



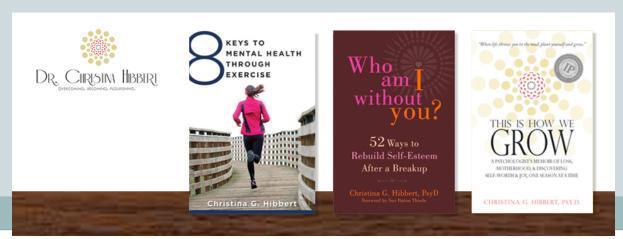
www.DrChristinaHibbert.com

Today's Presentation Handout

www.DrChristinaHibbert.com

"Speaking" tab

"Motherhood" Radio/TV on Itunes/YouTube
Twitter: @DrCHibbert
Facebook.com/DrCHibbert
Instagram.com/drchristinahibbert
YouTube.com/drchristinahibbert



Key 1: Heal Your Mind & Body with Exercise



Exercise: The Facts

- Research shows there are just as many mental health benefits of exercise as there are physical, yet most adults (81.6%) and adolescents (81.8%) fail to get the recommended amount of daily exercise (USDHHS 2008).
- Why are many not exercising when the benefits are so great?
- Most don't understand the physical and mental health benefits of exercise, and most don't know how to make exercise work for them.

Exercise & Physical Health Benefits

- Lower risk of heart disease, stroke, osteoporosis, high cholesterol—exercise also increases HDL, or "good," cholesterol (Blair, 1995)
- Various types of cancer esp colon and breast (Thune et al., 1997)
- exercising at least four hours per week has been shown to lower the risk of breast cancer by 37%
- Improved immune system for overall better health
- Improved quality of sleep and greater energy Rodriguez 2011 Driver & Taylor, 2000;
- Alleviated symptoms of premenstrual syndrome (PMS (Prior 1987).

Physical Health Benefits of Exercise

- Regular exercise can increase your life expectancy by an average of seven years

 (Belloc and Breslow, 1972).
- One study in the New England Journal of Medicine showed that women who weren't fit had twice the risk of death than those who were (Gulati et al., 2005).



Mental Health Benefits of Exercise



- Increases levels of serotonin, dopamine, and norepinephrine in the brain. Also increases endorphins. (Biddle & Fox, 1989; Chouloff 1994, 1997)
- Enhances mood and energy (Thayer, 2011; Griffin & Trinder, 1978)
- Improves cognitive functioning (Young, 1979)
- Reduces and helps us manage stress (Mayo Clinic 2012).
- Improves quality of sexual intimacy

Mental Health Benefits of Exercise

Can prevent and even "treat" various mental disorders

- Depression (Blumenthal et al., 2007)
- Anxiety & worry (Otto & Smitts, 2007)
- Bipolar (Mohammed et al., 2009)
- Schizophrenia (Gorczynski & Faulkner, 2010)
- Can also significantly help emotional issues such as
 - Grief
 - O Stress (Gerber et al., 2013)

Depression & Exercise

- Research shows that exercise is equivalent or superior to antidepressants in the treatment of both clinical (Blumenthal et al., 2007) and nonclinical depression.
- Exercise has also been shown to work as well as psychotherapy in treating mild to moderate depression.
- Regular exercise has been shown to cut depression prevalence in half—from 1 in 6 adults to 1 in 12 (Goodwin 2003).

Anxiety & Exercise

- *Generalized Anxiety Disorder:* decrease overall anxiety levels by reducing muscle tension, lowering blood pressure and heart rate, and producing a tranquilizing effect through increasing alpha waves in the brain (*Leith 2009*).
- *Panic Disorder:* Some phobically avoid exercise, but many do not, and acute and long-term exercise are not only safe for those suffering from PD, they significantly reduce anxiety symptoms (O'Connor, Raglin, & Martinsen, 2000).
- *Obsessive-Compulsive Disorder:* less negative mood and anxiety symptoms following exercise; those who stuck with exercise- less frequent episodes of obsessions and compulsions (*Abrantes et al., 2009*).
- *Posttraumatic Stress Disorder:* tend to be more sedentary and experience greater physical health concerns. Exercise decreases sedentary behavior, improves body composition, improves quality of sleep, and treast the spectrum of symptoms, including depression, that accompany PTSD (Rosenbaum et al., 2011).
- Social Anxiety Disorder: Aerobic exercise- reduce clinical anxiety symptoms while y increasing sense of wellbeing. These benefits appear not only during the intervention phase, but last up to three months later (Jazeiri et al., 2012).

Bipolar & Exercise

Bipolar Disorders

- Structured exercise- improve emotional, thoughtrelated, and physical symptoms
- can help calm the mind during manic or hypomanic phases, improving thought clarity, judgment, insight.
- Mood-enhancing and anti-inflammatory effects of exercise seem particularly helpful in alleviating depressive (Mohammed et. al. 2009).

