

# 5. *Motivational interviewing about physical activity*

## *Authors*

*Barbro Holm Ivarsson, Psychologist, Stockholm, Sweden*

*Peter Prescott, Psychologist, Bergen, Norway*

## *Introduction*

Unfortunately, there is no simple medicine you can take to become more physically active. You have to do the job yourself and as most well know, it is not always easy. One's attitude to becoming more physically active also varies over time. You can be determined and make concrete plans just to feel your motivation disappear, your good plans seem unrealistic and your desire disappears.

Motivational interviewing (MI) is currently mainly used to help people change lifestyles and was originally developed in counselling work with people addicted to alcohol. Motivational interviewing is used, for example, as a method in professional counselling regarding the harmful use of alcohol, illegal drugs, tobacco use, harmful gambling, risky sexual behaviour and to promote greater physical activity and good eating habits and to combat obesity. This method fits in all contexts when it is desirable to stimulate another person to change behaviour without inciting resistance, and is therefore very well suited to discussions of physical activity in, for example, healthcare, preventative healthcare, schools and the sports world.

Motivational interviewing can be used as an independent intervention to generate interest and motivation, prepare and help a patient/client to commence with change. Motivational interviewing can also be integrated into other treatment, which appears to improve the result of the treatment in question.

This chapter includes a description of how motivational interviewing can be applied to physical activity. To illustrate this, we can follow a motivational interview between Per, who is a keep-fit coach, and Eva, an unmarried 35-year-old social worker, who has recurring, diffuse back problems (lumbago).

In continuation, the abbreviation MI is used for motivational interviewing as well as the designations interviewer and client.

## Motivational interviewing

Motivational interviewing is a client-centric empathetic conversational method. This means that the interviewer listens, tries to understand the client's perspective and emphasizes that the client shall contemplate his/her values, find his/her own answers and him/herself decide regarding change. At the same time, MI is a guiding method in the way that the interviewer chooses to investigate and focus on some of the topics the client presents, but at the same time chooses to not follow-up other topics. The interviewer thereby "guides" the client towards change.

Motivational interviewing requires good listening skills. The interviewer listens with an accepting, non-moralising interest and tries to understand the client's problems, rather than convince or present his/her own solutions to them. This does not mean that the interviewer does not provide information or practical advice, but it is formulated as suggestions that the client can choose to accept or not: "Would it be OK if I say something about what has helped other people in the same situation?"

MI appears to have the greatest effect on the least motivated clients, both due to the client-centred style and the manner of addressing resistance to change. This method is not used to try to get a client to do something that he or she does not want to do, but rather has the objective of stimulating the client to change his/her own conditions in a respectful manner

### *Lifestyle change and change talk*

In MI, the interviewer tries to bring out the client's own desire for change and resources to change, including cognitive and emotional resources and concrete actions. The interviewer also strengthens the client's confidence by showing faith in the client being able to make a change, and emphasizing that change is the client's own choice; the client is responsible for his/her own life and knows best how the change shall be made.

We can recognise clients that work constructively with change in the way they speak. They express motivation, have ideas about practical methods, believe in themselves, make decisions and pledge to follow concrete plans. It is typical for MI that the interviewer tries to bring out, specifically listen for and reinforce the client's talk of change. Talk of change comprises statements that indicate that the client is actively working on his or her own change. When the client talks, he or she shapes and strengthens his/her own values, and the interviewer tries to actively stimulate this.

Change talk can be divided into two main categories: preparatory change talk and commitment to a concrete plan. Preparatory change talk lays the foundation and leads to commitments/decisions, and research indicates that making a decision or commitment is associated with lifestyle change. This can be illustrated in the following manner:

MI → preparatory change talk → commitment/decision → lifestyle change

Preparatory change talk can also be divided into two main categories: motivational statements and statements of faith in one's own ability to be able to make the change.

