Health and Wellness Coaching
Welcome to Light University and the “Health and Wellness Coaching” program of study.

Our prayer is that you will be blessed by your studies and increase your effectiveness in reaching out to others. We believe you will find this program to be academically sound, clinically excellent and biblically-based.

Our faculty represents some of the best in their field – including professors, counselors and ministers who provide students with current, practical instruction relevant to the needs of today’s generations.

We have also worked hard to provide you with a program that is convenient and flexible – giving you the advantage of “classroom instruction” on DVD-based lectures, peer interaction, and allowing you to complete your training in the comfort of your home or office.

Thank you for your interest in this program of study. Our prayer is that you will grow in knowledge, discernment, and people-skills throughout this course of study.

Sincerely,

Ron Hawkins
Dean, Light University
The American Association of Christian Counselors

- Represents the largest organized membership (nearly 50,000) of Christian counselors and caregivers in the world, having just celebrated its 30th anniversary in 2016.

- Known for its top-tier publications (Christian Counseling Today, the Christian Counseling Connection and Christian Coaching Today), professional credentialing opportunities offered through the International Board of Christian Care (IBCC), excellence in Christian counseling education, an array of broad-based conferences and live training events, radio programs, regulatory and advocacy efforts on behalf of Christian professionals, a peer-reviewed Ethics Code, and collaborative partnerships such as Compassion International, the AACC has become the face of Christian counseling today.

- The AACC also helped launch the International Christian Coaching Association (ICCA) in 2011, and has developed a number of effective tools and training resources for Life Coaches.

Our Mission

The AACC is committed to assisting Christian counselors, the entire “community of care,” licensed professionals, pastors, and lay church members with little or no formal training. It is our intention to equip clinical, pastoral, and lay caregivers with biblical truth and psychosocial insights that minister to hurting persons and helps them move to personal wholeness, interpersonal competence, mental stability, and spiritual maturity.
Our Vision

The AACC’s vision has two critical dimensions: First, we desire to serve the worldwide Christian Church by helping foster maturity in Christ. Secondly, we aim to serve, educate, and equip 1,000,000 professional clinicians, pastoral counselors, and lay helpers throughout the next decade.

We are committed to helping the Church equip God’s people to love and care for one another. We recognize Christian counseling as a unique form of Christian discipleship, assisting the church in its call to bring believers to maturity in the lifelong process of sanctification—of growing to maturity in Christ and experiencing abundant life.

We recognize some are gifted to do so in the context of a clinical, professional and/or pastoral manner. We also believe selected lay people are called to care for others and that they need the appropriate training and mentoring to do so. We believe the role of the helping ministry in the Church must be supported by three strong cords: the pastor, the lay helper, and the clinical professional. It is to these three roles that the AACC is dedicated to serve (Ephesians 4:11-13).

Our Core Values

_In the name of Christ, the American Association of Christian Counselors abides by the following values:_

**VALUE 1: OUR SOURCE**
We are committed to honor Jesus Christ and glorify God, remaining flexible and responsive to the Holy Spirit in all that He has called us to be and do.

**VALUE 2: OUR STRENGTH**
We are committed to biblical truths, and to clinical excellence and unity in the delivery of all our resources, services, training and benefits.

**VALUE 3: OUR SERVICE**
We are committed to effectively and competently serve the community of care worldwide—both our membership and the church at large—with excellence and timeliness, and by over-delivery on our promises.

**VALUE 4: OUR STAFF**
We are committed to value and invest in our people as partners in our mission to help others effectively provide Christ-centered counseling and soul care for hurting people.

**VALUE 5: OUR STEWARDSHIP**
We are committed to profitably steward the resources God gives to us in order to continue serving the needs of hurting people.
Light University

- Established in 1999 under the leadership of Dr. Tim Clinton—has now seen nearly 250,000 students from around the world (including lay caregivers, pastors and chaplains, crisis responders, life coaches, and licensed mental health practitioners) enroll in courses that are delivered via multiple formats (live conference and webinar presentations, video-based certification training, and a state-of-the-art online distance teaching platform).

- These presentations, courses, and certificate and diploma programs, offer one of the most comprehensive orientations to Christian counseling anywhere. The strength of Light University is partially determined by its world-class faculty—over 150 of the leading Christian educators, authors, mental health clinicians and life coaching experts in the United States. This core group of faculty members represents a literal “Who’s Who” in Christian counseling. No other university in the world has pulled together such a diverse and comprehensive group of professionals.

- Educational and training materials cover over 40 relevant core areas in Christian—counseling, life coaching, mediation, and crisis response—equipping competent caregivers and ministry leaders who are making a difference in their churches, communities, and organizations.

Our Mission Statement

To train one million Biblical Counselors, Christian Life Coaches, and Christian Crisis Responders by educating, equipping, and serving today’s Christian leaders.

*Academically Sound • Clinically Excellent • Distinctively Christian*
Video-based Curriculum

- Utilizes DVD and online presentations that incorporate over 150 of the leading Christian educators, authors, mental health clinicians, and life coaching experts in the United States.

- Each presentation is approximately 50-60 minutes in length and most are accompanied by a corresponding text (in outline format) and a 10-question examination to measure learning outcomes. There are nearly 1,000 unique presentations that are available and organized in various course offerings.

- Learning is self-directed and pacing is determined according to the individual time parameters/schedule of each participant.

- With the successful completion of each program course, participants receive an official Certificate of Completion. In addition to the normal Certificate of Completion that each participant receives, Regular and Advanced Diplomas in Biblical Counseling are also available.

  ➢ The Regular Diploma is awarded by taking Caring For People God’s Way, Breaking Free and one additional Elective among the available Core Courses.

  ➢ The Advanced Diploma is awarded by taking Caring For People God’s Way, Breaking Free, and any three Electives among the available Core Courses.

Credentialing

- Light University courses, programs, certificates and diplomas are recognized and endorsed by the International Board of Christian Care (IBCC) and its three affiliate Boards: the Board of Christian Professional & Pastoral Counselors (BCPPC); the Board of Christian Life Coaching (BCLC); and the Board of Christian Crisis & Trauma Response (BCCTR).

- Credentialing is a separate process from certificate or diploma completion. However, the IBCC accepts Light University and Light University Online programs as meeting the academic requirements for credentialing purposes. Graduates are eligible to apply for credentialing in most cases.

  ➢ Credentialing involves an application, attestation, and personal references.

  ➢ Credential renewals include Continuing Education requirements, re-attestation, and occur either annually or biennially depending on the specific Board.
Online Testing

The online URL for taking all of the quizzes for this course is: http://www.lightuniversity.com/my-account/.

- **TO LOGIN TO YOUR ACCOUNT**
  - You should have received an email upon checkout that included your username, password, and a link to login to your account online.

- **MY DASHBOARD PAGE**
  - Once registered, you will see the My DVD Course Dashboard link by placing your mouse pointer over the My Account menu in the top bar of the website. This page will include student PROFILE information and the REGISTERED COURSES for which you are registered. The LOG-OUT and MY DASHBOARD tabs will be in the top right of each screen. Clicking on the > next to the course will take you to the course page containing the quizzes.

