



Behavior Modification



Proven strategies on making
a lasting impact with your members



A publication of



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This e-book is designed to provide an introductory explanation of basic key principles on how to incorporate behavior modification into your wellness coaching sessions. If you have already been trained in motivational interviewing or listen first training, this e-book will be an excellent companion in tying all of these methodologies together.



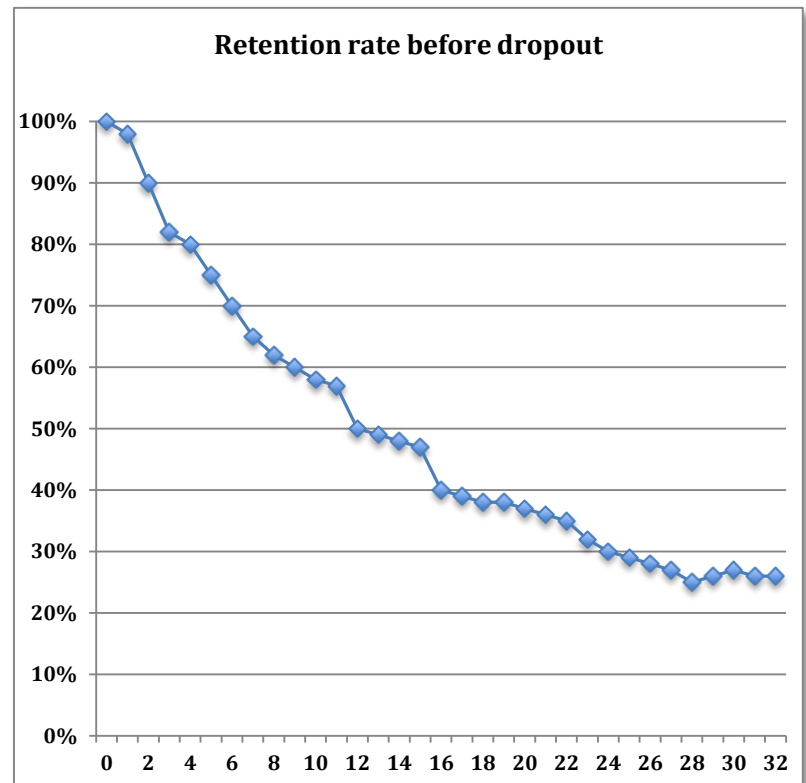
Chapter 1

What is behavior modification?

Studies on exercise adherence show that 50-65% of new or returning exercisers drop out within 3-6 months. (Annesi, 2003, Annesi & Unruh, 2007, Dishman, 1988.)

Your wellness coaching staff and personal trainers are your first line of defense to try to combat these dismal statistics. But in their passion and drive to help their clients, most wellness coaches and personal trainers gravitate towards exercise and nutrition prescription. This is a natural tendency, since many have degrees in exercise science and/or personal training certifications. After all, it has taken them years to amass their knowledge of exercise programming and nutrition principles, right?

The problem, however, is that there is no research or data, nada, I mean zippo, which supports the belief that creating a diet and exercise program—no matter how sound it is—will produce long-term exercise adherence for your valued health seeker population. In fact, all the data shows no change whatsoever in long-term exercise adherence



resulting from traditional coaching methods. I'm sure there are some eyes rolling from wellness coaches at the moment. But...

...we are not saying that there is no need to develop exercise programs for people. There is definitely a time and place for those components, as we will discuss later. But exercise and nutrition prescription in and of themselves will not help the target health seeker population in adopting and maintaining a healthy lifestyle change.

Dr. Melvin Hillsdon said it best almost ten years ago: *“The field of wellness coaching is shifting from the status quo of prescribing exercise and diet plans and then hoping for the best, to the science of systematic behavior change.”* (Hunt, P. & Hillsdon M. 1996.)

In fact, without the ability to teach your clients how to improve their self efficacy (confidence to be successful in an exercise program) via effective counseling techniques, success at facilitating weight loss and lifestyle change will be limited to those individuals who already have the determination to succeed, which in actuality is the group of people who need the least help! (Hunt, P. & Hillsdon M. 1996.)



