

**Weight Management Strategies for Children:  
The role of Parent-facilitated  
Motivational Interviewing**

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## Acknowledgements

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Miller, W., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2<sup>nd</sup> Ed.). New York: Guilford.

Rollnick, S., Mason, P., & Butler, C. (2002). *Health behaviour change: A guide for practitioners*. London: Churchill Livingstone.

### About this treatment manual

This treatment manual is structured with an introduction and session instructions for the facilitator, and session handouts for the parents participating in the program.

It is suggested that the facilitator provide copies of the session handouts to the participants session by session to support the session discussions and homework activities.

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## Introductory information for the Facilitator

### ***General aim of this treatment program***

This program aims to address parents' ambivalence about supporting their primary school aged children to change their health-risk or unhelpful health behaviours in an endeavour to prevent overweight or obesity. These behaviours include those that do not promote the maintenance of good health such as nonphysical activities, behavioural habits such as emotional eating or missing meals, and nutritional intake high in fat, salt, and sugar, and low in fibre. To this end, the facilitator will help parents to explore and resolve their ambivalence through the application of motivational interviewing strategies. The parents will then be supported to enlist these strategies to influence their children's motivation to change.

### ***Obesity - a problem***

Obesity has been identified by the World Health Organization (WHO; 2002) as a major burden of disease contributing to death worldwide. Research has shown that rates of obesity and overweight have been increasing for adults, children, and adolescents since the 1980s (Chinn & Rona, 2001; de Onis & Blossner, 2000; Freedman, Srinivasan, Williamson, & Berenson, 1997). In Australia, the National Health & Medical Research Council (NHMRC; 2003) has estimated the prevalence of these conditions in children and adolescents to be about 20% to 25%.

There are a number of health-related risks associated with overweight and obesity. These include diabetes mellitus, cardiovascular disease, hypertension, cancer, osteoarthritis, gastric and orthopaedic complications, risks to reproductive health, and psychological problems, such as low self-esteem and depression (Blucher et al., 2004; Freedman, 2004; Gunther, 2004; Saenger, 2004; WHO, 2003; WHO, 2004). These health risks impact global economics, as well as putting pressure on the family unit in terms of financial and emotional costs. Although it is known that childhood and adolescent obesity predicts adulthood obesity (Ege & von Kries, 2004; Guo, Roche, Chumlea, Gardner, & Siervogel, 1994; Sinaiko, Donahue, Jacobs, & Prineas, 1999), some normal weight children have also been found to become overweight and or develop obesity later in life (Lloyd & Wolff, 1980). So, intervening early by targeting children is crucial to prevent obesity and its associated health risks.

### ***Obesity and overweight - defined***

Obesity and overweight result due to an excess accumulation of fat in the adipose tissue (Lahti-Koski & Gill, 2004). This means that an individual's weight is significantly greater than it could be compared to his or her standard weight for age, sex, and height. A widely used measure of obesity and overweight is the Quetelet's index, commonly known as the body mass index (BMI). It is determined by dividing body weight (kg) by height squared ( $m^2$ ).

Establishing the BMI in children is more problematic than in adults, given children's age-related height and weight changes associated with growth and development. However, age- and sex-specific BMI reference percentile charts for children have been developed and indicate that a BMI between the 85<sup>th</sup> and 95<sup>th</sup> percentiles suggests overweight (or at risk of obesity), whilst a BMI above the 95<sup>th</sup> percentile suggests obesity (Lahti-Koski & Gill, 2004; NHMRC, 2003).

### ***Treatment of obesity***

Treatments for the prevention of overweight and obesity have typically involved a change in nutritional intake and physical activity. The aim of dietary treatment is to achieve a healthy body weight, given height, sex, and age, through a balanced intake of healthy nutritional foods (Czerwinski-Mast & Muller, 2004). The aim of increasing physical activity and decreasing nonphysical behaviour is to achieve a balanced expenditure of energy, again, to achieve a healthy body weight (Chiarelli & Verrotti, 2004). Although research has shown that each treatment on its own yields positive results, studies also suggest that the best effects for promoting and maintaining weight loss are gained from encouraging a change in both nutritional intake and physical activity (Labib, 2003; Muller, Danielzik, & Spethmann, 2004). However, research involving imposed dietary and or physical activity regimes in young children has demonstrated inconsistent findings on the maintenance of behaviour change over time.

Moreover, the emphasis in the prevention of children's obesity seems to have been in dieting, weight loss, and involving children as agents of change. But, researchers such as Golan, Weizman, Apter, and Fainaru (1998) highlighted the potential adverse effects associated with focusing on these factors and demonstrated better outcomes when the agent of change was the parent rather than the child. Other researchers (e.g., Epstein, Nudelman, & Wing, 1987; Wheeler & Hess, 1976) also showed better effects when focusing on the parent as the agent of change. In addition, Wheeler and Hess emphasised the benefits of personalising treatment programs to meet the practical needs of individual families rather than focusing on dieting and weight loss *per se*. Further successes resulting from their research included the motivational consequences of repeated contact with the parents and providing flexibility and choice in families' readiness to change.

### ***Motivational interviewing***

Motivational interviewing has been demonstrated as an effective intervention strategy in addressing individuals' motivation to change according to their readiness and in maintaining health behaviour change over time. Furthermore, the use of MI to influence children's health-risk behaviours indirectly was shown to be successful by addressing parents' motivation to change (e.g., Emmons et al., 2001; Weinstein, Harrison, & Benton, 2004). The literature seems clear that parental involvement is paramount in the successful outcome of children's health behaviours, in particular when the parent is the agent of change. Targeting parents as the change agent and addressing their ambivalence to influence change in their children's health behaviours may close the gap in the prevention of children's obesity.

### ***Motivational interviewing - defined***

Motivational Interviewing has been defined as "a directive, client-centered counseling style for eliciting behaviour change by helping clients to explore and resolve ambivalence" (Rollnick & Miller, 1995, p. 323). Originally developed to treat substance abuse such as smoking, the techniques and strategies of MI have been used to change behaviours related to other illnesses such as diabetes (Rollnick & Miller), as well as lifestyle changes such as diet and exercise (Thorpe, 2003). MI's central purpose is to examine and resolve individuals' ambivalence about behaviour change and has been shown to change health behaviours after only one to three brief sessions (Miller & Rollnick, 1991).

Rollnick and Miller (1995) conceptualised motivation as a state that is open to change and argued that the therapist's counseling style affects a client's motivation to change. They suggested that MI "is a method of communication" (Miller & Rollnick, 2002, p. 24), and "a way of being with people" (p. 34). That is, the therapist's directive style should aim to recognise clients' ambivalence to change and support them to explore and resolve their ambivalence by being collaborative, acknowledging that responsibility and choice for change lies with the client rather than being imposed by the therapist, and evoking or enhancing intrinsic motivation from the client.

Miller and Rollnick (2002) argued that intrinsically motivated behaviour occurs as a result of an individual's autonomously derived, self-determined reasons and desires to change, thereby causing longer lasting changes than extrinsically motivated behaviour, where change occurs as a result of external or non-autonomous reasons. They also emphasised the importance of distinguishing the spirit of MI from its techniques and outlined four broad principles that underlie MI.

### ***The spirit of motivational interviewing***

The manner in which counsellors and facilitators interact with their clients exerts an enormous influence on whether they choose to embrace change. Miller and Rollnick (2002) advocate that collaborating with an individual, eliciting his or her own solutions and reasons for change, and respecting his or her autonomy to choose, helps to resolve ambivalence and to enhance intrinsic motivation to change. They distinguish these as the spirit of MI.

#### Collaboration

In MI, the counselling process involves an exploration of a client's concerns, experiences, and feelings, thus providing a supportive environment that is conducive to change. The counsellor-client relationship is collaborative and the client's point of view is respected.

#### Evocation

In MI, it is presumed that the client is the expert and has the resources to change. The counsellor facilitates change by enhancing the client's intrinsic motivation to change by eliciting the client's perceptions, goals, and values.

#### Autonomy

By recognizing that the client is responsible for change, their autonomy is valued. Through the facilitation process, the client provides the reasons for change and chooses the direction of change.

### ***The four general principles of motivational interviewing***

Miller and Rollnick (2002) described four broad principles that underlie MI and that facilitate change by eliciting supportive self-motivational statements from people. These are as follows:

#### Express empathy and facilitate change through reflective listening

Employing an empathic communication style in the therapeutic interaction allows a parent to feel understood and accepted. Acceptance allows parents to communicate and explore their experiences and concerns without judgement, criticism, or blame. Through this

process, change is facilitated because parents' self-esteem is supported and they conceptualise that ambivalence is normal.

#### Develop discrepancy by allowing parents to differentiate between current versus desired behaviours

Parents who become aware of a discrepancy or discontent between important personal goals or values (such as family happiness or health) and current behaviours, are more likely to distinguish the advantages of changing. The facilitator assists this process by helping parents to identify and clarify their goals and values and how their behaviour may be in conflict.

#### Roll with resistance and recognise it as a signal to shift approaches

How a facilitator responds to a parent's resistance to change will influence whether the parent's resistance is increased or diminished. Resistance and ambivalence to change needs to be acknowledged as a natural part of changing behaviours. The facilitator's role is to help parents to consider new information or alternative perspectives. This might be done by reframing the parent's perspective, avoiding arguments, and relying on the parent as a source of answers and solutions for change. In MI, when resistance is perceived, it is time for the facilitator to reconsider their approach; resistance is usually a parent's response to feeling imposed upon.

#### Support self-efficacy by enhancing a parent's confidence to cope with obstacles toward change

Self-efficacy refers to an individual's belief in his or her ability to undertake and succeed in a task. To believe in oneself and to exert effort towards change, an individual needs to acknowledge that there is hope and a possibility for change. The facilitator's role, thus, is to enhance a parent's confidence that he or she can deal with obstacles and succeed with changing undesirable behaviours. The facilitator's belief that parents have the ability to change encourages them to believe in themselves.

### ***Phases of motivational interviewing***

Miller and Rollnick (2002) envisaged MI as occurring in two different, yet related phases:

Phase 1 encapsulates sessions 1 and 2 of this program. In the initial process of change, it is important to build intrinsic motivation to alter or modify health behaviours. It involves resolving ambivalence and building motivation for change. In this program, this will involve the parents identifying how they feel about supporting change (their children's and own behaviours), what their concerns are, the challenges they may face in facilitating change, how ambivalence can get in the way of change, assessing the importance that parents place on changing specific behaviours, and assessing how confident they feel about changing these behaviours.

Phase 2 encapsulates sessions 3 to 8 of this program. The general goal during this phase is for parents to strengthen their commitment to support change and develop a plan of action. In this program, this will involve the parents undertaking a number of MI strategies to build importance and confidence to support changing specific behaviours, practicing the strategies on themselves, applying the strategies to support their children to change, and being mindful of relapse prevention.

### ***The transtheoretical stages of change model***

Motivational interviewing is applied within the framework of the transtheoretical stages of change model (TTMC), which was developed by Prochaska and colleagues (Prochaska & Norcross, 2003). The TTMC model provides a basis for assessing an individual's readiness (or motivation) to change and allows for the idea that in their endeavours to change behaviours, people go through various stages - precontemplation, contemplation, preparation, action, and maintenance – and that at each stage they may need different interventions. The process of change also takes into account that people are likely to lapse or relapse to earlier stages, where they are likely to have the greatest level of ambivalence to change (Prochaska, DiClemente, & Norcross, 1992).

The model provides a framework to conceptualise the process of change and to assess a persons' stage of change, which helps to determine how ready or how motivated an individual is to embrace change. Different motivational strategies might be helpful at the various stages.

**Precontemplation** - is the earliest stage of change in which an individual has no intention to change behaviours in the foreseeable future. People in this stage could be supported to think about changing through various processes. For example:

- Raising their awareness of the negative aspects of maintaining unhelpful health behaviours by weighing up the pros and cons of changing vs. not changing
- Education to fill relevant gaps in knowledge about how change is possible and or about the unhelpful behaviours
- Recognising discrepancies between health values, goals, and actual behaviour
- Addressing their expectations and concerns about unhelpful behaviours

**Contemplation** - is where an individual acknowledges that a problem exists and begins to think about changing unhelpful behaviours but is not ready to take action yet. People in this stage could be supported to begin the change process by:

- Weighing up the pros and cons of changing vs. not changing
- Recognising discrepancies between their health values and actual behaviour
- Identifying the negative consequences of their unhelpful behaviours in their life, e.g., home, work, relationships, and their role in all these areas

**Preparation** - is the stage when an individual's intention to change is strong and plans to take action. People in this stage may have made unsuccessful attempts to change but have learned some valuable lessons. People in this stage could be supported to implement change by:

- Increasing their confidence to change by identifying past successes, strengths and supports, or considering change hypothetically
- Identifying goals, creating a plan for change, problem solving options for action

**Action** - is where an individual is demonstrating changes in unhelpful behaviour. A plan for change has been implemented and change is observable by others. People in this stage could be supported to move forward with change by:

- Continuing to raise their awareness of the value for change using any of the strategies suggested above
- Identifying triggers and high-risk situations that get in the way of change

Avoiding, changing, and or coping with triggers to reinforce relapse prevention

**Maintenance** - is the final stage where changed behaviours have been demonstrated for at least six months. People in this stage could be supported to maintain change by:  
 Continuing to review any of the strategies suggested above  
 Recognising lapses and relapses as a normal part of the change process and that successful behaviour change takes time (more on this in Session 7)

### ***Dealing with resistance***

As a facilitator, be aware that parents' resistance or reluctance to support change may be evident prior to commencing change or at any time thereafter. If a parent expresses a reluctance or resistance to change, explain that the program is designed to help them to think through their circumstances and to assist them to support their children to change their health behaviours. Indicate that they will be offered information and strategies throughout the program and assure them that the decision to support change will be entirely theirs. Remind them occasionally that everyone's readiness to change will vary from time to time and that this is normal.