- **QUIZZES**
  - Simply click on the first quiz to begin.

- **PRINT CERTIFICATE**
  - After all quizzes are successfully completed, a “Print Your Certificate” button will appear near the top of the course page. You will now be able to print out a Certificate of Completion. Your name and the course information are pre-populated.
Continuing Education

The AACC is approved by the American Psychological Association (APA) to offer continuing education for psychologists. The AACC is a co-sponsor of this training curriculum and a National Board of Certified Counselors (NBCC) Approved Continuing Education Provider (ACEPTM). The AACC may award NBCC approved clock hours for events or programs that meet NBCC requirements. The AACC offers continuing education credit for play therapists through the Association for Play Therapy (APT Approved Provider #14-373), so long as the training element is specifically applicable to the practice of play therapy.

It remains the responsibility of each individual to be aware of his/her state licensure and Continuing Education requirements. A letter certifying participation will be mailed to those individuals who submit a Continuing Education request and have successfully completed all course requirements.
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MLCHW 101:

Biblical Foundations for Wellness

Tim Clinton, Ed.D., and
Judi Quilici-Timmcke, Ph.D.
Health and Wellness Coaching

Abstract

We are facing a health crisis in American culture. Drs. Tim Clinton and Judi Quilici-Timmcke set the stage for the series by outlining the major health issues facing Americans today and the impact they have on overall wellness. The presenters also outline the Biblical Foundation for physical health and how Christians should view their physical wellness. A prescription for change is also discussed by providing ways individuals can attain total health and wellness by becoming aware of barriers to health and learning how to overcome them.

Learning Objectives

1. Participants will identify and discuss the major health crisis in America.

2. Participants will discuss health and wellness from a biblical perspective.

3. Participants will gain a greater understanding of how individuals can create a healthier lifestyle.
I. The Health Crisis in America (U.S. News and World Report February 2009)

A. Statistics and Findings

1. Obesity—

   • Americans today are fatter and less active than ever before—2/3 are overweight or obese; fewer than 1/3 exercise at least three times a week. (US News and World Report)

2. Diabetes—

   • Today’s kids have about 1 chance in 3 of getting diabetes.
   • 24 million people have diabetes.
   • 57 million are pre-diabetic.
   
   ➢ Type One: Genetic problem; irreversible; insulin dependent
   ➢ Type Two: Weight related; reversible; body produces too much insulin

   What are normal blood sugar levels? Fasting (blood sugar level after not eating for 8 hours) blood sugar should be between 70 milligrams per deciliter to 100mg/dL. Your blood sugar should not be above 100 at any given time; if it is, this suggests a pre-diabetes condition. A level of 100-199 suggests pre-diabetes. A level over 200 suggests that you have either Type 1 or Type 2 diabetes.

3. Smoking—

   • 1 in 5 adults smoke regularly.
   • 46 million Americans, including 8 million children lack health insurance.

4. Heart Disease and Cancer—

   • Heart disease and Cancer are the top two killers in America.
   • Every year it’s estimated that 900,000 people die from avoidable causes—roughly 40% of U.S. deaths—because they failed to maintain healthy weight, eat nutritiously, and exercise; or, they smoked or drank excessively.
5. **Obesity in Children**—
   
   - Obesity rates for children have more than doubled in the last 30 years.

**B. Economic Impact**

1. **U.S. Spending**—
   
   - USDA (2008)—57% of sugar purchased by the US is bought by the Food and Beverage Industry making sugar their #1 ingredient.
   - U.S. spent more than $2 trillion on healthcare in 2007.
   - Caring for people with chronic medical conditions, many of which are preventable, accounts for 75% of medical spending nationwide.

**C. Over-Stressed Society**

1. Work Demands
   
2. Losses
   
3. Financial Pressures
   
4. Relationship Difficulties
   
5. Physical, Emotional, Spiritual Levels of Need

II. **Fearfully and Wonderfully Made—Scriptural Insights**

A. **A Life Well-Lived** (Diet, Exercise, Sleep)
   
1. Psalm 139:13
   
2. Romans 12:1-2
   
3. I Corinthians 3:16
   
4. I Thessalonians 5:23
B. The Consequences of a Life Out Of Control

1. Proverbs 23:2-3
2. Proverbs 23:21
3. II Peter 2:19
4. Proverbs 25:28
5. I Corinthians 6:12-13
6. Philippians 3:19

C. Additional Findings

1. 18% of America’s kids are now obese.
2. Type 2 diabetes now strikes about 3,700 children per year.
3. In November 2008, the American Heart Association, through ultrasounds of overweight kids ages 6-19 with high cholesterol, found a buildup of plaque comparable to that in a typical 45 year old.

III. Benefits of Health and Well-being

A. Overall Wellness Physically

1. Mental alertness—the ability to handle stress and maintain energy levels.
2. Lose or maintain weight—control over cholesterol and Triglyceride levels.
3. Healthy lifestyle with exercise and supplementation.
4. Cardiovascular, Respiratory and Immune system health.
IV. A Prescription for Change

Scriptural Insights:

1. Proverbs 24:10—Winners never give up
2. Proverbs 24:16—Winners always get up
3. Proverbs 10:9—Winners always live up
4. Proverbs 10:17—Winners do it the right way
5. Philippians 4:13—Winners focus on success

A. Awareness: “My people perish for a lack of knowledge...” (Hosea)

B. Repentance—A Turning of the Heart to Something Else

- Repent habits of overeating, choosing wrong foods and turn dietary and exercise regimen around.

C. Discipline and Self Control—Accept Responsibility

D. ACTION STEPS: Help Clients learn to...

1. Identify the root issue.
2. Identify triggers.
3. Replace the current focus on food—perhaps with building more positive relationships in life.
5. Keep a journal.
6. Find an accountability/support system.
7. Making dietary and life style changes and developing good habits related to stress and exercise.
V. Barriers to Change

A. People Hate to Exercise

B. Americans are Too Busy
   - Research study showed that 35% of men and 42% of women say they do not have time to sit down for a meal.

C. Hard to Commit to a “Healthy Program”

D. Women Believe They Have to Take Care of Their Children Before They Worry About Themselves
   - “You can't give what you don't have!”—Dr. Tim Clinton

E. Many People Follow a “Diet” Instead of Changing Their Lifestyle

F. They Do Not Know What Program to Follow

VI. Helping Clients Break Free

A. Make the Commitment from a Compassionate Heart to Help Others in this Area

B. Provide Education as it will Increase Their Knowledge and Readiness to Move Forward
C. Use Only Reliable Sources of Information Based on Research and the Authors Credentials

D. Individual Health Coaching Classes Available

E. Helping Clients to Set a Good Example for Their Children

F. Helping Teens and Children—Early Intervention

VII. Conclusion
MLCHW 102:

Health and Wellness Assessment: Where to Start

Catherine Hart Weber, Ph.D.
Abstract

This session gives practical tips for doing an initial assessment with clients. One of the most critical parts of assessing another’s health is to have previously completed a thorough personal health assessment. Health assessment begins by helping the client to see their health from an honest perspective. Dr. Hart Weber provides the tools to assist in administering an in-depth assessment of a client’s health as well as gaining information on lifestyle, stress factors, and other issues critical to creating a good health and wellness plan. Goal-setting for a healthy lifestyle is discussed, along with practical ways to attain such health and wellness goals both physically and spiritually.

