Let's #BEACTIVE

eLearning for personal trainers
on
motivation, behavioural coaching and service

<u>Welcome</u>

Congratulations on joining the Let's #BEACTIVE project. During this brief e-learning course you'll not only become familiar with the Let's #BEACTIVE project and its objectives, you'll also learn about motivation and behavioural change techniques.

About the e-learning

The course will take about 30-45 minutes to complete.

It consists of an introduction to the Let's #BEACTIVE project and three chapters on behavioural change and service.

At the end there is a final test. If you pass the test you'll receive a certificate of completion.

About the project

The Let's #BEACTIVE project is a 3-year project, co-funded by the Erasmus + programme of the European Union.

The project is taking place in 8 EU member states:
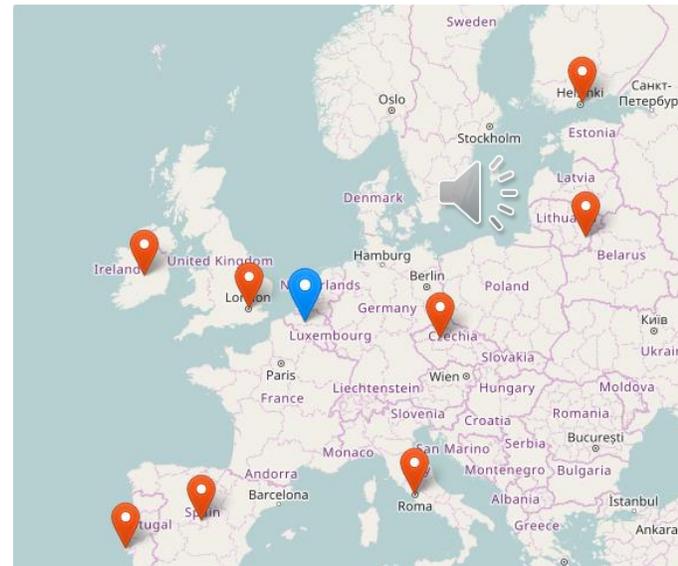
Co-funded by the Erasmus+ Programme of the European Union

The context: The European inactivity "epidemic"

- 46% of Europeans never exercise or play sports. This number is on the rise.

- Inactivity has many negative health consequences, physically and mentally (e.g. increases the risk of cardiovascular diseases, high blood pressure, depression & anxiety)

- Inactivity has a massive, negative economic impact with an estimated economic cost of €80.4 billion each year in Europe.

The Let's #BEACTIVE is all about turning this tide of inactivity

Objectives of the Let's #BEACTIVE project

1. Convert inactive European adults to become more physically activity and to support them to adopt a healthy lifestyle for life.

2. Track levels of physical activity (PA) to create an evidence base (during the trial sessions, and at three and six months after trial sessions have been completed) for further research and to support policy development for future actions in the promotion of health enhancing physical activity (HEPA)

3. Promote the European Week of Sport with strong support of fitness the focus theme during the week at national and local community levels.

Objectives of the e-learning

To understand and implement strategies to support motivation & behaviour change of clients

More specific: learn to support clients during the 6 week trail.

Structure of eLearning course

Part 1:   Behavioural Models
                        - Models for behavioural coaching
                        - Programming to support motivation & behaviour change

Part 2:   Goals & motivation
                        - Designing a behavioural coaching programme
                        - Manage motivation and behavioural change

Part 3:   Handy hints
                        - Service.
                        - Final take a ways

Basic challenge

The main challenge in the health and fitness sector is the low levels of adherence and high levels of drop-out clients display when it comes to preventive health behaviours like eating healthy and exercising.

Check the figure at the next slide for the ''general pattern''. About 30% drop-out in the first 3 months and another 20% (50% in total) at 6 months.

