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CHAPTER 1

The Complexities of Change

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> The first step towards getting somewhere is to decide that you are not going to stay where you are.
>
> —Unknown

Changing a behavior isn't easy. While clients have great intentions, they often struggle with consistent follow-through. They have grand hopes and dreams of taking care of their bodies, but then life gets in the way. Whether it's a new baby, a worrisome diagnosis, a job change or unemployment, an unsupportive spouse, or a vacation, the joys and challenges of life take us off course on the winding road toward health.

Before we can spell out the best strategies for assisting others who are exploring making a change, it's important to take a moment and discuss the complexities of change and motivation. In order to develop empathy for clients, it's often helpful to reflect on your own health patterns. Consider a health behavior change that you've wanted to make but haven't quite gotten around to. What's keeping you from making that change? Perhaps you've been meaning to start, and you're aware of the benefits of making this change, but you haven't started for one reason or another. It's likely you don't think the benefits outweigh the costs, or maybe you haven't given it much thought. It's even possible that you've thought about it an awful lot, but you're sick of thinking about it, and other things have been occupying your time recently. Often the cost of change includes time, money, effort, and breaking ingrained habits. So, what would motivate *you* to make this change? Consider this question as we explore the complexities of making a behavior change.

THREE INGREDIENTS FOR CHANGE

For a change to happen, a person needs the following three ingredients: (1) a belief that the change is important; (2) confidence to carry out the change; and (3) resources and support. Let's explore each of these a bit further.

Importance

First, your clients need to believe that the change matters—that there's a personal benefit or payoff that is worth the trouble. This could be a reduced risk of disease, improved symptoms, or something immediately tangible like a better mood, more energy, or improved sleep. Within the context of an individual coaching session, it's helpful to spend time exploring the importance of the change the client is contemplating.

Confidence

Second, a person making a change needs to believe they have what it takes to be successful. In order to succeed the client needs to believe in their ability to complete the task. They need a counselor or a coach who will walk them through the process of planning for the change. They need a guide—someone who can help them consider the day ahead and navigate the potential pitfalls along the way.

Resources and Support

Finally, a person can believe the change is important and be confident in their ability to act, if given the option, but all of this is null and void if they don't actually have a choice because they lack resources or access to what is needed to be successful. For example, a person may want to eat more fruits and vegetables and be more physically active but may not have regular access to produce or transportation to a climate-controlled space suitable for activity.

In other words, when the social determinants of health are not also addressed, little can be done to facilitate change. Factors such as food insecurity, unsafe neighborhoods, dilapidated parks, and a lack of affordable indoor gym facilities can present as significant barriers to nutrition and fitness-related changes (*www.who.int/health-topics/social-determinants-of-health#tab=tab_1*). In addition to physical barriers to making health-supporting changes, mental health also plays a role. Previous traumas, mental illness, addiction, and neurodiversity also impact a person's ability to change. Access to quality health care and psychological services is often needed in conjunction with nutrition and fitness services.

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Understanding these ingredients supports a shift in mindset, away from "My client isn't motivated" or "My client is lazy and making excuses" toward "My client has valid reasons they have not yet engaged with this change." Your client's motivation is only one piece of the puzzle. And motivation is finicky and, at times, fleeting. In understanding the complexities of change, it's necessary to take a deep dive into the psychology of motivation and the various stages of the change process.

THE PSYCHOLOGY OF CHANGE

According to self-determination theory, there are two main types of motivation: autonomous and controlled (Ryan & Deci, 2017). *Autonomous motivation* fuels actions that align with the individual's intrinsic goals, values, and interests. *Controlled motivation,* in contrast, refers to engaging in a behavior to gain rewards or approval from others or to avoid punishment or feelings of guilt.

With controlled motivation, the client is motivated by a sense of obligation or pressure, whereas with autonomous motivation, the behavior is self-determined. When your client experiences autonomous motivation, they choose to make the change because it's enjoyable, they like the way they feel during or after the behavior, or because the change aligns with their values. Therefore, it's not surprising that researchers have discovered that those who are autonomously motivated are more likely to make and sustain a positive health-supporting change (Ntoumanis et al., 2021).

A patient experiencing primarily controlled forms of motivation might be exploring change because their doctor told them they need to or because their smartwatch tells them to. The patient is aware of health recommendations or dietary guidelines and believes they must comply. Often, those driven by controlled forms of motivation have a goal weight in mind. There's a lot of "self-shoulding," like "I should go to the gym" or "I really shouldn't eat that."

