



## **Previous Articles Written About Jeff Rutstein and “Mindful Movements” Fitness Program for Fighting Stress, Depression and Dependence ...**

*The New York Times* “Exercise and Depression”  
By Abby Ellin - December 8, 2005.

*The Washington Post* “Gaining the Strength to Stay Sober”  
By Carol Krucoff - September 13, 1995.

*Reuters* “Exercise Therapist Trains Clients to Attain Healthy  
Body and Mind” By Sasha Cavender - March 30, 1994.

*Club Business International* “Niche of Need: Jeff Rutstein  
Trains People's Psyches” May 1993 - By Suzanne Hildreth.

*American Health Magazine* “The Best Samaritans: Strong  
and Sober” March 1995.

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# The New York Times

## Workouts Are Potent Medicine for the Mentally Ill

By **ABBY ELLIN**

Published: December 8, 2005

MATTHEW HASS is not sure what caused him to blow up to 300 pounds: his sedentary lifestyle, a diet devoid of fruits or vegetables or the medications he took for bipolar disorder. Not that the cause mattered. Mr. Hass knew he was at a crossroads: at 27 he said he felt like a "heart attack waiting to happen," so he decided to give exercise a chance. "I was ready to try something else that would help my moods," he said, "and maybe help me lose some weight too."



Rick Friedman for The New York Times  
Jeff Rutstein, works largely with mentally ill patients.

Mr. Hass, now 28, began working out with a personal trainer on Fridays, thanks to a program in Keene, N.H., called In Shape that pairs people with severe mental illnesses with mentors to guide them through a fitness regime. For almost a year and a half he also did circuit training and played tennis with his mentor. Since he signed up for In Shape not only has he lost 30 pounds, but he said his moods are steadier.

His experience illustrates why mental health experts increasingly recommend exercise for people with severe mental illness. It helps them stay physically healthy, which is he surgeon general estimated in 1999 loses on average

15.4 years' life expectancy. And research suggests that by improving mood, exercise can be a beneficial accompaniment to other kinds of treatment for mental illness. While exercise is unlikely ever to replace medication and psychotherapy, experts say, it can increase the likelihood that those traditional strategies will be effective.

Scientists have long known that exercise lifts the spirits of people without mental illness, and hundreds of studies have shown how it can improve the psychological health of those who suffer moderate depression, whether or not they take medication or engage in talk therapy.

But newer research has looked specifically at what good exercise can do for people with conditions like bipolar disorder, schizophrenia and severe anxiety disorders. In a recent study at Boston University, for example, 15 previously sedentary patients suffering from mood or psychotic disorders exercised with an instructor three times a week. After three months they reported that their symptoms of depression had lessened, and that they felt a sense of empowerment they had not known before.

A similar study, at the University of Florida College of Nursing at Gainesville, looked at the effects of an aerobic exercise program on 20 people with schizophrenia. After four months of working out three times a week, the patients lost weight and gained cardiovascular fitness. And compared with a control group of sedentary patients, the exercisers also had fewer psychiatric symptoms, like social withdrawal and paranoia.

Mental health experts, already concerned about their patients' weight and inactivity, have been spurred by such research to encourage patients to work out. Many have started programs like In Shape to help people with severe mental illness get moving.

"More and more people in the field are looking at this because people with mental illness are dropping dead from things that are lifestyle related," like a lack of exercise and poor nutrition, said Dori Hutchinson, the executive director of services at the Center for Psychiatric Rehabilitation, a research center at Boston University that recently began a four-day-a-week program. Patients walk, stretch and lift weights with a trainer and once a week play basketball or soccer. They also learn about nutrition and cooking.

At Fountain House in Manhattan people with schizophrenia and bipolar disorder get together to do yoga or tai chi three times a week or to walk for an hour or two. Last month McLean Hospital, a psychiatric hospital in Belmont, Mass., opened a fitness center with cardiovascular and strength training equipment. Soon yoga and aerobics classes will be added. "Ideally we'd like them to go most days for an hour," said Sally Jenks, the director of business development at the hospital.

In Shape, which began two years ago, is one of the more established exercise programs for the mentally ill. After going to a spate of funerals for relatively young patients, Ken Jue, the chief executive of Monadnock Family Services, a community mental health center in Keene, created the program to help patients lead longer and healthier lives.