The challenge: Low adherence; High drop-out
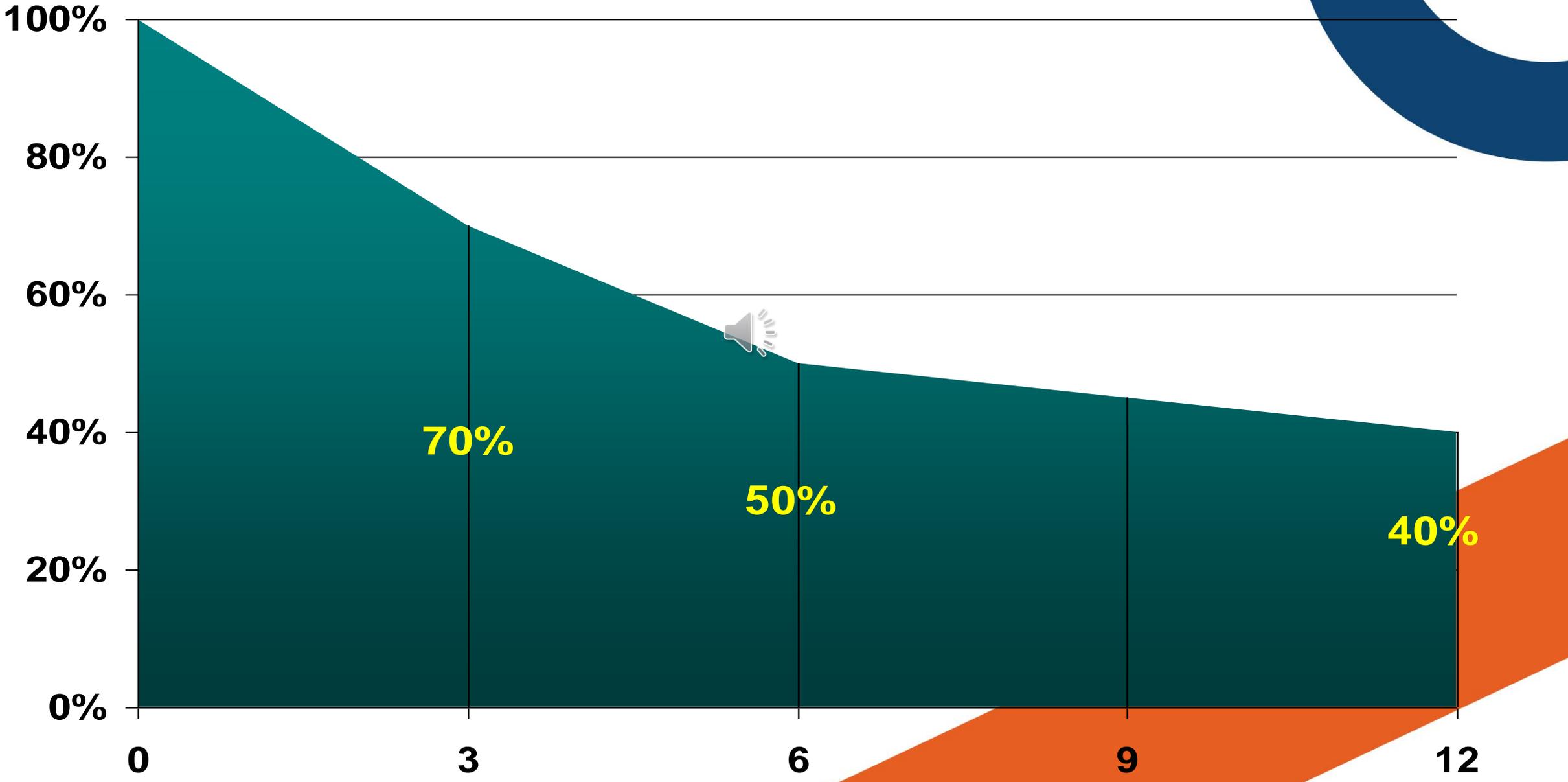
1.
Behavioural models

Behavioural models

In literature, 117 behavioural models are determent. A model is a simplification of reality by using a selected number of variables to describe, explain and predict behaviour.