Reluctance is usually associated with an unwillingness in the individual to change, whereas resistance is usually influenced by the behaviour of the facilitator. When confronted by resistance, it is useful to consider whether your own agenda may be impeding parents' progress. For example:

- Have you undermined a parent's freedom to choose or their sense of control?
- Have you misjudged a parent's readiness to change and suggested inappropriate activities for them to undertake?
- Are you focusing more on those parents who seem to be making progress and lost sight of those who are not?
- Are you being directive or confrontational?
- Do you have any clue about how parents feel about change?

By being aware of your behaviour with parents, you can avert potential resistance related to the manner in which you are facilitating. Sometimes resistance may be due to parents' personal conflict about the difficulties with supporting change or because they feel obliged to be there or because of learned helplessness. Such resistance makes the parent even more sensitive to further resistance that may be influenced by the facilitator.

Refer to *The four general principles of motivational interviewing* above to help you draw on some techniques that aim to resolve ambivalence.

### ***Four categories of resistance behaviours***

Parents' resistance to change may be evident through both verbal and non verbal responses. Miller and Rollnick (2002) identified four major categories of resistance behaviours, which if present, are likely to predict less behaviour change in the future.

The four types of resistance behaviours that parents may display are as follows:

#### **Arguing**

Challenging or discounting the facilitator and expressing hostility

Directly challenging what the facilitator is saying  
 Discounting the facilitator's authority and expertise  
 Expressing hostility

### **Interrupting**

Talking over the facilitator whilst the facilitator is still talking  
 Cutting the facilitator off, e.g., "I don't want to hear anymore"

### **Ignoring**

Being inattentive during the sessions  
 Answering a question with a non-answer  
 Not responding to the facilitator's questioning  
 Sidetracking the direction of the discussion

### **Negating**

Blaming others for the problems  
 Disagreeing with the facilitator's suggestions  
 Making excuses for the problematic behaviours  
 Claiming that behaviours cause no real risk to health  
 Minimising any potential dangers  
 Expressing pessimism about what is being discussed  
 Reluctance about the information or advice provided  
 Demonstrating an unwillingness to change

## ***Response traps that illicit and reinforce resistance***

It is important to realise that parent resistance behaviours can be elicited or reinforced by the facilitator, thereby decreasing the likelihood that parents will support their children to change their health behaviours. This usually occurs if the facilitator is advocating for change rather than taking on a more collaborative role. Advocacy responses from the facilitator are "traps" because they promote and reinforce resistance, and possibly damage the parent-facilitator rapport.

There are six types of advocacy traps to watch out for and avoid. The following advocacy responses may be helpful to promote behaviour change in certain circumstances, however, careful deliberation about when and how to use them is important otherwise resistance is encouraged and motivation to support change is impeded.

**Arguing for Change:** The facilitator takes a stand that change is the only option and works hard to persuade parents in this direction. In doing so, parents are compelled to argue against supporting changing. *To avoid this, it is more helpful for the facilitator to reflect back both sides of the argument for and against change, thereby allowing parents to process the information for themselves.*

**Assuming the Expert Role:** When facilitators behave like they are the expert and know more than the parents, there is a danger that facilitators will block progress by lecturing about change and firing many closed questions to support their expert view point. *Change is more likely to occur if the facilitator checks whether the parent wants advice or provides the information or suggestions when prompted by the parent.*

**Criticising, Shaming, or Blaming:** Although eliciting negative emotions about not supporting their children to change their health behaviours can help increase such support in parents, it can also damage rapport and influence resistance.

**Labelling:** Too much emphasis on diagnosis or labelling may draw attention away from parents' supporting unhelpful behaviours in their children and instill a belief that the problem is unchangeable.

**Being in a Hurry:** Perceiving that change needs to occur within a given time limit may influence the facilitator to partake in the discussed "traps" thereby reinforcing parent resistance behaviours, particularly if parents are not ready to support change.

**Claiming Pre-eminence:** Communicating in a way that implies the facilitator knows what is best for the parents, negates parents choice to support change and discounts their own goals.

### ***Dealing with emotional responses***

During this program, parents may express negative emotions such as guilt, anger, or helplessness. During group discussions or activities in particular, parents may lose sight of the task at hand because they might get caught up in wanting to resolve their negative emotion by discussing their frustrations and problems with some of the other parents. This is natural given the nature of the program. However, it is important as the facilitator to consider how you might best manage parents' emotional responses.

For example, some parents' perceptions may be directed toward blaming their child for being overweight. It is important that the parents' concerns and feelings are acknowledged and validated so that the parents feel supported; it is natural that they may feel angry, guilty, or frustrated because they care for their child's wellbeing and want to help them. However, do not endorse their negative emotions. Parents need to recognise their responsibility in causing change and, instead of getting stuck on the negative emotion, encourage them to be solution focused by concentrating on the activity at hand. If parents get into blaming the environment, the media, or their child, acknowledge and encourage that sometimes the way to change others' behaviours is to change our own perceptions and behaviours. This program offers an opportunity to learn some valuable techniques and strategies that aim to influence positive change in the parents, that can then be generalised to their children.

Refer to *The four general principles of Motivational Interviewing* above to help you draw on some techniques that aim to elicit supportive self-motivational statements from the parents.

### ***Definition of terms used in this program***

**Overweight/ obesity** *Overweight* and *obesity* arise when energy taken in from food and drink exceeds energy taken out. The body stores any excess energy as fat. The terms also suggest that an adult's or child's weight is in excess when compared to standard weights for age, sex, and height. There are reference charts that health professionals use to compare someone's current weight against the standard weights. Although there are charts for children, establishing whether a child is overweight or obese is regarded more problematic than in adults, given age-related height and weight changes associated with growth and development. This is why addressing health behaviours is important, it takes the emphasis away from

weight reduction and places it on eating well and exercising for overall good health rather than on how much someone weighs.

**Health behaviours** The term *health behaviours* in the context of this program relates to nutritional intake (food eaten), physical activity (exercise undertaken), or nonphysical activities (sedentary). Note that some health behaviours are regarded as helpful towards maintaining good health whilst some are unhelpful.

**Nutritional intake** Refers to regular ingestion of healthier food and drink options that are low in fat, salt, and sugar, and high in fibre.

**Physical activity** Refers to regular exercise such as walking (e.g., the dog, to school), planned physical activities (e.g., football, swimming, tai quando), school sports (football, soccer, netball, tennis), chores (e.g., helping in the garden or home), physical leisure activities (e.g., bike riding, trampoline, playground).

**Nonphysical activities** Refers to regular sedentary leisure activities such as playing computer games, watching TV, internet use, hand held games (e.g., play station, gameboy), board games, homework, going to the movies.

### ***Specific aims and goals of the program***

#### **Goals and Aims of the motivational enhancement program**

To support parents to influence change in their own and their children's health behaviours.

To build positive expectations about influencing health behaviour changes.

To elicit intrinsic motivation to change.

To build participants' sense of self-efficacy to have the confidence to cause change.

To encourage risk taking to influence change in their own and their children's health behaviours.

#### **Expectations of parents in the motivational enhancement program**

Sharing of information with group members.

Completion of home activities in preparation for the next session and as a way of reinforcing and practicing the skills learnt.

Acknowledgement and reinforcement of personal and the group's efforts made towards change.

### ***Format of the treatment program***

The program is designed for parents or carers who have over-weight concerns about their children aged between 8 to 12 years. However, given this program has a preventative focus, parents of children who do not have specific weight concerns, have concerns that overweight runs in their family, or their child demonstrates persistent unhelpful health behaviours, are also encouraged to participate. The program does not require the presence of children. The program involves 90 minute interactive sessions over 8 weeks, potentially conducted during a school term. It may be conducted after hours or during the day, and in groups of no more than 8 to 10 parents. For smaller groups, eg., 5 or less, sessions times may be shorter.

**Exclusions** will include parents whose children have a reported:

Complicated co-morbidity such as Prader Willi Syndrome

Obesity as a secondary condition to a medical problem such as a head injury, chemotherapy  
 Family dysfunction that might impact participation negatively, and or  
 Poor English skills

Suggest other available services for families unsuitable for the program.

### ***The role of the Facilitator***

The role of the Facilitator is to:

Help parents to explore and resolve their ambivalence to support their children to change their health behaviours.

Facilitate parents' learning and application of the motivational interviewing strategies

Stimulate group discussion.

Administer relevant measures (e.g., the *Parent and Child Questionnaire Pack* if conducting research) at least 2 weeks before commencing and immediately after completing the program to gauge changes in family behaviours. Such changes can be discussed with the participating parent in a post-program follow up appointment.

Evaluate the program either after each session or at the end using the evaluation form provided.

Support the participants in the spirit of motivational interviewing.

Allow at least half an hour after the end of each session to support individual parents with personal issues resulting from participating in the program.

#### Allocated times in Sessions

Be mindful of finding a balance between reviewing home activities, coordinating group discussions, and imparting the relevant material of each session.

In the program, allocated times are suggested to help guide this balance. However, it is up to the Facilitator to gauge what works best for the group.

For some groups, discussion is important as this helps them to learn from other parents and resolve their ambivalence to support change. For other groups, practice of strategies and techniques might be what helps them to move forward.

Gauge the needs of the group and adapt the timing of each session accordingly. If there is more time being spent in, e.g., discussing outcomes of home activities, then spend less time or even eliminate other group activities such as practicing strategies and techniques as parents can practice at home.

Although you may reduce the time allocated to impart information relevant to the spirit of the program, do not eliminate such information. Find a way of continuously introducing or reinforcing relevant program concepts in general group discussions.

#### Group Work

When requesting the parents to work in pairs or groups, it might be useful to ask them to change partners or group members occasionally so they get to work with various parents. This allows parents to gauge a range of ideas.

Some groups will prefer to undertake group activities as a whole rather than in small groups, thus including the facilitator in the discussion/ group activity. This is OK; adapt this to suit group preferences.

***Disclaimer***

This motivational enhancement program is designed to be delivered by a registered psychologist or allied health professional trained in the principles of motivational interviewing.

It is requested that the material in this manual, other than the handouts intended as worksheets for the participants, not be reproduced without direct permission from the School of Psychological Science at La Trobe University, Melbourne, Australia.

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## PHASE I

### Session 1: Rapport Building and Information Gathering

#### *Objectives*

At the conclusion of this session, participants will be able to:

Name and identify the other participants in the program.

Recall the housekeeping and group rules agreed by the participants.

Demonstrate an understanding of the goals and aims of the program.

#### *Aims*

In the session the participants will:

Discuss the factors that influence overweight and obesity.

Explain their reasons for participating in the program.

Identify some of their children's helpful and unhelpful health behaviours and discuss how they feel about these behaviours.

Discuss the challenges of supporting their children to change their unhelpful health behaviours.

Identify ambivalence as an impediment to change.

#### *Preparation:*

##### For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 1 Handouts, Appendix 1

Folders for participants to store Handouts

##### For Facilitator

Attendance list

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

#### *Resources:*

Session related handouts or tools

#### *Content:*

##### **1. Set-up prior to the session**

Arrange participant chairs and tables in an open, interactive manner.

Organise a table with the program outline, Handout 1 (Appendix 1) for participants to retrieve as they arrive.

At each session arrange ready made name labels or “stick on” labels with a thick marker for participants to write their names before they are seated.

## 2. Welcome (2 mins)

*Power Point Slide 1: Title & Presenter Name*

Briefly introduce yourself and welcome the participants to the program.

Thank and acknowledge them for participating. Also acknowledge that they may have concerns about being in the program and about their children’s health behaviours. Indicate that they will have an opportunity later to discuss and share these concerns and their reasons for participating.

## 3. Goals of Motivational Enhancement Program - Handout 1 (3 mins)

*Power Point Slide 2: Goals of MEP*

*Power Point Slide 3: Expectations of Parents in MEP*

Run through the goals of the program and what parents should expect as outlined in Handout 1.

## 4. Housekeeping and basic group guidelines (5 mins)

*Power Point Slide 4: Housekeeping & Group Guidelines*

Overview group guidelines (below) and housekeeping, eg., bathroom facilities, emergency evacuation, tea and coffee, etc.

Explain that group guidelines are important to ensure that sessions run efficiently. Ask parents to agree on the following examples and to generate others.

Privacy and confidentiality outside of the group.

Punctuality in starting and finishing times.

Respecting others whilst they speak by not interrupting or ridiculing.

Choice to communicate or be silent.

Avoid putting self or others down.

Give positive and constructive feedback to others respectfully.

Accept feedback from others without becoming defensive.

## 5. Get to know each other exercise (5 mins)

*Power Point Slide 5: Personal Introductions*

Devise an ice breaker that encourages the participants to feel more comfortable in the group. Keep this introduction very brief.

**Example 1:**

Ask participants to individually introduce themselves to the group (ie., name, occupation, number of family members, what they hope to get from these sessions).

**6. Definitions & factors that influence overweight and obesity (10 mins)**

*Power Point Slide 6: Definitions - Overweight & Obesity*

*Power Point Slide 7: Reference Chart & BMI*

*Power Point Slide 8: Definitions continued*

Distribute Handout 2 on the definitions of relevant terms and briefly overview.

*Power Point Slide 9: Factors that Influence Obesity & Overweight*

*Power Point Slide 10: Factors that Influence Obesity & Overweight continued*

Then indicate that there are a number of factors that influence overweight and obesity. Distribute Handout 3 and briefly overview. Rather than reading each point out ask participants to share which of the influences are familiar.

(For the Facilitator: See an overview of factors that influence overweight and obesity on National Health & Medical Research Council. (2003). *Clinical practice guidelines for the management of overweight and obesity in children and adolescents; chapter 3 risk factors*. Canberra: Commonwealth of Australia. Available on <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/obesityguidelines-guidelines-children.htm>).

*Power Point Slide 11: Managing Good Health*

Emphasise that in managing good health, there are some things that cannot be changed such as genetics and current environment (e.g., media or peer pressure). However, this program will deal with those things that can be self-managed and changed, such as our health behaviours.

Indicate that a lot of emphasis in the media and among health professionals is about losing weight. However, changing health behaviours is more important because when health behaviours are changed, the weight issue usually takes care of itself. Research has shown that focusing on weight loss is not always sustainable long term and often it can lead adults and

children to develop poor body images and eating disturbances. Thus, emphasise that behavioural change, not weight loss perse', is the outcome that will be encouraged in this program.

