

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 14: MI in Sports & Performance Settings, with Dr. Jeff Brecken

Sebastian Kaplan:

Hello everyone, and welcome to another edition of the Talking to Change Motivational Interviewing podcast with myself, Sebastian Kaplan, from Winston-Salem, North Carolina. And joined as always by my good friend Glenn Hinds from Derry, Northern Ireland. Hello Glenn.

Glenn Hinds:

Hey Seb, how are you doing man?

Sebastian Kaplan:

I'm doing okay, I'm doing okay. It's a bit early on my end here. Got us rolling at 7:30 AM so... Luckily, I'm a bit of a morning person so I think I'll make it.

Glenn Hinds:

Fantastic. Appreciate the effort man, thanks.

Sebastian Kaplan:

Sure, of course. Of course. So, we as always, we're excited for today's episode and to introduce our guest. But first kick us off with some reminders about social media and other ways people can listen and contact us.

Glenn Hinds:

Yeah, thanks Seb. And I really appreciate everybody who's come on board with over 130 followers now on our Twitter account @ChangeTalking. And our Facebook page, Talking to Change. And for questions or feedback, you can contact us using the email podcast@glennhinds.com.

Sebastian Kaplan:

Great. Okay, so we'll get us started here. So, introducing our guest today with for what we hope to be interesting and actually a bit of a different conversation, since our past episodes have focused on Motivational Interviewing of course. But has applied largely in healthcare settings and addictions settings, so this will be a bit of a different conversation.

Sebastian Kaplan:

Today we have Dr Jeff Breckon, who is a head of research in the Academy of Sport and Physical Activity at Sheffield Hallam University. He's a chartered sport and exercise psychologist. And a member of the Motivational Interviewing Network of Trainers, as well as the British Psychological Association.



Sebastian Kaplan:

Jeff was trained in Motivational Interviewing in 1996. And then as an MI trainer by Miller and Rollnick themselves, in the year 2000 in Quebec. He has provided MI training to over 200 organizations across the UK, Europe, and North America. And delivered the international MI Training New Trainers program both in Barcelona in 2009 and Krakow in 2013.

Sebastian Kaplan:

Jeff has published over 40 peer-reviewed papers and presented internationally on the role of MI and sport exercise and health, exploring the role of MI and integrative therapies, as well as the impact of MI training on workforce development programs.

Sebastian Kaplan:

He is the co-author with Steve Rollnick, Jonathan Fader, and Terri Moyers on an upcoming Guilford text entitled Coaching Athletes to Be Their Best, Motivational Interviewing in Sports. Due out in November 2019.

Sebastian Kaplan:

And perhaps most importantly, he has three Labradors that keep him quite busy, each and every day. Welcome to the podcast Jeff, we're happy to have you.

Dr. Jeff Breckon:

Thanks guys. Thanks for the invitation. Really looking forward to talking with you.

Sebastian Kaplan:

Yeah. Well, so as we like to do sometimes... We wanted to just get a bit of your background. Just to set the stage with the work that you do, and also your specific work as it relates to our podcast on the application of MI in sports.

Dr. Jeff Breckon:

Sure.

Sebastian Kaplan:

Just give us a bit of a taste of what life has been like for you, Jeff. And where this all started for you.

Dr. Jeff Breckon:

Yeah, well it's been quite a very interesting road. I guess, professionally I started back in 1993 as a coronary heart disease specialist, focusing very much on physical activity, behavior change, diet change. There was some behavior change cessation, smoking, alcohol in there. But it was primarily behavior adoption. That followed the training that I'd had at university as sport and exercise psychologist.

Dr. Jeff Breckon:



Through the mid-90s I set up two, three UK GP referral schemes. Physical activity referral where patients with hypokinetic disease, coronary heart disease, diabetes, obesity conditions would be referred by primary care physicians, if you like, to specialists who would work with them to promote lifestyle change. Just to really have them take the lead on their own behavior change.

Dr. Jeff Breckon:

And yet, I think my... In looking back, to that period, that was the point in which I really began to run into trouble. Because I was working with patients and clients who I thought because they were there, they were ready for change. There was clearly a need for change. And I pretty much fell into every trap you could describe and what we've seen in all the texts in MI. I was relying on my enthusiasm. I was a sports player, if you like. I was fairly keen in cricket and volleyball and soccer. And I was playing a number of sports at a reasonable level, but I was probably a failed sports person in all of them. But I just relied on my enthusiasm to drag those patients to where I thought they should be.

Dr. Jeff Breckon:

I think I was relieved that I got sense. And I remember when it was. It was 1997 and I read a book by Paula Hunt and Melvyn Hillsdon on Changing Eating and Exercise Behavior. Sorry, 1996 I read that. And there was a couple of things that jumped out at me because I was scrabbling around trying to find a resource or help or support, to try and work better with these patients. Because I knew what I was doing, just wasn't working. In that book, there was two, three things that still resonate with me. It was about using the patient as the resource. And it was about being willing to change your approach based on how ready for change those patients are.

Dr. Jeff Breckon:

That really conflicted the systems and the programs that I was involved in the time. And from then, that's when I started. I did... I sought more information out in that regard. I did my first training, as you mentioned, in 1996. And it just began to show me a different way of working with clients. I still fell into many of the traps. But it just began to challenge what I did. I'll be honest, I still feel challenged from the work with patients and clients. But I think I have a better sense of what works and what doesn't work.

Dr. Jeff Breckon:

And really, I built that into my professional world. I still have a lot of work I was doing around elite sport, professional sport. But really from the late 90s into the 2000s, that was more around supporting the training of sport and exercise psychologists in the UK. I delivered a number of workshops from 2000 onwards, when I my own T'n'T. And this was really early days in terms of sport and MI. And it was something very new. I don't know how ready that world was... How ready they were for something like MI, for a number of reasons that I think we'll talk about over the time we've got.

Dr. Jeff Breckon:



But it just began to be clear to me that there is a real opportunity here to look at both sport and exercise, physical activity domains. In what to me had been traditionally very much an addictions approach. We've seen the emergence of drug and alcohol, mental health, even the probation prisons service use. So, there were very small number of us that were working in this domain of sport, exercise, physical activity.

