

The role of Motivational Interviewing in Sport, Exercise and Physical Activity

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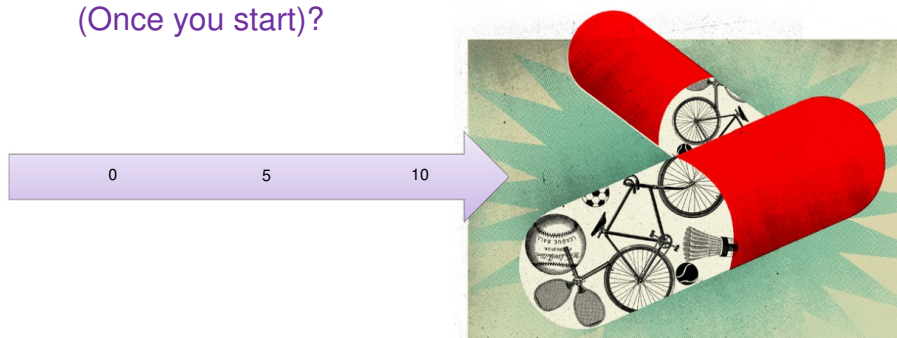
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WHY EXERCISE?

How IMPORTANT is that change?

How READY are you to make that change?

How CONFIDENT are you in maintaining that change
(Once you start)?



YOUR ABILITY TO SUPPORT CLIENTS/PATIENTS IN (THEIR) BEHAVIOUR CHANGE?

*(SINU VÕIME TOETADA KLIENTE/PATSIENTE (NENDE)
KÄITUMISE MUUTUSES?)*

Low (madal)

High (kõrge)



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Overview

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- The justification and context for MI in Physical Activity(PA) and Sport
- Theories and frameworks
- PA and MI: Integrative approaches
- Treatment fidelity
- Current and future developments



THE JUSTIFICATION FOR PA COUNSELLING

Key factors that affect people's health and how
long they live

- Behaviour patterns 40%
- Genetic predisposition 30%
- Social circumstances 15%
- Healthcare 10%
- Environmental exposure 5 %

PA and public health

- In England, most people are overweight or obese.
 - 61.3% of adults and 30% of children aged between 2 and 15.
 - People who are overweight have a higher risk of getting type 2 diabetes, heart disease and certain cancers.
 - Excess weight can also make it more difficult for people to find and keep work, and it can affect self-esteem and mental health.
 - Health problems associated with being overweight or obese cost the NHS more than £5 billion every year.
- (DoH, 2012)

- Multiple conditions (e.g. smoking, alcohol, diet)
- Requires significant effort
- It is a 'complex intervention'
- Success is dependant on environmental and social factors as well as personal '**engagement**'
- 'Positive contamination'
- Seasonality



...and in Sport?

- Expert (coach-centred) approach
- Athlete as a subordinate
- Performance focussed environment
- Information-driven consultations;
 - Performance analysts
 - Biomechanists
 - Physiologists
 - 'Performance' psychologists
 - Dietitians
 - Coaches
 - Performance directors
- External influence (and pressure)



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**CURRENT CHALLENGES IN MI
DELIVERY (IN A PA CONTEXT)**

“Over 75% of individuals do not maintain behavior changes in multiple areas of behavior including substance use, smoking, physical activity, nutrition, and management of chronic physical and mental health conditions”

(Naar-King, Earnshaw & Breckon, 2013)

