

A close-up photograph of a young woman with blonde hair and glasses, smiling warmly at the camera. She is wearing a dark blue textured sweater over a white collared shirt. In her hands, she holds a thick, light-colored book. The background is blurred, showing what appears to be a library or study area with other books and warm lighting.

O R I G Y M

***Level 2 Certificate
In Fitness Instructing Online***

**MODULE 4:
COLLECTING INFORMATION, SAFEGUARDING AND S.M.A.R.T GOAL SETTING**

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Monitoring Exercise Intensity

MODULE 4: COLLECTING INFORMATION, SAFEGUARDING AND S.M.A.R.T GOAL SETTING



For exercise to be beneficial, it needs to be appropriately intense; not enough intensity and there is no stimulus to trigger adaptation but too much intensity and overtraining and injury may result. Subsequently, it is important that instructors not only prescribe exercise at the correct intensity but also know how to monitor the intensity their client is working. Knowing how hard the client is working will provide a benchmark to compare future workouts against and also determine the success of the session.

THERE ARE FOUR RELIABLE METHODS THAT AN INSTRUCTOR CAN USE TO MONITOR EXERCISE INTENSITY:

- 1. Heart rate**
- 2. Rate of perceived exertion (RPE)**
- 3. Talk test**
- 4. Subjective assessments**

Heart Rate

This is arguably the most common and accurate way to monitor exercise intensity. The main way to monitor the heart rate is either by taking the pulse manually at the radial (wrist) or carotid (neck) artery or, more conveniently, using a heart rate monitor.

Commonly, when performing aerobic exercise, the heart rate should be 60 to 90% of the individual's age-adjusted maximum. Therefore, the first part of any heart rate calculation requires a maximum heart rate.



Estimating Maximum Heart Rate

All heart rate calculations are based on percentages of maximum heart rate (MHR) i.e. the highest possible pulse. This is normally calculated as:

$$\text{MHR} = 220 - \text{age in years}$$

For example, 35-year-old exerciser would have a maximum heart rate of 185 beats per minute (BPM). However, this calculation is known to have an error range of +/- 11 BPM so our 35-year-old exerciser's actual maximum heart rate could be anywhere between 174 to 196 BPM. For this reason, maximum heart rate and the calculations derived from this number should be treated as guidelines only and while many exercisers will fit neatly into 220 minus age, some may find that percentages based on this figure will result in workouts that are too intense or not intense enough.

The only true way to determine a maximum heart rate is to exercise a client to exhaustion and then take their heart rate; for example, after running at maximum speed for 400 meters. Needless to say, this type of stress testing is only suitable for very experienced clients who are medically fit. Anyone not meeting that criteria should use the 220 minus age calculation instead.

Heart Rate Training Zones

Once an individual's maximum heart rate has been determined, the instructor must then determine at what percentage the client should exercise. The accepted range is 60 to 90% of MHR but in some circumstances, heart rates outside of this range may be appropriate.

As a rule, beginners should exercise at the lower end of the scale while more advanced exercisers should exercise at the middle and upper end. This is simply because lower intensity (60-70% MHR) is less intense and generally less stressful making it more suitable for novice exercisers. As the exerciser gets fitter, a higher level of intensity would be appropriate but like all things exercise-related, increases in intensity should be gradual.

	Target zone	% of max HR bpm range	Example duration	Training benefit
Maximize	5 MAXIMUM	90–100% 171–190 bpm	Less than 5 minutes	Benefits: Increases maximum sprint race speed Feels like: Very exhausting for breathing and muscles Recommended for: Very fit persons with athletic training background
Performance	4 HARD	80–90% 152–171 bpm	2–10 minutes	Benefits: Increases maximum performance capacity Feels like: Muscular fatigue and heavy breathing Recommended for: Fit users and for short exercises
Improve Fitness	3 MODERATE	70–80% 133–152 bpm	10–40 minutes	Benefits: Improves aerobic fitness Feels like: Light muscular fatigue, easy breathing, moderate sweating Recommended for: Everybody for typical, moderately long exercises
Lose Weight	2 LIGHT	60–70% 114–133 bpm	40–80 minutes	Benefits: Improves basic endurance and helps recovery Feels like: Comfortable, easy breathing, low muscle load, light sweating Recommended for: Everybody for longer and frequently repeated shorter exercises
	1 VERY LIGHT	50–60% 104–114 bpm	20–40 minutes	Benefits: Improves overall health and metabolism, helps recovery Feels like: Very easy for breathing and muscles Recommended for: Basic training for novice exercisers, weight management and active recovery

Rating Of Perceived Exertion

The rating of perceived exertion scale (RPE for short) was developed by Scandinavian physiologist Gunnar Borg and is sometimes referred to as Borg's scale. It is designed to identify exercise intensity based on symptoms experienced by the exerciser or, in simple terms, how they feel.

Borg based his scale on fit athletes (cross country skiers) with an average resting heart rate of 60 BPM and an average maximum of 200 BPM. He then simply dropped the last zero and came up with his classic scale of 6 to 20. Borg's scale has since been simplified to run from 1 to 10.

With practice, an exerciser should be able estimate their level of exertion very accurately using either the classic or modified scales.

Classic Borg's Scale	Modified Borg's Scale	Corresponding heart rate	Classification
<9	<3	<50%	Very light
10-11	3-4	50-64%	Light
12-13	5-6	65-79%	Moderate
14-16	7-8	80-89%	Heavy
17-20	9-10	90-100%	Very heavy

Unlike heart rate, which can only be used for monitoring cardiovascular exercise intensity, Borg's scale can also be applied to resistance training. For example, using a predetermined weight, a client could be instructed to perform repetitions until they reach nine on the modified scale. This would be one or two reps shy of muscular failure.

Using RPE takes practice and often needs quantifying before use so take time to explain the scale being used before the participant starts exercising. E.g. "If RPE one is sat on your sofa at home with your feet up and ten is running flat out in a race, for this exercise, you need to be at level five to six".

RPE Scale	
Rating of Perceived Exertion Chart (Cardiovascular Endurance)	
	I am dead!
	I am probably going to die!
	I can grunt in response to your questions and can only keep this pace for a short time period.
	I can still talk but I don't really want to and I am sweating like a pig!
	I can still talk but I am slightly breathless and definitely sweating.
	I'm just above comfortable, I am sweating more and can talk easily.
	I'm sweating a little, but I feel good and I can carry on a conversation comfortably.
	I am still comfortable, but I'm breathing a bit harder.
	I'm comfortable and I can maintain this pace all day long.
	I'm watching TV and eating bon bons.

Client's that do not enjoy exercise or who are finding a particular activity repetitive or boring will usually overestimate their RPE whereas a client who is "in the zone" and flowing or who does not want to reveal how hard they are finding a particular workout may underestimate it. RPE should be used with care and preferably in concert with other methods of assessment.

Talk Test

Though not as accurate as measuring heart rate or either of the Borg RPE scales, the talk test is a simple method that gives a good indication of how hard a client is exercising.

Because speech is affected by breathing, there is an inextricable relationship with exercise intensity, breathing and therefore how easily someone can speak during exercise.

Activity level	Response
Light	Breathing lightly, talking easily
Moderate	Comfortable but breathing is faster and speech more laboured and broken
Vigorous	Breathing deeply and quickly, speech becoming increasingly difficult

The easiest way to use the talk test is through simple observation and paying attention to how your client responds to your questions. For a fuller picture of their response to exercise, you can combine the talk test with RPE by asking them to estimate their current RPE. A few well-timed questions will easily confirm their estimate or lead you to your own conclusion.

Subjective Assessments

Simply observing your client while they are exercising can give a good indicator of their current level of intensity although these observations are not easily quantified.

Examples include:

- **Sweating**
- **Redness**
- **Technique changes (reduced)**
- **Previous performance**
- **Facial expression**
- **Switching from nose to mouth breathing**

Everybody responds differently to exercise but, after a few workouts, an observant instructor should soon be able to identify their client's "tells".

Collecting Client Information For Programming Personal Training With Clients Exercise

**MODULE 4:
COLLECTING INFORMATION, SAFEGUARDING AND S.M.A.R.T GOAL SETTING**

Introduction

The Planning Process

The planning of a session is necessary in order to ensure that all has been done to make it as safe and effective as possible. Most people who wish to begin exercising are 'apparently healthy' individuals looking to realise the many benefits associated with structured exercise activities. Individuals who are physically active are less likely to develop major chronic conditions such as obesity, diabetes and heart disease.

However, some individuals are not as healthy as they may believe or are already aware of a medical risk or condition that may affect their ability to exercise. Consequently, this can increase the risks of engaging in exercise, which could exacerbate any symptoms of a current condition.

The instructor can minimise the risk associated with exercise participation by consulting the client with a view to assessing their suitability for activity in a gym environment. A fitness professional is not qualified to diagnose any medical conditions or rehabilitate from injury, surgery or disease, and may need to obtain medical clearance from a General Practitioner (GP) before exercise can begin.

There are various stages involved in the planning of gym-based exercise, many of which are performed during a consultation.

The Consultation

Where possible, a consultation should be carried out face-to-face with a client. This is usually the quickest and most effective way of gathering all the information needed by the instructor, in order to assess the client suitability for exercise and to prepare an exercise program which will meet their needs and objectives.

THERE ARE 4 STAGES IN THE CONSULTATION PROCESS:



Stage 1: Screening the Client

PAR-Q

AM I READY TO START MY TRAINING PROGRAMME?

- Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES / NO
- Do you feel pain in your chest when you do physical activity? YES / NO
- In the past month, have you had chest pain when you were not doing physical activity? YES / NO
- Do you lose your balance because of dizziness or do you ever lose consciousness? YES / NO

Stage 2: Gathering Information



Stage 3: Pre-exercise testing



*Stage 4: Programme design
(later in the course)*

Stage 1: Screening the Client

Reasons for Screening

Screening is a vital part of the initial process when taking on any new personal training clients. Health screening questionnaires as well as initial consultations not only help you find out if there are any health risks to be aware of but also helps you understand what your client's goals are and how you can build a plan for them to achieve those goals based on their current health status or any past injuries. Any personal trainer worth their salt should have a bespoke client consultation form that they ask their new clients to fill out, so today we're going to look at what questions you should ask and why.

IN BRIEF, THE PURPOSE OF PRE-EXERCISE SCREENING IS TO:

- **Assess the client's readiness for exercise.**
- **Identify high-risk clients who need clearance from their GP in order to participate.**
- **Inform the design and planning of the programme.**
- **Maximise the benefits of exercise participation for the client.**
- **Protect the instructor and organisation from litigation.**
- **Fulfil professional, legal and ethical requirements.**

NB: All clients should be screened before taking part in exercise, it is a legal and ethical requirement.

Lifestyle Questions

You need to establish just how healthy your client already is by taking in to account a variety of different aspects, as this will help you build a workout plan for them.

These questions should include:

- **Occupation:** They may lift heavy objects all day or they may be sat in an office so you need to create a workout based on these factors
- **Lifestyle:** Do they have an active or fairly inactive lifestyle?
- **Diet:** Do they eat healthy or are they stuffing their face with junk all day?
- **Drink alcohol:** Does your client drink? This may affect their ability to lose or gain weight.
- **Stress levels:** Are they stressed out at work or in their daily life? Do they need a more relaxing workout or should they work their fury out on the pads with you?
- **Hours of sleep:** Sleep will affect energy levels and a person's ability to recover from injuries or workouts. Finding out how much someone sleeps every day will help you craft an appropriate plan – not everyone gets 8 hours a night so be realistic when creating a plan.



Medical History

Asking your client to state as to whether they have any existing or previous medical problems is a vital part of the screening process. Failure to ask clients about this could result in legal action if they are injured whilst in your care. Aside from legal ramifications, you need to know whether your client has had something like a knee reconstruction, so, therefore, would not be able to squat as much, or suffer from asthma or heart problems so you know to go easy on the cardio. It is also vital that you are aware of whether or not your client has diabetes, and whether or not they are taking any medication, for legal and safety reasons.

Physical Activity Readiness Questionnaire

There is a need to identify whether an individual may embark on an exercise programme immediately, or if the client is at a higher health risk status and further action must be taken. A physical activity readiness questionnaire (PAR-Q) will do this.

Typically a PAR-Q will be completed by the client but may be completed by the instructor with consent from the client. The YES/NO answers required by a multiple question PAR-Q allow simple identification of medical contraindications to exercise. Any question answered 'YES' will result in the need for medical clearance from a GP before the client can begin exercising.

PAR-Q Form

DOWNLOADABLE
RESOURCE AVAILABLE

ON LEARNING PLATFORM

PAR - Q Form

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns.

If you are over 69 years of age and are not used to being very active, check with your doctor. Common sense is your best guide when answering these questions.

Please read carefully and answer each one honestly: Select YES or NO.

Name:		Date:	
Doctors:		Date of Birth:	

Questions

Question	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when performing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced chest pain when NOT performing physical activity in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or have you lost consciousness recently?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any bone or joint problems such as arthritis, which could be aggravated through physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing you medications for high blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor ever told you to NOT exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any reason why you should NOT participate in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
IF answered YES to the final question please reason here:		

If you answered YES:

If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have.

In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

When to delay the start of an exercise program:

If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising. If you are or may be pregnant, talk with your doctor before you start becoming more active.

If you answered NO:

If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowing and increase gradually. It may also be helpful to have a fitness assessment with a fitness instructor or personal trainer in order to determine where to begin.

PLEASE NOTE: If your health changes so that subsequently you answer YES to any of the above questions, inform your fitness or health professional immediately. Ask whether you should change your physical activity or exercise plan.

Declaration

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Client Name:		Date:	
Instructor Name:		Date:	

Having answered YES to one of the above, I have sought medical advice and my GP has agreed that I may exercise.

Client Name:		Date:	
Instructor Name:		Date:	

Please note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed.

O R I G Y M

Informed Consent



A gym instructor must obtain consent prior to involving the client in any testing procedure or participation in a gym-based exercise programme. This will involve the instructor giving explanations for all procedures involved in testing and what the client can expect from a planned session. Once the client has been informed and understands the facts, only then can the instructor proceed, with their consent. Most gyms will use informed consent documents for clients to complete and a client signature should be obtained as well as verbal consent.

Purpose: To provide the client with the information they need to make an informed decision regarding their participation, to provide the client with the opportunity to reflect on verbal and written information provided, to check the client's understanding legally admissible evidence.

Process: explain the reasons for informed consent, inform clients of the session aims and objectives, physical and technical demands (including the types of activities planned and their relevance to goals), the benefits and risks of the assessments and exercise sessions, respond to client questions, recording signed consent, secure and confidential storage of written informed consent.

Informed consent record: Aims, benefits, risks, responsibilities of client and instructor, a record of questions and answers, date and signatures of client and instructor

Referral

THERE ARE FOUR CRITERIA FOR THE REFERRAL OF A CLIENT TO THEIR GP:

1. Instant medical referral	2. Special attention categories and temporary deferral	3. Doubt or uncertainty	4. Client preference or doubt
Any diagnosed metabolic, pulmonary or cardiovascular disease	Several fitness testing results are in the special attention category	The instructor should act with caution and refer	The client may prefer to obtain medical clearance for peace of mind
Signs or symptoms of pulmonary or cardiovascular disease	Minor illness or minor injury		

These four criteria may cause concern among clients, and even distress if they believe that information provided in a PAR-Q or from results of a fitness test will have an imminent detrimental effect on their wellbeing. It is important that the instructor reassures a client and follows up any referral. It can take a great deal of courage for an individual to enter a fitness environment and such a perceived setback could prevent their return.

Reasons for temporary deferral of exercise include:

- Any recent injuries including fractures, strains, sprains, ruptures or tears
- Heart conditions or any history of heart disease
- High blood pressure unless medical permission has been granted
- Any acute fevers including influenza, glandular fever, common cold, etc.
- Any inflammatory joint conditions including arthritis, rheumatoid arthritis, osteoarthritis
- Any neurological disorders including strokes, multiple sclerosis unless medically supervised
- Any undiagnosed illness
- Any musculo-skeletal problems including joint or back pain
- Any pain and soreness in muscles caused by trauma or injury
- Pregnancy – medical permission must be sought before continuing
- After a heavy meal or under the influence of alcohol
- If over-tired or exhausted
- If under the influence of pain-killing drugs
- If there has been any difficulty with exercise in the past

For people over the age of 50 a medical check up should be sought before starting an exercise programme or anybody with the following conditions:

- Obesity
- History of heart problems in the immediate family
- Hypertensives
- Diabetics unless medical permission is sought
- Any history of lung problems including asthma, bronchitis, emphysema
- Smokers
- Skin infections or open wounds



CLIENTS WHO NEED TO BE SIGNPOSTED OR REFERRED TO OTHER PROFESSIONALS ARE CLIENTS THAT:

- Have a 'yes' response to one or more PAR-Q questions – clients are to be signposted to their GP
- Contra-indications for exercise, for example, high blood pressure or an irregular heart rate – clients are to be signposted to their GP
- If the client presents with multiple cardiovascular disease risk factors (CVD) - clients are to be signposted to their GP
- If a client complains or shows any injuries – signpost to GP, physiotherapist, sports therapist
- If the clients needs fall outside the limits of professional responsibility or competence at level 2 – refer to more experienced/specialist instructor, specific populations instructor – level 3 or level 4

BASED ON CLIENT SCREENING THE FOLLOWING MAY AFFECT SAFE EXERCISE PARTICIPATION:

- The exercise appropriateness to individual's needs
- The participant's fitness goals
- The ability of the participant
- The health of the individual

Stage 2: Gathering Information

Gathering Information

Client information can be gathered in a number of different ways. There are advantages and disadvantages of each and it is the job of the instructor to identify the method which is most suitable for each client. More than one method can be used to gather information.

