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OVERVIEW

The various dimensions of wellness among school children are an important aspect of professional counseling. Major studies in the 1980s have indicated that American children are lacking in cardiovascular fitness, accounting for a host of degenerative health difficulties and various psychological disorders. However, research has also indicated that children participating in aerobic exercises can avoid many health problems.

Only 41% of the children who even participate in physical education exert themselves during exercise sufficiently enough to enhance cardiorespiratory functioning. This lack of physical activity has resulted in American children becoming more obese since the 1960s. It has been suggested that this increase in body fat is responsible for reduced cardiovascular capacity which in turn limits a child's ability to resist coronary heart disease. In addition, a lack of physical activity accounts for a host of diseases including hypertension, diabetes, impaired tolerance for heat, and various psychological disorders.

Exercise regimens that begin at a young age are more effective in promoting longevity and health than those begun later in life. As children become older, there is a strong tendency for them to participate less in physical activity. The drop in such participation between the ages of twelve and eighteen is dramatic. The purpose of this digest is to provide school counselors with information regarding aerobic exercise (specifically running), and the psychological, behavioral, and physical benefits children obtain by participating in fitness programs. Collaboration between school counselors and physical education teachers is also presented.

Some promising studies have shown that school children can enhance their psychological as well as physical functioning after participating in fitness programs that include aerobic running. All of the aerobic exercises have the potential to assist in promoting physical and psychological health, however, children and adolescents will find running activities to be the most accessible aerobic exercise in terms of skills development, costs, and availability.

PSYCHOLOGICAL IMPROVEMENTS

Children who have experienced aerobic improvements have realized various degrees of self-esteem enhancement. Hyperactive, learning disabled, and behaviorally handicapped children have been found to internally control behaviors that were previously externally controlled following participation in running programs. Running has even been found to be equivalent to low dosages of stimulants in treating hyperkinetic behavior among children. Relatedly, psychotropic medications have been reduced in emotionally handicapped children who run regularly. A downward trend has been reported in the depressive mood scores of hyperactive children following a 10-week running program. Children with developmental problems also have increased completion of written tasks and reduced their degree of talking out in class as a result of

participating in running programs. In addition, improvements in academic learning and creative thinking have been associated with running exercise.

PHYSICAL IMPROVEMENTS

Children should be taught aerobic exercises at school that are prevention and protection oriented. Participating in school running programs can influence the major systems of their bodies, reduce the risk of coronary heart disease, improve tolerance for stress, and promote wellness. Moreover, children who become physically fit are more likely to exert control over health risks and avoid behavior that is counterproductive to good health. In addition, children considered for adjunctive running programs in the schools should obtain a physical examination prior to participation. This should assist in ruling-out any medical contraindications such as childhood rheumatic fever and asthma. Children prone to physical injury, foot abnormalities, and/or joint difficulties should be thoroughly assessed before consideration for a running program.

IMPLICATIONS FOR SCHOOL COUNSELORS

Knowledgeable school counselors, collaborating with physical education teachers, should utilize psychophysiological interventions whenever appropriate. Aerobic running programs need to be thoughtfully designed in collaboration with physical education teachers. This will ensure that running programs are individualized to meet the needs of the child's presenting issues. The flexibility of the program is an important consideration due to children having varying initial levels of fitness. Once the physical education component is considered, school counselors and physical education teachers can plan running activities for children with particular problems. For example, a child with behavioral and/or emotional problems may be assigned to supervised running the first 20 minutes of the school day followed by a brief contact with the school counselor. Similarly, a self-contained classroom with hyperkinetic children could engage in a group running activity and subsequent group discussion focused on running accomplishments. Thus, a self-esteem enhancement as well as a calming effect could occur. Hinkle and Tuckman's (1987) article on managing children's running programs is helpful for school counselors. These authors' systematic running programs within the schools have improved fitness levels in elementary and middle school students. They offer a simple method to measure aerobic capacity and discuss the management of structured running programs for school children. In addition, group running formats, medical issues, and behavior reinforcement are presented.

SUMMARY

Physical activity engaged in as a child can encourage fitness throughout the lifespan. Moreover, psychological dynamics associated with seeking and maintaining health, especially in the schools, are of utmost importance. The health of children can be more effectively maintained when school counselors and physical education teachers

collaborate to truly serve the whole child. Such collaboration can be an effective and efficient setting in which school counselors and physical education teachers can provide a preventive measure that reduces health risk factors in children.

Educational programs within the schools should make accessible to all children the opportunity to exercise at a level that is conducive to life-long health. Many adults have not learned as children the value and benefits of exercise, especially those of an aerobic nature. School counselors and physical education teachers can have an impact on curriculum reforms by collaboratively investing in multi-intervention programs that encompass the psychophysiological spectrum of children within the schools.

CONCLUSION

In conclusion, running is inexpensive, can be performed indoors or outdoors, is natural to all children, minimal in costs, cuts across cultural differences, and can be continued throughout the lifespan. Together, school counselors and physical educators can play an active role in the development of lifelong fitness for children by encouraging, supporting, developing, and implementing creative aerobic running programs in the schools.

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