



MODULE 4

Supporting Behavioural Change in Parents Using Motivational Interviewing

**best start
meilleur départ**

by/par health **nexus** santé

Facilitator:

Suggested Pre-Workshop Preparation:

Provide handout prior to workshop or at least the list of *Resources and References* at the end of the handout.

Have participants review one of the following:

1. Detailed overview of the *Transtheoretical Model* at:
<http://www.uri.edu/research/cprc/TTM/detailedoverview.htm>.
2. Stephen Rollnick's 2010 article on *Motivational Interviewing* online at:
<http://www.stephenrollnick.com/index.php/all-commentary/69-motivational-interviewing-article-published-in-the-british-medical-journal>.

Facilitator: This module contains many discussion starters and activities for participants for a more in depth workshop on Motivational Interviewing. If the module is done in a shorter (1 – 1.5 hour) session, there will not be time to include all the optional discussions and activities. This is indicated in the slide notes for the facilitator.

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.

Facilitator discuss *Case Example*.

How can you help this family to make some changes that will help Kit feel and function better?

Background

Survey respondents experienced challenges when encouraging clients to:

- Seek care or assistance
- Adhere to a treatment

In a recent survey of service providers working with vulnerable families, many respondents commented how challenging it can be to get clients to seek care or assistance, or adhere to a treatment, for example:

“One of the biggest challenges in my practice is the mother’s reluctance to accept medication or counseling. She was not aware of the extent of her depression and was unwilling to follow my suggestions for help-seeking.... How do you make an unwilling client commit to the program?”

Change can be difficult for anyone, but is particularly challenging to individuals with mental health challenges. Both depression and anxiety can contribute to a lack of concentration and an inability to make decisions. This module is therefore useful for all clients, but particularly helpful when clients are challenged by mental health issues.

Background

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
- Motivational Interviewing communication tools
www.stephenrollnick.com/index.php/all-commentary/69-motivational-interviewing-article-published-in-the-british-medical-journal

Several respondents asked for practical *“ways to be helpful”* and expressed an interest *“in change theory and how to better relate to clients to help them see how the changes could benefit them.”*

We can look to the Transtheoretical Model of Behavior Change, with its emphasis on aligning helping strategies to an individual's readiness for change, and to Motivational Interviewing communication tools to aid clients in resolving their ambivalence to change.

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

This module is organized in the following sections:

- 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 and Key Messages
- Resources and References

Facilitator provide handout. Handout includes:

- Case Example
- Worksheet with Questions for Reflection
- Decisional Balance Worksheet
- Resources and References

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).

As Rollnick and colleagues note, “Struggles with ambivalence about change are characteristic of being human” (Rollnick, Miller, & Butler, 2008). There is something in human nature that resists being coerced and told what to do.

“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).

Facilitator discuss:

Questions for Reflection (1 – 3):

What is “ambivalence”?

Can you think of something that you feel ambivalent about? (Hint: you might have a thought like “I know I should . . .”)

How do you feel when someone tries to convince you to do/decide something?

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.

Facilitator emphasize:

It is likely that the client who seems stuck may be in a contemplative stage.

Facilitator discuss:

Questions for Reflection (4 – 6):

How do clients respond when they are ambivalent about something?

As a service provider, what makes ambivalence difficult? What makes ambivalence comfortable for some?

How often do you find yourself trying to persuade a client to change something (thought, behaviour), and the other party defending their status quo?

The next few slides will investigate the stages of change and how Motivational Interviewing can help service providers work with clients who appear unmotivated to make changes, and as well, with clients who have already undertaken some steps to 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

Facilitator use *Decisional Balance Worksheet* from handout to discuss ambivalence and arguments for change.

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.

Facilitator discuss *Stephen Rollnick's 2010 article on Motivational Interviewing online at: <http://www.stephenrollnick.com/index.php/all-commentary/69-motivational-interviewing-article-published-in-the-british-medical-journal>. What did participants find helpful in their pre-workshop reading?*

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.

Facilitator discuss *Questions for Reflection (7 - 12):*

What have you found helpful when you have discussed change with a client?

How can you use more open-ended (client gives narrative style response) versus closed (client gives yes/no response) questions with a client?

What can help you understand a client's concern(s) and context, and relay to them an awareness of your comprehension?

How can you ask clients for permission to provide them with information or resources?

What is your communication style? How can you use it in Motivational Interviewing?

How do you deal with the pressures of limited time with a client?

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.

Based on Prochaska's Trans-theoretical Model of behaviour change; this change theory, has been applied to numerous health challenges since its introduction in the early 1980s. Note, however, it is a theoretical - not definitive – model and is only one theory of behaviour change. Using Motivational Interviewing can facilitate discussion with a client, add clarity to client resistance, and help a client weigh their options.

For further information on MI, see the Resources section.

Facilitator:

The next few slides include some questions per slide. If the time allocated is 1 or 1.5 hours, there is probably not enough time to discuss these. Remind participants to reflect on these in their own time.

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 ?*

Facilitator: if time permits allow participants to complete the unfinished statement and discuss the responses.

A service provider can listen without judgment, and keep a door open for future discussion. At times a client's mental health problems may keep them from being ready for change. Once the client's condition has improved, she (or he) may move towards a contemplative stage.

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 ...?*

Facilitator: if time permits allow participants to complete the unfinished statement and discuss the responses.

A service provider can help clients contemplate change by non-judgmental listening and reflecting on pros and cons of change.

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 ...?*

Facilitator: if time permits allow participants to complete the unfinished statement and discuss the responses.

A service provider can provide encouragement and affirmation of any small step taken.

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 ...?*

Facilitator: if time permits allow participants to complete the unfinished statement and discuss the responses.

A service provider can provide encouragement and concrete tips to assist individuals in maintaining behaviour change.

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 ...?*

Rollnick, Miller & Butler use the acronym DARN to identify client's expressions about

- Desire;
- Ability;
- Reasons; and
- Need for change.

DARN statements are typically heard by health care providers from clients in contemplative stage. These types of statements are important as they signify clients' desire and ambivalence.

Facilitator ask participants to complete the last statement.

DARN statements are an invitation to the service provider to dig a little deeper for information using open-ended questions.

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”*

Facilitator ask participants to complete statements.

Question for Reflection (13):

Can you think of other possible responses to statements of DESIRE?

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 . . . ?”*

Facilitator ask participants to complete statement.

Question for Reflection (14):

Can you think of other possible responses to statements about ABILITY?

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?”*

Question for Reflection (15):

Can you think of other possible responses to statements about REASON?

Tips for Supporting DARN Talk

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

Facilitator ask participants to complete statement.

Questions for Reflection (16):

Can you think of other possible responses to statements about NEED?

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.”

Facilitator discuss *Questions for Reflection (17)*:

How would you respond to:

- *A statement that includes commitment?*
- *A statement about step(s) taken?*
- *A client statement with tentative commitment?*

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

Facilitator use *Resources and References* from handout.

Discuss pre-workshop reading: What resources did participants find helpful?

What did participants learn about the trans-theoretical model of change and MI?

Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre Health Nexus

www.beststart.org and www.healthnexus.ca

This ready-to-use workshop has been prepared with funds provided by the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario. The resources and programs cited throughout the workshop are not necessarily endorsed by the Best Start Resource Centre or the Government of Ontario.

December 2012