Questionnaire

The use of questionnaires is an excellent way of accumulating lots of information in a relatively short time and can be completed face to face or given to the client to fill in and return at a later date. They provide a consistent format for the instructor to follow in the pursuit of information relevant to programme design. A perceived negative can be that some questions may be confusing or misunderstood, leading to an incomplete document or one that needs further explanation from the instructor.

Interviewing

This method can be quicker than using a questionnaire, although there is scope for deviation from the subject which can be time-consuming. A client can be interviewed by phone but is more likely to be in the company of a member of staff. Interviewing can provide an opportunity for both parties to strike a rapport with each other and the technique of the instructor will improve with practice. It is important for an interview not to come across as an interrogation which can lead to information being withheld by the client.



Client Screening Questionnaire

Name of Client:	Gender:	Date of Birth:
Height:	Weight:	BMI:

Physical Activity Screening

What is your client's occupation?	
How does your client travel to and from their place of work?	
Describe your client's activity levels within their occupation.	
Describe your client's activity levels outside of their occupation.	
Is your client engaging in any physical activity at present? (team sport, individual sport, gym, running etc.)	
If yes, please describe what is involved and how often a week they are exercising.	
What are your clients exercise preferences?	
When is your client available to engage in their exercise programme? (days of the week, time of the day)	

Goal Setting

What are your client's reasons for taking part in an exercise programme and what would they like to achieve?	
What are your client's barriers to exercise?	
Describe your strategy that you will adopt to help your client overcome these barriers.	
Explain how you will incorporate your clients exercise preferences into their programme to strengthen their motivation and adherence.	
What incentives or rewards will you use with your client to strengthen their motivation and adherence?	
Explain how will you encourage your client to take personal responsibility for their own fitness/motivation and how you will assist them to develop their own strategy for motivation and adherence.	
List the different behaviour change approaches/strategies you will adopt with your client to encourage adherence to exercise/physical activity.	

Observation



General observation can identify if the client suffers from signs of postural abnormality. It will take a relatively experienced instructor to be able to take such information and incorporate it effectively into programme design. Observation which reveals any serious deviations from normal posture may prove to be outside the level of qualification of a fitness instructor and may need to be referred to another fitness or medical professional.

Lifestyle Considerations

- Occupation: hours of work, manual or sedentary
- Repetitive movements
- Leisure: Active or Inactive
- Activity: Frequency, Intensity and Type
- Nutrition: types of food and drink
- Alcohol: consumption, frequency, type, volume
- Smoking history, frequency
- Available time



Clients may have restrictions on the amount of time they can or are willing to devote to gym-based exercise. The instructor must try to incorporate the exercise programming within these boundaries. Both client and instructor must be realistic about what is attainable in the time scheduled for exercise.

A client who has never been involved in gym-based exercise will respond very differently to one who has been or is a regular gym user. The training status of a client can be determined by obtaining specific information such as details of previous training programmes including types of exercise, frequency of participation and intensity of workouts. This information will help the instructor to design a programme which may involve aspects of familiarity or be completely different, depending on the preferences of the client.

Generally, clients are categorised as beginner, intermediate or advanced training status.

Beginner

A client who does not recognise basic exercises or has poor technique.

Intermediate

Has sound exercise technique and has retained benefits consistent with regular exercise.

Advanced

Excellent knowledge and exercise technique which has resulted in elite performance. Know the limits of their bodies and have learned to overcome challenges.

It is common to encounter those who have been gym users for years but have not progressed significantly, and therefore could not be considered as having advanced training status. Very few exercisers genuinely deserve to be regarded as holding such a status. This can be a delicate subject and it is important not to offend a client, therefore it may be prudent to use terms such as "experienced beginner" for someone who has been a regular gym-user but has had a period of non-exercise.

Likes And Dislikes (Preferences)

Clients may be drawn to certain forms of exercise or shy away from others. There can be many reasons for this and the instructor cannot always deliver a perfect programme. Over time and the experience of working with a client, the instructor may be able to help overcome barriers to certain types of exercise and encourage the client to try new techniques. It is important to be able to deliver a balanced programme and if the client can be educated on the merits of exercises which have been traditionally avoided, then there is a greater chance of providing a workout to ascertain their goals. Gym instructors often negotiate in the form of "a little of what you want, and a little of what you need" when coming to an acceptable compromise with a client.

- Muscular strength
- Fat loss
- Muscular endurance
- Posture
- Muscular size
- General health
- Aerobic fitness

The above is not an exhaustive list, but are a selection of the more common objectives desired by clients. It is common for a client to desire certain goals which are not fully understood in technical terms or dedication in order to succeed. Again, the instructor may be wise to negotiate a compromise whereby the client feels satisfied that their interests and preferences are being considered.

Gathering Information - Nutritional

The Information That Is Needed From Clients

Personal trainers do not possess the ability to make nutritional plans for clients. What they can do is advise best nutritional intake based on the client's current food habits.

The easiest way to do this is to provide closed questions, so that they are easily scored and calculated.

The following is an example and can be altered with any questions that you see fit.

Client Diet Assessment (FORM)

NB: Ask your client the following closed questions. Score 1 = YES and 0 = NO

- Do you add sugar to food or drink almost every day?
- Do you eat foods with added sugars almost every day?
- Do you use large amounts of salt in your food?
- Do you drink more than one cup of coffee on most days?
- Do you have caffeinated drinks after 4 pm?
- Do you smoke more than five cigarettes a day?
- Do you take recreational drugs?
- Do you drink more than 10 Oz (28g) of alcohol (1 glass of wine, 1 pint or 600ml of beer, or 1 measure of spirits) a day?
- Do you eat fried food more than twice a week?
- Do you eat processed 'fast food' more than twice a week?
- Do you eat processed meats (such as sausages, ham or smoked salmon) more than twice a week?
- Do you often eat foods containing additives and preservatives?
- Do you eat chocolate, pastries or sweets more than twice a week?
- Does less than a third of your diet consist of fruit and vegetables?
- Do you drink less than $\frac{1}{2}$ pint (300ml) of plain water each day?
- Do you normally eat white rice, flour or bread rather than wholegrain?
- Do you have less than a pint (approx.0.6litres) of milk or yoghurt a week?
- Do you eat more than four slices of bread a day, on average?
- Are there some foods you feel 'addicted' to?
- Do you eat oily fish less than twice a week and/or seeds less than daily?

Total Score: _____



Calculating and discussing results

- **0-4:** Your client is a health-conscious individual and the minor indiscretions are unlikely to affect his or her health. Provided your client supports his or her diet with the essential vitamins and minerals, together with the advice that you will learn throughout this course, he or she can look forward to a long and healthy life.
- **5-9:** Your client is on the right track, but should now try to be more aware of what they are eating. Rather than giving up bad habits all at once, help your client set short-term goals. Aim to have your client's score below 5 within three months.
- **10-14:** Your client's diet is not good and you will need to help them make some changes in order to be able to enjoy better health. Encourage your client to take one step at a time. You should aim to help your client reduce their score down to 5 within six months. Start to motivate your client with healthy eating tips. You will find that some of your client's bad dietary habits will change for the better as he or she receives your encouragement. The bad habits that remain should be dealt with one at a time. Make sure you remind your client that sugar, coffee, pastries, sweets, chocolate, tobacco and alcohol are all addictive. Your client's cravings for them will dramatically decrease or go away altogether after one month without them.
- **15-20:** There is no way your client can continue to eat like this and remain in good health. Your client is consuming far too great a quantity of fat, refined foods and artificial stimulants. Encourage your client to follow healthy eating tips. This client needs your support and motivation for a longer period of time to make gradual and permanent changes to his or her lifestyle. Your client may feel worse for the first two weeks, but within a month he or she will begin to feel the positive effects of healthy eating.

N.B: The client consultation form used for the case study has a modified version of this to show the variability of the method. Rather than yes/no options it uses 'red, amber & green', the grading not being a numerical score but a visual representation of colour. The intention is to have the client have more greens than anything else.

Stage 3: Pre-exercise Testing

Physical Measurements

Physical measurements can be taken in order to calculate current health status and also act as a reference point for measurements taken in the future. This can cause apprehension among clients who may feel embarrassed by certain tests and so it is important for the instructor to take a sensitive approach or use an alternative, less invasive practice.

WHEN TESTING, ENSURE YOU KEEP THE FOLLOWING IN MIND:

APPROPRIATENESS OF TESTING

Tests should be selected that are appropriate to the needs, goals and capabilities of the client to perform. This also applies to the instructor, who should only attempt to administer a test in which they are confident of the protocol and their ability to evaluate results.

VALIDITY OF TESTS

There are many tests available to determine an individual's level of health and fitness. There is also a growing trend for applications to be used in conjunction with personal phones and computers. Many such tests and calculations are not regarded as valid, reliable or objective and the instructor must use only tests and procedures which are provided by the employer.

EQUIPMENT AND ENVIRONMENT

All equipment used in conjunction with measurements and tests should be in good working order, serviced regularly, and stored correctly. The environment should be appropriate for testing procedures to be carried out. Lighting, temperature and security are all factors which should be addressed to make the experience as comfortable and professional as possible for the client.

TIMING

The time of the day should be recorded and remain constant for future tests. Any changes should be noted and taken into account when evaluating results. Measurements and tests may be repeated after a period where any modifications to lifestyle and activity have had a chance to take effect. Four to eight weeks is generally regarded as sufficient time between tests.

The Client

A client who is scheduled to undertake any form of measurement or test should follow a standard protocol in order to allow the greatest accuracy of test results. Any deviation from the protocol can result in temporary deferral of testing at the discretion of the instructor.

Such pre-testing procedures may include:

CONSUMPTION

Avoid heavy meals less than three hours prior to testing. Avoid excessive alcohol intake on the day before testing and no alcohol should be taken during the day of the test. Avoid caffeinated drinks and smoking for two hours before testing.

LIFESTYLE

The day before testing should not involve strenuous physical activity and the client should endeavour to have a good nights sleep. Avoid the use of equipment that stimulates the systems of the body, such as jacuzzi or sauna, for two hours prior to testing.

CLOTHING

Wear clothing that will allow ease of testing and will not adversely affect the testing protocol. For continuity, wear the same or similar clothing for repeat measurements and tests.

MEDICAL

Bring any current medication which may become relevant in a physical exercise environment, such as inhalers. Do not attempt testing if feeling unwell. Defer or cancel the assessment if there is any doubt in the ability to perform a test.

NB: Indications for termination of an exercise test.

Testing can cause stress to the body and the instructor must be vigilant at all times.

Tests should be stopped immediately and the client referred under the following circumstances:

- Chest pain that is increasing, suspicion of heart attack or unusual heart rhythms
- Drop in systolic blood pressure (SBP) below standing resting pressure
- Drop in SBP with increasing workload accompanied by signs or symptoms
- Signs of poor circulation, blood flow, cold or clammy skin
- Pale appearance or blueish skin colour
- Unusual breathing patterns, shortness of breath or signs of severe fatigue
- Central Nervous Systems (CNS) symptoms
- Failure of equipment
- Client request
- Anthropometric testing

Anthropometric Tests

Tests of anthropometry include measurements of body size, structure and composition. It is important to be aware of any changes and the effects of those changes to such measurements.

There are common measurements and tests used in the fitness industry. They are used in order to assess the current health or fitness status of an individual. Subsequent testing should be performed at similar times of the day for continuity.

The following tests are suitable for an instructor to administer:

- Weight
- Height
- Body mass index
- Circumferential measurements
- Waist to hip ratio
- Resting heart rate
- Cardiovascular fitness
- Muscular endurance
- Flexibility

Body Mass Index (BMI)

BMI is a measure of height to weight ratio. It is calculated by taking a person's weight and dividing it by their height squared. The results can give an indication of whether a client is overweight or not.

It must be noted that BMI does not take account of an individual's body composition and may prove inaccurate for those who have a higher than normal amount of muscle mass.

$$BMI \text{ (kg/m}^2\text{)} = \text{weight (kg) / height (m}^2\text{)}$$

Classification and Health Risk by Body Mass Index

BMI	Classification	Level of health risk
under 18.5	underweight	minimal
18.5 - 24.9	normal weight	minimal
25 - 29.9	overweight	increased
30 - 34.9	obese	high
35 - 35.9	severely obese	very high
40 and above	morbidly obese	extremely high

Classification for BMI can appear worrying or offensive and may come as a shock to some clients. It is therefore essential for the instructor to evaluate whether this test is appropriate for use on a particular client.

- Circumferential measurements
- Use tape measure at exact location
- Keep tape measure horizontal and not overly loose or tight
- Take measurements on the skin and not over clothing if possible
- Take the average of three readings per site

Waist:Hip Ratio

The ratio of the waist circumference to hip circumference is considered to be an indicator of a risk factor for Coronary Heart Disease (CHD). Health risk increases with waist:hip ratio and classification varies between males and females.

Classification	Male	Female
high risk	>1.0	>0.85
moderate risk	0.90 – 1.0	0.80 – 0.85
low risk	< 0.90	<0.80

Alternatively the following classification can be used to identify risk of morbidity:

Gender	Lowered risk	Higher risk
Male	< 94cm	>102cm
Female	< 80cm	>88cm

Waist Circumference (lower table)

The 7 Sites

1. Triceps

2. Biceps

3. Subscapular

4. Supriliac

5. Abdominal

6. Anterior Quadriceps

7. Medial Calf



1. Triceps

Landmark: Mid way point between the posterior acromion process (shoulder) and the olecranon process (elbow) and bisected by a vertical line at half the arm width.

Measure: A vertical fold is taken at the centre width of the arm.



2. Biceps

Landmark: The height of the triceps is transferred to the front with a vertical line drawn at half the width of the arm.

Measure: A vertical fold is taken at the centre width of the arm.



3. Subscapular

Landmark: Using the bony scapula locate the inferior angle of the scapula and measure 2cm below this point and mark an X.

Measure: This is a 45 degree skin-fold taken with the angle rising upwards towards the spine.



4. Supriliac

Landmark: Found parallel with the crest of the illium with an intersecting line dropped vertically from the anterior axilla (armpit).

Measure: Taken parallel with the angle of the illium.



5. Abdominal

Landmark: Found level with and exactly 5cm to the left of the umbilicus or naval.

Measure: A vertical fold is taken.



6. Anterior quadriceps

Landmark: Located halfway between the uppermost edge of the patella and the inguinal fold C(crease between leg and hip).

Measure: A vertical fold is taken at half the width of the leg.



7. Medial calf

Landmark: Located on the medial side of the gastrocnemius at the visually widest point of the calf.

Measure: A vertical fold is taken at half the width of the leg on the medial side.

Calculations

Calculations were also created to convert the total of all 7 skin fold sites into an estimate of body fat % (Yuhasz, 1974).

Males:

$$\text{Body Fat \%} = (0.1051 \times \text{total skin folds}) + 2.585$$

Females:

$$\text{Body Fat \%} = (0.1584 \times \text{total skin folds}) + 3.580$$

Case Study

Subject: Female

Triceps = 28mm

Biceps = 22mm

Subscapular = 23mm

Supriliac = 36mm

Abdominal = 31mm

Anterior quadriceps = 29mm

Medial calf = 19mm

TOTAL = 188mm

Females:

$$\text{Body Fat \%} = (0.1584 \times \text{total skin folds}) + 3.580$$

ACSM PROVIDES THE FOLLOWING CLASSIFICATIONS

Class	Women	Men
Essential Fat	10 - 13%	2 - 5%
Athletic	14 - 20%	6 - 13%
Fitness	21 - 24%	14 - 17%
Overweight	25 - 31%	18 - 24%
Obese	32% +	25% +

Cardiovascular Fitness Testing

Research suggests that aerobically fit adults enjoy a better quality of life and live longer than those who are not aerobically trained. There are many tests that can be used to evaluate cardiovascular fitness and it makes sense to use tests that will be appropriate for beginners to perform in a fitness environment. Those who have not exercised aerobically for some time may have unrealistic expectations of their aerobic capacity, based on what they were able to achieve in the past. It can be disappointing for a client to learn that they aren't as fit as they believed.

Resting Heart Rate (RHR)

RHR is the number of times the heart beats every minute when an individual is at rest. It is measured in beats per minute (BPM). Generally, lower readings indicate a higher level of aerobic fitness, although the RHR test alone cannot guarantee this.

Bradycardia is a RHR of less than 60 BPM.

Causes include:

- High fitness levels
- Hypothermia (low body temperature)
- Hypothyroidism (low thyroid function)
- Hyperkalaemia (high potassium levels in bloodstream)
- Heart Disease
- Certain drugs for treatment of high blood pressure
- Genetics

Tachycardia is a RHR of greater than 100 BPM.