Dr. Jeff Breckon:

And what has been great in the last few years, is we're really seeing a growth in the opportunities for it. And also, the acceptance in the professional world and the services in sport and exercise... That actually this has a lot of value. This can offer a lot for the therapeutic approach, the alliance building. And just beginning to help deliver the intervention better.

Dr. Jeff Breckon:

And I think that's been the golden thread. Over the 20 or so years I've been learning this approach, is there are common threads irrespective of the context. What I keep seeing is that there is a real common set of principles. And I think the work that myself and colleagues and some of my own PhD students I've been involved with, it resonates across a number of different settings.

Dr. Jeff Breckon:

And I think what we've got to do now is to understanding better how we need to adapt the approach. I've had the real pleasure of working with colleagues such as Paul Earnshaw, Rory Allott, Sylvie Naar in both training and publishing. And whether it be working with adolescents, young people, whether it's elite sports people, whether it's colleagues in the work environment in your leadership and organization... I think there are some real common principles. And I always side with groups that I work with and train. The Miller and Rose 2009 paper toward a theory of MI and in that book... Sorry, that paper... I always remember the term, if you've got empathy and you've got engagement, anything else can happen. And I think that's become my moniker, if you like. And a go-to set of values pretty much every time I work with groups and train them on.

Glenn Hinds:

Quite a lot across what you've said there, Jeff. First of all was your own openness to your own practice, that sensitivity to your own impact on other people, that the desire to help people was very clear in you. And it presented itself in your own enthusiasm. But you very quickly recognized that your enthusiasm to be helpful wasn't necessarily being experienced as help by other people. And you noticed the discrepancy in that place. And we're very keen to find out why your enthusiasm wasn't being translated to the other person. And you went searching?

Dr. Jeff Breckon:

I think that if I'm honest, I would probably say that because it wasn't working.

Glenn Hinds:



Right.

Dr. Jeff Breckon:

It wasn't because it wasn't satisfying my moral approach, my philosophical standpoint. Whereas I think early on, it was just because I wasn't being effective.

Glenn Hinds:

Right.

Dr. Jeff Breckon:

I was having patients not turning up again, and not following the fantastically developed interventions we were rolling out with them. It came very much early on from a point of... a place of frustration. I very quickly learned that actually this needs to take a very different turn. And the client, person in front of you is the resource.

Dr. Jeff Breckon:

And it became easier. I'll be honest, the paradox is that the less I tried to do, the easier it was. Because actually taking a different approach, a different mindset and trusting that the patient has resource, they've experience, they've history and have a lot of potential for change.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

The softer areas, I guess, of MI more the relational spirit aspect became more and more influential in my own practice.

Glenn Hinds:

Yeah, and what struck me was that you had a choice there when it wasn't working. You were looking for someone to take responsibility for why it wasn't working. What was interesting is that you recognized there were things that you could be doing differently. That it wasn't because you were with resistant, difficult, challenging clients. It was recognizing, there's I'm doing that's not working. And you began to explore your practice rather than the difficulties with the client. And I think that's something that comes across in many of the conversations we've been having in the podcast, is that the recognition that this individual's being themselves. If it's not working, it's probably to do with something I'm doing. And it took courage in your part to begin to explore what it was that you were doing. And then the answer came to you, which was the client's the resource. Change what you're doing and see what happens.

Dr. Jeff Breckon:

And I think it's a really important point Glenn, because for me, I didn't have a role model. I didn't have a mentor and a coach. I was working very much in isolation. And that is still



a concern for me, when we look at sport and exercise, physical activity professionals who don't have access to mentors and coaching and a guide to enhance their work. Which is different to clinical psychology. It's different to forensic psychology and a lot of other domains.

Dr. Jeff Breckon:

I think there is a real need to enhance the quality of the training and the mentorship of practitioners working in those areas. Because they are quite often working in isolation. They don't get the chance to really be positively contaminated by other practitioners.

Dr. Jeff Breckon:

And when I look at it as a learner in training MI, that's been the huge value for me, is being engaged with the organization, MINT and at forums. Because it gives me just a few days a year where I can just touch base with people of a like mind, that are really working really well I think and really thoroughly with a right mindset. And I learn every time from observing those kinds of trainers and practitioners. Then I would go back through the 300 plus days a year in the normal environment. So at least I have a few days where I can press reset and just keep challenging what I do with a good mindset.

Sebastian Kaplan:

Right. You said something just a moment ago that struck me, that you didn't have any models. And as far as models in demonstrating how you may use the client as the resource, for instance like you said. Actually, I would imagine... Maybe this is a bit of an assumption, but as an athlete yourself, growing up playing sports of different kinds, perhaps you may have had models that did the opposite. I imagine in most sporting contexts, the resource of at least knowledge and what to do, are the coaches. Traditional health care settings or addiction settings, rather top down and the coach is there to tell the athlete what to do and how to do this better and how to do that better and how to change.

Sebastian Kaplan:

So perhaps you had models, to plenty of models, that showed you how not to use the client as a resource. I'm curious to hear about how MI began to link up with maybe even your own past experience. Even if it wasn't formally MI but maybe there was something that you were learning about MI that led you to reflect back on your experience as an athlete yourself. But then as you started to integrate into the work that you were doing with elite athletes in your day-to-day profession.

Dr. Jeff Breckon:

I think it's a very challenging question you ask, Seb. Because I think most people that get into sports do so because they've had a role model. Be it a parent, be it a colleague, be it a friend, maybe a sports teacher at college/university/school. I think what we see still too often is, there is a real focus on fixing athlete problems, from both the sport psychology and the coaching perspective. And quite often that's at the expense of identifying and reinforcing the athlete's strengths. There is risk there of appearing critical or disrespectful



or really pulling apart and dissecting everything about the performance and the skill and the technique. I think perhaps at risk of ignoring the athlete as a person.

Dr. Jeff Breckon:

One thing I saw growing up is, there were great coaches, there were less good coaches. I was never really able to put my finger on what and I think it became... and it perhaps still is... too much down to chance, in terms of who those good coaches are. The culture of professional sport, be it Olympic or team sports in the professional domain... There is still a challenge in terms of the culture that is created because of the finances involved, the media coverage of sport.