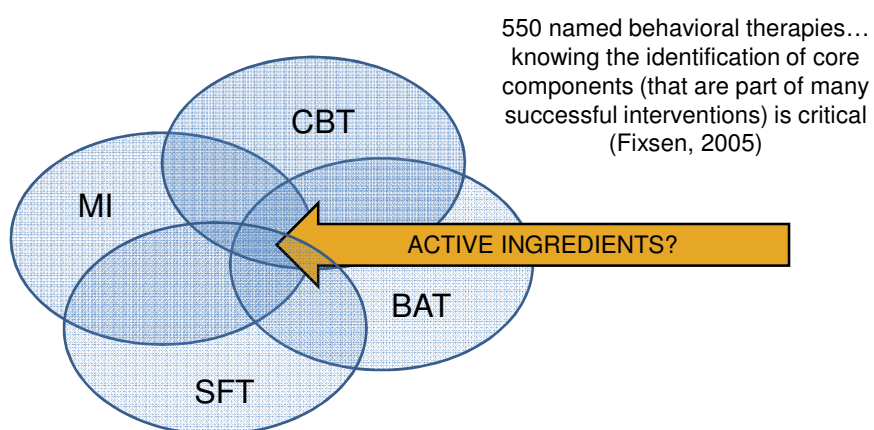
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Current challenges in MI delivery: Sport and PA

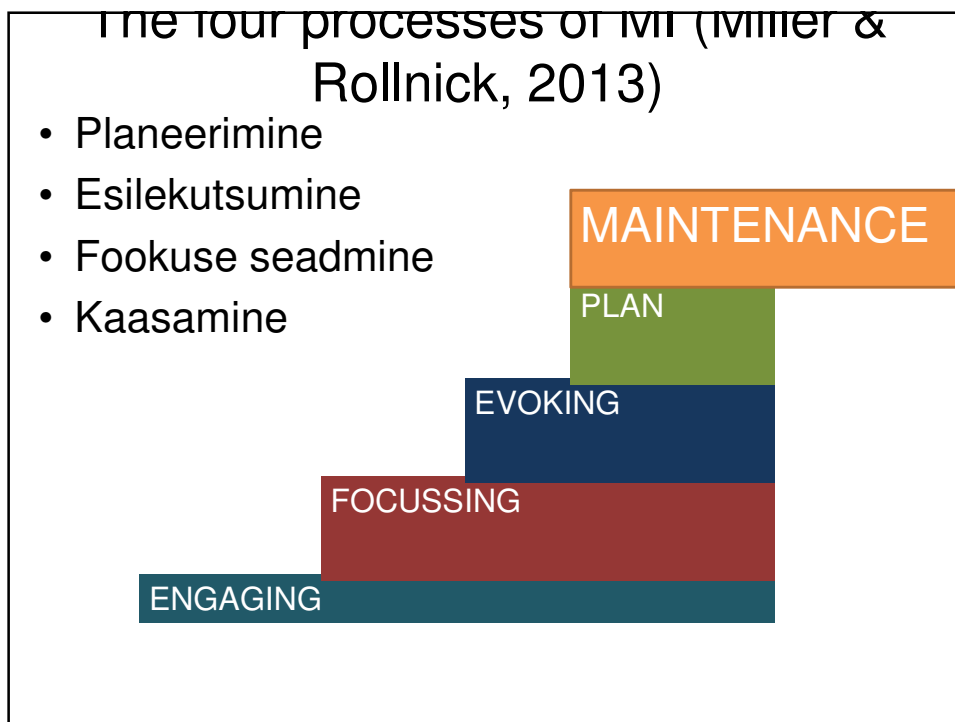
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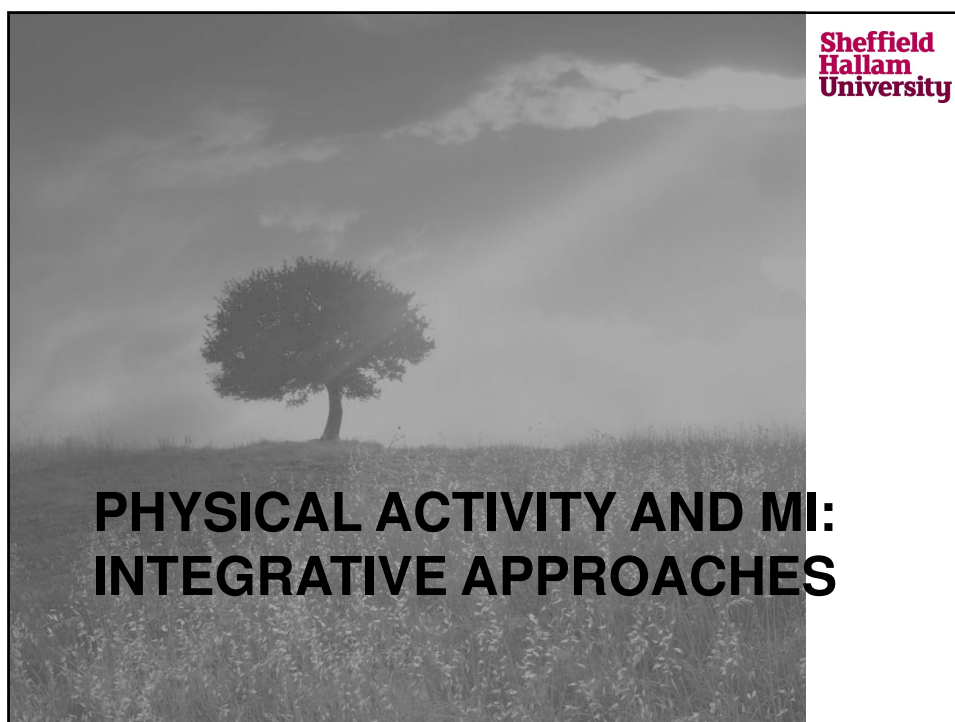
- The relational (spirit) and technical aspects (OARS) of MI – Competence?
- Misrepresentation of MI in the literature;
 - Hays et al (2011): Scaling tools only
 - Health Psychology review: OQs only
 - **Inconsistent delivery** (Breckon & Naar-King, *under review*)
 - Poor reporting of content, frequency, duration, style and competence of MI interventions
 - A focus on behavioural components (PA programming) only

