CHAPTER TWO

Understanding and Motivating Older Adults
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How can you learn to address individual needs and facilitate positive changes in health and physical activity behaviors? This can be a difficult task, especially when your viewpoint may differ from that of your clients. As a fitness professional, your role extends beyond the scope of technical instruction and demonstrating proper form for a stretch or the operation of strength-training equipment. Health behaviors such as physical activity are simply one aspect of a complex life, so attempts to promote health-behavior changes must take into account the individual’s unique lifestyle. While competent technical instruction is crucial, fitness professionals also must collaborate with each client to develop and implement a physical activity program that complements the individual’s objectives, personality, and life demands.

The ability to adapt your work to the individual needs of each client is particularly important when working with older adults, as diversity is the theme that best characterizes this population.

Imagine trying to describe all 30-year-olds in a few sentences. You probably would be quick to note vast differences between people of that age group. Why would we expect those same diverse individuals to become more similar to one another by the time they reach their senior years? Older Americans vary widely in terms
of physical and psychological health, cultural and ethnic backgrounds, economic means, living conditions, availability of social support, and perspectives on aging and physical activity. In addition, while some older adults have retired, others continue working well past what is often considered typical retirement age. In short, older adults vary in just about every aspect of life.

Individuals of similar ages may share some common perspectives, as they have gone through some of the same historical events and life experiences. It is important to learn about issues and viewpoints commonly shared by older adults. A basic understanding of the aging process can help you listen for and understand common themes that may emerge. With these issues in mind, you can apply sound behavior-change principles to promote positive, sustainable gains in your clients' physical activity and health. This chapter covers some common issues related to aging and physical activity, as well as specific behavior-change, leadership, and communication strategies to use while working with older adults. Combined with your fitness expertise, this knowledge of how the aging process relates to physical activity and recommended strategies will enable you to better serve your older clients.

Understanding the Context of Exercise Among Older Adults

Impact of Stereotypes on Exercise Programs for Older Adults

Stereotypes are problematic because they restrict our ways of seeing and interacting with members of the stereotyped groups. Ageism describes stereotypes of, or discrimination against, people in a certain age group, such as older adults (Butler et al., 2000). Those with ageist views often see older adults as homogeneous. Rowe and Kahn (1998) discuss a number of fundamental myths of aging, including:

- To be old is to be sick.
- You can’t teach an old dog new tricks.
- It is too late to benefit from lifestyle change.
- The secret to successful aging is to choose your parents wisely.
- Older adults cannot pull their own weight.

Although many people accept some of these statements as common knowledge, each of these myths has been refuted by empirical evidence (Rowe & Kahn, 1998).

Older adults are often aware of these stereotypes. They receive messages that growing older should go hand-in-hand with decreased physical activity, and that older adults should slow down and “take it easy.” Exposure to negative stereotypes can lead to reduced self-efficacy (defined as self-confidence in one's ability to perform a certain task) and a heightened cardiovascular response to stress (Levy et al., 2000). Moreover, people who believe that exercise is inappropriate or unnatural for older adults will not be inclined to develop or support exercise programming for this group, restricting the scope of exercise options for those who are motivated to be physically active.

Unfortunately, stereotyping also has led many health professionals—and the public in general—to view the elderly as less worthy of investment than the young. There is a temptation to encourage older persons to tolerate even reversible conditions rather than take a proactive approach to their well-being. Such treatment may convey the message that seniors should adjust to the circumstances of their lives without actively attempting to alter them (Steuart, 1993).
Factors Related to Exercise Among Older Adults

Americans are aging, but aging does not create a homogeneous group. Older Americans are wealthy and poor, young-old and old-old, healthy and living with chronic ailments. There are probably more dissimilarities than common traits among the elderly. These differences significantly impact the profiles of older persons who typically seek out formal exercise programs, and are most evident when viewed by gender, ethnicity, and income.

Demographic factors associated with higher rates of physical activity among those 65 years of age or older include male gender, younger age, higher levels of education, and being unmarried (Kaplan et al., 2001). In addition, older adults who do not have chronic health conditions, injuries, or functional limitations are more likely to be physically active. This is also true of those who have a lower body mass index, do not smoke, or have lower levels of psychological distress (Kaplan et al., 2001). Among older women, those of Native-American and African-American ethnicity are less likely to be physically active than women of other ethnicities (King et al., 2000). For low-income and minority seniors in particular, the biggest deterrents are lack of access to exercise programs and lack of knowledge about the benefits of exercise for older adults. These seniors also may not be aware of (or have access to) financial and community resources that might enable them to practice healthy habits such as proper nutrition and preventive healthcare.

Also, in the United States, women live significantly longer than men. The life expectancy of men is 74.4 years, while for women it is 79.8 (Arias & Smith, 2003). Because life expectancy is greater for women than for men, exercise programs will continue to be needed by more older women than men, particularly those older than 75.

Meeting the Needs of a Diverse Older Adult Population

A growing number of seniors have recognized the benefits of physical activity, and exercise programs must be developed to address their needs and encourage increased participation. Effective exercise promotion for older adults should include the following elements:

- Consideration of the exercise attitudes and behaviors of each individual
- Explanation of the risks and complications of exercise
- A medical assessment to determine fitness level
- Exercise programs tailored to each individual
- Monitored effects of exercise
- Use of motivational tools to increase compliance
- Referral to other professionals for nutritional evaluation or counseling, if necessary

Programs that include each of the above elements will be best-suited to meeting diverse needs.

THE FUNCTIONS OF EXERCISE FOR OLDER ADULTS

Exercise to Improve or Maintain Fitness or Health

The Surgeon General has summarized data on the numerous health benefits of physical activity (U.S. Department of Health and Human Services, 1996), some of which are specific to older adults. For
example, in a review of studies in this area, Keysor (2003) found that physical activity increases muscle strength and aerobic capacity and can help reduce functional limitations, such as being unable to do household chores. Moreover, resistance training, in addition to aerobic exercise such as walking, can build muscle or prevent loss of existing muscle mass, which can help preserve bone mineral density and prevent osteoporosis, heart disease, and type 2 diabetes (Seguin & Nelson, 2003).

Exercise to Improve Emotional and Mental Status

A number of studies of middle-aged and younger adults have shown that physical activity also has a number of psychological benefits, including improved mood and decreased risk of depression (for a review see Morgan, 1997; Buckworth & Dishman, 2002). Although there is less research on the psychological benefits of physical activity specifically for older adults, existing studies also show beneficial effects in terms of reducing risk of depression (Blumenthal et al., 1999) and anxiety (Lavie et al., 1999). A more recent study provided evidence that resistance training, in addition to aerobic exercise, also reduces risk of depression (Seguin & Nelson, 2003). In addition, exercise is associated with improved cognitive functioning in older adults, including enhanced memory (Rebok & Plude, 2001).

THEORIES OF HEALTH BEHAVIOR CHANGE

Beginning or modifying an exercise program requires change on the part of your clients, an often difficult task to undertake. A regular exerciser may have to increase intensity, duration, or frequency, or add another type of exercise to their program to address a new component of fitness. Non-active individuals may have to incorporate a brand new set of activities into their lifestyle, which may require decreasing sedentary pursuits like watching television or reading, and/or setting aside time for exercise despite a schedule filled with active tasks (i.e., volunteer work, caring for friends or family members, or paid work).

To help others make desired behavior changes, you must first understand those factors that encourage or hinder exercise behaviors. Although the field of exercise psychology is relatively new, various health, exercise, and psychology researchers already have developed useful theories about how and why people engage in physical activity.

The Health Belief Model

The Health Belief Model (Rosenstock, 1966) suggests that the major factors influencing physical activity include perceptions of vulnerability to illness or negative health outcomes, combined with the perception of the seriousness of these outcomes. A person with a strong family history of heart disease, for example, might be highly motivated to improve their cardiovascular fitness as a means of decreasing their chance of having a heart attack. The individual must believe the preventive action (such as regularly running on a treadmill) will help prevent the health problem. Additionally, the perceived benefits of physical activity must outweigh the perceived costs of changing. The person also must have a minimum degree of confidence in their ability to start and maintain the healthy behavior. Lastly, this model suggests the use of cues as reminders to be active, such as placing jogging shoes by the front door.
Social Cognitive Theory

According to social cognitive theory, physical activity is determined by self-regulation of behavior over time, which is accomplished through goal-setting and feelings of personal efficacy, as well as perceiving and structuring the physical and social environment in ways that provide rewards for continuing physical activity. Self-efficacy is an important determinant of physical activity. Expectations about the outcomes of physical activity are also important. Indeed, a review of outcome expectancies suggests that expected health benefits of physical activity may be especially important among older adults (Williams, Anderson, & Winett, 2005). One possible explanation for this is that older adults, more than younger adults, may view the protective effects of physical activity, such as preventing heart attack and some forms of cancer, as more relevant and urgent. However, this hypothesis has not yet been directly tested (Williams, Anderson, & Winett, 2005).

The Theory of Planned Behavior

The theory of planned behavior posits that a person’s intention to be physically active and their belief that they are able to be consistently active determines their level of physical activity (Ajzen, 1991). People’s intentions are based on the expected outcomes of physical activity, the perceived importance of those outcomes, and the perceived expectations or norms of other people, such as family or friends, who are considered to be important. Meta-analyses have shown that the theory of planned behavior has been successful in predicting and explaining physical activity behavior (Hagger, Chatzisarantis, & Biddle, 2002; Hausenblas, Carron, & Mack, 1997).

Relapse Prevention Model

The Relapse Prevention Model was derived from research on why people stop abstaining from undesirable behaviors such as cigarette smoking or substance abuse (Marlatt & Gordon, 1980; 1985). The concept of relapse prevention also has been applied to understanding why individuals stop healthy habits. Factors such as negative emotional states, limited coping skills, social pressure to cease desired behaviors, interpersonal conflicts, limited social support, stress, and encountering “high-risk” situations can contribute to the cessation of desired behaviors.

When individuals do experience a setback (a temporary lapse in activity), they often believe it will lead to complete failure. Belief in their ability to succeed may be lost after only one slip-up, leaving them feeling out of control, guilty, discouraged, and ashamed. This negative thinking can interfere with resuming the desired behaviors (Marlatt & Gordon, 1985). Preparing clients to cope with high-risk situations can prevent relapses. Helping clients to understand that relapses are normal, and even likely, can help them to better cope with setbacks when they do occur, and to resume physical activity as soon as possible. Research has shown that relapse-prevention strategies increase adherence to physical activity programs (Belisle, Roskies, & Levesque, 1987).

Transtheoretical Model

The transtheoretical model is different from previous models discussed in that it suggests an individual’s readiness to engage in behaviors can be described on a continuum of stages, known as the Stages of Change (Prochaska &
DiClemente, 1982; 1983). Although this theory was originally developed to refer to psychotherapy processes (Prochaska & DiClemente, 1982) and later, to smoking cessation (Prochaska & DiClemente, 1983), other researchers have adapted the model specifically to physical activity (Marcus & Forsyth, 2003).

A number of processes of change are important in moving people from one stage to the next. These processes were incorporated into the transtheoretical model by looking at important mechanisms from a number of other theoretical models. Therefore, the transtheoretical model can be thought of as an integration of a number of different motivational theories, and it incorporates many of the theorized determinants described in the prior models. For example, self-efficacy and outcome expectancies are also thought to be important determinants of physical activity in the transtheoretical model.

