

**BEHAVIOUR  
CHANGE TOWARDS  
NUTRITION  
& PHYSICAL ACTIVITY**

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# BEHAVIOUR CHANGE TOWARDS NUTRITION & PHYSICAL ACTIVITY

## BEHAVIOUR CHANGE

“When a prospective client contacts you to start training with you, they have made an important change in their behaviour. In this case the change is adding exercise to their life. Your job as a fitness trainer is to enable, facilitate, and make permanent – if possible – that change.

Trainers are in a unique position relative to other occupations in respect to how much contact and how much potential impact they may have on the life of their customer.

Often the perceived benchmark for impact on health behaviour change, physicians spend an average of 8 minutes with a patient and will see that individual an average of less than 4 times per year; about a half hour of contact per year. It actually seems as physicians have a very small opportunity for advising and supporting positive health behaviour changes.

A trainer on the other hand can spend about an hour with a client, 2-5 times per week, and they do so for the entire year. Simple arithmetic tells us that a trainer could spend from about 100 hours up to more than 250 hours working with a client.

Just by virtue of contact time, a trainer is in an excellent position to help any client work towards achieving health behaviour changes ... IF they fall within the trainer's scope of practice and they understand how to support behavioural change.”

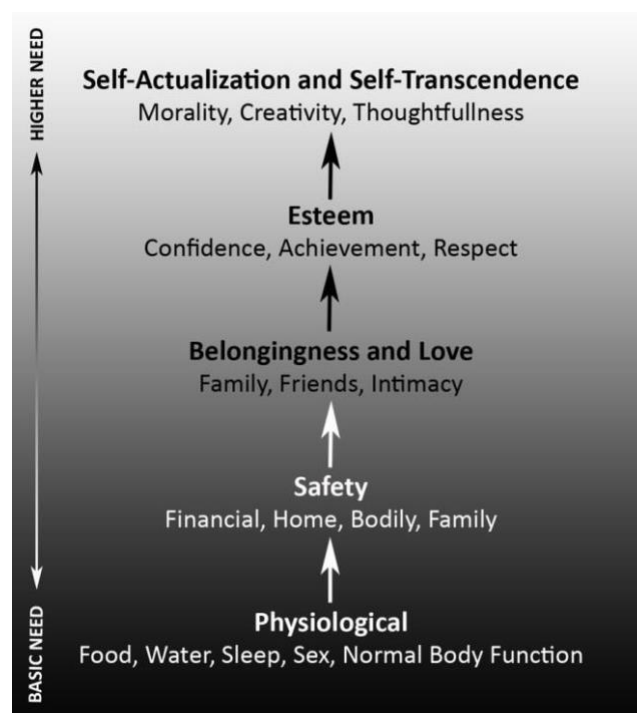
How important is exercise in the scope of the modern human? Is it something we “need”?

To consider our basic human, and society's needs we can examine Maslow's 1943 “hierarchy of needs”. Maslow's hierarchy is most often presented as a pyramid (interestingly, Maslow never used this convention) with the most fundamental levels of need at the bottom and the need for self-actualization (or personal achievement) at the pinnacle.

Maslow specifically listed essential human needs from basic to higher level (here the most basic is listed first and the highest level need is listed last:

- Physiological Need
- Safety
- Belongingness and Love
- Esteem
- Self-Actualization and Self-Transcendence

This hierarchy has been represented in numerous variations and iterations. Many with more user-friendly terms and explanations of the levels (Figure 1).



**Figure 1.** Maslow's Hierarchy of Needs. Maslow's terms (bold) and description of elements of each category (below).

Maslow theorized that the basic level of needs must be attended to before the individual will desire to, or be motivated to attempt to attain satisfaction of higher level needs. (Read the original article [here](#))

If you look carefully, within Maslow's hierarchy there is no place specifically set aside for fitness. While "fitness" might be surmised to belong in the physiological strata, at the time of the theory's publication the concept of "Leisure Time" for the masses had not yet been developed. As a result of the industrial revolution, "free" time did become available after work. But given the continued physical demands of manual labor (labour was more efficient and conditions were better BUT it was still physically laborious) there was no demand for additional fitness.

Even during and immediately after the industrial revolution, and although progress had been made in improving the human condition, the majority of society remained to exist at the basic levels of the hierarchy, where the basic needs sought and that were available were food, shelter and employment. As society developed, there was an industrial need for people to work the machines, frequently in less than safe working conditions and for considerably longer hours than we now enjoy. The upshot was that there was a guaranteed wage, a wage that allowed people to live in reasonable housing and afford food (Haywood, 1995). These conditions did slowly evolve to allow an escalating and higher quality of life and more availability of time away from work.

It also meant a divergence away from physical activity as a required element of life. It also meant an abundance of foods and food choices were available without effort, other than earning income for its purchase through reduced labour employment. As a result we have seen a drift away from movement as part of our daily lives. We've seen the encroachment of behaviours that increase our risk of disease and premature death. Fitness trainers can help combat the drift towards risk by understanding the process of behaviour change so they can support clients in their efforts.

## **FIRST IMPRESSIONS & STAGES OF CHANGE**

Most fitness professionals will state that from their experience the single most important aspect of success is getting a prospective client to visit their facility. We need to understand that if the client is visiting our facility, it may be the case that they may have or will visit other facilities and that there may be other competitors vying for their business. A first impression is important.

The act of visiting the facility demonstrates that they are willing and able to visit and use them. It also provides an indication that they are interested in your business and what you can provide to them. This action of visiting strongly suggests that they are in a later stage of behavioural change.