Patients experiencing controlled forms of motivation often self-regulate with apps to monitor their eating and activity. While wearable devices and calorie-tracking gadgets seem like a good idea at first, researchers have found that controlled sources of motivation, like behavior-tracking, are often fleeting. Activity-tracking wearable device use typically fades after about 3 months (Shin et al., 2019). Those who have the longest success changing a behavior are those who are also driven by autonomous sources of motivation (Kononova et al., 2019; Shin et al., 2019).

In addition, controlled sources of motivation, like calorie-tracking apps, are linked to disordered eating (Linardon & Messer, 2019; Levinson et al., 2017; Simpson & Mazzeo, 2017). Overall, when clients make changes fueled by controlled motivation like calories, food rules, and

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weight, they often find themselves stuck in a dieting mindset, and a vicious cycle ensues (Verstuyf et al., 2012). This cycle has been described by many as the dieter's cycle, or the diet–rebound cycle (Matz & Frankel, 2024), where clients are compelled to restrict what they eat based on feelings of body dissatisfaction. After a period of deprivation, signs of preoccupation with food begin to surface. Physiological and psychological factors come into play as clients throw off the shackles of restriction and eat. For some, periods of rebound eating or perceived out-of-control eating are followed by feelings of remorse, guilt, and shame. Vulnerable and desperate, clients look again for a way to end their suffering with another diet. Ultimately, with all the back and forth of being "on a diet" and then "off a diet," their diet quality falls below those driven by autonomous motivation (Carbonneau et al., 2021).

To break the "on" and "off" cycle, a shift from controlled motivation to autonomous motivation is essential. The emotionally and physically exhausting dieting patterns can be replaced with changes that center pleasure, enjoyment, and the mood-boosting side effects that often accompany positive health-supporting habits.

Similarly, arduous exercise regimens that clients dread but initiate in the name of trying to change their weight, shape, or size can be replaced with enjoyable forms of movement. The focus shifts to how the activity impacts their mood, energy levels, stress, and sleep patterns. Long-term success in making positive health-supporting changes centers on the type of motivation that serves as the primary driver for that change—with autonomous motivation being the most powerful type.

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THE STAGES OF CHANGE

Prochaska and DiClemente (1983) hypothesized that there are different stages of change. A person doesn't typically wake up one day, decide to change a behavior, and then successfully maintain that change until the day they die. Typically, an individual moves through stages. These stages of change are part of a behavior change theory known as the transtheoretical model (TTM).

While the TTM was developed around the same time as MI, they are quite distinct. The TTM is a theory, whereas MI was developed from within practice; MI is not a theory but a style and method for assisting others to make changes (Miller & Rollnick, 2009). Understanding the different stages of change clients often go through can be helpful in grasping the fluidity of change. There are five stages of change presented by the TTM: precontemplation, contemplation, preparation, action, and maintenance. Each stage is characteristic of certain thought patterns and behaviors.

1. *Precontemplation.* An individual in the precontemplation stage is either unaware or in denial that a change is necessary or warranted. In the nutrition and fitness counseling world, a client in precontemplation may open an appointment with, "I'm just here because my doctor made me come. Please don't take away my favorite foods. I've given up smoking and booze, and food is my last vice. You're going to take it away from me, aren't you?"

2. *Contemplation.* An individual in the contemplation stage is aware that a change would be beneficial but has mixed feelings about making the change. A client in this stage of change might say something like, "I probably shouldn't eat out every day for lunch, but I just get lazy in the morning and I'm always running late, so I hardly ever pack a lunch." The client has no plans to change and is on the fence about whether doing so would be worth the effort.

3. *Preparation.* In the preparation stage, the client is expressing a desire to make a behavior change within the next month and is seriously considering how to go about doing so. A client in the preparation stage of change may state, "I asked my aunt for a few of her recipes that I always liked growing up" or "I haven't started training for the 10K yet, but I bought some new shoes."

4. *Action.* The action stage is most notably the hardest stage; in most cases it requires the client to expend physical energy. The stages before this one require the client to expend mental energy, but the action stage is where the client actively makes the change they have been preparing for. A client in the action stage of change might say, "I started going for a walk twice a week with my neighbor down the street."

5. *Maintenance.* Once the client has made the change consistently for 6 months, according to Prochaska and DiClemente, the client is in the maintenance stage of change. Clients who make it to the maintenance stage are still at risk of falling back into old patterns. However, the likelihood of maintaining the change is higher now that the change has become a regular part of the client's life for a significant amount of time. A client in the maintenance stage of change might say, "I've been riding my bike to work ever since I got out of cardiac rehab 2 years ago."