Causes include:

- Heart attack or disease
- Fever
- Forms of medication or misuse of drugs
- Poor fitness levels
- Excessive caffeine, alcohol or nicotine
- Physical fatigue
- Stress, anxiety or stimulation
- Pulmonary embolism (blockage of the arteries from heart to lungs)
- Hypervolaemia (too much fluid in the blood)

Resting Heart Rate Assessment

- Rested client seated or in a supine position.
- Locate a site of carotid artery either:
 1. Side and front of neck
 2. Locate radial artery (thumb side of the forearm)
- Apply light pressure to site with index and middle finger (not thumb).
- Allow client time to relax before beginning test.
- Count pulse for 60 seconds and repeat test.
- Repeat a third time if first two tests produce vastly different readings.

EVALUATE RESULTS BY USING THE RHR CLASSIFICATION CHART BELOW:

Resting Heart Rate	Men (BPM)	Women (BPM)
Normal	60 - 80	60 - 80
Average	70	75
Special attention	90 or above	90 or above
Medical referral	100 or above	100 or above

Rockport Walking Test

This test uses calculations to reach a value called VO₂max. VO₂max is the maximum volume of oxygen that can be utilised by the body in one minute during maximal exercise. It is measured as millilitres of oxygen used in one minute per kilogram of body weight.

For the duration of the test, the client should walk as fast as possible for one mile. As soon as they have completed the mile, their heart rate should be taken. This can be done with the use of a heart rate monitor or manually using a stopwatch by counting the number of beats for one minute whilst holding the wrist at the site of the radial artery. The time taken to complete the distance should be recorded.

Before using the calculation to determine VO₂max, the instructor will need to know the client age and body weight in pounds (lbs).

THEREFORE THE VITAL INFORMATION NEEDED FOR CALCULATION IS AS FOLLOWS:

- The time needed to complete one mile walking as fast as possible.
- Heart rate taken immediately after the distance has been completed.
- Client age.
- Client body weight in pounds (lbs).

The following calculation can be used to determine the clients VO₂max:

$$132.853 - (0.0769 \times \text{weight}) - (0.3877 \times \text{age}) + (6.315 \times \text{gender}) - (3.2649 \times \text{time}) - (0.1565 \times \text{heart rate})$$

Use the following where:

- Weight is in pounds (lbs)
- Gender: male = 1 and female = 0
- Time is expressed in minutes
- Heart rate is in beats per minute
- Age is in years

The score can then be measured against the normative data in the chart below:

Fitness categories for males based on VO₂max expressed in ml·kg⁻¹·min⁻¹

Age (years)	Low	Fair	Average	Good	High
20 - 29	<24	25 - 33	34 - 42	43 - 52	>53
30 - 39	<22	23 - 30	31 - 38	39 - 48	>49
40 - 49	<19	20 - 26	27 - 35	36 - 44	>45
50 - 59	<17	18 - 24	25 - 33	34 - 42	>43
60 - 69	<15	16 - 22	23 - 30	31 - 40	>41

Fitness categories for females based on VO₂max expressed in ml·kg⁻¹·min⁻¹

Age (years)	Low	Fair	Average	Good	High
20 - 29	<23	24 - 30	31 - 37	38 - 48	>49
30 - 39	<19	20 - 27	28 - 33	34 - 44	>45
40 - 49	<16	17 - 23	24 - 30	31 - 41	>42
50 - 59	<14	15 - 20	21 - 27	28 - 37	>38
60 - 69	<12	13 - 17	18 - 23	24 - 34	>35

Muscular Endurance Testing

There are many muscular endurance tests available for use by the fitness instructor. Tests that are suitable for a client who has limited experience of resistance exercise training should be used. Safety is a great consideration as the client may be working hard and reach a stage where they cannot continue through fatigue. This will increase the risk of injury which is to be avoided. Emphasis should be placed on technique, which is more valuable than results in the early stages of resistance training and maximal effort may result in muscle fatigue or discomfort in the days after testing. Severe after-effects of training may discourage the client from returning to exercise.

Press Up Test

1. The client adopts the start position for a full press up (alternatives also apply).
2. The client lowers to 90 degrees of elbow flexion and returns to the start position.
3. The test aims for the total number of completed press ups before failure.

Male results					
Age (years)	Excellent	Good	Average	Fair	Poor
20 - 29	>54	45 - 54	35 - 44	20 - 34	<20
30 - 39	>44	35 - 44	25 - 34	15 - 24	<15
40 - 49	>39	30 - 39	20 - 29	12 - 19	<12
50 - 59	>34	25 - 34	15 - 24	8 - 14	<8
60+	>29	20 - 29	10 - 19	5 - 9	<5

Female results					
Age (years)	Excellent	Good	Average	Fair	Poor
20 - 29	>48	34 - 38	17 - 33	6 - 16	<6
30 - 39	>39	25 - 39	12 - 24	4 - 11	<4
40 - 49	>34	20 - 34	8 - 19	3 - 7	<3
50 - 59	>29	15 - 29	6 - 14	2 - 5	<2
60+	>19	5 - 19	3 - 4	1 - 2	<1

Abdominal Curl Test

- Provide a mat for comfort during test
- The client lies supine with knees bent to 90 degrees
- Straight arms by side with palms facing down
- A line marked three inches away from tips of fingers in resting position
- The test aims for the total number of completed abdominal curls where fingers reach the line or beyond

Male results			
Classification	<35 years	35-45 years	>45 years
Excellent	60	50	40
Good	45	40	25
Fair	30	25	15
Poor	15	10	5

Female results			
Classification	<35 years	35-45 years	>45 years
Excellent	50	40	30
Good	40	25	15
Fair	25	15	10
Poor	10	6	4

Flexibility Testing

Flexibility is defined as the range of motion in a joint or group of joints. It is also the ability to move joints effectively. There are a number of ways in which the instructor can test flexibility and the most common within the fitness industry is the sit and reach test.

As with all fitness tests, the ability of the client to perform should be evaluated before the test is carried out. This particular test will involve a significant amount of spinal flexion, therefore if a client has experienced a back condition in the past, the test should be administered with caution.

Sit And Reach Test

This test predominately assesses the flexibility of the hamstrings and lower back, however there can be a significant amount of movement through the shoulders as the client leans further forward and stretches the arms along the surface of the sit and reach box.

1. The client should warm-up before attempting the test
2. The client removes shoes and any clothing that will restrict their joint movement
3. Their feet should be placed against the vertical board with straight legs and back
4. The client slowly reaches forward maintaining a straight back for as long as possible
5. Instructor records the distance at the point where the client starts to flex their spine.
6. This is a measure of hamstring flexibility.

Client continues to reach forward as far as possible stretching fingers to the furthest point on the sit and reach box. This is a measure of hamstring and lower back flexibility. Please see the normative sit and reach data below:

Rating	Males		Females	
	(inches)	(cm)	(inches)	(cm)
Excellent	> 28	> 70	> 24	> 60
Very good	24 - 28	61 - 70	20-24	51 - 60
Above average	20 - 24	51 - 60	16 - 20	41 - 50
Average	16 - 20	41 - 50	12 -16	31 - 40
Below average	12 - 16	31 - 40	8 - 12	21 - 30
Poor	8-12	21 - 30	4 - 8	11 - 20
Very poor	< 8	< 21	< 4	< 11

General Training Practice

Communicating Clearly And Effectively

Communication is a key skill that all instructors need to master. During any working day, an instructor can expect to communicate with a host of people regarding any number of subjects and he will be judged on his ability to communicate effectively. There are several aspects to consider if communication is going to be effective:

- **Listening:** Effective communicators must be good listeners. Listening is a skill and while most people can hear, not everybody listens! Instructors should engage in "active listening" which means doing more than just hearing but also looking for the meaning behind the words being spoken so that the message can be clearly understood. Active listening should also be accompanied by good observation as much of the information we communicate is non-verbal. In the gym environment, this means watching exercise technique, facial expressions, paying attention to the tone of voice, observing posture and maintaining an appropriate amount of eye contact. As gyms can be noisy places, these non-verbal forms of communication are even more important. Non-verbal communication is often considered un-censored which means an observant instructor can obtain valuable information about a client that exceeds the words they are hearing.
- **Building rapport:** People like people that are like themselves. That tongue-twister helps to explain the importance of building rapport with a client. Building rapport will make communication much easier as both parties will be more engaged and attentive. To build rapport, consider the following:

Body language: body language should communicate attention and interest and not boredom or lethargy. For example, an instructor should maintain appropriate amounts of eye contact, use nods and gestures to show understanding, lean toward a client to show attentiveness while all the time respecting and maintaining an appropriate distance so as not to invade the client's personal space. Crossed arms, slouching, looking away and not making eye contact are all examples of poor body language.

- **Show empathy:** empathy should not be confused with sympathy; where sympathy means feeling sorry for someone, empathy means seeing something from someone else's perspective or point of view. This will make it easier to make sense of what the client is saying and make the relationship more positive and supportive.
- **Be accepting:** it is important not to judge a client's point of view but, instead, accept it even if you do not agree with it. Being judgemental will only place a strain on the working relationship.
- **Provide support:** an instructor should show a willingness to help the client to achieve their goals by offering praise and support. This will help the client feel as though they are not "going it alone". Ideally, the client and instructor should feel they are part of a team, both of whom have the same goals.



- **Facilitating responses:** In order to get the most out of communicating with clients, an instructor will sometimes need to facilitate responses. This basically means encouraging a client to share information pertinent to their goals and lifestyles by using specific communications strategies.
- **Paraphrasing and summing up:** this means using your own words to repeat what the client has said. This shows understanding and also gives the opportunity for clarification. Summarising salient points is another way of showing understanding. The client should then be given the opportunity to agree or disagree with the information being summarised.
- **Clarifying:** rather than simply assume they have understood, instructors should clarify the information they receive from the client and also check if the client needs clarification of anything said by the instructor. For example, if the instructor tells their client to "maintain neutral spine", does the client know what that means or does the instructor need to clarify?
- **Silence:** not saying anything puts the onus for communication on the client. This is especially useful when asking questions. Additionally, silence gives the client an opportunity to speak, ask questions or express concerns, something they cannot do if they are not given the opportunity to speak. The expression "We have two ears and one mouth so that we can listen twice as much as we speak" is especially relevant to fitness instructors.
- **Explaining the reasons behind questions:** when discussing sensitive issues, instructors should always be prepared to explain their line of questioning. If you are unable to justify your question, you probably shouldn't be asking it.

HOWEVER, INSTRUCTORS SHOULD AVOID:

- **Using jargon:** the fitness industry is littered with jargon, slang and abbreviations which mean very little to non-instructors and especially beginner clients. Avoid using terms that the client will be unfamiliar with so as not to exclude them in any way. They may not feel comfortable asking for an explanation.
- **Jumping to conclusions:** while it is tempting to make deductions based on incomplete information, it is never a good idea to "jump the gun" and give information or advice until all the facts have been revealed. Avoid making assumptions and, instead, get all the relevant information before acting.
- **Giving input that exceeds their level of qualification:** because of health and safety, ethics, and the code of professional conduct, it is essential that instructors do not exceed their level of qualification. For example, a fitness instructor – no matter how well-meaning – is not qualified to give advice on the management of medical conditions. Doing so would be unethical and could harm the instructor's and the organisation's reputation and even harm the client.

Good Personal Conduct



Good personal conduct covers several concepts and means different things to different people. At the root of personal conduct is the concept of behaving in a way that will not bring the instructor or the organisation into disrepute or, in other words, behaving professionally.

Professional appearance: The clothes you wear and your personal grooming should be consistent with the image you want to portray or that of the organisation. A professional appearance presents a professional first impression and includes things like wearing a uniform, making sure the uniform is clean and pressed, wearing a name badge and otherwise being clean and tidy.

Punctuality: Turning up on time is a sign of professionalism and shows that you care enough to make an effort. Lack of punctuality suggests that you believe your time is more important than the people who are waiting for you. Lateness looks bad on behalf of the instructor and organisation and strategies should be developed to ensure punctuality such as getting up earlier or catching an earlier bus.

Integrity: Having good integrity means having and living by a high moral code, being honest and reliable. People of good integrity are trustworthy, law-abiding and professional. Dishonesty, gossiping, treating people differently because of their race or beliefs are all examples of behaviour that lacks integrity.

Walking the walk: While instructors do not have to be champion athletes or fitness models, they should at least practise what they preach if they are to be taken seriously. That means that they should exercise regularly and follow a healthy diet if, for no other reason, it makes it easier to empathise with clients.

Developing A Customer-Friendly Attitude

Placing the customer at the centre of any organisation or business is the key to developing a customer-friendly attitude. Too many organisations see customers as "a necessary evil" rather than their sole reason for existence.

Developing a customer-friendly attitude must start with initial contact as first impressions are usually very long-lasting impressions. A smile and a warm, sincere greeting will go much further than a scowl and a grunt.

If you have to deal with a complaint, make sure you:

- Listen to the complaint and take ownership of it
- Always be polite
- Keep calm and do not enter into an argument
- Record the complaint and inform the relevant persons or services
- Offer to be a point of contact for the client
- Advise the client of possible solutions or available alternatives if possible
- Provide reassurance to the client that their complaint is being investigated
- Feed back to the client once the complaint has been dealt with

All complaints should be dealt with in a timely fashion and any delays in processing the complaint should be communicated to the client as soon as possible. Keeping the client "in the loop" can go a long way to demonstrating a high standard of customer care and turning an otherwise negative situation into a positive one.

Dealing with complaints can be hard, especially if the client becomes angry. In this situation it is essential that you remain calm, do not match their angry language or behaviour, avoid being confrontational and use assertive rather than aggressive language.



Aggressive

Aggressive language

- "Don't speak to me like that."
- "With an attitude like that, how can I help you?"
- "Stop swearing at me or I will put the phone down."



Assertive

Assertive language

- "I would prefer it if you did not speak to me that way."
- "I understand your frustration. Please calm down so that I can help you."
- "If you continue to swear I will not be able to continue this conversation."

Every organisation should have a pre-set procedure for handling complaints which all members of staff are aware of, are trained in and should use if they have to deal with one. Of course, the best way to avoid complaints is to practice a very high level of customer care in the first place.

Despite doing this, things can and do go wrong so it is essential that complaints are dealt with properly and professionally and to both parties satisfaction. Treat every complaint as an opportunity to go the extra mile for your customers.

Respect Of Personal Barriers And Boundaries

Relationships exist within a framework of boundaries that both parties must respect and while legal boundaries are clear cut and so too are the rules of Sport, relationship boundaries are harder to discern.

Boundaries within the role of a fitness instructor include touching and when it is justified i.e. when spotting, discussing things that are outside of the instructor's professional remit i.e. the client's personal life, either party making unwanted sexual advances or any other behaviour that either party finds uncomfortable or upsetting.

Situations that may violate boundaries include giving a client a hug when they meet a fitness goal or accepting a gift from a client.

When considering professional boundaries, an instructor should use the following phrases and create your own code of conduct by completing these phrases:



GYM RULES

RETURN WEIGHTS TO RACK AFTER USE
SANITIZE EQUIPMENT AFTER USE
USE A SPOTTER WHEN LIFTING - NO EXCEPTIONS
DON'T DROP THE WEIGHTS
NO FOOD OR DRINKS BESIDES BOTTLED WATER
TURN OFF LIGHTS AND AIR WHEN LEAVING
APPROPRIATE GYM DRESS-
INCLUDES CLEAN CLOTHING AND ATHLETIC SHOES
(NO DRESS SHOES, BOOTS OR SANDALS)
NO HORSEPLAY
BE CONSIDERATE OF OTHERS

- A professional fitness instructor always...
- A professional fitness instructor never...
- The limit of a professional fitness instructor's role is determined by...
- When working with a client, it is a professional fitness instructor's business to...
- When working with a client, it is a professional fitness instructor's business not too...
- Good rules for a professional fitness instructor to follow to ensure they do not allow clients to step over professional barriers are...

Instructional Skills

While fitness instruction is a rewarding and enjoyable job, instructors can make a much greater impact and form more lasting, positive relationships if they hone their instructional skills.

Instructional skills include knowledge of all things pertaining to fitness and exercise within the confines of their level of qualification but also include several other factors. Like knowledge can be gained, these other skills can also be practised and developed.

- **Be professional:** By adopting high standards in conduct and ethics, an instructor will enhance his professional standing and reputation and that of the organisation he represents.
- **Be patient:** Working with beginners and those less skilled requires patience as progress can be slow. Impatience can be off-putting for a client.
- **Be compassionate:** understand a client's needs, wants and expectations.

SENSITIVE honest.

- **Be sensitive:** Understand that others have a valid point of view and opinions and preferences that should be respected.
- **Be punctual:** Frequent lateness does nothing to enhance professionalism and shows a distinct "don't care" attitude.
- **Be honest:** Not telling the truth is not an acceptable aspect of any code of professional practice.
- **Be reliable:** Make sure that all commitments are met.
- **Be motivational:** Never fail to provide encouragement and positive feedback.
- **Be enthusiastic:** It might be your fifth session of the day but the client still needs to be made to feel motivated. Enthusiasm is contagious but so too is lethargy.
- **Have a sense of humour:** Have fun while doing your job; maintaining a light-hearted approach will often achieve the best results but make sure that professionalism is always maintained.

