that will last one hour and a half.

The first session is on stress Management. You and the facilitator will first be in the classroom learning about stress management followed by attending a scheduled yoga class offered within the agency by a yoga instructor each Tuesday for an hour and a half.

The second session is on physical health. You and the facilitator will first be in the classroom learning about physical health followed by an outing to the YMCA gym to participate in some light exercises. The exercises will be easy for you. The workouts will simply involve
using cardio machines to increase cardiovascular health.

The third session is on Nutrition. You and the facilitator will first be in the classroom learning about proper nutrition followed by a trip in the community to a local grocery store to learn how to buy healthy and affordable groceries.

The fourth session is on time management. You and the facilitator will first be in the classroom learning about effective time management followed by attending a second yoga class to continue practicing stress management and physical health.

The fifth session is on social skills. You and the facilitator will first be in the classroom learning about social skills followed by a second trip to the YMCA gym to continue practicing physical health.

It is important to note that yoga is only offered on Tuesday. If you are unavailable that day yoga cannot be practiced and would therefore be substituted with going to the gym.

Before the program begins, you will be asked to complete two assessments: a semi-structured interview and the Beck Depression Inventory (BDI). The semi-structured interview allows the facilitator to be aware of the current lifestyle that you have to ensure treatment is necessary. The Beck Depression Inventory allows the facilitator to assess the severity of your current depressive symptoms. You will then complete the BDI after the treatment for comparison purposes to see if treatment made the difference in scores on the inventory.

At the end of treatment, you will be asked to fill out a feedback form that will be in a questionnaire format with the option to include written responses as well. This feedback form will take about 15-20 minutes to complete.

**What are the potential benefits of taking part?**
The potential benefits of taking part in this research study include learning healthy lifestyle skills in helping you to become a successful employee, and helping you to have a healthier productive lifestyle. As for the agency, the program will be left with them to use for implementation on other clients who require assistance on increasing healthy lifestyle behaviours.

**What are the potential benefits of this research study to others?**
The potential benefits of this research study to others includes using the feedback from you in improving the Lifestyle Management program for other people in the future who also wish to learn healthier lifestyle behaviours which can help with job maintenance.

**What are the potential disadvantages or risks of taking part?**
Risks from taking part in this research study are minimal but may include nervousness with the facilitator on the discussions within each session and also becoming bored throughout the session as two hours may be too long for you to remain focused. A second disadvantage of taking part of the program consists of the lack of interest you may have towards physical activity and may be resistant to participate in workout sessions at the gym and yoga. The last disadvantage is about attendance. If there is not regular attendance, you may not fully benefit from the program therefore resulting in less preparation for job maintenance.

**What happens if something goes wrong?**
You and the facilitator will have a brief discussion at the end of each session to address any concerns you may have on the program in order for the facilitator to change the program. If anything health related goes wrong, for instance at the gym, the facilitator would contact a staff member on duty for support if the concern is minimal. The facilitator will contact emergency care for health related concerns that require immediate attention while also contacting the
supervisors. In addition, the supervisors will be contacted if the facilitator is confronted with obstacles on how to handle a situation.

**Will my information you collect from me in this project be kept private?**
All information, including consents, must be kept in a locked cabinet, or encrypted on a computer that is password protected. My supervisor and I will ensure that all information that you provide is kept strictly confidential unless required by law. All feedback forms that you will submit will be kept in a locked file. In addition all information saved on a computer will be protected with a password completely eliminating any access from other people. This will prevent anyone from identifying you or the information you have provided us. All feedback forms will be anonymous in which you will not be required to put your name on any work you submit. You will not be identified in reports, conferences, presentations, videos, or publications.

**Do you have to take part?**
Taking part is voluntary. It is up to you to decide whether or not to take part in this research project. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part in this research project, you are still free to withdraw at any time, withdraw from the project at any time without giving any reason, and without any penalty, or negative consequences involved. Your withdrawal will not affect the services that you receive from the agency.

**Contact for further information**
This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Lana Di Fazio, the facilitator supervisor from St. Lawrence College. I really appreciate your cooperation and if you have any additional questions or concerns, feel free to ask the facilitator, Jessica Connolly (JessicaConnolly@hotmail.com). You can also contact the facilitator’s College Supervisor (Lana.Difazio@csc-scc.gc.ca) or you may also contact the Research Ethics Board at reb@sl.on.ca.