Now and then an individual may move linearly through the stages of change. What's more common, however, is for people to jump back and forth among the stages. Even within a single counseling session, a client might move from precontemplation all the way to preparation and back down to contemplation. The following change story demonstrates the fluidity of the stages of change.

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Jamie is a college student who decides she'd like to start adding 20 minutes of strength training twice a week to her busy schedule, which includes work, school, and an active social life. She never gave much thought to strength training (precontemplation) until she met her boyfriend, who enjoys lifting weights. He's an exercise science major and told her about how lifting weights can help improve muscle tone, bone strength, and posture. Jamie's mom always tells her that she slouches, so she likes the idea that doing strength-training exercises might help. As she considers the change (contemplation) she wonders how she will fit it into her schedule and how she will learn the exercises. She doesn't have money for a personal trainer.

One summer, she discovers that her friend lifts weights a few times a week and asks her to demonstrate how to use the machines at the gym. Her friend agrees and they set a date for the next week (preparation). Jamie catches on quickly and figures out how to squeeze the time into her schedule by shortening the amount of time she spends on the cardio machines (action).

However, after the first week, she is very sore and decides to take a week off to recover (preparation). After the week is over, she goes on a summer vacation with her family. She restarts her routine 2 weeks later and lifts weights 2 days a week for the first 3 weeks of the fall semester (action). Then midterms hit and she isn't able to fit her gym routine into her schedule again until the spring semester (contemplation).

Jamie's spring semester is a little lighter, so she starts going to the gym again consistently throughout the summer (maintenance).

Sounds pretty normal, doesn't it? Behavior change often involves trial and error, where consistency becomes an elusive goal. The term *ambivalence* is often used for this indecisive state of being. It's important for you, as a nutrition and fitness practitioner, to learn how to recognize ambivalence and assist clients as they wade through the muddy waters of behavior change.

AMBIVALENCE: THE COMMON HUMAN EXPERIENCE

An individual who is in the contemplation or preparation stages of change is in a state of ambivalence, experiencing mixed feelings about starting something new. It's almost as if their brain is split in two. Part of them wants to make the change, and part of them doesn't.

Needless to say, the brain isn't so easily compartmentalized. In fact, the study of how the brain works and adapts to change is an incredible science. Scientists seem to be learning more and more about *neural plasticity*, or the physical changes that occur in our neural circuitry based on our experiences. When you deviate from your old habits and start to do

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something new on a consistent basis, you are essentially growing new neural connections and pruning the old ones back. When you've entered into a state of maintenance with this behavior, you've strengthened these new neural connections, making it easier to continue the behavior.

Understanding the concept of neural plasticity may help you understand why some habits are so hard to break. In its most basic form, a habit is just a particular pattern of neural connections. However, connections made over a long period of time or during a significant trauma will be more entrenched than others. At first, it can be uncomfortable to maintain a change, not because it is particularly hard to do but because you are rewiring your brain. New behavior takes more mental energy and attention, whereas the old habit has become automatic. Ambivalence may simply be rooted in the decision to do something uncomfortable or unfamiliar. Falling back into old habits is often a welcomed comfort when change becomes unnerving or mentally taxing.

Ever-changing neural connections make the process of change a work in progress. A person can ebb and flow through the stages of change before their new behavior takes on any sense of permanence. A person experiencing ambivalence thinks change sounds good but still has some reservations. They may start voicing reasons to make a change but not make any commitments. Feeling two opposing ways about a behavior change is a normal part of the change process. Ambivalence is inevitable. It isn't something to avoid, but something to embrace, contemplate, and be curious about.

In the following example, a middle-aged woman with newly diagnosed type 2 diabetes expresses mixed feelings about eating breakfast after years of skipping the morning meal.

> "I stopped eating breakfast in high school. I was never hungry, and I always thought it would help me control my weight. Not that it really helped. My weight has been up, down, and all around. Now my doctor is putting me on medication and says if I don't eat, I could pass out. I'm just not hungry in the morning; it makes me feel sick just thinking about it. I hope I don't pass out and end up back in the hospital."

This next example highlights a man's ambivalence toward joining a tennis club after recovering from injuries he sustained during a severe car accident.

> "I know I've got to get back into a regular exercise routine if I want to gain back my full function. My physical therapist says I'm ready, but I just don't know now. I guess I don't want to push myself. There's a lot of stuff I just can't do. But I know if I don't do anything, it will just get worse."

