

# Promoting Parent Progress: Toward a Motivational Understanding of Change

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# Effective Strategies for Engagement

- **Are non-judgemental**
- **Are honest and open**
- **Are client-centred**
- **Build on strengths**
- **Are culturally sensitive**
- **Use motivational enhancement**
- **Are interactive and relational**



# Motivational Interviewing

(Miller & Rollnick, 1992)

**The approach you take is one of the strongest indicators of whether change or progress occurs. It is just as important as the client's personal characteristics and behaviour.**



# Clarification of Personal Beliefs



**Are there personal beliefs or experiences that can prevent me from remaining non-judgemental, empathic, respectful and supportive when I'm working with this client?**



**How can I set aside my  
personal beliefs about this client?**



**How can I support her self-determination and her plans to change at her own pace and in a non-coercive and caring fashion?**



**What helps me stay hopeful while finding ways to encourage hope in a client who is changing at her own pace?**



# Reflective Supervision:

- Is a relationship for learning
- Is a reliable connection between supervisor and supervisee built upon nurturance, empathy, validation and joined experience
- Involves stepping back from the immediate experience to sort through thoughts and feelings about what one is observing and doing with children and families
- Is based on three elements:
  - Reflection
  - Collaboration
  - Regularity
- “Do unto others as you would have others do unto others” (J.Pawl)



# Motivational Interviewing

**Motivational interviewing works from the assumption that many clients who are involved in our programs are ambivalent about change, and that motivation may ebb and flow during the course of our involvement.**

**(Arkowitz, Westra, Miller & Rollnick, 2008)**



# Motivational Interviewing

**“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.”**

**(Blaise Pascal, *Pensees*, 1670).**

**“After all, when you seek advice from someone it’s certainly not because you want them to give it. You just want them to be there while you talk to yourself.”**

**(Terry Pratcher, 1948- )**



# Motivational Interviewing

- **A central goal of MI is to increase intrinsic motivation to change – which arises from personal goals and values rather than from external pressure such as coercion.**
- **Paradoxically, external pressure to change can create a *decrease* in the desire to change**
- **An aversive state of reactance may arise when people perceive a threat to their personal freedoms (Brehm & Brehm). May result in oppositional behaviour when directed to change**
- **This reactance is less likely to occur when the therapist is supportive rather than directive (Miller et al, 1993; Patterson & Chamberlin, 1994), making change more likely.**



# Basic Principles of Motivational Interviewing

## 1. Express empathy

1. Acceptance facilitates change
2. Acceptance is not the same thing as approval

## 2. Roll with resistance

1. Invite, rather than impose, new perspectives
2. Cue to change our approach



# Basic Principles of Motivational Interviewing

## 4. Develop discrepancy

1. Between where she is and where she wants to be
2. Let her present arguments for change

## 5. Focus on self-efficacy

1. Focus on strengths
2. Notice small changes
3. The provider's expectations for change have a powerful impact on outcome
4. Share other stories of success



# Resistance

- Resistance helps us to understand the client's perspective on change
- Evidence on resistance suggests that a teach/confront style is associated with greater client noncompliance than a facilitative supportive style (Miller et al., 1993)
- In MI, resistance is considered relational: it is a product of the degree of client ambivalence, as well as how the service provider responds to this ambivalence (Moyers et al., 2002).
- The approach in MI is to roll with resistance, rather than confronting it directly.
- **Strategies include:**
  - Empathically resonating with the client's dilemma (ie trying to understand her from her perspective).
  - Explicitly emphasizing choice and autonomy



# Readiness to Change

**Importance (why should I make the change)**

**+**

**Confidence (how can I make the change)**

**=**

**Readiness**



# The Stages of Change

(Prochaska and DiClemente, 1983)

- **Precontemplation:** (“I don’t have a problem”)
- **Contemplation:** (“Maybe I do, maybe I don’t”)
- **Preparation:** (“Yes I do. What should I do about it?”)
- **Action:** (“Following the plan”)
- **Maintenance:** (“Stick with new, changed behaviour”)