- **Be approachable:** Customers, who are all potential clients, should feel comfortable coming to you to ask questions.
- **Become a role model:** Practice what you preach if you want to be seen as a professional and so clients are comfortable looking to you for guidance.
- **Be self-confident:** Good leaders and teachers are always self-confident; something that develops over time. Do not be over-confident though as that can turn many people off.
- **Maintain client confidentiality:** Never discuss the personal details of your clients with third parties unless you have the express permission of the client, preferably in writing.
- **Develop good communication skills:** Without good communication skills you will be unable to effectively instruct or build solid working relationships with clients and colleagues.
- **Be organised:** Plan exercise sessions in advance, keep a day-to-day diary, arrive early to set up, prepare your uniform the night before; being organised means thinking ahead.
- **Be adaptable:** While being organised is essential, even the best plans can go awry. Develop plans and systems so you are always prepared for the unexpected, for example, have alternative exercises in mind in case the gym is very busy.
- **Be empowering:** Educate your clients so they can become self-sufficient if they want to.



Ethics

A code of ethics is designed to ensure that no harm is done to a client. Harm can mean physical or emotional. This means that a code of ethics governs professional behaviour and ensures high standards are set and met for all aspects of a professional's responsibilities.

- A code of ethics is designed to ensure that no harm is done to a client. Harm can mean physical or emotional. This means that a code of ethics governs professional behaviour and ensures high standards are set and met for all aspects of a professional's responsibilities.
- A code of ethics will guide professionals in their day-to-day work and help them make the right decisions and breaking these codes will result in a disciplinary measure being taken against said professional. A professional who breaks the code of ethics of his or her organisation can expect a reprimand or even dismissal even if no laws have been broken.

MOST ETHICAL CODES CAN BE SUMMARISED BY SEVEN PRIMARY PRINCIPLES:

- Professionals will cause no harm to clients
- Clients have the right to choose their own direction
- Professionals should be faithful to their clients, their profession, their organisation and themselves
- Professionals should be fair and just to all clients and be non-discriminatory in all their actions
- Professionals should promote their client's welfare and be of benefit to them
- Professionals should treat all clients with fairness, dignity and respect
- Professionals should maintain clear and unwavering professional boundaries



The Register of Exercise Professionals

REPs state that:

"Exercise professionals will be respectful of their customers and their rights as individuals".



The Chartered Institute for the Management of Sport and Physical Activity

CIMSPA state that they are:

"Shaping a recognised and respected sport and physical activity sector that everyone wants to be part of."

ADHERING TO THIS PRINCIPLE MEANS THAT INSTRUCTORS MUST:

- **Respect individual differences and diversity.**
- **Challenge discrimination and unfairness.**
- **Practice discretion when dealing with confidential client information.**

In summary, when dealing with clients, a professional instructor should treat all clients and customers equally, fairly and with the highest standard of customer care irrespective of race, colour, religion, age, nationality, ethnic origin, educational achievement, sex or sexual orientation, marital or parental status, disability, political views or socio-economic class.

Doing so ensures the instructor and the organisation are operating within the legal framework of the Sex Discrimination Act of 1975, Race Relations act of 1976 and amendment of 2000, the Disability Discrimination Act of 1995, the Sexual Orientation Regulations of 2003 and the Religion or Belief Regulations of 2003.

Developing Change

Supporting Clients to Adhere to Exercise/Physical Activity

While a not insignificant percentage of the exercising population is self-motivated, a large number of people find maintaining or even starting a program of exercise or physical activity very difficult. Established exercisers can also suffer periods of low motivation and may drop out of exercise.

Adhering or sticking with an exercise program can be challenging however it is important to understand that fitness instructors can and must support their clients so that they maintain their fitness regime.

For many exercisers, enthusiasm is highest when starting a new fitness routine or regime; the novelty aspect of going to the gym or starting a new exercise class is all the stimulus they need. However, as time passes and the novelty effect wears off, self-motivation can wane.

Self-motivation can come from several sources:

- Persuasion by respected authority e.g. directed to exercise by doctor
- Observation of others e.g. seeing positive changes in an exercising spouse
- Physiological feedback e.g. clothes feel tight, unflattering photos, feel unfit
- Successful performance e.g. seeing weight loss goals realised
- Enjoyment e.g. the feelings of wellbeing associated with exercise

People with low levels of self-motivation will often seek guidance from fitness instructors and personal trainers; however, it is important that clients also take personal responsibility for their own fitness and motivation.

While skilled fitness professional can develop effective training strategies and give good dietary advice, the client has to put this information into action; not just for the two or three hours they spend with the instructor but for days, weeks, months and years.

If the client is overly reliant on the instructor, they are much less likely to develop independence and adhere to the exercise program. They may even blame the instructor for lack of progress when, in fact, it is their own lack of personal responsibility that is the issue.

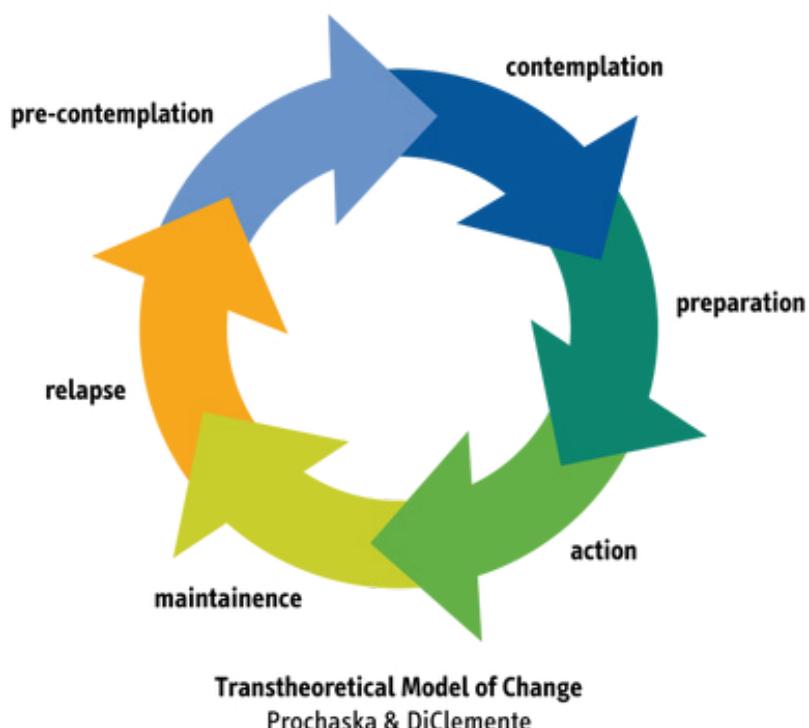
For example, the best workout in the world will be ineffective if the client does not get enough sleep. If they are under too much stress or if they participate frequently in activities outside of the gym that are counter-productive to their goals. However, despite their lack of personal responsibility, the instructor still may be the one who is blamed for the lack of progress.

Ultimately, an instructor can only show a client the way; the client has to do the work and the decision to change must lie with them.

The Stages of Change Model

(A.K.A The Transtheoretical Model of Change)

Making the move from non-exerciser to self-motivated exerciser can be challenging, as can any significant change in behaviour. The stage of change model illustrates the process a person goes through when looking to modify their current behaviour or adopt new behaviours. It is important that an instructor can identify which stage of change their client is in so that they can provide the right level of support at the right time.



Pre-Contemplation

This stage describes a client who is not actively thinking about making a change i.e. they have no meaningful thoughts about starting an exercise program or changing their diet. At this juncture, an instructor should be prepared to provide educational information on the benefits of exercise and a healthy diet and answer any questions that may arise. The instructor should also be a suitable role model.

Contemplation

This stage describes when an individual gives serious consideration to starting an exercise program or diet in the next six-months but who is currently inactive. At this stage, an instructor should help the client identify suitable goals, activity options and try to stimulate interest to encourage the client to make a start. During this stage, clients usually know that exercise is "good for them" or that they "need to lose weight" but are often unsure how to move forward.

Preparation

During this stage, plans are made to facilitate change e.g. checking out gyms in the local area, joining a gym, buying new workout clothing, writing shopping lists for healthy, nutritious food or booking an appointment with a personal trainer. At this stage of change, an instructor should give more advice on the options available and work to keep the client enthused.

Action

This stage describes a client who is actively involved in exercising. After a few weeks they will start to see changes in their fitness, performance and/or appearance but, after these initial changes, may reach a plateau. At this stage, because of the novelty factor, motivational levels are normally very high but the "exercise habit" may yet to have become firmly established. It is important an instructor not only focuses on results at this stage of change but also client enjoyment.

Maintenance

An instructor's job at this stage is to maintain client enthusiasm by reinforcing goals and monitoring exercise adherence. The instructor may also use one or several motivational strategies such as fitness diaries and progress checks. It is during this stage that a client may drop out of exercising as self-motivation can be difficult to maintain.

Relapse

Hopefully, most exercisers will remain in the "maintenance" stage but some will drop out of exercise and revert to their previously inactive lifestyle. At this juncture, an instructor must be supportive, non-judgemental and also investigate the cause of the relapse. A relapse can be temporary i.e. a few days or weeks of missed exercise, or permanent. The instructor should offer encouragement to the client to get back into exercise while avoiding the cause of the relapse.

Reasons For Exercising

People exercise for a wide variety of reasons and knowing why your client is exercising means that an instructor will:

- Be able to design an appropriate program of exercise.
- Know what makes the client "tick"; information that can be used in maintaining motivational levels.

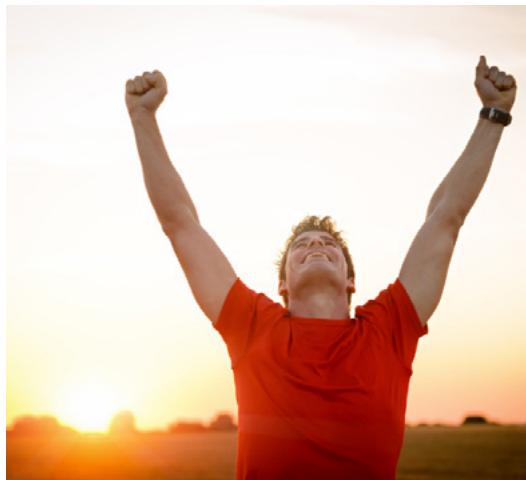
EXAMPLES OF WHY PEOPLE EXERCISE INCLUDE:

- **Enjoyment** – Some people simply enjoy exercise. Exercise results in an increase in endorphin production; endorphins being the body's natural feel-good hormone. People with otherwise sedentary jobs often enjoy the opportunity to be physically active.
- **Health and well-being** – More and more people are becoming aware of the health benefits of exercise and that exercising can help ward off many of the medical conditions associated with modern living. People who exercise also tend to have more energy and, in the case of older people, retain or regain strength, balance, coordination, mobility and fitness.
- **Appearance** – Gaining muscle, increasing muscle tone, improving posture, improving body composition; many people exercise specifically to look better. An improved appearance is frequently linked to improved self-image and better self-esteem.
- **Weight control** – With a very large and ever-growing percentage of the population overweight or even obese, many people exercise to lose weight or to prevent weight gain.
- **Social/fashion status** – Some people exercise simply because "it's the in-thing to do". It may be a social status to work with a particular trainer, follow a certain workout, play a certain sport or be a member of a specific fitness club.



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- **Rehabilitation** – Following an illness or injury, exercise can help restore full fitness and is normally an important part of the recovery process e.g. after a back injury. Once the rehabilitation process is complete, some participants may continue with their exercise program to prevent a recurrence of the initial medical issue.
- **General fitness** – Some people take up exercise simply because they want to develop a basic level of strength, cardiovascular endurance and flexibility or to lose some fat. Other than “looking better and feeling fit” they have no specific fitness or performance goals.
- **Improved sports performance** – Anyone involved in sport will probably engage in a fitness routine designed to improve their sporting performance. Any such program must specifically address the demands of the sport.
- **Personal satisfaction** – For many people, the process of exercising and reaching fitness goals can be very rewarding. They are motivated by personal challenges but have no desire to compare their performance to anyone else and, as such, are not involved in any formal sports.
- **Job requirement** – Several forms of employment require a basic, good or even advanced level of fitness including working in the fire service or military or working as a manual labourer. Like training for sport, programming must specifically address the demands of the job.



Drop Outs

Why Do People Drop Out Of Exercise?

Despite their best intentions, a percentage of exercisers all too quickly drop out of doing exercise. In fact, many gyms have large memberships made up of paying but inactive members. Go to any gym early in the New Year and you will see lots of new, enthusiastic members exercising hard. However, revisit that same gym three-months later and as many as 70% will have dropped out.

There are several often-quoted reasons why people drop out of exercise:

- **Boredom.**
- **Lack of improvements.**
- **Weight loss is slow or plateaus.**
- **Poor instruction.**
- **Lack of support.**
- **Loss of motivation.**
- **Poor facilities.**
- **Expense.**
- **Lack of time.**
- **Unable to break old, unhealthy habits such as smoking.**

While all of these reasons are valid, many can be overcome and need not be the cause of exercise dropout. A good instructor should, given the opportunity, be able to pre-empt or address these and most other reasons for exercise dropout.

**FITNESS
IS LIKE A
RELATIONSHIP.
YOU CAN'T CHEAT
AND EXPECT IT TO
WORK.**

Encouraging Exercise Adherence Through Goal Setting

One of the most effective tools available for encouraging exercise adherence is goal setting. Ideally, goal setting should be used as a preventative measure before motivation begins to wane. Goal setting is an excellent strategy that helps enhance motivation and adherence by establishing targets and then working toward them. Goal setting is used in business, in sports, for behavioural change and in exercise and fitness.



SETTING GOALS IS
THE FIRST STEP IN
TURNING THE
INVISIBLE INTO THE
VISIBLE.

GOAL SETTING WILL:

- **Develop persistence** – sustain effort until the goal is reached
- **Focus attention** – keep the individual's thoughts focused on what they are trying to achieve
- **Mobilise effort** – direct the intensity of effort toward certain tasks or outcomes
- **Promote strategic planning** – reaching a goal requires long-term planning and organisation

DESPITE BEING VERY EFFECTIVE, MANY PEOPLE FAIL TO SET GOALS. REASONS FOR NOT SETTING GOALS INCLUDE:

- Some people do not see the value of goal setting
- They do not know how to set goals
- There is a fear of failing to reach goals
- They do not know what they want to achieve or have so many or such lofty goals they don't know where to start

Consult and Communicate

MODULE 4:

COLLECTING INFORMATION, SAFEGUARDING AND S.M.A.R.T GOAL SETTING

Introduction

Nutrition is a sensitive subject for many people because many attitudes to nutrition are based on familial traditions and are likely to have had a major impact in the client's health and appearance. Because of this, any discussions about nutrition have to be conducted on a very open, honest, professional, non-judgemental and empathetic basis.

Unlike exercise which happens in front of the personal trainer's eyes, nutrition happens outside of the trainer's supervision and so the client must be encouraged to be 100-percent honest about the food they eat and they will only do this if they feel they are in a safe environment.

Personal trainers have several methods at their disposal for gathering information about their client's eating habits but before using any of these methods, the trainer should obtain written and signed "informed consent" stating that the client is happy to share what is often personal information.

Once informed consent has been obtained, the trainer may then use some or all of the following:

- Questionnaires e.g. lifestyle, nutritional, medical PAR-Q
 - Completed food diary
 - Interview/consultation
 - Short and long-term observation
 - Goal setting
 - Nutritional
 - Assessments/tests

Food Diary		
	Meal	Calories
Monday	Breakfast	
	Lunch	
	Dinner	
	Snacks	
Tuesday	Meal	Calories
	Breakfast	
	Lunch	
	Dinner	
	Snacks	
Wednesday	Meal	Calories
	Breakfast	
	Lunch	
	Dinner	
	Snacks	
Thursday	Meal	Calories
	Breakfast	
	Lunch	
	Dinner	
	Snacks	
Friday	Meal	Calories
	Breakfast	
	Lunch	
	Dinner	
	Snacks	
Saturday	Meal	Calories
	Breakfast	
	Lunch	
	Dinner	
	Snacks	
Sunday	Meal	Calories
	Breakfast	
	Lunch	
	Dinner	
	Snacks	

To be able to give well-developed information and advice, it is essential that the trainer gets "the full picture" from their client so that no incorrect assumptions are made. This will also ensure all advice given is individualized to the client's wants and needs. This is often best done in an interview/consultation during which all relevant information can be collected.

WHEN GATHERING INFORMATION THROUGH THE INTERVIEW THE PERSONAL TRAINER SHOULD:

- Communicate clearly so that information shared is understood by the client
- Generate enthusiasm and motivation for change
- Avoid being judgemental and be aware that the trainers beliefs and opinions might not be the same as the client's
- Understand the constraints placed on the client by familial commitments, religious practices, employment and cultural practices
- Try to foresee any obstacles that may reduce adherence to nutritional changes and investigate potential obstacles tactfully using appropriate questioning
- Provide a variety of options so that the client is free to choose the option they prefer the most and ensure all information is aligned to the goals of the client

What is GDPR?



The General Data Protection Regulation, more commonly referred to as GDPR, is a legal framework set by the European Union (EU) which sets the guidelines for the way that businesses collect and process personal information.

Even if you don't think you're 'processing' data, under this law any storage or transfer or data counts as processing.