Explain that this program is about enhancing parents' motivation to support their children to change their health behaviours and that part of this process is to also enhance their children's motivation to embrace change. Indicate that this will be done by learning various techniques that they can then generalise to their children.

## **7. Group activity: Rapport building and information gathering (20 mins)**

*Power Point Slide 12: Rapport Building & Information gathering*

Explain to the parents that they will participate in a group activity that will ask them to answer three questions. Acknowledge that during the activity they may experience some negative emotions. Empathise that this is natural given the nature of what will be discussed (refer to introduction - *Dealing with emotional responses*). However, suggest that they be mindful of moving beyond the emotion.

### **For example:**

“In a moment I will be asking you to break up into groups to undertake an activity. In the groups, you will be asked to discuss three things:

Your main reasons for participating in the program;

To identify some of your children's typical health behaviours, that is, what they eat and when, what exercise activities they do, and the types of nonphysical activities they undertake, and to distinguish which are likely to be helpful (H) versus unhelpful (U) health behaviours.

To explore your feelings and concerns about these health behaviours.

*Power Point Slide 13: During Group Activity*

During the activity you might find that you experience some positive emotions in relation to the helpful health behaviours and conversely some negative emotions such as anger, guilt, or helplessness in relation to the unhelpful health behaviours. For example, you might feel angry with your children for not listening to you about what's best for them, or you might feel guilty because you think you haven't tried hard enough to support them to change unhelpful health behaviours. You might even feel helpless because you'd like to help them but you don't know how, which in turn could lead you to feeling guilty. This is a normal reaction to this type of exercise probably because you care about your children and you want the best for their health. You might also want to discuss your concerns and feelings with your group members in great detail.

For the purpose of the activity, it would be great if you can capture your true feelings and concerns, whilst keeping focused on the activity. Negative emotions can keep us stuck on the problems and stop us from moving forward. What we want to encourage is to finding the solutions. If you are having difficulty moving forward, see me after the session. Ok, now let's get into groups ...”.

Ask parents to break up into groups of 2 to 4, pending on the size of the group, as this allows all parents to contribute. It is possible that parents may choose to undertake the activity individually or, if the group is a small group, deal with it as an open discussion. Any format is appropriate as long as the aim of the activity is maintained.

*Power Point Slide 14: Group Activity*

Distribute Handout 4 and, in their individual groups, ask parents to record their answers to the above three questions under the relevant columns:

Participation reasons (1-3 main points)

Children's typical health behaviours (3-6 main behaviours)

Feelings/ concerns regarding health behaviours (both positive and negative)

Explain that you will provide support to each group to clarify any questions they may have. Ask them to ignore the fourth column about recording the challenges for now.

Reconvene as one group after 10 to 15 minutes.

## **8. Sharing group activity: Defining feelings about children's health behaviours (15 mins)**

*Power Point Slide 15: Sharing Group Activity*

Ask parents to share their answers. Use empathy and reflective listening wherever necessary to elicit parents' self-motivational statements (see introduction *The Four General Principles of Motivational Interviewing*).

Draw three columns on the whiteboard and briefly record the answers if time permits. Ask parents to distinguish helpful vs. unhelpful behaviours and positive vs. negative emotions associated with these behaviours.

Note any patterns associated with positive emotions connected to typical helpful health behaviours and negative emotions connected to unhelpful behaviours.

## **9. Group activity: Challenges and options in facilitating change (15 mins)**

*Power Point Slide 16: Group Activity: Challenges in Facilitating Change*

Ask parents to return to their individual groups to discuss some of the challenges associated with supporting their children to change the identified unhelpful health behaviours. Ask them to discuss how they feel about some of these challenges and to record them in the fourth column of Handout 4.

Reconvene as a group after 10 minutes and discuss some of the challenges that the parents identified and how they feel about them. Listen for challenges that will be addressed in this program and acknowledge this.

## **10. Motivation, ambivalence, and stages of change (15 mins)**

*Power Point Slide 17: Adapting to Change*

Distribute Handout 5. Discuss change, motivation, and ambivalence. For example:

“As we identified in the last group activity, one of the challenges we may face with supporting our children to change their health behaviours is adapting to change itself. Sometimes we happily adapt to change, such as moving house or starting a new job, or moving in with a new partner. But at other times we are reluctant to change or even resist it.

What are some examples where people are happy to change (elicit responses)?

What are some examples in which people might be reluctant or resistant to change (elicit responses)?

Why is this so (elicit issues around motivation)?

What is motivation (elicit responses, e.g., willingness, ability, readiness)?”

Write the answers on the whiteboard if you wish.

*Power Point Slide 18: Motivation*

“Miller and Rollnick (2002) suggest that motivation involves three things:

A willingness to change: Related to how important we think change is;

An ability to change: Related to how confident we feel about changing; and

How ready we are: Related to where change fits in terms of our priorities.”

*Power Point Slide 19: Intrinsic vs. Extrinsic Motivation*

“The authors also suggest that behavioural change occurs and lasts longer if we are motivated intrinsically rather than extrinsically.

Intrinsic motivation identifies with our values, which represent the principles and ideals that are important to us; how competent we feel about changing, which is related to our confidence; and how determined we are to change, which can be related to the reasons why we want to change.

Whereas extrinsic motivation is about change that is influenced by factors outside of ourselves, such as tangible rewards for good behaviour.

Often, weighing up the discrepancies between intrinsic and extrinsic factors, and where we are at any given moment in time, can encourage or inspire progress.”

***Power Point Slide 20: Other Factors Related to Motivation***

“Motivation to change may also involve ambivalence. That is, feeling on the one hand that we want to change and on the other that we don’t. Ambivalence about changing our behaviours can cause conflict within us, which can keep us stuck in the problem rather than focused on the solution.

Motivation can be further exacerbated by the social context within which we live. That is, our social upbringing and cultural values about how we ought to behave or what we make change mean.

So, we can see that changing our own behaviours or supporting someone else to change their behaviours is not an easy task. Everyone has their own agenda and has choices to make about change.”

***Power Point Slide 21: Strategies to Change***

“This program offers some tools and strategies that will help you to support your children to change their unhelpful health behaviours whilst respecting their individual choices. To support your children to change, it is likely that many of the parents in the program may need to consider changing their own unhelpful behaviours, before or at the same time as supporting the children.

Some of the strategies that will be learnt over the weeks include assessing the importance of changing specific behaviours and how confident we feel about changing those behaviours. Part of this process will be to learn strategies to enhance importance and confidence levels to change. These might include weighing up the pros and cons of changing, addressing personal goals and values against current behaviours, and exploring how past obstacles were overcome as a way of identifying past successes. Sometimes the activities might seem prescriptive or rigid but keep in mind that the strategies are tools to bring awareness about how behavioural change can be supported.”

***Power Point Slide 22: Stages of Change***

“I acknowledge that it won’t always be easy to change your own behaviours let alone support your children to change theirs. Some parents and children will progress more quickly through the program, whilst others will feel like they are getting nowhere. This is perfectly OK because everyone, adults and children alike, will be at different stages of change throughout the 8 weeks of the program. Some parents and children might find that they are making great progress initially, and then all of a sudden get stuck and feel like they are going backwards. This is OK too. It’s all part of the change process and it’s quite normal to feel like you are waxing and waning over the weeks because there are five stages of change (see Handout 5).”

***Power Point Slide 23: Five Stages of Change***

The different stages represent different levels of readiness towards making change and maintaining it. Everyone goes through these stages and it is normal to lapse back to previous stages during the process of change (very briefly review Handout 5 and the stages of change, indicating that several strategies are relevant at each stage, which will be covered in Session 2; parents can read at home).

***Power Point Slide 24: Moving Forward***

It’s important to keep in mind that there is no correct way to move forward or make change. The change experience may occur differently for everyone. You may find that you compare yourself to other parents and their children’s progress. This is normal too. Comparing oneself to others is sometimes useful as it helps us determine whether what is working for them may be worth trying. However, it’s important to remember that comparing ourselves to others could be a source of upset and disappointment about your own or your children’s progress. If this is the case, ensure that you raise it with me either in the group or individually.

It is also important to keep in mind that although you will be offered information and strategies throughout this program, be assured that the decision to support change will be entirely yours. One of the main messages that is important from today’s session is that change is possible and it can be positive, even if at times we feel like it’s all too hard“.

***Home Activities:*** (5 mins)

Distribute **Handouts 6 and 7**.

***Power Point Slide 25: The Importance of Undertaking Home Activities***

Explain the home activities and emphasise the benefits of undertaking the home activities as outlined in Handout 6.

*Power Point Slide 26: Main Areas Covered in Session 1*

*Power Point Slide 27: Questions*

End the session by outlining the main areas covered, answering any outstanding questions, and thanking the parents for participating.

## PHASE I continued

### Session 2: Assessing and Enhancing Importance/ Confidence levels to support change

#### *Objectives*

At the conclusion of this session, participants will be able to:

Identify what changes may be needed in their own behaviours as a preliminary to supporting their children to change their health behaviours.

Identify the challenges associated with changing their own behaviours.

Assess their *importance* and *confidence* ratings related to supporting their children to change specific health behaviours.

Practice and apply the *importance* and *confidence* strategies in their endeavours to build intrinsic motivation to support their children to change.

#### *Preparation:*

##### For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 2 Handouts, Appendix 2

##### For Facilitator

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

#### *Resources:*

Session related handouts or tools

#### *Content:*

*Power Point, S2, Slide 1: Assessing and Enhancing Importance & Confidence levels to Support Change*

#### 1. Review home activities from Session 1 (15 mins)

*Power Point, S2, Slide 2: Review Home Activities from Session 1*

*Power Point, S2, Slide 3: What did you notice?*

Discuss what the parents noticed in undertaking the home activities (ie., Handouts 6 and 7) in relation to both helpful and unhelpful health behaviours. Use reflective listening to elicit self-motivational statements. Some parents may not have completed all of the activities; discuss and support any concerns and encourage participation. The following are some questions to help generate discussion:

Did you notice more or less unhelpful health behaviours in your children than anticipated?

How do you feel about this?

What did you notice about your own behaviours and expectations in response to the children's health behaviours?

Did you notice a familiar behavioural or thought pattern occurring and what was it?

Did you notice being ambivalent about the children's health behaviours?

What, if any, were your behaviours and thoughts prior to noticing the children's health behaviours?

What are some of the challenges you identified associated with changing your own unhelpful behaviours?

Are these challenges similar or different to those challenges identified in what it would take to support your children to change their unhelpful health behaviours?

*Power Point, S2, Slide 4: Behaviours and Expectations*

Summarise the discussion by acknowledging parents' efforts and reinforcing how our own behaviours and expectations can inhibit or facilitate supporting change in others.

## **2. Activity: Assessing importance (15 mins)**

*Power Point, S2, Slide 5: What Factors are related to Motivation?*

*Power Point, S2, Slide 6: Factors related to Motivation*

Discuss the concepts of importance and confidence. For example,

“In Session 1, we talked about what motivates people to change.”

What factors are related to motivation? (Elicit responses relating to intrinsic vs. extrinsic motivation, ambivalence, social context, stages of change, change is challenging, no correct way to change, etc).

*Power Point, S2, Slide 7: Importance and Confidence*

“Motivation is also very much related to how important we think it is to change our health behaviours and how confident we feel about changing. That is, how willing we are to change and whether we believe we have the ability to change. Exploring the reasons why we want to change and working on importance and confidence helps us to resolve our ambivalence about change and to build our intrinsic motivation to change”.

*Power Point, S2, Slide 8: Assessing Importance and Confidence*

Explain that the following activities aim to assess the parents' importance and confidence levels in relation to changing specific unhelpful health behaviours so that it provides a basis for knowing what the parents need most support with, ie., enhancing confidence or importance, in helping them to support their children.

Distribute Handout 8. Explain that usually importance and confidence levels are both assessed in relation to changing a particular behaviour. But, for the purpose of learning (and time constraints), you will work on an *Assessing importance* example together and then they will work in pairs on an *Assessing confidence* example.

*Power Point, S2, Slide 9: Assessing Importance - Handout 8*

Indicate that you will be reading out some questions in relation to the parents supporting their children to change a specific unhelpful health behaviour and then asking them to write their answers on Handout 8 in the appropriate section.

In identifying a health behaviour, ensure parents nominate a specific example, ie., “does not exercise daily” and then to write it positively, such as “to exercise daily”. Other examples include “eat take away food only once weekly” or “eat a piece of fruit daily” or “chips only on weekends”. They may draw from the list of unhelpful health behaviours identified in Session 1. For the purpose of this exercise, ask them to choose a behaviour that they believe is important for their children to change even if they do not feel confident about how they might support them at this time. Ask them to write the specific health behaviour down on Handout 8.

Draw the importance scale on the whiteboard or refer to an overhead.

Read out question i) of A) in Handout 8.

Give parents the time to record their answers.

If the parents have chosen an important behaviour to change, their scores are likely to be 6 or up.

Ask if there are any scores lower than 6.

If so, ask them to choose a behaviour that they believe is more important for their children to change.

Then ask the remaining questions, ie., ii), iii), and iv) of A). You may wish to work on a specific example with a volunteer, so that the parents are familiar with what they need to do. Give parents the time to record their personal answers on Handout 8 between each question.

### **3. Activity: Assessing confidence (15 mins)**

*Power Point, S2, Slide 10: Group Activity: Assessing Confidence - Handout 9*

Indicate that parents will now work in pairs. This time, in identifying a specific health behaviour, ensure parents nominate an example that they feel confident about supporting their

children to change even if they do not believe it is important. Ask them to write the specific health behaviour down on Handout 9.

Ask them to choose a partner to work with and to take it in turns to ask the questions. Draw the confidence scale on the whiteboard or refer to an overhead.

Ask them to start with question i) of B) first before going through the remaining questions.

Request that they record their answers briefly.

Remind them to swap after 2 minutes.

Remind parents that if the score for a chosen health behaviour is lower than 6, ask them to choose a behaviour that they feel more confident about supporting.