"Their physical health is compromised," Mr. Jue explained, "partly due to side effects of prescribed medications, partly due to the impact of mental illness on lifestyle choices, and in part due to economic limitations that many people with mental illness experience."

Initially he had hoped to attract 40 people; 65 signed up. They work out as much as they want with a personal trainer and in groups. They are also taught the basics of cooking and nutrition, as well as smoking cessation. The goal is to get patients into the habit of exercising regularly on their own, as Mr. Hass does. These days he walks an hour a day and lifts weights three times a week.

Ann Lapointe, 37, joined the In Shape program in May. At that time, she said, "I was sleeping all the time, couldn't clean the house, couldn't take care of my 9-year-old son." Now she hikes or lifts weights with her mentor for 90 minutes once a week. Other days she takes aerobics or spinning classes.

"It's really important for elevating my mood," said Ms. Lapointe, who suffers from bipolar, obsessive compulsive and anxiety disorders. She said she relies on her mentor's encouragement. "To be praised for exercising really helps."

Mr. Hass is feeling so much better that he no longer takes the eight medications he took for his bipolar disorder before he started exercising. He is down to just one drug, and he attributes that to regular workouts.

Most doctors say that exercise can never replace drugs, however, and that should never be the goal.

"It would be a mistake to think exercise can be used instead of other treatments for depression," said Dr. Norman Sussman, a psychiatrist at New York University Medical Center.

Although exercise can be beneficial for people with schizophrenia, these patients must still take their medications, said Dr. Ken Duckworth, the medical director of the National Alliance on Mental Illness in Boston. "I have people with schizophrenia who swim half a mile," he explained. "They sleep better, they have less anxiety and they're less depressed. Do they still hear voices? Yes. But exercise helps them cope."

In some cases, Dr. Sussman noted, exercise is impractical. "If someone is so apathetic that they can't even change their clothes or get out of bed, which happens in severe depression, how can you tell them to go down to the health club?"

Some personal trainers specialize in helping the mentally ill get moving. Jeff Rutstein in Boston works with many people who have schizophrenia or bipolar disorder. Over the last few years his business has grown in part because he is often sent doctor referrals from McLean Hospital.

"I get them to focus on their specific muscle group instead of on their negative thoughts," Mr. Rutstein said.

Marie Cotton, who is 60 and has suffered from depression for decades, is one of his clients. When she first got on the treadmill, Mrs. Cotton, a travel agent, said she was terribly afraid of falling. "Jeff always gave me a sense of security that he would not let me get hurt, which was a huge, huge thing."

Working out twice a week has helped Mrs. Cotton cope with her illness. She said she prefers Mr. Rutstein's private gym to group exercise. "You're not on display," she added.

Part of what Mr. Hass likes about the In Shape program is its anonymity. Patients work out at the YMCA among other fitness enthusiasts, and nobody knows who is in the program and who is not. And although mentors are willing to talk about clients' medical problems, that is not their focus.

"They are not their mental illness," said Brenda Buffum, 30, the lead health mentor for In Shape. "I treat them like any other training client."

## Gaining the Strength to Stay Sober Ex-Addict Helps Others Quit Through Weight Training

By Carol Krucoff  
Special to The Washington Post

Jeff Rutstein started drinking at age 12, and by the time he graduated from college at 22 he was hooked on hard liquor, street drugs and six different kinds of steroids he'd discovered through his hobby of body-building.

"I didn't like myself on the inside, so I tried to build myself up on the outside," says the 29-year-old from Boston, Mass., who decided to quit cold turkey on New Year's Eve 1988. "I could bench press 400 pounds, but I was scared about finishing school and having to go out into the real world."

Severe drug withdrawal landed Rutstein in

### BODYWORKS

the hospital with an inflamed liver and a "heart attack level" resting pulse rate of 140. After several weeks in the hospital and an addiction treatment center, he landed back in his parents' home in Braintree, Mass., sober but "bottomed out and depressed."

Therapy and Alcoholics Anonymous meetings "helped some," he says. "But they dealt only with the emotional and spiritual aspects of recovery and just gave lip service to the physical side. They'd tell me to go for a walk, but my mind and body were so detached that I'd go out for two minutes and find I could hardly put one foot in front of the other."