Dr. Jeff Breckon:

It's a pretty brutal environment that we're challenging young people to try and make a career in. We know in baseball, we know in basketball, we know in soccer, certainly in the UK, that the number of those academy and young players that make it out of high school and out of academies into getting a career it minute, it's 2-3%. That means that there is well of 90% who are going to fail. And that's tough. There aren't many careers where we are setting people up to have such low chances of success. And there's various pressures the pushy parents' syndrome and various other external pressures. But it's a pretty brutal world.

Dr. Jeff Breckon:

And there is a lot of work needed to create a more positive culture, and more positive environment for young people. Because what we are seeing is an instance... Perhaps it's because we're more aware of it now than we have been. But we're seeing high instance of low mental health, low moods, mal-adaptive coaching, alcoholism, drug abuse, gambling and ultimately in too many cases, suicide. I think a real opportunity here to enhance perhaps the culture to be even more aware of the individual rather than the athlete. And to help them create transitions so those people transition out of elite sport, either by expected or unexpected means. That we help create a culture that prepares our athletes better for that...

Sebastian Kaplan:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

And have them... Again we've used the term already, but have them become more autonomous, more independent, more resilient if you like, by trusting them more early on rather than just being something that can be used and thrown out at the end. But that's going to require a couple of generations of different support structures, I think.

Glenn Hinds:

That's really interesting just how much of a crossover there is between what you're describing in the world of sport and sport psychology. And what I understand from a health



and social care perspective, in particular it's around the idea of what outcomes are, and it's the result.

Dr. Jeff Breckon:

Right.

Glenn Hinds:

So, in sport, it's about the performance. It's the team's result rather than the individual's experience of it. And we're seeing that now more in health and social care and in my trainings very often people are saying look... What the organizations more interested in now is what's on paper rather than what's happened to me as a practitioner. And more particular, what's happened to my patient or client. And it sounds like...

Glenn Hinds:

What's happening, from what you're describing in sport psychology, you're taking a much more holistic approach, which is... Yeah, we recognize that more than 90% everybody we're going to meet is not going to become an elite athlete. Which means we have to help people become the best version of themselves, whatever that is. And help them to perform there... without the expectation that you're only successful if you're playing in the premier division. And it sounds like that's part of what you're describing, is the shift is taking place in sport psychology that yourself and colleagues are leading that transition within the thinking of sport psychology. That there's a lot more to this person than the goals they score or the runs they make on the pitch.

Dr. Jeff Breckon:

Yeah, and there is... I think it's worth stressing. Some of the great work that Steve Rollnick's involved in, and colleagues and PhD students of mine such as Rory Mack who have done some great work, in terms of just identifying what is it we can help. The coaches, the strength conditioning, the sport physios, the managers, the agents. What is it that we can support them with? What again is that golden thread for so many conversations Rory and I have had, is that there seems to be too much of a focus toward skills building, psychological skills therapy if you like, or techniques such as mental rehearsal, visualization, relaxation, coping under pressure, all those traditional techniques. Not enough focus on the therapeutic lines. Even I would say, when you look at the integration of things like Rational Behaviour Therapy, Acceptance Commitment Therapy, Solution-Focused Therapy, Cognitive Behavior Therapy... The question I would ask is where's the therapy bit?

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

We're seeing lots of CB, CF, AC rather than ACT... What we're not seeing is very much therapy.



Glenn Hinds:

Right.

Dr. Jeff Breckon:

Because I think there is a skill in that. There is counseling and therapeutic line skills required to build that relationship. And it hasn't been a cornerstone sufficiently in training in sport and exercise psychologists to date, certainly in the UK. But that's changing. I know the English Institute of Sport did a lot of work in the last couple years around mental health first aid and around understanding case formulation. And just appreciating more about the whole person, not just the athlete and the performer.

Dr. Jeff Breckon:

So that is positive and there is a... I think we're pushing now, an open door to introduce techniques like MI. I think the challenge that we have with that is to ensure that if we are going to roll this out into elite sport across a number of different contexts, then we need to make sure it's done as well as possible. Because there are early papers that we came across in the late 90s, weren't using MI as I think most of us would recognize. A bit cherry picking of some of the technical aspects. A focus on scaling tools, scaling rulers, open questions only without that depth of understanding and empathy and collaboration and the spirit of the approach. We saw that reported very, very little.

Dr. Jeff Breckon:

So I think as we move into this brave new world of applying in sport what I guess, we've tried to do in others, is say, look if we're going to try and assess its success in this domain, let's just try and do it as well as we can.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

Let's try and make sure that we have confidence in the approach being delivered as intended. Then we can see where it works and where it doesn't work, and where we can mend it.

Sebastian Kaplan:

Mm-hmm (affirmative), so a concern that you experienced in just being in the world of sport psychology, is a lot of people ready to adopt a particular framework, cognitive behavioral, acceptance and commitment. And then with the less attention perhaps paid towards the therapeutic element, or what actually makes these concepts therapeutic with another human being. As well as some of the literature that you referenced there.

Sebastian Kaplan:

I would imagine other people, and maybe if we reflect on our experiences working in other settings, that there're some parallels that we might find or people that are really eager to



apply a manual, for instance, for anxiety. And maybe leaving out the empathy and engagement aspects of it. And so there may be some parallels in other settings. I was wondering about the sport setting, that you find yourself in every day. What are some of the unique challenges that you see... or maybe some of the aspects of the culture of elite sport, that makes it more of a challenge? Or maybe not quite as an obvious fit to be therapeutic in the way that you're describing?

Dr. Jeff Breckon:

I think it's a real challenge, Seb because the sport psychologists I work with are under pressure to achieve success. There isn't quite often time to build an infrastructure and to work and build that relationship. Quite often a lot of our sport psych's report the firefighting element. They might have a performer, a 100-meter sprinter who is about to go out and perform the biggest race of their life. And they might be vomiting 20 minutes before the race. And the coach will say, "Right, get him fixed. Get their head right." It's as literal as that in terms of their challenges.