*Power Point, S2, Slide 11: Sharing Group Activity: Assessing Confidence*

Reconvene as a group after 10 minutes. Ask for volunteers to share feedback about the activity, e.g.,

What behaviour did you choose?

What did you score?

Answers to ii, iii, iv?

How did you feel doing the activity?

What did you notice?

#### **4. An introduction to enhancing confidence (5 mins)**

*Power Point, S2, Slide 12: Enhancing Strategies*

The aim of this section is to introduce the motivational interviewing strategies that Miller and Rollnick (2002) suggest are helpful in shifting ambivalence to change by enhancing clients' importance and confidence levels.

Explain that parents will be asked to undertake some home activities during the week that aim to enhance their intrinsic motivation to support their children to change specific health behaviours. Indicate that different strategies are relevant depending on whether it is *confidence* or *importance* levels that require enhancing. For the purpose of this exercise, parents in one group will work on the same strategies, commencing with the confidence enhancing strategies (see I to IV below).

Explain that you will provide a brief overview of the activities so that they understand what to do before practicing in small groups. Distribute Handout 10.

*Power Point, S2, Slide 13: Enhancing Confidence - Past Efforts*

#### **Enhancing confidence strategies**

##### **Past efforts**

Explain that our past successes and setbacks shape our expectations about ourselves, as well as how we feel about change. These expectations can either help or hinder our confidence

to instigate and embrace change. Exploring our past efforts can provide valuable information on how we succeeded and persevered in the past and what obstacles we may have overcome. This can provide hope about what is possible in the future and acknowledge that difficulties are an inevitable part of change. Reflecting on our past may be a useful exercise as it may be a source of encouragement and confidence builder for the parents to support their children to change their health behaviours.

*Power Point, S2, Slide 14: Enhancing Confidence - Strengths & Supports*

### **Strengths and supports**

Acknowledge that the parents are likely to have personal attributes and resources that might help them to support their children to change their health behaviours. In the context of this program, define personal attributes as positive personality characteristics or traits that are distinct to themselves and those traits that parents' perceive as their strengths. Also, draw their attention to the possibility of social supports that might be sources of assistance. For example, how friends, family, or even this therapy group could help them move forward with supporting their children to change.

*Power Point, S2, Slide 15: Enhancing Confidence - Hypothetical Change*

### **Hypothetical change**

Explain that this exercise takes a hypothetical view at having supported the children with changing their health behaviours. The intention is to encourage the parents to consider this possibility as it may provide some insight that they do have the ability to support their children to change.

*Power Point, S2, Slide 16: Enhancing Confidence - Building Confidence by Encouraging Change*

### **Building confidence by encouraging change**

Some of the parents may feel very confident that they will be able to support their children to change specific health behaviours but may lack some information. For example, nutritional knowledge, cost effective physical activity alternatives, or how to deal with resistance from the children. This exercise will provide the opportunity to reflect on the possible gaps between "I know I can" but "I don't know how".

## **5. Group activity: Enhancing confidence (15 mins)**

*Power Point, S2, Slide 17: Group Activity: Enhancing Confidence*

Request that parents separate into small groups of 2 to 3 to practice an enhancing confidence strategy. The intention is to provide parents an opportunity to practice an activity and to share their responses so that everyone gets an idea about what is possible. It also helps them sense

that they are not alone in feeling challenged by the possibility of supporting their children to change their health behaviours.

In the first instance, ask parents to identify and record a specific health behaviour that they feel less confident about supporting their children to change (they can refer to Session 1 unhelpful behaviour list). That is, a score lower than 6 on the *Assessing Confidence* scale. Give them a minute to do this.

*Power Point, S2, Slide 18: Group Activity: Enhancing Confidence*

Then allocate one enhancing confidence strategy to each group. This allows feedback to be provided on a number of exercises. Ask parents to record brief answers on Handout 10. If groups complete the strategy, and if time permits, they may wish to try another strategy. Indicate that you will spend some time in each group supporting their efforts.

*Power Point, S2, Slide 19: Sharing Group Activity: Enhancing Confidence Strategies*

Reconvene after 10 minutes. Encourage parents to contribute outcome of each strategy. Ask parents to consider if their confidence levels changed (either increased or decreased)?

## **6. An introduction to enhancing importance (5 mins)**

*Power Point, S2, Slide 20: Enhancing Importance Strategies*

Now briefly overview the enhancing importance activities so parents understand what they need to do when they break up into groups. Distribute Handout 11.

*Power Point, S2, Slide 21: Enhancing Importance - Decisional Balance*

### **Enhancing importance strategies**

#### **The Decisional Balance Sheet**

Explain to the parents that weighing up the pros and cons of supporting vs. not supporting their children to change their health behaviours can be a useful way to illustrate ambivalence because the advantages and disadvantages of both arguments are clearly evident. It can also help people become aware of any conflict, and the degree of the conflict, that exists within them, thereby verifying an individuals' perceived difficulties in the change process. The intention of the Decisional Balance Sheet is to help people to think about potential change.

Explain that in working through these questions, they may find it useful to refer to the list of their children's unhelpful health behaviours that they identified in Session 1.

*Power Point, S2, Slide 22: Enhancing Importance - Health Values & Goals*

### **Exploring health values and goals**

Indicate that these questions give the parents an opportunity to consider what their values and goals are in relation to health and well being. Often, identifying discrepancies between our values, goals, and the status quo, can encourage us to increase our motivation to embrace change as we become more aware of the inconsistencies in our current behaviour. This exercise overlaps with the Looking Forward activity (see V below) as we often envision our goals and values into the future.

*Power Point, S2, Slide 23: Enhancing Importance - Predominate Concerns*

### **Exploring predominate concerns about supporting change**

Explain that these questions relate predominately to the costs or disadvantages of the children maintaining their current health behaviours, i.e., supporting no change. Indicate that the exercise may seem repetitive given the group activity in Session 1. However, it is an opportunity to reflect on new or previously discussed concerns and identify the predominate concerns, particularly for parents who did not identify any in Session 1.

*Power Point, S2, Slide 24: Enhancing Importance - Looking Back*

### **Looking back**

Explain that recalling a time when the children's current health behaviours were not a problem, helps to acknowledge that supporting change might be possible given that health behaviours were different in the past. It also helps to identify what could have happened between then and now, which might give some insight into the solution for change. If parents discover that looking back identifies a time when things were worse, it provides an opportunity to acknowledge that improvement has occurred and, again, to explore what happened as a way of identifying possible solutions.

*Power Point, S2, Slide 25: Enhancing Importance - Looking Forward*

### **Looking forward**

Explain that this exercise provides an opportunity to consider a future after the parents have successfully supported their children to change their health behaviours. Conversely, it allows the opportunity to consider an unchanged future. In doing so, parents can anticipate how things might be if they support vs. not support change.

## **7. Group activity: Enhancing importance (15 mins)**

*Power Point, S2, Slide 26: Group Activity: Enhancing Importance*

Request that parents separate into small groups of 2 or 3 to practice the enhancing importance strategies. As in the enhancing confidence activity, ask parents to identify and record a

specific health behaviour that they feel is less important about supporting their children to change (they can refer to Session 1 unhelpful behaviour list). That is, a score less than 6 on the *Assessing Importance* scale. Give them a minute to do this.

***Power Point, S2, Slide 27: Group Activity: Enhancing Importance***

Allocate an enhancing importance strategy to each group. Ask parents to record brief answers on Handout 11. If groups do more than one strategy, remind them to swap strategies after a few minutes. If there are too many strategies for the available groups, leave out the *Exploring Predominate Concerns* as this was well covered in Session 1. Also, because *Health Values & Goals* overlaps with *Looking Forward*, ensure each strategy is allocated to different groups. Indicate you will spend some time in the groups supporting their efforts.

***Power Point, S2, Slide 28: Sharing Group Activity: Enhancing Importance Strategies***

Reconvene after 10 minutes. Encourage parents to contribute outcome of each strategy. Ask parents to consider if their importance levels changed (ie., increased or decreased)?

### ***Home Activities:*** (5 mins)

***Power Point, S2, Slide 29: Home Activities: Complete Handouts 10 & 11***

Explain that the home activities involves completing both Handouts 10 and 11 in relation to the same health behaviours they identified in each of the group activities or alternative unhelpful behaviours. Suggest that parents complete at least one strategy per day to increase importance and confidence levels to support change in the chosen health behaviours and to become familiar with the strategies.

Finish the session with each parent sharing with the group what health behaviour they have chosen or are likely to choose for the home activity exercise.

***Power Point, S2, Slide 30: Main Areas Covered in Session 2***

***Power Point, S2, Slide 31: Questions***

End the session by outlining the main areas covered, answering any outstanding questions, and thanking the parents for participating.

## PHASE II

### Session 3: Identify Behaviour Change Goals and Establish an Action Plan

#### *Objectives*

At the conclusion of this session, participants will be able to:  
 Identify health goals for supporting change.  
 Identify change options for achieving their health goals.  
 Evaluate their change options and prioritise for action.  
 Write a change plan to strengthen their commitment for change.

#### *Preparation:*

For Participants

Pens/ pencils and note paper  
 “Stick on” or pre-prepared name labels  
 Session 3 Handouts, Appendix 3

For Facilitator

Thick marker for “stick on” name labels if using  
 Motivational Enhancement treatment manual  
 Timer for group activities (optional)  
 Power Point presentation & equipment if required  
 Overheads and overhead projector if required  
 Whiteboard and markers if required

#### *Resources:*

Session related handouts or tools

#### *Content:*

*Power Point, S3, Slide 1: Identify Behaviour Change Goals & Establish an Action Plan*

#### **1. Review home activities from Session 2 (20 mins)**

*Power Point, S3, Slide 2: Home Activities: Complete Handouts 10 & 11*

Briefly outline the Session 2 home activity, i.e., to complete at least one strategy per day to increase importance and confidence levels of changing a health behaviour in the future. Discuss what the parents noticed in undertaking the home activities, (ie., Handouts 10 and 11). Acknowledge that everyone’s experience will be different, and whatever their outcome, it is OK for them, even if they did not get through all the strategies. Ask them to share their

successes, difficulties, and insights. Use reflective listening as you listen to parents' responses to elicit self-motivational statements. Support them through their concerns.

The following are some questions to help generate discussion:

Did parents work on enhancing *importance levels*, *confidence levels*, or both?

What unhelpful health behaviours did parents choose?

What were their scores?

What were some of the difficulties parents had with completing the strategies? What were their reactions to these difficulties? Are these reactions familiar in terms of the difficulties they face with supporting health behaviour changes in themselves or their children?

Did they notice any surprises or insights from having undertaken the strategies? What were their reactions to these?

Do any parents feel more positive about supporting their children to change specific health behaviours? In what way?

What about more negative? In what way?

Reflect on the 0 - 10 point scale, and ask parents to consider whether their importance/confidence level scores for the specific health behaviours have changed? Discuss variations, similarities, increases, or decreases in the scores.

## **2. Activity: Identifying behaviour change goals (15 mins)**

*Power Point, S3, Slide 3: Activity: Identifying Behaviour Change Goals*

Explain that the next phase is to set some goals and establish an action plan for change. Goal setting is an important link between earlier stages of change and the action-maintenance stages.

Indicate that parents will undertake a series of activities to identify behaviour change goals, to brainstorm possible strategies on how to achieve these goals, and then evaluate the most suitable target strategies for action. Explain that some of the parents may be familiar with goal setting strategies and this session will act as reinforcement. Also explain that they may not complete the exercises to their satisfaction, so they will practice goal identification in the session and complete the exercises at home.

Distribute Handout 12. Explain that the goals they consider for this exercise may include health behaviours they want to support their children to change or goals related to changing their own behaviours as a preliminary to supporting their children. They only need to identify one goal for the purpose of this exercise but may identify more.

*Power Point, S3, Slide 4: Handout 12 Questions*

Work through the questions in Handout 12 with them. That is, read each question out loud, give parents time to record their answers, and explore answers to questions.

### **3. Activity: Brainstorm change options to achieve health goals (20 mins)**

*Power Point, S3, Slide 5: Activity: Brainstorm Change Options to Achieve Health Goals*

Explain that the next step is to consider how the behaviour change goals are going to be achieved. This is an opportunity to brainstorm possible solutions.

Distribute Handouts 13 (child health goals) and 14 (parent health goals). Indicate that the aim is to identify strategies and then targets for action to achieve their identified goals from Handout 12. In setting targets for action, ask them to set small achievable ones.

Suggest that parents do not get stuck on the process of goal setting (ie., whether an idea is a goal, a strategy, or a target) but to concentrate on identifying ideas and options. The intention of this exercise is to practice converting general goals into specific actions.

*Power Point, S3, Slide 6: Examples: Handouts 13 & 14*

Go through an example with the parents so they will know what to do. Ask for an example of a behaviour change goal or work with the examples in the handouts.

Then ask parents to choose a priority goal from Handout 12 to work on, to write down as many strategies and target ideas as possible, and not to evaluate any options just yet. Ask them to think about what might have worked for them or other people in the past.

*Power Point, S3, Slide 7: Sharing Activity*

Reconvene after 10 minutes and discuss parents' progress. This is an opportunity for parents to state priority goals, strategies, target actions, and clarify any difficulties.

### **4. Activity: Evaluating the change options (15 mins)**

*Power Point, S3, Slide 8: Evaluating the Change Options*

Indicate that this is an opportunity for parents to reflect on their chosen priority goal(s) and to choose preferred target options for action. Some parents may wish to make dramatic changes whilst others may need to make gradual changes.

So, in establishing and achieving targets, it is important to consider what options are realistic in terms of time frames because changing habits can take time. It is also important to start with small, achievable targets as this will be the basis for building confidence.

Distribute Handout 15 and indicate that parents will now evaluate and then prioritise their target actions according to what they believe is achievable. Ask them to choose a priority

goal identified in either Handout 13 or 14, and to answer the questions in Handout 15 in relation to the target actions identified for this goal.

*Power Point, S3, Slide 9: Sharing Evaluation of Change Options*

Reconvene after 10 minutes and discuss recorded answers from Handout 15.