Then one morning, about a year into sobriety, Rutstein reached for the first of his three daily pots of coffee and realized he'd "switched from one addiction to another and still felt lousy," he recalls. So he decided to go back to the gym, but with a whole new approach to weightlifting.

He went early in the morning to avoid the spandex and steroid crowd. And instead of grunting and staring at his physique in the mirror as he heaved up the heaviest

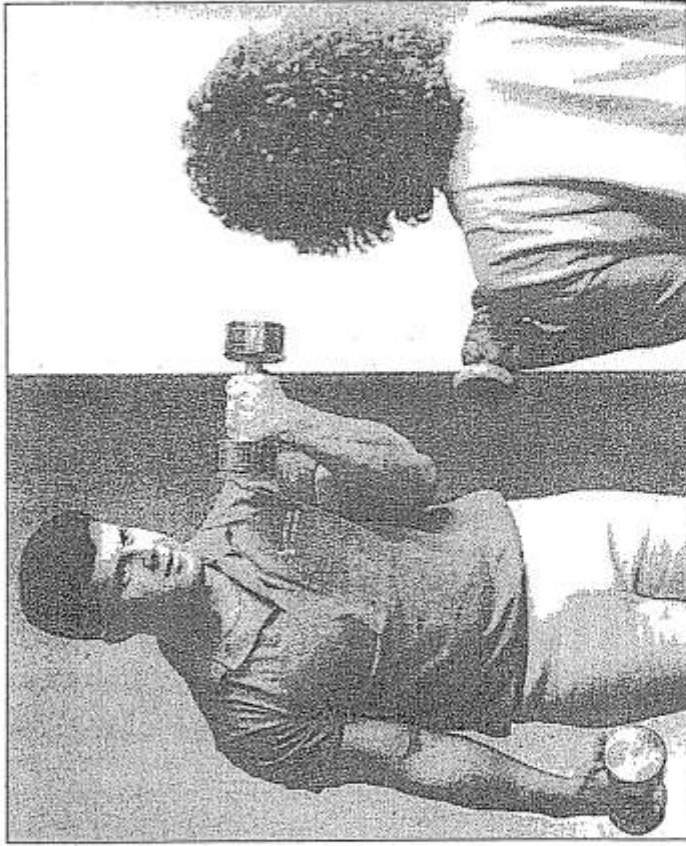


PHOTO BY GARY HIGGINS

Personal trainer Jeff Rutstein helps addicts focus on the physical side of recovery.

weight possible, Rutstein selected a modest weight, closed his eyes and focused on feeling the working muscle as it contracted, then lengthened. He concentrated on his breathing, exhaling tension on each exertion and inhaling strength on each release.

"For the first time in ages, my body and mind connected and I felt fantastic," recalls Rutstein, who began working out daily again. "I realized that the important part of exercise wasn't appearance but relieving stress and feeling better."

Rutstein decided to become a personal trainer specializing in working with people recovering from addictions. Today, he operates his own gym in Boston and is certified as a trainer by several groups, including the national YMCA and the American Council on Exercise.

While there is little research on exercise and addiction, evidence links physical activity to improved mental health. "Regular exercise has been shown to reduce anxiety and depression and relieve stress," notes Daniel K. Flavin, medical director for the New York-based National Council on Alcoholism and Drug Dependence. For this reason, he says, exercise is often a regular component in many drug and alcohol treatment centers.

"Exercise stimulates release of the body's own natural opiates," notes Flavin, who says this may reduce craving for illicit drugs by providing a natural substitute. "And there's anecdotal evidence that exercise helps patients feel better and can be an important adjunct therapy."

Yet despite this mood-elevating effect, people with addictions often can't motivate themselves to get started on an exercise program, says psychiatrist J. Alexander Bodkin, an instructor at

Harvard Medical School. With expert guidance, however, "they find they enjoy exercise, which is quite key, given that the loss of capacity to obtain enjoyment is a symptom of the disease," Bodkin says. "They lose weight, look better, feel better and, to their surprise, discover they can accomplish something." This boosts self-esteem, which can be critical for people breaking a cycle of addiction. ■

Next week in *Eating Right*: Bored with turkey sandwiches? New ideas for the lunch-carrying crowd.

