

Introduction

Watch ice skating on television and notice how the skaters glide across the ice with ease and grace. Spins and jumps look effortless. Even on a bad day, their confidence on the ice and timing with the music are enough to bring fans to their feet in applause. It looks easy. Anyone who has stepped out onto the ice knows that without years of training, ice skating can be a painful experience. One wrong step on that smooth, slippery surface can bring you falling to your knees. It's a lot harder than it looks.

Similarly, you may be wondering about counseling in the nutrition and fitness fields. How hard can it be? Who *wouldn't* want to change their eating and exercise patterns for the better? Perhaps you made some changes yourself in these areas and are quite proud of your accomplishments. Possibly, you are a fan of healthy eating and being active. However, having healthy lifestyle patterns doesn't automatically make you an expert in counseling others to follow your lead.

Thanks to courageous efforts by public health educators, medical professionals, and even physical education teachers, we all by now know the importance of keeping our bodies healthy. We also know it's not easy to do, and that even despite a firm conviction to eat well and exercise, our motivation to do so waxes and wanes. One day you might wake up fueled by your intention to start eating more fruits and vegetables. You head to the store, buy a few different varieties, take them home, and incorporate them into your meals and snacks. The next day is a little busier, and you aren't able to get to the grocery store, so you end up eating a chocolate chip muffin from the vending machine in your office.

Clients are often ambivalent about change. Just as the definition of ambivalence states, clients frequently experience "simultaneous and contradictory attitudes or feelings" about changes regarding nutrition and exercise (www.merriam-webster.com). A young working mother wants to be fit and healthy so she can keep up with her children and be active in

their lives for years to come. However, when she leaves her children in the evening to go to the gym, she feels it takes away from their quality time as a family.

How would a nutrition or fitness professional help motivate this mother to incorporate regular physically activity into a busy and exhausting life? Would you give this mother a list of reasons to stay faithful to her gym routine? Would you warn her of the negative health outcomes if she doesn't? This *directive* style of counseling typically backfires, decreasing the likelihood of long-term change.

A client's motivation can be strongly influenced by a health professional's communication style. Imagine you were the working parent described above who is ambivalent about exercising regularly. How would you want your counselor to approach the topic? Choose from Counselor A or B below:

- Counselor A tells you what to do and then tries to convince you by telling you all the horrible things that might happen to you if you don't.

Or

- Counselor B listens to your concerns and desires, answers your questions, and is nonjudgmental and respectful.

Chances are good that you would prefer to work with Counselor B. As individuals, we like to be in charge of our own health decisions, and we feel most respected when we are heard and our feelings are considered.

MOTIVATIONAL INTERVIEWING BASICS

Motivational interviewing (MI) is “a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion” (Miller & Rollnick, 2013, p. 29). William Miller and Stephen Rollnick developed MI and published their first book in 1992. While this client-centered counseling style has evolved over the last few decades, their third edition continues to represent MI as an empathetic listening style that supports clients in convincing themselves that they ought to change.

The primary goal of MI is to increase the client's interest in making a positive change through evoking his or her interest in the new behavior and disinterest in maintaining status quo. In MI, certain counseling techniques

are used to encourage clients to explore and resolve ambivalence. In addition, the counselor helps the client see how a behavior change might align with future goals and values. Most important, an MI counselor nurtures the client's hope and confidence.

Clients typically know what they should do with regard to eating and physical activity, but there are many reasons why they don't. Counselors who use an MI style assume their clients are the experts. The client knows what works best, and the nutrition or fitness counselor is simply there to help the client figure it out.

As presented by Miller and Rollnick, a counselor who uses MI is like a guide dog for an individual with impaired vision. The person with the vision impairment knows where she would like to go. In the same way, a client seeking assistance in making health behavior changes knows which changes she would like to make. However, she needs a guide dog—the clinician—to help navigate the obstacles along the way.

In general, lecturing, confronting, coercing, or threatening the client doesn't work. In the same way, a guide dog is not going to pull his owner toward the post office if the owner *really* wants to go to the park. But the guide dog can walk alongside the owner and help her not fall into holes or run into poles.

This gentle guiding style used in MI puts the client in charge, promoting adherence to a specific behavior change. The client begins taking ownership of the behavior; it becomes the client's goal, not to please the counselor, but because it is important to the client.

Motivational interviewing is an exciting way of talking about change, which many researchers have demonstrated to be effective within the realm of nutrition and fitness (Armstrong, Mottershead, Ranksley, Sigal, & Campbell, 2011; Bean et al., 2015; Campbell et al., 2009; Christison et al., 2014; Neumark-Sztainer et al., 2010; Van Keulen et al., 2011; MacDonell, Brogan, Naar-King, Ellis, & Marshall, 2012; Miller et al., 2014).

However, MI isn't unique to nutrition and fitness. It has been used in a variety of disciplines for decades (Frey et al., 2011; Heckman, Egleston, & Hofmann, 2010; Lundahl et al., 2013; McMurrin, 2009). The techniques are versatile to all behavior changes, be it ending or moderating drug and alcohol use, medication adherence, or dental care. In fact, MI has been touted as the all-purpose Swiss Army knife of behavior change counseling. However, it's not magic, and using MI with a client doesn't guarantee change. It simply increases the probability of change.

A LITTLE ABOUT THIS BOOK

This book is for students, interns, and professionals in a range of fields providing nutrition and fitness counseling. Whether you are new to this

work or a seasoned professional, these pages include counseling strategies essential in helping clients make permanent changes in eating and activity.

Nutrition and fitness counseling is occurring in a variety of settings and continues to grow. Nutrition and fitness professionals must be armed with skills to encourage clients to adopt lasting changes. Practitioners in hospitals, health clinics, doctor's offices, summer camps, community programs, worksite wellness programs, private practices, and telehealth all benefit from learning how to motivate clients to improve eating and activity patterns.

