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# Rationale and Development of Individual Counseling Based on Self-Determination Theory and Motivational Interviewing

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## Introduction

Motivational interviewing (MI) is a strategy derived from client-centered counseling, cognitive-behavioral therapy and social-cognitive theory (Brodie & Inoue, 2005). MI can be defined as a directive client-centered method, with the purpose to enhance intrinsic motivation to change certain behaviors, by exploring and resolving ambivalence (Miller & Rollnick, 2002). Within MI, four basic principles are used in order to enhance motivation; (1) expression of empathy, (2) development of discrepancy, (3) rolling with resistance, and (4) supporting self-efficacy (Miller & Rollnick, 2002). A recent meta-analysis suggests that MI is an effective intervention strategy to reduce unhealthy behaviors (e.g. tobacco, alcohol, drugs, marijuana use/abuse) and to promote healthy behaviors (e.g. diet, exercise, safe sex; Lundahl et al., 2010). However, MI lacks a theoretical backing which makes it hard to understand and explain why a behavior change may occur or not (Patrick & Williams, 2012). Hence, recent studies suggests a “marriage” between MI and Self-Determination Theory (SDT) to better understand health behavior change (e.g. Resnicow & McMaster, 2012; Vansteenkiste, Williams, & Resnicow, 2012). The theoretical underpinnings of SDT and process of behavior change according to SDT can in large be summarized as in Figure 1.

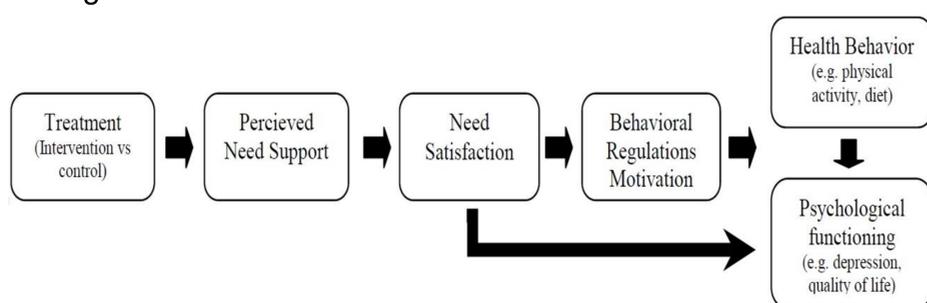


Figure 1. The SDT process model for behavior change in intervention research (Fortier, Duda, Guerin, & Teixeira, 2012).

Hence, more research is needed to further elaborate on the “marriage” between SDT and MI and to test to utility and efficacy of individual counseling based on MI and SDT.

## Purpose

The purpose of this study is to describe the rationale and development of individual counseling, based on the tenets of SDT and techniques drawn from MI, used to promote exercise adoption and adherence.

## Method

To identify studies relevant to the “marriage” of SDT and MI an extensive search were performed with the databases PsycINFO, PubMed, SPORTDiscus and the ‘Discovery service’ Summon. Different combinations and variations of the following key words were used: motivational interviewing, counseling, self-determination (theory), autonomy support, motivation, physical activity, and exercise. Reference lists of relevant articles was also examined for additional studies, and manual searches in different journals was conducted (e.g. Journal of Sport and Exercise Psychology, Journal of Educational Psychology, Psychology of Sport and Exercise). These search methods yielded 14 studies.

A group of researchers discussed the reviewed literature and developed customized scripts for individual counseling for a randomized control trial (RCT), aiming to support previously inactive, healthy adults to adopt and adhere to a regular exercise regimen.

## Individual counseling based on SDT and MI

The individual counseling is based on the following theoretical propositions of SDT:

- *Autonomy support* (provision of meaningful rationales, acknowledging negative feelings, using non-controlling language, offering choice, nurturing inner motivational resources) to support autonomy, relatedness and competence (Su & Reeve, 2011).
- *Interpersonal involvement* (affection, warmth, care, and nurturance) to support relatedness (Skinner & Edge, 2002).
- *Structure* (“the extent to which a social context is structured, predictable, contingent, and consistent” p. 243) to support competence (Tessier et al., 2010).

And the following techniques of MI is used:

- *Open-ended questions* (to encourage a dialog and elaboration)
- *Affirmation* (to support the participant)
- *Reflective listening* (to demonstrate understanding and to help the participant listen to themselves)
- *Summaries* (to help the participant see the bigger picture; Physical activity in the prevention and treatment of disease, 2008)

## Structure of the sessions

1. Introduction / rationale, explaining the setup of the session and expectations on the participants during the intervention (*competence*)
2. Exploring the participants view of, and opportunities for PA and health (*autonomy/competence*)
3. Scientifically proven effects of PA/exercise and dose-response relationship (*competence*)
4. Background and preferences for PA/exercise (*autonomy*)
5. Sources of social support (*relatedness*)
6. Goal setting (*competence*)

## Applications

- This study outlines the theoretical propositions of SDT and practical techniques of MI that may be used for individual counseling to promote exercise and PA.
- Further, this study provides an example of how a counseling session aiming to promote exercise adoption among previously inactive, healthy adults may be structured .

## Lessons learned

- Do not focus too much on the script.
- Let it be quiet those extra seconds.
- It may be difficult to carry out more than three sessions per day (for a “rookie”).
- Explain the role of the “coach” or “physical activity facilitator”.

## Discussion

- What speaks for and against a “marriage” between SDT and MI?

