Supporting clients to adhere to physical activity

Level 2 Lifestyle and health awareness management

Learning outcomes

By the end of this session you will be able to:

- Identify typical barriers to exercise/physical activity
- Explain why it is important for a client to take personal responsibility for their own fitness and motivation
- Identify behaviour change approaches/strategies to encourage adherence
- Describe how to set, review and revise short, medium and long-term SMART goals

Barriers to exercise/physical activity

A barrier is anything that could prevent an individual from changing or maintaining their exercise behaviour

- Physical barriers (cost)
- Emotional barriers
- Motivational barriers (likes, dislikes)
- Time barriers
- Social barriers

Barriers to exercise/physical activity

It is important for a client to take personal responsibility for their own fitness and motivation and this includes:

- Achievement of goals
- Increasing activities of daily living (ADL)
- Maintenance of and adherence to the programme

Patterns of behaviour

- Developed over a period of time
- Attempting to change them may not be an easy task for some individuals

The two main areas that influence individuals' behaviours are:

- Sociology - the way the individual interacts within society
- Psychology - the individual's thoughts and behaviours

Behaviour change theories

A range of theories have been developed to explain all aspects of human behaviour and to explain why individuals behave in certain ways in given circumstances

When instructors ask an individual to commit to a training programme, they are asking them to change their behaviour

It is important to have an understanding of people's perception of the reasons why they feel they cannot start or continue exercising in order to be able to develop strategies for overcoming those barriers and to help them in moving through the stages of change until the change becomes permanent

Many models were developed for the field of psychology but it is worth looking at various models to see what might be appropriate to each situation

The transtheoretical model – stages of change

Developed by Prochaska and DiClemente (1983)

Originally developed to assist in smoking cessation programmes

The stages of change model comprise three elements:
1) Stages of change
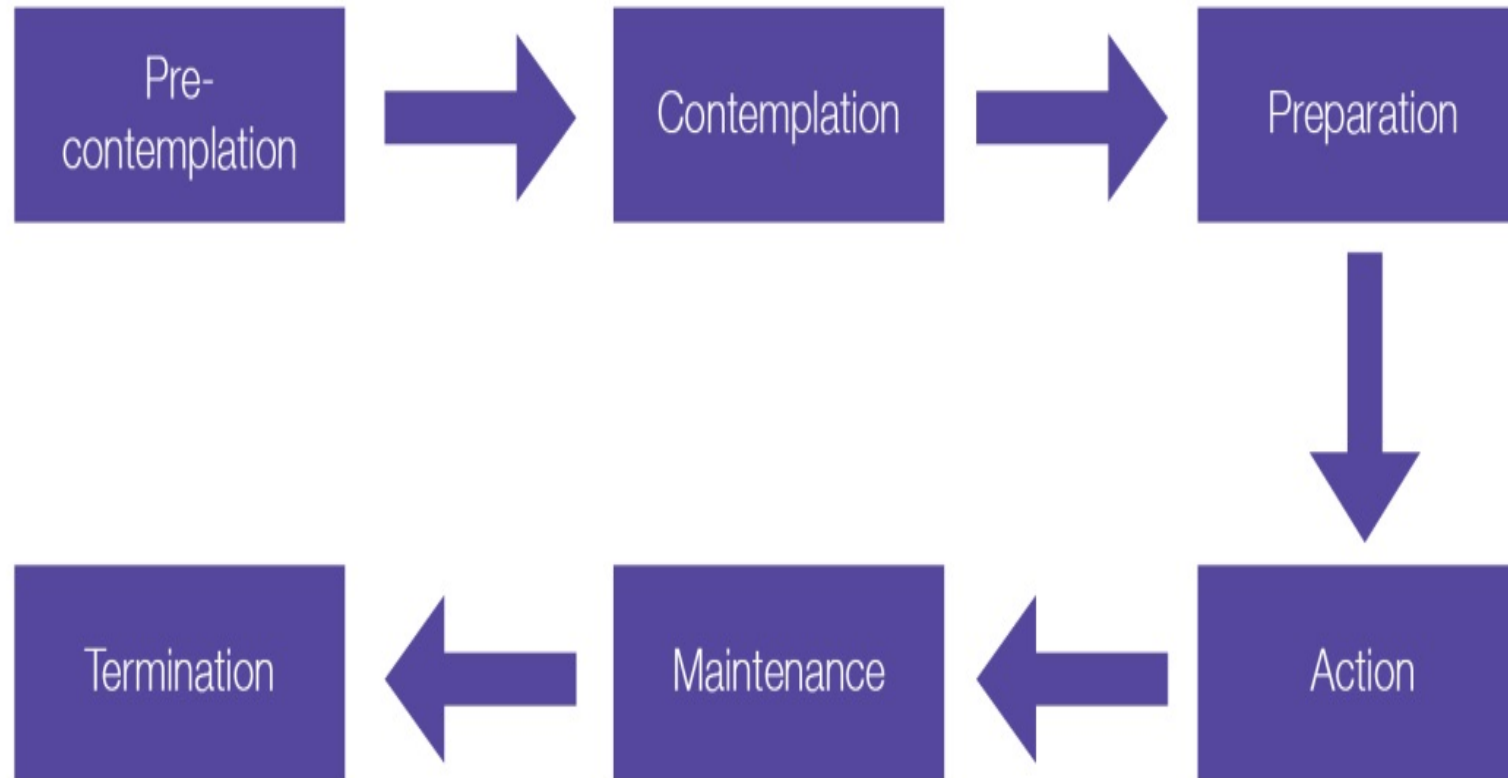2) Process of change
3) Self-efficacy