## **5. Activity: Writing a plan for change (15 mins)**

*Power Point, S3, Slide 10: Writing a Plan for Change*

Indicate that the final step is to establish a plan for change, with the possibility that it will be implemented during the coming week. Distribute Handout 16.

*Power Point, S3, Slide 11: Select an Achievable Target*

*Power Point, S3, Slide 12: Example from Handout 16*

Ask them to select an achievable target that they prioritised for action in Handout 15 and to complete the exercise outlined in Handout 16, including assessing importance and confidence levels. Work on an example with the parents so they know what to do (see examples on Handout 16, which were examples in Handouts 13 and 14). Explain that the procedure is a guide and each point can be adapted according to their chosen target.

*Power Point, S3, Slide 13: Sharing a Plan for Change*

Reconvene after 5 minutes and discuss parents' progress. Ask for volunteers to share their results of the exercise (ie., target chosen and the *what, how, when, and how many/ often* statements). Discuss their importance/ confidence level scores relating to this target action.

*Power Point, S3, Slide 14: Difficulties? Stuck?*

Gauge how many parents are having difficulty choosing a target or committing to a plan for change. Acknowledge their position and encourage them to think about the change plan at home for further discussion at the next session.

This also provides an opportunity for them to explore their reluctance and resolve ambivalence using enhancing importance/ confidence strategies from Session 2. Make some suggestions to individual parents if relevant. For example, their goal for this week might be to review an enhancing strategy to resolve ambivalence or to identify a goal for action, thereby giving them an opportunity to practice the goal setting activities.

## ***Home Activities:*** (5 mins)

*Power Point, S3, Slide 15: Home Activities: Review Goal Identification Exercise*

*Power Point, S3, Slide 16: Home Activities - continued*

Distribute Handout 17 and explain the home activities. Ask parents to identify and implement at least one target action during the week; however, they may do more if they wish.

Acknowledge all parents' concerns to implement changes. Indicate that practice is paramount so if things do not work out, that is fine as there will be other options and other opportunities to practice supporting change - this conveys optimism and willingness to re-examine.

Ask the parents if they wish to use the group as a support group. If so, it means exchanging contact details with other parents so that they can seek support if they are having difficulties between sessions. Ask that they establish mutual guidelines around this (e.g., times of contact, type of support, limitations to how often one contacts, etc).

*Power Point, S3, Slide 17: Main Areas Covered in Session 3*

*Power Point, S3, Slide 18: Questions*

End the session by outlining the main areas covered, answering any outstanding questions, and thanking the parents for participating.

## **PHASE II continued**

### **Session 4: Skill Building & Enhancing Children's Motivation to Change**

#### ***Objectives***

At the conclusion of this session, participants will be able to:

Review and consolidate the goal identification activities.

Identify gaps in their skills or knowledge to enhance readiness to support change.

Demonstrate an understanding and practice collaboration, evocation, and autonomy.

Practice implementing target goals for change.

#### ***Preparation***

For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 4 Handouts, Appendix 4

For Facilitator

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

#### ***Resources:***

Session related handouts or tools

#### ***Content:***

*Power Point, S4, Slide 1: Skill Building and Enhancing Children's Motivation to Change*

#### **1. Review home activities from Session 3 (20 mins)**

Review each of the activities that the parents undertook at home (i.e., the goal identification exercise, the brainstorming exercise, re-evaluation of their target actions, and their plan for change).

To ensure self-efficacy is maintained, indicate that success is not necessarily measured by the implementation of a change plan. Acknowledge that there are many steps in the process of change and often many obstacles to negotiate, thus making change challenging. Indicate that all efforts are important and worth congratulating. Acknowledge that it is normal to compare one's progress with other parents and to feel disappointed if your progress is different. It is also normal for people to be at different stages of change. Explain that these group

workshops offer opportunities to learn from others' experiences and to consider what might be possible by listening to others' challenges.

*Power Point, S4, Slide 2: Home Activities: Review Goal Identification Exercise*

Ascertain how many parents identified goals related to:  
 Supporting their children to change specific health behaviours.  
 Changing their own behaviours as a preliminary to supporting their children to change their behaviours. This includes those parents whose goal was to resolve ambivalence by undertaking an enhancing strategy or to identify a goal for change.

Ask the following questions; discuss, gauge understanding, and clarify concerns.  
 How many parents established strategies and targets to all or some of the goals and then re-evaluated and prioritised them?  
 How many parents wrote a change plan?  
 How many implemented a target action during the week? Ask for volunteers to walk you through their plan for change activity (ie., what, how, when, how many/ often) and what was the outcome?  
 What were the successes and challenges?  
 How did they feel afterwards?

Acknowledge parents' difficulties and concerns, and congratulate all efforts. If some of the difficulties had to do with a lack of information or skill, indicate this will be covered next. Reiterate that everyone progresses in different ways and at a different pace.

If some parents still seem ambivalent, reluctant, or resistant to change, it is possible they are struggling with readiness for change. Pending the outcome of the next activity, suggest they revisit some enhancing importance/ confidence level strategies as their goal for action; determine which after a discussion with them.

If parents are struggling with identifying goals for action, suggest they do the goal identification activities hypothetically, and then look at importance/ confidence levels for each of the target actions. This allows them to build the goal identification skills for future reference and it might help them implement a target action.

## **2. Eliciting information and providing feedback (10 mins)**

*Power Point, S4, Slide 3: Eliciting Information and Providing Feedback*

This information exchange allows parents to give the facilitator information about what they need and for the facilitator to provide feedback. This helps to close the gap between ambivalence and readiness to support change.

Acknowledge that some parents may become stuck in the change process because they lack specific skills or knowledge about nutrition, exercise, how to deal with a resistant or reluctant child, how to communicate with a child to elicit change, and so forth.

Elicit responses from the parents about what information they believe they need to either support their children to change their health behaviours or to change their own behaviours. Brainstorm a number of ideas and write the responses on the whiteboard if you wish.

Questions the facilitator may ask include the following:

What sort of information do you need to support your children to change their health behaviours or to change your own?

What skills or knowledge do you need?

What would make the difference?

Would you like to know about ... or how to ...? (This provides the facilitator an opportunity to make some relevant suggestions, particularly those related to consolidating motivational interviewing strategies that will help them to support their children to change - see example topics below).

*Power Point, S4, Slide 4: Examples of Information, Skill, or Knowledge Required*

Examples of topics include:

Information on nutrition and exercise options (see Handout 19)

Listening, empathy, parents' communication style with children and how this might cause resistance

Issues around rapport building, setting agenda, children's readiness to change, developing discrepancies

Eliciting change from children by enhancing importance and building confidence

Dealing with children's resistance to change

Encouraging children to self manage

Supporting the choices the children make

Problem solving techniques

Once you have a comprehensive list, suggest that parents add their identified gaps as goals for action. That is, as behaviours they choose to change as a preliminary to supporting their children.

Distribute Handout 19, which outlines some educational health websites. Ensure to indicate that La Trobe University does not endorse or recommend any suggestions offered in these sites; it provides them as a source of information only. Ask them to liaise with their family GP or other health professional if they have any concerns or questions regarding allergies, starting a recommended exercise or diet program, or radically changing their eating or exercise behaviours.

### **3. Enhancing children's motivation to change (20 mins)**

*Power Point, S4, Slide 5: Enhancing Children's Motivation to Change*

Discuss the following. Be mindful that you are modeling the following principles in this program so draw on your own behaviours as examples or on the behaviours of parents from their shared stories. The main aim here is for parents to learn and practice the motivational principles so that they can apply them with their children to enhance their motivation to change.

Explain that the manner in which we interact with people exerts an enormous influence on whether an individual chooses to change or not. Miller and Rollnick (2002) advocate that collaborating with an individual, eliciting his/her own solutions and reasons for change, and respecting his/her autonomy to choose, helps to resolve ambivalence and to enhance intrinsic motivation to change.

***Power Point, S4, Slide 6: Collaboration***

**Collaboration**

The manner in which one interacts with another can make a difference to behavioural change. Parents want the best for their children and envisage themselves as the experts. They tell their children what to do and how to do it. They persuade them and impose health regimes upon them because they seek to aid children's development and growth. Such a stance can encourage an authoritarian style whereby people communicate in a way that enforces their own agenda. This interpersonal style can be perceived confronting.

Ask parents to think of an example of someone speaking to them in an authoritarian manner (eg., a manager, past teacher, a parent, neighbour, partner).

What happens when someone communicates to us in this manner? (Elicit responses such as "it causes arguments, feel restricted, feel unsupported, feel coerced or dominated," etc.)

Collaboration means that others' needs and aspirations are taken into consideration. It creates a positive atmosphere, it encourages communication and discussion, and it elicits motivation to change.

Ask parents to think of an example of someone speaking to them in a collaborative manner.

What happens when someone communicates to us in this manner? (Elicit responses such as "I feel listened to, my opinions matter, I feel special, increases cooperation," etc.)

***Power Point, S4, Slide 7: Evocation***

**Evocation**

Often, when dealing with children, parents assume that children do not have the knowledge, skills, or maturity to be consulted about changing their behaviours. They instruct them and instill information into them, often leaving them out of the decision making process all together.

What happens when someone presumes we are naïve about something or deals with us as if we do not know what we are talking about? (Elicit responses such as "I feel silly or unintelligent, feel ignored, that what I know is wrong, reduces my confidence," etc.)

Involving children in a discussion by eliciting and drawing out their own goals and values about behavioural change, enhances their intrinsic motivation.

What happens when someone questions us in a way that calls forth our opinions, our knowledge, our goals and values? (Elicit responses such as “increases my confidence and competence to change, I feel listened to, I feel I have the answers,” etc.)

*Power Point, S4, Slide 8: Autonomy*

### **Autonomy**

When one communicates in an authoritative manner, a lack of confidence is instilled in another’s ability to make choices.

What happens when someone communicates to us in this manner? (Elicit responses such as “I don’t matter, personal needs not considered, reduces my motivation to cooperate, I am wrong and they are right,” etc).

When behavioural change is facilitated, autonomy to choose is respected and intrinsic motivation to act is encouraged.

What happens when someone communicates to us in this manner? (Elicit responses such as “I don’t mind cooperating or making changes, I feel challenged and inspired to move forward, I feel an equal,” etc).

## **5. Role play: Practicing collaboration, evocation, and autonomy (25 mins)**

*Power Point, S4, Slide 9: Role Play: Handout 20*

Practicing these principles is important to increase parents’ competence about applying them with their children. Request that they form groups of two, three or four, depending size of group. Indicate that everyone may get an opportunity to be the parent, the child, and the observer depending on time. Distribute Handout 20 (Appendix 4), which outlines the scenario, and read out the instructions together.

Ask the observer to note down their observations for discussion. Indicate that you will remind them to swap roles every 5 minutes. Reinforce that the aim is to practice the principles rather than focusing on a particular outcome.

*Power Point, S4, Slide 10: Role Play: Handout 20 Instructions*

## 6. Review outcome of role play activity (10 mins)

*Power Point, S4, Slide 11: Sharing Role Play*

Reconvene after 20 minutes or so and discuss the parents' experiences. Review the following questions and ask parents to contribute what they observed:

Was the parent collaborating with the child? Explain.

Was the parent eliciting information from the child? Explain.

Was the child's autonomy maintained? Explain.

What were the difficulties for the parent and child?

What seemed to be working?

What suggestions to the parent for improvement?

### ***Home Activities:*** (5 mins)

*Power Point, S4, Slide 12: Home Activities*

Distribute and explain the home activities, Handout 21.

As in Session 3, acknowledge parents' concerns to implement changes and encourage practice.

Acknowledge that some parents might not feel ready to complete all of the home activities.

Reinforce that everyone will be at different stages of change and that small steps towards supporting their children to change their behaviours is ok. Parents may complete all the questions on the activities sheet or those most pertinent to them.

Confirm that parents may wish to continue seeking assistance via the group.

End the session with each parent telling the group which part of the home activities they feel ready to undertake and what health behaviour they are likely to work on for change.

*Power Point, S4, Slide 13: Main Areas Covered in Session 4*

*Power Point, S4, Slide 14: Questions*

End the session by briefly summarising what was covered, answering any outstanding questions, and thanking the parents for participating.

## Session 5: Motivational principles that support behavioural change

### *Objectives*

At the conclusion of this session, participants will be able to:

Demonstrate an understanding of the four MI principles that support change (i.e., express empathy, develop discrepancy, rolling with resistance, and supporting self-efficacy).

Practice strategies to deal with children's emotions to enhance their intrinsic motivation to change their behaviours.

### *Preparation:*

For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 5 Handouts, Appendix 5

For Facilitator

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

### *Resources:*

Session related handouts or tools

### *Content:*

*Power Point, S5, Slide 1: Motivational Principles that Support Behavioural Change*

#### **1. Review home activities from Session 4 (30 mins)**

*Power Point, S5, Slide 2: Home: Goal Identification; Practicing Collaboration, Autonomy, Evocation*

Review the activities that the parents undertook at home. Ascertain how many parents identified goals related to:

Supporting their children to change specific health behaviours.

Changing their own behaviours as a way of influencing change in their children's behaviours.

This includes those parents whose goal was to resolve ambivalence by undertaking an enhancing strategy or to identify a goal or skills to develop.

Practicing the principles discussed in Session 4: collaboration, evocation, and autonomy.

Explore if any parents had difficulties with establishing goals for change or with any of the other steps in the process. Ask for volunteers to discuss the implementation of their target options and or their successes and challenges with practicing collaboration, evocation, and autonomy; clarify any misunderstandings as you go. Ensure to acknowledge parents' difficulties and concerns, and congratulate successes.

## 2. Motivational principles that support change (20 mins)

*Power Point, S5, Slide 3: Motivational Principles that Support Change*

Some of the challenges that the parents are likely to raise from undertaking the home activities is dealing with children's emotions and their resistance to change. Miller and Rollnick (2002) describe four general principles that facilitate change and support the spirit of motivational interviewing as described in Session 4, i.e., collaboration, evocation, and autonomy.

Discuss the following. The intention is for parents to learn and practice the following principles so that they can apply them with their children to enhance their intrinsic motivation to change. Again, be mindful that you are modeling these principles so draw on your own behaviours as examples. It might be helpful to point out how using these principles have facilitated change in the parents over the weeks.