**'Exercise Therapist' trains clients to attain healthy body and mind** By Sasha Cavender

QUINCY, Mass (Reuters) - As doctors discover how emotions can help heal the body, fitness specialist Jeff Rutstein, a rehabilitated drug addict turned bodybuilder, trains the body to heal the mind.

Most of his clients suffer from depression or addictions not only to drugs or alcohol, but also -- as some top executives admit -- to work, power and making money.

Rutstein 28, can understand the stranglehold of addiction. He was hooked on alcohol at age 12, then street drugs and later steroids. He quit on New Year's Eve 1988 and has been clean ever since.

The obsession with fitness that nearly killed him in college became Rutstein's salvation. Now he shares his road to recovery with others, for the cost of a workout session.

"I could bench press 400 pounds but who cares? I didn't like myself on the inside so I tried to build myself up on the outside," says Rutstein, who concedes that steroids took a terrific toll on his body.

"Coming off drugs I felt like a homeless person inside, so empty." His body and self-esteem were trashed. Severe withdrawal also landed him in the hospital. "My pulse was 140 resting. That's heart attack level. Now it's 60-65. I had an inflamed liver. I was only 22 and felt 62," he said in an interview at his workout center in Quincy, south of Boston.

A fanatic about fitness -- "that Schwarzenegger look" -- Rutstein says his substance abuse amounted to flirting openly with death.

A year later, he started to exercise with a difference, "not jerking the weights up and down, but isolating each set of muscles and focusing mentally 100 percent." The effect was like Zen. A kinder, gentler workout, he noticed, sculpted his feelings more than his physique. He felt relaxed, less depressed and a lot better about himself.

Training others with similar problems became Rutstein's new career. He turned the basement of his home into a gym, wrapping the walls with blue plastic so it feels skylit even underground.

"The mind and body are so detached in most people, they're like two separate entities," he says, adding that he tries to make them become one.

So when the depressed and distressed come to work out, Rutstein gives them barbells for sympathy, and support. The weights are lined up like crayons in a box - red, blue, fuchsia, chartreuse, olive, gray and orange.

Barbells as therapy is not a brand new idea. Doctors have praised exercise for its feel-good benefits for years. It relaxes; reduces stress, anxiety, depression, and elevates moods so that some fitness buffs call it a "natural high" to which many become addicted.

But gyms are intimidating to those already feeling poorly about themselves. They want to hide, not show off.

Allen Abelow, one of Rutstein's clients and a partner in a leading management consulting firm, admits, "I've achieved enormous wealth and enormous influence but I hadn't made the same investment at home. I was depressed, despondent about the gap between my professional and personal life.

"My work behavior was compulsive, obsessive, and addictive and I sought professional help." Jeff is one part of that "help."

Abelow often gets to Rutstein's basement at 6:30 a.m. to get a jump on the day. Wearing sunglasses and a T-shirt on a snowy Sunday morning, he says he wouldn't go near a gym.

"That's about shiny clothes and how much you can lift. This is about something else. I'm already physically strong. I'm not emotionally strong in balancing my life. Because Jeff's overcome his own struggles it gives reassurance to others it can be done," Abelow says.

"A lot of people are depressed and numb. What really helps my clients is the fact that I've been there," Rutstein, adding that he dislikes the term "personal trainer" and prefers to call himself an "exercise therapist."

"Weight training is not easily available to those patients who could most benefit from it," says Dr. Alexander Bodkin, a Harvard psychiatrist at McLean Hospital in Belmont, Massachusetts.

"The usual trainers at health clubs or gyms are not attuned to the psychological difficulties of psychiatric patients and would quickly scare them away," he added. "Jeff's tact and sensitivity to this population, along with his knowledge of fitness, provide a physically and emotionally safe environment."

The National Institute on Alcohol Abuse and Alcoholism estimates 15.3 million Americans abuse alcohol. Another 1.5 million are recovering addicts. According to the National Institute on Drug Abuse some 12.8 million Americans use illegal drugs and 30 to 37 million, or 12 to 15 percent of the population, suffer from depression.