Stages of readiness to be physically active include:

- **Precontemplation**—an absence of serious consideration of changing the behavior within the next six months or so (e.g., “I have never exercised before and have no desire to start now.”)
- **Contemplation**—not engaging in the behavior but seriously considering doing so (e.g., “I know I should start getting more exercise to help lose weight. Maybe I should join my neighbors on their morning walks.”)
- **Preparation**—have decided to initiate a change within a month’s time and have begun the change process (e.g., have begun taking daily 10-minute walks, meet friends to walk at least once a week)
- **Action**—consistently engaging in the behavior at the recommended frequency and intensity (e.g., brisk walking for 30 minutes per day five or more days per week) but for less than six consecutive months, and thus still at a high risk of relapse
- **Maintenance**—have made a successful, sustained lifestyle change and are consistently engaging in the behavior at the recommended frequency and intensity for at least six months

This model is especially helpful to fitness professionals because it acknowledges individual differences in readiness to exercise at any particular point in time. Marcus and Forsyth (2003) suggest that goals and program strategies must be tailored to the readiness of each individual. It would be inappropriate, for example, to expect a person in the precontemplation stage to commit to an exercise program. Instead, interventions with a person in this stage would ideally encourage them to consider starting an exercise plan, perhaps by educating them about the benefits of exercise.

In contrast, a person who has been in the maintenance stage of physical activity for three years has already discovered the benefits of exercise. This exercise “maintainer” might be quite interested in discussing ways to add excitement to their well-established routine, a topic that clearly would not be appropriate for a person just beginning a physical activity program. Because people can move back and forth between stages, always remain alert for possible changes in your clients’ stages and adjust interventions accordingly.

Barke and Nicholas (1990) specifically studied older adults in terms of these Stages of Change. Although we may be tempted to view older people as set in their ways and unwilling to be active, their sample of 59 adults between ages 59 and 80 were more likely to be in the contemplation, action, or maintenance stages than in precontemplation. Even among the least active older adults, there were fewer people in the precontemplation stage than any other stage of readiness. This suggests that even the least active older adults were thinking about engaging in physical activity or were already preparing or attempting to
be active. These results suggest that we should recognize the continuing growth potential of older adults, rather than believe stereotypes that imply older adults are unable or unwilling to change.

Summary

These are just a few of the models that help us to understand motivation for physical activity. Generally, models of physical activity behavior change take into account some combination of expected outcomes (including benefits and costs), perceived ability to engage in the physical activity, and positive and negative social influences. The transtheoretical model can be especially useful because it incorporates ideas from a number of other models and considers when and for whom each of these potential determinants is important, based on the individual’s stage of readiness.

FROM THEORY TO ACTION

Motivation generally refers to factors that determine “why people initiate, choose, or persist in specific actions in specific circumstances” (Mook, 1996). Often, people talk about motivation as if it were a completely stable, enduring characteristic. Some people just seem motivated to accomplish great things and appear to stay motivated against all odds. In reality, motivation varies over time and according to the task.

Motivation impacts decisions to exercise as well as the likelihood of stopping or maintaining exercise over the long run. It is estimated that approximately half of the people who start exercise programs stop within six months (Willis & Campbell, 1992; Dishman, 1988; Wankel, 1987). Common barriers to continuing physical activity among older adults include personal symptoms, bad weather, lack of sidewalks, and having no place to sit down to take breaks during the activity (Clark, 1999). In addition, older adults often believe that exercise must be strenuous to yield health benefits (Lee, 1993). Misconceptions such as this can prevent older adults from initiating or continuing a physical activity program. Therefore, consistent maintenance of physical activity at the desired level is a major concern.

On the other hand, older adults are more likely to be motivated to be physically active when the activity is at a moderate intensity, inexpensive, convenient, and, especially for older women, includes a social aspect (Brawley, Rejeski, & King, 2003). Physical activity research suggests that there are behavior-change strategies that can help people initiate exercise and stay motivated to continue. Physical activity programs often employ behavioral strategies, such as goal-setting, self-monitoring, feedback on progress in the program, and setting up a reward system for continuing physical activity behavior (Barone, Maddux, & Snyder, 1997). The approach outlined below includes many of these same aspects. However, it is important to understand not only what, but also when certain aspects of behavior change programs are appropriate.

Consistent with the transtheoretical model, some strategies are more effective at different stages of motivational readiness. (For a more comprehensive explanation of effective strategies at each stage see Marcus & Forsyth, 2003.) Each strategy is followed by an example of how the strategy might be implemented with an individual older adult.

The behavior-change strategies described below are useful in promoting exercise adherence among all clients. Some, however, may be particularly helpful when working with older adults. As you read the descriptions and examples of these behavior-change strategies, think about your own experiences.
as a fitness professional, and about
times that you employed—or could
have employed—these strategies with
your clients. How would you introduce
these behavior-change topics to your
clients? What recommendations would
you make to those clients based upon
these behavior-change principles?
Visualizing yourself using these tech-
niques will help you to become com-
fortable with them and incorporate
them into your work.

Strategies for Older Adults
in Precontemplation

Clients in the precontemplation stage
have not yet begun to think about start-
ing a program of physical activity.
Therefore, teaching them ways to set
goals or strategies for reminding them
to exercise is not appropriate. Instead,
these clients can benefit from discus-
sions about the pros and cons of physi-
cal activity to help motivate them to be
physically active. Once they are moti-
vated, then more specific strategies
about how to increase physical activity
are relevant. Individuals in the precon-
templation stage may encounter fitness
professionals during a routine physical
or stress test or while accompanying or
transporting friends or family to exer-
cise programs. However, encounters
with these potential clients can be rare;
therefore, it is important to make the
most of these opportunities. In addi-
tion, the strategies discussed in this sec-
tion may be used in advertising cam-
paigns to encourage potential clients to
set up an initial appointment.

POTENTIAL COSTS AND
BENEFITS OF BEGINNING
AN EXERCISE PROGRAM

It is basic human nature to want to
engage in activities that produce more
benefits than costs. Who wants to slave
away at a job that offers no pay and no
other rewards? The “costs” of physical
activity vary from person to person, but
could include the time it takes to exer-
cise; the hassle of getting to the exercise
location; muscle soreness; feeling self-
conscious about exercising in front of
other people; the expense of a fitness
facility membership, special equipment,
or clothing; having to miss out on pre-
ferred activities; feeling tired after exer-
cise; or sweating.
The benefits of physical activity also
vary with the individual. Although cer-
tain physiological benefits might be
expected for most or all people, only
the benefits that are personally valued
will serve as motivators. If Sally does
not care about her improved ability to
climb stairs without losing her breath,
reminding her of this benefit will not be
helpful. If Sally values being able to
sleep better and having to take less
medication to control her high blood
pressure, these are more potent motiva-
tors worth discussing.

Why discuss anything negative such
as the costs of exercise with clients? To
help clients maintain physical activity
over the long run, it is necessary to be
realistic about their negative expecta-
tions about physical activity. Ignoring
the drawbacks of engaging in an exer-
cise program will not make these costs
disappear. In fact, negative expectations
that are never addressed may eventually
lead clients to drop out of their pro-
gram. By discussing clients’ objections
to their exercise routine up front, it is
possible to work with them to decrease
or eliminate the costs before they give
up on exercise. Although people in the
precontemplation stage are not currently
engaging in any exercise, it is likely that
they have done so before, or at least
exerted themselves physically at some
time in the past. If a client hates work-
ing out alone, for example, perhaps they
can find an exercise partner to join them
or try some group activities. If feeling
tired after exercise is a complaint, perhaps they could schedule exercise sessions in the evening, when feeling relaxed would encourage better sleep.

Many people do not like to have to expend physical effort when it is not necessary. Discussing this drawback of exercise lets clients know that their perception of exercise as requiring excessive effort is not abnormal, but a natural step in developing new, healthy exercise habits. This is important, since many sedentary people mistakenly assume that people who exercise regularly are fundamentally different from themselves—that regular exercisers stick with it because they love every minute of working out. The realization that even physically active people encounter difficulties—but have learned ways to overcome them—will help clients see that they can learn skills that will help them stay active.

While addressing client concerns over the costs of exercise, it is also necessary to discuss the benefits they may reap from being active. Some of these may be immediate, such as feeling more alert or experiencing a boost in self-esteem after an exercise session. Others may be long-term, such as living longer or decreasing the loss of bone density associated with osteoporosis. Helping clients to maximize their expected benefits improves the ratio of expected benefits to costs, which will make them more likely to initiate physical activity. If a client identifies increased energy and weight management as the greatest benefits of exercise, he could consider scheduling his workout in the morning on his busiest days to help him to tackle those days with more energy. Perhaps he’ll want to save his occasional high-calorie treats (like ice cream) for his exercise days when he burns more calories.

Following is an example of how a fitness professional might help a client improve the ratio of expected exercise benefits to costs:

FITNESS PROFESSIONAL (FP): Loretta, you mentioned that it’s hard for you to go to the gym to exercise because you don’t like other people looking at you when you exercise. Is that right?

LORETTA: That’s right. I get embarrassed when more athletic people see me try to exercise.

FP: So for you, one cost of exercising is feeling embarrassed in front of others. Can you think of any ways to deal with the situation?

LORETTA: Well, I guess I could try to go to the gym when no one else is there.

FP: That sounds like a good idea. Maybe you could find out when the peak hours are and try to avoid those times. I also have another idea. Have you considered doing some physical activity that does not require going to the gym? Maybe you could start walking around your neighborhood for exercise, rather than going to the gym. You could even ask a friend to walk with you.

LORETTA: I never thought of that. My neighbor has been thinking about starting a physical activity program, too. Maybe she would be interested in walking with me. Plus, then I wouldn’t have to pay for a gym membership.

FP: Would you like to ask her about starting a walking routine together?

LORETTA: Yes, I’ll ask her about it tonight.

Directly addressing a client’s concerns can help them eliminate or minimize expected costs. It is also helpful to remember the positive aspects of their exercise program and to increase expected benefits. Once a client believes that the potential benefits of physical activity outweigh the potential costs, they will be more likely to begin a physical activity program. Discussing the benefits and barriers to exercise can also be helpful in the contemplation and preparation stages.
Strategies for Older Adults in Contemplation

Clients in the contemplation stage have begun thinking about participating in physical activity and intend to begin a physical activity program, but have not yet started. These clients may understand some of the benefits of physical activity, but may need further encouragement with respect to how physical activity might be beneficial for them in the short-term. Continued discussion of the pros and cons of physical activity (as discussed in the previous section) is warranted. In addition, introducing the concept of social support as a potential motivator for physical activity is important at this stage. Again, do not discuss specific goal-setting strategies at this point, as too much specific planning may overwhelm clients, sending them back to the precontemplation stage.

THE SOCIAL CONNECTION: USING SOCIAL SUPPORT TO ASSIST WITH MOTIVATION FOR EXERCISE

Support from other people is an important tool that may help clients of all ages maintain physical activity. Many older adults are faced with the challenge of coping with multiple losses that often restrict the amount and nature of social contact. Spouses, siblings, or treasured friends now may be deceased, while others may have moved away to retirement or assisted-living communities. Physical disabilities or illnesses may prevent friends or other family members from being able to engage in previously enjoyed activities, such as long walks or shopping excursions. Retired individuals who relied upon the work setting as a primary source of social contact may now experience distress over the loss of that environment. Children and other relatives may live in distant cities and be unable to visit regularly.

However, rather than disengaging from society, many older adults desire to rebuild and keep nurturing social connections. If older clients want to maintain social connections with others and do not already have sufficient opportunities to do so, their physical activity programs can serve a dual function by meeting both exercise and social needs. Exercise programs that take into account the psychological value of social interaction, in addition to the physical benefits of exercise, can become especially prized by older adults.

How can social support be employed to help clients? One way is to teach them that encouragement will help them comply with their exercise program, and suggest that they seek support from others on an ongoing basis. Here are some social support strategies to suggest to clients:

- Find an enjoyable and reliable exercise partner. If partners are not readily available in the exercise setting, look to community agencies or programs offered by churches, social groups, university-based senior programs, etc.
- Ask friends and family members to be encouraging and positive about the exercise program.
- Ask for reminders from friends and family members about physical activity goals or appointments.
- Set up fun “contests” with a friend as well as rewards based upon meeting an exercise goal, such as attending a water aerobics class 10 times without an absence. (The friend’s goal does not have to be exercise-related, although mutual support for exercise is beneficial for everyone. The main objective is to use accountability to someone else as a motivational tool for meeting exercise goals.)
Add a social element to the exercise program. For example, arrive at class a little early if it affords the opportunity to chat with other class members.

