Food Education for People with Serious Psychiatric Disabilities

An Evidence-Based Recovery Curriculum

A curriculum to empower people with serious psychiatric disabilities to achieve nutritional health as a resource for recovery

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Boston University Nutrition & Fitness Center
Boston University Center for Psychiatric Rehabilitation

BOSTON UNIVERSITY

Published by:

Center for Psychiatric Rehabilitation
College of Health and Rehabilitation Sciences (Sargent College)
Boston University
940 Commonwealth Avenue West
Boston, MA 02215
http://www.bu.edu/cpr/

The Center for Psychiatric Rehabilitation is partially funded by the National Institute on Disability and Rehabilitation Research and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

All proceeds from the sale of this book are used to further the work of the Center for Psychiatric Rehabilitation. No royalties are paid to the authors.

ISBN: 978-1-878512-42-0 (Download version)

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The Importance of Health in Recovery

People with psychiatric disabilities have a right to have services that increase their functional health. People with psychiatric disabilities can and do experience positive health while living with a serious mental illness. Many people with psychiatric disabilities are survivors of physical and sexual abuse, intense stigma, and poor care within the mental and medical systems. In addition, the disabling consequences of a serious mental illness, including poverty, often result in extremely sedentary lifestyles and poor nutritional habits. Their decreased functional health contributes powerfully to the disability and isolation people with mental illness experience in their communities. In turn, their recovery of a successful role in the community is inhibited by poor health, which then limits full community participation. A large percentage of people who live with serious mental illness also experience significant medical co-morbidity, dying 25 years earlier on average than the general population. This public health crisis demands our immediate attention as providers to deliver health promotion services that are consistent with the mental health system's redefinition of itself as a system that promotes recovery from severe mental illnesses rather than simply alleviating illnesses (New Freedom Commission on Mental Health, 2003). Services that promote practical health strategies are urgently needed to meet the challenge of The Substance Abuse Mental Health Services Administration's wellness pledge (2007) to reduce the excessive mortality rates of people with serious psychiatric disabilities by 10 years in 10 years.

We believe that health strategies are an integral part of anyone's healing process, and it is no different for people with psychiatric disabilities. Many people in recovery lack the knowledge and skills about what it means to be a healthy person, many are unsure of how their lifestyles impact their health, and many have acquired unhealthy coping strategies. Also, many professionals lack experience with personal health strategies or come from clinical disciplines that view health strategies and lifestyle interventions as secondary to psychiatric treatment. Programs designed to serve the needs of people in recovery from psychiatric disabilities often lack the resources and knowledgeable staff to implement health programs to support the recovery of people's health. Environments and community resources also play an important role in the nutritional health of people in recovery.

This nutritional curriculum guide is a resource for programs and providers who want to help people with psychiatric disabilities learn how to eat well to support their functional health. The challenge of eating well with a psychiatric illness, which often requires medications that compromise physical health, is significant. The burden of poverty that many people who live with psychiatric disabilities acquire creates an additional barrier to healthy nutritional practices.

Goals

The goal of this curriculum is to provide people with the knowledge and skills necessary to enhance their nutritional wellness. It is based on the 2005 Dietary Guidelines for Americans, the evidenced-based approaches of the Diabetes Prevention Program and the Volumetrics (Energy Density) to Weight Management, and feedback from people in recovery.

This curriculum guide has bundled several evidence-based practices and modified the information relevant to preventing and reversing the metabolic syndrome and promoting healthy weight in

persons with psychiatric disabilities. It is designed to provide practitioners with nutritional lesson plans that can be used in a single session or together as a cohesive skills group. We encourage practitioners to use the lesson plans as frameworks from which the topic can be personalized to meet individual, cultural, and environmental needs.

Another goal of the curriculum is to promote independence in making healthy food choices. Lesson plans are provided that teach strategies for healthy choices in three situations: food shopping, dining out, and meal/snack preparation. In addition, the curriculum presents healthy eating strategies in response to emotions. Changing one's role from a sick patient to a healthy community member is extremely challenging. Clearly, the content described in this curriculum is not exhaustive, rather it is meant as a beginning, as a way of stimulating both programs and people to believe in and claim nutritional health as a resource for living well.

Principles of Health Promotion in Recovery Services

The principles of health promotion rest on the recognition that there is a deep connection between health and human rights and the assertion that people with psychiatric disabilities have a right to optimal health. These principles acknowledge the personhood of people with psychiatric disabilities in their individuality, their unique needs and goals, their desire for active involvement in their own health promotion activities, and in the complexity of their whole lives. These principles operate independently of the setting in which health promotion activities happen and the professional disciplines of the practitioner.