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Ambivalence is uncomfortable. It can feel exhausting to experience conflicting priorities without making a decision. When clients are experiencing ambivalence, our tendency as counselors and coaches is to want to push for change. We do this with statements like, "Have you thought about walking during your lunch break? Maybe that would make it easier to squeeze it in"; or "Exercise is just the best medicine. It's amazing all of the benefits it provides"; or "You really need to think seriously about prioritizing your health, before it's too late." Although well intentioned, each of these statements are missteps. The irony of behavior change psychology is that if pushed for change, clients tend to push back instead of move forward. Motivational interviewing provides an alternative approach to pushing for change.

In the fourth edition of *Motivational Interviewing: Helping People Change and Grow,* William Miller and Stephen Rollnick (2023) defined MI as, "a particular way of talking with people about change and growth to strengthen their own motivation and commitment." The primary goal of MI is to refrain from pushing for the new behavior and instead to help the client move through their ambivalence by inviting them to voice their reasons for change.

Spending time with ambivalence tends to help a client move through it. As a guide, you can shine a light on your client's ambivalence. Invite your client to talk through their ambivalence in a judgment-free space. When their ambivalence is brought forth into the light, your client can acknowledge the discrepancy, free from pressure, and make a decision that's best for them. If ready to make a change, your client may want to start discussing strategies to adapt the change into everyday life.

Listening for Ambivalence: The Heart of MI

When listening for ambivalence, you will begin to hear client remarks both in favor of and opposed to making a behavior change. Comments made by the client that support change are known as *change talk*. Change talk sounds like this:

"I don't want to end up on dialysis like my grandmother."

"My friend has had a lot of success by switching out her soda for water. I might try it out myself."

"I'm tired of feeling sluggish. I can't believe how out of breath I get when I walk up a set of stairs."

On the other hand, comments made by the client that support the status quo are known as *sustain talk*. Sustain talk sounds like this:

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"All the diet food I used to eat was so expensive. I don't have the money to eat like that now that I'm retired."

"There's no way I can eat in the morning. I hardly make it to work on time as it is."

"By the time I get home, I'm exhausted. I can't imagine going to work out."

Often, clients will speak change talk and sustain talk within the same sentence or dialogue. Their ambivalence can sound like this:

"It wouldn't kill me to wake up a few minutes earlier, as long as I remember not to hit snooze too many times. [change talk] Sometimes, on cold mornings, I just can't help it." [sustain talk]

"I went for a walk the other day, [change talk] but it was hot and humid. [sustain talk] I did feel better after I went, [change talk] but I really do hate this time of year." [sustain talk]

"I'd like to try out an aerobics class, [change talk] but I might make a fool of myself." [sustain talk]

A good listener tunes their ears to their client's change talk and sustain talk. Change talk predicts actual behavior change. Therefore, the MI practitioner is strategic with their responses, being intentional to elicit change talk by asking specific questions that explore the client's reasons for change and then highlighting the client's change talk through reflective practice. This attribute of MI is a common thread revisited throughout this book.

The Root of Ambivalence

Ambivalence is often rooted in a discrepancy between an individual's values and their actions. A client might value mental and physical health, but struggle to squeeze in physical activity. This results in a mismatch between where the client is and where the client wants to be. As the practitioner, part of your job is to help your client see that current patterns conflict with their values or health goals. In MI, you do this with great care using a curious, nonjudgmental stance, as in the script below:

Practitioner: You mentioned wanting to try a yoga class at your gym for a long time. What do you think is keeping you from going?

Client: I don't know, I'm probably just afraid to try something new. It will take me a while to get the hang of it, and I have to figure out if it's worth the risk of embarrassment.

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Practitioner: You're concerned about what others might think, and you're curious to try it out.

Client: Yes, I admire people who are flexible, and people who do it regularly say it's very relaxing.

Practitioner: You see it as a possible way to de-stress.

Client: It would be great if I could get through the first few classes, and then instead of causing anxiety, it would probably reduce my anxiety overall. Plus, my friends talk about yoga all the time. I want to feel like I can join in on their conversation. They were talking the other day about how it helps them stay calm with their kids, and I have really challenging teenagers who are pushing my buttons lately. I know I could use a way to de-stress.

Practitioner: You want to share this activity with your friends and see if it improves your stress and anxiety. You sound pretty confident that if you got over some of your fears of surviving the first class, yoga would benefit you in a lot of ways. What do you think you'll do?