However, if coaches adopt research-driven exercise adherence methods, dramatic change in exercise adoption can be seen.

Chapter 2

So why don't all coaches do this?



There are over 380 studies that demonstrate the efficacy of systematic behavior change methodologies. But the question is: Why do most wellness coaches and personal trainers still focus on the show-and-tell methodology of health coaching? The answer is simple: show-and-tell is easy. But taking the time to teach someone strategies on how to make a behavior change is a much bigger task. Or is it? That's the purpose of this e-book. We will show you basic concepts that you can apply now to make a lasting impact with your clients.

You see, when most people hear the words “behavior modification,” they tend to tune it out as some kind of mumbo-jumbo, ethereal, psycho speak. But by doing this, they are missing a great opportunity for understanding how to help people make long-term changes.



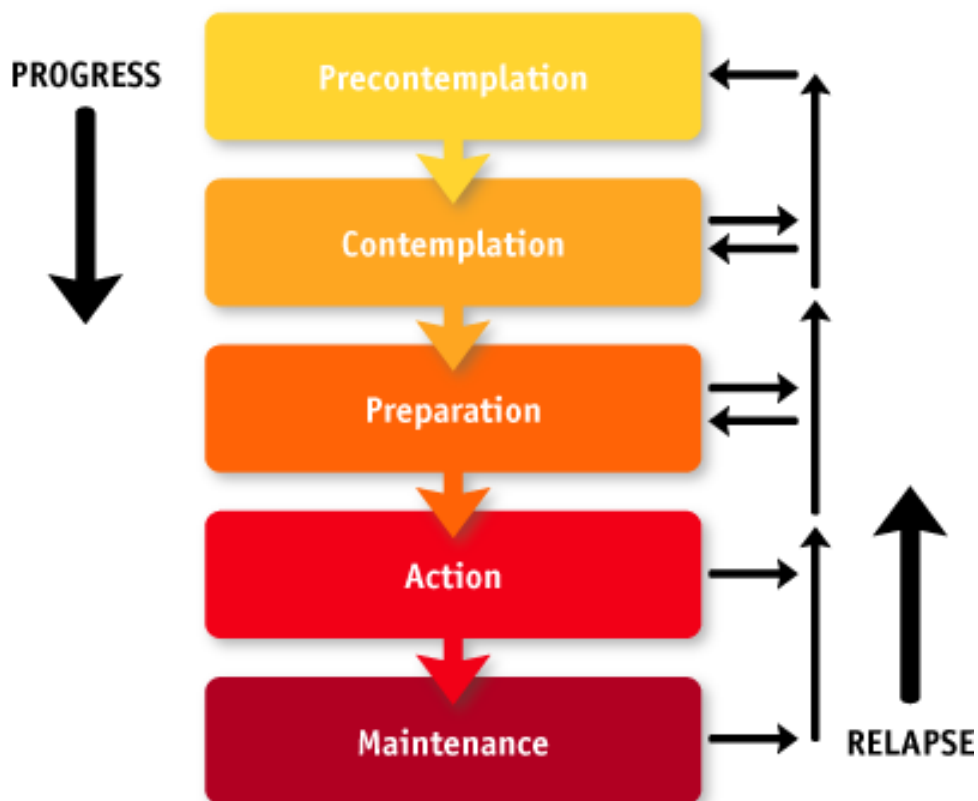
The health psychology field emerged in the late 1970s, and even though there is a plethora of theories circulating around behavior change health coaching, you can distill them down to just two basic concepts: The Prochaska/DiClemente Transtheoretical Model (known more widely as the “stage-of-change” model; and self-efficacy theory, formally known as Cognitive-Behavioral Theory.

O.k. I know what you may be thinking right now, “I’m starting to tune out... what does the Transtheoretical stage-of-change model have to do with helping my clients get into shape?”