Learning Objectives

1. Participants will learn how to perform an honest health assessment on oneself before assessing the health of others.
2. Participants will identify tools and techniques to assess a client’s health and assist them towards a healthy lifestyle.
3. Participants will discuss the biblical principles that correlate and encourage a healthy lifestyle.
Introduction:

- How are YOU doing in YOUR Wellness Journey?
- III John 2—The Wellness Prayer

[Use your own journal in addition to this worktext for this session]

I. A Framework of Integrated Wellness
   A. Scripture References:
   B. Body/Mind Connection
   C. Relationships Impact Health
II. What is Health and Wellness?

A. Definitions

1. World Health Organization:

B. Lifestyle Choices

1. Choosing to “Practice” Wellness

III. Assessment—Honest Inventory (Where They Are)

A. Assessment Methods

1. Self-Assessments—paper, online

   Self-Exploration—journaling daily, logging, reading, time alone, prayer

2. Feedback from others

3. Evaluation Tools—Scales, Measurements, Questionnaires (www.hartinstitute.com)

4. Coach questioning

5. Coach observing

B. Online Wellness Inventories

1. Health Risk Assessment (HRA)

2. The Wellness Inventory (WI)—www.mywellnestest.org

3. Test Well—www.testwell.org
C. **Sample Intake Assessment Questions**

1. Please describe your lifestyle and what you do to stay healthy and well?

2. Describe any health challenges that you currently have?

3. Are you currently on any medications? Which ones, and how are they impacting you?

4. Has a health care provider recommended any lifestyle changes to you recently?

5. What do you do to deal with the stress and the effects of stress in your life?

6. Please describe a typical week for you in terms of diet and exercise. (keep a log for a week)

7. What do you do in your life that brings you happiness and joy? How often do you do it?

8. What gets in the way of you experiencing overall wellbeing and health?

D. **Physiological Measurement**

1. Testing for feedback from medical professionals

E. **Wellness Wheel**

1. National Wellness Institute—6 Dimension Assessment

2. National Wellness Institute—10 Dimension Assessment
   [www.testwell.org](http://www.testwell.org)

3. Classic Wellness Inventory—12 Dimension Assessment
   [www.mywellnesstest.com](http://www.mywellnesstest.com)
F. Basic Wheel of Life

G. Physical Wellness Wheel
IV. Assessment—Honest Inventory (Where They Want to Go?)

A. Goal-Setting

B. Four Keys to Longevity (Positive Health Psychology)—Dr. Ray Fowler
   1. No Smoking
   2. No drinking a lot of alcohol—use in moderation
   3. Exercise
   4. Good nutrition

C. Practice Wellness
V. Prayer and Faith

A. The Word of God

B. The Spirit of God

Conclusion
MLCHW 103:

Nutrition 101:
Understanding the Updated Basics of
Good Nutrition

Judi Quilici-Timmcke, Ph.D.
Abstract

All Health Coaches must have a fundamental understanding of good nutrition. In this lecture, Dr. Judi Quilici-Timmcke discusses the fundamentals of good nutrition. The lecture begins with by listing the six nutrient groups, their functions, and how they can improve your overall health. A highly important aspect to nutrition is knowing how to make wise food choices, which the presenter discusses in a practical manner. Lastly, Dr. Quilici-Timmcke explains dietary supplements and tools and how these nutritional aides can improve overall health.

Learning Objectives

1. Participants will identify and discuss the six nutrient groups and their health functions.

2. Participants will gain a greater understanding of how to choose the best foods for the body and overall health.

3. Participants will explore nutrient supplements and dietary tools, learning how they are best used to accomplish wellness.
Introduction:

Do you believe the saying, “You are what you eat?” That is somewhat of a rough statement since genetics does have something to do with how we look. Obesity, cataracts, diabetes, and cardiovascular disease are all influenced by what we eat.

There are over 200 epidemiological, which are population studies that show consuming more fruits and vegetables has a significant effect on reducing cancer risk.

In addition, improved eating habits are associated with the reduction of risk for other disorders like cardiovascular disease, diabetes, immune function dysfunction, and the incidence of cataracts. Researchers have stated that around 2/3 of all deaths are associated with problems with dietary intake.

I. What is Good Nutrition?
   A. Good nutrition
   B. God’s plan for having a healthy body
   C. Balance of nutrients in the diet

II. Six Groups of Nutrients- Carbohydrates, Protein, Fat, Water, Vitamins and Minerals
   A. Major Functions
   B. Carbohydrates (“Carbs”)
      1. Simple Sugar—Glucose, Fructose and Sucrose
      2. Complex Carbohydrates
         • 100% Whole Wheat is always best
3. **Fiber**—A digestion-resistant carbohydrate
   - 25-30 grams daily
     
     a. **Soluble fiber**
     
     b. **Insoluble fiber**

4. **Hypoglycemia**
   - Low blood sugar
   - Utilize high protein snacks

C. **Protein**

1. **Amino Acids**
   - 22 provided
   - 9 are essential

2. **Complete and incomplete protein**

3. **Vegetarian Diets**
   - Texturized Vegetable Protein (TVP)—soy protein based

D. **Fat**

1. **Saturated Fat and Cholesterol**

2. **Unsaturated Fat**
   - Poly
   - Mono
   - Extra Virgin Olive Oil is best

3. **Trans Fat**
4. Omega Fatty Acids
   • #3—lowers pro-inflammatory chemicals

E. Water
   • Those who drink when they are thirsty may already be dehydrated and may have lost ½ a liter of water.

1. The function of this critical nutrient

2. Dehydration symptoms

3. Water requirement

III. Making the Right Choices of Food

A. Meat, poultry, dry beans, eggs, nuts and seeds

B. Milk, yogurt and cheese

C. Fruit and vegetables

D. Bread, grain, rice, and pasta

E. Fats, oils and sweets
IV. Dietary Supplement Basics

A. Dietary Supplements Health and Education Act of 1994 (DSHEA)

B. Structure/function claims

C. Vitamins and mineral requirements
   1. Recommended Dietary Allowances (RDA)
   2. Recommended Dietary Intake (RDI)
   3. Daily Values (DV)

V. Dietary Tools to Assist Others

A. Dietary Log

B. Nutrient Analysis available
   - Bio-Availability

C. Dietary Supplements
VI. How to Recognize Truthful Nutrition or Dietary Supplement Information

A. Investigate the author

B. Look for research to support statements or claims

VII. Conclusion
MLCHW 104:

Physical Fitness: Helping Individuals Create a Maintainable Plan for Fitness

Judi Quilici-Timmcke, Ph.D.
Abstract

In this session, Dr. Quilici-Timmcke covers the basics of good physical fitness, beginning with a thorough introduction of what a good exercise regimen consists of. The cost and benefits of consistent exercise are weighed. The lesson continues by teaching coaches how to adequately assess the types and quantity of exercise their clients need by considering current lifestyle, age, and health. There are helpful tools given that will encourage clients to stay on track in their fitness programs.