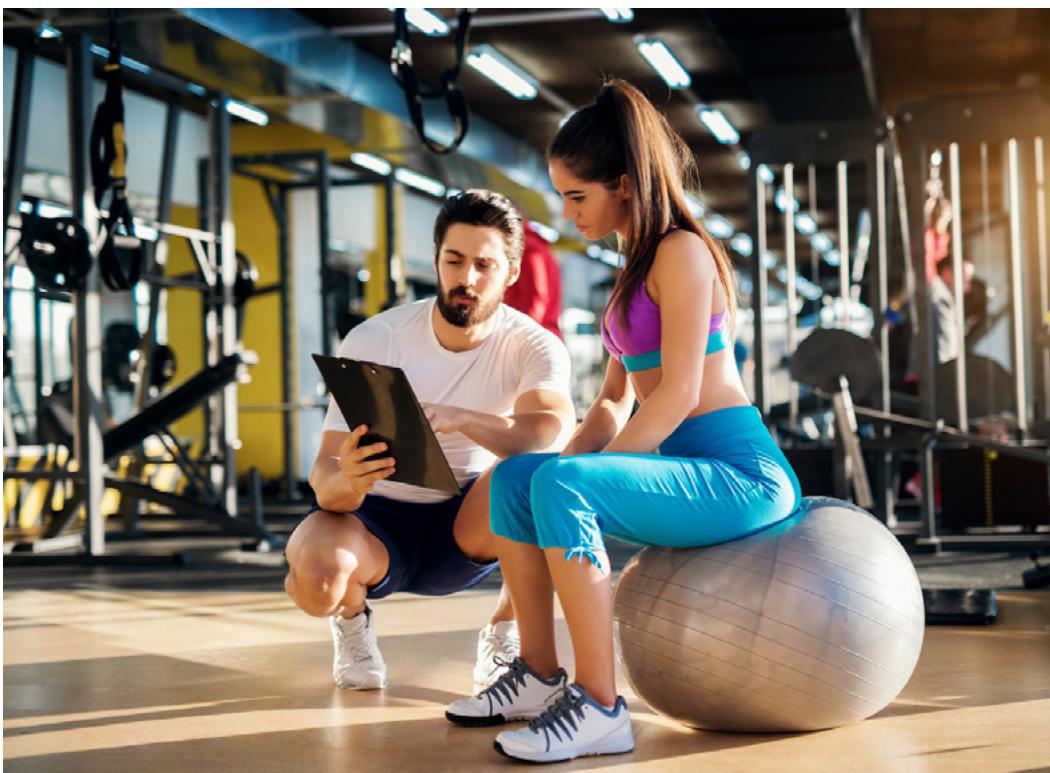
Although GDPR is an EU law, understanding GDPR is still important for anybody with a personal training business, even if that business is outside of the EU. So if you're thinking that this won't be relevant to you post-Brexit, unfortunately, that's not the case. Confused about why GDPR still applies to businesses based outside of the EU? Don't worry, all will be explained.

We're also going to discuss more regarding exactly what GDPR is and how it affects your personal training business, so stick with us!

But before we get into GDPR for fitness professionals properly, here are a couple of important definitions:

- **Controller:** The ICO defines a controller as the person(s) who determines the purposes and means of processing personal data.
- **Processor:** A person(s) responsible for processing personal data on behalf of a controller.
- **Data Subject:** According to eugdprcompliant.com, a data subject is any person whose personal data is being collected, held or processed. When we're discussing GDPR for personal trainers, the data subject will usually be a client.
- **Personal Data:** Any piece of information that can be used to identify an individual.

GDPR For Fitness Professionals Explained



GDPR came into place in May 2018. It was introduced to update the laws and regulations around data privacy, and it was intended to deal with long-standing legal questions around the collection of personal data, particularly data collected online, and how that data is used.

When the GDPR was put into place, the definition of 'personal data' was expanded. This change means that 'online identifiers', like IP addresses and cookie identifiers, are now considered as personal data.

According to [Which](#), personal data also includes:

- Your name
- Email address
- An identification number, e.g. National Insurance
- Location data, e.g. your address or mobile GPS data
- And finally, online identifiers

This is not a definitive list because the GDPR defines personal data as any piece of 'Personally Identifiable Information'. Basically, any information that can be used to identify an individual should be collected, stored, and processed in a way that complies with GDPR.

Communication

The key to a good consultation is communication. Without good communication is very difficult to establish a professional relationship which will undermine not just the initial consultation but the changes that need to be implemented over the coming weeks and months.

Good communication means different things to different people and as there are several forms of communication for the trainer to use, he/she must endeavour to use the one that is most suited to the client's needs

Nutritional principles can often be very complex and the trainer must be able to convey these principles to the client so that they can understand how these principles are to be implemented. It's all well and good the trainer knowing the principles, if they cannot convey them to the client then the information is all but wasted.

Good communication is essential for getting new clients and keeping current ones as it is vital for building rapport. With rapport established, the trainer will be much better able to enthuse, educate, coach, encourage, correct, understand, question and enjoy spending time with a client.

Good relationships go hand-in-hand with good communication. A solid, professional relationship is one of mutual respect and can only be built with good communication.

Conditions That Promote An Effective Consultation/Interview

The Room

- Comfortable, bright, airy, appropriate temperature
- No barriers i.e. both sit on the same side
- Comfortable chairs that are angled slightly for easy eye contact but not directly facing – 45-degrees is ideal
- No loud noises or distractions, conversation should not be overhead
- No prominent clocks

The Consultant

- Genuine, interested, open minded, knowledgeable
- Have unconditional regard and respect for the client
- Posture and body language should be open, friendly and welcoming
- Use active listening skills to show he is fully engaged in the process
- Encourage the client to "open up"
- Be prepared to facilitate the consultation by asking relevant questions but leaving gaps for the client to answer

The Consultation

- Should be organized but un hurried
- Follow a structure and be led by the trainer
- Relevant responses recorded
- Considered confidential

Using Questionnaires

Questionnaires provide a convenient way to gather information and can serve as the “springboard” for a subsequent consultation during which answers can be more fully explored.

Questionnaires can help identify:

- **Time available for purchasing food and preparing meals**
- **Perceived barriers to behavioural**
- **Employment, social and familial commitments**
- **Level of client commitment**
- **Any potential support network**
- **Social habits and activities that may help or hinder**
- **Any health or dietary problems that may require more specialist help**

It should be stressed that clients may be inclined to answer questionnaires in a way that they think they should rather than honestly – as though they are sitting an exam. Therefore, nutritional questionnaires should be supported by food diaries whenever possible.

Using Food Diaries

Food diaries are arguably the most effective way for a trainer to gain information about their client's nutritional habits. Time should be spent explaining the importance of the food diary and how to use it so that the information gathered is as useful as possible. Consider these points when using a food diary:

NB: For accuracy, complete the food diary after each meal rather than the end of the day

- **Record accurately what was eaten**
- **Identify amounts eaten**
- **Identify food brands wherever possible**
- **Note time of intake**
- **Note fluid intake**
- **Note what/when exercise or physical activity was done**
- **Assess energy, mood and mental clarity 1-2 hours after each meal**

Once the information has been collected, it needs to be analysed and interpreted so that feedback can be given.

The following information is amongst the most important:

- **Amount of carbohydrate consumed per day**
- **Frequency of carbohydrate consumption**
- **Types of carbohydrate consumed i.e. refined vs unrefined**
- **Energy, mood and mental clarity in response to carbohydrate intake**
- **Amount of fruit and vegetables consumed**
- **Variety of fruit and vegetables**
- **Amount of protein consumed per day**
- **Quality of protein consumed**
- **Frequency of protein consumption**
- **Energy, mood and mental clarity in response to protein intake**
- **Amount of fat in the daily diet**
- **Quality and types of fat consumed**
- **Sources and ratio of omega threes and omega sixes**
- **Timings of meals throughout the day**
- **Quantity and quality of fluid intake per day**
- **How food fits in with exercise, work and familial commitments**
- **Conscious or subconscious eating patterns**
- **Alcohol habits and intake**
- **Sources of trans fats and artificial**
- **Supplement use**

Safeguarding

MODULE 4: COLLECTING INFORMATION, SAFEGUARDING AND S.M.A.R.T GOAL SETTING

Safeguarding

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means: protecting children from abuse and maltreatment. Preventing harm to children's health or development ensuring children grow up with the provision of safe and effective care.

Safeguarding Children

All those who work with children and young people are able to provide a link in the identification of a child who is at risk of or has been harmed. Review of working practice should reinforce the recognition and compliance of codes of conduct. The ability to recognise indicators of abuse, and take appropriate action, will be vital in the immediate welfare of a child.

The Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) have merged to become the Disclosure and Barring Service (DBS). CRB checks are now called DBS checks. A DBS check may be needed for jobs or voluntary work with children. An employer can ask for a DBS check if they are looking to employ staff in certain roles and there three types of criminal records check:

Spent and unspent convictions, cautions, reprimands and final warnings.

- 1. Basic**
- 2. Standard**
- 3. Enhanced**

Enhanced check

Standard check plus any additional information held by local police that is reasonably considered relevant to the job.

Enhanced With List Checks

Similar to the enhanced check and includes a check of the DBS barred lists. There is a monetary charge for these checks if the employer is looking to employ paid staff, but the checks are free if looking to work with eligible volunteers who will not be paid. It is a criminal offence for an employer to knowingly appoint a person who is barred from working with children. Both the employer and the person applying for the job may face prosecution.

Recognising Abuse

Child abuse can be presented in many forms, but it can be broadly separated into five categories:

- **Physical**
- **Emotional**
- **Neglect**
- **Sexual**
- **Bullying and harassment**



Physical Abuse

When someone causes physical harm or injury to a child. Examples include:

- **Hitting or shaking a child.**
- **Scalding or burning a child.**
- **Providing access to inappropriate drugs or alcohol.**
- **Causing other forms of physical harm.**

Indicators and signs of physical abuse:

- **Flinching.**
- **Withdrawn behaviour.**
- **Unexplained bruises, scalds, burns.**
- **Keeping arms and legs covered.**
- **Fear of going home.**
- **Fear of parent being contacted.**
- **Running away.**
- **Aggressive or angry outbursts.**
- **Depression.**

Emotional Abuse

Maltreatment that adversely affects the development of a child. Emotional abuse can also be a characteristic of other forms of abuse.

Examples of emotional abuse are:

- **Making a child feel unloved, unvalued or worthless**
- **Threatening, shouting at or taunting a child**
- **Making a child feel frightened or in danger**

Indicators and signs of emotional abuse:

- **Self-isolation**
- **Neurotic behaviour**
- **Self harm**
- **Sudden speech disorders**
- **Fear of making mistakes**
- **Fear of parent being contacted**
- **Delay in development of child**

Sexual Abuse

When adults or other young people use a child to satisfy their own sexual needs.

This can involve:

- **Touching children in a sexual manner**
- **Sexual acts or intercourse**
- **Involving children in the showing or production of pornographic material**

Indicators and signs of sexual abuse:

- **Pain, bruising or itching of genital area**
- **Discomfort in walking or sitting**
- **Stomach pains**
- **Pregnancy**
- **Sexually transmitted disease**
- **Advanced sexual knowledge**
- **Sexually explicit language or behaviour**
- **Sexual drawings**
- **Fear of one person**
- **Sudden behavioural change**
- **Self harm**
- **Suicidal thoughts**
- **Bedwetting**
- **Running away**

Neglect

When adults fail to meet the basic physical or psychological needs of a child, such as:

- Failure to provide adequate shelter, food or clothing
- Regularly leaving child alone or unsupervised
- Failure to give access to appropriate medical care
- Regular refusal to give the child attention

Indicator and signs of neglect:

- Scruffy appearance
- Repeated hunger
- Unexplainable weight loss
- Truancy or poor time keeping
- Child doesn't want to go home

Bullying and Harassment

Deliberate hurtful behaviour directed at a child which is repeated over a period of time. It can be verbal, physical, written or communicated using social media.

Examples include:

- Threats, name-calling or gestures
- Physical assault
- Being ignored and outcast
- Racist or sexist taunts

Indicators and signs of bullying and harassment:

- Shyness
- Overly sensitive
- Insecurity

Safeguarding Vulnerable Adults

Instructors have a duty of care to vulnerable clients, who may be put at greater risk in an exercise-related environment. A vulnerable adult may be a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.



There are 6 different types of abuse:

Physical

Include hitting, slapping, kicking, pushing, restraint, misuse of medication, inappropriate sanctions.

Sexual

Include rape and sexual assault, sexual acts to which the vulnerable adult has not consented, or could not consent to or was pressured into consenting.

Psychological

Include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or support networks.

Financial or material

Include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect

Include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate heating and nutrition.

Discriminatory

Include racist, sexist, based on a person's disability, and other forms of harassment, slurs or similar treatment.

Indicators And Signs Of Abuse

These can be similar to those presented by children who are suspected victims of abuse and may include:

- **Visible injury or not wanting to be touched**
- **Being withdrawn or very eager to do tasks asked of them**
- **Lack of concentration or focus, showing compulsive behaviour**
- **Lack of money, possessions, difficulty with finances or unpaid bills**
- **Being over-protective of money or possessions**
- **Pain, discomfort, failing health, changes in appearance**
- **Very hungry or thirsty**
- **No personal clothing or untidiness**
- **Regularly admitted to hospital**

Acting On Suspected Abuse

Abuse can be difficult to define as the ideas of what constitutes abuse can differ over time from person to person and place to place. Tangible evidence of abuse can be difficult to source and an abused person may withdraw explanations of abuse through fear and even love of the abuser. It is important to listen to a child or vulnerable adult if they approach you, record the information given and reassure the individual. This can be the first step in protecting them against further abuse. The instructor is not expected to be an expert and should never judge whether a person is being abused.

The instructor should follow the organisation's child or vulnerable adult protection policy if such guidelines exist. This may involve reporting to a senior manager who can then contact the relevant protection officer or emergency service. There is an obligation to act on sourced information whilst reassuring all concerned that the matter will be dealt with sensitively and appropriately.

- **Listen**
- **Record**
- **Reassure**
- **Report**
- **In an emergency dial 999**

INFORMATION ON SUSPECTED ABUSE MAY BE FORWARDED BY OTHER MEANS, SUCH AS:

- **A conversation with another person**
- **Direct observation**
- **Anonymous allegation**

Such information should be recorded in the same way as disclosures. Direct questioning of any of the parties involved must be avoided.

Statutory Agencies

The statutory agencies responsible for safeguarding children and vulnerable adults:

- Police
- Crown prosecution service
- Probation service
- Child welfare agencies and officers
- Childline
- Child protection officer, senior manager or appointed person in the workplace
- Local authorities
- Social care services
- Carer support groups
- DSS benefit agencies



Confidentiality of information relating to possible abuse:

- All documents must be securely locked away
- Contact the child protection officer for help and support
- Contact a senior manager for help and support
- Inform anyone on a need to know basis only



S.M.A.R.T Goals

MODULE 4: COLLECTING INFORMATION, SAFEGUARDING AND S.M.A.R.T GOAL SETTING

Communicating And Behaviour Change Strategies For Increasing Motivation And Commitment To Lifestyle Behavioural Change

In client-centred working, the nutritional advisor and the client work together. The nutritional advisor aims to facilitate and help the client make the changes they would like to make: the client leads and directs the process.

A Professional relationship is where both parties are perceived as equals need to be developed. In this relationship, the client is the expert on themselves and the nutritional advisor's role is to use specific communication and facilitating skills to help raise the client's awareness of their own power to choose, take responsibility and make their own decisions.

As such, all communication should:

- Be open and clear (with the opportunity for the person to ask questions and engage with the process).
- Use language that is appropriate for the client to understand (non-technical, e.g. 'sugar amount, instead of net carbohydrates').
- Reflect the core conditions – empathy, congruence and unconditional positive regard - which are central to the client-centred approach (Lawrence and Barnett, 2006).

Verbal And Non-Verbal Communication:

The ability to adapt communication to meet client needs is a vital skill. In the initial stages of working with nutritional clients, it can be challenging to determine which communication styles work best. Some clients might respond better to a style of communication that is more visual (e.g. images, gestures, body language, eye contact and demonstrations), whereas others might prefer an auditory approach (e.g. explanations, instructions and verbal guidance). In most cases, using a combination of communication styles is most effective.

Verbal communication skills include the choice of words and language, tone of voice and pace of speech.

- The language used should be clear, simple, precise and accessible to the client. Jargon and technical language should be avoided, as it can easily become confusing for those who do not understand certain terms or phrases and can present a barrier for effective communication.
- The tone of voice should sound interested, warm and welcoming and the pace of speech unhurried, to reflect that there is time for the person.

Non-verbal communication skills include gestures, eye contact, facial expressions and posture; they also extend to clothing and personal space. Nutritional advisors should gain an awareness of their own and their clients' non-verbal cues; these can provide vital clues about the quality of the interaction.

Appearance and attire can affect the client's perception of the nutritional advisor's ability and competence (e.g. if they are not wearing appropriate uniform or if they are very young and the client is older, it can shape the opinion the client forms). Body language and eye contact are important considerations. Presenting an open, positive and enthusiastic body language, facing the person as they speak and maintaining appropriate eye contact is essential; these tell the client that the instructor is genuinely interested. With regard to facial expressions, a neutral expression that reflects an open and non-judgemental attitude reflects maximal empathy.

