

MOTIVATIONAL INTERVIEWING

Tim Anstiss has been training fitness instructors for more than 15 years. He looks at the benefits of training staff in motivational interviewing



More and more health clubs are training their staff in approaches based on motivational interviewing (MI). But what is MI, where does it come from, and how and why should it be used?

The developers of the approach define MI as “a client-centred, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence” (Miller & Rollnick 2002).

One of the goals is for the client, not the coach/therapist, to express concerns about current behaviour and express arguments in favour of change. MI is therefore collaborative (working with, not doing to), evocative (drawing solutions out of, not putting them into) and autonomy-generating (helping the client make decisions for themselves, not making decisions for them). Studies have shown that how well a clinician

Collaboration Motivational interviewing is a collaboration. The trainer listens to the client's needs and supports their goals

manifests this MI spirit is a strong predictor of patient behaviour change.

There are now well over 100 studies examining the role of MI in changing different health behaviours – drinking, eating, HIV risk, physical activity, dietary change, smoking, gambling and so on – and it works. It's grounded in testable theory, in line with recent NICE guidance on behaviour change (see information box below), learnable by a wide range of people and complementary to other approaches, often enhancing their effectiveness.

challenging ambivalence

Training health club staff in MI involves coaching them to become more collaborative, client-centred and non-judgemental in their consultations and conversations with members. MI trainers show staff how to build and maintain trust while increasing member readiness and confidence to change. They help staff practise and develop their skills in accurate empathic listening, in recognising and eliciting change talk (e.g. “I want to/I need to/I will”) and, of course, in exploring and resolving ambivalence.

NICE GUIDANCE

An expert panel from NICE recently reviewed the research on what works in health behaviour change. They recommended that the following concepts be used to structure and inform the way we work with clients and members:

- Outcome expectancies: Helping people to develop accurate knowledge about the health consequences of their behaviours
- Personal relevance: Emphasising the personal salience of health behaviours
- Positive attitude: Promoting positive feelings towards the outcomes of behaviour change
- Self-efficacy: Enhancing people's belief in their ability to change

- Descriptive norms: Promoting the visibility of positive health behaviours in people's reference groups – that is, the groups they compare themselves to
- Subjective norms: Enhancing social approval for positive health behaviours in significant others/reference groups
- Personal and moral norms: Promoting personal and moral commitments to behaviour change
- Intention formation and concrete plans: Helping people form plans and goals for changing behaviours
- Behavioural contracts: Asking people to share their plans and goals
- Relapse prevention: Helping people develop skills to cope with difficult situations and conflicting goals

In other words, health and fitness professionals should select interventions that help people: understand the consequences of their behaviour and feel positive about changing it; make a personal commitment to health-enhancing behaviours by setting goals and sharing these goals with others; plan change in easy steps; and develop coping strategies to take account of situations that may lead to relapse. MI helps staff do all this and more.

NICE also recommends that organisations review their current training approaches in the area of health behaviour change and disinvest in those that lack supporting evidence.



Most health club members will be ambivalent about one or more aspects of changing their behaviour. We all are. Ambivalence is common and a very natural psychological state – a conflict between two courses of action, in which each course has perceived costs and benefits. “If I eat less chocolate, it would help me lose weight, but I would enjoy life less and get depressed,” for example.

Generally speaking, we don’t like being told what to do. We’d rather talk about it, weigh up the pros and cons of change, explore options, learn about what other people do and come to the decision ourselves, with the right amount, type and frequency of support. This is much more likely to lead to change that sticks.

MI therefore teaches instructors how to work in harmony with a person’s natural decision-making processes, rather than trying to impose change on them before they are ready.