"Everyone has some type of stress," says Rutstein. My approach is I think of the emotional benefits first, then the physical. That's what's different about my work."

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# CLUB BUSINESS INTERNATIONAL

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## Niche of Need

*~Jeff Rutstein trains people's psyches*

By Suzanne Hildreth

Jeff Rutstein may be the fitness industry's best advertisement for the mind/body benefits of regular exercise. Several years ago, Rutstein, then an economics major at the University of Massachusetts at Amherst, had a drug problem. An avid body-builder, he used steroids to help him bulk up. He drank hard liquor and took street drugs to help him mask a low sense of self-esteem. By the end of his first year out of college, Rutstein was addicted to half a dozen different drugs, feeling physically sick, and becoming desperate for a way out.

"Toward the end, I was on steroids almost constantly. I was drinking and doing all kinds of other things. I'd try to stop, but it never worked. My cholesterol level was sky-high from the steroids. I knew I had a big problem."

On New Year's Eve, 1987, Rutstein made a last-ditch promise to himself that he'd never do drugs again. On New Year's Day, 1988, he began to keep that promise. He quit cold turkey an extremely dangerous step for someone who'd been using drugs so heavily. His body went into shock and, after more than a week of alternating between chills and fever, of being unable to eat or sleep, he entered a hospital.

It was a year before Rutstein could even think about exercise; he didn't have the energy or the desire. But when he finally did go back to the gym, he realized he had to approach it from a very different perspective.

"I used to have a no-pain/no-gain philosophy. But then, instead of emphasizing my build, I explored the psychological side of working out, he relates in his quiet, friendly manner. "I started focusing on each muscle feeling the contraction and stretch. It became almost like meditation for me. When I felt lousy, I'd go exercise and feel so much better. It really changed my attitude."



Rutstein is the owner of a one-man, personal training firm called Custom Fitness, which he operates out of the basement of his Quincy, Massachusetts, home. His business is unique: unlike the generally fit clients that most trainers work with, at least half of his 50-60 clients have been through treatment for depression, or for drug and alcohol abuse. Rutstein a certified personal trainer and a member of both the American College of Sports Medicine (ACSM) and the National Strength and Conditioning Association (NSCA) - ardently believes that these are the people to whom exercise can offer the most. "A lot of these people never knew there was anything in their bodies at all," he explains, "but once they do once they begin to feel their muscles and start to feel stronger it really wakes them up."

The National Institute on Alcohol Abuse and Alcoholism reports that an estimated 15.3 million Americans abuse alcohol (another 1.5 million are recovering alcoholics), while the National Institute on Drug Abuse notes that 12.8 million Americans abuse illegal drugs. And finally, approximately 30-37 million Americans, or 12-15% of the population, suffer from depression, a condition that can manifest itself in drug or alcohol abuse. These millions upon millions of people include vice presidents, construction foremen, social workers, housewives, sales reps, lawyers, secretaries, journalists and college students.

It's a group of people that few in the health club industry have attempted to reach, but one that as Rutstein would attest can reap tremendous benefits from regular exercise. A National Institute of Mental Health consensus panel concluded that long term exercise can decrease depression in moderately depressed people, as well as boost self esteem. The International Society of Sports Psychology recently released a position statement crediting exercise with reducing feelings of depression and anxiety. In *The Exercise Prescription for Depression and Anxiety* (Plenum Press), Dr. Keith Johnsgard credits exercise as being as effective as psychotherapy in reducing the symptoms of moderate and major depression, and notes that it may be the only treatment which offers immediate mood elevating effects. And drug rehab centers, such as the Betty Ford Center in Rancho Mirage, California, include exercise and sports in their rehabilitation programs:

"We weave exercise throughout our program to relieve stress and tension, to get our clients to develop leisure skills, and to help with feelings of low self esteem," explains Activities Coordinator Rae Thrift.

Natasha Ford, executive director of the American Fitness Institute in Greenwich, Connecticut, believes that, since many clubs already serve members with physical problems, it's likely that more will begin reaching out to those with psychological problems. "I think this represents a window of opportunity for health clubs. Psychologists have already learned that, if you're suffering from depression, exercise can help."