Examples of motivational statements:

- Desire for change: "I want to get into better shape. I actually like to exercise. I would like to change this."
- Concrete reasons for change: "I am tired of having a wardrobe with clothes sized XXL. I feel tired, am in poor condition, am not at all in shape."
- Necessity: "I just have to begin to exercise. Things will go bad otherwise."

Examples of statements of faith in one's own ability to be able to make the change:

- "I have managed harder things in life. It will go well if I take one step at a time and watch out for the inner-saboteur – the thoughts that can ruin things for me."

Examples of statements of commitment/decisions:

- "I have thought this through and have made a decision. This is actually one of the most important things in my life right now. I plan on already getting started tonight."

In MI, the interviewer needs to be able to identify change talk, because it is what the interviewer tries to listen for, evoke and reinforce. Active listening in the form of *open questions* and *reflection* is used to evoke, keep focus on, add nuance to and reinforce change talk. *Summaries* are used to gather together the change talk expressed by the client.

## Opening of the interview

As a rule, a motivational interview begins with the interviewer investigating the background of the contact. The client needs to feel safe and a climate of cooperation must be established. If the client has been pressured by someone else to come to counselling, it is important that the interviewer express understanding for it not always being so easy to come to counselling under such conditions, but that the counselling would still hopefully be able to benefit the client.

Sometimes, one must *set an agenda* for the conversation, if there are several topics that the client has difficulties with and wants to talk about. If so, it is wise to begin by investigating what the client is most concerned with and is motivated to talk about. If the topic is a given, one can begin by asking the client to tell about the problem.

*Per*: "First, I want to ask you to tell me about your back, how your back problems affect your life and what you have done to address the situation. And then I would like to hear a little about how you view exercising, the good and the bad. Is that OK?"

## Active listening

The basic skill in MI is known as active listening, which contributes to a good climate of cooperation. Through active listening, the interviewer can gain an understanding of the client's view of his/her situation and thoughts of problems and solutions, at the same time that the client understands him/herself better. Besides listening, the interviewer uses *open questions*, *reflection* and *summaries* to actively show his/her understanding of the client's perceptions. *Affirming* the client and his or her efforts is also fundamental.

### A. Open questions

An open question begins with a question word such as "When?", "Where?", "How?" or "What?". These are questions that grammatically cannot be answered with a "yes" or "no", but evoke the client to explain, to talk. The question "Why" should be used with caution, because it is so charged that it can easily make people feel accused. Of course, this is particularly true if asking about why the client does something that seems foolish.

A few examples of relevant open questions:

"Can you tell/say a little about...?"

"How did you come to think that it might be necessary to change this?"

"How does your back pain affect your everyday?"

"What could you do if your back were better?"

"What have you tried before to make your back better?"

"What experiences have you had in terms of exercise, for good and bad?"

"What are your thoughts with regard to becoming more physically active if you think about the future?"

"What can be the next step towards change?"

*Per*: "Tell me about your back problems and how they affect your everyday?"

*Eva responds*: "Well, it goes a bit up and down. Sometimes, my back is good, but other times ... well, it's mostly just a painful struggle. When it's really bad, I can't handle lying down or sitting. I can barely go to work. Sometimes, I almost can't manage to put on pants and socks. The pain is so great that I don't have the strength to be active. It also affects my sleep. Everything is so tough, stressing and burdensome. It's always hectic at work and my job is to support people who have an even more difficult time in life than I do. It's tough enough as it is, but when I'm in pain myself, well ... sometimes I call in sick. In addition to this, I don't have the strength to be social. I just feel annoyed and can't bother caring about others."

Notice Eva's change talk in the form of motivational statements about the negative consequences of her back pain. Also notice that she has no change talk that concerns the desire to change or it being necessary to change. Nor does she express any faith in her ability to be able to make a change or says anything about commitments or decisions.

## B. Reflection

Reflecting means re-stating, being a mirror for the client. Interviewers who have reflections as a natural part of their communication style are perceived as empathetic. One can reflect by re-stating a sentence, part of a sentence or just a word. It is important to emphasize that a reflection is not a question.