Schizophrenia & Exercise

Schizophrenia:

- Improves mental clarity
- Helps feel less overwhelmed by symptoms
- Can alleviate depression and anxiety symptoms in those with schizophrenia, also works to calm auditory hallucinations (Faulkner & Biddle, 1999; Gorczynski & Faulkner, 2010).
- Shown to improve overall physical health and wellbeing in schizophrenic individuals (Bernhard & Ninot, 2012).

Addiction & Exercise

Drug, Alcohol & Process Addictions:

- Exercise is a valuable addition to addiction treatment programs for many reasons (Faulkner & Biddle, 1999).
- 1. It's has been shown to improve sleep and mental clarity, which lead to better decision-making.
- 2. Reduces depression and anxiety, which are common underlying factors that lead people to self-medicate.
- 3. Mood-enhancing effects of exercise may also mimic the effects of addictive substances in a healthy way, leading to a decreased need for the substance/process and a lower risk of relapse (Alcohol Rehab.com, 2015; Taylor et al., 1985)

Eating Disorders & Exercise

Eating Disorders (ED):

- Mostly ignored as a treatment for ED in the past, due to relationship with disease itself
- Recent research-Exercise can lead to improvements in physical appearance and body image, & it's not the physical benefits of exercise that make the difference with eating disordered individuals—it's the mental health benefits (Cook et al., 2011).
- Improves relaxation, lowers tension and worry, and improves mood
- Effects on self-esteem and depression can also reduce the risk of, or help treat, ED (Cook et al., 2011).

Personality Disorders & Exercise

- Personality Disorders (PD):
- Those who learn to manage and stick with an exercise routine=improved insight, judgment, and mental clarity.
- Exercise can also treat underlying conditions, like anxiety or depression, which can worsen PD.
- Exercise has the potential to positively impact and even improve personality *traits*, like sociability, internal motivation, assertiveness, neuroticism, placidity, emotional stability, and self-confidence (University of Minnesota Deluth, n.d.).

Cognitive Decline & Exercise

Cognitive Decline, Alzheimer's and Dementia:

- Exercise earlier in life prevents cognitive decline later in life, improving mental clarity and functioning and keeping the body and mind healthier and more vibrant (Larson et al., 2006).
- *Aerobic* exercise has also been shown to increase oxygen flow to the brain and thereby decrease brain cell loss in the elderly.
- Additional benefits may be gained from engaging in physical activities that also involve focus, planning, or thinking (Alzheimer's Association 2015 [1]).

Grief & Exercise

• Grief: Endorphins help with the depression and sadness of grief, and getting outside in the sunlight and seeing people remind us of the good in the world around us. Exercise also increases selfconfidence, to help us feel more in control of life again (Wellness Monthly 2012).





Exercise & Spiritual Health



Exercise is also associated with...

- Deeper relaxation
- Enhanced intuition, creativity, and enthusiasm for life (Lannem et al., 2009)
- Increased spiritual connection (Musick et al., 2000)

Why Consider Exercise for Mental Health?

In addition to multitude of benefits:

- Cost effective
- No stigma
- Safe, healthy alternative/compliment to medications

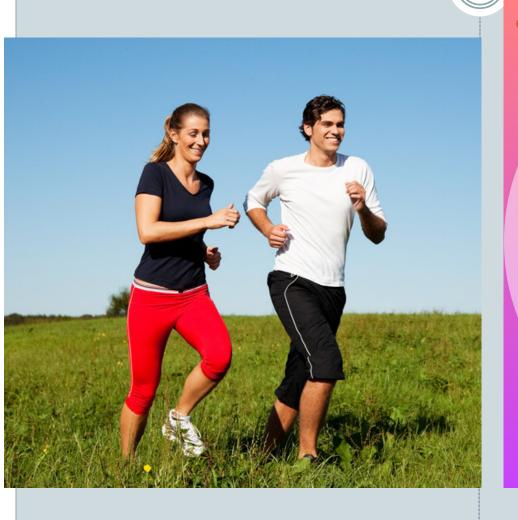


How Exercise Works

- The Endorphin Hypothesis (Leith, 2009)
- Monoamine Hypothesis (Leith, 2009; Meeusen & De Meirleir, 1995; Szuhany, Bugatti & Otto, 2015).
- Anti-inflammatory Theory (Hamer et al., 2012).



Key 2: Improve your Self-Esteem with Exercise



Self-Love

- ♥SELF-CARE
- SELF-COMPASSION
 - ♥SELF-KINDNESS

&

LOVE

VOLU

www.DrChristinaHibbert.com

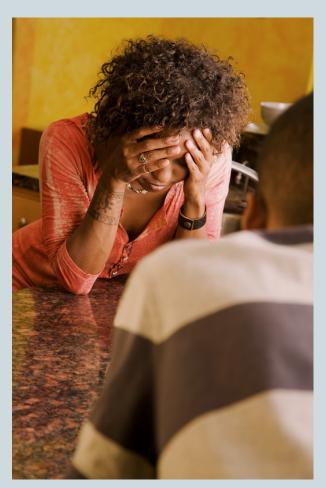
Research on Exercise and Self-Esteem

- Exercise improves self-esteem and body image.
- Builds self-confidence and competence over time
- Works both ways.
- Exercise makes us feel good about ourselves; not just about how we look, but even more so, about who we really are (Sonstroem 1984; Leith 2009).