Distribute Handout 22 and ask for a volunteer to practice each principle with you. If parents demonstrate a reluctance to role play, discuss the nature of the principles in the context of the scenarios. Alternatively, ask for real life examples from the parents to demonstrate the principles.

*Power Point, S5, Slide 4: Express Empathy*

### **Express empathy**

Empathy involves reflective listening. That is, reflecting back what someone has said so that s/he feels heard and understood. Reflective listening also conveys acceptance of another's perspective without judgement, criticism, or blame. The listener may endorse a different view from the speaker and accepts that the speaker has his/her own opinion or point of view. Listening and understanding another's point of view signifies respect. Acceptance and respect support a positive self-esteem and promote change. In relation to change, the listener understands that ambivalence is a normal part of the change experience.

Important aspects of expressing empathy:

Acceptance,  
Reflective listening, and  
Expect ambivalence.

*Power Point, S5, Slide 5: Activity: Express Empathy*

**Activity**

Conduct a role play with the volunteer parent to model empathy to the group. Select a scenario from Handout 22 or a real scenario; the facilitator as the parent and the volunteer as the child. The aim here is to demonstrate the important aspects of empathy, rather than focusing on the outcome of the scenario. Ask one of the observer parents to interrupt after 1 minute. When you have finished, ask parents to comment and answer any questions.

*Power Point, S5, Slide 6: Develop Discrepancy*

**Develop discrepancy**

To cause change, an individual needs to ascertain that a discrepancy exists between current behaviour and desired behaviour. Identifying important personal goals and values can highlight behavioural conflict. Change is possible when an individual distinguishes his/ her own concerns and reasons for change rather than being told what to do.

Important aspects of developing discrepancy:

Motivation for change is increased when reasons for change are self-identified and

When a discrepancy exists between current behaviour and personal goals and values.

*Power Point, S5, Slide 7: Activity: Develop Discrepancy*

**Activity**

Conduct a role play with the volunteer parent to model the use of discrepancy in motivational interviewing. Select a new scenario or work with the previous one; the facilitator as the parent and the volunteer as the child. The aim here is to demonstrate the important aspects of developing discrepancy. Ask one of the observer parents to interrupt after 1 minute. When you have finished, ask parents to comment and answer any questions.

**Roll with resistance**

*Power Point, S5, Slide 8: Roll with Resistance*

Resistance to change is often inevitable because it means adapting to a new way of thinking or behaving. To change takes time and effort. When facilitating change with another individual, resistance can be influenced by the facilitator, particularly if the individual perceives that s/he is being coerced. The presence of resistance is a sign that the facilitator needs to shift the manner in which s/he is communicating with an individual. This usually involves offering suggestions without imposing them, avoid arguing about change, working with the individual to find his/ her own solutions and reasons for change, and accepting resistance as part of the change process.

Important aspects of rolling with resistance:

Avoid arguing,

Accept resistance,

Offer suggestions rather than imposing them,  
 Elicit solutions and reasons for change from an individual, and  
 View resistance as a signal to communicate differently.

*Power Point, S5, Slide 9: Activity: Roll with Resistance*

### **Activity**

Model rolling with resistance with the volunteer parent. Select a new scenario or work with the previous one; the facilitator as the parent and the volunteer as the child. The aim here is to demonstrate the important aspects of rolling with resistance. Ask one of the observer parents to interrupt after 1 minute. When you have finished, ask parents to comment and answer any questions.

*Power Point, S5, Slide 10: Support Self-efficacy*

### **Support self-efficacy**

To be motivated to change, an individual needs to believe that s/he has the ability to do what it takes to cause change and to succeed. This belief in one's ability is referred to as self-efficacy. An individual's confidence to cope with obstacles and to succeed in changing his/her behaviour can be enhanced or diminished by the expectations of another. To change, an individual needs to perceive hope and recognise that change is possible. A facilitator can influence hope and possibility by helping an individual draw on his/her own or others' past successes in changing behaviour. Change can also be influenced by supporting the notion that behavioural change is the responsibility of the individual and that a facilitator can help someone change but not make him or her change.

Important aspects of supporting self-efficacy:

Belief in one's ability to change,

Responsibility for change lies with an individual, and

Change can be facilitated by believing in an individual's ability to change.

*Power Point, S5, Slide 11: Activity: Support Self-efficacy*

### **Activity**

Model supporting self-efficacy with the volunteer parent. Select a new scenario or work with the previous one; the facilitator as the parent and the volunteer as the child. The aim here is to demonstrate the important aspects of supporting self-efficacy. Ask one of the observer parents to interrupt after 1 minute. When you have finished, ask parents to comment and answer any questions.

## **3. Role play: Practicing the motivational principles (25 mins)**

*Power Point, S5, Slide 12: Role Play: Handout 22*

Practicing these principles is important to increase parents' competence about applying them with their children. Just like in Session 4, request that they form groups of two to four depending on size of group. Indicate that the opportunity to practice being the parent, the child, and the observer will depend on time. Distribute Handout 22, which outlines the Session 4 scenarios. Ask the observer to note down their observations for discussion. Indicate that they may swap roles if they finish a scenario and time permits. Reinforce that the aim is to practice the principles rather than focusing on a particular outcome.

*Power Point, S5, Slide 13: Role Play: Handout 22 Instructions*

#### **4. Review outcome of role play (10 mins)**

*Power Point, S5, Slide 14: Sharing Role Play*

Reconvene after 20 minutes or so and discuss the parents' experiences. Review the following questions:

Was the parent empathising with the child? Explain.

Was the parent developing discrepancy? Explain.

Was the parent rolling with resistance? Explain.

Was the parent supporting self-efficacy? Explain.

What were the difficulties for the parent and child?

What seemed to be working?

What suggestions to the parent for improvement?

#### ***Home Activities:*** (5 mins)

*Power Point, S5, Slide 15: Home Activities*

Distribute and explain the home activities, Handout 23. Indicate that parents may complete all the questions on the homework sheet or those most pertinent to them. After briefly reviewing each question, end the session with each parent telling the group which part of the home activities they feel ready to undertake and what health behaviour they are likely to work on for change.

*Power Point, S5, Slide 16: Main Areas Covered in Session 5*

*Power Point, S5, Slide 17: Questions?*

End the session by briefly summarizing what was covered, answering any outstanding questions, and thanking the parents for participating.

## Session 6: Eliciting intrinsic motivation from children

### *Objectives*

At the conclusion of this session, participants will be able to:

Demonstrate an understanding of the concepts that promote children's intrinsic motivation to change their behaviours, ie., competence, curiosity, social relatedness, and independence.  
Practice assessing children's importance and confidence ratings and practice the motivational strategies that aim to enhance children's motivation to support behavioural change.

### *Preparation*

For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 6 Handouts, Appendix 6

For Facilitator

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

### *Resources:*

Session related handouts or tools

### *Content:*

*Power Point, S6, Slide 1: Eliciting Intrinsic Motivation from Children*

#### **1. Review home activities from Session 5 (25 mins)**

*Power Point, S6, Slide 2: Home Activities: Goal Identification; Practicing Principles*

Review the activities that the parents undertook at home. Ascertain how many parents identified goals related to:

Supporting their children to change specific health behaviours.

Changing their own behaviours as a way of influencing change in their children's behaviours.

This includes those parents whose goal was to resolve ambivalence by undertaking an enhancing strategy or to identify a goal or skills to develop.

Practicing the principles discussed in Session 4: Collaboration, evocation, and autonomy.

Practicing the four principles discussed in Session 5: Express empathy, develop discrepancy, roll with resistance, and support self-efficacy

Ask for volunteers to discuss their successes and challenges with practicing any part of the above list. Clarify any misunderstandings as you go. Ensure to acknowledge parents' difficulties and concerns, and congratulate successes.

## **2. Eliciting intrinsic motivation from children (30 mins)**

### Brief Introduction for Facilitator

In her book *Motivation to Learn*, Stipek (1988) argues that intrinsic motivation to learn can be elicited from children. In doing so, behavioural change is maintained more effectively over time than by motivating behaviour extrinsically. To enhance or evoke intrinsic motivation in children, Stipek suggests that adults appeal to children's innate human need to develop a sense of competence by providing them difficult yet attainable challenges; to promote their curiosity and interest in an activity by eliciting discrepancies in their understanding; and to encourage them to make choices and to identify autonomously derived solutions and goals by helping them understand the purpose of tasks, the skills they will develop, and the potential uses of the skills in their everyday life. She argues that eliciting intrinsic motivation from children involves parents' collaboration. She also claims that parents' goals are important as these influence their children's goals.

So, to intrinsically motivate children to change, parents need to help them identify their own reasons for change and then reinforce helpful health behaviours by encouraging competence, curiosity, and autonomy (or independence). According to Stipek (1988), integral elements that enhance children's intrinsic motivation include: Challenge, complexity, or novelty; how a task is presented or evaluated by others; level of responsibility; how helpful behaviours are reinforced; and level of personal choice.

In addition to autonomy and competence, self-determination theory (SDT; Miller & Rollnick, 2002 - they cite Ryan & Deci 2000 re SDT) postulates that intrinsic motivation to change also takes into account social relatedness, such as the need to feel valued, respected, and supported by others; this provides a sense of belonging to a group.

*Power Point, S6, Slide 3: Eliciting Intrinsic Motivation from Children*

Indicate that this Session will be about practicing assessing and enhancing importance and confidence with their children to help resolve children's ambivalence about change and to build their intrinsic motivation to change. However, before doing so, you will overview some concepts that promote children's intrinsic motivation to learn. Knowing what intrinsically motivates children can help parents to guide goal setting with their children, thus behavioural change.

Explain to parents that many of these concepts will be new to them so the goal of this session is to provide an overview of factors that enhance children's intrinsic motivation to change health behaviours. Incorporating these concepts in their interactions with their children will

take practice and time. It is ok if they feel challenged and awkward in understanding and applying these concepts with their children.

*Power Point, S6, Slides 4 to 14: Eliciting Intrinsic Motivation - Handout 24*

Distribute Handout 24 and discuss. The concepts outlined in Handout 24 are taken from Stipek (1988) and SDT.

### **3. Activity: Assess and enhance importance/ confidence levels with children (30 mins)**

*Power Point, S6, Slide 15: Assess & Enhance Importance & Confidence with Children*

Remind parents about the concepts of importance and confidence introduced in Session 2. Explain that parents will initially assess importance and confidence and then apply the enhancing strategies as a way of practicing undertaking these activities with their children. This will help increase parents' competence. If parents demonstrate a reluctance to role play, discuss the nature of the principles in the context of the scenarios. Alternatively, ask for real life examples from the parents to demonstrate the principles.

*Power Point, S6, Slide 16: Role Play: Handout 25*

You will soon request that they form groups of two to four. Indicate that everyone may get an opportunity to be the parent, the child, and the observer depending on time. Distribute Handout 25, which outlines the scenario, and read out the instructions together. Ask the observer to note down their observations for discussion. Indicate that they may swap roles if they finish a scenario and time permits. Reinforce that the aim is to practice the principles rather than focusing on a particular outcome.

*Power Point, S6, Slide 17: Role Play: Handout 25 Instructions*

Indicate that in undertaking the stated scenarios, the principles that promote children's intrinsic motivation to learn are taken into account - noted in parentheses.

*Power Point, S6, Slide 18: Sharing Role Play*

### ***Home Activities:*** (5 mins)

*Power Point, S6, Slide 19: Home Activities*

Distribute and explain the home activities, Handout 26. Explain that the home activities involve practicing the assessing and enhancing strategies with their children. Indicate that it is essential that in choosing a specific unhelpful health behaviour to work with, they need to believe it is important for the child to change and they need to feel confident that they can support such change. Ask them to assess their own confidence/ importance levels in relation to a chosen behaviour before applying with their children. If their own levels fall below a 7 for either importance or confidence ask them to choose another behaviour otherwise the outcome with their child may be influenced. Also ask them to establish a plan for change in relation to their chosen behaviour if they have not already done so.

Indicate that in undertaking the enhancing activities with their children, they might find themselves intuitively combining several importance and or confidence strategies in the discussion with their children. This is Ok. If the parents are feeling comfortable with the strategies since having applied them to themselves, they may find that the activities become less prescriptive and more flexible and automatic over time.

*Power Point, S6, Slide 20: Main Areas Covered in Session 6*

*Power Point, S6, Slide 21: Questions?*

End the session with each parent telling the group which part of the home activities they feel ready to undertake and what health behaviour they are likely to work on for change. Briefly summarise what was covered, answering any outstanding questions, and thanking the parents for participating.

## Session 7: Relapse prevention

### *Objectives*

At the conclusion of this session, participants will be able to:

Identify situations, emotions, and negative thoughts that “trigger” lapses or relapses to supporting their children to change their health behaviours.

Identify ways to avoid, change, or cope with triggers.

Discuss two strategies to coping with lapses and relapses: Acknowledging positive behaviour change and managing stress through relaxation and distraction techniques

### *Preparation*

#### For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 7 Handouts, Appendix 7

#### For Facilitator

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

### *Resources:*

Session related handouts or tools

### *Content:*

*Power Point, S7, Slide 1: Relapse Prevention*

#### **1. Review home activities from Session 6 (25 mins)**

*Power Point, S7, Slide 2: Home Activities: Goal Identification; Practicing Principles*

Review the activities that the parents undertook at home. Ascertain how many parents identified goals related to:

Supporting their children to change specific health behaviours.

Changing their own behaviours as a way of influencing change in their children’s behaviours.

This includes those parents whose goal was to resolve ambivalence by undertaking an enhancing strategy or to identify a goal or skills to develop.

Practicing the principles discussed in Session 4: Collaboration, evocation, and autonomy.

Practicing the four principles discussed in Session 5: Express empathy, develop discrepancy, roll with resistance, and support self-efficacy

Practicing assessing importance and confidence and applying some of the enhancing strategies with their children as discussed in Session 6. In doing so, did parents keep in mind the principles competence, curiosity, independence, and social relatedness in their discussions with the children?