"There's a real awareness among mental-health professionals about the physical and emotional benefits of physical fitness, as well as the social benefits of just putting that person in contact with others," observes Ellen Jessee, general manager of the Fort Sanders Health and Fitness Center in Knoxville, Tennessee, which frequently gets member referrals from area psychologists.

Perhaps, however, the best proof of what exercise can do for the mind, body and spirit is the testimony of someone like Frank, a hardware salesman and recovering alcoholic who's been working out with Rutstein for the past nine months: I'd gone to different doctors and group therapy, but it wasn't enough. Then I heard about Jeff in an Alcoholics Anonymous meeting. Now, working out is almost as important to me as going to work. When I walk out of Jeff's place, I feel good. For me, it's almost like a miracle."

.....Rutstein's niche is unique in the club industry-at least for the time being. So is his under-

standing of that niche and of the needs and challenges of the people who comprise it: Using the body to help the mind: According to Rutstein, addiction affects three parts of a person – the spiritual, the emotional and the physical. Too often, he feels, the physical part is overlooked. "At many 12-step meetings, such as those conducted by Alcoholics Anonymous, you'll see people loading up on coffee and cookies and donuts. That's what I was doing; I was looking for a high through coffee and sugar. The physical part of recovery can be overwhelming," he explains. So Rutstein has his clients concentrate on strength training exercises, which he calls body shaping exercises, to get them to focus on their muscles and, hopefully, feel better about their bodies.

"Many of the people I work with feel numb in their minds and bodies," he says. "So if I have them doing a bicep curl, I'll have them focus on that bicep. Often, I'll tap the muscle and say, 'Feel it stretch out, and feel it shorten up.' A lot of my clients never realized they had muscles in there."

J. Alexander Bodkin, M.D., an instructor in psychiatry at Harvard Medical School and assistant psychiatrist at McLean Hospital in Belmont, Massachusetts, works with people suffering from mood disorders, such as depression. A member of Rutstein's advisory board, Bodkin has discovered that exercise -particularly strength training - can have a very positive effect on his patients: "You want to get the brain to release endorphins-the chemicals that make you feel energized and good. Weight training does that. So does a cardiovascular activity such as running, but it takes longer."

One big difference between Rutstein's approach and that of many health clubs is that he doesn't conduct body-fat tests or any other kind of physical measurements (he always checks with a client's physician, however, if he thinks they're in poor health) It's not that he doesn't want and expect his clients to lose weight, gain muscle tone and make other kinds of physical progress; It's just that he believes the emphasis should be on enjoying the feeling of working out. The results will follow eventually. "I don't want to stress the appearance aspect at all," he explains. "My main goal is to make a person feel good. If they're comfortable with the routine and feel refreshed afterward, the rest will come."

Choosing the right setting: A deconditioned individual is often wary about going into a health club. A deconditioned person who's also battling an addiction or psychological problem may be twice as leery. Bodkin notes that people who are suffering from depression frequently find a club setting embarrassing or frightening.

"These are people who've spent a good part of their lives tuning out their bodies. They're very stressed out and don't feel good about themselves. If they walk into a gym filled with fit people, they'll be more stressed out," says Rutstein. Which is what he's very flexible about where he'll work with a client. For a fee (which he frequently discounts or waives), he'll go to a client's home, office, health club or, if they prefer, they can come to his private gym.

He understands the reluctance his clients feel about entering a club because of the way he felt upon returning to his old gym after quitting steroids: "The doctors were saying I should exercise - they all say that. I knew how to exercise, but I was hoping there was someplace I could go other than a gym where you had to get all dressed up; it almost felt like going to a nightclub. I needed a place where there was someone who understood where I was coming from."

Not all of his clients are gym-shy, however, so he also offers sessions at the person's health club. He works out

with some individuals once or twice a week on a regular basis; others just want a fitness program and a few introductory lessons. Whatever they want, he's willing to provide. Scott Baker, the owner of one of the fitness centers that Rutstein uses - Gold's Gym Plus in Braintree, Massachusetts - believes having such a service available is an asset to the gym. "He probably has half a dozen or more people he works out with here. It works well for us. We try to surround ourselves with a ring of professionals; we have a chiropractor here, for instance, and a physical therapist. We want to be able to deal with a range of people - not just the average fitness enthusiast."