Fitness instructors can facilitate social support for exercise by fostering interaction in their programs. Speak with as many clients as possible, even in a large class or group. Introduce clients to one another. Incorporate brief exercise activities that require a partner or small groups. Allow clients the space to meet before or after classes to socialize, and encourage participants to plan social events if they desire to do so. Over time, older clients may develop rewarding friendships with other exercise participants, thereby enhancing their sense of belonging and improving their commitment to the program.

It also should be noted that social influences sometimes can make exercise more difficult. Common examples include a spouse who makes negative comments about an exercise program or friends who always try to persuade a client to go to lunch rather than exercise. A client’s participation in an exercise program may require adaptation on the part of others, which may or may not be forthcoming.

Although friends and family ultimately may only want the best for the client, they may be experiencing some feelings of neglect or jealousy, or other interpersonal issues that need to be resolved. If you hear a client discussing negative influences, work with them to evaluate the impact of such instances on their exercise motivation level. Help clients take greater control over the situation by suggesting that they:
- Schedule their contact with unsupportive people after they exercise for the day.
- Try to balance out time with unsupportive people by increasing time with supporters.
- Set clear limits for how much time they will spend with unsupportive people, or avoid such contact altogether.
- Mentally prepare themselves to respond to negative comments.
- Mentally review why their exercise program is important, prior to spending time with unsupportive peers.
- Explain to an unsupportive person why their exercise is important to them, and ask for the person’s encouragement. If the person is willing to try to be more supportive, the client should tell them specifically what they would and would not like them to do. (For example, “It would help me a lot if you wouldn’t say, ‘Are you off to the gym again?’ each time I leave the apartment for a while. But asking how I am progressing in my program every now and then would be nice.”)

Helping clients recognize the impact that others’ responses may have on their motivation can prepare them to use positive social support to their advantage, and to decrease the impact of discouraging influences. Recruiting social support is almost always an effective strategy for physical activity promotion; however, it can be most effective during the contemplation and preparation stages when clients are attempting to establish regular patterns of physical activity.

Strategies for Older Adults in Preparation

Clients in the preparation stage have decided that they want to begin a physical activity program and have begun to engage in some activity. However, they are not yet regularly active. This is a good time to reinforce the benefits of starting regular physical activity, and
also move into setting specific physical-activity goals.

SETTING EXERCISE GOALS WITH OLDER ADULTS

Goal-setting is important for anyone attempting to change a behavior. You can play a pivotal role in teaching clients how to set and evaluate their physical-activity goals. It is crucial, however, that clients’ goals be their own. This means that each client should fully agree with the selection of goals and how progress will be measured. Remember that most people quickly lose enthusiasm for meeting others’ expectations when those expectations are not compatible with their own motivations and lifestyle. Although terms such as “fitness prescriptions” suggest that an exercise plan can be imposed by an expert upon an accepting client, exercise programs are unlikely to be maintained if the client does not feel they have played a primary role in choosing their own goals and developing the fitness program.

To illustrate, Mary is a 68-year-old woman who has not engaged in formal exercise for 20 years, but has recently been attending a yoga class once each week. She has a busy schedule that includes volunteer work and caring for a seriously ill friend, but she wants to begin exercising regularly. She makes an appointment with a fitness professional to discuss using exercise to manage her weight, as well as to improve her energy level and overall health. The fitness professional may conclude that, ideally, she should be participating in a water aerobics class three times a week, as well as performing strength training and flexibility exercises at least twice a week. Initially, however, Mary may feel overwhelmed by a program that includes all the physical activities deemed appropriate. The challenge is to identify one or two goals that match Mary’s current needs and abilities.

The only way to evaluate the compatibility between the proposed goals and the individual client is to ask all clients how they feel about the proposed goals, and how long they think they can continue to meet these goals. Their responses will help identify the level and types of activities that are appropriate for them. Initial goals may fall far below what might be recommended for health or fitness benefits, but remember that early success can help clients gradually work toward more advanced goals. A client may choose to maintain a physical activity level that seems too low or appears to neglect a component of fitness. Do not lose sight, however, of the fact that sustained moderate-intensity physical activity is infinitely more beneficial than a complete withdrawal from activity, which could be caused by feeling pushed into a program that was too aggressive.

For Mary, participating in a water aerobics class two times a week may initially be the most challenging goal she feels she can fit into her schedule. In conjunction with this goal, encouraging her to increase lifestyle activity by 15 minutes per day may be appropriate. For example, would Mary be willing and able to climb the stairs to her apartment rather than taking the elevator, or walk down the street to pick up small items at the grocery store? In a month or two, she may be willing to consider making time for increased fitness activities such as strength training or flexibility exercises. For now, however, acknowledge the motivation that Mary demonstrated initially and applaud her for setting realistic goals.

The previous example illustrates the primary rule of effective goal-setting for fitness professionals: Listen carefully when helping a client set goals, and ensure that the goals are appropriate for their current lifestyle, motivations, and stage of readiness for physical activity.
activity. This is especially important when working with older adults, who may differ from younger clients in all of these respects. Taking the time to understand an older adult’s concerns, motivation, and comfort level with proposed goals will help you collaborate on setting encouraging and constructive program goals.

An important note about health, fitness, and exercise goals: Goal-setting with clients should be contingent upon whether they are seeking health or fitness benefits, or both. Although vigorous activity may be desirable for certain fitness gains, moderate-intensity physical activity is quite sufficient for attaining health benefits. Most older adults (and most clients in general) will need to be educated that the “no pain, no gain” theory is not accurate, and that moderate activity provides substantial health benefits. Similarly, unrealistic weight-loss goals should be addressed early on so that clients are less likely to quit exercising if they do not experience significant weight loss. While exercise is certainly a key to long-term weight loss, it is necessary to decrease calorie intake below calorie expenditure to lose weight. Therefore, for most people an adjustment in dietary intake also is necessary to achieve weight-loss goals.

Clients may need some education about activity guidelines to assist them with goal setting. The Surgeon General’s Report on Physical Activity and Health recommends that for health benefits—many older adults are seeking health, not fitness, gains—people of all ages should engage in at least 30 minutes of moderate-intensity physical activity (such as brisk walking) on most, if not all, days of the week (U.S. Department of Health and Human Services, 1996). There are several options for attaining the recommended amount of moderate-intensity physical activity, ranging from single 30-minute sessions, to breaking up activity into multiple short bouts (of at least 10 minutes each) at least five days per week. Make program recommendations appropriate to the type of benefits sought, as well as client interests and lifestyle. Be sensitive to the fact that for some older adults, goal-setting may need to revolve exclusively around increasing lifestyle activity—a very worthy goal in its own right.

The specific steps of goal-setting are described below. An example of the implementation of each step with an older client accompanies each description.

Step One: Identify the client’s primary objective(s). Ask what they want to accomplish over the long run (months or years) by engaging in an exercise program. They may want to decrease blood pressure, lose weight, improve appearance, perform daily tasks such as carrying groceries or climbing stairs with more ease, decrease stress, meet new people, relieve boredom, improve balance, prevent or manage certain medical problems, improve mood, or obtain other positive outcomes. Often, a person’s reasons for developing an exercise plan will be discussed at the beginning of the first meeting. In this case, it is appropriate to review their primary long-term objectives when developing specific goals.

FITNESS PROFESSIONAL (FP): Bill, I’d like to be sure I understand what you want to accomplish over the long run (months or years) by engaging in an exercise program. They may want to decrease blood pressure, lose weight, improve appearance, perform daily tasks such as carrying groceries or climbing stairs with more ease, decrease stress, meet new people, relieve boredom, improve balance, prevent or manage certain medical problems, improve mood, or obtain other positive outcomes. Often, a person’s reasons for developing an exercise plan will be discussed at the beginning of the first meeting. In this case, it is appropriate to review their primary long-term objectives when developing specific goals.

FITNESS PROFESSIONAL (FP): Bill, I’d like to be sure I understand what you want to accomplish over the long run so we set goals that meet your needs. Your main reason for beginning exercise is to improve your golf game, right?

BILL: Yes, that’s right. I also wouldn’t mind being in better shape so I’m not so sore after doing home-repair projects.

Step Two: Identify one or two short-term goals that will move the client toward their primary objectives. Although it is fine to have long-term goals (such as losing 100 pounds or
transforming from a sedentary person to a marathon runner), it is difficult to stay motivated with only long-term goals in mind. Work with clients to set daily or weekly goals so they can experience smaller, motivating successes on the way to meeting their long-term objective.

Even though the client may want to set multiple goals right away, it is advisable to initially focus on only one or two short-term goals. If necessary, explain to the client that new habits—even healthy ones like exercise—take time to develop. Encourage focusing energy on one or two main goals, allowing clients to succeed in meeting them for a period of time, before adding new goals. This is far more productive than having an overly ambitious client try to do too much and then experience the frustration and disappointment of failing.

An important note about selecting short-term goals: It can be very motivating to track and record physical outcomes, such as changes in body measurements. However, try to ensure that a client’s short-term goals focus on the actual behaviors they are doing, rather than solely on outcomes. This is especially important for older adults who may no longer experience rapid physiological improvements. If the primary focus is on the process of completing their exercise routine properly and regularly, clients can feel good about this very important accomplishment, even if they do not see rapid gains in stamina or strength. Of course, tangible physical or physiological measurements are valuable tools for assessing a client’s response to the program and for helping clients to improve health and/or fitness. But for motivation reasons, always have clients set some small, short-term goals focused on personal behaviors under their control (e.g., participating in their walking program or completing their flexibility exercises), rather than outcomes, which can vary widely from one person to the next.

FP: It sounds as though some exercises to generally improve your flexibility and muscle strength could help you with your golf game and prepare your muscles for home-repair projects. How would you feel about setting a goal to complete a 45-minute strengthening and flexibility routine in the gym three times a week?

BILL: I think I can do that, as long as you teach me how.

FP: That’s what I’m here for. Together, we’ll go through each exercise and you can ask me any questions you have. We also will write notes about the exercises that you can keep.

**Step Three:** Once general short-term goals have been agreed upon, define them in measurable, realistic, and specific terms. Goals must be measurable so that there is a clear, objective way to determine whether they have been met. Take vague goals and find one or two quantifiable ways to measure progress. For instance, a goal of “working out” is hard to measure, but a goal of completing a pre-planned workout routine in the gym six times over the next two weeks is measurable. It is crucial to have clients track their exercise behaviors, either in a personal notebook or on structured forms.

Goals also must take into account the client’s current fitness level, stage of readiness to increase physical activity, and lifestyle. Chapter 4 details the specifics of pre-exercise screening and fitness assessment. It is imperative to collect high-quality screening and assessment data from clients and use it to determine whether their goals are realistic. It is helpful to develop short-term goals that are slightly challenging, so the person feels a genuine sense of accomplishment when they are met. At the same time, these goals should be designed to produce success and, as such, be within the
client’s ability. Early successes help to increase client confidence in their ability (both their physical ability and the ability to incorporate the exercise routine into their life), thereby encouraging adherence to exercise programs.

Goals also must be specific so plans for meeting them are not left to chance. Vaguely stated intentions such as “mall walking three times this week” are easy to forget or put off (indefinitely). In contrast, people often feel much more committed to meeting specifically defined goals such as “mall walking at XYZ Mall at 8:30 a.m., Monday, Wednesday, and Friday, for at least 30 minutes each day.” To encourage clients to think through their plans and increase their commitment, supportively ask them to explain the “what, when, where, and how” of meeting their exercise goals.