Ask for volunteers to discuss the implementation of a target option; their successes and challenges with assessing importance and confidence and applying enhancing strategies with their children; and how helpful understanding the principles competence, curiosity, independence, and social relatedness were in their discussions with their children. Clarify any misunderstandings as you go. Ensure to acknowledge parents' difficulties and concerns, and congratulate successes.

## 2. Relapse prevention (5 mins)

*Power Point, S7, Slide 3: Relapse Prevention*

Distribute Handout 27. Emphasise that lapses and setbacks are a normal part of the change process. Acknowledge that all behaviours become over learned habits, so changing such habits can take some time. Often, relapses provide opportunities to strengthen our commitment to change because we can build on the partial successes we have already gained in our endeavours to change old behaviours. Learning new ways of doing things takes effort and time. Explain that lapses do not mean failure. Instead, lapses provide a better chance of success in changing specific behaviours over time because we learn from our mistakes by addressing what is and is not working in our endeavour to achieve our goals.

*Power Point, S7, Slide 4: Relapse Prevention continued*

Indicate that in this session parents will identify high-risk situations, thoughts, feelings, and behaviours that may trigger a lapse or relapse and learn coping strategies to overcome such lapses and relapses. Explain that the exercises that follow relate specifically to parents and their potential to lapse or relapse in supporting their children to change their unhelpful health behaviours. However, indicate that the principles are similar for children.

## 3. Lapses versus relapses (5 mins)

*Power Point, S7, Slide 5: Lapses vs. Relapses*

Discuss the difference between a lapse versus relapse:

A lapse is a minor or single deviation back to unhelpful health behaviours, e.g., a change goal might have been reducing take away dinners from 3-4 times per week to 1 time per week but then lapsing to 2 times per week once or twice.

A relapse is a complete return to pre-goal behaviours, e.g., relapsing back to 3-4 take away dinners per week. In terms of the stages of change model, an individual could relapse to a

different stage of change, e.g., from action back to contemplation where s/he is thinking about change again. Recycling through the stages of change is normal and someone could move from one stage to another very quickly, even within the same day.

*Power Point, S7, Slide 6: Lapse and Relapses Examples*

Explain that the positive part of lapsing or relapsing is that people have a better chance of success to change because they have learned new ways to deal with unhelpful behaviours.

Ask for lapse and relapse examples from parents that they experienced themselves during the course of the program:

Which strategies learnt in the program can help them to deal with unhelpful behaviours?

#### **4. Group activity: Identify triggers for lapses or relapses (15 mins)**

*Power Point, S7, Slide 7: Triggers for Lapses and Relapses*

Explain that there are many reasons why people lapse and relapse and that these reasons are referred to as triggers or high-risk situations. Indicate that research shows when people face high-risk situations, lapses and relapses are likely to occur. Reinforce that although lapses and relapses to unhelpful health behaviours are a normal part of the change process, identifying triggers can help alert us to potential high-risk situations so that we can more effectively cope and overcome lapses by either avoiding or changing the high-risk situations when they occur.

*Power Point, S7, Slide 8: Group Activity, Handout 28: Identifying Triggers*

Distribute Handout 28 and indicate that the parents will work in groups of 2-3 to complete the various sections of the handout. Read out the instructions on the handout and then ask parents to break up into their groups. Ask parents to concentrate on identifying triggers and similarities associated with the triggers before moving onto ways of changing or avoiding the triggers; more time will be allocated for this latter activity in the next section.

*Power Point, S7, Slide 9: Sharing Group Activity: Identifying Triggers*

*Power Point, S7, Slide 10: Sharing Group Activity: Examples*

Reconvene after 10 minutes and discuss identified triggers and similarities associated with the triggers (Discuss *Ways to avoid or change triggers* in the next section).

Examples might include the following:

***Negative Emotions:***

Anger, depression, guilt, anxiety

***Physical Factors:***

Fatigue, pain, sleeplessness, illness, hot, cold, cravings, symptoms of stress

***Negative Self-talk:***

It's my fault that my child is overweight, or doesn't eat vegetables, or drinks soft drinks

How many times do I have to tell that child to turn the T.V. off after 30 mins!

I'm no good at the techniques learnt in the program - I keep forgetting how to use them

The skills and techniques learnt in the program are too hard to apply so I won't bother

I feel terrible about myself

I or my child should know how to maintain healthy behaviours

It's all too hard - it's easier not to change unhelpful behaviours

***Social Situation:***

Parties, work, school, grandparents house

**5. Group activity: Ways to avoid or change triggers (15 mins)**

*Power Point, S7, Slide 11: Group Activity, Handout 28: Avoiding or Changing Triggers*

Ask parents to get back into their groups and concentrate on identifying ways that triggers and high-risk situations can be avoided or changed.

*Power Point, S7, Slide 12: Sharing Group Activity: Avoiding or Changing Triggers*

Reconvene after 10 minutes and discuss identified ways. Examples might include coping strategies, which are identified for discussion in the next section.

**6. Strategies to cope with lapses and relapses (20 mins)**

*Power Point, S7, Slide 13: Coping with Lapses and Relapses*

Explain that sometimes it is difficult to change or avoid triggers or high-risk situations so it might be helpful to change the way we respond to triggers. Indicate that there are various strategies that can help people to cope with lapses and relapses, such as managing stress, managing negative thoughts, learning assertive/ effective communication techniques, managing urges and criticism, and acknowledging positive behaviour change. However, this *strategies to cope* topic will be covered only briefly in this program given time limitations.

*Power Point, S7, Slide 14: Coping with Lapses & Relapses: Handout 29*

Distribute Handout 29 and briefly discuss the two strategies - acknowledging positive behaviour change and managing stress through relaxation and distraction techniques. Explain that there will be little time to complete the related activities with the group but that parents will do so as part of their home activities.

*Power Point, S7, Slide 15: Acknowledging Positive Behaviour Change*

*Power Point, S7, Slide 16: Acknowledging Change continued*

*Power Point, S7, Slide 17: Acknowledging Change continued*

After explaining *acknowledging positive behaviour change*, ask each parent to think about and share one small step that they accomplished over the last few weeks. Indicate that some of the parents may have made many changes - some small and some big - but for the purposes of the exercise only stick to small changes. With each parent, model reinforcement skills by congratulating each of them in turn for the small change that they achieved - encourage the other parents to acknowledge the change by applauding if appropriate. For parents who have difficulty identifying a small step, indicate that attending this program and raising their awareness about changing unhelpful health behaviours is a huge step forward (this applies to all of them).

*Power Point, S7, Slide 18: Managing Stress*

*Power Point, S7, Slide 19: Managing Stress continued*

*Power Point, S7, Slide 20: Managing Stress: The Relaxation Response*

## ***Home Activities:*** (5 mins)

*Power Point, S6, Slide 21: Home Activities*

Explain that the home activities involve reviewing the Session 7 Handouts 28 and 29 (Appendix 7) and continue to identify triggers to lapses and relapses, ways to avoid lapses and relapses, and to practice the two coping strategies discussed.

Ask parents to continue practicing all the strategies learnt in the program as part of their daily interactions with their children. Specifically, they may choose a particular unhelpful health behaviour to work with that they believe is important for their child to change and that they feel confident that they can support such change. That is, ask them to work through Handout 26.

As you explained in Session 6, reinforce that the more the parents apply the principles learnt in the program, the more flexible and automatic the techniques will become over time.

*Power Point, S6, Slide 22: Main Areas Covered in Session 7*

*Power Point, S6, Slide 23: Questions?*

End the session with each parent telling the group which part of the home activities they feel ready to undertake and what health behaviour they are likely to work on for change. Briefly summarise what was covered, answering any outstanding questions, and thanking the parents for participating.

## Session 8: Review and Termination

### *Objectives*

At the conclusion of this session, participants will be able to:

Summarise the main points and skills learnt from the previous sessions.

Clarify misunderstandings of the techniques presented in the past sessions.

Distinguish their successes in supporting their children to change their health behaviours and be encouraged to continue using the techniques learnt.

Distinguish the challenges they may face in future and explore how to apply the learnt techniques to address these challenges and the unexpected.

Demonstrate an understanding that relapse to pre program behaviours is part of change and that it is a sign to review techniques learnt.

### *Preparation:*

For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 8 Handouts, Appendix 8

For Facilitator

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

### *Resources:*

Session related handouts or tools

### *Content:*

*Power Point, S8, Slide 1: Review and Termination*

#### **1. Review home activities from Session 7 (25 mins)**

*Power Point, S8, Slide 2: Home Activities: Goal Identification; Practicing Principles*

Review the activities that the parents undertook at home. Ascertain how many parents identified goals related to:

Supporting their children to change specific health behaviours.

Changing their own behaviours as a way of influencing change in their children's behaviours.

This includes those parents whose goal was to resolve ambivalence by undertaking an enhancing strategy or to identify a goal or skills to develop.

Practicing the principles discussed in Session 4: Collaboration, evocation, and autonomy.

Practicing the four principles discussed in Session 5: Express empathy, develop discrepancy, roll with resistance, and support self-efficacy

Practicing assessing importance and confidence and applying some of the enhancing strategies with their children as discussed in Session 6. In doing so, did parents keep in mind the principles competence, curiosity, independence, and social relatedness in their discussions with the children?

Practicing home activities associated with identifying triggers to lapses and relapses, ways of avoiding lapses and relapses, and practicing the two coping strategies discussed in Session 7 (ie., Handouts 28 and 29).

Ask for volunteers to discuss their successes and challenges with any of the above, and in particular feedback about whether they practiced the coping strategies discussed in Session 7. Clarify any misunderstandings as you go. Ensure to acknowledge parents' difficulties and concerns, and congratulate successes.

## **2. Review the Program, Sessions 1 - 7 (15 mins)**

*Power Point, S8, Slide 3: Review Sessions 1 - 7*

Explain that this final session will involve summarizing the main points from previous sessions, briefly reviewing parents' experiences, and to bring the program to a close.

If it helps, ask participants to refer to the Program Outline provided in Session 1 (ie., Handout 1), which outlines the main points of the program. Alternatively, they may wish to review each session directly; this help remind them what difficulties they might have had.

Review each session and discuss the main points. As you go through each session, check for and clarify misunderstandings of the techniques presented. This review is a good preliminary to a program evaluation whereby parents will later provide feedback.

*Power Point, S8, Slide 4: Review Goals*

*Power Point, S8, Slide 5: Review Expectations*

Start with reviewing the goals of the program (1-5) and whether parents feel these goals were achieved. Then whether the expectations (6-8) were reinforced.

*Power Point, S8, Slide 6: Review Sessions 1*

Session 1 addressed factors that influence obesity and overweight, explored what their children's unhelpful health behaviours were, what the parents' concerns were, and the

challenges they faced in supporting their children to change their health behaviours. It also looked at motivation, ambivalence, and stages of change.

*Power Point, S8, Slide 7: Review Sessions 2*

Session 2 introduced the concepts of assessing and enhancing importance and confidence.

*Power Point, S8, Slide 8: Review Sessions 3*

Session 3 addressed goal identification, evaluating target actions for change, and writing a plan for change.

*Power Point, S8, Slide 9: Review Sessions 4*

Session 4 explored gaps in knowledge about health behaviour change, and explored the principles collaboration, evocation, and autonomy.

*Power Point, S8, Slide 10: Review Sessions 5*

Session 5 explored the motivational principles of expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy.

*Power Point, S8, Slide 11: Review Sessions 6*

Session 6 looked at eliciting intrinsic motivation from children by identifying their own reasons for change and then reinforcing helpful health behaviours by encouraging competence, curiosity, independence, and social relatedness. It also addressed assessing and enhancing their importance and confidence for change.

*Power Point, S8, Slide 12: Review Sessions 7*

Session 7 overviewed relapse prevention through the identification of triggers and coping strategies.

### **3. Group activity: Gains and challenges from the program (20 mins)**

*Power Point, S8, Slide 13: Group Activity: Gains and Challenges; Handout 30*

After reflecting on the main points, ask parents to get into groups of 2-4 and discuss the questions outlined in Handout 30. Be mindful that parents will be at different stages and that progress will have varied among them. Emphasise that the degree of progress is not what is important and that what each gained will be different and meaningful to them. Reinforce that participating in the program is an achievement in itself even without any other perceived results.

Encourage parents to write their answers so they can refer to these in future.

*Power Point, S8, Slide 14: Handout 30 Questions*

Reconvene after 10 minutes and discuss responses.

### **3. Facilitate termination of the program (10 mins)**

*Power Point, S8, Slide 15: Sources of Support Beyond Program*

Acknowledge that the parents have probably been a source of support to each other throughout the program and that it is normal to feel sad about the program coming to an end. It is also normal to feel relieved.

Discuss what other sources of support are available to them outside of the program, for example:

Friends

Family

Partners

Parents from the program

Other health professionals

Resources - the handouts from this program, library, internet

Other

Ask the parents to consider if there is anything else they would like to say.

### **4. Close session (5 mins)**

*Power Point, S8, Slide 16: Program Close*

Answer any outstanding questions and thank the parents for participating.

Say a few encouraging words to the parents, for example, highlighting their major achievements during the program, congratulating them for participating, or directing some closing words to each individual parent.

Handout relevant measures (e.g., the *Parent and Child Questionnaire Pack*) to parents to complete at home and return within a fortnight.

## *Home Activities:*

*Power Point, S8, Slide 17: Home Activities - Handout 31*

In a humorous way, explain to parents that there might not be anymore home activities as part of the program but that health behaviour change requires continual or intermittent implementation of change strategies such as those discussed in the program due to the normal process of relapse. Draw their attention to Handout 31 - A summary guide to relapse prevention.

# Program Evaluation for Research

## *Objectives*

The objective of Session 9 is to facilitate a focus group with the intention of eliciting evaluative information from parents who participated in the MEP program.

At the conclusion of this session, participants will have provided feedback about the challenges and value of the MEP program.