**Clients need different kinds of help, depending on what stage of change they're in.**



# Precontemplation

- **“My CAS worker told me that if I didn’t agree to have a HBHC visitor, they might have to take my case to court.”**
- **“My probation officer tells me that I have to leave my baby’s father. My *probation officer* is the problem. If everyone would just get off my back, our family would be just fine.”**
- **“My public health nurse told me not to put pablum in my newborn baby’s bottle. But that’s what my mother did with all of us, and we turned out just fine”.**
- **“My home visitor says my baby’s development is delayed. All of my other children were slow to talk, so I’m not worried.”**



# Precontemplation

## Strategies for Service Providers

- Explore why *other* people say there is a problem
- Emphasize relationship- building
- Use gentle strategies
- Avoid scare tactics
- Offer factual information
- Create optimal level of anxiety
- Acknowledge the client's perspective
- Meet resistance with reflection



# Precontemplation

***In precontemplation, relationship-building --- both your relationship with the parent and his/her relationship with their child --- is your most important job.***



# Contemplation

- “Sometimes I worry about my baby’s language development, *but* all my other children were slow to talk too.”
- “I read the information about feeding that the nurse left, and it’s making me worry about putting pablum in his bottle, *but* he sleeps so much longer when he has the pablum, and that helps me.”
- “I know I should quit smoking, *but* it really helps me cope with my stress”.
- “I know my partner’s yelling makes me more stressed, *but* he’s the baby’s father and it’s important for the baby to live with her father.”



# Contemplation

## Strategies for Service Providers

- **Help the parent “tip the scale”.**
- **Normalize the ambivalence. Provide reassurance that ambivalence is typical.**
- **Create opportunities for discussion about motivation**
- **Emphasize his/her personal choice and responsibility**
- **Encourage her belief in her ability to change**
- **Use summary statements**



# Preparation

- **“I’ve thought about it and I know I have to do something about Annie’s language delay. I just don’t know where to begin.”**
- **“I read all the information the nurse left for me, and I realize I shouldn’t put cereal in his bottle. I just don’t know how I’ll manage if he wakes up more often in the night.”**
- **“I have to stop exposing my baby to second-hand smoke; but I can’t figure out how to do it.”**
- **“I’ve made the decision to leave my abusive partner, but I don’t know what I need to do first.”**



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# Preparation

## Strategies for Service Providers

- **Negotiate a change plan that reflects the client's values and goals**
- **Reduce barriers to change**
- **Focus on self-efficacy**
- **Offer a menu of choice**
- **Develop a contract**
- **Enlist social support**
- **Initiate the change plan**



# ACTION

- **“My partner isn’t being supportive about my plan to stop smoking around the baby. He refuses to look after the baby when I go out to the porch for a smoke”.**
- **“It’s so hard to get Annie to the TPSLP groups every week. But I’m doing it and I know the groups are helping her”.**
- **“Sometimes I wonder if I can keep this up”.**



# ACTION

## Strategies for Service Providers

- **Help the parent act on small, achievable goals**
- **Provide positive feedback**
- **Refrain from negative comments or actions**
- **Acknowledge and find support for underlying issues that surface**
- **Work with the parent to find solutions**
- **Reflect with empathy**
- **Review her goals; don't pressure the parent to continue with unrealistic goals**
- **Rehearse coping strategies**



# MAINTENANCE

- **“I feel so guilty that I’ve been able to get these services for this baby, but I didn’t for my other kids”.**
- **“I was thinking about when I used to drink and how that must have been really hard on my kids”.**
- **“My son is having problems at school His teacher says he’s really angry with me. He told her that when I was drinking, I was never around but now that I’m sober, I want to set all kinds of rules. I was hurt. I feel terrible about what’s happened.**



# MAINTENANCE

## Strategies for Service Providers

- **Provide support around other issues that arise**
- **Make referrals as easy as possible for the parent**
- **Make linkages**
- **Affirm the parent's resolve and self-efficacy**
- **Maintain supportive contact**
- **Continue to use motivational strategies**



# Motivational Interviewing Spirit

- **Collaboration:**
  - Refers to the practitioner working in partnership with the client.
- **Evocation:**
  - Involves drawing out ideas and solutions from clients.
- **Autonomy:**
  - Autonomy in decision-making is left to the client.



# Won't vs. Can't

