

Team around the Child Responding to Resistance

Making Connections with Hard to Reach Parents

*This paper summarises the main points of an article by Vanessa Wood and Abbey Rice in **Special Children** (February/March 2009) on how motivational interviewing techniques can be used to engage parents in identifying and implementing their own solutions when children are exhibiting problem behaviours.*

Parents' own behaviour is a key influence on their children's behaviour. However many parents, and indeed the services they approach, are stuck in a 'dispensing model' of parent support – the parent presents a problem for a professional to diagnose and then to dispense the solution in the form of information, advice or expert intervention. Parents' reliance on experts in this way undermines the development of their own confidence and belief in their own skills.

A parenting project set out to involve parents in understanding their own parenting situation and developing their own strategies to bring about positive outcomes in situations they felt were difficult with their children. As in all solution-oriented practice, the idea was to make parents the experts on finding solutions within their own lives.

Factors common to successful interventions with parents include:

- Build a collaborative alliance with parents
- Mobilise a parents' resources and work in a way that is compatible with their beliefs and resources
- Empower families to resolve their own problems, building on existing strengths
- Accept **parents' goals** at face value, tailoring tasks and suggestions **to them** and collaborating in exploring material that is **relevant to them**
- Convey an attitude of hope and possibility, without minimising the problem or the accompanying pain
- Encourage parents to focus on the present and future possibilities instead of past problems

(Hutchings and Lane, 2006, TatC emphasis)

The article draws on Miller and Rollnick's (2002) observations on behaviour change and motivational interviewing, De Shazer et al's (1986) work on solution-focused approaches, and Burke et al's (2002) discussion on similarities between the two approaches:

- Positive behaviour change is more likely to occur within an accepting and empowering relationship
- Both solution-focused approaches and motivational interviewing are about responding to resistance, using a parent's own values and concerns to encourage motivation

For example, inviting parents to identify their 'best hopes' for their relationship with their child at the start of the process

- Supporting and encouraging self-statements help parents to develop their feelings of self efficacy
Identifying the exceptions in the child's behaviour, and exploring what the parent did differently in that exception, in order to highlight their own skills
- Helping parents identify their own ability to bring about change
Reflecting back to parents when they have demonstrated strengths

These are examples of how 'change talk' is developed in dialogue between workers and parents.

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Responding to Resistance

Motivational interviewing is based on an understanding of stages of change – **pre-contemplation, contemplation and decision to change** – (Prochaska and DiClemente, 1986, and later DiClemente and Velasquez, 2002) which can be useful when trying to build relationships with reluctant parents. The stages help workers consider that the stage a parent is at when they first meet them, can move to another stage closer to change, over the course of a relationship with a worker.

Pre-contemplation: Parents struggling to identify their preferred future or to acknowledge their own potential role in change. Can be presented in different categories:	
Reluctance – unaware their own behaviour might impact on the situation, or if they are aware, not clear about the extent of the impact.	Use careful reflecting, to highlight the effects of the parents' own behaviour on the child
Rebellion – aware of their own impact on the situation, and may have tried and failed to make changes before. Confrontational with workers who suggest change, in order to avoid failure again.	Sensitively build an empathic relationship and when trust has developed, explore feelings of low self efficacy
Resignation – little confidence in their own ability to make changes (although less likely to be confrontational). Perhaps depressed and overwhelmed by apparent obstacles; little hope for the future.	Explore examples of success or the exceptions to the reported failures
Rationalisation – a clear understanding of their impact on the situation but justifies their behaviour or blames other people (including the child). Arguments presented in support of their own actions help to avoid the task of exploring change.	Listen without debate or argument, then invite to explore possible alternative views

The article suggests that motivational interviewing techniques are used with 'pre-contemplative' parents, and once a stage has been reached where the parent is actively considering change, a solution-focused approach is then used to facilitate action planning.

Motivational interviewing has four key principles:

- **Express empathy** – accept, be non judgemental, listen, hear and understand
- **Develop discrepancy** – provide an alternative presentation of the 'reality' the parent experiences, to help the parent explore the implications of it. For example, allow the parent to see a discrepancy between their values and their actual behaviour
- **Roll with resistance** – resistance is the stage at which drop-out can occur. Resistance is managed by changing pace and using other techniques to re-establish comfort and resolve the source of discomfort – shift focus, agree 'with a twist', emphasise the parents' choice and control
- **Support self efficacy** – share experience of other parents' changes to convey hope that change is possible, reflect and highlight the achievements and successes (no matter how small) the parent has already made.

The article proposes that motivational interviewing and solution-focused approaches in powerful combination can help parents whose initial primary goal might be removal of the child or a service intervention, to move to a stage of parent-led change.