The short answer is....everything. Understanding where your client is in their readiness for change will help you determine not only what your exercise prescription will look like in terms of frequency, intensity, and duration; but also the amount of one-to-one engagement that will be needed, and more importantly, what kind of strategies you will need to teach in terms of helping your

clients prevent relapsing into former habits.

Let's take a moment and briefly explore each stage in detail since it is critical that the wellness coach thoroughly understands each stage so they can properly assess their client's stage-of-change.



Precontemplation

In this stage, people are generally not even aware there is a problem and/or resist confronting the problem; hence there is no motivation to make any changes. People in this stage are unlikely to attend a group setting or a one-on-one consultation, and if they do so, it is generally through heavy persuasion of some other person, such as a spouse. Most health coaches, will not be dealing with this type of person.

Contemplation

In this stage, people are aware of or acknowledge that there is a problem and are at least considering the possibility of change. This stage is characterized by people's ambivalence about change, basically being wishy/washy. People are weighing the pros and cons of changing their behavior but are still not sure if the long-term benefits outweigh the short-term costs.

Because of this back and forth, people can stay in this stage for quite some time, up to two years! (Prochaska 1994.)

You may hear comments such as “I know I need to exercise but I haven’t found a gym that I like yet.” Or “I’ll start exercising next week.”

Preparation

In this stage, people have made a commitment and intend to start in the very near future, typically within three months!

It's important to note that although people are committed to taking action, they are still ambivalent in the decision making process. They may do a sporadic walk, or even visit the gym, but they are still inconsistent.



Example

A person buys a new pair of tennis shoes and workout clothes, and researches several nearby gyms to find out their cost and benefits.

Action

This stage involves the most time and energy, and often holds the greatest risk for relapse, or the more preferred term, “slip,” since there is a delicate balance between self-efficacy and temptation to return to old behaviors. This tends to be a relatively short stage, lasting up to six months.

It's important to note that people in the action stage are hoping for a quick success and are very susceptible to becoming disappointed easily. This is because their expectations of noticeable changes do not line up with the reality of the time needed to see the results of diet and exercise.

Maintenance

This is the stage where people attempt to continue or sustain their progress while trying to avoid “slips.” Slipping or relapsing into an old behavior pattern, is often a constant worry for most people in this stage, particularly for those who have made many attempts in the past. The milestone that separates someone in the action stage versus the maintenance stage is time. Anyone who has been exercising on a program for longer than six months is considered to be in the Maintenance stage.



Relapse

This stage is common during the process of behavior change and involves returning to old behaviors. While a relapse can be discouraging, it's important to consider what triggered it, and to restart the process again at the preparation, action or maintenance stage. But this is an important concept to grasp since the goal of the coach, when meeting with their client for the first time, is to figure out what those triggers were that caused their client to fall off track last time.

The key takeaway here is that typically, people in the action or maintenance stage will relapse back to the preparation or contemplation stage. In fact, behavioral change researchers

Prochaska and DiClemente found that most people will go through the change cycle an average of four times before making a permanent change. (Hunt & Hillsdon, 1996.)

The good news is that this demonstrates that relapse is a perfectly normal part of the change process; and that after each attempt, the person is closer to making a more permanent change.

Example of Relapse

You went on vacation for a week and had difficulty getting back into an exercise routine.

Strategy

Rather than count this as a failure and give up, review your goals and determine how you can start exercising again.



Chapter 3

What does self-efficacy have to do with anything?

Okay, listen closely everyone. Everything we have been talking about thus far leads up to this one key concept called “self-efficacy.”

Self-efficacy is the belief in one’s capabilities to be physically active and to maintain a healthy lifestyle.

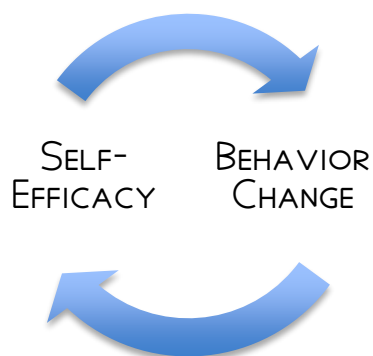
(Bandura, 1986.)