Dr. Jeff Breckon:

Where we're probably seeing most opportunity for this approach is in this culture change where it's across the piece. It's not just at the event, the night before, an hour before. It's about creating those positive relationships. A lot of our sport psych's... And this goes across the world as well. Their role is different now. They do more of a pastoral role. They are working with the teams and support teams, not just the athlete. So, I think there is a greater appreciation of the complex role of the psychologist. So that they don't just get pigeon-holed to having the athlete perform as well as they can.

Dr. Jeff Breckon:

They'll be doing as much work with the parents, with the coach, with the... again, physio. Because we know aspects such as the psychology of sport injury are becoming better and better recognized. And also, being a conduit for referral of those athletes for more clinical support.

Dr. Jeff Breckon:

So, it could be disordered eating. We see... again still significant levels of disordered eating in athletes, in aesthetics sports, in weight-category sports... wrestling, boxing, judo, martial arts. But the aesthetics sports like gymnastics, even... I could be a bit left field here but, there's even a lot of work emerging now in horseracing. One of the highest risk groups are elite jockeys. Because you've got the perfect storm of want an animal jumping over a fence, the risk of them falling off. And then eating so few calories and spending over an hour a day in a sauna to lose weight. It's one of the highest risk disordered eating sport groups, that just go under the radar. But if they don't have low body weight, they don't get to ride, and they don't have a career. It's that brutal for areas like that.

Dr. Jeff Breckon:

So, the psychology of this is not just working with that jockey but also the agents and the horse owners, to work more collaboratively. And I think is another opportunity for MI.



You're looking... The great text that came out and the training that followed from Wagner and Ingersoll, Chris and Karen, in terms of the group MI. Well some really good opportunities to reflect that group MI [inaudible] work within the sport context. There's a range of opportunities for applying it in fairly unusual contexts.

Glenn Hinds:

So again, it's something that you mentioned there... It seems to be around what you're as well, around that management enhancement of the environment of the sports person. But within that, it's the systemic aspect of it, and more particularly the systemic readiness. Both to receive on one hand, the Motivational Interviewing as an approach and the ability and willingness to become more empathic and more "therapeutic" in their rules with people.

Glenn Hinds:

But also, just supporting the system in its readiness for change, whatever that happens to be. Whether it's the families, the practitioners... or even the sport so I imagine that the work that's going to be necessary in relation to the jockeys, is whether or not the sport is ready to take this on board. Or open their eyes and open their mind to the possibility that getting guys racehorses is actually putting some of their health in real danger.

Dr. Jeff Breckon:

And quite often you'll be pushing on a closed door, in that regard. Because we know the significant injury risk from American football was seeing the number of athletes now, who are questioning, "Is this good for me in terms of long-term brain damage?" Professional rugby in the UK and Europe and around the world, southern hemisphere teams where players are just really beginning to think about the unknown long-term damage of brain injury.

Dr. Jeff Breckon:

But if you ask most retired rugby players, soccer players, would you do the same if you had your time again even though you've got long-term injuries... I don't hear many of them say, "No, I wouldn't have done it."

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

It the then and now is very, very common for them to take the same approach. I think the challenge we have in terms of the systems, is that it's going to be very, very slow to change.

Glenn Hinds:

Mm-hmm (affirmative).



Dr. Jeff Breckon:

And what we have, it's chipping away against... Steve is working closely with groups like Professional Cricketers Association in the UK, working with the retired cricketers. And again, a high risk of long-term mental ill health. And he's doing a lot of work around the culture change and working with those groups to offer support.

Dr. Jeff Breckon:

Paul O'Halloran, colleague that we've done some work within Melbourne in Australia was pivotal for an Australian Football League, AFL professional Aussie rules football team looking at mental health interventions for them. And beginning to use what Paul described as mateship, so that you can start to have the conversation with that guy that you share the changing room with. And to try and break down the stigma and be willing to somehow start those conversations for mental health. When you see it in your colleague and in your mate, as he describes it, how do you start that conversation.

Dr. Jeff Breckon:

So, we're looking how can we use MI as a platform both face-to-face and digital, to start to increase those conversations that people have always shied away from. That is beginning to help, I think, change cultures.

Sebastian Kaplan:

Mm-hmm (affirmative) yeah, it's interesting you mention those... the examples of the mateship, is that what you call it?

Dr. Jeff Breckon:

Yeah, very Aussie term.

Sebastian Kaplan:

Yeah, right. But some similar things in the US sports, basketball for example. The last couple of years two really well-known, well-regarded players Kevin Love and DeMar DeRozan had very public expressions of their own mental health struggles. And it generated a lot of interest. And I think some sort of really compassionate reflection on the state of sports, and the pressures of athletes. Certainly, wouldn't say in a wide-scale adoption sense, but really beginning to kind of realize... Actually, these people that we see doing amazing and incredible things on television, aren't superheroes or robots. They're human beings that struggle with some of the same things that anyone else might struggle with.

Sebastian Kaplan:

So that culture change is certainly slow going, but we're certainly seeing it some here in the US.

Dr. Jeff Breckon:



I think the timing is interesting, Seb. I think there is greater acceptance of the need for change. And helping to have better conversations, more helpful conversations with athletes and the systems. Even back in the late 80s, there was a classic sport psychology paper by... around gaining entry. So even 20, 30 years ago we knew that gaining entry, building alliance, building that therapeutic connection was important. I guess what wasn't there and hasn't been clearly reported is the how to do that. And there's always been that disconnect between the what and the how.

Dr. Jeff Breckon:

What encourages us now, I think in terms of MI in sport, is that we've got MI perhaps in Paul Earnshaw and Rory Allott to talk about this MI trellis upon which you can grow other interventions. So, if it's CBT or ACT or REBT or Imagery or other PST interventions, MI can be your vehicle for delivering that intervention.

Dr. Jeff Breckon:

And I get the sense also that MI is more open as well now to being a vehicle for delivering that. And there is so much more research. Sylvie in her recent book, looking at MI and CBT. And Avram and Westra, a number of years back. There's been that understanding with the integration opportunity for a while. We're seeing the clear opportunity for that in sport, to really help out that culture grow.

