Supporting Behavioural Change in Parents Using Motivational Interviewing
Case Example

Kit is a 35-year old woman in a stable relationship with a young child aged 18 months. She is also pregnant in her second trimester right now. Kit has a past history of mental illness. She has been well for most of her adult life with occasional flare-ups. The past year and a half has been very challenging for Kit in adjusting to motherhood. Although she and her partner planned this pregnancy, Kit is getting more and more terrified about having another baby. You have encouraged her to discuss her options with both her psychiatrist and her obstetrician. Kit is taking some added time off work, but she has not put her son into child care. You think it might help her to have some time to herself, but Kit has not followed up on any suggestions you have made. Also, a spot in a local support group has opened up and Kit is not sure if she wants to attend.
Survey respondents experienced challenges when encouraging clients to:

• Seek care or assistance
• Adhere to a treatment
Resources for service providers to aid clients in resolving their ambivalence to change:

- *Transtheoretical Model of Behavior Change*, with its emphasis on aligning helping strategies to an individual’s readiness for change [www.uri.edu/research/cprc/TTM/detailedoverview.htm](http://www.uri.edu/research/cprc/TTM/detailedoverview.htm)

Module Goals

Motivational Interviewing [MI] can help clients explore and resolve ambivalence about change and assist service providers to:

• Understand about a client’s ambivalence to change.
• Recognize where a client is in the process of change.
• Respond to a client to support behavioural change and goal setting.
Module Content

• Ambivalence about Change
• Introduction to Motivational Interviewing
• A Client’s Stage of Change and the Role of Service Providers
• Identifying and Supporting Change Talk
• Summary Note and Key Messages
Ambivalence about Change

“Struggles with ambivalence about change are characteristic of being human”.

(Rollnick, Miller, & Butler, 2008)

“Patients may not be ready to hear what you have to say or may not agree with you about the importance of the information…. motivation to change is better elicited than imposed”.

(Rollnick, Miller, & Butler, 2008).
Why People Don’t Change

• Feel personal freedom is being challenged
• Stuck in ambivalence
• Shame, humiliation, guilt
• Feel it is easier to stick with the status quo
• Most people know the pros and cons of change but are “stuck” – they feel two ways (ambivalent) about change.
• They have not yet tipped the decisional balance towards change.
Introduction to Motivational Interviewing [MI]

- Is a method that works on facilitating and engaging basic motivation within clients in order to change behaviour
- Seeks to evoke clients’ own arguments for change
- Helps clients to explore and resolve their ambivalence (e.g., mixed feelings) about a decision or change
- Complements and enhances the communication skills you have already developed
Motivational Interviewing

 Increases our:

• Ability to ask open-ended questions
• Ability to pay close attention to clients’ language
• Capacity for reflective listening
• Ability to periodically provide summary statements to another individual
• MI is NOT a recipe to follow in each and every interaction with clients.
What is Your Communication Style?

- **Following**: Listen carefully and follow along
- **Directing**: You make a clear suggestion and explain your rationale for it
- **Guiding**: Listen carefully, ask about options, explore pros and cons of each together
- **All of the above.**
A Client’s Stage of Change and the Role of Service Providers

• Model of Change Theory
  – Based on Prochaska’s *Transtheoretical Model of Behaviour Change*.
  – Applied to numerous health challenges.
  – Is theoretical - not definitive.

• Motivational Interviewing can facilitate
  – Discussion with clients
  – Add clarity to clients’ ambivalence
  – Help a client to weigh their options.
Stages of Change

• Pre-Contemplative
  – Individual is NOT intending to change in the foreseeable future (next 6 months)
  – A client will focus less on benefits of change and more on benefits of maintaining their current position.
  – It is not yet clear what shifts a pre-contemplative client into contemplation. An increased weighing of pros of change signals a move into contemplative stage.

• A service provider can …. ?
Stages of Change

• Contemplative
  – Individual recognizes an issue/ problem – and might complain – but is not sure if change is worth it. She/he might take action in next 6 months.
  – About HALF of individuals in contemplative stage may progress to preparation stage; some individuals can remain “chronic contemplators”
  – A contemplative client is more likely to respond to education and feedback about pros and cons of change.

• A service provider can …?
Stages of Change

• Preparation
  – Individual makes a commitment to change, and is ready to start taking action in the near future.
  – He/she takes small steps, for example, they tell their friends and family that they want to change (a specific issue).
  – Client will make greater use of self-help material and helping relationships.

• A service provider can …?
Stages of Change

• Action
  – Individual has changed their behavior within the last 6 months and needs to work hard to keep moving ahead.
  – Specific interventions and concrete guidelines are helpful.
  – Clients rely more on helping relationships for support and understanding.

• A service provider can …?
Identifying and Supporting Change Talk

DARN statements:

• Desire, Ability, Reasons, Need
• Typically heard from clients in contemplative stage
• Signify clients’ desire and ambivalence

• DARN statements are an invitation to the service provider to …?
**Tips for Supporting DARN Talk**

- **Desire** (wants, preferences):
  - Client: “I wish I could . . .” or “I want to . . .”
  - Your response: “Tell me about your wish to . . .”
Tips for Supporting DARN Talk

• Ability (capability):
  – Client: “I can probably . . .” or “I might be able to . . .”
  – Your response: “How confident do you feel about doing . . .?”
Tips for Supporting DARN Talk

• **Reason** (specific arguments):
  – Client: “I need to have more energy to play with my kids”
  – Your response: “How important is this to you?”
Tips for Supporting DARN Talk

- **Need** (an obligation):
  - Client: “I really should…” or “I have to . . .”
  - Your response: “How ready are you to . . . ?”
Clients in Preparation or Action stages

The service provider will hear change talk, e.g., a commitment to change and perhaps what action has been taken:

– **Commitment**: Client says: “I will . . .” or “I am going to . . .”, or “I am ready to . . .”

– **Taking Steps**: Client says: “I started . . .”

– Sometimes a client will offer tentative commitment, e.g., “I will think about it.”
Summary

• Clients can remain in a contemplative state for a long while.

• The process of asking open-ended questions, listening non-judgmentally, reflecting back to them their own wishes and ideas, and helping them to explore their options, are powerful techniques.

• Asking clients for permission to relay information about resources enhances a guiding style of communication.
**Key Messages**

- Remain neutral with a client, but be present.
- Use reflective listening.
- When hearing Resistance or DARN talk → dig deeper.
- When hearing Change Talk → ask about commitment, taking a step.
- Use affirmation when appropriate to support client confidence about change, commitment to change, and step(s) taken toward change.
- Be aware of expectations – yours and the client’s.
Resources

- Transtheoretical Model
- Motivational Interviewing
Best Start: Ontario’s Maternal, Newborn and Early Child Development Resource Centre
Health Nexus
www.beststart.org and www.healthnexus.ca

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