Learning Objectives

1. Participants will discuss the benefits and reasons an exercise program is an essential part of life.

2. Participants will explore different forms of exercise and how each can be beneficial to clients according to their age, health, and lifestyle.

3. Participants will identify specific tools that coaches can implement to encourage clients to stay committed to an exercise regimen.
Introduction:

In the United States, approximately 60% of adults do not take part in exercise with women having been shown to be more sedentary than men. Exercise is critical to our physical, as well as mental health. A sedentary lifestyle adds strain to body systems, which includes the cardiovascular, digestive and respiratory systems.

Physical exercise can make a difference to one’s health, lowering cholesterol, triglycerides, and blood pressure, maintaining normal blood sugar and helping to keep weight at a normal level, among other health attributes. God wants us to have a healthy body and to take care of the temple.

“Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your body.” (1 Corinthians 6:19-20)

I. Benefits of an Exercise Program Which Includes Aerobic, Strength Training and Flexibility

   A. Cardiovascular, respiratory and immune health

   B. Increased blood circulation to the body including vital organs and tissues

   C. Helps to manage stress

   D. Lose or maintain weight, build muscle, and strengthen bones

II. Weighing the Cost

   A. Discipline and self control—Ephesians 2:16-19

   B. Life style changes and developing good exercise habits
III. Main Categories of Exercise

A. Aerobic (with oxygen)/Anaerobic (without oxygen) work
   • 60-80% of maximum heart rate

B. Strength Training
   • Increases metabolism, muscle tone and bone density

C. Flexibility

IV. Tools to Implement in a Manageable Exercise Plan

A. Complete client health profile and check with physician

B. Heart Rates and related topics
   1. Intensity

   2. Heart Rates
      a. Resting Heart Rate
      b. Training Heart Rate
      c. Exercising Heart Rate
      d. Recovery Heart Rate

   3. Warm up and Cool down
V. Tools to Help Motivate and Monitor an Exercise Program

_The Top Five Reasons People Say They Do Not Exercise:_

#5:

#4:

#3:

#2:

#1:

A. Ask clients the ‘when’, ‘how’, ‘where’ and ‘with who’ questions about exercise

1. Write out the Exercise Vision Plan

2. Commitment Form

3. Exercise Log and Calendar

4. Progress Chart

B. Pray and memorize Bible verses

C. Work out with a friend or in classes

VII. Conclusion
MLCHW 105:

The Psychology of Weight Management

Linda Mintle, Ph.D.
Abstract

Most people know what they should eat and what they should not eat in order to lose weight and maintain good health, but education is only part of the battle. The psychological and spiritual issues that surround an individual’s relationship with food are a large part of weight problems and the ongoing “battle of the bulge”. Dr. Mintle looks at the emotional side of eating by discussing the apparent problems of weight control and how to approach a weight loss journey that will have a lasting, positive affect. She then discusses each aspect of weight loss, from the change process to one’s thought life and emotional eating. In an effort to encourage a holistic approach to weight loss, Dr. Mintle also discusses how one’s spiritual life can aid or hinder in the weight loss process. Coaches are instructed throughout the lesson on how to apply these principles to a client’s weight loss journey.

Learning Objectives

1. Participants will analyze the problems many individuals experience when attempting to lose weight and where these problems typically stem from.

2. Participants will discuss the stages of change and how one’s mind affects weight loss and a healthy lifestyle.

3. Participants will explore how one’s mental and spiritual life can positively affect the attempt to lose weight and help create a permanent lifestyle change.
**Introduction:**

Even though overeating and obesity are defined as problems of energy imbalance (eating too many calories and not getting enough exercise), weight loss is more complicated than eat less and exercise more. The psychology behind weight loss involves looking at why you eat and making changes that involve your lifestyle. Thoughts, emotions, stress, relationships and spiritual hunger all play a role in losing weight and keeping it off.

So in order to lose weight and keep it off, one must identify the psychological and spiritual triggers that lead to overeating. Then develop strategies to combat unhealthy behavior patterns and change behavior.

**I. The Problem**

A. Definition of overweight and obesity—23 states are reporting that people are fatter than they were just one year ago

B. Statistics: Adult and Child

C. Health Impacts

D. Reasons for Weight Issues

E. Positive or Negative Relationship with Eating

1. Nourishment
2. Celebration
3. Fellowship
4. Emotional escape and avoidance
5. Self-soothing
6. Punishment
7. Rebellion
8. Abandonment
9. Swallow angry feelings
10. Hide Failure
11. Stress
12. Indulgence
13. Immediate gratification

II. Assessing Motivation to Lose Weight

A. Motivation that Does Not Last

B. Good Reasons to Lose

C. Roadblocks to Weight Loss

III. Stages of Change

A. Pre-contemplation Stage

B. Contemplation Stage
C. Preparation Stage

D. Action Stage

E. Maintenance and Relapse Prevention

IV. The Role of Thoughts
   A. The Importance of Delay—keep thoughts positive
   B. Don’t Resist Food Thoughts

V. Mindless Eating
   A. Take the Quiz
   B. Strategies to End Mindless Eating

VI. Emotional and Stress Eating
   A. Identify the Triggers
   B. Strategies to End Emotional and Stress Eating—the RISE formula
VII. Spiritual Hunger Requires Spiritual Food

A. Seven Spiritual Keys

1. Surrender—I Peter 5:6
2. Acceptance—Psalm 139:1
3. Confession—James 5:6
4. Take Responsibility—Galatians 6:5
5. Forgiveness—Matthew 6:14
6. Transformation—II Corinthians 1:3-4
7. Preserve the Gains—II Peter 1:5

VIII. Lifestyle Changes

A. Preserving Change—thoughts, emotions, spirituality

B. Getting the Help You Need—counseling, online support

IX. Conclusion
MLCHW 106:

The Stress Epidemic: Battling the Enemy of Wellness

Archibald Hart, Ph.D. and Catherine Hart Weber, Ph.D.
Abstract

Stress affects all aspects of our health and is related to many major medical issues facing Americans. Drs. Hart and Hart Weber are experts on stress and how it affects the mind and body. Upon constructing a working definition of stress, the experts begin discussing the prevalence of how stress negatively affects the body. Drs. Hart and Hart Weber then identify how to best help clients assess stressors in life and the symptoms stress leads to. The presentation then helps coaches better understand how to help clients cope with stress by first discussing negative coping mechanisms. Adhering to the premise of the course, this presentation accurately educates on the topic of stress from a holistic point of view: discussing how the mind, body and spirit are affected by and can work together to alleviate stress.

Learning Objectives

1. Participants will create a working definition of stress and how it damages the mind and body.

2. Participants will learn how to identify stressors in their clients’ lives and how to accurately assess these stressors.

3. Participants will analyze the difference between negative and positive coping strategies and discuss how to positively cope with stress.
Introduction:

Stress is the most researched topic that battles against wellness.