The premise is that people will not attempt new behaviors if they do not feel they can succeed at it, or think that they will look awkward in the process.

If there is just one concept or set of words that you memorize and know cold, it should be this: the #1 outcome for all coaches is to help their client increase his or her self-efficacy. Here's why—plain and simple, self-efficacy is an important component of lifestyle modification because it is strongly related to long-term exercise adherence.

Key Concept

There is a circular relationship that exists between self-efficacy and behavior change in that a person's self-efficacy is related to whether he or she will participate in activity in the first place, but a person's participation in an activity influences his or her self-efficacy level. That is, in the contemplation stages, self-efficacy is low, compared to higher levels of self-efficacy in the action and maintenance stages. (American Council on Exercise: Lifestyle & Weight Management Consultant Manual 2nd edition, 2008, Chapter 4.)



How does self-efficacy impact exercise programming?

We are going to tie all this together now, so buckle up.

Dr. Albert Bandura has extended the definition of self-efficacy into a broader theory called social-cognitive theory. This theory states that all health behaviors are goal-driven through the anticipation of outcomes. O.k. let's drop all the psycho speak...simply stated, helping your clients set goals is the most powerful tool in helping them improve their self-efficacy.



But the key is to establish challenging, but manageable tasks. In other words, do not prescribe intense or long exercise sessions for people with low self-efficacy.

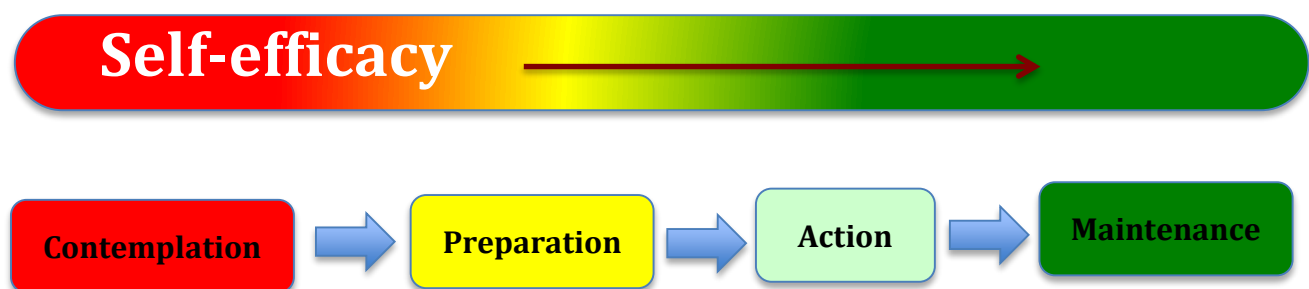
It's important to understand that clients who have a lower level of self-efficacy, tend to select easier tasks to ensure success. For these clients, a program with a high level of exercise frequency, duration, and intensity will lead to significantly reduced exercise adherence by increasing the potential for relapse.

On the flip side, individuals with higher levels of self-efficacy

will typically select more challenging tasks. Self-efficacy also influences effort. Those with higher levels of self-efficacy tend to persevere in spite of obstacles or minor setbacks.

So how does self-efficacy tie in with the behavior change model?

There is a direct relationship between self-efficacy and an individual's stage-of-change. Basically, the lower your client is on the stage-of-change scale, the lower their self-efficacy will be. Hence, the risk of relapse and dropping out of their exercise program is higher. They will have less confidence that they will succeed long term in a lifestyle modification program. As self-efficacy increases, clients will move up through the stages-of-change, toward long-term behavior modification.



More than likely, most of your clients will have a low level of self-efficacy for two main reasons: 1. they will be in the lower stages-of-change: i.e. contemplation or preparation; and 2. they have tried an exercise program before and have slipped back into old behaviors.



Quick Quiz: Who do you think has a lower-level of self-efficacy - a person trying an exercise program for the first time, or a person who has tried a program several times in the past, but has not succeeded? Answer on next page.