Self-Esteem vs. Self-Worth

- Self-Esteem is based on how we:
 - Think
 - o Feel
 - o Look
 - Behave
 - What others think/say
 - Outward

• Self-Worth: Who you really are.



Self-Worth Defined

SELF-WORTH:

The ability to comprehend & accept my true value—

To understand I am more than my

mind, body), emotions & behaviors,

To see myself as God sees me,

To accept His loves for mes,

& to learn to love myself in like manner.

-CHRISTINA G. HIBBERT, PSYD

WWW.DRCHRISTINAHIBBERT.COM

How to Build Self-Worth





Self-Acceptance
Self-Amareness

www.DrChristinaHibbert.com

Self-Love

4 WAYS TO PRACTICE

1) SELF-COMPASSION

Think kindly about yourself.

2) SELF-KINDNESS

Do kind things for yourself.

3) LET LOVE IN.
Don't block it; let others love you.

4) RECEIVE GOD'S LOVE

Feel & embrace your divine potential.

-Dr. Christing Hibbert "Who Am & Without You?"

WWW.DRCHRISTINAHIBBERT.COM

Key 3: Exercise as a Family

The Family Who EXERCISES TOGETHER...

- ...gets & stays healthy together
 - ...grows in self-worth & confidence together
 - ...has fun together
 - ... remains active together
 - ...stays together.

FROM 8 KEYS TO MENTAL HEALTH THROUGH EXERCISE, KEY S

DiChristina Hibbert com

EXERCISE AS A FAMILY 50 Fun Ways TO GET & STAY MOVING TOGETHER!

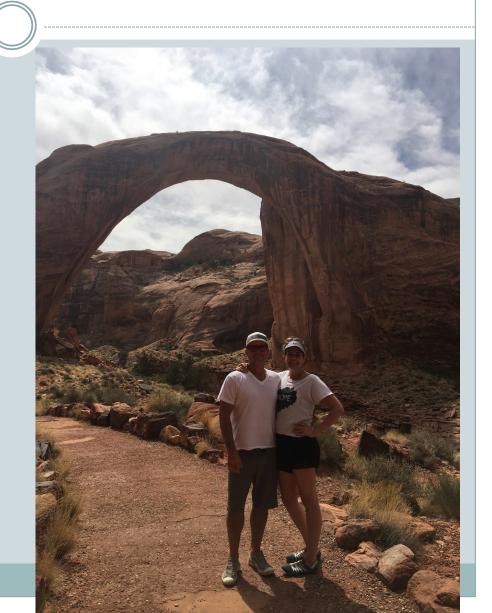


Research on Exercise and Relationships

- Improved social health and relationships
- Group or partner exercise increases social activity and connection while decreasing feelings of loneliness and isolation (Kulas 2015).
- Exercising together as a couple or a family can improve and strengthen family relationships (Ransdell et al., 2003).
- Model exercise for mental health & self-care for family
- Children more likely to make exercise a habit

Exercise as a Family

- Redefine Exercise!
- Be active—move
- Do what you enjoy
- Make it fun!
- Play counts
- Family bonding through activity (bike, hike, run, tag, jump, throw, catch...)
- 10 minutes or more



Key 8: Get Motivated

STRENGTH

Does not come from

PHYSICAL CAPACITY

It comes from an

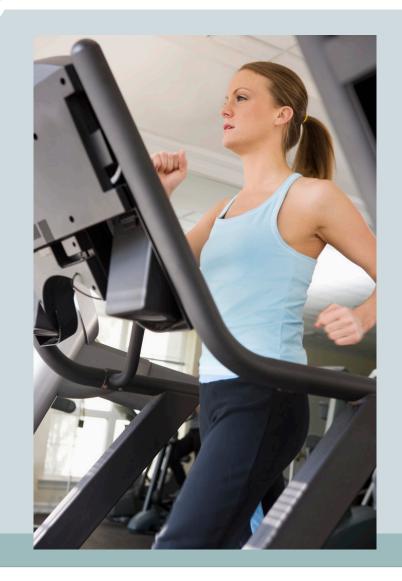
INDOMITABLE WILL.

-Mahatma Gandhi

8 KEYS TO MENTAL HEALTH THROUGH EXERCISE WWW.DRCHRISTINAHIBBERT.COM

Motivation Statistics

- 50% who start an exercise program will drop out in the first six months
 (Wilson & Brookfield, 2009)
- Many never even begin
- Why is it such a challenge?



Motivation is...

- a psychological construct used to explain behavior
- helps us understand desires, needs, wants, thoughts, feelings
- gets us up and doing what we know we could, should, or need to do
- what makes us want to change, grow and improve
- explains why we want to repeat or stop a behavior
- helps us understand why we *don't* act—why we avoid, reject, or even fear certain behaviors, feelings, experiences
- a word that's part of our daily thought process & vocabulary
- one of the most popular concepts we've adapted from psychology into everyday life.