The interviewer can reflect back without changing anything particular in what the client has said:

- "Parrot": "It's always hectic at work", "Hard to get dressed".
- Synonym: "Your back pain varies", "You have a hard time handling everyday things".

The interviewer can also choose to reflect an underlying statement or emotion:

- Underlying sentence: "Having back pain ruins a lot for you".
- Underlying sentence: "You're frustrated", "You feel dejected".

The interviewer selects reflection to guide the conversation so that it focuses on the right topic. The interviewer can thereby choose one topic over another. If Per reflects "tough and burdensome", Eva will probably continue talking about what it is like to be worn out and to lack energy. If Per reflects "it goes a bit up and down", the conversation will probably continue on this topic and if Per reflects "always hectic at work", Eva continues to talk about how things are at work.

*Per*: "When your back hurts, your day is different." (Reflection)

*Eva*: "Yeah, everything is so much harder and more strenuous. It's a lot about the pain, how I can get through the day. And that's what it's like until my back gets better."

*Per*: "Everything is just one big struggle while it's going on, and then it gradually passes. How has it been to try physical activity to make your back better?" (Reflection and open question)

*Eva*: "When I'm in pain, I don't have the strength to do much. When my back is better, I don't exercise much anyway. I try to get motivated, but don't get very far. Now and then, I pull myself together and keep at it a while. I know I should exercise more."

Notice Eva's change talk. There are examples of motivational statements, "harder and more strenuous", intent to change, "I should exercise more," decisions for short periods, "Pull myself together". "Keep at it a while" also says something about her having concrete ways of being physically active.

## C. Summaries

Summaries and reflections are actually two sides of the same thing. The difference lies in how much is included. In a reflection, one gives back one or two elements of what the client has said. A summary includes multiple elements. Summaries work like small résumés and contribute to these parts of the conversation being remembered and also potentially reinforced. An underlying message in summaries is empathy: "I hear what you

are saying, I am trying to understand and remember it because what you say is important and I want to check whether I have understood you correctly.”

MI functions simply in theory, but is more difficult in practice. Even if one is accustomed to communicating and listening, the systematic and goal-oriented active use of active listening demands quite a bit of practice before becoming an automatic skill. What proves to be most difficult is to learn to make reflections in a systematic, yet natural manner. At the same time, reflections are the most fundamental element of MI. In contrast to open questions and reflection, summaries do not occur as often in daily speech, but are rather more reserved for professional communication.

*Per:* “Can I make a little summary and see if I have understood you correctly?” (Ask for permission)

*Eva:* “Yes.”

*Per:* “Your back problems come and go. Sometimes, your back is good and sometimes bad. When your back is bad, you are plagued by pain and sometimes it’s just a matter of getting through the day. It affects your mood, energy and what you get done both privately and at work. You succeed in exercising for short periods, but it doesn’t sound as if you are completely satisfied with your own effort.” (Summary)

*Eva:* “Yes, that’s right.”

*Per:* “You mentioned that you should exercise more. How do you view physical activity for preventing and alleviating your back pain?” (Open question)

*Eva:* “I know I should exercise, but it’s also a struggle.”

*Per:* “What have you tried that has helped?” (Open question)

*Eva:* “Going to the gym and doing exercises is nothing for me. Taking walks works best. The problem is getting it in as a part of my daily routine. It takes time to go for walks. Work takes so much time and is so stressful.”

*Per:* “Work takes a great deal of time and is stressful and, so far, it’s been hard to make exercise a part of your daily activities, at the same time that you know that it helps. Taking walks works best, in your experience.” (Summary)

### *Scale questions to evoke change talk*

We will look more closely at two so-called scale questions that can be used to evoke change talk about motivation in the form of the importance of change and a belief in the ability to succeed.

#### **Scale questions about weight**

*Per:* “Is it OK if I ask a few questions about how you view physical activity?” (Ask for permission)

*Eva:* “Yes.”

*Per:* “Think of a scale from 0 to 10, where 0 means that it’s not important at all and 10 means that it’s very important. How would you rate your view of physical activity on such a scale?”