Principles of Health Promotion for People with Serious Psychiatric Disabilities

1. Health and access to health care are universal rights of all people.
2. Health promotion recognizes the potential for health and wellness for people with psychiatric disabilities.
3. Active participation of people with serious psychiatric disabilities in health promotion activities is ideal.
4. Health education is the cornerstone of health promotion for people with psychiatric disabilities.
5. Health promotion for people with psychiatric disabilities addresses the health characteristics of environments where people live, learn, and work.
6. Health promotion is holistic and eclectic in its use of many strategies and pathways.
7. Health promotion addresses each individual's resource needs.
8. Health promotion interventions must address differences in people's readiness for change.

Curriculum Logistics—Quick Planning Notes

Developing a Culture of Health Promotion Services

- It is essential to communicate, with confidence to the people we serve, the belief that health is possible in the midst of illness or disability. Additionally, the belief that recovery is a reality for persons with psychiatric disabilities is basic to the successful implementation of a health promotion intervention.

- Faith in recovery does not require denial of a disability. Rather the construct of recovery places the illness in perspective, acknowledging it as a reality, but not central to the personhood of an individual.
- Creating an atmosphere that enhances a greater mindfulness of the significance of positive health and the personal capacity to determine one's health nourishes hope, greater self-esteem, and self-efficacy in people. For many people with serious psychiatric disabilities, the possibility of functional health has been an unattainable goal. Their lives have centered on illness and treatment until they themselves identify themselves as sick, dysfunctional, and unhealthy people.
- The prospect of an alternative view is both exhilarating and terrifying. However, without the belief in the possibility of recovery, the prospect of achieving any degree of functional health is meaningless.
- Belief in recovery, made concrete through supports offered and skills and lifestyles modeled by other people living healthy lives despite a psychiatric disability, is often the catalyst that stimulates renewed hope, energy, and positive behavioral change.
- It is essential to reinforce people's right to recover a healthy level of nutritional functioning within their body as a resource for their recovery. It is critical that we provide health promotion interventions, such as food education, which create opportunities for people to become aware of the power of health as a personal resource to help them achieve their goals. Nutritional education will teach people to evaluate their choices, reframe their experiences and strategies, and counter negative lifestyle behaviors with positive approaches.

Content

The curriculum addresses 12 basic nutritional topics: Basics of Balanced Eating, Fats, Whole Grains, Fruits and Vegetables, Proteins, Added Sugar, Hydration, Meal Timing, Holiday Eating, Meal Planning, Healthy Shopping, and Goal Setting. The 22 lesson plans that address these topics can be used individually or bundled together.

Structure/Session Length

Each lesson plan is designed to be delivered in a 90-minute class/sesson. Modifications of this format to your schedule and program work well. Each lesson plan is a rehabilitation process that includes knowledge sharing, skill teaching, and skill application. Field trips to local food stores, cooking demonstrations, and experiential eating of healthy foods are an integral part of the course. The classes/sessions are designed to be as flexible in routine to allow for class discussions addressing the complex emotions people experience about food while making nutritional changes.

Location

- This food education curriculum has been used successfully in multiple mental health and community settings for people with and without psychiatric disabilities to help them achieve nutritional health as a resource for overall functional health. We believe teaching people how to eat well will help people with psychiatric disabilities lead long, healthy, and productive lives.
- This curriculum can be delivered successfully as a psychoeducational intervention, and thus, is highly applicable to inpatient settings, day treatment, partial hospitalization programs, outpatient settings, clubhouse programs, residential programs, and self-help settings where "groups" typically are provided.

- We encourage you to modify this curriculum to meet the nutritional needs and desires of the people and the environment. It can be taught as a whole food education program or lessons may be inserted into a highly structured treatment groups to bring a more health-oriented focus to the services already provided.
- It is helpful to have a kitchen to demonstrate and create meals and snacks as part of the class, but it is not necessary. A portable toaster oven or microwave can be used easily to demonstrate healthy meals as well. We recommend demonstrating or taste-testing a healthy food in each encounter. Taking a risk with support, such as tasting a new vegetable or fruit, is often more successful when done with a group or a practitioner. This will increase the likelihood that people will attempt to use their new knowledge/skill in their own environments.

Handouts, Recipes, and Homework

The curriculum provides multiple opportunities for students to practice their nutritional skills in their own environment.

Handouts and recipes are included to prompt use of the skills, provide information, and support nutritional practices. These handouts and recipes that are recommended for student use are included in this curriculum guide following each lesson plan. They can be printed or reproduced as needed for individual group participants. To make it to easier to reproduce the handouts and recipes for individual students, they also are available to purchasers of the curriculum in a password protected PDF file that can be downloaded from the Center's website.

