



# Building Exercise Self-Efficacy In Overweight And Obese Clients

by Elizabeth Kovar, MA

Inner IDEA: Use short-term goals, partner games, open-ended questions and positive reinforcement to work through clients' difficulties.



You know them well—your obese clients who have tried everything: weight-loss meal programs, fat-burner pills, crash diets, gym memberships. Nothing worked for very long. When they turned up at your door, low self-efficacy was all they had to show for their sincere efforts to change.

More than anything, you want to help them turn the corner and adopt healthy lifestyle behaviors they can maintain. But how do you do it?

## Self-Efficacy

Within the context of exercise, the American Council on Exercise defines self-efficacy “as the beliefs in one’s own capabilities to successfully engage in a physical activity program” (ACE 2010). In other words, self-efficacy is the perception we have of our ability to change or perform behaviors such as physical activity or dietary habits.

Past experience is a good predictor of a client’s current self-efficacy state. Clients who have had success with exercise in the past are likely to have more self-efficacy regarding their future abilities to exercise successfully. By contrast, a history of failed attempts typically leads to low self-efficacy and negative self-esteem—which overweight and obese clients tend to attribute to their physical appearance. With their expectations

not met, they feel frustrated and confused. That vulnerable state of mind drives them to attempt more quick fixes, such as the “Lose 10 pounds in 2 weeks” workout or diet plan—but when they gain the weight back with interest, their self-efficacy drops to a new low. They decide that diet and exercise do not work for them. The more they believe this, the harder it becomes for them to make positive and lasting lifestyle changes. They may even lose interest in trying.

If you have the opportunity to work with these clients, begin by learning what their large goals truly mean to them; reorienting them toward smaller goals; and demystifying their many perceptions about health, fitness and diet.

## Small Steps

Some of the biggest gains come from the smallest changes. Obese and overweight clients tend to have big goals, which often include losing weight for general health or looking better for a specific event (such as a wedding or vacation). The timeline for a long-term goal, such as losing 100 pounds, is a **macrocycle**, but accomplishing that overall goal requires many lifestyle-progression steps. These steps, or **microcycles**, involve short-term goals. Microcycles usually last 1–4 weeks.

The purpose of having microcycles, with short-term goals, is to establish changes that the client finds achievable—and thereby increase self-efficacy. It is common when assessing traditional clients to state up front the change(s) they will need to make in order to progress. Don’t bombard obese clients with a list full of changes to do all at once. Trying to attempt too much will not increase their self-efficacy. They will perceive that being healthy is too challenging and may give up if they fail to meet your expectations.

Get on the client’s level to see what is achievable. Small goals are easy to find: drinking more water, incorporating more vegetables into the diet, establishing a weekend family walk with the dog. To find the true meaning behind a client’s larger goals, and to set achievable objectives in his or her present-day life, “dig deep” by doing a thorough assessment and asking open-ended questions (see “Client Conversations”).

## Ways to Increase Self-Efficacy

There are various ways to boost self-efficacy on and off the gym floor. Partner games, client conversations and achievement reinforcement are three effective ways to break through negative barriers.

### Partner Games/Exercises

Partner games and exercises place the theme on play and emphasize that exercise is fun rather than repetitious “work.” It is common to see clients smile and laugh, which makes it more likely they will associate exercise with a positive experience. Try these simple and achievable partner games and exercises:

- Simon Says
- Medicine Ball Squat and Toss

- Bounce Passes With Reaction Ball

## Client Conversations

One-on-one conversation with a client can help you identify his or her true goals and let you determine the best way to proceed. Ask open-ended questions, and take your cues from the client's responses. For example:

*Trainer:* Can you explain to me what you are looking for in an exercise program? *Client:* I would like a program that will help me lose weight and gain muscle. *Trainer:* So I understand that you want to lose weight. What in your life would be different if you lost weight? *Client:* I'd be able to travel again. *Trainer:* Could you elaborate? *Client:* I took a flight recently, and it was hard to walk down the aisle and the seat was so uncomfortable that it made me realize I need to lose weight. I love traveling, but I have avoided it because traveling is uncomfortable. *Trainer:* Thank you. I see you have a busy schedule. When do you think you can fit exercise in? *Client:* My goal is to work with you 2 days per week and to work out on my own 2 or 3 other days for about 1 hour. It depends on the week, as I work on call for the overnight shift. *Trainer:* Yes, job commitments are very understandable, and together we'll work around the demands of your schedule. I see you have listed some dietary concerns and requests. I think it is best to proceed by meeting next week, as we planned, and discussing your dietary concerns then. In the meantime, please think about one habit you would like to change and how it has affected your health.

## Achievement Reinforcement

When clients lack confidence in their abilities, it's crucial to reinforce their best efforts and achievements with recognition. Praising small accomplishments goes a long way in boosting self-efficacy. Offering positive feedback--like "Look how far you've come" or "You should be proud of your balance achievements"--reinforces a connection to the progress a client has made.