Many fitness centers already devote some square footage to programs for specialized populations - pregnant women, for instance, or obese members, or orthopedic and cardiac rehab patients. So there appears to be no reason why clubs couldn't also make space available for qualified trainers to work out with people being treated for mood disorders or drug addiction. As Wayne Westcott, Ph.D., fitness director for the South Shore YMCA in Quincy, Massachusetts, and strength-training consultant for the National YMCA, observes: "We have an area here where we work with wheelchair-bound people. A club could designate a part of its facility for any population that it wants to work with, be it cardiac rehab or the mentally challenged, or any other type of group."

Lending extra support: People often need as much emotional handholding as they do physical guidance. That's particularly true of Rutstein's clientele. Many come to him both for the one-on-one exercise and for the extra empathy he provides. "These are people who are often very lethargic, feeling hopeless. They often won't do things on their own," says Bodkin. "Jeff is very empathic and supportive; he can coach people to do things they wouldn't do otherwise."

Part of what Rutstein provides is basic one-on-one attention during the workout - a service all personal trainers give their clients. The simple act of guiding someone, step by step, through a workout can ensure that the person sticks with it. Barbara, another of Rutstein's clients, didn't have much luck working out by herself at a club. Like many people, the 37-year-old secretary, who was under a doctor's care for hypertension and moderate depression, needed a personal trainer to help keep her on track. "I had never worked out before. The instructor at my gym gave me some assistance for the first five minutes and then went on to someone else. I needed Jeff's encouragement and one-on-one attention."

But the other, possibly more important, aspect of what he does goes far beyond standard personal training: Rutstein spends a good deal of time counseling his clients about their problems, offering sympathy and support. "I'm not a therapist, but sometimes I almost feel as though I were," he observes. Since he's been through the pain of addiction and recovery, clients usually feel less inhibited about sharing their emotional ups and downs with him.

"It's not just the exercise that's important," says Frank, the recovering alcoholic. "We relate to each other. For instance, I might tell him that I ran into some of my old friends, whom I used to drink with. So he'll talk to me about it and remind me that those are the kind of people I need to stay away from. He takes an interest in me and how I'm feeling."

Rutstein tells the story of one of his clients, Peter, who was severely depressed and drinking so much that he wasn't able to hold down a job. A college graduate, Peter had been inactive his whole life and had been in and out of rehabilitation centers. Their first session together started with a five minute walk and a heart-to-heart conversation. "The notion of exercise was intimidating to him. He'd just gotten out of the detox center, so we talked about his experience. I think he was surprised I could talk his language. I think that gave him hope." Peter's first workout was very light - just one set each of six or seven exercises. But that first workout led to another . . .

and another. A year later, Peter works out with Rutstein two or three times a week, in addition to exercising on his own, and, more importantly, hasn't had anything alcoholic to drink in over a year.

Rutstein involves himself in his clients lives to the extent of buying groceries or fixing lunch for them when it seems necessary. The reason, he says, is because some people are so depressed or so stressed out that they don't take the time to eat well. Often, their diet consists primarily of junk food. So Rutstein will pick up fruit, bread, juice or some other food he thinks they'll eat; or, after a workout at his place, he might fix them a quick, nutritious lunch.

"I think my approach is a lot different from those of other trainers, in the sense that most don't really think very much about how you should treat a client. That can be more important than the exercise," asserts Rutstein. "Maybe it would help if more personal trainers took psychology courses. A lot of the people I work with have been through a lot in their lives, and it's really important to let them know you care."

**Building a referral network:** In order to attract this specialized clientele, it's virtually mandatory to build up a network of referring physicians. Rutstein, who lectures at drug-treatment centers, built his up gradually, relying on word-of mouth referrals from people in Alcoholics Anonymous and other 12 step programs and their physicians. He's been successful at building a business based on referrals - rather than advertising - because he's so good at what he does. His certifications and personal knowledge of addiction recovery make him trustworthy in the eyes of physicians and clients. Over time, he's built up an advisory board of five medical and fitness professionals - including a psychiatrist in charge of a Massachusetts drug and alcohol abuse treatment center - which has further enlarged his referral network.