It also is important that clients explicitly agree to meet their exercise goals. This may take the form of a verbal commitment. Some exercise professionals prefer to put such commitments into writing with a “behavioral contract” that defines physical activity goals and states that the client agrees to make every effort to meet the goals. Written contracts should be signed both by the fitness professional and the client, and each should keep copies for subsequent reference. Such contracts assist in keeping track of client goals, and underscore the importance of their exercise plans.

FP: Now that we have gone through your exercise routine, let’s make concrete plans for the next two weeks. People usually are more successful at sticking to exercise programs when they determine how they will meet their goals. You said you can do the exercise routine you just learned three times a week. What days and times will you come to the gym to do this routine?

BILL: Well, I golf on Mondays, Wednesdays, and Fridays, so I don’t think those days would be good. I think I should try coming on Tuesdays, Thursdays, and Saturdays.

FP: OK. Is there a particular time you can come on those days?

BILL: I usually feel more energetic in the morning, so I guess morning would be good.

FP: Sounds like a good idea. An exact time doesn’t have to be etched in stone, but can you tentatively plan the time you’ll come on those mornings?

BILL: Let’s say I’ll leave my house around 9:00. That will give me time to eat breakfast and read the morning paper.

FP: Great. Even if you end up having to change the time, now you have your exercise session in your schedule. So you will leave for the gym at 9:00 a.m. on Tuesdays, Thursdays, and Saturdays, right?

BILL: Yeah, that’s what I’ll do.

FP: OK. I suggest writing it on your calendar, just like a doctor’s appointment or any other important event. When we meet again after your first two weeks, we can discuss how this schedule worked for you.

Goal setting is a vitally important strategy for clients in the preparation, action, and maintenance stages. However, as clients move into the action and maintenance stages, and learn how to set and readjust goals on their own, you may end up spending less in-session time with them on goal-setting.

Strategies for Older Adults in Action

Clients in the action stage have been engaging in regular physical activity, but for less than six months. At this stage it is helpful to review the initial goals and adjust them as necessary. In addition, clients may be looking for additional ways to motivate themselves, especially on days when social support is unavailable. Now that the client has some experience with exercise, introducing the use of environmental cues...
and self-talk strategies can be helpful and is appropriate at this stage.

**REVISE SHORT-TERM GOALS AS NEEDED**

This is a critical step often overlooked by clients and fitness professionals. Patterns of exercise successes and difficulties contain a wealth of information that can be used to help clients. Try to review goals with clients on a weekly or biweekly basis. Congratulate them on all successes, including partially met goals. Too often clients feel like failures when they do not meet 100% of their stated goals, and they don’t give themselves credit for what was accomplished. Clients should understand that all effort put toward meeting their long-term objectives and improving their health or fitness is valuable.

Ask successful clients what helped them to succeed. Did they discover especially helpful strategies such as exercising with a friend or attending fitness classes at a certain time of day? Congratulate them on their ingenuity and note the strategies that were helpful for them. If a client begins to have difficulties with exercise at a later date, encourage them to employ these strategies again.

Unsuccessful clients can share valuable personal experiences that will facilitate problem-solving. In an understanding manner, ask what factors made it difficult for them to meet their goals. Listen for possible patterns. Once major problems have been identified, work to generate solutions or modify goals. Remember that it is critical to praise clients for coming back in to talk with you, even if they do not meet their goals—remind them that this is a critical step toward eventual success with behavior change.

The first concern should be helping the client feel good about what they have accomplished. This will give them the confidence to meet future activity goals. Explain that it is only through trying to meet exercise goals that they can discover which strategies do or do not help them succeed. Explain that instances they see as failures can be helpful if they learn from the experience.

After evaluating successes and problems, clients should commit to a new set of short-term goals. They may opt to keep the same exercise goals, decrease goals that were overly ambitious, or challenge themselves with new or intensified goals. In any case, all the previous goal-setting steps still apply. You may make recommendations for revision, but the final selection of the next short-term goals should ultimately rest with the client. As they become regular exercisers, a formal review of goals may occur less often (perhaps monthly or every two to three months, depending on the client). Ideally, clients will become quite good at tracking their own progress and revising their own goals.

(At the second meeting, after Bill has been in his exercise program for two weeks.)

FP: Hello, Bill. It’s good to see you. How did the first two weeks of your exercise program go?

BILL: I did pretty well the first week. I came to the gym and completed the routine three times, just like we planned. But the second week, I only got to the gym twice.

FP: I want to congratulate you on your successful first week. A lot of people find that beginning a new program is the hardest part. How do you feel about your first week?

BILL: Really good, especially because I had friends in from out of town and didn’t get as much sleep as I’m used to.

FP: But you managed to come to the gym and do your routine even though you were tired?

BILL: Yeah.
FP: That’s great. What motivated you to exercise even when you were tired?

BILL: I remembered what you said about exercise sessions being just as important as a doctor’s appointment—I thought, I shouldn’t cancel on myself! I guess I didn’t want to feel like a quitter, either.

FP: Your exercise time is important and you deserve to take it. I’m glad you decided to keep your appointments during the first week. What made it more difficult during the second week?

BILL: Things just kept getting in the way. I didn’t come in on Tuesday because the washing machine broke and my wife wanted me to fix it.

FP: I can see how that might interfere with your plans. Let’s think about what you can do when a situation like this comes up again so you’ll be able to exercise, but still have time to do the other things you need to do.

BILL: OK. It was kind of an unusual week, but I guess things can always come up at the last minute.

FP: That’s right. No matter how much you may want to do your workout, other things are bound to interfere with your plans.

BILL: What do you suggest?

FP: Well, let’s look at your experience when the washing machine needed to be fixed. Is there any way you could have taken care of that and still worked out that day?

BILL: I guess I could have done my routine at the gym first, then gone home to fix the washer. It’s just that my wife asked me if I could fix it so she could do laundry; I didn’t want to make her wait.

FP: And did you mention to her that you had planned to go to the gym that morning?

BILL: No, and I don’t think she remembered it, either.

FP: That’s not surprising since you recently added this to your schedule. How does she feel about you going to the gym three times a week?

BILL: Oh, she’s all for it.

FP: That’s great. Do you think she would have understood if you said you’d like to go to the gym before fixing the washer?

BILL: Uh-huh. I guess I should have reminded her about my plans. She wouldn’t have minded waiting.

FP: It’s good that she’s supportive of your exercise program. Support from family and friends can really help people stick to their regimens. Maybe later we can talk about ways she can help you adhere to your plan. For now, though, what will you do next time something like a household repair comes up before your workout?

BILL: If it’s not an emergency, I’ll just exercise first.

FP: Good. This experience probably will help you a lot in the future. Now, what goals do you want to set for the next two weeks?

BILL: I’d like to stick with this same routine until I really get the hang of it.

FP: That’s a smart idea. I’ll note that doing your current routine three times a week is your new goal. Do you want to change the times, or is Tuesday, Thursday, and Saturday around 9:00 a.m. still best for you?

BILL: I like that schedule. Let’s leave those as the times I’ll come.

USE REMINDERS TO EXERCISE

“Cues” are simply influences—either planned or coincidental—that remind people to engage in certain kinds of behaviors. Seeing walking shoes by the front door can remind a client of plans to walk that day, or keeping a fitness facility ID card on one’s key ring can provide an ongoing reminder about an exercise commitment. Setting an alarm...
clock or wrist watch alarm as a reminder to leave for an exercise class can be quite helpful.

Unfortunately, some influences also make it harder to exercise. Starting an engaging new book can make it difficult to get to a water aerobics class. Having friends drop by unexpectedly to play cards can make it hard to go for a walk. Teach your clients to intentionally use cues to remind them to exercise. Whenever possible, also encourage them to avoid cues that make it difficult to exercise until after they have met their physical activity goal for the day.

USE SELF-TALK AS AN EXERCISE MOTIVATOR

Self-talk can help clients meet exercise goals if it is positive or otherwise motivating. Statements such as “I can do it” or “I’ll feel much less stiff once I’ve done my exercises” can help clients to begin or continue exercising. Self-talk also can be discouraging, as in the case of a person who says to himself, “I don’t know why I should bother with all of this work; it’s never going to pay off” or “I’ll never be able to keep up with the rest of this class.” Help clients stay motivated by teaching them how to identify and take control of self-talk related to their exercise goals.

The first step is to identify (i.e., to hear) self-talk. This will be easy for some clients; others may find it difficult. Encourage clients to ask themselves what is “going through their minds” when they are feeling discouraged about exercise or having difficulty meeting physical activity goals. This should help them pinpoint the negative thinking that is interfering with their success. They also can learn from positive experiences. Thoughts that help them feel good about exercising can be recalled at times they feel discouraged.

Next, negative self-talk should be corrected. This doesn’t require becoming oblivious to reality or trying to think only “happy thoughts.” Instead, encourage clients to try to make their self-talk realistic, rather than unduly harsh, by assessing the accuracy of self-talk. Acknowledging that such statements as “I always mess up” or “I’ll never be able to succeed” are exaggerations will help clients to regain a more realistic perspective.

Sometimes, negative statements will be accurate. (Perhaps your client is not in the mood to exercise or does find a particular exercise difficult.) In these cases, suggest that they work to find solutions, such as determining a way to make their program more appealing or substituting other good exercises for ones that are currently frustrating. When realistic negative thoughts do occur, however, ask clients to try shifting their attention to motivating self-talk. Motivating self-talk often emphasizes the positive effects of exercise: “This will help me to improve my balance” or “I will be so proud of myself when I finish my workout today.” Using self-talk to their advantage is a way for clients to motivate themselves to adhere to their exercise routine. As with goal setting, positive self-talk can be an effective strategy at any time. However, you may spend more time on it with your clients during the action and maintenance stages, when negative self-talk about exercise is likely to occur.

Strategies for Older Adults in Maintenance

Clients in the maintenance stage have been exercising regularly for at least six months. Relapse prevention strategies, such as planning for potential barriers and recognizing minor lapses, can help prevent these lapses (brief periods of inactivity) from turning into relapses (extended periods of inactivity). Clients in the maintenance stage should find
ways to reward themselves for continuing to exercise even when the exercise is not intrinsically rewarding. Clients at this stage can also benefit from strategies that keep physical activity interesting, such as using humor and music.

PLAN FOR THE FUTURE: RELAPSE PREVENTION SKILLS

Knowing the factors that contribute to a relapse can help individuals predict and plan for future high-risk situations. Factors such as illness or injury, social pressure to not engage in activity, a lack of support from friends or family, highly stressful or busy times, and an inability to cope with high-risk situations are just a few of the problems that may hinder progress toward activity goals. Such factors can be difficult for exercisers of all ages.

Fitness professionals should prepare clients to cope with tough situations that are likely to interfere with their exercise programs. Clients must first learn to identify their own high-risk situations. Then they can develop the crucial skills of predicting potential problems and proactively develop plans to deal with them. For example, Mike has difficulty swimming regularly and knows that this will become even harder for him when his family arrives for a three-week visit. He realizes there will be plenty of distractions. Nevertheless, he wants to try to stick with his swimming routine.

A fitness instructor could help Mike turn this challenge into a victory by developing an action plan. Perhaps Mike can reschedule his swim sessions at the time of day when his grandchildren typically nap, so he won't miss out on time with them. Maybe he could arrange to meet a friend at the pool at predetermined times, so he will feel obligated to go. Mike is likely to have some good ideas about what will help him to keep swimming. Encourage him to generate his own ideas and to rate their value. He should try the most highly rated strategies first.