I. What is Stress?

A. Definitions:

"Not all stress is BAD...however, the only GOOD stress in life is stress that is short lived."

~Archibald Hart

- The stress response system that is built inside of us is designed for a very short period of time only.
- In today’s world, it is the continuity of stress that is most damaging.

B. The Damage of Stress:

1. Stress is highly correlated with many physical problems such as heart disease, high blood pressure and diabetes

2. Treatment of these diseases now includes stress management strategies/plans
   - The #1 key is to assess for stress in your client’s life!

3. Impacts relationships with others

Stress is responsible for 70-80% of the diseases in America; 75-90% of all doctor’s office visits are stress related ailments or conditions.
II. Step One: Assess Stressors in Your Life and the Life of Your Client

A. Identify Causes: STRESSORS
   1. External
   2. Internal

B. Determine Intensity Levels: STRESS
   1. Stress Dots—www.hartinstitute.com
   2. Stress Electrode Monitor

C. Assess Stress Symptoms: DISTRESS
   1. Develop a symptom checklist—www.hartinstitute.com
   2. Lifestyle Evaluation

III. Step Two: Coping with Stress

A. Negative Coping Strategies: Running Away
   1. Smoking
   2. Drinking
   3. Caffeine
   4. Shopping
   5. Anger
   6. Eating
   7. Sexual Promiscuity
   8. Video Games, TV
   9. Excessive Exercise
B. Positive Coping Strategies: Facing the Issues

1. Exercise—burns off adrenaline hormones
   - 30 minutes 6 days a week—Stress recovery
   - 60 minutes 5 days a week—Fitness
   - 60-90 minutes 5 days a week—Weight Loss

2. Relaxation Techniques
   - Body Rest—Daily, Weekly, Monthly, Annually
   - Mind Rest—“Habits of the Mind,” by Dr. Archibald Hart
   - Deep Breathing Exercises
   - Spiritual Discipline

3. Nutrition—Healthy Eating
   - Psuedo stressors
   - Supplements/vitamins
   - Nutrients in diet

4. Sleep
   - Don’t listen to all you hear in newspapers and media
   - 5 Stages of the Sleep Cycle
     - 9 hours needed—90 minute segments
     - Absolute darkness
     - Daylight sun needed
     - No caffeine after 3pm

5. Positive Relationships with Others: Staying Connected

6. Proper Boundary Setting: God Imposed Limits

7. Live in the Moment

IV. Conclusion
MLCHW 107:

Sleep: A Foundation for Good Health

Archibald Hart, Ph.D.
Abstract

More and more research shows that good sleep is a foundation of good health and that a lack of sleep can lead to a myriad of physical and emotional problems. In this lesson, Dr. Arch Hart begins his discussion on sleep by discussing the importance of sleep and how sleep works. He then teaches through the physiology of sleep, sleep disorders, and what sleep should look like. After a thorough discussion of the sleep crisis many adults suffer from, Dr. Hart helps coaches better understand how to help clients overcome the life hurdles that keep them from living a healthy sleep life.

Learning Objectives

1. Participants will discuss why sleep is an important part of a healthy lifestyle and how a lack of sleep leads to health problems.

2. Participants will identify the physiology of sleep, sleep deprivation, sleep disorders, and how individuals disrupt sleep.

3. Participants will explore the best ways coaches can encourage clients towards a healthier lifestyle regarding sleep.
Introduction:

“I will lie down and sleep in peace, for You alone, O Lord, make me dwell in safety.”
~Psalm 4:8

I. Sleep Facts

A. In the year 2000, 62% of adults said they were not getting enough sleep; In 2005, that in increased to 75%; In 2009, over 80% approaching 90%.

“We have a sleep crisis…it is no longer a priority for the average American.”
~Dan Rather

B. We must sleep in order to live.

1. Without dream sleep for 3 days, humans begin to hallucinate and demonstrate symptoms characteristic of schizophrenia.

2. “Micro-sleeps”
   - Every year there are 30,000 deaths due to Micro-sleeps.

C. Two Types:

1. Dyssomnia

2. Parasomnia

   Insomnia—Reduced sleep is a greater mortality risk than smoking, high blood pressure, and heart disease.
II. Physiology of Sleep: Sleep 101

A. 90 minute Intervals

B. 5 Stages of Sleep

1. Conscious—just placed head upon pillow
2. Semi-conscious
3. Switch is triggered to unconscious sleep
4. Non-dream sleep—for the body
5. Dream sleep—paradoxical sleep—for the brain

C. Symptoms of Dream Deprivation

D. Sleep Disorders

1. Most dangerous: Sleep Apnea
2. Most serious: Insomnia
   a. 7 Sleep Killers:

E. Minimal Amount of Required Sleep for the Average Adult—8-9 hours

III. Solutions to Sleep Crisis

A. Sleep Bank

1. Deposits
2. **Withdrawals**

- Rules:
  
  - #1—Up to 7 days to make up any “overdraft”
  
  - #2—Penalty accumulates through the years of any “overdraft” not reconciled

B. **Seven Sleep Strategies**

1. Create a healthy sleep environment.

2. Shut down your overactive mind.

3. Deal with your worries before going to bed.

4. Manage your Melatonin.

5. Avoid prescription sleep aids and alcohol.

6. Create regular sleep times.

7. Manage your caffeine.

IV. **Conclusion**
MLCHW 108:

Brain Health: 
Wellness for One of Your Most Important Vital Organs 

Daniel Amen, MD  
(Interview by: Jennifer Cisney, M.A.)
Abstract

The brain is one of the most vital organs to the human body. In this lecture, Dr. Daniel Amen and Jennifer Cisney discuss how important improving and protecting brain health is. The foundations of a healthy brain are created in the womb during prenatal development, but there are numerous ways children, adults, and the elderly can improve and protect the brain’s functioning power. The presenters will also discuss the principal problems in brain functioning and how to best avoid these problems.

Learning Objectives

1. Participants will gain a greater understanding of the importance of improving brain health throughout the lifespan.

2. Participants will identify specific ways one can improve brain health throughout life.

3. Participants will discuss the most common reason for problems in brain functioning and how to avoid these issues.
Introduction:

"With a better brain, always comes a better life!"
~Daniel Amen, MD

The brain is involved in everything you do. When your brain works right, YOU work right. When your brain has trouble, YOU have trouble in your life, your relationships, your finances...even with God.

Research conducted on 70 murderers found these results:

- Young murderers = decreased activity in front part of brain
- Older murderers = global damage to brain (i.e. brain trauma, toxic exposure)

It’s never too early to begin taking care of your brain!

Brain health starts in the womb—prenatal care is mandatory for brain development.

It’s never too late to improve brain development!