**Consent**
If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at the agency.

By signing this form, I agree that:

- ✓ The study has been explained to me.
- ✓ All my questions were answered.
- ✓ Possible harm and discomforts and possible benefits of this study have been explained to me.
- ✓ I understand that I have the right not to participate and the right to stop at any time.
- ✓ I am free now, and in the future, to ask any questions I have about the study.
- ✓ I have been told that my personal information will be kept confidential.
- ✓ I understand that no information that would identify me will be released or printed without asking me first.
- ✓ I understand that I will receive a signed copy of this consent form.
I hereby consent to take part.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Printed Name</th>
<th>Signature of Student</th>
<th>Date</th>
</tr>
</thead>
</table>
## Appendix B- Overview of Program Sessions

<table>
<thead>
<tr>
<th>Number of Session</th>
<th>Session Title</th>
<th>Session Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stress Management</td>
<td><em>(30mins)</em>&lt;br&gt;- The importance of relaxation&lt;br&gt;- Muscle relaxation demonstration&lt;br&gt;<strong>(1hr 30min)</strong>&lt;br&gt;- Yoga session with yoga instructor</td>
</tr>
<tr>
<td>2</td>
<td>Physical Activity</td>
<td><em>(30 mins)</em>&lt;br&gt;- The importance of exercise&lt;br&gt;- The benefits on the mind and body&lt;br&gt;- The importance of sleep and hydration.&lt;br&gt;- A workout program will be designed for the client to bring to the gym for visual promptness.&lt;br&gt;<strong>(1hr 30min)</strong>&lt;br&gt;- Visit to the Progress gym</td>
</tr>
<tr>
<td>3</td>
<td>Nutrition</td>
<td><em>(30 mins)</em>&lt;br&gt;- The importance of nutrition&lt;br&gt;- The benefits on the mind and body&lt;br&gt;- Canada Food Guide&lt;br&gt;<strong>(1hr 30 mins)</strong>&lt;br&gt;- Visit to a grocery store to learn how to purchase healthy foods that are affordable for the client.</td>
</tr>
<tr>
<td>4</td>
<td>Time Management</td>
<td><em>(30 mins)</em>&lt;br&gt;- What is time management&lt;br&gt;- The advantages of having effective time management skills</td>
</tr>
<tr>
<td></td>
<td>Social Skills</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------</td>
<td>---</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- What are social network (what makes up social skills)
- Importance of appropriate social skills
- Appropriate social skills worksheets

(1hr 30min)

- Visit to the Progress gym

(30min)
Appendix C: Semi-Structured Interview

1. How much physical activity do you do in a week?
   **Answer:**
   - once a week

2. How much sleep do you get on average?
   **Answer:**
   - 10 hours

3. Do you find it difficult to fall asleep at night?
   **Answer:**
   - No, medicine helps me fall asleep at night.

4. What does a typical meal consist of for you?
   **Answer:**
   - vegetables, protein, and carbohydrates. I eat lots of carbohydrates.

5. How do you feel physically and emotionally at work?
   **Answer:**
   - Physically = tired sometimes/sometimes anxious before work
   - Emotionally = depends on the day.

6. Do you think you manage your time effectively? If so, how?
   **Answer:**
   - Yes/No.
   - I have a planner.
   - I plan ahead.
   - I use the calendar on my phone
   - I feel I need some improvement.

7. Who makes up your social network?
   **Answer:**
   - 2 friends and family. I see my friends’ every day and my family 3-4 times a week.

8. Is improving your relationships with others a priority for you?
   **Answer:**
   - Yes. I am missing my girlfriend. I would like to increase my casual relationships.
   - I consider my social skills not that bad.

9. How do you manage your stress?
   **Answer:**
   - Go on the computer
   - Watch television
   - Take it easy
   - Eat

10. Do you think a self-management program that focuses on: physical health, nutrition, time management, stress management, and social skills are suitable topics for a program designed for you?
    **Answer:**
    - Social skills can be hard to teach.
• It can be hard to increase appropriate social skills at work when talking to my employers can be difficult because of their inability to accept criticism.

