

THE BEST PRACTICES FOR SPINAL CORD INJURY PHYSICAL ACTIVITY COUNSELLING



Statement of Contributions

The best practices were developed by an international expert panel of spinal cord injury researchers, counsellors, physiotherapist, occupational therapist, recreation therapist, and people with spinal cord injury.

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Introduction

Why were the best practices developed?

The best practices were developed to improve physical activity counselling given to adults with a spinal cord injury (SCI). The best practices are based on the best available scientific evidence on effective SCI-specific physical activity counselling and general health behaviour change research. They were developed by an international group of SCI researchers, counsellors and people living with a SCI.

Who were they developed for?

The best practices were developed for any individual or counsellor providing formal or informal physical activity behavioural support (counselling) to adults with a SCI who live in the community.^a Counselling support includes one or multiple conversations about physical activity between a counsellor and an individual with a SCI.

Counsellors include, but are not limited to occupational therapists, recreation therapists, physiotherapists, psychomotor therapists, social workers, kinesiologists, fitness trainers, coaches, and SCI peer mentors.

The best practices were developed for counselling sessions that are delivered in-person, over the phone or using video conferencing. They were developed to be used in various settings, such as community organizations, rehabilitation centers, hospitals, fitness gyms, in a client's home or in research studies.

The best practices were developed to support counsellors, research groups, intervention developers and organizations or centers offering counselling services to adults with a SCI.

^a Note: The best practices may be applicable to counselling sessions with adults with a SCI who are receiving in-patient rehabilitation/hospital care. It is outside the scope of this project to discuss additional considerations when providing counselling to adults with a SCI who are receiving in-patient clinical care.

The Best Practices

The best practices focus on how to have a conversation and what to discuss during a conversation about physical activity. A glossary of terms is available at the end of the document. Additional information including example strategies and techniques for each of the best practices is available in the online training modules.

How do you have the conversation?

The tone you use during a conversation, the words you choose, the way you ask your questions, and the way you respond to your client are key elements to a positive and successful counselling experience for you and your client. The best practices are:

- **Build rapport and establish a relationship with your client.** Establishing a mutual counsellor-client relationship is the foundation of any type of counselling support. The client should not feel as if you are superior to them.
- **Use a client-centered approach following the spirit of Motivational Interviewing.** Motivational Interviewing is “*a collaborative conversation style to strengthen a person’s own motivation and commitment to change*”. The key elements of the spirit of Motivational Interviewing are showing compassion, acceptance, partnership and evocation.
- **Tailor the support to your client’s motivation for physical activity and their current needs, values, wishes and preferences.** There is no ‘one size fits all’. Be flexible and make sure the support you provide aligns with what your client needs and their readiness to change. Your client’s motivation, needs, wishes and preferences may change over time.

What do you say during the conversation?

The content of each conversation can vary depending on your client’s needs and their motivation. This section is divided into best practices that you ***should always do*** in every conversation and best practices that ***you should consider*** doing. The order to discuss the best practices can also vary from one conversation to the next. An example of a possible conversation flow is available in the online training modules.

The Best Practices Continued.

You should always:

- **Ask your client about their current physical activity behaviour.** Learning about your client's current experiences with physical activity will help you to understand the amount and type of activities they have been doing over the past week or month. During the first conversation, you could also ask your client about their past experiences with physical activity.
- **Understand your client's physical activity capability, opportunity and motivation.** To engage in physical activity, one must feel that they are able to do so, have the opportunity for it, and feel motivated to do so. Understanding how these three components (capability, opportunity, motivation) influence your client is crucial for performing and changing any type of behaviour.
- **Identify and understand your client's physical activity barriers and work together with your client to develop possible solutions to overcome these barriers.** Your client can experience different types of barriers related to their capability, opportunity and motivation. The amount and type of barriers can differ from one session to another. Before starting to work with your client on possible solutions to overcome their barriers, it is important that you understand your client's barriers, their current lifestyle, their goals, values, and interests.

You should consider:

- **Working together with your client to set a physical activity goal and create an action plan.** People are more likely to start and maintain a physical activity program, if they set achievable physical activity goals and create a realistic and detailed action plan to reach those goals. You should discuss how progress towards their goals will be monitored.

The Best Practices Continued.

- **Providing information to your client on benefits of physical activity. Adults with SCI can experience many benefits of physical activity.** These benefits can include health and fitness benefits and benefits to performing daily activities. Consider sharing information about the benefits of physical activity that are most meaningful to your client.
- **Sharing the physical activity guidelines for adults with SCI.** These SCI-specific guidelines can make your client aware of how much physical activity they should be doing for fitness and health benefits.
- **Sharing physical activity examples.** There are many options for people with SCI to participate in physical activity, from home-based and indoor activities to outdoor and leisure activities. When sharing physical activity examples and ideas, keep your client's capabilities and opportunities in mind.