- Emergence of 'adaptations';
 - Mental health
 - Adolescents and young adults
 - Behaviour **cessation** vs behaviour **adoption**
 - MI in groups
 - Brief negotiation and on-going therapy (frequency and duration)
 - 'New' fields and opportunities (e.g. organisational change, **elite sport, physical activity**)
 - **Values-matched** not Stage-matched interventions

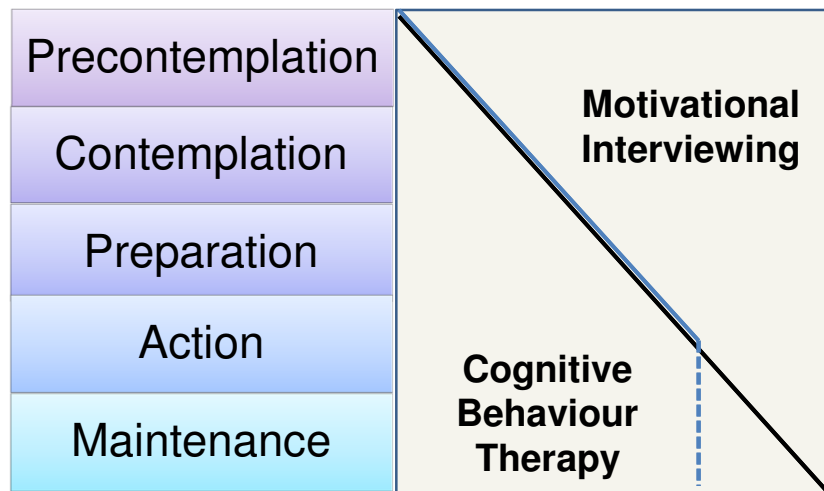


"We need to move beyond just a brand name" (Terri Moyers, 2008)





MI-CBT integration (by client readiness)



Active ingredients?