In this limited course, two important and often used models will be presented.

Self Determination Theory (SDT)

Self Determination Theory (SDT)

According to the self-determination theory, human motivation is regulated by three fundamental psychological needs.

a. **Competence**: this refers to feeling effective in one's ongoing interactions with the social environment and experiencing opportunities to exercise and express one's capacities;

b. **Relatedness**: this refers to feeling connected to others, to caring for and being cared for by those others, to having a sense of belongingness both with other individuals and with one's community;

c. **Autonomy**: this refers to being perceived origin or source of one's own behaviour.

Motivational supportive vs. motivational unsupportive strategies

Jennie Hancox, Nikos Ntoumanis, Cecilie Thogersen-Ntoumani and Eleanor Quested (2015)

Motivationally supportive strategies	Motivationally unsupportive/damaging Strategies
Providing choice (e.g. activities, intensity)	Being imposing (e.g. by telling exercisers what they ought to do or feel)
Encouraging exercisers' input, feedback and questions	Discouraging questions or alternative opinions from class members
Giving meaningful explanations	Uttering instructions without explanations
Providing meaningful and non-conditional praise	Using praise in a controlling manner (e.g. "you did exactly what I asked you to do") or without explanation
Offering a structured environment with clear plans and goals, which is open to feedback and changes	Imposing a structured environment by being coercive (for example, by using 'must' and 'ought to' statements) and inflexible
Giving positive, meaningful and accurate feedback	Giving vague or not relevant feedback
Being empathetic and acknowledging difficulties, negative feelings or objections	Using a language that is belittling or devaluing of exercisers' opinions
Being accessible, attentive and caring	Appearing cold and distant
Using team-building exercises to promote social links among class members	Ignoring social links among team members or actively encouraging them to compete against each other
Trying to motivate by promoting enjoyment and the personal value of exercise	Trying to motivate by using guilt or shame-inducing statements
Highlighting intrinsic goals for exercise engagement	Highlighting extrinsic goals for exercise engagement
Avoiding rewards or using them sparsely and only as a means to provide competence information (e.g. for attaining a certain standard of performance)	Using engagement-contingent and performance-contingent rewards as a means to initiate exercise behaviour

Trans-theoretical Model of Behaviour Change (TTM)

The trans-theoretical model of behaviour change (TTM) currently defines four constructs (theories):

a. Stages of change: 5 or 6 stages.

b. Decisional balance: Balance between Pros & Cons.

c. Self-Efficacy: Can I do it? A person's belief in capabilities to overcome personal, social and environmental barriers to exercise.