Factors that improve self-efficacy:

1. Past performance and experiences. If you tried something in the past and were successful at it, chances are you will feel very confident that you can do it again.
2. How a person associates positive or negative feelings to the effects of exercise. Some people will associate positive feelings with being out of breath or sweating while others will associate negative feelings with this experience.

3. Related to #2 above, how people associate the overall emotional experience to exercise. In other words, when they finish their workout, do they feel a lot better or do they feel drained? Did they not enjoy the experience?
4. Watching a close friend or role model succeed at an exercise program, will build self-efficacy in your client. Basically, the “if you can do this, then I can too” mentality kicks in.
5. If a wellness coach has rapport and trust with a client and is credible, verbal motivation will build self-efficacy.

(American Council on Exercise: Lifestyle & Weight Management Consultant Manual 2nd edition, 2008.)

Answer: Every time a person sets a goal and does not achieve it, or tries a new exercise program and slips back into old behaviors, their self-efficacy goes down. This is pretty logical if you think about it. Self-efficacy is closely related to confidence level. Think about how your confidence level goes up or down based on your success rate when attempting new things.



All of the above is effective, but the #1 strategy to help your clients build self-efficacy is to set proper goals, particularly “process-oriented goals.”

Think about it, what are the chances of a client not hitting the goals of losing 5 lbs in one week? Obviously, pretty high. What do you think the impact will be on self-efficacy if your client doesn't lose the 5 lbs? Of course it will go down. Setting a weight loss goal is what we call an outcome goal.

There is nothing wrong with “outcome” goals, particularly when establishing long-term goals, but from a behavior modification standpoint, it's not a good thing to do right out of the gate. A more powerful goal that will build-self efficacy is to set “process-oriented goals.” Some examples are: minutes of cardio for the week, number of visits to the gym, etc. Set process oriented goals that are challenging but can be achieved fairly easily.

Note: The higher your client is on the behavior-change scale, the more challenging you can set the process-oriented goal.

Research behind the power of goals

“Goals serve to direct a participant’s attention and action by mobilizing energy and prolonging effort.” They also facilitate an individual’s interest in developing relevant self-management strategies for sustained progress.

(Locke & Latham, 1985)

Chapter 4



No Pain-No Gain! Wait a minute, where did they go?

A lot of research has been done around the impact of what we call “exercise-induced discomfort” and the effects on self-efficacy and long-term exercise tenure. In other words, what kind of pain can your clients take during an exercise session, and do they associate a negative or positive reaction to that pain, or even the soreness felt the following days after an exercise session?

By contrast, any positive experience associated with the client’s program can be leveraged for adherence-support purposes. The key is to ensure that your client does not have a negative

reaction to exercise. Typically, clients with lower self-efficacy in the contemplation and preparation stages have a very low tolerance for exercise-induced discomfort. So the “no-pain, no-gain” mentality is not a mantra we want to push here.

You see, normally a client will experience a positive mood change after just a few weeks of regular activity. This results from changes in circulating endorphins, serotonin and norepinephrine levels, or the increased self-efficacy that comes from accomplishing tasks or achieving some initial short-term goals.



“Coaches need to arm their clients with the knowledge that continued exercise and activity will likely benefit their stress levels, energy levels, moods, and feelings of self-worth and self-efficacy, in addition to bringing about positive physical changes.” (American Council on Exercise: Lifestyle & Weight Management Consultant Manual 2nd edition (2008), Chapter 6.)

Exercise prescription strategy:

A key strategy is to leverage emotional change by recommending exercises that are enjoyable for your client and make them feel good after their exercise session. The key is to start slow, with moderate progression of exercise duration and

intensity to ensure your client has a positive after-session feeling that promotes long-term compliance. With that said, it