"Motivation is quite literally in everything we do (or don't do)."

Motivation to Begin Exercising

- Healthy self-perceptions
- Positive feedback from family, friends, fitness professionals
- 2. Reinforcement that exercise is beneficial and worthwhile
- 3. Social support from loved ones

(Whaley & Shrider, 2005)

Motivation to Keep Exercising

• 5 Major Factors that Influence Exercise Adherence

(Trost et al, 2002)

- Demographic and biological
- 2. Psychological, cognitive, and emotional factors
- 3. Behavioral qualities and skills
- 4. Socio-cultural influences
- Environment and physical activity characteristics



Theories of Motivation

1) Self-determination theory (SDT)

- Intrinsic and extrinsic motivation
- Causality orientations
- Basic psychological needs
- 3 Premises of SDT
 - 1. Humans are inherently proactive about mastering internal world.
 - 2. We tend toward growth, development & integration.
 - 3. Though we seek to master our internal world and tend toward growth, they don't happen automatically.

(Teixeira et al, 2012 Ryan & Deci, 2000)

Theories of Motivation

2) Expectancy Theory

- First proposed by Victor Vroom
- Based on the idea that people choose to act in a certain way because of what they expect the result of their behavior to be.
- Motivation to behave is determined by desirability of outcome we expect.

Formula for Motivation-> M= E x I x V

 Motivation, Expectancy, Instrumentality, Valence (Oliver, 1974)

Exercise Motivation: Reflection Questions



- 1. What do I expect my performance to be?
- 2. What are the desired rewards I expect?
- 3. How much do I value these desired rewards?
- 4. Overall, how realistic are my exercise expectations?

4 Simple Steps for Tackling Expectations



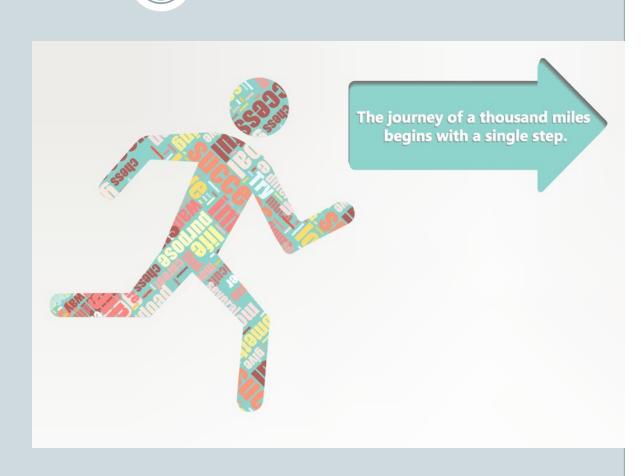
- 1. Identify your expectations.
- 2. Identify the current reality.
- 3. Compare your expectations to your reality
- 4. Either alter your expectation to match reality or alter reality to match your expectation.

Theories of Motivation

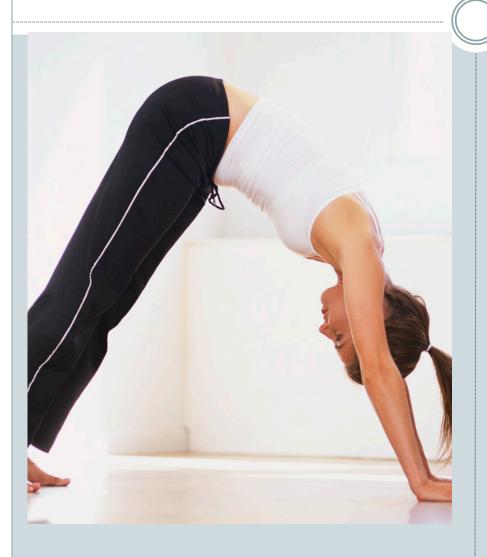
3) Goalsetting Theory

- Specific
- Challenging
- Evaluate
- Feedback

(Locke, 1968; Locke et al, 1981; Latham & Locke, 1991)



Motivation Tools

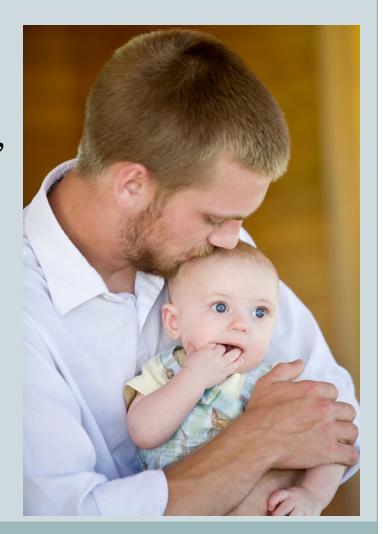


- Exercise Motivation Self-Evaluation
- SMART Goal-setting
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - o Time-bound

www.Exercise4MentalHealth.com

Mental Health Goals: Reflection Questions

- What are your mental health goals?
- Are you seeking to overcome a challenge like anxiety, depression, or stress?
- Are you focused on building selfworth and becoming your best self?
- Are you seeking flourishing through greater meaning, love, peace, and joy in everyday life?
- Or all three?
- Ponder and use the SMART goalsetting worksheet to write down your goals.