I. Keys to a Healthy Brain

A. Love your brain—you have to care

1. It’s your brain that brings people closer to you or it’s your brain that pushes people away.

2. When you make brain health the center of your life, life is better.

B. Protect your brain—you must make necessary lifestyle changes

1. Protect your brain from traumatic injury—you don’t have to lose consciousness in order to have a brain injury.

2. Do not use drugs or abuse alcohol.

3. Be careful for environmental toxins—(i.e. cleaning showers with chemicals and no clear ventilation; manicures and pedicure parlors; hair salon).
4. Sleep is vital to your brain development—people who get less than 6 hours of sleep at night, have a decrease in blood flow to the brain which results in premature aging of brain.
   
a. More sleep problems are occurring now in the US than any time in the history of the world.

b. Study was conducted in England sponsored by Hewlett-Packard—results determined that people addicted to computers, email, text messaging, etc., lost 10 IQ points over the period of a year—about twice what one would lose if he/she were to smoke marijuana.

c. The brain regenerates itself during sleep process.

5. **Healthy Eating**—your brain makes itself new every two months—if you have a fast food diet, you have a fast food mind.

   a. Good Fats:

6. **Exercise**

7. **Nutritional Supplements**

C. **Learning New Activities**

   1. Whenever you learn something new, your brain makes a new connection.

   2. Time spent on learning new activities, even as small as 15 minutes per day, will yield positive results.

   3. Find a new driving route.

   4. Use the opposite side of your body.
D. The Stress Factor

1. Increased stress hormones kills cells in the memory center of the brain.

2. Practice stress management.

II. Top Problems in Brain Functioning

A. Alzheimer’s

1. Know your risk factors.

2. Eliminate your risk factors:
   a. Genes—20% of risk factors are related to genetics
   b. Brain injury
   c. Alcohol abuse
   d. Diabetes
   e. Untreated depression
   f. Untreated anxiety
   g. Vitamin D deficiency—the American Psychiatric Association recently doubled their daily recommendation for Vitamin D
   h. Low hormonal issues
   i. Low Testosterone levels

B. Brain Injury

1. Ask specific questions—conduct a thorough assessment for brain injury events in client’s life history.
2. Symptoms of brain injury or dysfunction:

a. Low energy
b. Irritability, mood shifts
c. Memory poor
d. Poor blood flow

III. Conclusion
MLCHW 109:

Pain:
Helping Clients Manage Chronic Pain Conditions

Marian Eberly, Ph.D.
Abstract

Many Americans struggle with chronic pain conditions such as back pain, arthritis, fibromyalgia and migraines. Dr. Eberly begins the presentation by defining acute versus chronic pain and continues by classifying pain and discussing the prevalence of pain in America. This lecture presents multiple ways to address pain, such as psychologically, spiritually, and pharmacologically. Dr. Eberly gives practical ways a coach can help a client work through pain in each of these areas, paying particular attention to the psychological form of helping.

Learning Objectives

1. Participants will define the difference between the types of pain and how they affect individuals.

2. Participants will discuss the different forms of helping clients work through and overcome physical pain in their lives.

3. Participants will explore in detail which form(s) of helping are most beneficial to individual clients.
Introduction:
Chronic pain is the most frequent complaint in doctor’s office visits today. Over 80% of complaints to physicians deal directly with the issue of pain. Traditional medicine has typically dealt with pain through such interventions as medication and physical therapy.

Today, psychologists and counselors around the world are being called upon to utilize a host of psychological and spiritual interventions to treat the problem of pain holistically: addressing not only the physical body, but the mind and spirit as well.

I. Definitions

Pain-defined by the International Association for the Study of Pain (IASP):

“Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.”

A. Acute Pain:

1. An adaptive, beneficial response necessary for the preservation of tissue integrity, may be of mild, moderate or severe intensity and of short duration.
2. Endures less than 6 months.

B. Chronic Pain:

1. Considered to last more than 6 months and may last the remainder of the person’s life.
2. Pain that persists longer than the temporal course of natural healing.
3. Pain that has outlived its usefulness.
4. Leads to loss on many levels.
II. Classifications: Types of Chronic, Noncancerous Pain

A. Nociception Pain: the activation of energy impinging on specialized nerve endings.
   1. The nerves involved convey information about tissue damage to the CNS.

B. Neuropathic Pain: characterized by many types of sensitivity reactions.

C. Psychogenic Pain: pain disorder associated with psychological factors.

D. Functional Restoration:

III. Prevalence

A. Chronic pain is said to be the most costly health problem in America.

B. USA Today, ABC News and Stanford University study showed that almost 1 in 5 Americans suffer from chronic pain.

C. Approximately 90 million Americans experience pain.

D. Common disorders linked to pain include, but are not limited to:
   1. Back, neck, joint pain—Musculoskeletal
2. Migraine headaches

3. Fibromyalgia

4. IBS: Irritable Bowel Syndrome

IV. Social and Cultural Barriers to Treating Pain

A. Physician’s Attitude

B. Therapist/Professional’s Attitude

C. Personal experience with pain and his/her perspective varies

D. Family/Cultural Perceptions

E. Seeing chronic pain patients as “addicts”

V. Treatment Approaches/Strategies

A. An integrative approach that takes into account the bio-psycho-social-spiritual needs of the client is the most versatile approach and offers the most benefit for the individual and family.

B. Pain Management Treatment Goals are to:
   1. Decrease pain by a meaningful degree.
   2. Increase function and improve quality of life.
3. Avoid unacceptable adverse effects.

4. Provide effective pain management that results in a constant level of comfort while maintaining as much function as possible.

C. Patient Responsibility

1. Understand treatment plan.

2. Treatment goals need to be realistic and pragmatic.

3. Compliance with treatment plan—non-compliance with the treatment plan is the greatest deterrent to successful treatment.

D. Cultural Influences to Pain Coping

1. Stoic or highly emotional patients may have a different outcome.

2. False information being received about medications and various types of treatments.

3. Variable ability of patient’s responses—pain is a personal experience.

E. Self-Efficacy

1. An individual has the motivation to effect a positive change.

2. Increased sense of self-efficacy, decreases anxiety and decreases psychological reactions.

3. The patient is better able to distract themselves and alter the meaning of pain.

VI. Psychological Treatment

A. Multiple Factors Influence Beliefs about Pain:
1. Socio-cultural

2. Idiosyncrasies

3. Perceptions of control

4. Prior learning

B. Co-occurring Disorders:

C. Assessment—pain severity does not always adequately explain psychological distress.

1. VAS—Visual Analog Scale

2. McGill Pain Questionnaire
   a. Evaluate thinking patterns/attitudes
   b. FEAR—
   c. Pain tolerance levels
   d. Avoidance behavior
   e. Skill promotion
      • Relaxation techniques

D. Cognitive Behavioral Treatment

E. Motivational Interviewing
VII. Pharmacological Approaches to Chronic Pain
   A. Opioid Therapy

VIII. Spiritual Considerations
   A. Respect spiritual resources within.
   B. Interventions

IX. Conclusion (An interview with a Chronic Pain client)
MLCHW 110:

Men’s Health: Working Toward Wellness in Men

David Murphy, Ph.D.
Abstract

This lecture focuses on the health and wellness of the male population. Coaching men through health and wellness is different than coaching women, and Dr. Murphy discusses these differences and how to best coach men on the topic of wellness. The presenter discusses key health issues to consider when working with men, the symptoms of each health issue, diagnosis, and treatment. Dr. Murphy teaches from a biblical perspective in order to encourage total wellness in men.