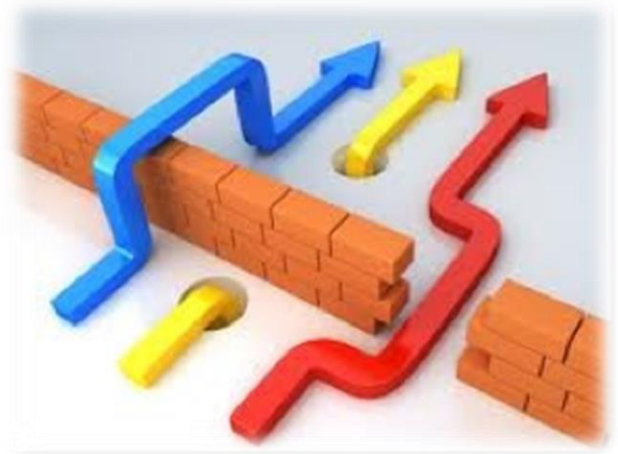
is imperative that the coach always investigates a client's aversion to physical stress and discomfort prior to implementing this strategy.

Warning!



The trap most new participants fall into is trying to take on more than they can handle in an effort to try to speed up results. Due to the low tolerance for exercise-induced discomfort, many sabotage their efforts and drop out long before much progress is made.

There is a myth that if a client is working with a health coach and that client ends up quitting a program, that it was the health coach's fault for introducing too much too soon. Even though that can be the case sometimes, more often than not, it's the client that sabotages their own momentum by pushing themselves too hard, resulting in a bad experience the following day. So the takeaway here is that you have to resist the temptation to make the workouts harder for your clients, even if they ask for it.



Chapter 5

Barriers and relapse strategies? Say what?

Quick review:

When you first meet with a new client, during that initial interview, you want to make sure you cover three things: You want to understand where they are in their stage-of-change and determine their level of self-efficacy, set weekly process-oriented goals, and then finally, you need to determine the barriers that will rear their ugly heads and cause your client to relapse, or “slip” back into old behavior patterns.

Your clients who have tried a program in the past and have

failed create a psychological barrier, ultimately lowering their self-efficacy score. This is not good. The challenge is that you cannot be with your clients 24/7, so it's imperative that you take time to proactively determine in advance what challenges your client will face when they get back to their day-to-day activities that will cause them to struggle. In other words, what barriers are they going to face and how can we, as coaches, develop a plan of action to help them address those barriers when they arise.

Power Tip:

Coaches should acknowledge that all people will have obstacles that will hinder them from sticking with a long-term exercise program. It's important to note that these barriers most often occur during the action stage-of-change.

Now, there are two types of barriers: environmental, such as lack of time, increased work demands, injury or other medical issues, etc.; and internal, or what we call "perceived" barriers. Some examples include: self-esteem, self-efficacy, self-body image, intimidation from the gym environment.

It is the job of the wellness coach to help their clients in addressing barriers. Here is a four-step process:

1. Identify barriers or sources of potential relapses.
2. Recognize that relapses are inevitable.
3. Reframe the perception of relapses...call them “slips” rather than “failures.”
4. Anticipate barriers and potential relapses, and develop effective coping strategies.

Strategies to help your clients prevent relapse

1. Teach your client that temporary breaks or slips from regular activity are acceptable and should not be viewed as failures. If these relapses are anticipated or structured, a client should look at such incidents as deserved or programmed breaks.



2. Identify in which stage-of-change the relapse occurred in the past.

3. Identify potential new barriers or obstacles, and evaluate why previous coping strategies, if any, were not effective for clients.
4. Identify the most effective start-up strategies to initiate a return to an activity that is appropriate given the current stage-of-change.
5. Inquire about strategies that have proven successful before moving to the action phase.

Well that's it. You can obviously dig much, much deeper, but we do hope you enjoyed learning about how to incorporate systematic behavior change in your wellness sessions to help your clients maintain a long-term healthy lifestyle.

If you would like to see a recommended outline of what a series of wellness sessions should look like based on proven research that will greatly impact your clients' likelihood of maintaining a healthy lifestyle behavior, please click [here](#) to download our white paper.

About MobileFit

We are a company dedicated to helping your fitness center or YMCA amplify your members' experience to ultimately reduce membership churn. We do this by applying proven processes supported by technologies that drive consistent onboarding of new members, and then providing daily wow factors for your membership base.

To learn more, call 888-817-7404, or visit us at www.mobilefit.com.