One final point is that the nutritional advisor should also ensure that their body language and verbal communication are congruent (match). For example, if a client arrives late and the specialist exercise instructor finds this annoying, a statement of 'no worries, that's okay' would be incongruously matched with a grimacing smile or raised eyebrows, and the client would typically feel this at some level of consciousness.

Consulting Skills

During any consultation, it is important to make the client the most important person in the room. Focussing and attending skills can be demonstrated by:

- Removing any barriers or obstacles, such as desks, between the specialist exercise instructor and the client.
- Minimising potential distractions and interruptions by switching mobile phones off and placing 'do not disturb' signs on the door of a consulting room.
- Facing the person when they speak and leaning slightly forwards.
- Maintaining an open body language, upright posture, appropriate eye contact and not fidgeting.
- Actively listening and responding with affirmative gestures (e.g. nodding the head) or reflective statements (discussed later).
- Showing genuine interest in what the person is saying, smiling naturally and being there for the person.
- Being sensitive to your own reactions to what the person is describing, including non-verbal messages from facial expressions and body language.
- Reflecting warmth by demonstrating the core conditions (empathy, unconditional positive regard and congruence).
- Putting aside (or managing in advance) any other concerns (e.g. feeling hungry or needing a break).



The Core Conditions

The key to working with the client-centred approach is a demonstration of the three primary core conditions: **unconditional positive regard**, **congruence** and **empathy**.

Unconditional Positive Regard

This is about accepting and showing respect and warmth for the person. It is about valuing who they are without making judgements that they should be any other way. It means not passing judgement i.e. a lapse or relapse from their desired pathway for making changes.

Congruence

Congruence is about being 'real' and honest and living life according to one's own standards and values. It is believed that most people learn to behave in the ways they do in order to be accepted and gain approval within their social group. From a nutritional advisor's perspective, maintaining a non-judgemental stance and trusting the client to find their own right answers and solutions supports the development of congruence (Lawrence and Bolitho 2011).

Empathy

Empathy is seeing and experiencing life from the other person's perspective and being concerned about the challenges they face. To demonstrate empathy, the nutritional advisor needs to put aside any prejudices, closed-mindedness and the need to analyse and evaluate, as this only makes them view the client from their own perspective. It helps to understand the world from the other person's perspective (Lawrence and Bolitho 2011).

For a nutritional advisor, the most challenging time for demonstrating the core conditions happens when a client is ambivalent about making changes, or when they lapse or relapse. However, for a skilled nutritional advisor, ambivalence, resistance, lapses and relapses are perfect opportunities for exploring the person's world and finding out more about them.

- If a person is ambivalent the exercise instructor can sensitively question this, for example: "I notice that you say you're not really the exercise type", so I am wondering what has motivated you to come here today!
- If a person seems resistant to any activity options or suggestions being offered, then the specialist exercise can acknowledge that they are perhaps being too didactic (being expert) and can instead ask the person "what would you really like to achieve from our work?" (best hope) or "Perhaps we could explore different options for you to get what you would like."
- During a relapse, the specialist exercise instructor can help to minimise the stress the person might feel by remaining non-judgemental and normalising lapse and relapse as part of the process of making changes. They can also help the person to get back on track if this is what the person chooses.

A key consideration is that client-centred working does not provide a quick fix for helping people change; It is a way of working (an attitude) that has the potential to empower the client which, in the longer term, might enable effective change. Nutritional advisors may need to seek additional training to develop these skills.

Motivational Interviewing

Motivational interviewing (MI) is a relational, collaborative and conversational style of helping. It is a way of eliciting information from the client to explore both their readiness to make changes, what they want to achieve (their motivators) and the things that stop them from making changes (their barriers or reasons for staying the same). The core Skills used to facilitate this conversational style of helping are open questions, affirming statements, reflective listening and summarising (CARS). These are discussed later.

(William Miller and Stephen Rollnick)

To facilitate conversation effectively, the specialist exercise instructor needs to follow the RULE principle:

R - resist the righting reflex; this is feeling the need to "fix" the client's behaviour and dictate what they should do

U - understand and explore the person's motivations (what they want and their reasons for wanting to make changes or change talk) and the things that get in the way of them making changes (the barriers or sustain talk).

L - listen with empathy and acceptance (without judgement).

E - empower the person (be hopeful and optimistic with trust that the person knows what is right for them and will make their own best decision).

The Core Skills Of Motivational Interviewing (OARS)

Open questions create an opening for the flow of conversation. They invite the person to speak and offer a way of building rapport and engaging the person. **Open questions begin with the words, 'what,' 'who,' 'how,' 'where,' 'why and 'when.'**

Examples Of Open Questions:

- "What brings you here today?"
- "How come you are thinking about that now?"
- "How important is that for you?"
- "How would you do that, if you decided to?"
- "Where are you now in relation to making those changes?"
- "What do you think your life would be like if you did that?"
- "Would you tell me more about that?"

One key consideration is not to ask too many questions as this can feel like an interrogation. Overuse of questioning brings the focus to the agenda of the helper, not the person (so that it becomes instructor-centred, not client-centred) this can present a barrier for effective communication. Information can be gathered, but the sacrifice could be rapport and relationship established. It could stop the helper from really listening and hearing the story the person needs to tell, which would not help to engage them.

One issue is that, for many consultation assessments, the helper needs to gather information from the client. This can result in a series of closed questions being asked.

Closed questions tend to provide single-word or 'yes' or 'no' answers.

Examples of closed questions:

- "What is your name?"
- "Who is your GP?"
- "Do you smoke?"
- "Are you married?"
- "Do you have children?"
- "What age are you?"
- "Do you currently take part in any activity?"

Closed questions have value, in that they can gather specific information. The problem is that they can block rapport and engagement with the client. You need to strike a balance.

Change and Sustain Talk

When a conversation is opened, clients often reveal their reasons for wanting to make changes (change talk, i.e. their motivation) and their reasons for not making changes (sustain talk, i.e. their barriers).

As an example:

"I know I should exercise more; my doctor says it will help me to feel better and I'd like to be fitter (change talk) but I don't have the time to be going to the gym every day - I feel so tired (sustain talk). I like the idea of being able to run and do the things I did when I was younger (change talk), but my life is different now. since the depression hit me, I just don't feel up for all that stuff (sustain talk). I'd love to feel different, feel happy and all that (change talk), but I don't! I feel like the life has been sucked out of me" (sustain talk).

The temptation can be to jump in ('the righting reflex') and tell them all the reasons why they should make the change and how it will help. This is actually unhelpful. Most people dislike being told what they should do, as it can come across as blaming, shaming or patronising.

The art of MI is to listen to the client, reflect the core conditions and use reflective listening and summaries to facilitate the client's movement towards a state where they talk themselves into making a change (where their change talk outweighs their sustain talk).

Affirming statements are a way of recognising and acknowledging a positive quality a person has, or the positive steps a person is taking or making. They are also a way of reframing thinking for a person who only sees or notices what they don't do.

Example affirming statements:

- "It's good to see you again."
- "You feel tired, yet you have made a great effort to come today, that is an incredibly positive step, well done!"

An important and essential condition for using affirming statements is that they must be genuine expressions of gratitude, admiration or appreciation that reflect the positive regard the helper feels for the person. If they are given in this way, affirming statements can help establish a positive working alliance.

Reflective Listening

Reflective listening is listening to the speaker, paying full attention, hearing what they say and responding appropriately.

This can include:

Repeating the words the person uses, for example: Alternatively:

Client: I feel so tired today.

Client: I feel so tired today.

Advisor: You feel really tired.

Advisor: You feel drained.

Using statements that reflect a person's understanding of the message, or reading between the lines and encoding what we person means from what they say, and presenting this back to the person (making a guess at what they mean).

Alternatively:

Client: I feel so tired today.

Client: I feel so tired today.

Advisor: You are not really feeling in the mood for this today; you would prefer to be doing something else really.

Advisor: You really had to push yourself to get here today.

Inaccurate reflective statements are usually met with a correction, where the person speaking clarifies what they mean. Accurate reflective statements build communication, as they demonstrate empathy and understanding.

Summarising

Summarising is a way of pulling together all the key information a person has shared. Summarising statements are similar to reflective statements, the main difference is that, rather than being a single statement about one point, they are a collection of reflective statements that summarise a number of points the person has discussed. Summaries are also a way of affirming and showing value for the person, as they reflect back what has been heard.

For example:

Client: Part of me really wants to stop eating fast food. I know it affects my health and I am concerned about this now I am getting older (change talk), but I have eaten fast food since my teens. I've only tried to give up a couple of times and have always gone back to fast food, so I gave up giving up (sustain talk).

Advisor: So one part of you wants to stop eating fast food because you care about your health and you don't want the negative health effects related to fast food consumption to affect you now you are getting older, but another part of you has given up on giving up because you have failed in the past.

Summaries that selectively reflect change talk without reflecting sustain talk are a key ingredient of motivational interviewing. Hearing back all of their own arguments for change without the negative sustain talk helps the person to move forward with the change they are discussing. This way of guiding a client towards a pre-defined outcome, such as becoming more physically active, must be ethical and not manipulative to reflect the spirit of motivational interviewing.



Determining Readiness to Make Lifestyle Change

The concept of evaluating readiness to make changes to lifestyle behaviour is a familiar one for specialist each instructor. There are two principal examples you might have encountered.

To continue with the theme of Motivational Interviewing and exploring these techniques further, one particular cool, developed by Stephen Rollnick, and sometimes referred to as 'Rollnick's ruler' is the readiness scale. This 1-10 Scale can be used in conjunction with a number of different questions. This can be as simple as asking the client to evaluate their own readiness to change the particular lifestyle behaviour being discussed, or a combination of an importance scale and a confidence scale can be used, which offers insight into their level of readiness and what the next steps the conversation might need to be to increase it.

Psychological Readiness Scale

A psychological readiness scale below is a tool that can be used to help the person assess where they are in relation to their readiness to make changes, e.g. to be more active.

A client's readiness to change can be self-assessed using a 1-10 scale (with 1 meaning 'not ready to change and 10 meaning 'ready to change').

The specialist exercise instructor can ask the client open questions to engage them with a conversation, for example:

- "Where would you say you are now in relation to becoming more nutritionally healthy?"
- "Where would you like to be?"
- "How would it feel if you were there already?"
- "What help might you need to get you to where you would like to be?"



Alternatively, if 1 means 'not at all important' and 10 means 'extremely important.' This gives a rating of importance to make a change to the lifestyle being discussed. The importance is only one factor in determining the likelihood of Change, so a second scale, where 1 means 'not at all confident' and 10 means 'extremely confident,' can be used to evaluate the client's confidence in their ability to make the change (also known as self-efficacy).

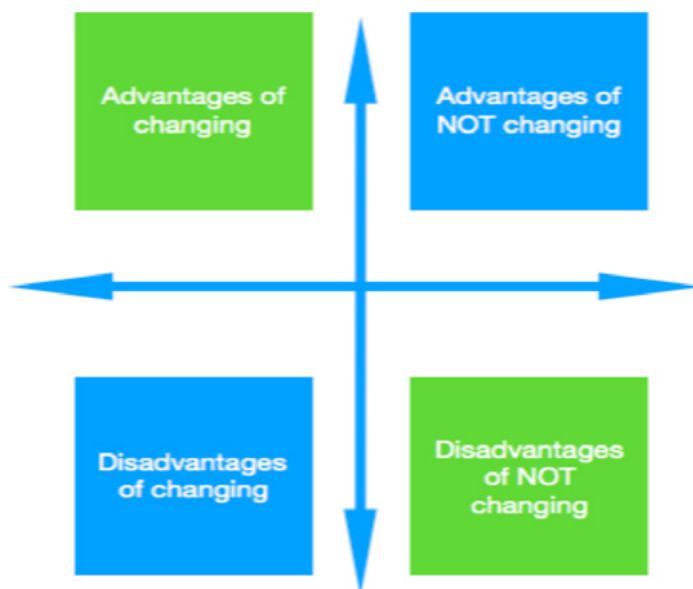
Asking questions on both of these scales gives the following additional information that cannot be obtained from a simple readiness scale:

- If a client scores high on importance but low on the confidence they have good reasons to change but lack the self-efficacy to carry good intentions through. Useful strategies include activities that help the client identify support, practical ways of doing things and techniques for building up their belief in their own ability.
- If a client scores high on confidence but low on the importance they have a reasonable level of self-efficacy but lack the motivation to act. Suitable next steps would be to discuss their reasons for making the change and use tools to resolve ambivalence and increase change talk.
- If a client scores low on both measures it is unlikely they are ready to make a lifestyle change. Techniques for increasing motivation and self-efficacy can be used although it is unlikely that they are prepared to change and it might be best to leave an open door for them to return when they are ready.
- If a client scores highly on both importance and confidence they are ready to make a commitment; this is a good predictor of success for making the lifestyle change.

Decisional Balance Grid

For clients scoring low on the importance scale, the decisional balance grid tool might be helpful.

This can be used to identify and explore areas of ambivalence – the motivators for changing and not changing. The client can list all the advantages and disadvantages of both changing and not changing, which provides a starting point for conversation.



Advantages of changing	Advantages of NOT changing
<ul style="list-style-type: none"> • I would be fitter than I am • It could help me to feel better • I could get my life back 	<ul style="list-style-type: none"> • I can stay as I am. I don't have to do anything. • I don't have to find time or energy. • I don't have to try to find a way to motivate myself.
Disadvantages of changing	Disadvantages of NOT changing
<ul style="list-style-type: none"> • I would have to find a way to summon energy that I don't have. 	<ul style="list-style-type: none"> • The depression might never go away. I could be stuck like this forever. • I could end up feeling worse than I do now. • My health could suffer.

Reflective statements and open questions can be used to encourage the client to explore the different areas, for example:

Advisor: So, a disadvantage of changing is that you would have to find a way to summon energy you don't have. (Reflective statement)

Client: That just feels like an impossible task for me right now.

Advisor: It feels impossible right now. (Reflective statement) How would it feel if it were possible? (Open question)

Client: It's the black hole, you know, finding a way out.

Advisor: You have to find a way out of the black hole first. (Reflective statement)

Alternatively:

Advisor: What would it feel like to find a way out of the black hole? (Open question)

Commonly Cited Barriers



1. **Physical barriers** – Physical barriers include perceived lack of nutritional knowledge, illnesses and injuries. Many people believe they are not knowledgeable enough to begin a healthy eating program and that, if they have to meet up in groups, they will be the most unhealthy person there. Where lack of knowledge is the perceived barrier, it is the instructor's role to educate the client and also ensure any advised food does not exceed the participant's current capabilities in terms of cooking; an overly-demanding program may put the unhealthy client off dietary changes forever so caution and common sense should dictate program design. In the case of illnesses and injuries, if the client does not "pass" the screening requirements for making nutritional changes, they should be referred to an appropriate medical professional. If, however, no specific condition exists, a basic, capacity-appropriate diet plan can be prescribed.
2. **Emotional barriers** – Lack of enjoyment, previous unpleasant dieting experiences, embarrassment, lack of confidence and poor results can all become emotional barriers to exercise participation. The role of the nutritional advisor in this instance is to ensure that they are empathetic and supportive and do not put the client in a position where the client experiences these responses again. If a client finds the kitchen a intimidating environment, creating videos to guide the client may be of a benefit. Cooking with friends may help make the cooking process more enjoyable and help bolster confidence. In a nutshell, the nutritional advisor should do all that they can to make dieting as emotionally comfortable as possible.
3. **Motivational barriers** – As previously discussed, not everyone is self-motivated to change food habits and some people simply have little or no motivation. Lack of enjoyment or not realising the benefits can contribute to lack of motivation. To enhance motivation, instructors should use strategies such as goal setting, be sure to include activities that clients will enjoy, include plenty of variety in the nutritional program to prevent boredom and be very supportive and encouraging.
4. **Time barriers** – One of the most often-cited reasons for not eating healthily is lack of time. However, in the majority of cases, this excuse is used to disguise other barriers such as lack of motivation. With 168-hours in the week, all but the busiest person can find three- hours if they prioritise and manage their time properly. By designating a day to cook and prepare meals ahead of time and identifying opportunities for increasing daily activities (to avoid fast food), a nutritional advisor should be able to remove this barrier. Advice on time management may also be beneficial. In many cases, lack of time actually means lack of energy for cooking; another barrier that can be addressed by the nutritional advisor.
5. **Facility/equipment/financial barriers** – Many people believe they must have a top line kitchen, have access to state-of-the-art cooking equipment or only eat the most expensive foods if they are going to start an nutritional program. This is completely untrue. A good level of nutrition can be developed using basic kitchen essentials and food items that do not cost the earth. There are several low-cost supermarkets in operation now and as for kitchen equipment, there are more and more online and high-street discount outlets to choose from to help reduce the cost. Getting healthy need not be an expensive pursuit and can be achieved using a very "no-frills" approach.

S.M.A.R.T Goals Presentation



S.M.A.R.T Goal Setting

Setting goals with clients is a familiar activity for nutritional advisors. This process can be particularly common at this level of operating, especially when working with clients with medical conditions. The approach needs to be more refined than the basic goal-setting interactions that might be sufficient for entry into the industry as a nutritional advisor.