Learning Objectives

1. Participants will identify how coaching men is different from coaching women.

2. Participants will name and discuss key health issues common in the male population and the best ways to prevent or treat these issues.

3. Participants will gain a greater understanding of the importance of a healthy spiritual life.
Introduction:

Genesis 1:27—“So God created man in His own image, in the image of God He created him; male and female He created them.”

1 Corinthians 6:20—“You were bought at a price. Therefore honor God with your body.”

Car care – Body care

I. Wellness Coaching Perspective

A. Wellness is a process of becoming aware of and making choices towards a more successful existence. (National Wellness Institute)

B. Wellness continuum

C. The Eight Factors of Total Wellness

1. Physical wellbeing
2. Finances
3. Fun
4. Mental wellbeing
5. Goals
6. Spirituality
7. Relationships
8. Career

D. Travis’ Model
E. **Tenets of wellness**

1. Wellness is holistic.
2. Change follows self-esteem.
3. Who you hang with matters.
4. Don’t fly your life on autopilot.
5. Every man for himself (Every man is responsible for his wellness).
6. Be well, not perfect.
7. Why do angels fly? (They take themselves lightly)

F. **Coaching**

1. Coach, don’t diagnose or prescribe.
2. Educate and support.

II. **Men are Different**

A. We don’t like to ask for directions . . . we think we are in control.

B. If it’s broken we think we can fix it . . . whatever it is.

C. We don’t seek medical help as often as women.

D. We don’t pay more attention to our bodies unless they hurt.

E. Men tend to smoke and drink more than women.
F. Men tend to define themselves by their work, which can add to stress.

III. Key Health Issues: Prostate Cancer

IV. Prostate Cancer

A. Key Facts

1. Prostate – a male reproductive organ, about the size of a walnut, located between the bladder and the colon that is responsible for producing some of the fluid that carries sperm.

2. After skin cancer it is the most commonly diagnosed cancer among men.

3. Affects about 220,000 men per year.

4. 25% of all tumors.

5. As many as half of all men over 70 have prostate cancer.

6. Extremely prevalent and very slow growing.

7. Only 7% of those diagnosed with prostate cancer die within five years.

B. Symptoms

1. Urinary problems:

   a. Not being able to urinate.

   b. Having a hard time starting or stopping urine flow.

   c. Needing to urinate often, especially at night.

   d. Weak flow of urine.

   e. Urine flow that starts and stops.
f. Pain or burning during urination.

g. Difficulty having an erection.

h. Blood in the urine or semen.

i. Frequent pain in the lower back, hips, or upper thighs.

C. Diagnosis

1. DRE—Digital Rectal Exam

2. PSA > 4.0

3. Prostate Ultrasound

4. Biopsy

5. Classification:

   a. Grade describes how closely the tumor resembles normal prostate tissue. Based on the microscopic appearance of tumor tissue, pathologists may describe it as low-, medium-, or high-grade cancer. One way of grading prostate cancer, called the Gleason system, uses scores of 2 to 10. Another system uses G1 through G4. In both systems, the higher the score, the higher the grade of the tumor. High-grade tumors generally grow more quickly and are more likely to spread than low-grade tumors.

   b. Stage refers to the extent of the cancer. Early prostate cancer, stages I and II, is localized. It has not spread outside the gland. Stage III prostate cancer, often called locally advanced disease, extends outside the gland and may be in the seminal vesicles. Stage IV means the cancer has spread beyond the seminal vesicles to lymph nodes and/or to other tissues or organs.

D. Traditional Treatments

1. Surgery
2. Radiation therapy
3. Chemotherapy

E. Alternative Treatments

1. Treat the cause not the symptoms.
2. Diet:
   a. Dairy products
   b. Animal protein
   c. Fruits and vegetables (Tomatoes)
3. Herbs
   a. Saw Palmetto
   b. Selenium

V. Colorectal Cancer

A. Key Facts

1. Cancer of the colon or large intestine.
2. 4th most frequent cancer.
3. Often curable if caught early.
4. More common in people over 50, and the risk increases with age.
5. Risk factors:
   a. Polyps - growths inside the colon and rectum that may become cancerous
   b. A diet that is high in fat
c. A diet that is low in fiber

d. Family history or personal history of colorectal cancer

e. Ulcerative Colitis or Crohn’s disease

B. Symptoms


2. Narrower stools.

3. Change in bowel habits.

4. General stomach discomfort.

C. Diagnosis

1. Fecal Occult Blood Test

2. Colonoscopy

D. Traditional Treatments

1. Surgery

2. Chemotherapy

3. Radiation therapy

E. Alternative Treatments

1. Treat the cause not the symptoms.

2. Diet

   a. Dairy products
b. Animal protein  
c. Dietary fiber  

3. Herbs  
a. Garlic  
b. Tomatoes (Lycopene)  
c. Selenium  

VI. Heart Disease  
A. Key Facts  
1. Risk Factors  
a. Smoking  
b. High blood pressure  
c. High cholesterol  
d. Diabetes  
e. Family history  
f. Peripheral artery disease  
g. Obesity  

2. Symptoms  
a. Chest pain  
b. Shortness of breath  
c. Angina  

3. Diagnosis  
a. Baseline EKG
b. Stress test

c. Echocardiogram

d. Perfusion studies

e. CT scan

f. Heart Catheterization or Coronary Angiography

4. Traditional Treatments

a. Medications

b. Beta Blockers
   (1) Atenolol (Tenormin)
   (2) Metoprolol (Lopressor, Toprol XL)
   (3) Propranolol (Inderal, Inderal LA)
   (4) Carvedilol (Coreg)
   (5) Labetalol (Normodyne, Trandate)

c. Calcium Channel Blockers
   (1) Diltiazem (Cardizem, Dilacor, Tiazac)
   (2) Verapamil (Calan, Verelan, Verelan PM, Isoptin, Covera-HS)

d. Nitroglycerin

5. Surgical Interventions

a. Angioplasty and Stenting

b. Coronary Artery Bypass Graft

6. Alternative treatments

a. Prevention
   (1) Exercise
   (2) Proper nutrition
   (3) Smoking cessation
   (4) An aspirin a day

B. Healthy Living

1. Diet
a. Don’t eat SAD—Standard American Diets.
b. If it’s not food, don’t eat it!
c. Increase fruit and vegetable intake.
d. Decrease animal protein intake.

2. Exercise
   a. 30 minutes per day, every day.
   b. Lift weights.

3. Reduce stress
   a. Prayer and meditation.

VII. Conclusion
MLCHW 111:

Women’s Health: Working Toward Wellness in Women

Panel—Catherine Hart Weber, Ph.D., Linda Mintle, Ph.D., Georgia Shaffer, M.A., and Jennifer Cisney, M.A.
Abstract

Women often neglect their own health and wellbeing while spending their lives caring for those around them. In this presentation the learner will hear from a panel of women on various issues and topics related to women's health. The lesson begins with Dr. Catherine Hart Weber’s discussion on how stress and anxiety specifically affect the female body, while also providing helpful tips on how women can better manage stress. Dr. Mintle then presents her knowledge and experience related to helping women manage food intake, weight, and related body issues. She focuses on helping women understand what realistic goals for their own weight journeys are in order to create positive body image. Expert Jennifer Cisney discusses the prevalence of chronic pain in the lives of many women and how coaches should encourage women to be proactive in seeking the help they deserve to manage pain. Finally, Georgia Shaffer discusses from her own personal experience how coaches should minister to women battling a terminal illness, such as cancer. The lesson concludes by offering hope to coaches who attempt to encourage women to a life of wellness.