d. Processes of change:
- 5 cognitive processes like: consciousness raising (e.g. looking for information).
- 5 behavioural processes like: counter conditioning (e.g. substituting physical activity for sedentary leisure choices)
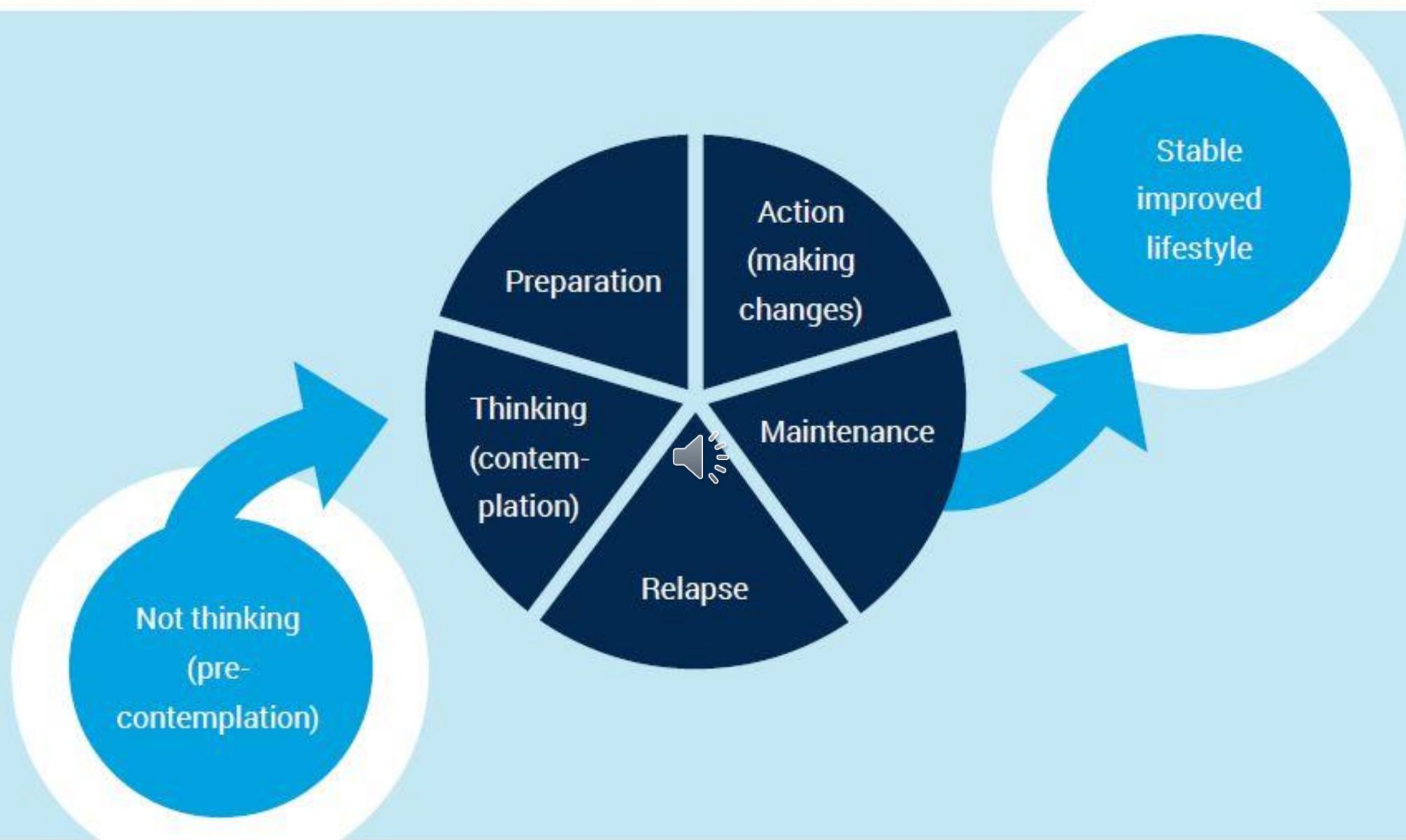
Figure 1: Schematic presentation of the Stages of Change

Examples of strategies at preparation stage

Set short term goals such as achieving exercising two times a week for one month, for at least 30 minutes. Use the SMART strategy.

Focus on process oriented goals (like exercise 2x a week for 30 min), rather than only results oriented goals (losing 10 kg bodyweight in 10 weeks).

Measure self-motivation of your client. Clients with low self-motivations need more assistance. Repeat this measurement regularly. (example of measurement tool is on the next slide)

Examples of strategies at action stage

Help to find other forms of social support by a partner, exercise buddy or other fitness, health or sport professionals.

Pay close attention to so-called non-users; customers that pay but do not participate in an exercise or nutritional programme. Follow non-users by email or by telephone and try to make an appointment for a re-visit and to start again.
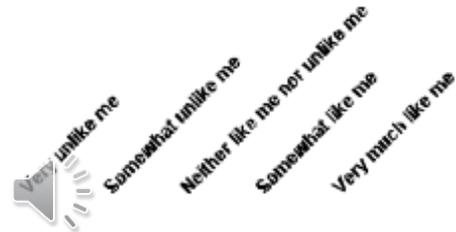
Monitor the perceived exertion of your client during training and ask the client what the preferred training intensity is to exercise in a comfortable way.