Sebastian Kaplan:

Mm-hmm (affirmative), and real quick... Jeff you mentioned the gaining entry paper and it seemed like it cut out just as you mentioned who the author was.

Dr. Jeff Breckon:

Sorry, yeah. So, Ken Ravizza, R-A-V-I-Z-Z-A, he was a classic... Sorry, 1998 that paper came out. And funny enough I'm just reviewing an update from his team this week. And they're just reviewing, where are we sort of 20-odd years on. Where are we from that classic paper? And to be honest, when I went back and read that paper again, I think we're talking about the same things. We talk about what are the values to good communication. How do we gain entry? What is your consultant's role in that communication? Again, going back to what we talked about earlier, I don't that's massively different to if you're working in drug and alcohol services. These are the common things; I think Glenn made that point. There is a lot of commonality there with a lot of the work that a lot of us do in MI context.

Glenn Hinds:

Mm-hmm (affirmative), and in some ways it also sounds like that, that notion of the Motivational Interviewing as a vehicle to practice other interventions, is in many ways mirrors what you're describing. Which as a sport psychologist, we're not just helping performance but we're helping well-being. And when we're talking to people, we're inviting them to take everything into account so that the team works as well together. Or the individual themselves, all the different aspects of themselves are integrated in a way that their performing to their best in every aspect.



Glenn Hinds:

And in some ways the invitation for us then as practitioners is to recognize, it's not helpful for us to be precious about being MI practitioners. Because CBT's really good too. ACT's good too. And if you're very good at MI, well fantastic, and there's things that CBT can teach you that can help you to grow as a practitioner. But as a collective, as a system together if we're working towards a shared goal, then we're working together rather than against each other. I think that's potentially one of the challenges you're identifying.

Dr. Jeff Breckon:

I agree wholeheartedly. I think there is an open willingness now to accept where MI can and perhaps can't be as useful.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

It isn't a panacea; I know I've heard Bill say that for number of years. This isn't a magic wand. For me, I think I've grown and feel comfortable enough with MI now to be open to the fact that in that action orientation phase, the action planning... I'm probably using more CB/CBT as I am MI. It might be underpinned with MI in my delivery method because we know that things can go wrong in the action planning phase.

Dr. Jeff Breckon:

But I'm also beginning to talk so much more and write so much more about the fact that we need maintenance. We need relapse prevention built into the action planning. And I don't know whether the four stages, or rather the four processes of MI talk enough about the maintenance and relapse prevention. But that's certainly what we need to talk more about because, especially with athletes, we know that relapse is inevitable. It's a normal part of change.

Dr. Jeff Breckon:

So, I think MI has some significant opportunities to blend clearly, I guess... And I don't want to go off on a tangent, but I guess the challenge for MI is, as we integrate with other therapies, we need to understand at what point are we integrating? At what point are we moving to another therapy and why? Because if we're going to help practitioners learn these approaches and when they might integrate, I think they need to be comfortable in being able to switch or to blend effectively rather just putting it all in one pot and seeing what comes the other end.

Sebastian Kaplan:

Right, yeah, the switching back and forth. Am I doing MI now, am I doing CBT now? And how do I know? And maybe for some it's sort of that trellis idea of... I am doing CBT from an MI foundation. And that in and of itself might be its own version of CBT that would contrast with someone who is viewing it from some other kind of foundation, I suppose.



Dr. Jeff Breckon:

What we've done, is we've... A couple of papers we've put out recently, in the last few years again that Rory has led the way on, Rory Mack. It's just been a lot clearer with that sport world around what is a PST-dominant approach? Where are we using a CB-dominant approach? Where might we utilize MI to really help deliver that message? And to up-skill practitioners who won't necessarily have this much counseling exposure. I think MI is a psycho-therapeutic approach, or talking therapy are certainly a way of delivering an intervention. It can be very powerful and useful.

Sebastian Kaplan:

Jeff, I imagine some of our listeners may be more or less comfortable with how MI would fit in a health care setting or an addiction setting, working on cutting back on smoking or drinking or some other kind of behavior. And the concept of ambivalence that comes up around those kinds of behavior changes. Or perhaps not just behavior changes but change in general. Part of a person may feel strongly that cutting back on their smoking is the right thing to do, and yet there's a part of them that may not be ready or may not want to do that.

Sebastian Kaplan:

I wonder if you could talk a bit about the context of MI in sport and where the concept of ambivalence might show up for someone who is trying to perform at yet a higher level than have before. Or maybe the concept of change talk, another thing that we've talked about in past episodes. How is that similar or perhaps different in your world than in the world of a primary care physician or a psychologist?

Dr. Jeff Breckon:

It's a really interesting question. It's a challenging question. I think ambivalence in the [inaudible]. I remember listening to a fantastic talk by Tim Apodaca in Berlin. Again, that hit home for me because what Tim talked about at that point was actually ambivalence is normal. Any time you're thinking about significant change, ambivalence is going to be prevalent. So as a practitioner, don't be scared of it. Don't try and stamp it out. Don't drag the individual, in this case an athlete, away from ambivalence. Be willing to have the conversation about it.

Dr. Jeff Breckon:

And when we're working with athletes, when we're working with sport psychologists that will work with those athletes, that's quite illuminating for them. It takes the pressure off them. For them to hear that actually ambivalence and reluctance for change is a normal function of the change process. And that taking pressure off... And again, when it's communicated to the athlete is really positive.

Dr. Jeff Breckon:

And I think athletes, what we presume sometimes, is that because the athlete has a contract, because they're paid, because they're contracted to actually perform, they will do whatever they need to do for change. But what we forget, these human beings that



just happen to have a career in sport are quite often reluctant to change what has worked previously for them. So, they become addicted to what they do. They form significant habits, be them healthy or otherwise. Having them change technique, having a golfer change his or her hand shape. Having wrestler or boxer change diet or change SNC coach is really quite a traumatic event for them. Akin to someone trying to give up a habit. Some form of cigarette smoking, alcohol, or substance. I think we are going through similar processes. There is clearly an outcome-driven approach with athletes where whatever we talk about, has to have a positive so what and they have to see gains very quickly. And if they don't, then they are likely to not stick and adhere to that change process.