- Michie et al (2009) 26 items / elements
 - Breckon & Naar-King (2012) 43 items / elements
- "Although CBT has been demonstrated to be effective in the treatment of many different disorders, a significant number of individuals either fail to respond, respond only partially, drop out prematurely, or do not maintain gains at follow-up" (Westen & Morrison, 2001).
- This may be because, for the most part, **CBT presupposes that clients are ready to make change** (Westra & Arkowitz, 2011)

Integration: CBT and MI	
CBT Skill Development Process	MI-Related Principles, Concepts, and Strategies
Review previous homework	Affirmation. Collaboration. Express empathy. Develop discrepancy. Roll with resistance.
Select new skill and elicit importance from clients.	Evocation. Collaboration. Elicit change talk - desire, reasons, needs. Importance. Affirming goals and values.
Describe skill	Elicit-Provide-Elicit
Model skill	???
Clients' practice of skill	Self-efficacy. Abilities. Confidence. Develop discrepancy.
Feedback and coaching	Affirmation. Collaboration. Support self-efficacy. Giving advice. Roll with resistance.
Applying skill in vivo (assign homework)	Evocation. Consolidate commitment. Negotiate change plan. Willingness. Readiness. Collaboration.
Elicit feedback from client	Roll with resistance. Autonomy.

CBT Maintenance Strategies and MI Integration (Naar-King, Earnshaw & Breckon, 2013)	
Maintenance Strategy	MI Integration
Managing the Goal Violation Effect	<ul style="list-style-type: none"> Avoid the term relapse Empathise with slips Elicit change talk about maintenance Consider an importance ruler Explore discrepancy between values/goals and slips Emphasise adoption of new behaviors
Flexible Goal Setting	<ul style="list-style-type: none"> Offer menu of options of short-term goals Develop a change plan for maintenance Consider a commitment ruler
Identifying Triggers and Developing Coping Skills	<ul style="list-style-type: none"> Ask for permission before engaging in treatment tasks Use Elicit-Provide-Elicit strategy when discussing rationales or providing information/advice Consider rulers for treatment tasks.
Supporting Self-Efficacy	<ul style="list-style-type: none"> Use affirmations instead of praise Ask open-ended questions to elicit confidence statements Consider an Affirmations Card Sort or a confidence ruler Avoid the 'false-hope syndrome.'
Increasing Social Support	<ul style="list-style-type: none"> Use MI skills to increase motivation for social skills training or to address ambivalence about engaging significant others Include specific plans for social support in the change plan for maintenance Consider addressing social support in each session in relation to specific treatment tasks.
Using Extrinsic Reinforcers	<ul style="list-style-type: none"> Use of MI skills to elicit the identification of internal reasons for maintenance Use Elicit-Provide-Elicit when discussing rationale Present reinforcers as a menu of options to support autonomy.

Relapse prevention

Developing **COPING RESPONSES** is the cornerstone of managing and avoiding relapse and includes;

1. Understand relapse as a process (and 'lapse' exists)
2. Identify and cope effectively with high-risk situations such as negative emotional states, interpersonal conflict, and social pressure
3. Cope with urges and craving
4. Implement damage control procedures during a lapse to minimize negative consequences
5. Stay engaged in treatment even after a relapse
6. Learn how to create a more balanced lifestyle

