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for personal use or use with individual clients.

# Introduction

**W**atch 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](http://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 physical 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