** The client is known to be ambivalent regularly which reflects his responses on assessments. Due to high rates of ambivalence and the client becoming anxious during the assessment session, little information was retrieved from the questionnaire.
Appendix D- PAR-Q & YOU FORM

NAME: ___________________________  PASS#: ___________________________

PAR Q & YOU

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active then you are now, start by answering the seven questions in the box below. If you are between the ages of 16 and 59, the Par-Q will tell you if you should check with your doctor before you start. If you are over 59 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

YES  NO
1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? ___________________________
2. Do you feel pain in your chest when you do physical activity? ___________________________
3. In the past month, have you had chest pain when you were not doing physical activity? ___________________________
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ___________________________
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ___________________________
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? ___________________________
7. Do you know of any other reason why you should not do physical activity? ___________________________

If you answered YES to one or more questions:
Talk with your doctor by phone or in person before you start becoming much more physically active before you have a fitness appraisal. Tell your doctor about the PAR-Q and which question(s) you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those, which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice and have them complete the PHYSICIAN’S APPROVAL FORM.
- Find out which community programs are safe and helpful for you.

If you answered NO to all questions:
If you answered NO honestly to all PAR-Q questions, you can be reasonably sure you can:
- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to.
- Take part in a physical appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:
- If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better.
- If you are pregnant – talk to your doctor and have them complete the PHYSICIAN’S APPROVAL FORM before you start becoming more active.
- Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional.

I have read, understood and completed the questionnaire. Any questions that I asked have been answered to my full satisfaction.

Name: ___________________________  Date: ___________________________

PHYSICIAN’S APPROVAL FORM

________________________  __________________________
Physician’s signature  Physician’s name (please print)

________________________  __________________________
Address:  Phone:

The following restrictions apply (if none, so state):

________________________
Physician’s signature

________________________
Address:  Phone:
Appendix E: Level of Depression as Indicated by Scores on the BDI Table

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>These are ups and downs are considered normal</td>
</tr>
<tr>
<td>11-16</td>
<td>Mild mood disturbance</td>
</tr>
<tr>
<td>17-20</td>
<td>Borderline clinical depression</td>
</tr>
<tr>
<td>21-30</td>
<td>Moderate depression</td>
</tr>
<tr>
<td>31-40</td>
<td>Severe depression</td>
</tr>
<tr>
<td>over 40</td>
<td>Extreme depression</td>
</tr>
</tbody>
</table>
Appendix F - Feedback Form

Instructions
Answer the questions below as best as you can to reflect your overall experience with the Lifestyle Program. The form will provide additional information to the facilitator on what changes need to be addressed ensuring an increase in program quality.

1. Did you find the treatment effective in increasing healthier behaviours? If so, how?
   a. Yes. Helps to strengthen activities outside of work and not be afraid.
2. How would you rate the overall effectiveness of the program out of 10? (0=lowest, 10=highest)
   a. 7
3. Did the treatment increase your productivity at work? Rate your response out of 10. (0=lowest, 10=highest)
   a. 7
4. What did you enjoy most from the program?
   a. Going to the gym, grocery shopping, and yoga.
5. What did you dislike from the program?
   a. Difficult to incorporate so many ideas into my life.
6. What are some areas you think you still need to work on in relation to a healthier lifestyle?
   a. Building and keeping good relationships.
7. Do you feel the information was delivered at an appropriate pace with knowledgeable and helpful information? Rate your response out of 10. (0=lowest, 10=highest)
   a. 7. Good pace, see question #5. Not too slow or boring.
8. What would you change from the program to make it more appealing and/or effective?
   a. Not too much, maybe having enough activities to choose from if some activities are too difficult.
9. How would you rate the overall appearance of the manual? Rate your response. (0=lowest, 10= highest)
   a. 8
10. Did the program help you meet your employment goals set out with the therapist before implementation?
    a. I did submit 1 resume and maintained my current work schedule.
11. How did the program help with your personal life?
    a. Helped build confidence. Nice to have someone to do activities with.
12. Did you find the practical experience of the program (community outings) to be enjoyable and helpful?
    a. Yes.
13. Do you plan on reviewing the manual from time to time to refresh your memory on the skills and information taught?
    a. Somewhat.
14. Did you find the purpose of the program clear?
a. Not always. It was a lot of fun and learned some important skills to help plan my time.

15. Overall, what would you rank the strength of the program in terms of the benefits it had in helping you to be successful within the workplace? Rate your response (0=lowest, 10=highest).
   a. 9

16. Additional Comments:
   a. Good diet information
   b. Lots of exercise
   c. Had fun and good social experiences
   d. Improved planning skills
   e. Trying to maintain relaxation or coping skills