MI also trains staff to minimise the amount of ‘resistance’ in the conversation. Resistance takes many forms – arguing, interrupting, ignoring, looking away, disagreeing, blaming, denying, changing the subject, discounting, excusing and sidetracking – and these are all signals that we are not working in harmony with the client and need to change direction to re-engage them. Attempts to batter down resistance by force of argument or logic typically only damage rapport and lead to ▶

Take your time Instructors work in harmony with a client, rather than trying to impose change on them before they are ready



for reference only

“ATTEMPTS TO BATTER DOWN RESISTANCE BY ARGUMENT OR LOGIC ONLY DAMAGE RAPPORT AND LEAD TO DISENGAGEMENT”

Lifestyle change Motivational interviewing can be used to address many conditions that have behavioural components, including smoking

▶ further disengagement. Few people like to be told they are wrong.

change of focus

Martin Noddings, commercial development manager at BUPA Core Exercise Clinics, has trained his wellbeing advisors in MI. “Just because you join a club, doesn’t mean you have the ability to make the necessary changes,” he says. “Our staff had the technical skills in place, but not those of evidence-based behaviour change support. MI fills that gap exactly.

“Although the choice of equipment in a health club is important, what’s more important is the quality of the service. Training instructors to interact correctly with clients and deal with issues arising, and then to help and support them on an ongoing basis, can only be a good thing.”

Lisa Taylor, group fitness manager at DC Leisure, is also a fan. “We felt training our staff in health coaching best practice would deliver multiple benefits – for the member, the staff and the bottom line,” she says. “MI ensures the instructor remains focused on what’s important to the client and how it can be achieved.”

PICTURE:WWW.ISTOCK.COM



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Perhaps the most structured implementation of an MI approach was at Invicta Leisure under Rob Shannon, the company’s group fitness manager from 1994–2003. Recognising that traditional approaches to member support were not delivering the outcomes the members or the clubs wanted, Shannon decided to place MI-informed approaches at the heart of the member care experience.

“The key thing we found was that, while members were ready to join the club, they were frequently not ready to do all the other things required to achieved their goals – working out at sufficient frequency, changing what they ate, becoming more active in general,” he explains.

“We trained staff to use MI-informed approaches during initial member consultations and in the gym. We sampled their consultations and interviewed members coming off the gym floor – not just about whether or not they were spoken with, but how and about what. We then provided staff with individual feedback and coaching, and linked career progress with the ability to manifest competency in this core area of customer service.”

And what were the results? “We didn’t formally examine the impact, but benchmarking by the FIA showed our retention figures to be in the top 5 per cent of equivalent clubs at the time, with customer satisfaction and staff retention, motivation and internal promotion high,” says Shannon.

MI: BASIC PRINCIPALS

- **Resist the ‘righting reflex’** – the natural tendency to try and ‘fix’ people
- **Understand the client’s dilemma** and help them understand it. This can only be done by skillful listening, not telling
- **Express empathy.** Really try to understand things from the client’s perspective and show that you are trying to understand. Empathy is not the same as sympathy
- **Deploy discrepancy.** The client will change when they, not you, perceive a mismatch between their values and goals and their current behaviour. When they become sufficiently uncomfortable about their current situation, and confident that certain behaviour changes can result in improvement – and that they

- can make those changes – then the likelihood of behaviour change is high
- **Avoid argument.** Resistance is a sign that you’re not working in harmony with the client’s concerns or readiness to change, and that you need to change tactics. Roll away from the issue causing resistance
- **Support self-efficacy.** People won’t change if they have little confidence in their ability to change successfully. Increase their confidence about chances of success, and their motivation to change may increase
- **Be flexible.** Switch between MI tools according to the need of the interview and the job to be done – exploring and resolving ambivalence, eliciting internal motivation to change, building confidence, etc

facilitating change

More than 25 million people in the UK suffer from conditions such as heart disease, stroke, diabetes, depression, obesity, arthritis and high blood pressure. All these conditions have strong behavioural components – such as physical activity patterns, diet, smoking and alcohol use, coping mechanisms and medication-taking – that can be addressed using MI.

If health clubs genuinely want to help people reach their goals, we need to implement techniques like MI. We should not be telling people what to do, but helping them change effectively and efficiently so they can enjoy higher levels of health and wellbeing.

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