

Section 2: Client Relations and Behavioral Coaching

Chapter 3. The Psychology of Exercise Summary

- Psychology is an important component to behavioral change and plays a key role in adopting a regular habit to exercise.
- Psychologists and psychiatrists are trained and licensed professionals who treat people with mental illnesses.
- Sport and exercise psychology is a subtopic of psychology that focuses on understanding why people participate in sports and exercise, including motives and barriers to participation.
- Extrinsic motivation happens when someone does something for rewards or recognition.
- Intrinsic motivation describes the motivation to do something that comes from within an individual; it is strongly related to long-term adherence.
- Motivation to exercise differs among individuals and will change over time; therefore, motives should be reevaluated over time.
- Common barriers to exercise include lack of time, unrealistic goals, lack of social support, social physique anxiety, lack of convenience, and ambivalence, but all barriers can be either eliminated or minimized with some basic strategies that provide realistic solutions or alternatives.
- Lack of time can be minimized by improving time management and reevaluating daily priorities.
- Setting unrealistic goals can become a barrier to exercise, therefore, the fitness professional should assist clients with setting appropriate outcome and process goals.
- Social physique anxiety refers to people feeling anxious about how others perceive their bodies and can be a barrier to exercise participation. Helping clients find activities that reduce this type of anxiety will help create a comfortable exercise environment.
- The perception barrier of exercise as inconvenient can be overcome by making the exercise experience as appealing as possible, both by providing excellent customer service in clean facilities and by helping clients find ways to exercise outside of a fitness facility.
- Ambivalence to exercise occurs when someone has mixed feelings about exercise and likely sees pros and cons to participation.
- Social influences on exercise can come from other people, the internet, or the environment; these influences can lead people both toward and away from exercise.



- Social support consists of a source (who or what provides it) and a type (instrumental, emotional, informational, and companionship), and clients will have different needs and expectations of social support.
- Instrumental support includes the tangible things that assist people with the ability to exercise, such as providing transportation to a fitness facility, assisting with childcare, or packing someone's gym bag.
- Emotional support comes from being caring, empathetic, and concerned about someone's experience with exercise.
- Showing empathy includes the ability to relate to the way another person feels or views a situation.
- Informational support is one of the main reasons why someone will seek out a fitness professional; it includes providing accurate and current information about fitness and exercise.
- Companionship support is when someone exercises with another person.
- Group influences on exercise refer to the influence held by other people over whether or not someone exercises and can come from family members, parents, exercise leaders, exercise groups, or the surrounding community.
- Parental influence is important for children and adolescents, whereas instrumental support is often cited as the most influential type of support.
- The exercise leader sets the tone of the class and is responsible for creating an inviting and inclusive exercise environment.
- Once formed, exercise groups often feel distinct from others and can lead to additional accountability and encouragement.
- The community influences exercise by the safety level of the exercise environment and the number of opportunities for exercise, which includes sidewalks, green spaces, playgrounds, and walking trails.
- Exercise provides several psychological benefits that can enhance overall well-being, including improved mood, better sleep quality, increased self-esteem, improved body image, and fewer depression and anxiety symptoms.

Important Concepts (not an exhaustive list)			
Examples of extrinsic	Social recognition		
motivation for exercise**	 Rewards from competitions (trophy or award) 		
very important	Improvement of physical appearance		
Examples of Intrinsic	Stress relief		
motivation for exercise**	Increasing energy		
very important	 Finding new ways to be challenged physically 		
Examples of outcome	Place in top 10 in a 10K race		
goals** very important	Achieving a certain level of body fat		
	Achieving a certain level of strength improvement		



Examples of process	•	Jog for 45 minutes, starting at 6:30 a.m. Monday–Friday to assist
goals** very important		with weight loss efforts.
	•	Eating 1600 calories per day of mostly whole, unprocessed foods to
		assist with weight loss efforts.
	•	Strength training 5 days per week, targeting each muscle group to
		increase gains in muscle mass.