What figure would you give yourself?"

*Eva:* "5."

○ \_\_\_\_\_ 5 \_\_\_\_\_ 10  
 Not important at all Very important

The interviewer can use a follow-up question downwards on the scale to evoke change talk:

*Per:* "What is it that makes you say 5 and not 3, for example?" (Open question)

*Eva:* "Well, it's important to exercise to get a better back. I know that it helps and my back is killing me."

A follow-up question upwards on the scale also works well:

*Per:* "You rate yourself as a five because you have a lot of back pain periodically. What would have to happen for you to rank yourself higher on the scale?" (Reflection and open question)

*Eva:* "Yeah, you tell me ... it would be if it gets even worse. And maybe if I start walking more and get better. Then it will be important to continue."

*Per:* "So both worse pain and exercise that works could result in a higher rating." (Reflection)

### Scale questions about faith in the ability to succeed if one is determined

*Per:* "If you really decided to exercise regularly, how much faith do you have in your ability to succeed? On a scale from 0 to 10, where 0 means that you have no faith at all in your ability to succeed and 10 means that you could do it without a doubt?"

*Eva:* "As it is now, 2."

○ \_\_\_\_\_ 2 \_\_\_\_\_ 10  
 No faith in the ability Strong faith in the ability  
 to succeed to succeed

Follow-up question downwards on the scale:

*Per:* "You still say 2, but not 0." (Reflection)

*Eva:* "I know that I could do it if I really want to, but I know what it's like when I'm going out after a hard day at work or when it's raining or I'm tired. After all, I've managed it before periodically. It's a question of self-discipline."

Follow-up question upwards on the scale:

*Per:* "You have some self-discipline that can help you and you have managed it periodically before. What would you need to go a little higher on the scale, like a 3 or higher?" (Reflection and open question)

*Eva*: “It’s a question of making a decision. Getting exercise into the day-to-day and getting started. I actually value exercising, I feel better both physically and mentally.”

*Per*: “You think it is pretty important to start to exercise. You’ve mentioned several reasons. On the other hand, you don’t have very much faith in your ability to really get it done. But self-discipline and strong determination would help. It seems as if you have some self-sabotaging thoughts that make your self-discipline fail.” (Summary)

### Readiness for change

Clients have different levels of readiness for change, which can roughly be divided into three stages.

**Table 1. Stages of change.**

<b>Not ready – uninterested</b>	<b>Uncertain – ambivalent</b>	<b>Ready to act</b>
Low readiness or disinterest in change	Shifting readiness for change, ambivalence	High readiness for change
<b>Focus:</b>	<b>Focus:</b>	<b>Focus:</b>
<ul style="list-style-type: none"> <li>• Create discrepancy</li> <li>• Evoke ambivalence</li> </ul>	<ul style="list-style-type: none"> <li>• Investigate ambivalence</li> <li>• Decision</li> </ul>	<ul style="list-style-type: none"> <li>• Practical methods</li> <li>• Commitment to follow a plan</li> </ul>
<b>What one can talk about:</b>	<b>What one can talk about:</b>	<b>What one can talk about:</b>
<ul style="list-style-type: none"> <li>• View of the situation now</li> <li>• Negative consequences</li> <li>• View of physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• Advantages/disadvantages of the situation/with change</li> <li>• Obstacles and solutions</li> <li>• Small steps to try change</li> </ul>	<ul style="list-style-type: none"> <li>• Practical planning</li> <li>• Ways of achieving success</li> <li>• Point in time</li> </ul>

The transition between stages is sliding and they can also overlap one another. The client’s attitude to change often varies over time and it can sometimes seem as if it shifts between disinterest, ambivalence and readiness to act in the course of a conversation. Ideally, one (or more) motivational interviews lead to the client deciding to make a commitment to change, but in terms of clients that are early in the change process, the objective is instead to activate motivation thoughts. Changing one’s way of life is a process that takes time. The interviewer should not expect major changes on the short term among those who are at an early stage in the process, but if the client gets help in thinking about the habit and its consequences, a change can come about earlier than it would have otherwise.