Measure self-motivation

SELF-REPORT QUESTIONNAIRE
Developed by R.K. Dishman and W.J. Ickes

Name _____   Date _____

DIRECTIONS: Read each of the following statements and then blacken the appropriate number to the right of the statement to indicate how it best describes you. Please be sure to answer every item and try to be as honest and accurate as possible in your responses. There are no right or wrong answers. Your answers will be kept in the strictest confidence.

		Very unlike me	Somewhat unlike me	Neither like me nor unlike me	Somewhat like me	Very much like me
1.	I'm good at keeping promises, especially the ones I make to myself	1	2	3	4	5
2.	When I take on a difficult job, I make a point of sticking with it until it's completed	1	2	3	4	5
3.	I have a lot of self-motivation	1	2	3	4	5
4.	I'm good at making decisions and standing by them	1	2	3	4	5
5.	I work harder than most of my friends	1	2	3	4	5
6.	Sometimes I push myself harder than I should	1	2	3	4	5
7.	I like to take on jobs that challenge me	1	2	3	4	5
8.	Whenever I reach a goal, I set a higher one	1	2	3	4	5
9.	I can persist in spite of failure	1	2	3	4	5
10.	I have a strong desire to achieve	1	2	3	4	5

2.
Goals and motivation

Designing a behavioural coaching programme

Three kinds of goals

Process oriented goals: are related to behaviour itself. For example exercising 3x per week for 30 minutes at a 70% intensity (VO2-max).

Result oriented goals: are related to specific outcomes, defined in SMART (see next slide). For example loosing 12kg of weight in 12 weeks.

Performance oriented goals: are related to ''larger'' competences like running the marathon of New York.
For new behaviours, the main focus in the first months should be on process oriented goals.

Use SMART to increase effectiveness of goals

Character	Word	Meaning
S	Specific	Set specific goals with your client so it is very clear what is expected for a certain kind of health behaviour.
M	Measurable	Quantify the goals in clear numbers which can be evaluated without misunderstanding.
A	Adjustable	Inflexible goals, for sure when it comes to long term goals, should be avoided because often many factors will influence the process.
R	Realistic	Set realistic goals by matching the personal capabilities to the long and short term goals.
T	Time	Together with your client you should specify when the results can be achieved.

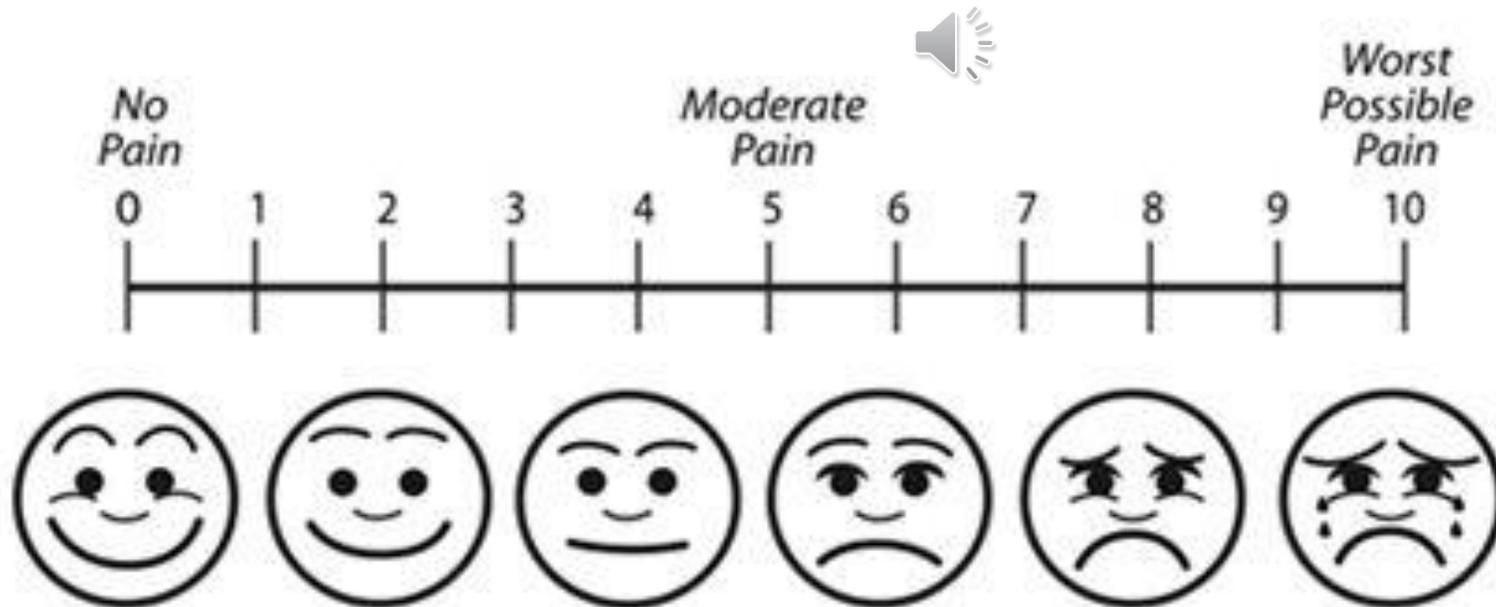# Manage motivation and behavioural change