Dr. Jeff Breckon:

So, I guess that is unique in sport... Again, ambivalence is common, it's a normal function of change but we have to see quick results with these athletes, and those that are funding a psychologist to work with them. We haven't got a year. We haven't got that three to five-year period for relapse, come back, relapse, come back... the cycles, stages of change. You need to see quicker results sooner. But I think communicating that better to the athlete and communicating it's okay to be ambivalent and be faithful of the change process. It can sometimes just take the pressure off them.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

You can see them being more willing to move forward and have that conversation.

Glenn Hinds:

In some ways the coach has to be in a comfortable place to tolerate the sportsman's ambivalence for them to get used to themselves. So again, it's back to that relationship and the role of the coach which is very often to be just ahead or have an awareness of what the individual is experiencing. Which is again, similar to what we would experience in the health and social care. That we recognize the challenges of the people. And in some ways, this person knows they're going to die. Why don't they just stop smoking? This person's making £1 million a week, why don't just bloody get on with being a good footballer?

Dr. Jeff Breckon:

Exactly.

Glenn Hinds:

And it's... If we look at it from that perspective, it doesn't make sense. But if we look at it properly, it does make sense. And by helping them to understand why it makes sense, then we're in a better position to influence how to go about doing it differently to achieve that outcome for themselves.



Dr. Jeff Breckon:

That the key, what you said is, this is a whole systems approach. We can work as much as we like with the individual, but this is having a whole systems approach, where... What a shame if we've done loads and loads of work with the coach or the performance analyst, and yet that young athlete in the academy walks down the corridor to go train on the pitch. And the dietitian's had a word, the director of coaching has had a word and the S&C specialist has a... By the time they get out on the pitch to train, that they're frazzled.

Glenn Hinds:

Right.

Dr. Jeff Breckon:

Because they're just overwhelmed with content and expert advice, which has the deliverable of I've done a good job. But so, what if that is an athlete that's less likely to perform. So, it does come back to having a joined-up approach, where there is a cohesive and common coacher that is more appreciative of what we're trying to achieve. Good managers achieve that. They achieve the culture of excellence, but it's joined up.

Dr. Jeff Breckon:

And MI... We can't assume that we deliver MI to pockets of it, and they work. It probably reminds me of a term that I've heard Steve use before, of this is about lighting small fires.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

And around an organization, maybe our role is to light small fires round that sports organization, that franchise, whatever. Because in the franchises, in the sports clubs that are ready for it, they'll come along and put petrol on. Those that aren't ready, they'll come and extinguish the flame. That is no different, maybe to a health care system.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

But we perhaps need to be patient and appreciate that, that's from the mental part of that organizational change.

Glenn Hinds:

Mm-hmm (affirmative).

Sebastian Kaplan:



Yeah, the focus on systems is really interesting. On the one hand, I find myself thinking that the world of sport poses perhaps a higher, a greater challenge from a systems standpoint. Because maybe the historical culture is so different, or the win-now pressures are so different. And those things are certainly accurate.

Sebastian Kaplan:

I also find myself thinking here that maybe the culture is easier to shift in some ways than say a health care setting. Health care practitioners can be spread out in so many different parts. Either of a hospital itself or maybe practitioners that aren't under the same roof. You have some... A primary care doc or a GP on one end of town, and the psychologist is on the other end of town. And maybe there are some online resource that somebody's getting. Within the world of sport, because everything is so tightly managed. You have a football club in Premier League in England, they're going to want to control all aspects of what that athlete encounters.

Sebastian Kaplan:

So, while there are some challenges to that culture, maybe it provides some opportunity to have everybody onboard in a way that other settings... It would be much harder to do in other settings, I guess.

Dr. Jeff Breckon:

I think there is a real opportunity, Seb, of clearly... And it comes back to the point we made before of, if we're going to deliver MI in the sporting environment, we need to make sure we're delivering it as intended, with high of fidelity as we can. Because let's hope that if it really lands well, and it works for Manchester City or Barcelona or...

Dr. Jeff Breckon:

I can imagine that if something works, there are many, many teams looking over the fence ready to copy what's worked.

Sebastian Kaplan:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

In sport, because it is very, very success orientated and very results orientated, they're always looking for that 1%. We see that Team Sky, which is our professional cycling team, have had a lot of success in the Tour de France, in the last 10 years. Dave Brailsford who is their lead, always talks about 1% gains. And if that 1% is creating a more positive culture, then other teams will try and copy it tomorrow. So that is the unique difference to your health care system. Because of the money involved, because of their need for instant success, they will replicate whatever success looks like very, very quickly.

Dr. Jeff Breckon:



So, I guess what we're trying to do in the work we're publishing, is to say, "Look, here are some ideas. It's not perfect but here are the ideas as much as we know currently of how MI might fit within sport." So that if it works, great, we know what to replicate. What a shame that when we read so many published... I think Bill has reported over 850 published trials in MI and Bill himself has said, we can't be sure with the majority of those, how many were actually delivering as intended.

Dr. Jeff Breckon:

If we're going to start to apply MI consistently in sport, then let's do it so that we know what was the active ingredient and what wasn't. And then we can start to see the impact of MI on that culture change.

Glenn Hinds:

Yeah, that's an interesting idea that you're going to use the very nature of the individuals you're working with, which is their competitive nature to offer them something that brings them benefit and they're going to want it to help them on a competitive field. And again, it's about that idea that you're not precious about why they're going to do it. You're just content that they are.

Dr. Jeff Breckon:

Maybe that's been the Achilles heel, Glenn.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

That we haven't understood enough about process of change. We haven't understood enough about the systems, the functions, the motivational systems in play with athletes. We've just been bothered with whether they change or not.

Glenn Hinds:

Right.

Dr. Jeff Breckon:

Whether they perform or not. And therefore, perhaps the metrics have wrong historically. I don't think that is any different to health care system, in let's say something in drug and alcohol, as long as they reduce or have abstinence then we're happy with that. We've never put enough time and effort into understanding the processes so that if things do go wrong, we understand what to back and re-engineer with them.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:



And therefore, with athletes, we just trying to have more helpful understanding with the athletes to help them become more more autonomous. To be resilient, to cope under pressure and to have skills to be able to manage setbacks better, because they are inevitable. And perhaps having those challenging but empathic conversations with them can, we all feel, be very useful.