When working with mental or physical problems, credibility is always key. Jessee, of Fort Sanders, notes that she often has area psychologists refer patients to her, even though the club doesn't have a specific program for them. The reason is the good reputation her club has gained through its affiliation with the Fort Sanders Medical Center, "We get referrals because they know me and the professional staff we have here."

Since Rutstein has been receiving so much media coverage - including appearances on local TV stations, articles in a variety of print media, and inquiries from CNN and the Associated Press - his business will no doubt continue to increase. Currently, he's seeing 20-30 clients each week - a schedule that, he admits, is close to being more than he can handle. He has considered moving to a larger location or, preferably, joining forces with a clinic or hospital, and setting up his business at their facility. Convincing insurers to reimburse clients for his services is something else he's hoping to arrange in the near future.

Rutstein's success and growing number of referrals stem not only from his qualifications and background in addiction, but also from the fact that he makes a habit of putting his clients' needs ahead of his own. "The doctors have told me I ought to charge more than I do," he admits, "but I have a problem with that . . . I haven't gone out and advertised. People come to me because they trust me. The doctors trust me. After all, the people they treat are sick; they don't want just anyone working with them. Exercise helps people stay off medication and stay out of the hospital. I think it can really do that if it's approached in the right way and if you really try to understand where the client is coming from."

**Suzanne Hildreth** is the executive editor of CBI.

# AMERICAN HEALTH

**THE BEST**
**samaritans**

## STRONG AND SOBER

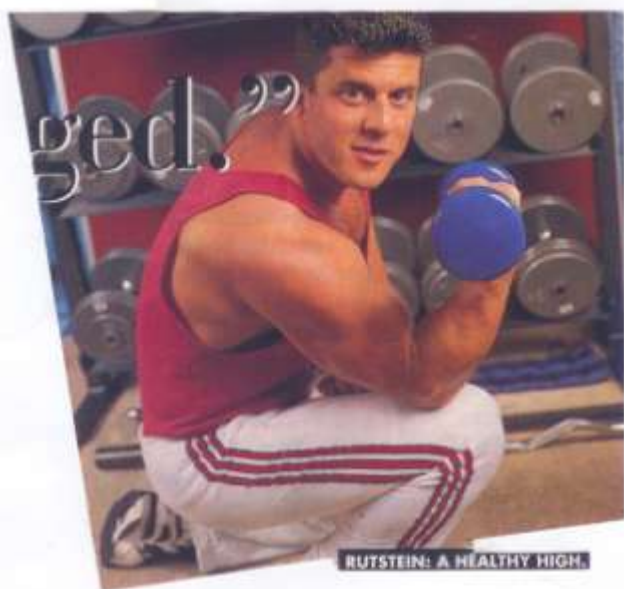
### Jeff Rutstein

Boston

What inspires personal trainer Jeff Rutstein's clients isn't his 44-inch chest or the fact that the 30-year-old could once bench-press 400 pounds. It's his recovery from a 10-year addiction to alcohol, cocaine and steroids.

"As a teenager, I was so high all the time," says Rutstein, who had his first drink at 12, "that I was basically an ass." To pump up like his idol, Arnold Schwarzenegger, and impress girls, he started taking steroids as a college freshman. But by age 22, an inflamed liver and a racing pulse sent him to a 12-step program. Although he managed to kick the drugs and alcohol, the once active bodybuilder wound up overweight and lethargic. "I felt like I was stuck in a black hole somewhere," he says, "and no one could help me."

With the urging of a favorite uncle, Rutstein started pumping iron again. This time, though, he concentrated on each move, working slowly and deliberately, instead of worrying so much about the amount of weight he lifted. "It made me feel alive again," says Rutstein. That's not surprising, since exercise builds up levels of endorphins, the body's natural opiates.


**RUTSTEIN: A HEALTHY HIGH.**

Rutstein realized that what worked for him could also work for others, and he started an exercise program geared toward recovering addicts. Today he trains nearly 100 clients, many of them former substance abusers, in his Boston studio, Custom Fitness.

He also acts as a sponsor to clients in 12-step recovery programs, offering understanding and encouragement when it's needed. With his easy manner and soft voice of experience, he's even been called a guru—a measure, perhaps, of how far he's come since high school. "If I can help one person feel better," says Rutstein, "that's better than making a million dollars a year."