For unexperienced exercisers; limit the intensity
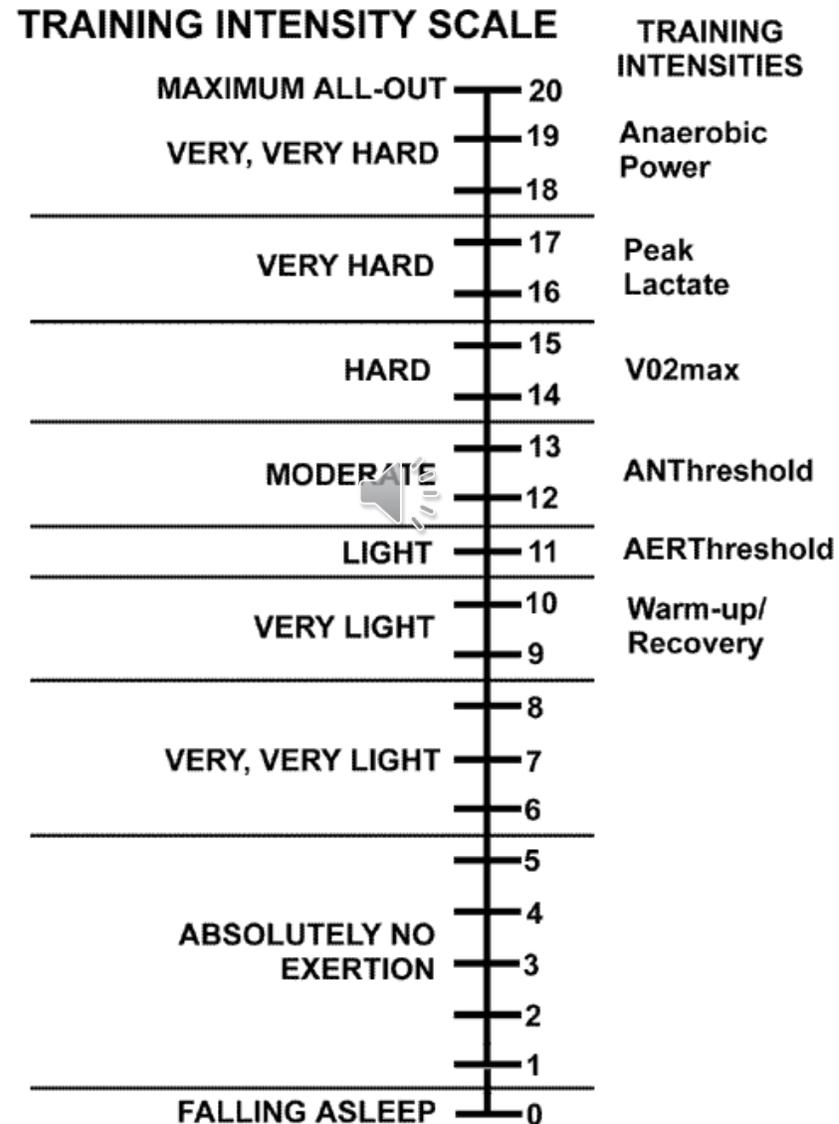
For unexperienced exercisers; avoid pain

