

# Engaging Families Through Motivational Interviewing



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## KEYWORDS

- Motivational interviewing • Health behavior change • Child maltreatment
- Risk factors • Pediatrics

## KEY POINTS

- Several risk factors for child maltreatment may be addressed through successful parental behavior change.
- A primary barrier to effective behavior change intervention has been a provider-centered approach to communication about change.
- Motivational interviewing (MI) is a person-centered communication technique that helps address barriers to change.
- MI has been found to be effective in improving outcomes for multiple risk behaviors for child maltreatment.
- Implementing MI includes changing the provider's mind-set to be consistent with the patient-centered spirit of MI, and use of specific communication techniques during the medical visit.

## INTRODUCTION

Several risk factors for child maltreatment may be reduced through successful parental behavior change. These risk factors include substance use, partner violence, depression, harsh punishment, and management of children's medical health.<sup>1,2</sup> Because the US Preventive Services Task Force concludes that there is insufficient evidence on the effectiveness of preventing child maltreatment directly among children who do not already have signs of maltreatment,<sup>3</sup> prevention efforts may be best aimed at addressing these risk factors that may lead to maltreatment (**Box 1**). Although health care providers may try to encourage behavior change in parents to reduce risk factors, many providers use ineffective techniques to promote behavior change.<sup>4-7</sup>

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Disclosures: none.

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**Box 1****Parental factors that increase risk of child maltreatment**

- Substance use
- Partner violence
- Depression
- Inadequate parenting skills
  - Harsh punishment
  - Difficulty managing child's health care needs

**EXTENT OF THE PROBLEM: HEALTH CARE PROVIDER-CENTERED APPROACH**

Health care providers strive to offer the best care possible to their patients, and, in pediatrics, this may include helping parents of their patients to help themselves. This help includes encouraging changes in lifestyle or health behavior in parents, which affect how well parents care for their children, thus improving their children's health. However, it can also be frustrating to health care providers when they discover that parents have not followed through with recommendations. That frustration may grow as the provider spends another appointment telling parents the same information and hoping that they follow through.

One factor affecting the parent's adherence is not what the health care provider says, but how the provider communicates that information. Research has shown that a primary barrier to effective behavior change intervention has been a health care provider-centered, rather than a patient-centered, approach to communication about change. Provider-centered communication is often well intended and fostered by the desire to help patients or prevent suffering.<sup>4,5,7</sup> That is, after assessing for behaviors that can lead to poor outcomes, the health care provider may then focus on what they perceive to be the barriers to health and often elicit little input from the parents of their pediatric patients. Providers then attempt to address the barrier by telling parents that their behavior is problematic and try to persuade parents to change to what the providers see as appropriate, potentially provoking parent defensiveness or resistance.<sup>4-7</sup> When parents become defensive or resistant to change, providers may view them as unmotivated, unwilling, or unable to make behavior changes to improve the health of their child. However, this perception of parents may serve only to exacerbate any potential or existing problems, because it could contribute to providers feeling helpless and frustrated and could prevent providers from taking an active role in assisting parents to change.

More often, parents are not unmotivated, but instead, not yet convinced of the problem or the need for change. For instance, when a parent smokes in a car through an open window, she might believe she is protecting her child and not realize how much secondhand smoke she is exposing her child to, or how much that smoke likely contributed to her child's recent asthma attack. When parents seem unwilling, they are more likely not committed to making a change at that time. For example, a parent may see as many benefits as drawbacks to continuing to feed his diabetic child the sugary foods his child prefers to avoid battles at dinnertime, and thus exploring the pros and cons of this behavior more thoroughly with the father may help. In addition, when parents seem unable, they may need help believing in their ability to change, such as a mother who has recently relapsed who feels discouraged in her efforts to quit drinking and may feel empowered from a discussion of what worked for her the

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