It is recommended that students be provided individual binders to organize the completed handouts, particularly if a number of lesson plans will be taught. A cover page is provided that can be printed or copied and distributed to individual students to serve as a cover for their binders.

The curriculum also directs leaders and students to user-friendly nutritional websites that can be used in adjunct.

Practitioner Qualifications

Knowledge. This class is designed to be taught by someone with a sound knowledge of nutrition and food. Research and experience document that people in general, as well as people in recovery, have an enormous amount of food knowledge, much of it based in myths, cultural and regional perspectives, and incorrect information. Having a facilitator who can respond to questions and concerns with accurate information is essential. Staff, such as registered dieticians and nurses, would be knowledgeable facilitators of this curriculum. Other people with knowledge of health nutrition might include fitness trainers, chefs, and people with a strong interest in nutrition and food.

Facilitator Skills. The facilitator/participant relationship is the primary foundation of successful implementation of a health promotion intervention. While specific credentials may vary according to topic, the facilitator's capacity to build and maintain strong alliances with the group and individual is critical. Therefore, excellent interpersonal skills and the ability to apply these skills in interactions with people who live with multiple challenges are essential to delivering services that are not only of the highest quality, but create a safe haven for people to begin to pursue greater functional health.

- The skills of actively listening greatly enhances people's participation.

- The skills of giving feedback, sharing perspectives, and acknowledging negative realities sensitively and concretely promotes people's awareness of their health and increases their willingness to take risks related to nutrition.
- The skill of self-disclosing personal struggles with weight illustrates both positive and negative experiences and establishes the personhood amongst everyone in the program: staff, participants, and administrators.
- The skills of defining and establishing participation guidelines to enhance emotional safety and confidentiality also are critical. Developing a "course syllabus" is a very helpful tool to outline learning and behavioral expectations.
- Teaching skills also are essential in facilitating the use of this nutritional curriculum. These include the ability to modify educational materials in the moment to meet the individual and group needs and to support the learning and emotional experiences. The leader's ability to listen and respond to class themes while processing individual concerns builds both group cohesiveness and a sense of community.
- This curriculum is derived from two evidenced-based interventions on healthy eating: The Diabetes Prevention Program (The Diabetes Prevention Research Group, 2002) and the Pennsylvania State University Volumetrics Approach to Healthy Eating (Rolls, 2002). In each lesson plan, there are teaching tips and resources for leaders to draw upon to help modify the educational experience to create personal meaning and application for the participants.

Teaching Principles

Use of Education to Deliver Health Promotion Interventions

- Our experience for the last 25 years has centered around the provision of rehabilitation and recovery-oriented services through education.
- We recommend the use of an adult education framework to guide the provision of this nutritional curriculum. Adult education is inclusive of all adults and all types of learners. Adult education programs provide a useful model for delivering a variety of educational courses aimed at enhancing knowledge, attitudes, and skills.
- Many mental health programs provide therapeutic groups on a daily schedule. It is an easy transition to shift the perspective to education in these environments. Groups become classes and seminars.
- Schedules are defined and each participant is given a syllabus explaining the goals of the class, the expectations of the class, and the topics to be covered in the class. The syllabus can be modified to meet the literacy needs of the people in the class.
- Most importantly in this shift to an educational perspective is the role of the participant. Participants are learners and students instead of consumers, members, or patients. The assignment of the role of a student is highly valued in our society, and our services research and experience has shown that people with psychiatric disabilities find this role to be empowering and hopeful.
- It is helpful to modify the environment to be educationally oriented by using flipcharts, handouts, and having didactic discussions that focus on a topic. This approach to service delivery supports people's motivation, attendance, and skill acquisition.

Personal Growth and Clinical Changes

- Health promotion services initiate an increasing awareness of the mind-body-spirit connection and encourage people to create a balance in their lives. This process by its very nature is destabilizing. With the growing awareness of the mind-body-spirit connection comes the possibility of experiencing unwanted feelings, memories, and flashbacks.
- Our experience with this curriculum has demonstrated that honest, safe, and empathetic discussions in groups or with individuals helps people move beyond the destabilizing realizations.
- Encourage people to view healthy nutrition as a personal wellness tool that will assist them in achieving and sustaining their important life goals including working, living well, intimate relationships, etc.
- Health education and the group process often encourage people to take on monumental risks, to let go of an illness-centered identity, and to assume a new identity based in health, strength, and personal responsibility. The fact that this may not be possible, or once they have taken the risk that they may falter, can be terrifying for people. Behavior indicators of this fear include increased absences from the service and a reoccurrence or intensification of symptoms. Acknowledging this fear and assisting the student to develop a wellness plan to support his or her participation helps the student self-determine self-care strategies.

