



National Academy of Sports Medicine

HELPING CLIENTS ACHIEVE WEIGHT LOSS GOALS

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INTRODUCTION

Many people are beginning to engage in exercise. Numerous fitness clubs are opening up, and department stores carry a wide variety of exercise clothing and accessories. But the reality is most Americans do not exercise regularly. In fact, over 50 percent of adults are completely sedentary (1). That number seems surprising, especially given all the hype around exercise, and the fact that scientific and medical organizations have recognized inactivity as a major risk factor in disease. It's such a serious issue that even the Surgeon General released a report on the health benefits of physical activity (2).

Despite the physiological and psychological benefits of exercise, including better weight control, increased self-esteem, and reduced tension, depression, and risk of cardiovascular disease, over 50 percent of adults are still completely sedentary and 50 percent of youth, ages 12-21, do not participate in physical activity (1). So if the benefits really do outweigh the barriers, how do we, as health and fitness professionals, educate our clients about the advantages of exercise behavior in a way that ensures regular exercise is incorporated into their lives.

THE FIVE STAGES OF CHANGE

To help you assist people in starting and continuing an exercise program, we'll look at the Transtheoretical Model for an explanation. In the Transtheoretical Model, people go through a cyclical pattern of five stages:

1. **Precontemplators** neither exercise nor plan to start in the next six months. They need a major event to occur in their lives to get them to start thinking about exercise.
2. **Contemplators** currently do not exercise, but are planning to start in the next six months. They need to know what's in it for them.
3. **Preparers** exercise, but not regularly.
4. **Individuals in action** have been exercising regularly, but for less than six months. These individuals need to figure out how to adhere to their exercise program (1).
5. **Maintenance exercisers** have been exercising regularly for more than six months. Once they have stayed in the maintenance stage for five years they are likely to maintain regular exercise throughout their life (1).

In making decisions about exercise, people go through a kind of cost-benefit analysis, weighing the pros and cons, specifically when considering a lifestyle change. The five stages described above characterize when people change, but the processes of change, as outlined below, are also important and give reasons why people change (1).

PROCESSES OF CHANGE FOR EXERCISE (1)

Cognitive Processes	
Process	Example
Consciousness Raising	I recall information people have personally given me on the benefits of exercise.
Dramatic Relief	Warnings about health hazards of inactivity move me emotionally.
Environmental Reevaluation	I feel I would be a better role model for others if I exercised regularly.
Self-Reevaluation	I am considering the idea that regular exercise would make me a healthier, happier person to be around.
Social Liberation	I find society changing in ways that make it easier for me to exercise.

Behavioral Processes	
Process	Example
Counterconditioning	Instead of remaining inactive, I engage in some physical activity.
Helping Relationships	I have someone I can depend on when I'm having problems with exercising.
Reinforcement Management	I reward myself when I exercise.
Self-Liberation	I tell myself I'm able to keep exercising if I want to.
Stimulus Control	I put things around my house to remind me to exercise.

BARRIERS TO EXERCISE

Although there are numerous benefits of exercising, many people still choose not to exercise. The most frequently given reason for not exercising is lack of time. Sixty-nine percent of the people who do not exercise regularly cited lack of time as their barrier towards physical activity (1). Research has concluded that although lack of time is perceived by most people to be a valid reason for not exercising, it may more appropriately reflect a lack of interest, poor time management, or a lack of motivation (3, 4). The table below breaks down the barriers to physical activity into major and minor categories (1).



Major Barriers		
Barrier	Individuals who cite this as a barrier to participation (%)	Type of Barrier
Lack of time	69%	Individual
Lack of energy	59%	Individual
Lack of motivation	52%	Individual

Minor Barriers		
Barrier	Individuals who cite this as a barrier to participation (%)	Type of Barrier
Lack of safe places	24%	Environmental
Lack of childcare	23%	Environmental
Lack of a partner	21%	Environmental
Insufficient programs	19%	Environmental
Lack of support	18%	Environmental
Lack of transportation	17%	Environmental

ADHERENCE

So far, the subject of exercise behavior has included understanding a little bit about exercise behavior from a Transtheoretical approach, educating participants about the benefits of exercise, and, as professionals, understanding the barriers. The next step is to ensure that people exercise regularly and that discussion begins by understanding adherence. Evidently, many people find it easier to begin an exercise program than to stick with it because 50 percent drop out before the first six months (1). Adherence means conforming faithfully to a standard of behavior that has been set as a part of a negotiated agreement. The most agreed upon definition of exercise adherence includes maintenance of an exercise program for at least six months. Adherence issues are the same as barriers toward exercise but they also include such things as work demands, lack of interest, family demands, the end of sports season, bad weather, stress, etc. (1). These issues can cause relapse one or more times throughout a person’s life. Little is known about how relapse affects long-term adherence to exercise programs, but the goal for the health and fitness professional is to help participants anticipate problems and cope effectively in high-risk situations when applicable (3,4).

STRATEGIES FOR ENHANCING ADHERENCE

The Transtheoretical Model argues that the most effective interventions match the stage of change that a person is in and, therefore, it is recommended that programs be individualized as much as possible. By making programs as individualized as possible, health and fitness professionals can better support a client's adherence to an exercise program.

There are five strategies to think about when individualizing programs for enhancement of exercise adherence.

1. **Reinforcement** approaches can include positive rewards for attendance and participation, and feedback on participants' progress in their exercise program.
2. **Cognitive/behavioral** approaches assume that internal events have an important role in behavior changes. One cognitive/behavior approach to help keep people motivated and on track is goal setting.
3. **Decision-making** approaches include making people more aware of the potential benefits and costs of an exercise program.
4. **The social support** approach is important in determining an individual's attitude about other people's involvement in their exercise program. Social and family networks may work as an influence on physical activity, depending on the needs of the individual.
5. **Intrinsic** approaches work to empower the individual to think about the positive aspects of physical activity from an internal perspective, and this includes focusing on the experience itself rather than trying to obtain an external goal or reward. Research has revealed that focus on the process as opposed to the outcome is related to adherence, and it's important that individuals engage in purposeful and meaningful physical activity, as they define it.

In an exercise program, the primary objective of fitness professionals is both to get sedentary or lightly active individuals to adopt a regular exercise program, and to keep individuals who are in maintenance active (3, 4). The first step in that process is to have a basic understanding of the benefits and the barriers to exercise adoption and adherence in order to lend support and guidance regarding these issues when they arise for clients. Although there is no consensus concerning guidelines on interventions for adoption and

adherence to an exercise program, interventions must be applied according to the personal and environmental barriers and characteristics of each individual (3, 4). However, it's always important that health and fitness professionals make exercise enjoyable, provide social support, and offer participants a wide range of activities from which to choose (1).

REFERENCES

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