Learning Objectives

1. Participants will discuss the effect stress and anxiety have on the female body and identify the most successful ways in helping women overcome stress.

2. Participants will identify and analyze the foundational problems many women suffer from in attempting create a more positive body image and how these women can lead healthier relationships with food and exercise.

3. Participants will gain a greater understanding of the prevalence chronic pain and terminal illnesses have on the female body and the best methods coaches can use to encourage women on such life journeys.
Introduction:

Catherine Hart Weber—Stress and Anxiety
Linda Mintle—Weight, Weight Loss, Body Image
Georgia Shaffer—Cancer and Terminal Illness
Jennifer Cisney—Chronic Pain

I. Stress and Anxiety

A. Women are more relational resulting in relationship dynamics which are stressful.

B. Hormonal changes

C. Body Image

D. Medical issues/Wellness

1. Complete a Medical check-up

E. Stress Management:

1. Create Self Awareness

a. List stressors—EXAMINE—What are my stressors?

(1) What am I grateful for?
(2) What are my symptoms?
(3) What is my low grade anxiety?
(4) What can I change?
(5) What do I have to learn to cope with?

Stress is a causing factor for feelings of helplessness and hopelessness!
2. Strategize Management

*Stress is primarily carried in the body.*

a. Create a lifestyle to relax the body.

b. Create a lifestyle to calm the mind.

II. Food, Weight and Body Issues

A. Eating is often used as a coping mechanism.

B. Body Image—What is realistic?

1. Comparison to media images
2. Feelings of inadequacy
3. Never thin enough
4. Never perfect enough

C. Midlife Change Issues

D. Everyone wants to lose weight, but not everyone is READY to lose weight.

E. Assess where your client is in the stage of change.

F. Coaches need to be aware and prepared to refer to a medical or mental health professional as needed.

1. Multidisciplinary team approach is vital.
G. Find a plan that fits with the lifestyle of the client.

H. Be realistic, real and personal.

III. Chronic Pain

A. Women struggle with pain at higher levels than men.
   1. Migraine headaches
   2. Fibromyalgia

   **80-90% of the diagnoses of migraine headaches and Fibromyalgia are women.**

B. Many doctors still refuse to believe in chronic pain which results in secondary trauma to the chronic pain sufferer.

C. A coach can validate their client’s experience and provide the support they so desperately need.

D. Coaches can help women learn to be assertive with their needs in a positive manner.

E. Coaches can help women make a good assessment of the role of personal responsibility in chronic pain management and self-care.
IV. Terminal Illness

A. Understand the relational fall-out from a cancer diagnosis.

B. Establish a solid community of support made of encouraging, positive believers.

C. Your wellness is a part-time (sometimes full-time) job when you have a serious illness.

D. Beware of denial and over-extending yourself.

E. Nutrition is extremely important.

F. Rest is vital.

G. Coaches role:

1. Validate and help your client give himself/herself permission to work through the pain.

2. Normalize feelings of pain and various challenges.

3. Help client work through the grief/loss process.

4. Help your client plan energizing activities in day/week—i.e. Outdoor events, movies)

V. Conclusion
MLCHW 112:

Fit for Christ:
The Practice of Health Coaching

Lynda Clements and Jennifer Cisney, M.A.
Abstract

Today’s culture is more focused on health and fitness than ever before, however many individuals need someone to walk along beside them to teach them how to live a healthier lifestyle. Health coach Lynda Clements and interviewer Jennifer Cisney discuss the role of a health coach in motivating and assisting a client to become as healthy as possible— all for the glory of God. The lecture discusses the steps a good health coach will walk through with a client and specific examples of how to best encourage and uplift clients to live a fit life for God.

Learning Objectives

1. Participants will define and discuss the specific role of a health coach in the life of his or her client.
2. Participants will analyze the difference between being fit for Christ and being fit for self.
3. Participants will identify specific tools, techniques, and a timeline the health coach should follow in order to best help a client.
Health and Wellness Coaching

Introduction:

Fit for Christ vs. Fit for Self:

Main Goal: Empower and equip clients to make healthy decisions in their lives for Christ.

I. Role of a Health Coach

A. Mission Statement: Establish a firm foundation in Christ.

1. First question: “Are you ready for a body-transforming, spirit empowering, soul-renovating experience that is going to change your life forever?”

2. Begin dialogue: Questioning between Coach and Client
   a. Begin developing the relationship

3. Based on Romans 12:1—It's not about us, it's all about Christ!
   a. Sign a “Covenant Agreement”

*Building an exercise and nutritional diet plan, comes secondary to establishing a firm foundation in Christ!*

*“ARE YOU CONNECTED?”*
B. Vision Statement: Christ is glorified by a healthy body and balanced lifestyle.

1. Health from a biblical perspective:

“Health is the balance between physical life and external nature and it is maintained only by sufficient vitality on the inside against things on the outside. Everything outside my physical life is designed to cause my death. Things which keep me going when I’m alive, disintegrate me when I am dead. If I have enough fighting power, I produce the balance of health.”

~Oswald Chambers

C. Developing Goals

1. Primary Goal: Glorify Christ with our bodies.

   R—Repentance

   E—Exercise and nutrition

   S—Scripture and prayer

   O—Obedience

   L—Love and sacrifice

   V—Values

   E—Endurance
a. Explore driving underlying force: self or relationship with Christ

b. Complete an assessment of client’s personal information:

   (1) Personal history, medications, supplements, etc.

   (1) Favorite foods, exercises, etc.

   (3) Set secondary goals: be specific and realistic

2. Secondary Goals:
   a. Developing balance—diet, nutrition, exercise

D. Health/Wellness Education

1. “Dining with the King”—

   a. Home-based conversation about the ‘how,’ ‘when,’ ‘where’ and ‘why’ your client will eat.

   b. Provide education regarding calorie content.

   c. Conduct a “Basic Nutrition 101” session.

   d. Explore the home pantry.

2. “Cooking for the King”—

   a. Prioritize, plan and prepare all meals in advance.

   b. Key is homemade and homegrown!

   c. Disease protection and prevention.
3. Eating essentials—Wonders of water (11-15 cups)
4. Occasionally eat a man made “C” food.
5. Indulge in eating God made “C” food.
6. Everything is permissible but not everything is beneficial.

E. Start Moving—Exercise

“Start slow and start low!”

1. Choose something the client enjoys.
2. Schedule realistic days and times for exercise.
3. Discuss warm up and cool down.
4. Monitor intensity levels.
5. Use this time to focus on Scripture memory work.

F. Follow-up

1. Email
2. Text
3. Face-to-face as needed

II. Conclusion