Exercise researchers also have suggested that teaching clients to distinguish between a lapse and a relapse can be extremely helpful (Dishman, 1991; Marcus & Stanton, 1993). The reason is simple: After missing one or more planned activity sessions, it is common for people to start feeling guilty and ashamed, and to experience decreased self-confidence in their ability to exercise regularly. Additionally, some people will engage in all-or-none thinking, labeling themselves as “quitters” or failures. But if a person has acknowledged in advance that lapses are common, natural, and temporary setbacks rather than catastrophic failures, they can more easily forgive themselves and get back on track with their activity plan. Encourage clients to “get back on the horse” as soon as possible after a lapse, even if they must again start slowly. The sooner they resume some sort of physical activity, the better they will feel about themselves, and the easier it will be to get back into their desired exercise routine.

USING REWARDS TO MOTIVATE LONG-TERM ADHERENCE

Eventually, clients may find exercise rewarding in and of itself. Internal rewards, such as improved self-esteem and a sense of personal satisfaction from developing new skills, can be highly motivating (Deci & Ryan, 1985). Note that these motivators reside within clients and their personal perspective; this “intrinsic motivation” to exercise is extremely conducive to long-term maintenance of physical activity or exercise (Ryan et al., 1997).

Long-term exercisers typically find many inherent aspects of physical activi-
ty give them pleasure and motivate future exercise behaviors (e.g., a sense of accomplishment as they are exercising or post-workout relaxation). Fitness professionals sometimes expect clients to enjoy the intrinsic rewards of exercise, just as they do. The reality, however, is that it often takes time to begin enjoying exercise for its inherent benefits. Until clients sufficiently develop their physical abilities to focus on pleasurable aspects of their workout rather than how difficult their exertion feels, they cannot be expected to love working out. Even motivational, desirable outcomes such as improved muscle strength or weight loss may not occur until the person has continued their program long enough to experience these benefits. For some clients, a genuine, internally generated love of exercise may never develop.

Until clients begin to report internal rewards, it is crucial to employ external rewards to keep motivation levels high. Such rewards should be planned in conjunction with setting physical-activity goals. Clients who do not find exercise to be internally rewarding still can develop and maintain regular exercise routines, but they will need to continue using external rewards.

External rewards for exercise can take many forms. Clients can establish their own reward systems, such as allowing themselves to enjoy a relaxing soak in the spa immediately after they exercise, or treating themselves to a movie each week they meet their exercise goals. Fitness professionals can provide external rewards in the form of praise for achievements or tangible rewards such as prizes for meeting short-term goals. Rewards also can be linked to program monitoring, as in the case of a prominently posted attendance chart documenting each client’s attendance, with a gift certificate given for every 10 classes attended.

One word of caution: Remember that the goal is to foster the growth of a client’s awareness of internal rewards and intrinsic motivation to exercise. Too much focus on external rewards can foster a reliance upon such rewards (Deci, 1977). To minimize this risk, provide more external rewards when clients are new at exercise behaviors, and gradually decrease them when clients begin to express internal motivation to exercise.

Creating external rewards can also be helpful during earlier stages, such as preparation and action. Rewards should be designed to coincide with the accomplishment of goals. Rewards can also vary in size based on the duration and perceived difficulty of the goal.

BALANCING CONVENIENCE AND ENJOYMENT

As mentioned earlier, it is easier to quit an activity that carries more costs than benefits. If an activity is too inconvenient, it will be stopped as soon as the effort outweighs the rewards (Epstein, 1998). Many of us do engage in highly inconvenient activities with some regularity. There are snow skiers, for example, who buy expensive and specialized equipment, drive for hours to reach a ski area, wait in line for lift tickets, brave even the harshest of weather conditions on the slopes, ski to the point of exhaustion, and willingly opt to do it all again as soon as they have another chance. This inconvenient exercise occurs because the people who engage in it are having fun. But if every trip to the fitness facility or every daily walk were as inconvenient as a ski trip, most people simply would not bother. The difference is that people are willing to deal with hassle if an activity is extremely enjoyable or rewarding in other ways.

Therefore, there are two very important lessons to teach clients:
1. Engage in exercise plans that are convenient. This applies to a regular exercise routine that can be done even on days when clients have little time or energy for elaborate plans. Going to a nearby fitness facility for a regular class held at a convenient time, or exercising with a videotape at home are good examples of such activities. Hopefully these will be somewhat enjoyable, too, but they don’t have to be blissfully fun if they are relatively easy to do.

2. Engage in inconvenient but fun exercise activities, but be realistic about how often they can be done. For example, one client may love to dress in formal attire and go ballroom dancing, while another is willing to drive for an hour to their favorite hiking spot. Clients should be taught to engage in inconvenient but treasured activities when it is realistic to do so, but also to have a set of very convenient exercise options to employ on a daily basis.

Consider enjoyment and convenience when reviewing client progress. Clients who are having trouble meeting exercise goals may need help to increase convenience. If they hate traffic and driving to the fitness center, perhaps they can carpool with someone. If they dislike early-morning obligations, they should attempt to take fitness classes in the afternoon or evening.

Here is an example of a fitness professional guiding a client through a discussion about balancing convenience and enjoyment:

FP: Anna, you say that you are having trouble getting to your stretching class because it is too hard to rush home from your job, change clothes, and get to the class on time. Is that right?

ANNA: Yes. I hate to arrive late, so if I get there and they’ve already started I just go back home.

FP: I know it’s frustrating to join a class in progress, and most people find it hard to exercise when getting to a class becomes a big ordeal. Is there any way we can make your exercise plans more convenient for you?

ANNA: I don’t know what to do. I mean, they aren’t going to change the class time for me.

FP: Let’s consider a few ideas. Some may work and some may not, but at least we can come up with a few possible solutions for you to try.

ANNA: OK. What can I change?

FP: Well, the first thing that comes to my mind is the time you leave your job. Can you leave earlier?

ANNA: I don’t know. We set that schedule when I started. I guess it’s worth asking to see if I could leave 30 minutes earlier. I wouldn’t mind going in earlier to make up the time.

FP: Great. That might be the solution right there, but in case that doesn’t work, let’s come up with a few more ideas. Is there a way to avoid having to go home to change your clothes before class?

ANNA: I certainly can’t work in the clothes I wear for class, and I’d feel silly changing into workout clothes at my volunteer job.

FP: OK. How would you feel about changing clothes here in the locker room?

ANNA: I guess that might be alright. I see other women changing clothes there all the time. I’ve just never been in the habit of packing up all my things to bring with me.

FP: Well, if you’re comfortable with trying it, that may be another solution. You could pack the clothes you’ll need for class in the morning, put them in a bag in your car, and then come straight here after work to change clothes. Would that give you enough time to get to class?

ANNA: I think it would.

FP: OK. If these things don’t work, maybe we can see if another class starts at a better time for you.
ANNA: Oh, I really like that class. The instructor is great and I like the people in it. I'll see if these other things will work first.

FP: That makes sense. If you really enjoy an exercise class, sometimes it’s worth going through a little inconvenience. This week, are you willing to try changing clothes here and asking your supervisor about leaving your job earlier?

ANNA: I'll do both.

FP: Great. I'll look forward to hearing how things turned out when we meet next week.

As this example illustrates, people often do not consider convenience issues when arranging exercise plans, and may not realize which aspects of the program will be inconvenient until it has begun. Clients may not recognize that it is OK to expect their activity plans to be convenient. They may even chide themselves for not being dedicated enough to their exercise goals when inconvenience gets in the way of goal attainment. You can help them understand the balance between enjoyment and convenience, and to plan their program accordingly.

COMMUNICATION AND LEADERSHIP SKILLS

In both group and individual formats, your leadership skills can significantly affect your older clients’ attitudes toward physical activity. First and foremost, it must be clear to all of your clients that you enjoy working with them and are genuinely interested in their well-being. Sincere warmth plus enthusiasm for the exercise skills you are teaching will go a long way toward gaining your clients’ trust and increasing their dedication to exercise. However, genuine interest, warmth, and enthusiasm are not sufficient in and of themselves. Strong communication and leadership skills also are central to your effectiveness. In their review of optimal leader qualifications, Lewis and Campanelli (1990) concluded that leaders of exercise and health-education programs for older adults should be:

- trained in the areas of physical activity and aging
- able to offer a mixture of fun, purposeful activities
- able to relate meaningfully to older adults
- willing, interested, and empathetic
- patient with themselves and others
- organized in their methods and directions
- firm but not authoritarian
- trained in group dynamics
- trained in CPR and able to recognize signs of overexertion

Continually strive to improve your professional abilities, just as you expect clients to continue working to improve their fitness levels or general health. As with the behavioral strategies, thinking about how you will apply these communication and leadership skills with clients will help you prepare to use them. After you have read this section, challenge yourself to improve at least one leadership or communication skill. As you make gains in that skill area, try using a new skill. Committing to a process of ongoing professional growth will help you better appreciate a fundamental truth of teaching and leadership: The best instructors learn from their students, even as they are teaching them.

Tips for Communicating with Older Adults

Most of us are familiar with the saying “communication is a two-way street.” It is true that the most effective communication requires two willing parties, but the parties must do more
than merely speak. They must be able and willing to listen carefully and respond in respectful, constructive ways. Fitness instructors need to be particularly responsive to the communication needs of their older adult clients. Because older adults often are stereotyped or patronized by others, they may be especially appreciative of attentive listening and understanding. The better the communication between you and your clients, the more likely it is that you will hear about problems that could interfere with their program success.

Unfortunately, younger people who have not spent much time around older adults may feel intimidated about communicating with these individuals, and rely upon familiar stereotypes to guide interactions. Hummert, Nussbaum, and Wiemann (1992), note that language beliefs and attitudes toward the elderly tend to be negatively biased. These negative stereotypes actually can contribute to communication problems and misunderstandings between generations.

One especially common stereotype is that all older adults have problems communicating based on hearing loss, poor memory, or other factors. The reality, though, is that some older clients may have hearing impairments, comprehension problems, or difficulties in finding the right words to express themselves, while others may have excellent communication skills (Hummert, Nussbaum, & Wiemann, 1992).

Younger adults often fail to adjust for individual differences, erring on the side of using what is known as “patronizing speech” or “elderspeak” when addressing older adults (Hummert, Nussbaum, & Wiemann, 1992). This speech style is characterized by simplification strategies (speaking more slowly, using very simple grammar) and clarification strategies (speaking loudly, articulating very carefully) in addition to basing content upon stereotypes of aging. While adjustments in speech patterns may be well-intentioned, older adults may feel they are being “talked down to.”

According to Willis and Campbell (1992), the major keys to effective communication are attending, listening, and empathetic responding. These are useful tools for communicating with any clients, but are even more important if clients are different from you. Attending refers to focusing your attention on another person rather than on yourself or things going on around you. Listening requires actively focusing on both the spoken content and feelings or other messages that are only alluded to.

Empathetic responding can be more challenging. Empathy refers to understanding a person’s experience from their perspective. Asking yourself, “How would I feel in their situation?” is a good way to understand your client’s point of view. Next, your response should accurately acknowledge their experience. Ideally, empathetic responses slightly increase the client’s awareness of their experiences. Consider the case of Vivian, a 68-year-old client who said to Fitness Instructor Joe, “These weight machines are so complicated. I still get confused about how to use them and have to ask for help, even after three weeks in the program!” Joe simply agreed that some of the machines are complicated and then immediately proceeded with reviewing their proper use. While his technical review may have been helpful to Vivian in some ways, Joe’s focus upon only technical issues probably left her feeling somewhat misunderstood and unsupported.

Imagine now that Vivian made the same statements to Fitness Instructor Tim. Before responding, Tim asked himself how he would feel in her situation. Tim decided that he would probably feel embarrassed and/or discouraged. Tim then acknowledged these feelings in the empathetic response, “The weight machines can take quite a while to get
used to, especially if you haven’t used them before. It sounds like you feel badly about having to ask for help after three weeks, but it’s great that you ask questions. You are doing a good job of learning the machines—you’ll probably find that it will get easier with practice.”