Tyler

- 1. Joined an online fitness training program that held him accountable
- 2. Started scheduling exercise
- 3. Set achievable goals "Do x workout, with x reps, with x weight, x times a week..."
- 4. "Mix it up."
- 5. Find an exercise partner.

Key 5: Change how you Think about Exercise

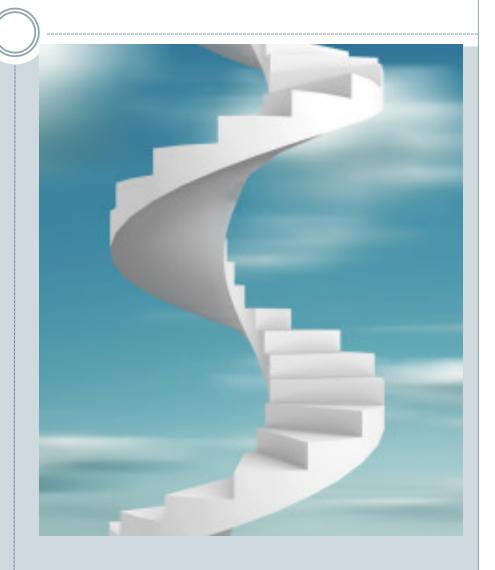
"Don't limit yourself. Many people limit themselves to what they think they can do. You can go as far as your mind lets you. What you believe, remember, you can achieve." ~Mary Kay Ash



Change How you Think about Change

Transtheoretical Model of Change

- "Spiral of Change"
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Termination