An important and often overlooked consideration for discussing changing lifestyle behaviours with clients is determining when it becomes appropriate to start the planning phase. Miller and Rollnick (2013) suggest that planning should be the final stage of a motivational interviewing conversation and only progressed to once the client indicates clearly that they are ready to do so. This is based on research which shows that moving to a planning phase too soon during a client conversation can have a negative effect on change talk and is predictive of not changing. With this in mind, opening a conversation with a question like "What are your goals?" or "How many times a week are you able to cook? might well put a prospective client off starting the programme if they are not ready to discuss this level of detail. A good sign that someone is ready to proceed to set goals, for which they will be accountable, is the use of commitment language. A statement of "I will..." or "I am going to..." in regard to exercise or a dietary change is a clear statement of commitment, as long as it has been given freely and not coerced.

Another confounding factor when setting goals for people with very unhealthy diets is that many people do not have any particular goal, and can be very unrealistic in their expectations when determining what goals to set. If the nutritional advisor has been listening attentively and empathetically during the conversation, it might be possible to help the client identify some potential goals by reflecting back some of the things they have said in a summary.

By summarising key points about the things the client has said they want to change, this can prompt them to decide on the nature of their goals.

Useful information can be provided for setting goals, for example:

- A sugar reduction of 5% over 3-6 months is considered successful and would have a clinically significant impact on an overweight/obese client's health.
- Weight loss of 10% total body weight achieved by calorie reduction is considered the upper limit of what is safely expected and although this would be even more beneficial it is also much harder to achieve and only a few people manage to lose this much weight.
- A recent NICE guideline for weight management programmes identified that the average weight loss over a 3-6 month programme for those that adhered to it (60% of those who started the programme) was 3% of body weight, which can provide a realistic expectation for goal setting and wanting to combine nutrition with exercise.

By providing this information before asking the client to think about what they think is a realistic weight loss goal it gives a reference point, or framework, from which they can operate. It is important not to dishearten clients that might aspire to lose far greater amounts of weight and to reinforce that losing more weight is possible over a longer timeframe and would bring with it additional health benefits. It is important to help clients understand that maintaining a weight loss is, in itself, an achievement and that the lifestyle changes they make help with keeping the weight off much more effectively than a fad diet that would lead to the yo-yo effect they are trying to avoid.

Weight is an outcome goal, and although it is important, these are things over which the client has no direct control. Although it can be motivating to set outcome goals, particularly as long-term goals, they can often become disheartening in the short term.

One way of avoiding this disappointment is to encourage clients to set short and medium goals that are process goals, based on behaviours or activities that are under their direct control. This means the activity or behaviour itself can be monitored and a sense of achievement gained from adhering to the plan and meeting the goal.

Examples of process goals:

- I will go out for a 10-minute walk each lunchtime this week.
- I will prepare a salad to take to work for lunch every day this week.
- I will attend two supervised exercise sessions this week.
- I will shop online and not order any chocolate this week.
- I will not take cash to work with me, to stop me from using the vending machine.

Each of these are things that the client has absolute control over and can monitor their success at perhaps with a simple tick list or chart in a diary. One of the reasons this approach can be successful is that it reinforces the behaviours that can lead to the desired outcome. By strengthening and rewarding these habits, they are more likely to stick. It helps to build self-efficacy, as every tick is a small achievement. By reviewing these goals on a weekly basis and Providing praise and affirmation, the nutritional advisor further rewards the client on an emotional level and increases the chance of them doing the behaviour, even more, the next week. What's more, by monitoring these actions, it is easy to see if a client is struggling to implement a particular change in lifestyle. If so, a problem-solving approach can be applied to help me client identify ways around the barrier or, if this is proving too difficult, potentially change the goal for something else.

The SMART acronym should be familiar to all nutritional advisors. One point to consider when setting goals is how much attention is often paid to the 'realistic' aspect of the acronym.

You can usually write a goal that is specific, can be measured, could be achievable, is possible and has a time-frame associated with it. In many cases, this goal is then not achieved because 'possible' is not the same as 'realistic.' Just because it is possible to lose up to one kilogram of weight each week safely, does not mean it is realistic for most clients to achieve. Recent research has indicated that a goal of half that amount is more realistic and still challenging for most people. Remember, clients, do not know what is realistic and rely heavily on their nutritional advisor to provide guidance. If a client needs a big, exciting goal to get them motivated, by all means, set one as an overall target with a long associated timeframe. This can then be amended and adjusted as time goes on, without disheartening the client. Keep short- and medium-term goals very realistic to ensure achievement as success builds on success; achievement has a positive effect on self-efficacy.

Types of Goals

Process Goals vs Product Goals

Process Goals:

- Focus on the journey
- Build habits
- Stick to consistent routines
- Define success in the growth of skills

Example: Running goal - run 45 minutes per day

Product Goals:

- Focus on the destination
- Project orientated
- Stick to firm deadlines
- Define success in completion of great work

Example: Running goal - Complete a marathon

Behaviour vs Outcome Goals

Behavioural:

- Focuses on the individual alone
- Isolates an individual's actions from outside influences
- Based on individual actions

Example: Decrease calorific intake by 300 calories per day

Outcome Goals:

- Focuses on results
- Impacted by external factors
- Can be outside of the person's control

Example: an individual wants to lose 5lbs - set back = individual may retain water or gain muscle

Consider the types of goals that are set and combining the different types of goals will help to ensure goals are more achievable.



Time Frames

Short-term goals: These are set over a period of one day to one month. A short-term goal may be what your client aims to achieve in one session, one week or one month.

Medium-term goals: These tend to be set over a period of one to six months. Most commonly, these tend to be goals for one or three-month timeframes.

Long-term goals: These goals may be set over the next 6 months to several years. Although some people might set 'lifetime goals', these will much more often be what your client wants to achieve in the next year or competitive season. For example, a client who aims to run a marathon the following year.

TIME FRAME	APPROX DURATION
SHORT - TERM	1 week - 1 month
MEDIUM - TERM	1 month - 6 months
LONG - TERM	6 months - 1 year

Principles of Goal Setting

- Say what you want, not what you want to avoid:** Goals should be positive rather than negative. For example, rather than say "I won't get fatter", instead say "I will improve my body fat percentage."
- Make goals challenging but realistic:** The odds of success should be stacked in your favour so do not set goals that are so lofty that it is unlikely you will ever achieve them. In contrast, easy goals are seldom motivating and will diminish the achievement
- Choose goals that are under the individual's influence:** Achieving goals should not be influenced by the actions or inactions of others except in the case of outcome goals where competitive sports are involved. For most exercisers, performance goals are best.
- Measure progress:** Progress towards achieving goals should always be measurable and have a deadline. Open-ended and non-quantifiable goals have little value. "I want to lose weight" is not as good a goal as "I want to lose five-pounds in four-weeks."
- Check resources:** Make sure that any resources required for reaching goals are readily available. Also, look for additional resources that may help. Examples include exercise equipment, time, books, competent instruction, familial support and even motivation.
- Count the cost:** Will achieving a goal leave you injured, cost more money than you can afford, resulting in social losses? Is the cost justifiable?
- Provide rewards:** The achievement of goals should be rewarded but avoid rewards that involve indulging in the previous bad habits e.g. don't give up sweets for a month and then reward yourself with a giant bar of chocolate!

SMART goals; What are they and why are they important?



Every client will have different needs, wants and requirements which is why goals need to be specific to them. If you understand why your client wants to achieve a particular outcome, you will be able to create a more efficient programme and know how to better motivate them to ensure they achieve the desired results.

S.M.A.R.T is an acronym you should always keep in mind when setting goals with your client. SMART goals are:

- **S - Specific**
- **M - Measurable**
- **A - Achievable / Attainable**
- **R - Realistic and Relevant**
- **T - Time-Bound**

Setting goals is hugely important in terms of persistence, attention, effort and strategies. Setting clear, defined goals to work towards will help increase your client's motivation and commitment to their training programme can provide a sense of accomplishment when goals are achieved.

Specific



Setting goals that are specific removes any confusion as to whether or not a goal has been achieved. If your client's goal is just to 'lose weight', it will be difficult to mark a point at which this goal has been accomplished which can lead to demotivation and a lack of commitment to the programme.

Rather than set a goal to 'lose weight', work with your client to specify how much weight they are looking to lose.

Your client's goal should be clear and specific, otherwise, they won't be able to focus their efforts or feel truly motivated to achieve it.

WHEN DRAFTING THE GOAL, TRY TO ANSWER THE FIVE "W" QUESTIONS:

- **What does my client want to accomplish?**
- **Why is this goal important?**
- **Who is involved?**
- **Where is it located?**
- **Which resources or limits are involved?**

Non-Specific Goal: To Lose Weight

After having a discussion with your client and deciding on what would be a safe amount of weight to lose, you can then set a specific goal.

Specific Goal: To lose ≥7lbs of overall body mass

Measurable



For a goal to be measurable it must be quantifiable, or in other words, you must be able to measure it. If your client's goal is to walk more, you can make this measurable by defining for how long your client will walk and how often they will do it. For example, instead of 'I will walk more', set a measurable goal of 'I will walk for 30 minutes on 3 days next week'.

It is important to have measurable goals so that you can track your client's progress and keep them motivated. Assessing progress helps them to stay focused, meet deadlines, and feel the excitement of getting closer to achieving their goal.

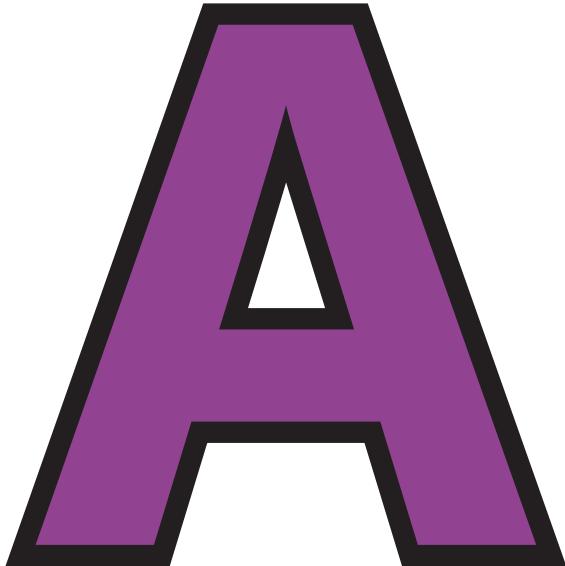
A MEASURABLE GOAL SHOULD ADDRESS QUESTIONS SUCH AS:

- **How much?**
- **How many?**
- **How will we know when it is accomplished?**

Non-Measurable: To run a 5k quicker

Measurable: Client is to reduce their 5k run time by at least 2 minutes. He currently runs 5km in 24:09 minutes.

ACHIEVABLE / ATTAINABLE



Setting goals that are achievable (i.e. humanly possible) is crucial to your client's adherence to their programme. If your client continues to fail to meet their goals, they are likely to become disheartened and lose motivation to train. It is good for goals to be challenging but they must be achievable!

The goal also needs to be realistic and attainable to be successful. In other words, it should stretch your client's abilities but still remain possible. When you set an achievable goal, you may be able to identify previously overlooked opportunities or resources that can bring you closer to it.

AN ACHIEVABLE GOAL WILL USUALLY ANSWER QUESTIONS SUCH AS:

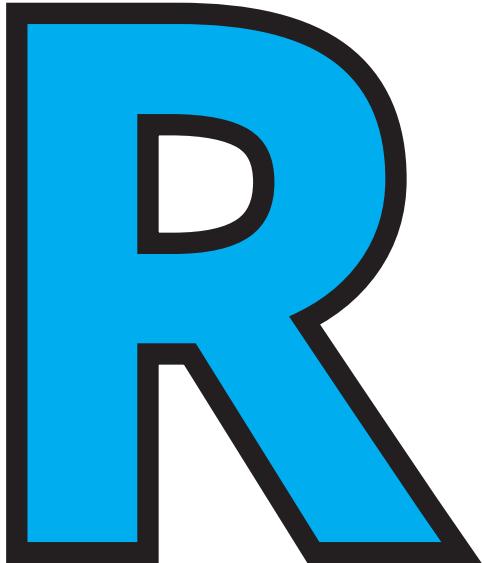
- **How** can my client accomplish this goal?
- **How** realistic is the goal, based on other constraints (barriers), such as financial factors?

Setting an achievable goal takes more than simply asking your clients what they *think* is achievable.

Non-Attainable: Client is to gain 20kg of lean muscle in 4 weeks by running 1 a week.

Attainable: Client is to gain ≥3kg lean muscle mass in 8 weeks by weight training 3-5 days a week and increasing his protein intake by 25g a day.

RELEVANT / REALISTIC



This relates to the likelihood of your client achieving their goal and whether or not the goal set is in line with your client's values, wants and needs.

If your client wants to run a marathon in a years time, setting a goal to increase their 1RM for a bench press by 25% from 20kg to 25kg in 'X' amount of weeks would not be a relevant goal.

This step is about ensuring that the goal matters to the client, and that it also aligns with other relevant goals. We all need support and assistance in achieving our goals, but it's important to retain control over them. So, make sure that your goals drive your client forward, but that they're still responsible for achieving their own goal.

A RELEVANT GOAL CAN ANSWER "YES" TO THESE QUESTIONS:

- **Does this seem worthwhile?**
- **Is this the right time?**
- **Does this match our other efforts/needs?**
- **Is my client the right person to reach this goal?**
- **Is it applicable in the current socio-economic environment?**

Non-relevant/realistic: Client is to wake up at 3 am each morning to exercise for 1hr and return to bed.

Relevant/realistic: Client is to training for >40 minutes after work (on the way home) at least 3 times a week.

TIME BOUND



This relates to the timeframe given to your client to reach their goal. It is important for goals to be time-bound to give a deadline to measure success by. Setting time-bound goals help to maintain client motivation and gives them a clear target to aim for. Time-frames drastically influence whether or not a goal is realistically achievable, so this needs to be taken into consideration.

Every goal needs a target date so that you have a deadline to focus on and something to work toward. This part of the SMART goal criteria helps to prevent everyday tasks from taking priority over your longer-term goals. It establishes a point of urgency/pressure.

A time-bound goal will usually answer these questions:

- **When?**
- **What can my client achieve six months from now?**
- **What can my client achieve six weeks from now?**
- **What can my client achieve today?**

Non-Time bound: Client is to fit in a size 32-inch waist pair of jeans.

Time-bound: Client is to fit in a size 32-inch waist pair of jeans within the next 3 months.

SMART Goal Summary



Example GOAL:

To reduce overall body mass by 1stone, from 14stone to 13stone, in 3 months.

S:

To lose 1 stone of weight, from 14 stone to 13 stone.

M:

Measure weight loss using the scales every 2 weeks.

A:

Will be achieved by client now going to the gym 3 times per week increasing caloric expenditure whilst decreasing calorie intake by switching unhealthy snacks for healthy alternatives.

R:

This is a realistic goal based on using the government guidelines for safe weight loss to decide upon an appropriate time-frame.

T:

Aims to achieve this goal within 3 months.

Additional Goal Setting Factors

- **Allow the client to set the goals:** Psychological research tells us that humans do not like being told what to do. Clients who set their own goals are much more likely to "buy-in" than a client who has goals set for them.
- **Instructors may need to facilitate goal-setting:** Clients with vague or unformed goals may need guidance from an instructor to form SMART goals. For example, if a client states that they want to get fitter, the instructor could ask "What do you want to be fit enough to do?" This should elicit a more specific response.
- **Goals should be recorded:** Write down goals and make sure the client keeps a copy. They should revisit this document whenever they need reminding of what they are trying to achieve. Putting goals somewhere easily accessible or visible can only enhance motivational levels.
- **Back up goals with imagery:** Clients should be encouraged to visualise how they will look and feel when they reach their goals. Mental imagery makes the process much more real.
- **Develop a plan to achieve the goals:** Exercise programs, diet and lifestyle should all be aligned to the goal being pursued. If the client's goal is to run 10km in 50-minutes, their workouts and diet should match this goal.
- **Back the plan with determination:** Goals will only be achieved if the client commits to the plan and is determined. It is not enough to hope for success; the client must work hard too. This needs to be explained at the outset to the client.
- **Have a support system in place:** To help clients through moments of weakness and/or doubt, there should be a support system in place. For example, if a client's goal is giving up smoking but, due to stress, they are tempted to light up, what should they do to avoid reverting to old habits?

Develop and implement an action plan to prevent such incidences:

- **Keep a diary:** Clients should record all activities pertaining to their goals as well as any other information that may influence the outcome. This will help "keep them honest" and seeing how far they have come can also be very motivating.
- **Use reminders:** Anything that can be done to help in the achievement of goals is useful. Putting up pictures of the ideal self, putting motivational notes in a training diary and/ or posting progress reports on blogs can all enhance motivation and therefore progress. However, some of these methods will only work for a short period as clients soon learn to ignore things they see over and over again.