Pain Intensity Scale: 0 to 10

(from Simkin, P. (2010), Pain Medications for Labor & Birth (PowerPoint). Waco, Childbirth Graphics

3.
Handy hints

Service.

Service

a) A basic principle in service it that the client comes first.

b) This means; you ask and listen, the client answers and talks.

c) To support clients, use an extended initial appointment of 45 minutes.

d) Do the initial appointment in a private and convenient environment.

e) Be aware of stage development between you and your clients.

* See next sheet on service stages.

* See the example of a session service sheet.

Example of development in stages of service

Service stage	Description	Topics
Business engagement	In the starting phase, the relationship with the client is primarily business.	In this phase, the focus lies on realising the expectations of the client and preferably exceeding them. Step by step the client and trainer get to know each other and build trust.
Personal engagement	If the client is coached intensively for a longer time, a more personal relationship will develop.	Next steps in building trust are set. Both will share more personal information. Explicitly tell the client that information will be treated in the strictest confidence.
Emotional engagement	The depth of the relationship increases and can become more emotionally connected.	Confidentiality is even more crucial on this level. There is a maximum of personal engagement here, meaning that trust is crucial.

Example of a session service sheet

Session	6 sessions	12 sessions	24 sessions
1	Option: 12-24 hours for 1st session: confirmation (or service) call. 24 hours after 1st session: Make evaluation call.	Option: 12-24 hours for 1st session: confirmation call. 24 hours after 1st session: Make evaluation call.	Option: 12-24 hours for 1st session: confirmation call. 24 hours after 1st session: Make evaluation call.
2	After 3th session: send personal compliments card.	After 3th session: send personal compliments card.	After 3th session: send personal compliments card.
3	Before 5th session have progression meeting.	Before 5th session have progression meeting.	Before 5th session have progression meeting.
4	Closing sales process for more sessions.		
5		24 hours after 6th session: Make evaluation call.	24 hours after 6th session: Make evaluation call.
6		After 10th session: send motivational compliments card.	After 10th session send motivational compliments card.
7		Before 12th session have progression meeting.	Before 12th session have progression meeting.
8		Closing sales process for more sessions.	Continuously: Contact by App, phone, etc.

Final take aways

Take aways

- ✓ Inactivity levels are rising in Europe
- ✓ Behavioural change models such as SDT & TTM will help you convert inactive people into active people
- ✓ Make use of goal setting
- ✓ Set process oriented goal in combination with results oriented goals.
- ✓ Celebrate when goals are achieved
- ✓ Client comes first; you ask and listen, the client anwers and talks

Lets do it!

ANIF
Associazione Nazionale Impianti
Sport & Fitness - EuroWellness
1996

ČESKÁ KOMORA
FITNESS

FUNDACIÓN
España Activa
más personas, más activas, más veces

europe active
MORE PEOPLE | MORE ACTIVE | MORE OFTEN

Ireland Active | Leisure, Health and Fitness Association

LIETUVOS
SVEIKATINGUMO KLUBŲ
ASOCIACIJA

AGAP
PORTUGAL ACTIVO
+pessoas +activas +saudáveis

SKY
Suomen kunto- ja
terveysliikuntakeskusten yhdistys

UK active
More people
More active
More often