Client: I know if I just did one or two classes, I'd be fine. I think if I make sure I go to my first class with one of my friends, I won't be so self-conscious.

Motivation will likely increase when the client recognizes there is a discrepancy between a current choice and a personal goal or value. In the example above, the client is choosing to not attend the yoga class despite an interest in doing so. The practitioner uses reflective listening to help the client see this discrepancy while giving them full autonomy to attend the yoga class or not attend the yoga class.

There were several examples of change talk in this brief dialogue, including "I admire people who are flexible and people who do it regularly say it's very relaxing"; " . . . it would probably reduce my anxiety"; " . . . I want to feel like I can join in on their conversation"; and " . . . I could use a way to de-stress." The practitioner uses reflective listening responses to hold up a mirror for the client to see they have great reasons to change. In short, MI techniques highlight for clients where they are and where they hope to be.

FROM AMBIVALENCE TO ACTION: THE PRACTITIONER'S ROLE

Ambivalence is a fork in the road. Will the client choose to make the change or keep things the same? The direction your client takes depends mostly on your style and guidance as the practitioner. In a state of ambivalence a

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client can become conflicted and may feel a little embarrassed about having this discrepancy pointed out. In this delicate state of mind, an individual becomes highly responsive to a practitioner's communication style. A misstep can throw a client into a reactive stance, voicing sustain talk. In the excerpt below, the client voices ambivalence about meal planning and preparation. The practitioner responds by trying to identify and fix the problem. Notice how this response leads the client to argue for the status quo. In this exchange, the practitioner has essentially blocked the client from considering the change.

Client: I hate cooking and especially doing dishes. I definitely do not have time for that. Plus, I'm a terrible cook. But I'm really tired of eating out all the time and it's so expensive.

Practitioner: [*not* using MI] It doesn't take too much time if you find quick easy meal ideas.

Client: I already choose really simple things to make, but even then, it's the coming up with meal ideas, doing the grocery shopping, cooking, and then cleaning up and doing the dishes that takes time.

A communication misstep like the one above can easily derail a client's movement toward change. There are key strategies that you can use to help your clients move through ambivalence with a gentle, guiding manner. These strategies are dispersed throughout this book, but below is a glimpse of the most important factors in a practitioner's communication style that directly influence client ambivalence.

Taming the Fixing Reflex

Our first inclination as nutrition and fitness practitioners, when we hear a client's ambivalence, is to start to nudge them forward by throwing out simple strategies for change. Does this sound familiar?

Client: I get home after work and I'm exhausted. I know I need to take a walk around the block, but it takes all of my energy just to get out of my work clothes and start making dinner.

Practitioner: [*not* using MI] What if you stopped at the gym before getting home? Sometimes, you have to change your routine a little and you find that you have more energy.

Client: Maybe. I don't know. It's so crowded right after work.

Here's another example of a nutrition counselor reacting to ambivalence by giving unsolicited advice.

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CLIENT: My main problem is my snacking. My girlfriends and I get together twice a week to play cards and that's where I do a lot of my snacking. There's always a bowl of candy on the table while we play. I wouldn't eat it if it weren't right in front of me the whole time. They should know better than to serve that kind of stuff. Half of us are diabetic.

PRACTITIONER: [*not* using MI] What if you brought your own snack? Here's a list of snacks that are quick and easy and good for your blood sugars; perfect for a card table.

CLIENT: Oh, I don't think so. You don't get between these ladies and their sweets.

As an expert in nutrition and fitness, it can be difficult to restrain yourself from giving unsolicited advice when you see your clients struggling with ambivalence. This type of advice giving is also known as the *fixing reflex*. The following sentence starters are all predictors that you're about to employ your fixing reflex.

"Why don't you just . . . ?"

"Hey, what about trying . . . ?"

"What you need to do is. . . . "

"Here's one idea . . . "

The fixing reflex represents a directive counseling style that includes giving advice or tips without checking in with the client to see if doing so is useful, helpful, or even needed. Unsolicited advice becomes a roadblock that can interfere with the client's progression toward change. When a roadblock goes up, the client has to take a detour and think about how to respond to your advice, which can crush forward momentum. Use of the fixing reflex may even stall out the client–practitioner relationship before it has a chance to get going. Even with the best intentions, the way you go about giving advice and offering information is as important as, if not more important than, the information itself.