Tim’s understanding of Vivian’s feelings, his reassurance that she was not a failure, and praise for asking questions increased her confidence in being able to master the machines. Once she indicated that she was ready, Tim reviewed the use of the problematic machines.

This technical review was important to Vivian’s safety and success, and it was of even greater value because it followed an empathetic response, which motivated her to continue her efforts.

Table 2.1 lists other important communication tips for working with older adults, and their application.

<table>
<thead>
<tr>
<th>Table 2.1: Communication Tips for Working with Older Adults</th>
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<tr>
<td>1. Listen without interruption to your clients’ questions and statements before responding. Instructors often think they must have all of the answers—and FAST—to look competent. But fitness instructors sometimes miss part of what a client is saying because they are busy thinking about how they will answer. To avoid this problem, hear all of what your client has to say before commenting. If needed, remind yourself to take your time and think about what is being said. If you are at a loss for a response, tell your client that you need to think about the question for a moment, then formulate your answer. If you are “stumped,” assure the client that you will consider the question and get back to him or her. If you do this, be sure to follow up with an answer as soon as you have researched one.</td>
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<td>2. Tune out distractions. Distractions can occur in the environment (things we see or hear around us), within ourselves (our state of mind or physical condition), or from the speaker (mannerisms or a communication style that make it difficult to pay attention). Because your clients should be the focus of your attention, eliminate or minimize distractions that make it hard for you to listen. Move to a quiet location if surrounding noise or activity is disruptive. If your mind keeps wandering to a personal issue, silently repeat to yourself everything the speaker says. If the speaker’s style makes it hard to listen, respectfully work with the speaker to solve the problem (e.g., ask a soft speaker to speak more loudly).</td>
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<td>3. Avoid overuse of filler words. Sometimes, instructors feel uncomfortable with brief silences and attempt to fill pauses with words. While it often is helpful to acknowledge that you are listening with an occasional “uh-hum,” overuse of filler words can become annoying and should be avoided. If you find yourself using too many filler words, take a deep breath and remind yourself that some pauses and brief silences are natural and productive. Smiling and nodding in a supportive manner can show your interest without being disruptive.</td>
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<td>4. Avoid patronizing language. Too often, older adults are spoken to as if they are children, with little regard for their dignity. For example, if a small-framed elderly female fits the “little old lady” stereotype, some adults may unthinkingly address this woman as “dear” or “honey.” While the speaker may consider these terms of affection, others may find this approach condescending and offensive. Address older adults as you would any other adults—with respect—in the manner they request. It is not uncommon for older persons to prefer being addressed in a more formal manner (e.g., Mr. Smith, rather than Bill.) If in doubt about addressing an older client by first or last name, ask their preference.</td>
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5. Avoid using slang.

Remember that slang often is age-, gender-, and/or culturally specific. For instance, it might be appropriate for a 25-year-old woman to use the phrase “you guys” to address her close friends, both male and female. Older women, however, might find such a phrase to be disrespectful. It is best to use mainstream English (or whatever primary language your instruction is in). If you are working with an individual or with group members who are from a similar age group and background as yourself, the use of some slang may be acceptable. Be careful, however, not to patronize clients by attempting to use slang terms you would not otherwise use.

6. Make eye contact.

This demonstrates your interest in each client. A steady gaze can be threatening, but among most American cultures frequently making brief eye contact with clients shows concern and interest. If you are leading a group or class, be sure to make eye contact with each participant.

7. Speak at an appropriate volume and pace.

Nervous and/or enthusiastic leaders tend to speak quite rapidly, often not allowing time for listeners to ask about what was said. If you are a rapid speaker, be conscious of slowing your pace. Additionally, the volume of speech must be loud enough for clients to hear, especially if there is background noise. (Remember that hearing aids amplify all noise—not just your voice—so any background music must be low.)

Ask your clients about volume and pace until you become familiar with their needs. Inquire whether the volume of your voice is OK. Likewise, you can ask clients, “Am I talking too fast?” and adjust accordingly. For hearing-impaired clients, it often is beneficial to slow down the rate of your speech, use some gestures or demonstrations to emphasize points, and look at clients so they can pick up visual cues about what you are saying.

8. Teach new material at an appropriate pace.

It has been noted that although the ability to learn new information remains relatively stable over time, the speed of learning may slow with aging (Spotts & Schewe, 1989). There may be tremendous variation from one client to another, but a good rule of thumb is to allow older adults (and, ideally, all of your clients) to learn at their own pace.

Allow clients to tell you when they are comfortable with what you have taught them and when they are ready to move on. Periodically ask individuals to demonstrate new moves or explain what you have just said. Inquire whether additional practice is desired. If the majority of a class is ready to move on, reassure those who want more practice that you will review the information again, making sure to let them know when. In groups, give clients the option of using a familiar move until they become comfortable with the new one. Provide frequent opportunities for older clients to meet with you or peers to work on new steps or exercises.

9. Visual communication aids should be easy to read.

Older adults’ vision will vary widely. To meet the needs of those with vision difficulties, it is best to make writing on chalk boards, signs, flyers, and instruction sheets easy to read. Keep visual material uncluttered and brief. Color combinations that give maximum contrast should be used, while varying shades of the same colors (like grays) should be avoided. Pictures or diagrams can enhance some messages, but they should be simple and clear.

Remember that the best way to determine if you are meeting clients’ needs is simply to ask. Most clients will appreciate your concern and will attempt to tell you how to help them. An old adage about teaching applies well to fitness instructors working with older adults: It is less important to know all the answers than to ask the right questions.
Leadership Skills for Fitness Professionals

Communication with clients does not occur in a vacuum. It takes place within the context of a relationship in which you hold a special position. You may alternate among acting as a consultant, instructor, counselor, coach, mentor, or other roles, depending on the nature of your work and your client’s needs. In all of these roles, however, you remain the leader, the person who has primary responsibility for defining how clients can best approach their health and fitness goals.

There are many talents that contribute to a leader’s effectiveness. You already may naturally possess many of these abilities, but may need to work on developing some of them. Understanding how groups and individuals may relate to you over time can be helpful. Skilled fitness instructors are good at using feedback for educational and motivational purposes, while also making clients feel emotionally safe. In addition to these general leadership skills, an appreciation of gender and cultural differences, and creativity in making exercise sessions fun, can encourage clients to get hooked on their exercise program.

Each of these skills is important to successful work with older clients, whether in individual or group formats. But there is an almost endless list of other positive leadership characteristics as varied as the number of fitness professionals. Therefore, in addition to developing these skills, recognize your own special strengths as a leader, and use them for the benefit of your clients.

Evolution of Instructor-Client Relationships

Human relationships evolve over time. Understanding the basic stages of relationship development will help you pinpoint and address common client needs, so that your rapport will continue to grow. Table 2.2, which was adapted from a group development model by Ward and Preziosi (1994), summarizes the stages of relationship development, as well as specific tips for instructor behaviors at each stage. These same stages also occur within the context of one-on-one work with clients, so they are as relevant to fitness professionals seeing clients individually as they are for leaders of structured exercise classes and facilitators of exercise-related educational programs. Look to your clients’ behaviors and concerns for clues about the current stage of your relationship.

Use this information to improve your skills as a fitness instructor. An isolated comment might not require action on your part, but the validity of suggestions or criticisms that come from two or three people always should be seriously considered. When appropriate to do so, modify your behaviors and programs to address these issues.

Your work with older adults will not be limited to conveying information. These relationships will grow and change over time, and the stage of your relationship may influence the kind of information you choose to share or how you communicate it. This insight and flexibility can help you nurture the development of your working relationships.

Instructor Responsibilities During Individual and Group Sessions

Just as relationships with individuals and groups grow over time, there is a natural progression of events that should occur each time you meet with clients or lead classes. It is your responsibility to smoothly guide clients through each of these steps, making your time with them productive and
focused. For the sake of efficiency, the term “session” here refers to both individual work and group activities.

Step 1: Beginning the session.
Introduce yourself and let clients know that it is time to begin. Explain what you will be doing that day and how you expect them to participate. This is especially important when working with new clients or class members. Reassure clients that they can participate at their own pace, and that they will not be expected to engage in movements that they are unable to perform or are uncomfortable doing.

Concentrate on:
- setting a positive tone (I’m glad to see each of you here today!)
- focusing clients’ attention on exercise (Now it’s time to get our workout going.)
- explaining what to expect (Today we’ll talk about how your routine is going, and I’ll teach you a new exercise for your hamstrings.)
- reviewing prior performance, if applicable (Last class we learned a new move and all of you started to get it. Is everyone comfortable with that move?)

Table 2.2
Stages of Instructor-Client Relationship Development

1. Preparation Stage
   This refers to fitness instructors’ preparation prior to meeting with a client. Be comfortable with the information to be covered; appearing scattered and disorganized can damage your credibility, while a calm and organized approach can instill confidence.
   You will need to:
   - Do your homework. Review fitness assessment or exercise tracking information, if applicable. If you are leading group exercise or offering educational programs, be thoroughly familiar with the information you will be teaching.
   - Come psychologically prepared [calm, enthusiastic, and focused on the client(s) and your job].
   - Finalize content to be covered and presentation methods for structured or semi-structured classes or presentations.

2. Initial Stage
   Trust issues are central to your clients, since they are figuring out what your sessions will be like, and how they are expected to behave. In this initial stage, older adults in particular may be reluctant to question your authority, to disagree with you or other group members, or to challenge your recommendations. Remember that this is probably not due to unwillingness to cooperate or a lack of interest. For some older adults, you are an expert or authority figure. Initial reluctance to critique your suggestions or to report problems may be based upon long-standing beliefs that one should not question authority. It may take some time and patience to help some of your older clients feel comfortable being candid with you.
   You will need to:
   - Help clients get acquainted with you (and other group members).
   - Set the norm for participation by explaining that client input is respected and essential to success.
   - Provide accepting and constructive responses to both concerns and positive comments.
   - Point out similarities among your ideas and viewpoints, and those of your clients.
   - Provide structure and direction.

3. Transition Stage
   After you and your clients have worked together for a while, they may begin to ask more questions or offer challenges. Personal agendas and power issues may surface in groups and classes.
You will need to:
✓ Continue identifying perspectives and experiences that are shared by you and clients.
✓ Respond to differences of opinion in a positive manner.
✓ Keep meetings and classes on track.
✓ Respond to challenges to your expertise in an open, non-defensive manner.
✓ With groups or classes, get as many people as possible involved in discussing problems and giving feedback.

4. Working Stage
Relationships are characterized by increased open and supportive communication. In groups or classes, interactions become less instructor-focused, and more exchanges occur between group members. In both group and one-to-one situations, feedback is more readily solicited by clients, and empathy among clients and fitness instructors often is high.

One danger that may arise during this stage is that clients’ or instructors’ desires for approval or acceptance may take priority over exercise goals. For instance, Richard states that he has missed the last three power-walking classes because he has been busy planning a social event for his condo community. In an attempt to maintain a warm and positive relationship with Richard, his fitness instructor may refrain from reminding Richard that walking remains vitally important to his health and well-being, even when he is busy. Similarly, clients who have bonded well with their fitness professional may be reluctant to report when strategies proposed by the instructor are not working well for them.

You will need to:
✓ Encourage members to honestly report what does and does not work for them on a continual basis.
✓ Encourage clients to turn ideas into action.
✓ Remember that your primary role is to provide expert guidance. Tactfulness always is required, but don’t hesitate to gently challenge clients or constructively critique their performance when needed. Your main role is not to be a friend, but rather a coach.
✓ Interpret individual or group behavior when it will help clients. (Example: “I notice that fewer people are coming to class during this holiday season. I know this is a very busy time for some of you, but making time for exercise can help you to stay healthy and reduce tension if you are dealing with a lot of holiday stress. Congratulations for being here today! Please encourage your friends to keep coming, too!”)