Commonly Cited Barriers



- **Physical barriers:** Physical barriers include perceived lack of fitness, illnesses and injuries. Many people believe they are not fit enough to begin an exercise program and that, if they go to the gym, they will be the least fit or most fat person there. Ironically, this is the very reason they should start an exercise program. Where lack of fitness is the perceived barrier, it is the instructor's role to educate the client and also ensure any prescribed exercise does not exceed the participant's current physical capacity; an overly-demanding workout may put the unfit exerciser off exercise forever so caution and common sense should dictate program design. In the case of illnesses and injuries, if the client does not "pass" the screening requirements for exercise, they should be referred to an appropriate medical professional. If, however, no specific condition exists, a basic, capacity-appropriate workout can be prescribed.
- **Emotional barriers:** Fear, lack of enjoyment, previous unpleasant exercise experiences, embarrassment, lack of confidence and poor results can all become emotional barriers to exercise participation. The role of the instructor in this instance is to ensure that they are empathetic and supportive and do not put the client in a position where the client experiences these responses again. If a client finds the gym an intimidating environment, home workouts may be more appropriate. Exercising with friends may help make the exercise process more enjoyable and help bolster confidence. In a nutshell, the instructor should do all that they can to make exercise as emotionally as comfortable as possible.
- **Motivational barriers:** As previously discussed, not everyone is self-motivated to exercise and some people simply have little or no motivation. Lack of enjoyment or not realising the benefits can contribute to lack of motivation. To enhance motivation, instructors should use strategies such as goal setting, be sure to include activities that clients will enjoy, include plenty of variety in the exercise program to prevent boredom and be very supportive and encouraging.
- **Time barriers:** One of the most often-cited reasons for not exercising is lack of time. However, in the majority of cases, this excuse is used to disguise other barriers such as lack of motivation. With 168-hours in the week, all but the busiest person can find three- hours if they prioritise and manage their time properly. By designing short workouts and identifying opportunities for increasing general physical activity, an instructor should be able to remove this barrier. Advice on time management may also be beneficial. In many cases, lack of time actually means lack of energy for exercise; another barrier that can be addressed by the instructor.
- **Facility/equipment/financial barriers:** Many people believe they must join a gym or have access to state-of-the-art exercise equipment or the latest workout clothes if they are going to start an exercise program. This is completely untrue. A good level of fitness can be developed using bodyweight exercises and items that are often found around the home, garden or garage. There are several low-cost gym chains in operation now and as for exercise clothing, there are more and more online and high-street discount outlets to choose from. Getting fit and being healthy need not be an expensive pursuit and can be achieved using a very "no-frills" approach.

Rewards And Incentives

Rewards and incentives can be used to enhance motivation and promote exercise adherence. Regular attendance can be rewarded i.e. a free personal training session for every ten completed, and so to can the achievement of goals. The reward should be small enough to not impact negatively on the instructor's or organisation's profit margin but big enough to be meaningful. Examples of suitable rewards include T-shirts, water bottles, and discount vouchers for appropriate services or any other suitable means of recognition.

Careful consideration should be made before implementing any reward scheme to ensure it is fair and sustainable and that, if an element of competition is involved, participation will be fair and not lead to overtraining or overuse injuries. Reward schemes should also be fully inclusive so that less-fit participants are not left out.

It also goes without saying that any rewards should be healthy: a large bar of chocolate or vouchers for a beer at the member's bar are not appropriate.

Additional Strategies For Encouraging Exercise Adherence

In addition to goal setting and removing/pre-empting barriers to participation, there are several other strategies that an instructor or organisation can use to encourage exercise adherence and reduce exercise drop out.

These include:

- **Change workouts regularly:** Doing the same workouts over and over will probably result in boredom and also cause a plateau in fitness gains. Make sure that the exercise program is changed often enough to prevent this but not so often that the client doesn't get time to adapt to a workout. Every four to eight weeks is usually optimal.
- **Suggest exercising with a training partner or in a group:** Training with other people can provide support, company, an element of competition and otherwise enhance exercise adherence. It also adds a second layer of commitment as the individual's participation becomes answerable to the training partner or group.
- **Keep a training diary:** Recording workouts and progress will show that, over time, significant progress has been made and it is very motivating and satisfying to review this progress from time to time. All instructors should record their client's workouts.
- **Keep a nutrition diary:** For the same reason keeping a training diary is beneficial, a nutrition diary can also be motivating. It also helps keep clients "honest" and will also highlight unhealthy eating patterns and triggers that can be addressed and subsequently prevented.
- **Use a decision balance sheet:** Balancing the costs of exercise and eating healthily against the benefits is an effective way of demonstrating just how much participants get from exercise compared to what they have to invest. A completed decision balance sheet should be displayed prominently so that the participant is reminded of the rewards of their exercise and dietary changes. For example: (Next page)

BENEFITS:

- Will lose weight
- Will feel fitter
- Will be less tired
- Will have more energy
- May be ill less frequently
- Will meet new people
- Will look better in their swimsuit
- Will be stronger
- Will be more confident
- Will reduce risk of heart disease
- Will sleep better
- Will look better to spouse
- Will be more toned
- Will have fewer aches and pains
- Will look better in jeans

DRAWBACKS:

- May have to get up earlier
- Will have to cut back on sweets
- Will have to go to bed at a reasonable time
- Will have to commit to going to the gym three-times a week

Use Social Support Networks

Some people drop out of exercise because they think that no one else values or notices what they are trying to achieve. Social support networks are designed to provide a forum for telling others how they are progressing so that they will receive encouragement and support in return. A social support network might simply be a spouse or other family member, a friend or group of friends or one of the many internet support groups that are now available.

Providing Customer Care And Service

Customers are the lifeblood of any business as without customers there would be no one to buy the products and services on offer. Subsequently, the customer should be at the heart of every business but, sadly, this is not always the case. Tales of poor customer service are rife and unhappy customers will often go elsewhere, taking their money with them!

Getting customers on board initially is hard and can be expensive because of advertising costs so it makes sense that every effort should be made to ensure that customers are happy and become loyal to the organisation or business. And, as the saying goes, a happy customer will tell a few people about their experience but an unhappy customer will tell lots.

The ethos of good customer service should also be applied to all professional dealings including colleagues and other professionals. This "treat others as you would have them treat you" mentality can make any working environment more enjoyable and more profitable.

In the fitness industry, customers will ask questions, need information, want guidance, demand clean and well-maintained equipment and require support to reach their fitness and health goals. This is part and parcel of the job of an instructor and should never be seen as an inconvenience or annoyance.

Remember, your fifth client of the day may only see you for one hour a week so they should expect to receive your best service even if you are tired or they are asking you a question you have answered a dozen times before.

GOOD CUSTOMER SERVICE CONSISTS OF FOUR PRINCIPAL ELEMENTS:

- **Expanding the definition of service**
- **Knowing who the customer is**
- **Forming positive relationships**
- **Developing a customer-friendly attitude**

Expanding The Definition Of Service

Service can be good, bad or indifferent but should generally meet or exceed the customer's expectations and requirements. For example, if an instructor is asked whether they can do personal training, rather than just say no, they could recommend a colleague who can provide this service without the customer having to find out for themselves. In this example, the instructor went above and beyond the original remit - to answer a question - and provided information that exceeded the customer's request. This is generally known as "going the extra mile" and makes a huge difference in satisfying the needs of the customer. Going the extra mile reflects well on the individual and the organisation. Other examples of going the extra mile in a fitness environment include following up on client complaints or comments, emails, calls or texts to see how a client's new workout is progressing, courtesy calls if a client has been unwell and cards for customers on their birthday.

Knowing Who The Customer Is

Customers can be defined as internal or external. Internal customers are people who, in the fitness environment, rely on the instructor for support, information or products and include managers, cleaners, maintenance staff, professional colleagues and receptionists while external clients are usually gym members who pay for products or services. Using these definitions, a customer is anyone which you have professional contact.

The relationship between the internal and external customers is called the customer chain and, like any chain, is only as strong as its weakest link. The people that make up these links must all "do their bit" for the chain to work.

For example, if a piece of gym equipment is broken, a member may tell the duty gym instructor. It is not the instructor's job to fix the equipment but they need to notify the maintenance team, the gym receptionist and ultimately the facility manager to ensure a speedy rectification of the problem. Each party has a role to play in turning what could initially be a negative situation into a positive one by following the principles of good customer care.

Forming Positive Relationships

At the centre of good customer service is forming positive relationships with both internal and external customers. Positive relationships lead to happy, stress-free interactions both up and down the customer chain and happy customers are much more likely to become loyal customers that will remain loyal to the organisation.

Good relationships are built on rapport; the concept of rapport is that people like people that are like themselves. A relationship of mutual respect and influence, another definition of rapport, involves seeing things from the customer's perspective or, in simpler terms, walking in their shoes.

Rapport is built on effective communication and effective communication requires:

- **Active listening:** Nodding, making eye contact, leaning toward the person speaking, paraphrasing, summarising, clarifying etc.
- **Positive body language:** Use of hand gestures, being aware of posture, smiling, avoiding crossing arms or slouching, avoiding standing over a client, being aware of a client's personal space etc.
- **Tonality and use of language:** Speaking at an appropriate speed and volume, not using jargon or overly technical terms, avoiding monotones, expressing enthusiasm, not using inappropriate language, explaining concepts clearly and patiently etc.

Developing A Customer-Friendly Attitude

Placing the customer at the centre of any organisation or business is the key to developing a customer-friendly attitude. Too many organisations see customers as "a necessary evil" rather than their sole reason for existence.

Developing a customer-friendly attitude must start with initial contact as first impressions are usually very long-lasting impressions. A smile and a warm, sincere greeting will go much further than a scowl and a grunt.

If you have to deal with a complaint, make sure you:

- Listen to the complaint and take ownership of it
- Always be polite
- Keep calm and do not enter into an argument
- Record the complaint and inform the relevant persons or services
- Offer to be a point of contact for the client
- Advise the client of possible solutions or available alternatives if possible
- Provide reassurance to the client that their complaint is being investigated
- Feedback to the client once the complaint has been dealt with

All complaints should be dealt with in a timely fashion and any delays in processing the complaint should be communicated to the client as soon as possible. Keeping the client "in the loop" can go a long way to demonstrating a high standard of customer care and turning an otherwise negative situation into a positive one.

Dealing with complaints can be hard, especially if the client becomes angry. In this situation it is essential that you remain calm, do not match their angry language or behaviour, avoid being confrontational and use assertive rather than aggressive language.

Aggressive language

- "Don't speak to me like that."
- "With an attitude like that, how can I help you?"
- "Stop swearing at me or I will put the phone down."

Assertive language

- "I would prefer it if you did not speak to me that way."
- "I understand your frustration. Please calm down so that I can help you."
- "If you continue to swear I will not be able to continue this conversation."

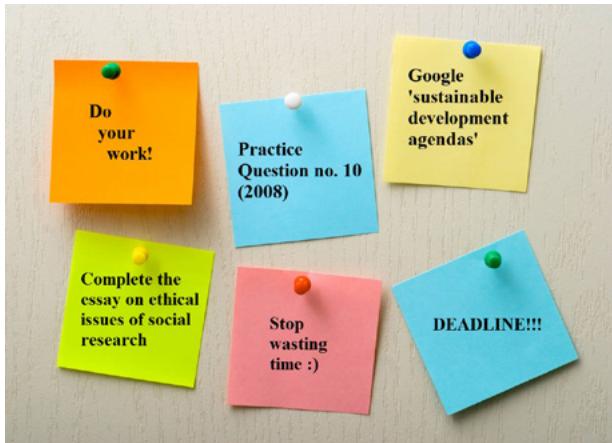
Every organisation should have a pre-set procedure for handling complaints which all members of staff are aware of, are trained in and should use if they have to deal with one. Of course, the best way to avoid complaints is to practice a very high level of customer care in the first place.

Despite doing this, things can and do go wrong so it is essential that complaints are dealt with properly and professionally and to both parties satisfaction. Treat every complaint as an opportunity to go the extra mile for your customers.

Strategies for Goal Setting

When it comes to goals, there are a few strategies that can be used both during the initial setting of goals as well as throughout the training programme to maintain motivation and ensure your client stays on track to hit their targets.

Write It Down



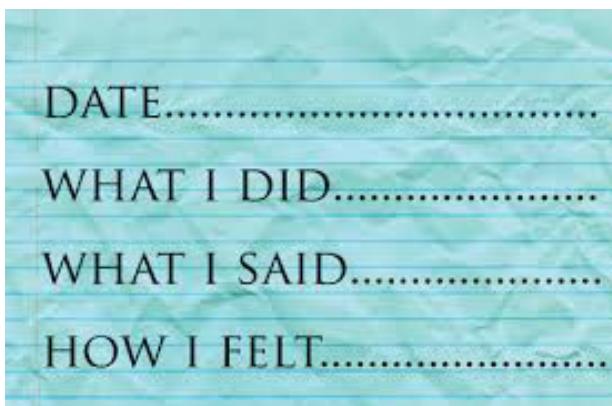
Both your client and yourself should have a written record of their goals. Your client should be encouraged to display their goals in a clearly visible place. Written reminders are also a great tactic to give your client boost throughout the day - a note on the fridge to pick a healthy snack or on their phone to encourage them to go to the gym that evening can go a long way!

Have A Support System



No matter what, your client will have times where they will doubt their ability to achieve their goals. This is almost inevitable but certainly doesn't mean there aren't things that can be done to help. Ensuring your client has a solid support system is essential to keeping them moving forward. This support can come from yourself offering encouragement or the client's friends and family, the more support your client has, the more likely it is that they will stay committed to their programme.

Keep A Diary



Keeping a diary is a great way to monitor progress and record any activity that your client has undertaken to achieve their goals.

If your client's goals require them to change their eating habits, food diaries will help your client to be mindful of what they are eating and can be reviewed weekly to ensure they are following any guidelines given.

Involving Clients with Programme Choices



Involving the client with their programme choices and design is also essential to increase their motivation, autonomy and promote adherence. There is no 'one size fits all' programme. It is important to know the things they like and dislike and generally avoid anything they dislike, as this will not promote adherence.

Some clients will not be interested in vegetarian based programmes, some may not like meat-based programmes, some will prefer to diet alone or others will prefer to be part of a group. For some clients any nutritional changes will need to fit in with their current lifestyle and commitments, it may not be as easy to implement as you would like.

Flexibility and variety in the programmes available with a nutritional advisor will help to accommodate a broader variety of tastes (including culturally appropriate and age-appropriate activities). In an ideal world clients would be able to select and try out a variety of diets to meet their specific goals and objectives; those that they find most pleasurable can be programmed and adapted to meet their needs. Finding a diet option that appeals to their taste and 'adds' to their life in some way (socialisation, new friends etc) is more likely to secure their long term commitment.

Reviewing Goals



Although setting goals is crucial to success, they have very little value if there is no follow up process. Regularly reviewing goals with your client creates accountability and helps motivate your client - if your client knows that their progress is going to be checked in 2 weeks time, they will be more likely to stay focused and adhere to their programme.

Regular reviews provide a great opportunity for feedback. You can discuss with your client what aspects of the programme are working and change any areas that aren't. If your client is progressing at a different rate than initially predicted, goals may need to be changed to ensure they are still realistic.

For long-term goals, setting review dates in advance help to break down long-term time periods into smaller, manageable time frames to help motivate and give the chance to make adjustments where appropriate. This, in turn, makes the long-term goal much more attainable.

Encouraging Dietary Adherence Through Goal Setting

One of the most effective tools available for encouraging dietary adherence is goal setting. Ideally, goal setting should be used as a preventative measure before motivation begins to wane. Goal setting is an excellent strategy that helps enhance motivation and adherence by establishing targets and then working toward them. Goal setting is used in business, in sports, for behavioural change and in exercise and nutrition.

Goal setting will:

- **Develop persistence** – sustain effort until the goal is reached
- **Focus attention** – keep the individuals thoughts focused what is trying to be achieved
- **Mobilise effort** – direct the intensity of effort toward certain tasks or outcomes
- **Promote strategic planning** – reaching a goal requires long-term planning and organisation

**SETTING GOALS IS
THE FIRST STEP IN
TURNING THE
INVISIBLE INTO THE
VISIBLE.**

Despite being very effective, many people fail to set goals.

Reasons for not setting goals include:

- Some people do not see the value of goal setting
- They do not know how to set goals
- There is a fear of failing to reach goals
- They do not know what they want to achieve or have so many or such lofty goals they don't know where to start

Reviewing progress with clients



It is important that clients understand the purpose of the reviewing process: to check their progress against personal goals and scheme outcomes, such as long-term changes in activity levels. Explaining it can also help their cooperation in providing information.

Reviews are generally monitored against the baseline client information that you gather at the initial consultation. This information needs to be recorded and updated so that we can evidence any changes. It can be shared with clients, to discuss their own progress, or with scheme managers and health professionals, to prove the effectiveness of the programme.

Reviewing goals gives clients an opportunity to share their own views and discuss any barriers with us, which we can try to help them overcome or revise objectives accordingly. It also gives us a chance to provide affirmative feedback and highlight all the positive steps they are taking. The key aim of feedback should be to strengthen their motivation and commitment, both in the short and long term. Actively involving the client also presents the programme in a collaborative light, which helps promote self-interest and enduring responsibility on their part.

- Monitor client's goals.
- Monitor scheme outcomes.
- Used in comparison with initial baseline information.
- Keep accurate records.
- Discuss client views
- Discuss barriers for goal achievement.
- Discuss ways to overcome barriers.
- Provide affirmative feedback.