People often consider the advice or recommendations of those they respect and trust. Using MI techniques helps you gain respect and trust from your clients by treating them with unconditional positive regard, a concept first pioneered by the psychologist Carl Rogers (1995). Rogers believed that people have the resources within to bring about personal growth. By adopting an attitude of unconditional positivity toward people trying to change, you believe at your core that your client has what they need to succeed. Lean into the belief that your clients are creative, competent, and complete (Marshall, n.d.). Your role is to hold up a mirror for them to see that.

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Putting the Client in the Driver's Seat

The fixing reflex is just one way practitioners may inadvertently increase sustain talk when a client is ambivalent about change. An underlying power struggle often results when you guide clients using a directive communication style. At the end of the day, people end up doing what *they* choose to do. By honoring the client's control, or *autonomy*, you can avoid a power struggle, and your counseling appointments will be more productive. This isn't to say that the client leads and you follow. MI is a guiding technique; you come alongside the client as a knowledgeable aide in the behavior change process. Honoring your client's autonomy tells your client that they are in charge and you respect them from the minute they walk through the door. Defensiveness often melts away as your client feels supported.

Trying On the Client's Shoes

You won't always be able to relate to your client's experiences; it's generally impossible to actually walk a mile in another person's shoes. However, a key factor in assisting your client in navigating the maze of ambivalence is empathy. Empathy is defined as "the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another" (*www.merriam-webster.com/dictionary/empathy*). Note that empathy does not involve you *actually* going through another person's experiences and emotions but instead it is *the action of understanding and imagining* experiences and emotions.

Empathy is essential in cultivating healthy human relationships. The key to developing empathy is being a good listener. Plus, it takes a little bit of curiosity and imagination to understand what the client may be going through. When a client is wrestling with a decision related to growth and change, it's important to set aside your personal agenda and attempt to understand your client's feelings of internal conflict.

Below are two dialogues. In the first, you can see the result of a counseling session in which the cardiac rehabilitation dietitian seems to lack empathy. In the second, you will notice the power of empathy in moving the client forward along the stages of change. Practitioner statements that directly express empathy are italicized.

Scenario 1

Practitioner: Welcome to cardiac rehab. I'm the dietitian here and I see on your chart that you had a heart attack 3 weeks ago.

Client: Yes, that's right.

Practitioner: What questions do you have about what you should be eating?

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CLIENT: I think I'm supposed to be watching how much fat I eat, right? My wife stopped cooking with butter years ago, so that won't be a problem.

PRACTITIONER: It's not just about what you need to cut out. It's also about what's missing. You'll also want to add foods like fruits, vegetables, legumes, and nuts, as well as be more physically active. Here, I have this handout for you to take home that explains more about these topics. I suggest you show this to your wife when you get home.

CLIENT: OK.

Scenario 2

PRACTITIONER: Welcome to cardiac rehab. I'm the dietitian here and I see on your chart that you had a heart attack 3 weeks ago. *That must have been really scary.*

CLIENT: Yes, it really freaked me out. I feel pretty lucky that we caught it early enough.

PRACTITIONER: What a relief to have come through it all. I know you met with a dietitian briefly while you were in the hospital. Have any questions come up for you since then? *I know it can be overwhelming in the hospital when you're interacting with so many different people.*

CLIENT: Yes, my hospital stay was a whirlwind. And I only remember about half of it. It hasn't been too hard. We hadn't been cooking with butter for years, so we didn't really need to make any major changes.

PRACTITIONER: *Glad to hear it hasn't been too challenging.* I have a list of different topics here that we could discuss today, if you're interested. Are there any topics here that you'd like to go over?

CLIENT: Yes, we should probably talk about eating more fruits and vegetables. I'm sure there's more we could be doing there.

PRACTITIONER: Great. Let's do that. First, tell me what you've already tried.

In the second scenario, the dietitian displays empathy and provides the client with a sense of autonomy. The client is in the driver's seat and the practitioner is demonstrating a desire to understand the client's perspective. The second scenario is slightly longer; it may take a little more time and patience in your interactions with clients to express these attributes. However, the payoff is extraordinary, as the client is much more likely to attempt and maintain a behavior change with this approach and return for follow-up visits.

Clients struggle when making changes to their eating and physical activity habits for a variety of reasons. In this chapter we've only scratched the surface of the complexities of behavior change.

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Remember, your communication style significantly influences your clients' motivation. You not only influence *what* they decide to change but also *if* they will decide to change. By identifying ambivalence and helping your clients consider the discrepancies between their actions and values in a nonjudgmental and empathetic manner, you can help them successfully move forward and attempt changes that are personally meaningful and relevant to their health goals.

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