Glenn Hinds:

Your mentioning autonomy and resilience within the practitioners. And the question that has been going round in my mind a couple of times, you mentioned earlier on about chipping away at the culture and the efforts of introducing the Motivational Interviewing. I suppose what I'm curious about is, to what end has this been done? Why are we doing Motivational Interviewing... What's the end goal? What's our purpose in what we're doing from a sport psychology perspective? Why do you think Motivational Interviewing is needed in sport? What's the goal?

Dr. Jeff Breckon:

Personally, wants to answer Glenn, that if I had the answer to that, I'd be a very rich man. I think the purpose from... All I can speak to is way we're approaching it.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

What we're seeing is a dominance of psychological skills training. A dominance in cognitive behavioral approaches that doesn't perhaps deliver it a way that appreciates the patient, in this case the athlete, as the person. So, what I think we see MI is being is a really high potential, powerful vehicle for delivering support, change, enhance performance in the athlete in a way that's more gentle, dare I say. A lot more the human connection and collaboration partnership, rather than an expert approach which has been pretty judgemental, pretty brutal in terms of the culture. And that reduces the negative impact of elite sport, which we're seeing a lot of.

Dr. Jeff Breckon:

I think there is an acceptance of the well-being athlete being more prominent. I think MI can be helpful in that regard. But what we have to be clear on here is that if it doesn't enhance performance, it isn't going to have any traction in elite sport. We have a challenge I think moving forward in terms of understanding what [inaudible] relationship is. If you increase that therapeutic alliance and you increase that engagement, does that lead to an athlete more willing and more comfortable in change that then improves performance.

Glenn Hinds:

Right.

Dr. Jeff Breckon:



We can be as empathic and engaging as we like. If that doesn't enhance performance, we're never going to get commissioned to work with teams and athletes.

Glenn Hinds:

Right, so it's almost like... It sounds like on a macro level, it's what Bill describes as Motivational Interviewing is not just a counselling style, it's a way of being with people. So, part of what you're exploring in the sports world is, how can we be sports coaches using Motivational Interviewing to inform that. And the micro of that is the skills and the approach and the spirit. And by teaching those that we treat people in a different way. Ultimately, as you're describing as people who happen to be sports people. So that everything's kept in balance. And that's the challenge, not just in sports but also in health and social care, and probation, and life and relationships. It's how do we treat each other as we are, rather than who we want you to be.

Dr. Jeff Breckon:

And if we don't look after these typically young people better, there are significant welfare issues here.

Glenn Hinds:

Right.

Dr. Jeff Breckon:

The wellbeing of these young athletes, these young people, is significant. There aren't real serious negatives. I guess the contrast... Rather the conflict we have is that we're not going to be invited in to work with these athletes, these teams, these support systems unless it enhances performance.

Glenn Hinds:

Right.

Dr. Jeff Breckon:

So, we're all looking both. And I think it perhaps sometimes can be an uneasy balance between the two. But we're clearly going in and looking after the wellbeing of the athlete. We don't know enough yet about that relationship to their performance. We're assuming that because they feel better, they are... that there is more engagement and empathy in the room, that they then will feel more able to perform. And the culture will be more healthy. But we know there are pretty brutal cultures that actually have had success.

Glenn Hinds:

Right.

Dr. Jeff Breckon:

But that's often short lived. That's not a sustainable model. That short, sharp punishing relationship you can only survive for so long in that context in league sport. So, we're just



trying to open up people's ideas to a more sustainable model that has the athlete in the center of it. That has wellbeing and a culture of empathy and engagement, and wellbeing across the piece. That's really what I think is the potential for MI in sport.

Sebastian Kaplan:

Yeah, and it's making me think too of another reason perhaps why this is really exciting times for people trying to implement a method like MI the sport world. At least in the US, I think there is decreasing tolerance for those brutal team contexts and the coaching...

Sebastian Kaplan:

Actually just a few weeks ago, we had the MCAA College Basketball Tournament which is something unique to the US. But arguably the most important tournament that we have here. And there was one of the most successful coaches, college coaches, Tom Izzo from Michigan State University, was shown at a time out on the TV, really berating one of his players, in this public way. And it turned into hours and hours of debate on television shows and online about, did he go too far? Should we be coaching kids in this way?

Sebastian Kaplan:

And then there was this other side saying, Tom Izzo has been one of the most successful coaches of time. And who are we to judge him and actually his player. The player responded who received the berating and said, "This is why I came here." And so, it's a really interesting... It wasn't the only reason, but he was saying that's how Coach Izzo is. And I love being here and he's making me a better player. But there is this real questioning of how far we... How comfortable are we to go in the directions where coaches may have gone in the past, which were quite brutal and heavy handed.

Glenn Hinds:

Sorry, it just made me think about what Terri Moyer says about, that the practitioner's interactions with clients is that, if the relationship is strong and well founded, that getting... As we would call here in Ireland, getting bollocked. Getting a good bollocking now and again, is actually really useful. But if it's just what they're getting, it's not useful. Potentially what that coach was seen doing one thing, but not in the context of who he is.

Dr. Jeff Breckon:

And imagine, Glenn, just taking that point forward. Imagine if that's the only skill you have in your toolbox.

Glenn Hinds:

Yeah.

Dr. Jeff Breckon:

Once that stops working, where do you go then?

Glenn Hinds:



Mm-hmm (affirmative).

Dr. Jeff Breckon:

Where do you go from there? And a lot like you said with Terry's point, and the others have expanded on that as well, by saying this... You can get away with a lot, if your intent is clearly communicated. And one of caring about the wellbeing of the person. And if your intent is not clear, in that single monochrome approach, then you're going to run out of luck, sometimes that doesn't respond well to that.

Dr. Jeff Breckon:

So that's a challenge. If your model has been... If you've been an athlete that's become a coach, if that's the only way you've been exposed to learning, what else do you do? It takes a very intelligent coach to challenge their perspective. We have a great coach in the England soccer team, Gareth Southgate, who at last is the kind of coach who's gone out. He's observed the NFL. He's observed the NBA. He's talked with the coaches. He's just grown as a very intelligent guy. He will berate the players when they need it. But you also get the sense that he's intelligent enough to have a plan B and C. And he's thoughtful. He's intent. And he's growing a very, very... Within months he created culture.