Professionals such as registered dietitian nutritionists, clinicians, nurses, wellness or health coaches, community nutritionists, personal trainers and exercise counselors, PE teachers, and coaches spend their days talking to clients about healthy dietary and exercise changes. What happens to clients when they get home from their appointments? Do they put what they've learned into action? This book is for professionals who care about the success of their clients, not just the day, week, or month after their visits, but for years to come.

Health care practitioners may be wondering how MI fits in with the models, systems, and processes unique to each discipline. For example, in the field of nutrition and dietetics, the Nutrition Care Process (NCP) is the guiding model for providing evidence-based care (Lacey & Pritchett, 2003). The NCP consists of four steps: (1) assessment, (2) diagnosis, (3) intervention, and (4) monitoring/evaluation.

MI does not replace the NCP, but instead is incorporated into each step. Insights for melding MI and the NCP will be mentioned throughout the book. Other terms featured in nutrition and fitness settings like scope of practice (Academy Quality Management Committee & Scope of Practice Subcommittee of the Quality Management Committee, 2013a), mindful eating (Mathieu, 2009), and American College of Sports Medicine (ACSM) guidelines (Garber et al., 2011) will be addressed in light of MI, making this book a complete resource for practitioners who wish to improve their behavior change counseling skills.

In Part I of this book you will learn about the principles that make MI effective. In Part II we will take you step by step through a typical MI appointment in nutrition and fitness counseling, learning the various components of a session. Part II introduces the four processes within an MI session: (1) engaging the client, (2) inviting the client to focus on a topic, (3) evoking the client's feelings about change, and (4) assisting the client in the planning process of making the change. In this section, we will use scenarios and dialogue to demonstrate the four processes and specific communication techniques. It's one thing to read about a skill or technique, but it's much more fruitful to see it in action. We hope that these dialogues will help you apply these techniques in your own practice.

Part III includes information on specific MI communication techniques:

open-ended questions, reflections, affirmations, and summaries. These are known as the microskills of MI and are used throughout each appointment. When used correctly, these types of questions and statements can demonstrate empathy and help the client consider personal feelings regarding behavior change. In this section you will learn common evoking open-ended questions that are appropriate for nutrition and fitness counseling sessions. We'll also explain and demonstrate affirmations, reflections, and summaries. You will understand the importance of these skills in promoting client autonomy and moving him or her toward change.

Part IV will give new perspectives on topics that commonly arise in nutrition and fitness appointments. We'll address questions unique to nutrition and fitness counseling, such as: How do you dispel diet myths in a nonjudgmental manner? How do you promote realistic goal setting and help clients avoid setting short-lived New Year's resolutions? How do you promote fitness and health without leading clients to obsess about weight and appearance? Discussions of weight and health are so common in nutrition and fitness counseling that we devote an entire chapter to helping practitioners navigate this complicated topic with their clients.

The latest research on weight and health is resulting in a shift among practitioners away from weight-focused counseling toward what's called *weight-neutral counseling* (Ramos Salas, 2015; Tylka et al., 2014). Researchers are finding that diets, no matter which you use, don't work (Mann et al., 2007). Dieters lose weight at first, but almost always gain it back along with body insecurities, emotional ties to food, and a suppressed metabolism (MacLean, Bergougnan, Cornier, & Jackman, 2011; Neumark-Sztainer et al., 2006). Nutrition and fitness professionals who conduct weigh-ins, promote calorie counting, and assign miserable exercise regimens will soon be a distant memory.

Nutrition and fitness counselors are inviting clients to focus on sustainable, more realistic eating and activity patterns, instead of fixating on the scale. By taking the focus off of weight loss and body composition, and instead concentrating on developing a positive relationship with food and exercise, clients can avoid the emotional roller coaster associated with the dieting mindset while improving overall health and wellness. This non-diet approach has been found to be effective in promoting health, especially emotional health, and is preferred by clients (Clifford et al., 2015; Schaefer & Magnuson, 2014).

Sample MI dialogues throughout the book will remain consistent with this weight-neutral, non-diet approach, and include concepts such as mindful eating and discovering joyful physical activity patterns.

While it's entirely possible to use MI techniques in weight-focused counseling, the risk of doing so includes a vicious cycle of yo-yo dieting, disordered eating patterns, and body dissatisfaction. We believe MI and non-diet approaches make a beautiful marriage. Both involve exploring the

client's personal thoughts and feelings about change and promote a non-judgmental self-exploration.

Food and feelings can be complex. Food, activity, and dieting can be used as coping tools for negative emotions, making behavior change counseling challenging at times. It can be a relief to remember that nutrition and fitness professionals are part of a client's health care team and can be the first to identify when a client might benefit from additional services. See more about making referrals to the appropriate health care professionals in Appendix 1, "Making Referrals," located at the end of this book.

Within one's scope of practice, a nutrition and fitness counselor using MI encourages a client to become curious about barriers to change, emotional ties to food and exercise, triggers for overeating, and roots of body image and self-esteem. MI is the perfect vehicle for inviting clients to explore how their nutrition and fitness patterns relate to other areas of wellness. Counselors who are able to bridge the gap between nutrition, exercise, and motivation will find they are better equipped to help clients actually reach and maintain their health goals.

Not everyone *wants* to change. However, through the use of strategic counseling techniques, unmotivated clients can become motivated—at times, even overnight. Mastering client-centered counseling techniques, on the other hand, does not happen overnight. The information provided in this book will give you tools and techniques to assist your clients and patients in making lifelong dietary and fitness changes. Combine this book with training and practice, and soon you'll be gliding across the ice with rhythm and grace.