Strategies

Strategies that support learning from the content include:

- Create a safe and confidential environment. It is absolutely essential if people are to feel secure enough to share their life experiences with food and explore their choices and consequences related to nutritional changes.
- Clearly define the roles and responsibilities of participants as learners. These roles need to be clear and reviewed as necessary.
- Make direct efforts to value every person's nutritional experiences and expertise. No one person, including the leader or teacher, has any more power than any other participant. Direct efforts must be made to facilitate mutual relationships.
- Encourage individuals to move slowly, to make small, incremental nutritional changes, and to develop and increase supports. This strategy empowers people to become aware of the positive consequences of lifestyle change while assuming increasing responsibility for managing the impact of their illnesses in their lives. People differ in their readiness to make changes in health practices, even though most will articulate the same desire for functional health. It is important that participants in health promotion services know that the program and its staff hold a belief in them as capable people as they tackle their health issues and obstacles.

Motivation

Support is one of the most critical factors in the success of any health promotion intervention. It is formidable for anyone with or without a disability, to make lifestyle changes that may have been practiced for years.

- Many people with psychiatric disabilities have limited experience with physical activity, healthy eating, positive health coping strategies, and may have low levels of health literacy.

- People have powerful misperceptions about food that need to be corrected through education. They may approach their adult nutritional lifestyle with myths from their childhoods, such as "potatoes are bad for you" or "starving yourself is the way to lose weight."
- Healthy eating practices need to be taught that promote skill mastery in the person's environment, not just the mental health environment.
- People do not typically demonstrate intrinsic motivation for health promotion practices without some extrinsic motivation. Programs and staff need to coach their participants until they begin to see, feel, and experience the benefits of healthy eating and can develop their own internal voice that says "I can."
- Healthy nutritional practices are useful to all people regardless of gender, race, age, or disability. A useful strategy to increase motivation is to include both staff and program participants as one group who desire to change their nutritional habits. It emphasizes the personhood of health.
- Every person will be motivated differently, and programs must be vigilant to refrain from cookie cutter strategies or one size fits all solutions for motivating people to eat well. Remaining open to the idea that we all differ in how we become motivated and that there are many paths to healthy nutritional habits is extremely beneficial.

Examples of motivational strategies:

- *Empathy.* Take the time to listen and establish a rapport. Your relationship may encourage or discourage a person to come to the program.
- *Establish a safe and hopeful environment.* Program, environmental, group, and individual respect should be stressed. Hope for recovery, and hopefulness that people can be healthy, must be part of the program's culture. People want to be in hopeful, healthy environments.
- *Normalize program resources, language, and materials.* Using educational language, policies, and role responsibilities help people automatically feel they have a valued role, and this will help people make every effort to come even when they don't feel well enough to come. Be willing to make program changes that participants request will improve the program. Lack of motivation may be due to unappealing or irrelevant programs.

Conclusion

This curriculum aims to serve as a framework for providers who wish to help people in recovery eat well in order to improve their nutritional health. One's nutritional health is a key component of overall health that is essential for optimal living.

We encourage providers to use the curriculum not only as a teaching resource, but also as a teaching process. Engaging people in recovery involves respectful relationships where their nutritional experiences, needs, and wants are the true content. This curriculum is meant to be unbundled and modified to assist you to meet the needs of the people you serve.

Frame the group experience as educational and inform participants that their role is to be students in these classes. Although many people with psychiatric disabilities have been involved in different therapeutic groups, the role of being a student can be an important and healthy aspect of a person's developing sense of self. It shifts the focus away from other identities that can be stigmatizing and debilitating for many people, such as patient or client. (Spaniol, McNamara, Gagne, & Forbess, 2009).

Due to the sensitive nature of how people feel about their food choices and physical health, it is important for the instructors to be sensitive to the participants' feelings. Throughout the lessons, there are reminders to respond to the students' feelings about their choices and experiences. Responding demonstrates your understanding of what they have said. Responding or demonstrating understanding is describing what another person is saying and/or feeling. Responding acknowledges the importance of what the other person has said. In addition to responding, respect the students' thoughts, feelings, and experiences. Respect will support individuals when they feel most vulnerable. (Spaniol, McNamara, Gagne, & Forbess, 2009).

When teaching the classes in this food education curriculum, instructors need to incorporate their group process skills *before* the group session, *during* the session, and *after* the session. These preparation, delivery, and follow-up skills help group leaders to facilitate the process of learning the content of the food education curriculum. Some suggestions for encouraging participation are included within the lesson plans that address some of these group process skills. For information about group process guidelines, go to: www.bu.edu/cpr/products/curricula/groupprocess.html.

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