#### Not ready – uninterested

Clients who are not ready for change as a rule do not voluntarily seek counselling in life-style issues. They are often pressured by others into therapy or the interviewer brings up the topic when the client seeks help for another problem. Consequently, the client can have a resistance to talking about the problematic habit, in this case physical activity. The style of the interviewer can therefore be crucial to whether it is a constructive conversation about change. When clients are pressured into counselling, it is important that the interviewer show respect and understanding for the client’s aversion to talking about the matter.

Initially, one should discuss the background of the contact and talk about what the conversation is about to create trust: “It seems as if you’ve been sent here by your doctor. What do you think? Now that you’re here anyway – is it OK if we nonetheless talk a little about your back pain and about physical activity and see if I can help you somehow?”

The interviewer should ask the client for permission to talk about the subject: “There are several things that can affect back pain. Is it OK if we talk a little about it?”

Clients with little motivation tend to have more resistance to attempts to make a difference. The interviewer’s ability to listen respectfully is therefore absolutely crucial to whether the client can investigate problems in a constructive manner or react with resistance and defence. If the interviewer reflects and summarises change talk and overlooks the client’s counter arguments, one can counteract negative reactions. It is a matter of sowing small seeds of change and evoking curiosity. We call it creating a discrepancy – a difference – between how it is and how the client thinks it should be.

For a summary of the interview focus in this stage, see table 1.

### Uncertain – ambivalent

The objective of this stage is to investigate the ambivalence that exists towards the life habit and to potential change, and to help the client strengthen a desire for change. Most of all, the interviewer wants to stimulate the client to make a decision or take a step in the direction of change, although he or she remains uncertain.

Eva’s ambivalence to taking walks is illustrated in table 2:

*Table 2. Examples of arguments for and against change.*

—	+
<p><b>Arguments against change (for status quo)</b></p> <ul style="list-style-type: none"> <li>• Hard to find space for it in pressured daily life</li> <li>• Hard to find energy to go out</li> <li>• Self-discipline is a challenge</li> <li>• Takes time</li> <li>• Causes more pain in the beginning</li> <li>• Uncomfortable when the weather is bad</li> </ul>	<p><b>Arguments for change (against status quo)</b></p> <ul style="list-style-type: none"> <li>• Feel better physically and mentally</li> <li>• My back is killing me</li> <li>• Less pain on the long term</li> <li>• Less annoyed</li> <li>• Sleep better</li> <li>• Have more energy at work and in private, more social</li> <li>• Better self-confidence</li> </ul>

Eva is ambivalent to becoming more physically active. Ambivalence is actually a motivational conflict between “want/don’t want”. However, it also looks as if Eva finds herself in another common dilemma; her faith in her ability to be able to manage it is lower than her motivation, which can be derived from the responses to the scale questions.

An obligating decision can help Eva increase her motivation. Then, she needs to work out a plan that is realistic. Eva also probably has self-sabotaging thoughts, that is to say automatically negative thoughts that pop up and cause determination to wane.

*Per*: “What speaks against taking regular walks is that it takes time, sometimes it is difficult to find the energy and it demands self-discipline. You also feel that it can also cause more pain in the beginning and is hard. Sometimes the weather keeps you from walking. At the same time, you think that you have to do something because your back is killing you. You feel worn, tired and annoyed and are in a great deal of pain. You think that regular exercise will have a good impact on both your body and mood, you can get more energy at work and in your private life, and become more social. Additionally, deep down, you actually like to take walks (Summary) ... Eva, what are you going to do now? What will be the next step for you?” (Open question, key question)

*Eva*: “Well, when you look at it like that, there’s only one thing I can do. I just have to pull myself together and get started for real, but it is difficult. I have to really decide this time.”

In his summary, *Per* includes some of what has come forth in the previous conversation that reinforces *Eva*’s thoughts in the direction of change. *Per* concludes with the key question about how *Eva* can take a step further.

