

# Motivating People to Move: A Look at Motivational Interviewing

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Despite the strong evidence demonstrating the benefits and protective effects of exercise, much of the population remains inactive. Recent data suggest that 52 per cent of Canadians are sedentary and not active enough to gain health benefits. Additionally, many of those who begin a regular exercise program do not continue long-term: 50 per cent of individuals who start an exercise program will drop out in the first three to six months. In order to achieve the long-term health benefits of exercise, maintenance of the behaviour is essential.

Finding ways to help people change their behaviour and maintain change is an important role for the fitness professional. Traditional approaches to promoting behaviour change involve the giving of “expert advice,” with the assumption that people will “follow it”. Advice-giving alone works for some time, but anyone who has tried it to encourage clients to change will be familiar with its limitations.

Changing behaviour is hard; being hesitant about change is normal and a part of human nature. Many people looking to make a behaviour change can be ambivalent about it: they want it, and they don’t. Motivational interviewing was developed as a way to help people work through ambivalence and commit to healthy change. William Miller and Stephen Rollnick (2002), who pioneered motivational interviewing, define it as “a person-centred approach designed to help people initiate and maintain health behaviour change. It is a technique designed to activate patients’ own intrinsic motivation for change by exploring and resolving ambivalence.”

Originally developed in the substance abuse field, motivational interviewing has been gaining popularity in the health-care setting, as issues of motivation and adherence are not unique to the addictions field. In recent years, increasing evidence recommends its use in lifestyle counselling, including physical activity counselling.

## **AMBIVALENCE: “I WANT TO EXERCISE MORE, BUT...”**

Resolving ambivalence is a key to developing commitment and sustained behaviour change in motivational interviewing. The communication pattern between the health-care professional and client will greatly influence this. For example, a client who has been recently diagnosed with diabetes may perceive advantages and disadvantages to change. Clients may be motivated to exercise in order to control their blood sugar, improve their cardiovascular fitness, and to live the life they want. On the other hand, they may perceive exercise as too uncomfortable, lack the energy, and be anxious about starting. Clients may also worry about the sacrifices required in other aspects of life to find the time to exercise.

Faced with clients who are ambivalent about change, professionals commonly argue for the

change side, explaining the benefits and importance of change, using scare tactics about the consequences of no change and how to go about it. This “righting reflex” stems from a genuine desire to help the client. Giving unsolicited advice can be detrimental, however. It can leave the client having to defend why exercise might be difficult or unpleasant and may generate the response, “Yes, I know exercise is important, but...”

Attitudes and beliefs are shaped by what we say and clients tend to believe what they hear themselves say. Therefore clients will be more likely to act on their own arguments rather than those of another person. The goal of motivational interviewing is to elicit and evoke from clients their reasons for change and pull out their “change talk” and have them argue for change. You want to focus on understanding the client’s dilemma and encourage the belief that change is possible.

## **THE “SPIRIT” OF MOTIVATIONAL INTERVIEWING**

Motivational interviewing is not a technique that involves tricking people into doing what they do not want to do. Rather, it is a way of interacting that draws on the client’s own motivations and values. The spirit has three elements: it is collaborative, evocative, and honours client autonomy.

- It is collaborative in the sense that the professional and client are working together in an equal partnership, instead of an unequal relationship where the expert directs the passive client. This is vital in health behaviour change, because ultimately it is only the client who can make the change happen.
- Evocation refers to eliciting the client’s own concerns and motivation.
- Honouring autonomy is shown by respecting and accepting the client’s right and ability to choose.

These characteristics describe the underlying spirit of motivational interviewing and the mindset with which one approaches conversations about behaviour change.

## **GUIDING PRINCIPLES**

In talking with people about behaviour change, you want to create an atmosphere that is favourable to change by following four general principles.

### EXPRESS EMPATHY

- Demonstrate a non-judgmental understanding of the person's perspective; this is done by reflecting the client's point of view.

Example:

- "It is hard to fit exercise into your busy schedule."

### DEVELOP DISCREPANCY

- Help people explore gaps between their current behaviour and the lives they would like to lead, by evoking and exploring the ambivalence.

Examples:

- "How would things be a year from now if you were able to exercise regularly?"
- "What might happen if you don't make this change?"

### SUPPORT SELF-EFFICACY

Encourage and strengthen optimism for change as well as the client's sense of the possibility of change.

Examples:

- "The fact that you are taking the time to discuss this issue with me now is a big step towards making positive change."
- "Once you make up your mind, you really stick with it."

### ROLL WITH RESISTANCE

Avoid arguing for change; do not oppose resistance. Invite the person to enter the process of problem solving.

Examples:

- "You don't see yourself as unfit." (said with no sarcasm)
- "What makes it hard to exercise regularly?"

Following these principles, you can focus on understanding the person's dilemma. Rather than it being the practitioner arguing for change, the goal is to work with the client to evoke the person's own reasons for change.

Using client-centred counselling strategies such as open-ended questions, reflective listening, and summarizing, you can help build the person's motivation for change. The following gives some examples of how to begin a motivational interview.

Begin with an open-ended question, such as:

"A lot of people have trouble fitting exercise into

their lives. How would you describe your program right now?"

"On a scale of zero to 10 (where zero is not at all important and 10 is extremely important), how important is it to you to exercise on a regular basis?"

Instead of importance (need), you could also ask:

- how much they want (desire)...
- how confident they are that they could (ability)...
- how committed (commitment) they are...

Some more examples of open-ended questions:

- Where would you like to be?
- What's at stake if you don't get there?
- What might you do to get there?
- In what ways do you think you would feel better?
- Why would you want to make a change in this part of your life?
- If you were to..., how would life be different?
- What have you already done?
- What might need to be different for you to think about changing?

Follow up to zero to 10 positioning:

And why are you at a \_\_\_ and not zero? What might happen that could move you from \_\_\_ to a [higher score]?

Motivational interviewing is an evidence-based method designed to increase client motivation, which makes it ideal for fitness professionals working to help people make changes in their physical activity. Empathetic listening and non-judgmental reflections that characterize this communication style encourage clients to resolve ambivalence by carefully drawing out and reinforcing the client's own reasons for change.

*Read on...*

Rollnick, Stephen, William R. Miller, and Christopher C. Butler. 2008. *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. Guilford Press: New York.

Rosengren, David B. 2009. *Building Motivational Interviewing Skills: A Practitioner Workbook*. Guilford Press: New York.

References available upon request.

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