Most of what we do in fitness tends to centre on changing the way people behave. One of the most simplistic, but useful models of understanding the mental aspects and stages of how an individual changes their behaviour can be found in the work of Prochaska & DiClemente (1983). This model is frequently called the Trans-Theoretical Model. Although specifically targeted at getting smokers to stop smoking, their trans-theoretical model of behavioral change has been widely adopted and is characterized by an individual navigating through a step-wise series of stages:

***Pre-contemplation*** – This is essentially unawareness of an issue or problem. It can also be unawareness of a product or service. If they are unaware, they cannot take action.

***Contemplation*** – This stage is marked by an individual recognizing that there is an issue or a product that fills a need. They begin to evaluate pros and cons of changing their behaviour. This can be related to consideration of changing activities, participation patterns, consumption, or purchasing behaviours.

***Preparation*** – This stage is comprised of the behaviours that are associated with getting ready to take action and implement a change in behaviour. In our example visitor to a gym prior to joining, the visitor is in preparation to change their behaviour. They have contemplated and researched and now have taken a small step towards behaviour change.

***Action*** – This is a very important step as this is where the individual makes a committed and over movement to change their behaviour. Whatever the motive, they have considered the alternatives and believe that taking action is warranted and action is taken. In Prochaska & DiClemente's work, this would be starting a program of smoking cessation or in the previous fitness example, it would be taking the next step

and begin attending the gym to train. First impressions are essential here as is very direct communication with the client to ensure that they are certain that signing the contract is the correct thing to do.

At this point the client is in your door and is now a consumer of your services. It is now imperative that that first impression be capitalized upon and satisfaction with promises be delivered in order to enter the next two stages:

***Maintenance*** – This stage is characterized by regular participation for an unspecified period of time. As most new fitness trainees drop out within three to six months, we would suggest here that to be classified as being in the maintenance stage would require regular participation for more than six months.

***Termination*** – This stage is the true target at which you are aiming. Termination is not a negative stage, rather it is marked by complete adoption of the new habits or behaviours and virtually no temptation to slide back into previous behaviours. A client who is in the termination stage is a steadfast and long term client.

Although Prochaska & DiClemente did not consider the next concept as a true stage, we will do so here, as long term compliance to exercise programs is very difficult and drop-out does occur even in individuals who were at one point firmly in the termination stage:

***Relapse*** – This is where an individual leaves a stage and regresses to a prior stage. This regression is not necessarily a step-wise regression backwards through each stage. It can be complete reversion to the contemplation stage or a version of the pre-contemplation stage where information is ignored (rather than being unknown).

### **Trans-Theoretical Model in the Gym**

Once a client has begun training with you in the gym and have stayed with it for a time. It is prudent for the trainer to begin acting on issues that may be negatively affected the clients fitness gains and health. For example, you might put them in the pre-contemplation phase by providing them information on any holes in their basic eating

habits. Once they are informed, the trainer can gently support their transition through the intervening stages until the client voluntarily takes action. We are a culture of convenience, and if you have products and services ready to provide to the client at the time of action, the client will be more likely to act, will likely be more satisfied in products and services, and the trainer will have retained a client and expanded their service provision (and likely added to their income)

**Table 1.** Stages of change, observable client characteristics, and possible techniques for aiding and supporting change of behaviour.

Stage of Change	Clients Characteristics	Techniques
<b>Pre-contemplation</b>	<ul style="list-style-type: none"> <li>• Not currently considering change</li> <li>• "Ignorance is bliss"</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm lack of willingness</li> <li>• Clarify that choice is theirs</li> <li>• Encourage re-evaluation of present behaviour</li> <li>• Encourage self-exploration, not action</li> <li>• Explain and personalize the risk of current lifestyle (did you know that ... )</li> </ul>
<b>Contemplation</b>	<ul style="list-style-type: none"> <li>• Hesitant about change</li> <li>• "Sitting on the fence"</li> <li>• Not considering change within the next month</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm their lack of willingness</li> <li>• Clarify that the choice is theirs</li> <li>• Encourage appraisal of pros and cons of behavior modification (you could lose another couple pounds a month if ... )</li> <li>• Identify and promote new, positive outcome opportunities</li> </ul>
<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Some experience with change and are trying to change</li> <li>• "Testing the waters"</li> <li>• Planning to act within 1 month</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and assist in removing obstacles</li> <li>• Help client identify social support if desired</li> <li>• Confirm that client has underlying skills for behavior change (you can do it!)</li> <li>• Encourage small initial steps (let's start here)</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>• Began new behavior or removed old behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on restructuring cues and social support</li> <li>• Reinforce self-efficacy for handling potential obstacles</li> <li>• Reiterate long-term benefits of physical activity (keep this up and ... )</li> </ul>
<b>Maintenance</b>	<ul style="list-style-type: none"> <li>• Continued commitment to sustaining new behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for follow-up support</li> <li>• Reinforce internal rewards (great job!)</li> <li>• Discuss coping with relapse (there will be temptation)</li> </ul>
<b>Termination</b>	<ul style="list-style-type: none"> <li>• Independent and compete of adoption of behavior</li> </ul>	<ul style="list-style-type: none"> <li>• External support need diminished</li> <li>• Internal drive and value for behavior</li> </ul>
<b>Relapse</b>	<ul style="list-style-type: none"> <li>• Resumption of old behaviours</li> <li>• "Fall from grace"</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate trigger for relapse</li> <li>• Reassess motivation and barriers</li> <li>• Plan stronger coping and support strategies</li> </ul>