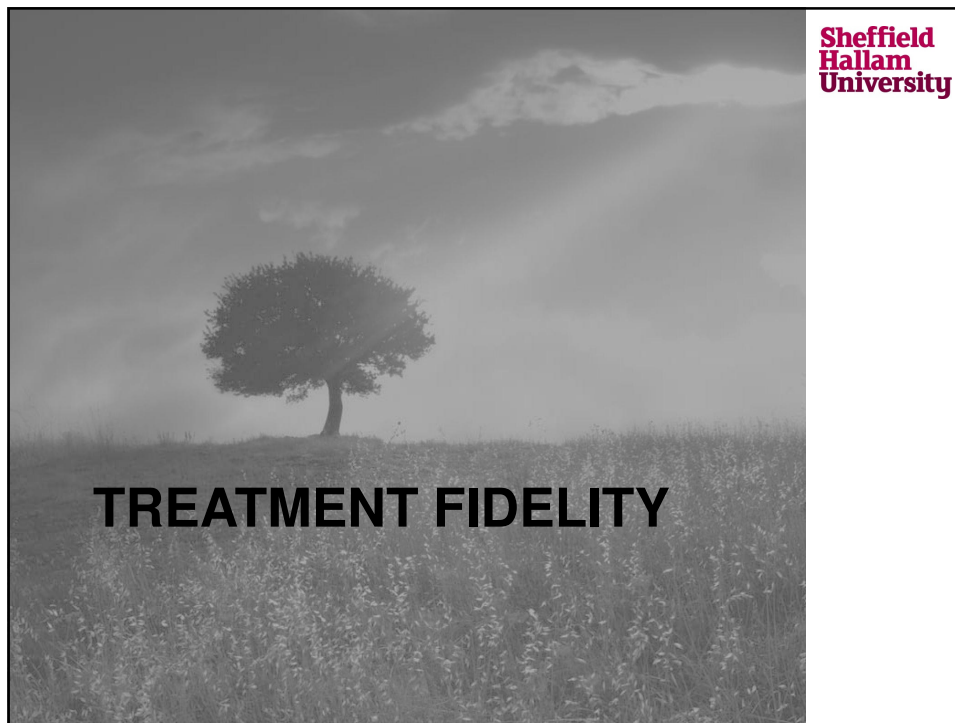


At worst, We don't know.

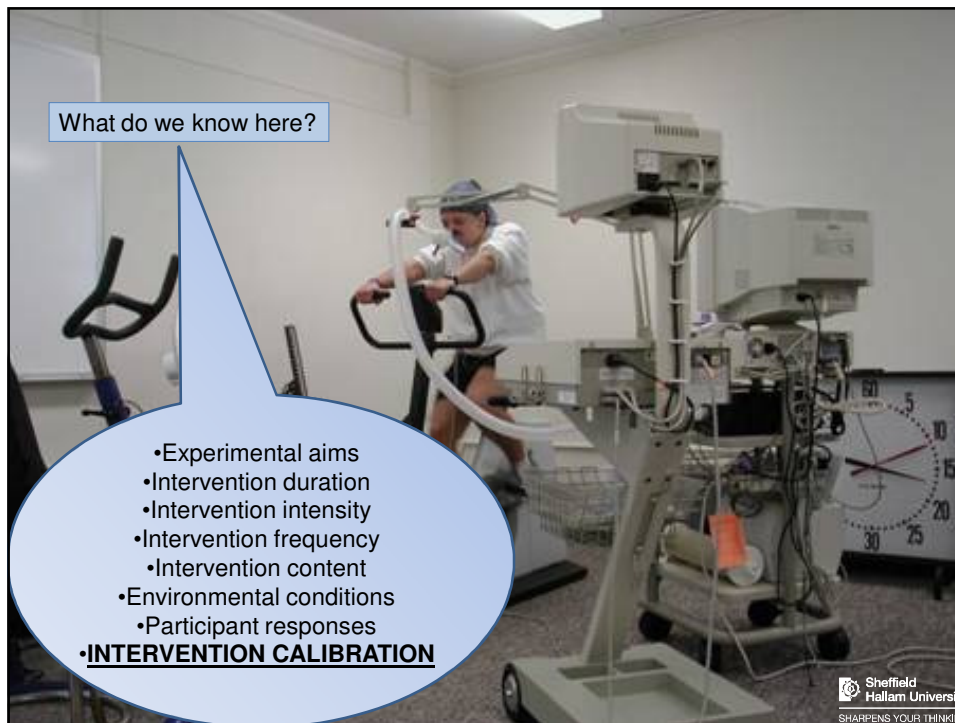
At best, it has been difficult to tell!