5. Final Stage
This is the time to terminate work with an individual or group. Emphasize what your clients have accomplished, and challenge them to carry on with skills they have learned. This also is the time for the fitness instructor to summarize what has been learned and to establish a sense of pride and closure. Many clients naturally will begin to emotionally distance themselves; increased absences for individual sessions or groups is not uncommon.

You will need to:
✓ Address any remaining questions or concerns.
✓ Acknowledge the ending of the current relationship and emotions related to the change (e.g., apprehension, sadness).
✓ Summarize the accomplishments of individual clients, classes, or exercise groups.
✓ Reinforce your clients’ exercise-related changes and insights.
✓ Ensure that your clients know how to get more information and support as needed.
✓ Ensure that clients have the knowledge to maintain healthy physical activity behavior changes.
✓ Confirm each client’s future exercise commitment(s).

6. Evaluation Stage
Focus on assessing your performance as a fitness instructor and your clients’ experiences working with you or attending your class or group.

You will need to:
✓ Follow up with your clients regarding their experiences and suggestions, in person and/or through evaluation surveys.
Step 2: Leading the session. This is the body of your session, when the bulk of the exercise, education, and/or discussion will occur (* indicates leader behaviors that are especially important for older adults).

Concentrate on:
- ✓ providing clear instructions (First, let’s review your exercise chart. How many times did you swim last week?)
- ✓ allowing adequate time for questions* (Do you have any questions about where you should feel this stretch?)
- ✓ presenting options for modifying types of movements, intensity, etc.* [If you aren’t comfortable with this new move, you can march in place, like this (demonstrating).]
- ✓ giving plenty of genuine, positive feedback (You are showing some great endurance.)
- ✓ actively engaging clients’ participation (Who can tell me the purpose of this exercise?)

Step 3: Closing the session. This sets the tone for the feelings clients carry away from the session, so be sure to close on a positive note! Review what has been accomplished and what clients should be doing until you meet again.

Concentrate on:
- ✓ summarizing your clients’ achievements (Everyone’s form looked terrific today.)
- ✓ restating clients’ “homework,” if applicable (So this week you’ll buy a new pair of aerobics shoes and will walk three times.)
- ✓ expressing the expectation of seeing them again (I’ll look forward to our next appointment on Thursday morning.)

By carefully performing each of your duties as a fitness leader, you will confirm that you are well-prepared and that your clients’ time with you is well spent.

Creating a Safe Environment for Older Adults

To facilitate the success of your older clients in meeting exercise goals, you must create a safe environment for them. We commonly think of safety for exercise program participants in terms of physical safety issues (Is the floor dry and the surface smooth? Are participants properly warmed up before doing strenuous exercises?) In a review of the challenges of physical education of older adults, Cousins and Burgess (1992) reported that chronic conditions may indeed put some older adults at increased risk of aggravation or pain, or require physical activity modifications. Research has suggested, however, that older adults generally are not more injury-prone than younger adults (Clarkson & Dedrick, 1988), although fears of injury increase significantly with age (Stephens & Craig, 1990). For example, in a study of women over age 70, Cousins (2000) found that her participants generally recognized benefits of physical activity, especially moderate walking. But they often held exaggerated concerns over risks. She concluded that, “Many older women feel physically vulnerable, are unsure about their actual risks and benefits in exercise settings, and in the face of that uncertainty, report medical reasons why they should be excused from fitness-promoting exercise” (Cousins, 2000).

Why might even healthy older adults at low risk for injury be overly fearful of exercise? The answer rests in a frequently overlooked aspect of client safety: the concern for psychological safety. Perceived risk of injury or bad health outcomes is subjective. As a result, you may encounter clients with realistic concerns, while other clients may possess exaggerated risk beliefs that unnecessarily prevent them from exercising or limit their exercise options (Cousins,
Most older clients will not engage in physical activities they perceive to be dangerous, no matter how adamantly you insist that they should. Increased psychological comfort with exercise programs can dramatically improve program adherence. Help older adults safely exercise at or near their physical ability by accurately identifying and minimizing both physical and psychological risks of exercise. Subsequent chapters suggest specific components of program design intended to minimize the risk of physical injury to your older clients. Table 2.3 presents a few common psychological risks of exercise for older adults. Some of these are based upon the work of researchers (Cousins, 2000; Table 2.3

<table>
<thead>
<tr>
<th>Common Psychological Risks of Exercise for Older Adults</th>
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| 1. Risk of Embarrassment or Ridicule. This risk may be especially serious for older adults who never have been physically active or who are attempting to engage in exercise after an extended break. All clients may be susceptible to the risk of embarrassment, but remember that older adults are attempting to engage in an exercise plan despite societal messages that exercise is most appropriate for younger adults, and that older adults may be too frail for exercise or too old to develop new skills. (Hence the term, “You can’t teach an old dog new tricks.”) It is no wonder that some older adults fear criticism.  
To Help Your Older Clients: Acknowledge your client’s wisdom and courage in committing to their health or physical fitness by exercising. Reassure them that the vast majority of individuals in exercise programs are preoccupied with their own performance, leaving little time to worry about what others are doing. Predictions of failure from family members or others, if they occur, can be used as a motivator to succeed and to prove skeptics wrong. |
| 2. Risk of Facing Diminished Physical Abilities. This problem can be especially difficult for former athletes or former regular exercisers who have not been active in a long time. Some older adults may compare their current performance to what they could do when they were younger or prior to a medical problem. Finding out that they can do less than expected can be a demotivating blow to self-esteem. Older clients who note declines in their abilities may be reluctant to continue exercise activities that painfully remind them of these changes.  
To Help Your Older Clients: Encourage them to measure progress from their present starting point. We would never expect a person of any age who has not exercised for a while to be able to automatically perform as they did when they were exercising regularly. Additionally, remind clients that individuals of any age have plenty of room for substantial gains in physical abilities. With time and consistent participation in their exercise routine, they may be pleasantly surprised at how much they can improve. |
| 3. Risk of Confronting Ageist Stereotypes of Physical Beauty. Given society’s obsession with youth, older women may feel acutely self-conscious while exercising, particularly if the setting is a facility where slim, well-toned young women work out. Males, too, can suffer from damaged self-esteem when comparing their own physiques to those of well-conditioned young men who exercise at the same facility.  
To Help Your Older Clients: Remind your clients that the only people they need to please are themselves. Suggest they concentrate on the benefits from participating in an exercise program regardless of how they fit into the visual profile of others attending a facility. Point out, too, that by actively taking steps to improve their health, appearance, and self-esteem by exercising, they are improving their own physical attractiveness. |

These are just a few of a wide variety of psychological risks your clients may associate with physical activity programs. By supportively encouraging them to come to terms with these and other risks, you will free your clients of restrictive barriers to exercise and fears that may impact many aspects of their lives.
Caserta & Gillett, 1998; Cousins and Burgess, 1992), and others are based upon fitness professionals’ experiences. Suggested strategies for helping older clients to overcome each of these risks are also given in Table 2.3.

Types and Uses of Feedback to Clients

A primary task of fitness instructors is to provide clients with helpful feedback. Different types of feedback serve different functions. Feedback may be technical, as when you comment on a client’s form as they use a piece of equipment or perform an exercise. It also may take the form of counseling, as when you work with clients to set new physical-activity goals or problem-solve their barriers to exercise. Another intent of feedback may be to reassure clients about their performance, or to enhance their motivation.

Positive feedback is a response that tells a person or group what they are doing right. Telling an exercise class, “I see that everyone is moving their weights slowly and with control; that’s great!” is an example of positive feedback. In contrast, negative feedback is a response that tells a person or group what they are doing wrong. For example, “I see some people getting into the pool to swim laps without doing any initial stretching or warm-up. That’s not good for your body, which needs time to prepare for exercise.” Negative feedback is necessary to teach clients to avoid errors that could put them at risk for injury.

It is not helpful for clients to hear that they are doing something wrong if they are not informed about how to correct the problem. Therefore, negative feedback should be immediately followed by corrective information. Corrective feedback is a response to observed behavior that provides specific instruction on how to improve the technique or performance. Even if clients are not in danger of injuring themselves, corrective feedback that can lead to improved health or fitness benefits should be given. This type of feedback also can be used to correct client misconceptions about their exercise program, the use of behavior-change skills, or fitness in general. In the case of teaching physical movements, it often is helpful to supplement corrective feedback by modeling (demonstrating) the proper form.

Prevent clients from jumping to the conclusion that they are doing everything wrong by giving negative and corrective feedback in conjunction with positive feedback. Researchers and leadership specialists have suggested the “sandwich technique,” which simply refers to placing negative and corrective feedback between two instances of positive feedback (Hughes, Ginnet, & Curphy, 1993). When commenting on client performance, start on a positive note and end on a positive note. For example: “Frank, you are doing a great job of keeping your back against the mat as you start your sit-ups. Try not to pull your head forward; that puts strain on your neck. Keep your neck and elbows back like this (while demonstrating proper form). Your form on these floor exercises is really improving.”

Remember to give positive feedback as soon as clients improve their form or correct mistakes. Do not wait to give encouragement until they have perfect form because it may take many attempts for them to succeed. To keep clients motivated, give positive feedback about each successive step toward the desired outcome, in conjunction with corrective instructions. “That is much better, Frank! Now see if you can extend your arms even further. Good work.”

Redirective feedback attempts to switch the subject under discussion by keeping conversations on target. For example, a personal trainer might have to change the subject from a client’s extended discussion of his vacation to...
strength-training goals. Redirection can also be used to alter the way a process is being handled. For instance, if an experienced step aerobics participant is commenting on a new class member’s performance in a hurtful way, the instructor could use redirection to guide how feedback should be given. The instructor might say, “Rose, I’m sure you remember how hard it was trying to learn the steps we use in our classes. It seems like an awful lot to remember at once. Would you be willing to demonstrate just one of the steps?” Redirection can be relatively painless for the redirected clients if it is done with respect and sensitivity.

Keep in mind the tasks to be accomplished during your meetings with individual clients or in groups or classes. Discussions that trail into extended tangents quickly get boring or seem chaotic, leaving clients questioning the value of participating. Therefore, try to stay on track with what you planned to accomplish, using redirection when needed.

This does not mean, however, that fitness professionals should become tyrants, never tolerating the slightest bit of non-exercise commentary. Some older adults may want to use their exercise program for social connection, as well as health benefits. They may want to share information about themselves to help you and others get to know them, and may ask you details about yourself and your life.

Other older clients may feel a natural and compelling need to make sense of new information by relating it to their past experiences. In such cases, older clients need room to share information that may not be directly related to their health or fitness programs. Accept and welcome this type of communication if it helps your clients to bond with you or others in a fitness program, or to generally feel understood and cared about. Think of redirection as a tool to help you maintain a comfortable balance between accomplishing exercise-related tasks and your clients’ needs for individual expression.

If you find yourself using redirection techniques often, try to examine why. The need for frequent redirection might be expected if you are dealing with older adults who suffer from cognitive impairments that lead to disorientation, short-term memory problems, or difficulty paying attention. But with clients without cognitive difficulties, the need for frequent redirection might signal problems with the information you are presenting. Is the material interesting to your clients? Is it clearly relevant to their lives? Distractions also can make it harder for clients to focus or hear what you are saying? Are your questions and instructions clear so clients understand the desired response? A client’s response may seem off-target simply because they don’t understand what kind of response you want. Lastly, difficulties staying on track almost always suggest a client’s need for more consistent positive feedback when they are on track.