Like every wellness or fitness professional, you have your own approach to working with clients. Whatever your style, however, it is essential to avoid embarrassing or frustrating your obese clients by giving them unskillful cues or by setting them exercises they cannot do.

## Training the Obese Client

Obese and overweight clients need to work on improving stability and mobility and on executing proper movement and biomechanics prior to implementing load. Proximal stability promotes distal mobility. In essence, clients need to access strength and stability between the hips and the core; this will facilitate mobility in the limbs. This concept does not override the mobility and stability principles of the kinetic chain. However, building core strength is vital in the initial phases of exercise.

Lack of coordination and poor balance are also common, and training these components is a vital component of early sessions. A good approach is to keep the body upright or conduct exercises on an angle of incline, commonly known as a "vector" in suspension-based programs (American Council on Exercise 2012). Staying upright is

nonthreatening, burns calories and avoids embarrassing clients who cannot get down to the floor and up again.

By gaining a better understanding of overweight clients and their outlook on exercise, you can facilitate healthy behaviors and help to defeat our nation's obesity epidemic.

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## Sidebar: Obesity Statistics

Obesity is a common and costly issue in America.

According to the National Institutes of Health, overweight and obesity are conditions that substantially raise the "risk of morbidity from hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and endometrial breast, prostate, and colon cancers" (NIH 1998).

Key findings from the 2009-2010 National Health and Nutrition examination survey showed that 35.7% of U.S. adults and nearly 17% of youth were obese (Ogden et al. 2012).

Overweight and obesity are defined by body mass index. Overweight individuals have a BMI in the 25–29.9 range. BMI  $\geq$  30 indicates obesity. When BMI is  $\geq$  40, obesity is considered extreme.

## Sidebar: What To *Avoid* During Initial Phases Of Exercise

Some moves are unhelpful or even risky for overweight or obese clients:

**Abdominal Exercises on the Floor.** There are several reasons to avoid these with new clients. First, most obese individuals hold their weight in the midsection. When they lie on their backs, abdominal fat mass restricts their range of motion. Exercises in the supine position are therefore ineffective (and uncomfortable) because heavier clients can only lift the neck and not flex the spine in this pose. They may be left asking, "Where am I supposed to feel this?" avoiding supine exercises also protects clients from the embarrassment of getting onto the floor and having to figure out how to get on their backs. Finally, as calorie-burning exercises, crunches are not very efficient.

**More Effective Choices.** It is more effective to train the core upright through rotational movement, balance work or use of vector angles. Safe, effective exercises include planks on a weight- room bench, upright rotational movements, or pelvic tilts or crunches on a stability ball. Once a client has learned the concepts and lost some weight, he or she can move to the floor.

**Unstable Surface Exercises.** Balance training is important, especially for the active aging population. When thinking about balance, we often think of fun equipment like the BOSU® balance trainer or SPRI step360™. but balance training, like other aspects of physical activity, must be progressed. Most sedentary individuals just starting an exercise regimen find simple gait tasks and standing on one foot on the floor challenging enough. Exercise already triggers many fears in overweight clients, and placing them on

highly unstable surfaces for core, balance or movement training will cause more fear and embarrassment if they fall.

**More Effective Choices.** Small progressions for balance include moving from a hardwood floor to carpet or a yoga mat. You can incorporate the vestibular system by including eye gaze and a hand movement or by cuing clients to (partially) close one or both eyes.

**Direct Floor Work.** Planks and push-ups do not work well with obese clients because gravity pulls their abdominal mass to the floor, leading to improper range of motion or posture. It is best to avoid orthopedic stress during the initial training phases.

**More Effective Choices.** Use elevated surfaces or vector angles. For example, progress a smith machine push-up by lowering the bar once the client has gained some strength. At an appropriate time, make getting down to and up from the floor an exercise.

**Self Myofascial Release and Flexibility.** Placing too much weight on a small surface is painful for that area, and since most obese clients lack the strength to move appropriately on the roller, other joints also get stressed. Flexibility exercises (such as trying to touch the toes) tend to embarrass clients, as fat is a hindrance.

**More Effective Choices.** Choose upright mobility exercises. Focus on flexibility later, once clients have lost more weight.

**More Vegetables Into the Diet, Establishing a Weekend Family Walk With the Dog.** To find the true meaning behind a client's larger goals, and to set achievable objectives in his or her present-day life, "dig deep" by doing a thorough assessment and asking open-ended questions (see "Client Conversations").

Use your judgment and expertise when deciding how to progress clients, as some obese people are self-motivated and others require much more coaching. The overall principle is to create a positive experience and increase self-efficacy in order to facilitate lifestyle changes.



Elizabeth Kovar, MA

IDEA Author/Presenter

Elizabeth Kovar is a mind-body personal trainer that has a holistic approach to health and nutrition... [more](#)

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[IDEA Fitness Journal, Volume 11, Number 1](#)

January 2014

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