Dr. Jeff Breckon:

I'm not saying that's MI, but I think I see a lot of similarities there in terms of appreciating, respecting the players that he's working with. And that shifted the culture in months. This doesn't have to be taking years and years. Change can happen pretty quickly; you've just got to be very thoughtful about what you're doing and why.

Sebastian Kaplan:

Well, this has been wonderful, and we certainly have more directions to explore here. But we're going to need to transition a bit to how we often wrap these episodes up. One of the things we like to ask our guests Jeff, is to share some thoughts on a new project or an upcoming project that you're excited about. And whether it's related to MI or not, really. But just something that's got you really excited about? And what's to come for you professionally?

Dr. Jeff Breckon:

No thanks, I appreciate the opportunity to chat to you about this. I think we can really keep within MI and sport. We've published two, three papers now with colleagues Rory Mack, Paul O' Halloran, Professor Julea Butt who read at Sheffield Hallam. And that's all around developing an MI in sport approach. And really around how we train those neophyte sport psychologists to build that therapeutic lines.

Dr. Jeff Breckon:

I've also got to promote the work that John Fader has done over in New York. John is one of the co-authors in the book with us. Real strong advocate for embedding MI in the elite sport world, that he's worked as a psychologist. So really, that's come together in the last few years, as a textbook that's coming out towards the end of the year. So just in time



for Christmas, everyone. I'm you'll hear more about that. Stocking filler. Within that book, we're just trying to talk a lot more about this toolbox. What is the mindset? What are the methods? What are the skills? How do we deal with those challenging situations in a sporting context?

Dr. Jeff Breckon:

So, we're trying to move away from this generic, a one size fits all approach of MI to really building a context to it from elite sport. How do we connect... Steve used the term, connecting rapidly. Because you haven't got the luxury of a one-hour session with an athlete, like you might with a patient. So how do you connect rapidly? How do you have those corridor conversations with the athlete?

Dr. Jeff Breckon:

And then one of theme with the book is around the field. How do you improve their lifestyle, their wellbeing? How do you build that unity and decision making into the culture? So, I hope within the text, we're covering a real broad set of varies that will really land and be of interest with both coaches and psychologists, and parents and the athletes themselves.

Dr. Jeff Breckon:

I hope it's the start of much more to come. I know there is a group in Sweden that are doing a lot of work in MI and coaching, as well. So, I think there is a real groundswell of interest in this area. And so much more to come. There needs to be a lot more exploration of its impact across these different domains.

Sebastian Kaplan:

Yeah, the book will certainly be exciting... definitely an exciting addition to the series in Guilford Press, or what Guilford Press puts out. And we certainly look forward to that. Jeff, another thing that we'd invite you to mention is for people in the sports world that are interested in resources around Motivational Interviewing, maybe you could speak a bit to that?

Dr. Jeff Breckon:

Yes, I think one thing we're fairly early on in the journey but there three or four papers on MI in sport. We provided a case study in one paper that we've recently published and that was Mack, et al. That building therapeutic lines used for case example drawn from a real Australian soccer athlete that Paul O' Halloran supplied.

Dr. Jeff Breckon:

And beyond that, again we're looking to develop more audio and video examples of MI in elite sport. There isn't much, I'll be honest. That is an area we're looking to do a lot more work in. And I'd really encourage others as well, to start to build that repository and that resource. Because coaches need a variety of platforms, they need a number of different sources to go to. Just so that they can see and get a hook into their world. So, they can



see, yeah that's my world. That's the kind of conversation I would have. Because it is still too big a stretch to see an addictions counselor working with a cocaine user.

Dr. Jeff Breckon:

It's got to be context specific. We need to work harder towards that. And I know there's been some early conversations back in Berlin at the MINT Forum where we started one of the first workshops in MI in sport. And that's taken on again in Malahide Forum. And I think that's great, that's a really good start but we're ready, I think, to really create a wealth of resource in sport, both with sport support teams and athletes themselves.

Glenn Hinds:

And yourself specifically, Jeff? If people after hearing you today, if they wanted to reach out to you. Would that be something that you'd be willing to receive contact with them? And if you were, what way would you like them to contact you?

Dr. Jeff Breckon:

Yeah, I'd really welcome that. So, if they contact me via email so j.breckon@shu.ac.uk. I hope that would probably be attached to the text comes with the podcast. So please feel free. Get in touch with me. It's a real passion, it's a real interest of mine, has been for a number of years. If it's not something I can help with, I hope I will know someone who can. I'm quite happy to be a conduit to forward it on to others. And again, there is a real increasing group of people interested in this area, across different contexts. I'm absolutely [inaudible]. I'm just someone that's been doing it for a number of years.

Glenn Hinds:

Mm-hmm (affirmative).

Dr. Jeff Breckon:

But I've come across a lot of people that are working and doing some really nice work in this area. So, I'd be quite happy to forward that onto others.

Sebastian Kaplan:

Wonderful. Well, thank you so much Jeff for joining us. And shedding some light on this really interesting and unique world of MI in sport.

Glenn Hinds:

Mm-hmm (affirmative), yeah.

Dr. Jeff Breckon:

Great, well thank you guys. And can I just say, it's a great resource that you pulled together. And I really appreciate the invitation to come and talk with you. So, keep up the good work, it's fantastic.

Glenn Hinds:



Yeah, thanks Jeff. A really intriguing conversation. And as Jeff has given his email address, if there's any questions that you want us to pass through. Again, on the Twitter it's @ChangeTalking, Facebook is Talking to Change, email podcast@glennhinds.com.

Sebastian Kaplan:

Great, we welcome questions and feedback, ratings and reviews as always. So, thanks for listening everyone. Glenn, until next time...

Glenn Hinds:

Take it easy man, thanks. Thanks Jeff.

Dr. Jeff Breckon:

Thanks guys take care.

Sebastian Kaplan:

Bye everybody.