Physical activity and MI: Evidence-based interventions?

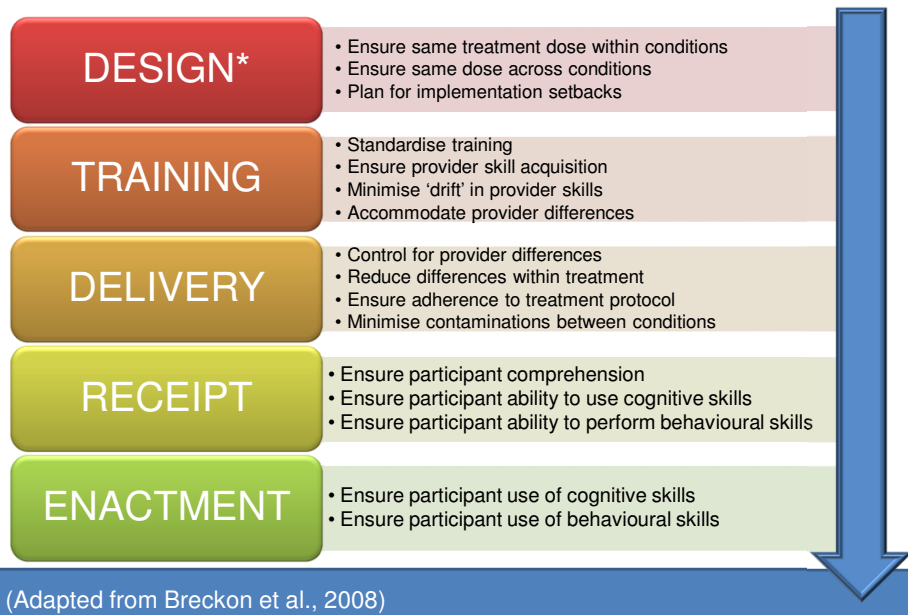
- There have been concerns over the lack of clarity of PA counselling (Breckon et al, 2008)
- Those studies that report to be using MI in PA settings often do not report what or how it is delivered
- Less than 10% of PA (and nutrition) studies report the competence of those delivering, and content of, the MI approach (Breckon & Naar-King, 2012)



- When compared to reliability and validity tests of questionnaires and measurement instruments....
-behaviour change interventions are a poor relation
- When compared to other health interventions, behaviour change counselling is poorly reported



How?: Strategies to monitor and enhance TF

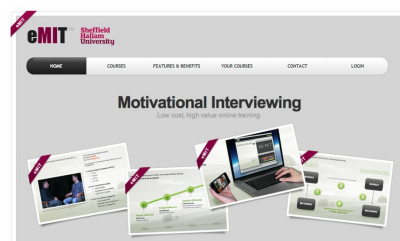
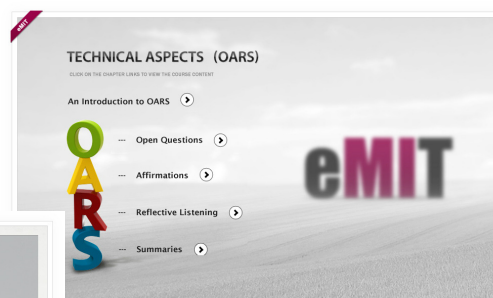
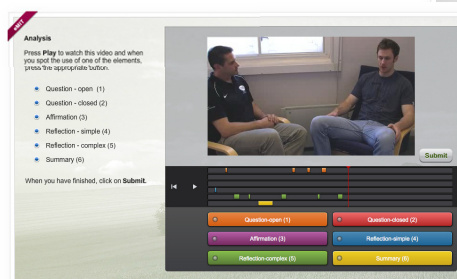


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