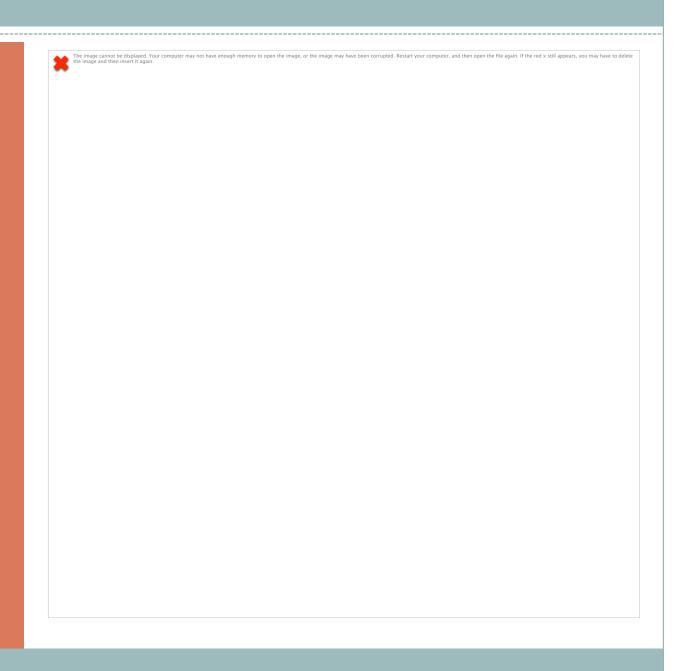


Change your thinking CBT tools

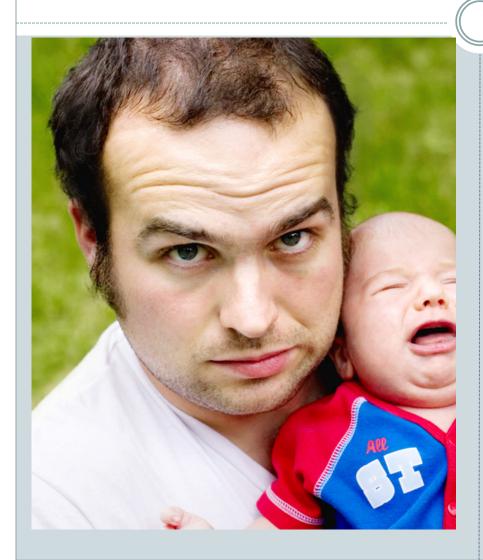
Identify thoughts/beliefs

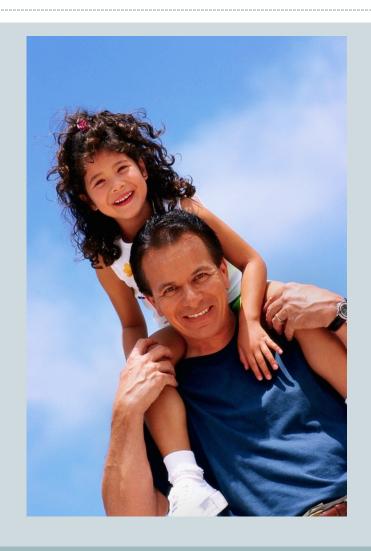
Challenge Change

Replace with healthy/true thoughts/beliefs



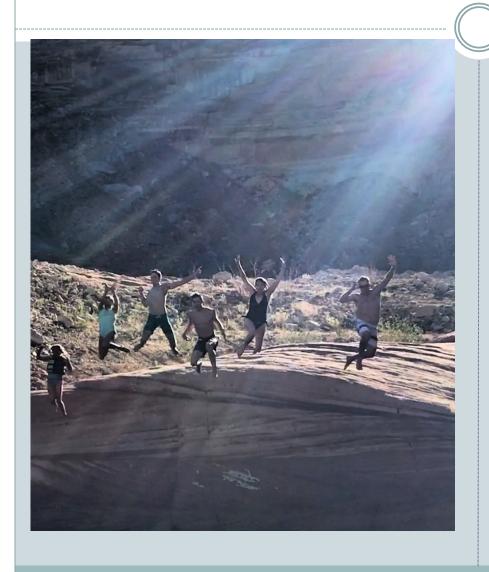
Key 6: Overcome Roadblocks





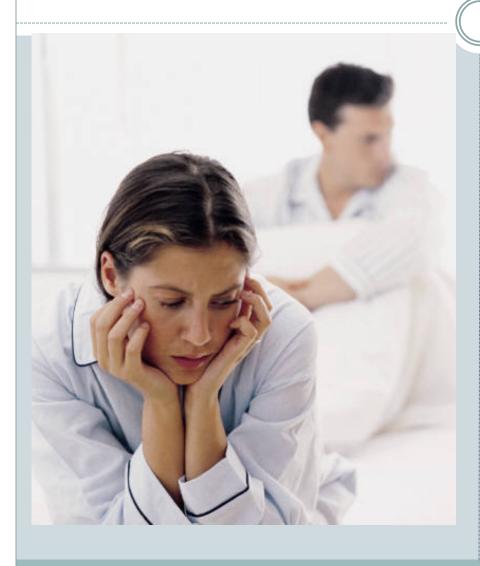
"I don't have time."

- Identify your priorities, and cut those least important.
- Plan and schedule exercise.
- Exercise early in the day.
- Incorporate exercise into activities you already do.



"I have too many family responsibilities to exercise!"

- Monitor your activities for one week.
- Involve your baby/kids in your exercise program.
- Create a home exercise studio and exercise during naptime.
- Join a gym with babysitting included or trade off babysitting.
- Play with your family!

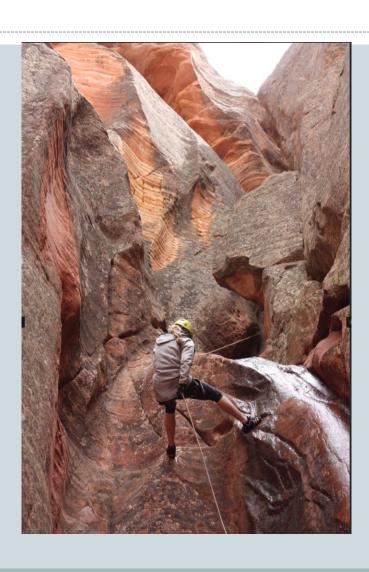


"I don't feel motivated."

- Discover your "why"
- Start small.
- Exercise at the right time of day, on the right days of the week.
- Plan exercise on your calendar and then check it off.
- Go slowly.
- Vary activities & make it fun!

"I'm too tired."

- Exercise first thing in the morning.
- Give yourself a short exercise challenge
- Remind yourself how getting up and moving will increase your energy
- Remember the connection between exercise and sleep.



"Exercise is boring."

- Choose activities you actually enjoy rather than forcing yourself to do exercises you can't stand.
- Incorporate an activity you enjoy into your existing routine.
- Try something completely new.

"I'm too stressed to exercise."

- Combine physical activity with stress reduction and relaxation.
- Practice mindfulness/breathing/gratitude/ meditation/prayer while you move.
- Try an "hour of power."
- If your body is feeling the effects of stress, try weight-lifting.
- Turn exercise into play.



"I'm too immobilized by depression to exercise."

- Enlist an exercise buddy
- Take it slow and easy
- Make walking part of your regular schedule and part of your treatment plan.
- Get outside

Exercise makes me too anxious. I feel like I'm having a panic attack."

- Begin in an environment that's comfortable.
- Select activities that are relaxing or fun.
- Start with small steps
- At first, distract yourself from the sensations of exercise.
- Slowly expose yourself to the sensations of exercise in other settings.
- Practice self-love

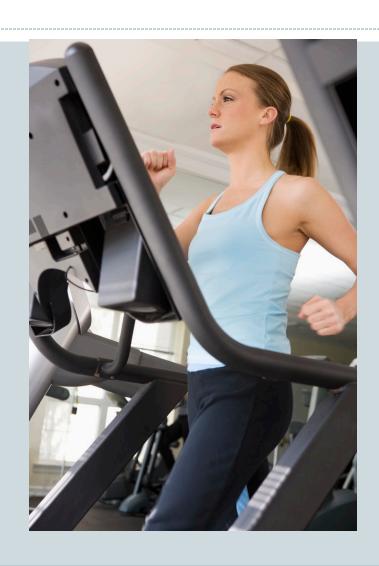
Overcoming Roadblocks

*Note About Mental Illness:

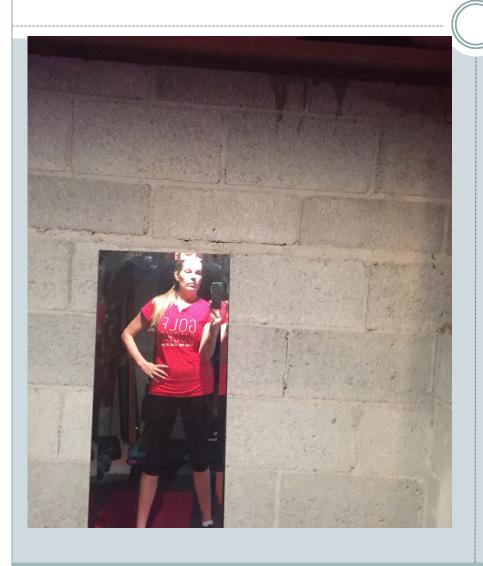
At times, those who struggle with mental illness will be so overcome by their symptoms that exercise isn't feasible. If you're experiencing severe symptoms of any mental health disorder, please seek help from your medical and mental health providers to stabilize you, first. Then, seek their advice about how to incorporate exercise into your treatment plan.

Key 7: Get FITT-Physically & Mentally

- Frequency
- Intensity
- Type
- Time



Key 8: Implement Your Vision & Flourish



- What do you see?
- Discover your Vision & "Why"
- Make it a habit
- Flourish!
 - o "Better than Better"
 - Meaning
 - Purpose
 - Connection/ relationships

Exercise for Mental Health, For Life

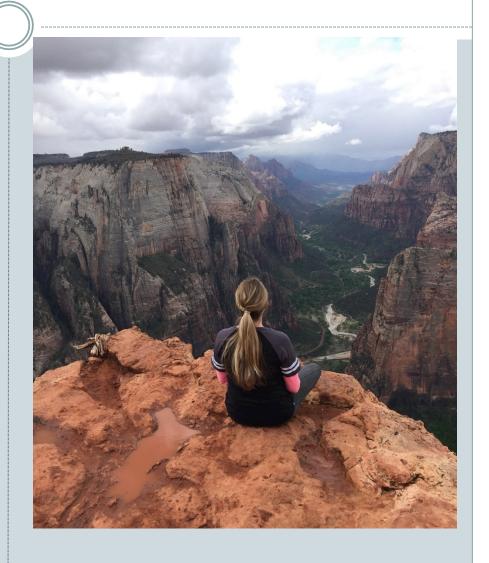
"Choose to exercise.

Exercise for mental health.

It's not just about exercising to feel better, or look better, or be better.

It's about exercising for life—for a longer, happier, and flourishing life."

(8 Keys to Mental Health Through Exercise, p. 234)



Thank you!

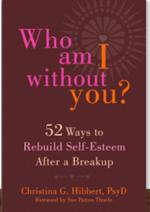
Connect with me!

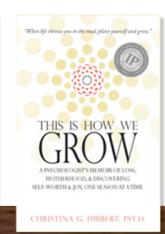
www.DrChristinaHibbert.com

"Motherhood" Radio/TV on Itunes/YouTube Twitter: @DrCHibbert Facebook.com/DrCHibbert Instagram.com/drchristinahibbert YouTube.com/drchristinahibbert









References

- Allen, K. & Morey, M.C. (2010). Physical Activity and Adherence, in *Improving Patient's Treatment Adherence: A Clinician's Guide*, Bosworth, H. [Ed.], Springer Science & Business Media: New York, NY.
- Babyak, M., Blumenthal, J.A., Herman, S., Khatri, P., et al. (2000). Exercise treatment for major depression: maintenance of therapeutic benefit at 10 months. *Psychosomatic Medicine*, 62(5), 633-8.
- Bernard, P. & Ninot, G. (2012). Benefits of exercise for people with schizophrenia: A systematic review. *Encephale*, 38(4), 280-7.
- Blair, S. (1995). Exercise prescription for Health. *Quest*, 47, 338-353.
- Blumenthal, J.A., Babyak, M.A., Doraiswamay, M., Watkins, L., Hoffman, B.M., Barbour, K.A., et al. (2007). Exercise and Pharmacotherapy in the Treatment of Major Depressive Disorder. *Psychosomatic Medicine*, 69, 587-596.
- Brooks, A., Bandelow, B., Pekrun, G., Meyer, T., et al. (1998). Comparison of aerobic exercise, clomipramine, and placebo in the treatment of panic disorder. American Journal of Psychiatry, 155(5), 603-9.
- Brustad, R.J. (2010). The role of the family in promoting physical activity. *President's Council on Physical Fitness & Sports Research Digest*, 10(3), 1-8.
- Chouloff, F. (1994). Influence of physical exercise on 5-HT1A receptor and anxiety-related behaviors. *Neuroscience Letters*, 176(2), 226-230.
- Cohen, G.E. & Shamus, E. (2009). Depressed, low self-esteem? What can exercise do for you? *The Internet Journal of Allied Sciences and Practices*, (7)2, 1-5.
- Ekeland E., Heian F., Hagen, K.B., Abbott, J.M., & Nordheim, L. (2004). Exercise to improve self-esteem in children and young people. *Cochrane Database of Systematic Reviews*, (1): CD003683.