No matter what type of feedback you are giving, following certain rules will increase the chance that it will be beneficial. Hughes and colleagues (1993) suggest a number of tips for improving feedback skills. Among others, they suggest that feedback should always:

- Be helpful. (Emphasize behaviors that are under the client’s control.)
- Be specific. (Give a clear understanding of what behaviors need to be changed and how to change them.)
- Be timely. (Give feedback as soon as possible after the behavior is observed.) If the immediate situation is not a good time for your client to hear feedback (for example, they are surrounded by people and you know that they would be embarrassed by receiving corrective feedback in front of others), offer...
the feedback at the earliest appropriate opportunity.

✓ Include positive and corrective feedback. A mix of recognition for what is right, plus ongoing suggestions for improvement, can optimize your clients’ ability to develop the skills you are teaching.

A final note: Feedback may elicit different feelings in different listeners. Something that you said for the sake of simple redirection may be interpreted as negative by one client and positive by another. Remember that the overall goal of feedback is to help your clients. Carefully observe the effects of your feedback on each person. Over time, you will learn how particular clients receive your comments, allowing you to tailor your feedback so that it has the intended effect.

Sensitivity to Gender and Ethnic/Cultural Differences

At first glance, the differences between a fitness professional and a client may seem to far outweigh the similarities. Fitness instructors are called upon to work with clients from different age groups, genders, ethnicities, cultures, economic situations, life experiences, and personalities. Don’t become overwhelmed by the diversity; successful fitness instructors approach differences as interesting aspects of clients that deserve both consideration and appreciation. Each client’s beliefs, perspectives, and lifestyle will impact their health and fitness goals and the ways in which they will want to meet them. Exercise programs must take into account the individuals for whom they are designed, and must work with that person’s values. Appreciating differences will help you consistently demonstrate respect and acceptance. Always remember that if all clients were clones, your job would be pretty dull!

Clients’ exercise interests may be highly influenced by cultural messages about appropriate male and female behavior. Much of older adults’ life experiences occurred during times that were more restrictive in terms of gender-appropriate behavior. Although most older clients may have revised their perspectives many times over the years, and some may always have been progressive in their thinking about sex roles, some older adults may be influenced by historic notions of “acceptable” male and female behavior. For example, some older females may be concerned with issues of modesty, finding the scanty workout clothes worn by some people at a fitness facility offensive. A few older male and female clients may feel strongly that women have no business in the weight room. Older males may think participating in traditional aerobics, yoga, or flexibility classes is not masculine. Older women and men may prefer exercise groups of the same gender over co-educational instruction.

As a fitness professional, your main task is to help your clients engage in exercise activities that best serve their health and fitness needs and interests. As much as possible, recommend activities that are a good match for client perspectives, as well as the desired outcomes. That is not to say that you should never challenge a client to broaden their thinking. It may be extremely helpful for an older woman who is experiencing difficulty with daily household tasks that require upper-body strength to try some strength exercises using weight-training equipment. Similarly, an older man who attends a stretching class might benefit from increases in flexibility and be pleasantly surprised to see other males in the room.

Remember to be sensitive to clients’ feelings. Provide gentle encouragement and occasional challenges to clients’ thinking without attacking entire perspectives. As your relationship develops and you patiently encourage new activities,
your older clients may become willing to branch out into some new exercise behaviors. If this does not happen, continue working within the parameters of their current attitudes to meet the primary objective of keeping them actively engaged in their exercise program.

Cultural and ethnic differences also can impact your work and effectiveness in communication with clients (Li, 1999). In a discussion on communicating with older adults of different ethnic and cultural backgrounds, Joan Wood (1989) noted that most research and health-related programs have been developed from white, urban, middle-class models that ignore variations. She also noted that health professionals are more likely to come from upper-class non-minority backgrounds, and that there is a great need to develop effective cross-cultural communication skills to better serve all older adults.

Some important points from her discussion and suggestions for improving cross-cultural communication skills follow.

Culture refers to socially transmitted beliefs, institutions, and norms for behavior, while ethnicity refers to a shared history, culture, and sense of peoplehood. Culture and ethnicity are inseparable from other components of an individual’s identity. Lifelong patterns of socialization within an ethnic group play a major role in shaping personality, so sensitivity to culture is crucial to individualizing the services you provide to older adults.

One example of how ethnic differences may impact your work is the variation in the social status of older adults in many minority cultures vs. white, middle-, and upper-class American cultures. Although older adults from minority groups may be isolated or segregated from the mainstream white culture, remember that they may be fully integrated within their own cultural group. Unlike white older adults, who often experience decreases in respect and power with age, older adults from some ethnic minority groups occupy positions of great honor, respect, and authority. In some minority cultures, older adults frequently provide a home for younger children and grandchildren, use their own homes as the gathering place for culturally important events, and preside over important community and family decision-making processes. In economically disadvantaged situations, older adults may provide the most stable income (from retirement or benefits programs) and take on substantial parenting responsibilities for grandchildren whose parents work.

While the roles of older adults vary dramatically even among the same culture, this example highlights several important implications. First, failure to treat older adults with sufficient respect may impair your ability to build a trusting and positive relationship with them. The best approach is to consistently show in your actions and words that they are valued. This will increase the likelihood that your client will share important information with you and continue to invest in working with you to meet their health or fitness goals.

It can be dangerous to make generalizations about clients’ lifestyles. For instance, you cannot assume that all retired men sit home most of the day, and have no obligations other than addressing their physical-activity goals. Take the case of an African-American older adult who holds a position of authority in his church, does extensive volunteer work with agencies in his community, and frequently chairs committees that organize and implement important cultural events. This client may be too busy for an exercise program that demands two hours in the fitness facility four times a week. Inquire about the lifestyle of each client, rather than make assumptions about what the client should be willing and able to do.
Here are some suggestions to increase sensitivity to the needs of older adult clients from varied cultures:

✓ Treat all older adults with respect. Do not minimize the importance of their other activities, and do not patronize them.

✓ Understand that cultural beliefs may have a large impact on ideas about health and fitness. Some cultural beliefs actually may suggest that physical activity is an undesirable or unattractive behavior, or that health outcomes are mostly determined by factors other than personal exercise habits (such as spiritual or religious forces, or emotional states). Beliefs about exercise or physical activity will influence clients’ compliance with their exercise programs, as well as their motivation. As you develop program goals and assess progress, strive to understand the beliefs that may be influencing your client. You do not have to agree with all of their beliefs, but show respect for them, and make exercise recommendations that fit their belief system.

✓ Seek out expertise when needed. Read about, or attend training on, cross-cultural communication. Enlist the help of cultural mediators from various ethnic groups, either on a formal basis (working with ethnic minority staff) or informal basis (receiving advice from friends, co-workers, or other members of ethnic groups).

✓ Be empathetic. As much as possible, listen to your client’s experience and attempt to see their perspective. Preferring our own way is not the only barrier to empathy. Automatic assumptions that clients’ values, viewpoints, and reactions will be the same as ours also should be avoided. Currently, minority elderly populations are growing more rapidly than the white elderly population. According to the Centers for Disease Control and Prevention (2003), from 2000 to 2030, the proportion of racial minority persons age 65 or older is expected to increase from 11.3% to 16.5%. The proportion of Hispanic elders, for example, is expected to rise from 5.6% to 10.9%. This implies that the already vital need for exercise programs designed and offered to minority elders will only increase.

Working with clients who are different from you need not be intimidating. It can be one of the most enjoyable and exciting challenges of your work as a fitness professional. If you approach all of your clients with respect and a willingness to learn about their perspectives, your working relationships will be productive and rewarding.

The Fun Factor: Leadership Strategies for Making Exercise Enjoyable for Older Adults

As previously discussed, enjoyment is a valuable asset for exercise adherence. Here are a few strategies to make exercise more enjoyable for your older clients.

HUMOR

You can take your work seriously without always taking yourself seriously. Human resource research has determined that leaders who use humor often are perceived as both more likeable and effective. Environments where humor is welcome result in benefits ranging from increased motivation, creativity, satisfaction, and productivity to decreased stress. Humor is a wonderful tool for capturing your clients’ attention and having fun as you lead exercise classes or work individually. According to Dean (1993), humor:

✓ shows people that you are approachable and “down to earth”
✓ conveys confidence in your relationship with clients
Here are a few tips for appropriate uses of humor, adapted from the work of Ozzie Dean (1993):

- Making fun of yourself from time to time is OK, but do not make fun of others.
- Laugh with others, not at them. Do not tell a funny story about someone in the group or known to the group unless you have first obtained their permission to do so.
- Avoid any sort of age-related, ethnic, or sexist jokes or insults.
- Show clients that it is OK to laugh. If you are able to relax and laugh from time to time, you have given them permission to do so as well.

Try to be open to using humor to make the exercise skills you are teaching or the activity you are leading more interesting. Humor should not detract from your exercise goals for the group or person, but should contribute to clients’ motivation.

**MUSIC**

Although there may be tremendous variation, appropriate use of music can greatly enhance exercise experiences, especially in structured exercise classes. Frequently, Big Band music, show tunes, or instrumental music is enjoyable to the greatest proportion of older clients. However, avoid making assumptions about the types of music that older adults should or will like. The best way to learn about their music preferences is to ask for specific suggestions.

No matter what the type of music, volume should be kept low. High volumes may interfere with an older client’s ability to hear your instructions and can be especially problematic if they wear hearing aids. The rhythm should be easy to follow and the tempo appropriate for clients’ physical abilities and skill levels. By listening to older adults’ input, you can determine the degree to which music can enhance their exercise activities.

**OTHER WAYS TO ADD NOVELTY AND VARIETY**

People naturally enjoy activities that are interesting and fresh, which usually requires adding variety, such as occasional changes in exercise routines. Remember that some older adults may require more time to learn new movements or skills. Experts in programming for older adults frequently warn fitness instructors to avoid overwhelming older clients with sudden changes to established routines.

Whether you are leading fitness classes or working with clients on a one-to-one basis, the rate of change should be physically safe, and comfortable for the client. New steps or equipment should be introduced gradually, with plenty of time for practice. Remember that successful experiences are good motivators, whereas feeling lost or unable to perform new movements can be embarrassing and frustrating.

Ensure success with new movements by keeping them simple at first. In the case of fitness classes, offer frequent demonstrations of movements for different ability levels and encourage modification of movements as needed. Frequently returning to familiar basic movements such as marching in place will enable even new participants to be successful. When working with older clients, provide plenty of positive feedback as they try new exercises or activities and make sure that plenty of time is spent on tasks they perform well.

**Tips for Handling Nervousness or Anxiety**

No matter how knowledgeable you are about providing fitness instruction, leading new kinds of classes or working with new kinds of clients can sometimes make even
seasoned fitness professionals nervous. If you do find yourself feeling anxious, the following tips may help.

Before the session:
- Be sure you are at ease with the material by rehearsing your role.
- Visualize yourself as a confident and successful fitness instructor. Picture the best-case scenario of how you would like your appointment or class to go.
- If needed, enlist the help of an experienced co-leader the first few times you do a new type of class or training session.

During the session:
- Focus on the value of what you are teaching, and how it will help your clients. (This takes your focus off yourself and places it back on your clients.)
- Practice empathy. Focusing on your clients’ perspectives not only helps you to serve them better, but also takes attention away from your own anxiety.

CONCLUSION

An older client’s exercise-program satisfaction and participation is often directly related to their relationship with you. Your knowledge and application of behavior-change principles can help clients develop and sustain new exercise habits. Showing interest and frequently giving sincere praise are especially motivating to older adults. Because they may not have recent exercise experiences or physically active peers to help them understand what to expect, your support becomes even more important when older adults are just beginning to exercise.

Invest time and energy into getting to know your clients. Nurture your relationships with them by showing acceptance and interest in their well-being. Make an ongoing effort to improve your own communication and leadership skills. In addition to enhancing your own professional abilities, the uplifting effect you will have on many of your older adult clients may become its own reward.
REFERENCES AND SUGGESTED READING