Things to Keep in Mind

- **Educate yourself.** Before you start a counselling program with a client with SCI, make sure you have a basic understanding of what a SCI is and what barriers people living with a SCI may experience in their daily activities. Educate yourself on common SCI-specific barriers to physical activity. A list of resources is available in the online training modules.
- **Respect your client's decisions and values.** Your client may decide that they do not want to become (more) active. Respect their choices. Do not be judgmental. Offer support, but do not force it.
- **Your client is the expert on themselves.** Do not make assumptions, avoid falling into the expert trap (lecturing the client) and the assessment trap (asking too many questions).
- **Consider the timing of the discussion topics.** When discussing certain topics, make sure your client is ready to talk about it. Your conversation topics should always align with your client's exercise motivation. The online training modules provide information on which topics you could discuss with clients who are not yet ready to become active (pre-intenders), those with intentions to become active (intenders) and clients who are already active (actors).
- **Multiple conversations may be needed to support your client to overcome their physical activity barriers.** Changing physical activity behaviour takes time. One conversation may not be enough to understand your client's physical activity barriers and to develop possible solutions to overcome these barriers.
- **Avoid asking potentially sensitive questions.** For example, instead of asking questions about your client's work or employment status, you could ask what a typical day would look like for them.
- **Know or ask about your client's preferred language about impairment and disability when you are referring to them or their disability.**

Things to Keep in Mind Continued.

- **Ask your client's permission before touching your client, touching their wheelchair or device, or asking certain questions.** For example, some clients may not want to talk about their injury history.
- **Keep your client's safety in mind.** For example, if your client is just starting a physical activity program, advise them to contact their doctor before starting their physical activity program.
- **You may need additional training or practice to apply the best practices in your everyday practice.** Training modules are being developed to teach you these best practices.
- **You should not provide support that is outside your expertise.** For example, providing personal training, exercise prescription and psychological counselling are not components of a regular physical activity counselling. You can only provide these types of support in you have received specific training, for example as a fitness trainer or psychologist.

Glossary of Terms

Introduction

- **Physical activity counsellor** is a person who is trained to provide physical activity behavioural support or guidance to clients. Counsellors include, but are not limited to occupational therapists, recreation therapists, physiotherapists, psychomotor therapists, social workers, caregivers, kinesiologists, fitness trainers, coaches, and spinal cord injury peer mentors.
- **Physical activity counselling** is defined here as any type of behavioural support (conversation) on starting, changing, and/or maintaining a physically active lifestyle between a counsellor or individual and a client. The counselling support includes one or multiple conversations about any type of physical activity, including a recreation, exercise or sport activity. These conversations can take place in a formal or informal setting. These conversations can happen as part of the therapy, a spinal cord injury peer mentorship program or exercise/fitness program.
- **Best practices** are the procedures that have been shown by research and experience to produce optimal results and that are established or proposed as a standard suitable for widespread adoption.^b

Best Practices

- **Motivational Interviewing (MI)** is “a collaborative conversation style for strengthening a person’s own motivation and commitment to change”. The clinical definition of MI is “*A person-centered counselling style for addressing the common problem of ambivalence about change*”.¹ The key elements of MI are:
 - **Partnership.** MI is a collaborative conversation style. The counsellor is an expert in helping clients to change their physical activity behaviour. The client is the expert of their own lives.^{1,2}
 - **Acceptance.** This means that the counsellor communicates without judgement, seeks to understand the client’s perspectives and experiences, expresses empathy, highlights strengths, and respects a client’s right to make informed choices about changing or not changing their behaviour.^{1,2}
 - **Evocation.** This means that the counsellor encourages clients to talk about their priorities, values, perceptions, motivations and wisdom.^{1,2}
 - **Compassion.** This means that the counsellor actively promotes and prioritizes clients’ welfare and giving priority to client’s needs.^{1,2}

^b Definition derived from <https://www.merriam-webster.com/dictionary/>

- **Client's motivation for physical activity**
 - **Pre-intenders** – clients who have not engaged in physical activity and have no intention to do so.³
 - **Intenders** – clients who have not engaged in physical activity but would like to.³
 - **Actors** – clients who have started engaging in physical activity or have been engaging in physical activity for a long time.³
- **Capability** refers to whether your client has the knowledge, skills and abilities to engage in physical activity behaviour.^{4,5} This includes:
 - **Psychological capability:** client's knowledge, psychological strength, or skills. For example, client's knowledge about exercise techniques.^{4,5}
 - **Physical capability:** client's physical strength, or skills.^{4,5}
- **Opportunity** refers to external factors that make it possible for your client to engage in physical activity behaviour.^{4,5} This includes:
 - **Physical opportunity:** the opportunities provided by the environment.^{4,5} For example, time, location and resources to take part in physical activity.
 - **Social opportunity:** the opportunities as a result of social factors, such as culture and social norms and cues.^{4,5} For example, attending a group exercise class so they can exercise together with friends or family.
- **Motivation** refers to internal processes that influence your client's decision making and physical activity behaviour.^{4,5} This includes:
 - **Reflective motivation:** reflective processes, such as plans (self-conscious intentions) and evaluating things from the past.^{4,5} For example, your client's beliefs about the benefits of physical activity on the long-term.
 - **Automatic motivation:** automatic processes, such as your client's desires (wants and needs), emotions, impulses and habits.^{4,5}
- **Physical activity action plan** - A detailed plan outlining specific details of how, when, what, where, with whom to achieve physical activity goals.

Things to keep in mind

- **Expert trap** – This happens when the counsellor lectures the client and gives solutions or directions to the client without evoking their client's own goals, beliefs, directions, and plan.^{1,2}
- **Assessment trap or Question-and-Answer trap**– This happens when the counsellor asks too many questions and leaving the client in a passive role of answering these questions. The counsellor and client are following a pattern of question/answer, question-answer, etc.^{1,2}

References

The full reference list is available in the online training modules.

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