References

- Gerber, M., Brand, S., Elliot, C., Holsboer-Trachsler, E., Puhse, U., & Beck, J. (2013). Aerobic Exercise Training and Burnout: A pilot study with male participants suffering from burnout. *BMC Research Notes*, 2013, 6:78.
- Griffin, S.J., and Trinder, J. (1978) Physical Fitness, Exercise, and Human Sleep. *Psychophysiology*, 15(5), 447-50.
- Goodwin, R.D. (2003). Association between physical activity and mental disorders among adults in the United States. *Preventive Medicine*, 36, 689-703.
- Gorczynski, P. & Faulkner, G. (2010). Exercise Therapy for Schizophrenia. *Cochrane Database Syst Rev*, 12(5).
- Gutin, B. (1966). Effect of Increase in Physical Fitness on Mental Ability Following Physical and Mental Stress. *Research Quarterly*, 37(2), 211-20.
- Huberty, J.L., Ransdell, L.B., Sidman, C., Flohr, J.A., Shultz, B., Grosshans, O., & Durrant, L. (2008). Explaining Long-Term Exercise Adherence in Women Who Complete a Structured Exercise Program. *Research Quarterly for Exercise and Support*, (79)3, 374-384.
- Lannem, A.M., Sørensen, M., Frøslie, K.F., & Hjeltnes, N. (2009). Incomplete spinal cord injury, exercise and life satisfaction. *Spinal Cord*, 47, 295–300.
- Latham, G.P. & Locke, E.A. (1991). Self-regulation through goal-setting. Organizational Behavior and Human Decision Processes, 50(2), 212-247.
- Locke, E.A.; Shaw, K.N., Saari, L.M., & Latham, G.P. (1981). Goal setting and task performance: 1969–1980. *Psychological Bulletin*, 90(1), 125-152.
- Mohammed, T.A., Kucyi, A., Law, C.W., & McIntyre, R.S. (2009). Exercise and Bipolar Disorder: A Review of Neurobiological Mediators. *Neruomol Med*, 11, 338-336.
- Musick, M.A., Traphagan, J.W., Koenig, H.G., and Larsen, D.B. (2000). Spirituality in Physical Health and Aging. *Journal of Adult Development*, 7(2).

References

- Oliver, R. (1974). Expectancy Theory Predictions of Salesmen's Performance. *Journal of Marketing Research*, 11, 243-253.
- Orzech, K.M., Vivian, J., Torres, C.H., Armin, J., & Shaw, S.J. (2013). Diet and Exercise Adherence and Practices Among Medically Underserved Patients With Chronic Disease: Variation across four ethnic groups. *Health Education Behavior*, 40(1), 56–66.
- Otto, M.W. and Smits, J.A. (2011). Exercise for Mood and Anxiety: Proven strategies for overcoming depression and enhancing wellbeing. New York, NY: Oxford University Press.
- Ransdell, L.B., Eastep, E., Tayor, A., Oakland, D., Schmidt, J., Moyer-Mileur, L., & Shultz, B. (2003). Daughters and Mothers Exercising Together (DAMET): Effects of Home- and University-Based Interventions on Physical Activity Behavior and Family Relations. *American Journal of Health Education*, 34(1).
- Riggs, C.E. (1981). Endorphins, neurotransmitters and/or neuromodulators and exercise. In M.H. Sacks & M.L. Sachs (Eds.), *Psychology of Running* (pp. 224-230). Champaign, IL: Human Kinetics.
- Sonstroem, R.J. (1984). Exercise and Self-Esteem. In R.L. Terjung (Ed.), *Exercise and sports sciences reviews* (Vol. 12, pp. 123-155). Lexington, MA: Collamore Press.
- Thune, I., Brenn, T., Lund, E., & Gaard, M. (1997). Energy conservation and exercise dependence: a sympathetic arousal hypothesis. *Medicine & Science in Sports and Exercise*, 19(2), 91-99.
- Trost, S.G. & Loprinzi, P.D. (2011). Parental Influences on Physical Activity Behavior in Children and Adolescents: A Brief Review. *American Journal of Lifestyle Medicine*, 5(2), 171-181.
- Whaley, D.E., & Schrider, A.F. (2005). The Process of Adult Exercise Adherence: Self-perceptions and competence. *The Sport Psychologist*, 19, 148–63.
- Young, R.J. (1979). Effects of Regular Exercise on Cognitive Functioning and Personality. *British Journal of Sports Medicine*, 13(3), 110-17.