The transtheoretical model – stages of change

Each stage involves a specific role/action that must be mastered before accomplishing successful behaviour change

The stages of behaviour change include:
- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Termination
- Relapse

The transtheoretical model – stages of change

The transtheoretical model – stages of change

Stages of change	Characteristics	Strategies
Pre-contemplation	The client has little awareness of inactivity and the consequences of inactivity	Establish rapport and build trust

Explore the pros and cons of maintaining current lifestyle

Explore the meaning of the actions the client undertakes |
| Contemplation | The client balances the potential benefits against the potential costs (time, money, effects on others) | Start to change the extrinsic motivations to intrinsic one

Elicit self-motivational statements of intent and commitment from the client

Provoke ideas regarding the client's perceived self-efficacy and expectations regarding treatment |

The transtheoretical model – stages of change

Preparation	The client prepares to take action and then increases physical activity	Offer a menu of options for change or treatment Help the client enlist social support Prompt from the client what has worked in the past either for them or others who they know
Action	The client has recently become active on a regular basis	Support a realistic view of change through small steps Assist the clients in finding new reinforcers of positive change Acknowledge difficulties for the client in early stages of change

The transtheoretical model – stages of change

Maintenance	The client has been regularly physically active for at least six months	Affirm the client's resolve and self-efficacy Maintain supportive contact Review long-term goals with the client
Termination	The client no longer engages in the old behaviour	

Empowering clients to change

The aim of the fitness professional should be to empower clients to be responsible for their own training and their attitude towards adhering to their programme.

There are three stages:

- Dependant
- Independent
- Interdependent

Empowering clients to change

Dependent
- Initially, clients are completely dependent on instructors
- They do not yet have the skills to become more active without the instructor's help and are totally reliant on them providing information about becoming more physically active, their training programme, motivation and adherence
- The instructor needs to enable their clients to become independent

Empowering clients to change

Independent
- Clients are no longer as reliant on instructors for their needs
- They have accepted responsibility for their training and adherence
- They have become self-motivated individuals who are regularly active
- They do not rely on instructors for motivation and adherence

Empowering clients to change

Interdependent

- Clients are now independent individuals but still need intervention
- They will need instructors to reassess their training programme and to give them ongoing advice
- They need others, such as a training partner, to communicate with and discuss their progress
- It is crucial for instructors to encourage clients to become interdependent

Goal setting

Before a training programme begins, the instructor needs to establish the training aims

Nearly 50% of people who start a training programme drop out within the first few months

One of the reasons for this is that they never really established what they were trying to achieve from the outset

Goal setting questions

- What is your goal?
- When do you want to achieve this by?
- How will you know when you have achieved it?
- What will you see, hear and feel?
- What skills do you need to learn?
- For whom do you want to achieve this?
- Who will support/not support your efforts?
- What will you need to change in order to reach your goal?

Goal setting

Individuals undertake training for many reasons

- Physical – fitness, weight management, improve at a specific sport or component of physical fitness to meet specific needs

- Psychological – mental and emotional, wellbeing, stress management

- Lifestyle – health, mobility, improving/managing medical conditions

- Social – to make friends

- Adherence – developing long-term positive habits

Goal setting

Be Smart!