For a summary of the conversational focus in this stage, see table 1.

### **Ready to act**

When the client is ready to get started with the change, focus will be on strengthening the commitment to change and working out a concrete and realistic plan for change. In addition, at this stage the client will be more set on cooperating to find solutions to difficulties and obstacles. Although the client’s own ideas are best, the client is also receptive to practical advice.

*Per*: “Can I ask you an important question?”

*Eva*: “Yes.”

*Per*: “Do you really mean that you plan to start to exercise?” Are you serious?”

*Eva*: “Yes, I have to. I have no choice.” (Commitment)

*Per*: “OK. Then I would like to go further and look at two things. First: How are you going to go about it in concrete terms? What does your plan look like? Secondly: Self-sabotaging thoughts – are there any that can ruin it for you now?”

For a summary of the interview focus in this stage, see table 1.

### *Offer information*

Although the main strategy in MI is to activate the client’s own ideas about solutions, the interviewer also offers information and gives advice and suggestions where necessary. When the interviewer does so, it is important to activate the client. It is often difficult for the client to accept, remember and convert the interviewer’s ideas and suggestions into practice. Information and advice that does not feel relevant and is not desired, easily incites resistance, particularly in clients with low motivation. It is therefore important to ask for permission to give information and check what the client already knows so that the information can be tailored to the client’s needs.

### 1. Prepare

Inform the client that information is coming and ask for permission:

*Per*: “I would like to tell a little about my experiences of what often happens with one’s thoughts when one does not take a daily walk as decided. Is it OK if I talk a little about this?”

*Eva*: “Yes, that would be good.”

### 2. Adapt

The interviewer investigates what the client already knows about the subject to avoid giving information that the client already has. The client’s answers are confirmed and the significance of the information is reinforced by follow-up questions and reflections:

*Per*: “Before I tell a little, I want to ask you what you have noticed yourself. What thoughts keep you from getting out and going for a walk?”

*Eva*: “It’s hard to say. I sort of lose my spark. Sometimes, I don’t have the energy or it’s something with the weather. I find excuses to stay home.”

### 3. Reflect and provide information

*Per*: “It’s not always easy to put what happens into words. When one has to change habits, it’s not uncommon to have what we call self-sabotaging thoughts. They are thoughts that come on their own and that one does not notice. They can cause self-discipline and motivation to wane. For example: ‘Not today.’, ‘It’s too cold, rainy, hot, etc.’, ‘It’s been a hard day at work, I deserve to rest.’, ‘I’m too tired.’ ‘It’s no use anyway, I’ll never be able to manage it’.”

### 4. Give the client the opportunity to process the information

*Per*: “What do you think about this?”

*Eva*: “I recognise that. It’s like what I would have said myself, but I don’t know what I’ll do to not give in to those thoughts.”

*Per*: “Self-sabotaging thoughts are something that nearly everyone has when they’re going to change habits. It helps to be aware of these thoughts and meet them with constructive counter arguments. Two questions can be of help to understand more about this: 1. What happens when you do not take the walk you planned? 2. What happens if you follow the plan and take your walk anyway, the times that you don’t feel like it? The answer to the latter question says something about what you already do that helps. It is important to use such strategies more determinedly to keep your motivation up. Shall we look at this more closely?”

After having given information, Per goes on to try to evoke Eva’s own resources.

### *Meet resistance with respect*

As previously mentioned, clients can feel resistance to both counselling and change and it is important to not give this resistance too much space in the conversation. The way the

interviewer meets the client's scepticism and counter reactions is crucial. The interviewer can create resistance by trying to push harder than what the client is prepared for and by arguing, confronting, provoking, convincing or using other strong attempts to influence. A counter reaction can also be evoked in the client when the interviewer adds something new. This is often expressed in the form of the client saying: "Yes, but ..."