Chapter 4. Behavioral Coaching Summary

- Clients expect professionalism, thus, it is crucial to build relationships and maintain a facility that supports training competency.
- Program designs should be based on the clients' abilities and should address their health concerns and goals.
- Self-efficacy is one of the strongest determinants of physical activity in adults; most coaching efforts are directed at increasing a person's self-efficacy.
- Planning and self-monitoring are essential techniques in developing a self-regulatory strategy to improve self-efficacy.
- Affective judgments and subjective norms can impact a person's readiness to perform resistance training.
- CPTs should assess a client's stage of change and promote competency in exercise.
- The stages of change include precontemplation, contemplation, preparation, action, and maintenance.
- Both verbal and nonverbal forms of communication are important for developing professional client relationships.
- Active listening refers to having a genuine interest in understanding the client's health and fitness goals. It involves asking appropriate questions, avoiding distractions and inner dialogue, and providing appropriate feedback.
- Motivational interviewing is a style of coaching that is used to enhance intrinsic motivation
 for change. CPTs can use some techniques from motivational interviewing, such as
 developing a discrepancy between a client's current state and ideal state, promoting change
 talk, and assessing readiness, willingness, and perceived ability to change.
- BCTs are used to enhance the determinants of behavior. CPTs may use any number of strategies to enhance a client's confidence, motivation, or self-regulation skills through planning, self-monitoring, and goal setting.
- Cognitive strategies that can help change behaviors include positive self-talk, imagery, and the practice of psyching up before activity.
- Goals that clients set should be SMART: specific, measurable, attainable, realistic, and timely. Clients should also focus on both process goals and outcome goals.
- For the best outcomes, clients should determine long-term bigger goals, then develop a series of smaller goals that help drive progress to the main goal.



Important Concepts (not a	-			
Self-efficacy	One's belief that they can complete a task, goal, or performance; also			
	known as self-confidence.			
Self-monitoring	Observing, measuring, and evaluating one's own behavior, often in the			
	form of a diary or log.			
Stages of Change Model**	Precontemplation: Client does not exercise and is not planning to			
very important	start exercising within 6 months.			
	Contemplation: When a person is thinking about implementing			
	change but has not yet taken any steps to get started; an individual			
	may take action within the next 6 months.			
	Preparation: The client intends to act in the near future, usually			
	within the next month.			
	Action: The client has made specific modifications in their exercise			
	routine within the past 6 months.			
	Maintenance: The client has been exercising for more than 6			
	months and is working to prevent relapse.			
Decisional balance	Reflects the clients' weighing of the pros and cons of changing.			
Examples of closed-ended	Are you motivated to exercise?			
questions** very	 Can you commit to exercising three days per week? 			
important	Do you enjoy exercise?			
Examples of open-ended	How might you go about making this change?			
questions** very	 What challenges do you see, and how can you plan to overcome 			
important	them?			
	What work are you prepared to do to reach your goal?			
	What have you tried in the past to reach your fitness goal?			
Examples of SMART	I will gain 5 pounds (2.27 kg) of muscle within 5 months, starting			
goals** very important	today, by weight lifting a minimum of 4 days per week for 1 hour			
	each session.			
	I will reduce my blood pressure by five points within 6 months by			
	walking a minimum of 30 minutes each day and reducing my daily			
	salt intake to no more than 2,300 milligrams per day.			
	I will lose 10 pounds (4.53 kg) of body fat within 3 months by			
	reducing my daily calories from 3,000 to 2,000 per day and			
	exercising at a moderate intensity at a minimum of 150 minutes per			
	week.			
	Examples that are <u>not</u> SMART Goals			
	I will lose weight so I can become the best version of myself.			
	o This goal is not specific or measurable— how much weight?			
	• This goal does not have a timeframe— how long is this goal?			



- I will gain 10 pounds of muscle, so I'm ready for beach season.
 - This goal is not specific— what steps will you perform to gain muscle?
- I will lose 50 pounds in two months, so I look my best for my upcoming class reunion.
 - This goal is not realistic— losing 50 pounds in two months in a safe fashion is impossible for most people.