Specific

Measurable

Achievable/**A**greed

Realistic

Time-framed

Specific

- Be specific when working with the client as to exactly what they want to achieve

- Go beyond the superficial reasons

- Question and explore vague statements such as 'tone up' or 'lose weight'

- Long-term goals are the end result and are more often realised if short and medium-term goals are set along the way

Measurable

- How will you measure the success of achieving the goals

- Encourage the client to use a training diary to monitor and measure their progress

- Record the exact resistance, number of sets and reps

- Add in a rating of how your client felt the session went (1 as poor and 10 as good)

Measurable

- Initial assessment records (body fat %, weight, circumference measurements) should be reassessed at agreed intervals to monitor progress

- Periodic reviews and the analysis of training logs and diaries can help the instructor assess whether the programme has been successful in meeting the client's goals

Achievable / Agreed

Discuss the training aims with the client and agree:

- Short-, medium- and long-term goals

- When the training programme will start

- How often the training programme will be reviewed

- What potential barriers may arise

- What will happen if any of the goals are not met

Achievable / Agreed

- Be careful not to set goals that are too far out of reach for the client

- It is always better to underestimate than to overestimate what the client is capable of achieving

- In this way, if the client's goals are exceeded or achieved more quickly than expected, it will not only motivate them to continue but will also make them feel that they have been given an exemplary service

Realistic

- Be realistic about what an individual can achieve
- Consider the client's physical capabilities
- Discuss their lifestyle habits and how the training programme will fit in with available time, family, occupation and other commitments

Time-framed

- If a goal has no deadline, it can easily be put off
- Timed goals are more often achieved than open goals
- Decide and agree a time to start and end the programme
- Set a clear time scale for reaching the short-, medium- and long-term goals
- Set times to analyse the client's training diary and complete body assessment records

Goal setting

Ensure the client is part of the goal setting process to help them:

- Take responsibility for their own fitness and motivation

- Adhere to the programme

- Achieve their goals

Goal setting

An instructor should meet with the client and discuss:

- Expectations and fears

- Specific personal goals

- Available time

- Level of commitment

- Personal information (e.g. PAR-Q, health screening and informed consent)

- Personal motivation

- Current or perceived barriers

Motivation

There are two types of motivation concepts that will apply to clients

- Extrinsic motivation is any external influence

- Intrinsic motivation is an internal influence

Extrinsic motivation

If a client is motivated to go to the gym because they have a personal trainer appointment or have agreed to meet friends. These are examples of extrinsic motivation

Many individuals begin their fitness journey with much more extrinsic motivation compared to intrinsic

An individual may see exercise as a chore or a requirement rather than an enjoyable activity or

Intrinsic motivation

Intrinsic motivation are internal factors, such as determination, wanting to succeed or to reach a specific goal

Individuals with high intrinsic motivation:

- Are generally not fazed by getting out of bed at 6am to go to the gym before work
- Are driven without needing as many external pushing factors
- Will train because fitness/health is part of the lifestyle they lead

Intrinsic motivation

Intrinsic motivation is generally developed over time as the individual starts experiencing positive results

Intrinsic motivation develops as an individuals confidence to do something and confidence in themselves increases and develops (self-efficacy)

Supporting clients

Instructors can help the motivational needs of a client by:
- Working with the client on strategies for overcoming barriers
- Increasing the client's confidence – agreeing rewards, giving praise and encouragement and looking at ways of incorporating social support and commitment
- Agreeing SMART goals
- Agreeing action plans
- Promoting autonomy (independence) and interdependence
- Promoting adherence strategies
- Considering the clients intrinsic and extrinsic motivators
- Developing different incentives and rewards

Reviewing goals

Plan review sessions in advance. This will:
- Show support and encouragement
- Include re-testing or re-taking of measurements to measure progress
- Identify progress
- Give an opportunity to celebrate progress
- Identify any plateaus or regression occurring
- Boost a client's motivation when they see their performances improve
- Identify goal achievement or if goals need to be reviewed and realigned

Reviewing goals

Goals may need to be altered due to:
- Successful attainment
- Unattainable targets
- Changes in circumstances (time commitments, injury, illness)
- A client's motivation being negatively influenced by the current goal