One way resistance is expressed is through the client's so-called expressions of resistance. These often go in the opposite direction from change talk, and concern for example change not being necessary or desirable, the habit having positive effects, the time not being right ("Not right now") or helplessness. A great deal of resistance in counselling conversations is associated with lower client and counsellor satisfaction and worse effect of the treatment.

As a method, MI prevents resistance by the interviewer using as respectful and accepting a style as possible. Meeting the client where he or she is in the change process and showing understanding of ambivalence also reduce resistance. In addition, a fundamental principle in MI is that the client chooses if he or she wants to change living habits or not, the way to do it and the time, and the interviewer shows this.

In that the MI interviewer tries to affect the client in the direction of lifestyle change, resistance will most likely be activated, however. A common strategy for addressing resistance in MI is to take a step back and reflect the client's opinions. This is called "rolling with resistance". With this, one shows respect for what the client says and tries to understand the message behind the resistance.

*Per:* "It would be good for you to start exercising regularly." (Advice)

*Eva:* "Yes, but with the way my weekdays look, I simply don't have the chance of making it work, but of course it would be good for my back."

*Per:* "Weekdays are tough and it is difficult to find time to exercise, at the same time that it would have been good for your back." (Double-sided reflection)

*Eva:* "Yes, I know that I should, but I can't see how I can manage it ... maybe on the weekends."

*Per:* "Before we look at how you can arrange it, maybe we can look more closely as what would be good for your back."

Per meets the resistance with a so-called double-sided reflection that reflects both sides of the matter, takes a step back and tries to investigate the motivation.

## *Follow-up*

When possible, one should offer the client follow-up conversations.

*Per:* "Changes in lifestyle are generally not made over night, they often take a while before one gets it to work. Shall we meet again so I can hear how it's going for you?"

*Eva:* "Gladly, I think that is a good idea."

If the client says “No, thank you,” the interviewer can answer: “OK, then I would like to wish you good luck with what you’ve decided. It will certainly go well (show optimism and faith in the client’s ability). You are always welcome to get in touch if you would like to talk a little more.”

## *Evidence*

In a metaanalysis, MI’s promising effects and potential are summarised with regard to increasing flexibility in programmes for diet and physical activity (1). However, there are still relatively few studies in the area, but more studies are under publication.

## References

1. Hettema J, Steele J, Miller WR. Motivational interviewing. *Annu Rev Clin Psychol* 2005;(1):91-111.

### Websites

[www.fhi.se/mi](http://www.fhi.se/mi) – Swedish website about MI.  
[www.motivationalinterview.org](http://www.motivationalinterview.org) – international website about MI.  
[www.somra.se](http://www.somra.se) – website about MI and alcohol abuse.

### Books and manuals

Barth T, Børtveit T, Prescott P. Förändringsfokuserat rådgivning. [Change-focused counselling.] Oslo: Gyldendal; 2001. Stockholm: Liber; 2004.

Barth T, Näsholm C. Motiverande samtal – MI. Endring på egne vilkår. [Motivational interviewing – MI. Helping people to change on their terms.] Lund: Studentlitteratur; 2006. Bergen: Fagbokforlaget; 2007.

Holm Ivarsson B. Motiverande samtal MI. [Motivational interviewing MI.] In: Fossum B, ed. Kommunikation. Samtal och bemötande i vården. [Communication. Conversations and personal treatment in healthcare.] Lund: Studentlitteratur; 2007.

Holm Ivarsson B, Pantzar M. Introduktion till motiverande samtal. En handledning för skolhälsovården. [Introduction to motivational interviewing. A guide for school healthcare.] Östersund: Swedish National Institute of Public Health; 2007.

Miller WR, Rollnick S. Motivational interviewing. Preparing people for change. New York: Guilford Press; 2002. Norrköping: Kriminalvårdens förlag; 2003.

Prescott P, Bortveit T. Helse og atferdsendring. [Health and behaviour change.] Oslo: Gyldendal Oslo 2004.

Rollnick S, Mason P, Butler C. Health behaviour change. A guide for practitioners. New York: Churchill Livingstone; 1999.