## *Preparation:*

For Participants

Pens/ pencils and note paper

“Stick on” or pre-prepared name labels

Session 9 Handouts, Appendix 9

For Facilitator

Thick marker for “stick on” name labels if using

Motivational Enhancement treatment manual

Timer for group activities (optional)

Power Point presentation & equipment if required

Overheads and overhead projector if required

Whiteboard and markers if required

## *Resources:*

Session related handouts or tools

## *Content:*

*Power Point, S9, Slide 1: Program Evaluation*

### **1. Program evaluation (90 mins)**

Briefly explain that the purpose of this session is to obtain evaluative feedback from the parents in relation to this program; this information will help plan future programs. Explain that the session will be a discussion group so that qualitative information can be obtained.

*Power Point, S9, Slide 2: Evaluation Questions*

Remind the group that, as indicated on the consent form, this session will be audio taped. Turn the audio tape on, distribute Handout 32, and explore the questions with the group. Ensure to facilitate a discussion by expanding and directing the feedback.

# Appendix 1

# Session 1 Handout 1

## Motivational Enhancement Program Outline

### Goals of the motivational enhancement program

- To support parents to influence change in their own and their children's health behaviours.
- To build positive expectations about influencing health behaviour changes.
- To elicit intrinsic motivation to change.
- To build parents' sense of self-efficacy to have the confidence to cause change.
- To encourage risk taking to influence change in their own and their children's health behaviours.

### Expectations of parents in the motivational enhancement program

- Sharing of information with group members.
- Completion of home activities in preparation for the next session and as a way of reinforcing and practicing the skills learnt.
- Acknowledgement and reinforcement of personal and the group's efforts made towards change.

### Session 1: Rapport building and information gathering

- Welcome
- Goals of the program
- Housekeeping and basic group rules
- Get to know each other exercise
- Definitions and factors that influence overweight and obesity
- Group activity: Rapport building and information gathering
- Sharing activity: Defining feelings about children's health behaviours
- Group activity: Challenges and options in facilitating change
- Motivation, ambivalence, and stages of change
- Home activities

### Session 2: Assessing and enhancing importance/ confidence levels

- Review home activities from Session 1
- Activity: Assessing importance
- Activity: Assessing confidence
- An introduction to enhancing confidence
- An introduction to enhancing importance
- Group activities: Enhancing confidence and importance levels
- Home activities

### Session 3: Identify Behaviour Change Goals & Establish an Action Plan

- Review home activities from Session 2

Activity: Identifying behaviour change goals

Activity: Brainstorm change options to achieve health goals

Activity: Evaluating the change options

Activity: Writing a plan for change

Home activities

#### **Session 4: Skill Building and Enhancing Children's Motivation to Change**

Review home activities from Session 3

Eliciting information and providing feedback

Enhancing children's motivation to change

Role play: Practicing collaboration, evocation, and autonomy

Review outcome role play activity

Home activities

#### **Session 5: Motivational Principles that Support Behavioural Change**

Review home activities from Session 4

Motivational principles that support change

Role play: Practicing the motivational principles

Review outcome of role play

Home activities

#### **Session 6: Eliciting Intrinsic Motivation from Children's**

Review home activities from Session 5

Eliciting intrinsic motivation from children

Activity: Assess and enhance importance / confidence with children

Home activities

#### **Session 7: Relapse prevention**

Review home activities from Session 6

Relapse prevention

Lapses vs. relapses

Group Activity: Identifying triggers for lapses and relapses

Group Activity: Ways to avoid or change triggers

Strategies to cope with lapses or relapses

Home activities

#### **Session 8: Review and Termination**

Review home activities from Session 7

Review Sessions 1 to 7

Group Activity: Gains and challenges from the program

Termination of the program and close

#### **Program Evaluation**

Evaluation questions and discussion about the program

## Session 1 Handout 2

### Definitions of Terms

#### **Overweight/ obesity**

*Overweight* and *obesity* arise when energy taken in from food and drink exceeds energy taken out. The body stores any excess energy as fat. The terms also suggest that an adult's or child's weight is in excess when compared to standard weights for age, sex, and height. There are reference charts that health professionals use to compare someone's current weight against the standard weights. Although there are charts for children, establishing whether a child is overweight or obese is regarded more problematic than in adults, given age-related height and weight changes associated with growth and development. This is why addressing health behaviours is important, it takes the emphasis away from weight reduction and places it on eating well and exercising for overall good health rather than on how much someone weighs.

#### **Health behaviours**

The term *health behaviours* in the context of this program relates to nutritional intake (food eaten), physical activity (exercise undertaken), or nonphysical activities (sedentary). Note that some health behaviours are regarded as helpful towards maintaining good health whilst some are unhelpful.

#### **Nutritional intake**

Refers to regular ingestion of healthier food and drink options that are low in fat, salt, and sugar, and high in fibre.

#### **Physical activity**

Refers to regular exercise such as walking (e.g., the dog, to school), planned physical activities (e.g., football, swimming, tai quando), school sports (football, soccer, netball, tennis), chores (e.g., helping in the garden or home), physical leisure activities (e.g., bike riding, trampoline, playground).

#### **Nonphysical activities**

Refers to regular sedentary leisure activities such as playing computer games, watching TV, internet use, hand held games (e.g., play station, gameboy), board games, homework, going to the movies.

## Session 1 Handout 3

### Some Factors that Influence Overweight & Obesity

#### Genetics

Overweight or obesity of family members increases chances of a genetic predisposition to these conditions because genes influence body shapes (although genetic factors alone do not predict overweight or obesity)

#### Environmental and social

Increase in the abundance and variety of food over recent decades

Introduction of nonphysical leisure activities, e.g., television, computer games, videos

Food advertising on television

Peer pressure on T.V. watching, other nonphysical activities, and food preferences

Culture of two income families

24/ 7 retail shopping hours

The influence of busy lifestyles on food choices and whether meals are bought or home cooked

Reduced availability of free or low cost formal physical activities

#### Family habits

Eating in front of the T.V. or whilst undertaking other nonphysical activities

The number of devices available in the home that encourage nonphysical behaviours

Amount of T.V./ nonphysical activities undertaken by immediate and extended family

Cultural values surrounding eating patterns, food choices, and amount eaten

Family income

Eating pace of family members

Knowledge regarding effects of various eating patterns

#### Nonphysical or sedentary behaviours

Increased time spent viewing television, watching videos/ DVDs, playing computer games, on the internet

Reduced time spent in formal sports activities, walking, outside play

#### Dietary behaviours

Increased consumption of foods high in sugar, salt, and saturated fat

Increased consumption of high energy drinks, e.g., soft drinks, fruit juices

Bigger food portions and increased frequency of eating

Increased consumption of processed versus whole or unprocessed foods



## Session 1 Handout 5

### Motivation, Ambivalence, and Stages of Change

**Motivation** involves three things:

A willingness to change, which is related to how important change is;

An ability to change, which is related to confidence to change; and

Readiness to change, which is related to priorities.

**Intrinsic motivation** identifies with:

Values, which represent important principles and ideals;

Competence and confidence; and

Reasons for change.

**Extrinsic motivation** is about change that is influenced by external factors, such as tangible rewards for good behaviour. Often, weighing up the discrepancies between extrinsic and intrinsic factors, and where an individual is at any given moment in time, can encourage or inspire progress.

**Ambivalence** is also related to motivation to change. It refers to a feeling that on the one hand we want to change and on the other we do not. Ambivalence about changing behaviours can cause conflict, which can perpetuate the problem and impede being focused on the solution.

**Social context** can influence motivation to change behaviours, such as upbringing, cultural values, what change means.

**Change is challenging** because different agendas and choices persist. Furthermore, there is no correct way to change and the pace of change varies for different people. All this is part of the change process. The decision to change is personal.

**The stages of change** represent different levels of readiness towards making change and maintaining it. People can be at different stages when changing their behaviours; this is normal. Lapsing or relapsing to earlier stages is also a normal part of the change process (this will be covered in Session 7). Each stage is referred to as follows:

**Precontemplation** - is the earliest stage of change; an individual has no intention to change behaviours in the foreseeable future. People in this stage could be supported to think about changing through:

- Awareness of the negative aspects of maintaining unhelpful health behaviours
- Weighing up the pros and cons of changing vs. not changing
- Education to fill gaps in knowledge
- Identifying discrepancies between health values, goals, and actual behaviour
- Addressing expectations and concerns about unhelpful behaviours

**Contemplation** - is where an individual acknowledges that a problem exists and begins to think about changing unhelpful behaviours but is not ready yet. People in this stage could be supported by:

- Weighing up the pros and cons of changing vs. not changing
- Identifying discrepancies between health values, goals, and actual behaviour
- Identifying the negative consequences of maintaining unhelpful behaviours

**Preparation** - an individual's intention to change is strong and plans to take action. People in this stage may have made unsuccessful attempts to change but have learned some valuable lessons. People in this stage could be supported by:

- Increasing their confidence to change by identifying past successes, strengths and supports, or considering change hypothetically
- Identifying goals, creating a plan for change, problem solving options for action

**Action** - an individual is demonstrating changes in unhelpful behaviour. A plan for change has been implemented and change is observable by others. People in this stage could be supported to move forward by:

- Continuing to raise their awareness of the value for change using any of the strategies suggested above
- Identifying triggers and high-risk situations that get in the way of change
- Avoiding, changing, and or coping with triggers to reinforce relapse prevention

**Maintenance** - is the final stage where changed behaviours have been demonstrated for at least six months. People in this stage could be supported to maintain change by:

- Continuing to review any of the strategies suggested above
- Recognising lapses and relapses as a normal part of the change process and that successful behaviour change takes time (more on this in Session 7)

## Session 1 Handout 6

### Session 1 Home Activities

#### **The importance of undertaking Home Activities each week**

Doing the home activities is an important part of the program as it reinforces what was learnt in each session.

Parents who do not do the home activities may feel awkward at the next session because the home activities are a preliminary for the next session.

Consolidating new strategies requires practice.

Undertaking home activities is likely to become easier with each session as it becomes a habit.

Causing and maintaining change requires effort over time.

It is unnecessary to spend a great deal of time on home activities; the outcome does not have to be perfect.

Life occurs outside of the program so it is important to practice so that techniques can be refined.

#### **Home Activities Exercise**

During the week review the Group Activities undertaken in Session 1:

Each day until Session 2 notice your child's typical health behaviours and record them in Handout 7. The behaviours may be the same as those identified in Session 1 or different. After recording your child's typical health behaviours, record your own behaviours and thoughts in response to the child's health behaviours. It might be something you do or say to the child or someone else, or it might be something you think or expectations you have. Record (in Handout 7) what your behaviours were just prior to noticing the child's health behaviours, again, something you say, do, or think. Record if you don't notice anything. Also record if you notice that you are ambivalent about the behaviours (see definition Handout 5).

Recall that in Session 1 we discussed the challenges associated with supporting your child to change his or her unhelpful health behaviours. During the week, identify and list some of the challenges associated with changing those unhelpful behaviours you notice about yourself.

## Session 1 Handout 7

### Home Activities

### Home Activity: Child's Typical Health Behaviours

<p>Each day record your child's typical health behaviours. Please use the reverse of this handout if you need more room. Note Helpful (H) vs. Unhelpful (U) behaviours.</p>	<p>Record your own behaviours prior to and in response to your child's health behaviours, ie., something you do, say, or think, or expectations you have. State if you notice nothing or are ambivalent. Note your Helpful (H) vs. Unhelpful (U) behaviours.</p>	<p>Record the challenges associated with changing those unhelpful behaviours you notice about yourself</p>

# Appendix 2

## Session 2 Handout 8

### Assessing Importance

Identify and record a specific health behaviour you believe is **important** for your child to change. E.g., “exercise daily” or “eat take away food only once weekly” or “eat a piece of fruit daily”. Refer to the list of unhelpful health behaviours identified in Session 1 if you need to. Choose a behaviour that scores 6 or greater.

.....  
 .....  
 .....

#### Assessing Importance Scale

0 -----1-----2-----3-----4-----5-----6-----7-----8-----9----- 10  
 (not at all important) (extremely important)

#### Assess importance

On a scale from 0 (not at all important) to 10 (extremely important) how important is it to you *at the moment* to support your child to change the specific health behaviour you nominated above?

.....

Why did you score so high?

.....  
 .....

What would need to happen for you to score a higher number?

.....  
 .....

What score would you need to feel it is important enough for you to support your children to change the chosen health behaviour?

.....  
 .....

## Session 2 Handout 9

### Assessing Confidence

**Identify and record a specific health behaviour you feel confident about supporting your child to change. E.g., “exercise daily” or “eat take away food once weekly” or “eat a piece of fruit daily”. Refer to the list of unhelpful health behaviours identified in Session 1 if you need to. Choose a behaviour that scores 6 or greater.**

.....  
 .....  
 .....  
 .....

#### Assessing Confidence Scale

0 -----1-----2-----3-----4-----5-----6-----7-----8-----9----- 10  
 (not at all confident) (extremely confident)

#### Assess confidence

On a scale from 0 (not at all confident) to 10 (extremely confident) how confident do you feel *right now* that if you decided to support your child to change the chosen health behaviour, you could do it?

.....

Why did you score so high?

.....  
 .....

What would need to happen for you to score a higher number?

.....  
 .....

What score would you need to feel confident that you could support your child to change the chosen health behaviour?

.....  
 .....

## Session 2 Handout 10

### Home Activities: Strategies that Enhance Confidence

Identify and record a specific health behaviour you feel less confident about supporting your child to change (i.e., a score of 5 or less). For example, “reduce time on computer” or “not eating in front of T.V.” or “eating slower”. Refer to the list of unhelpful health behaviours identified in Session 1 if you need to.

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.....

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.....

#### Assessing Confidence Scale

0 -----1-----2-----3-----4-----5-----6-----7-----8-----9----- 10  
 (not at all confident) (extremely confident)

#### Enhancing Confidence Strategies

##### **Past efforts**

Our past successes and setbacks shape our expectations about ourselves, as well as how we feel about change. These expectations can either help or hinder our confidence to instigate and embrace change. Exploring our past efforts can provide valuable information on how we succeeded and persevered in the past and what obstacles we may have overcome. This can provide hope about what is possible in the future and acknowledge that difficulties are an inevitable part of change.

Explore the following questions and recall previous attempts to support your child to change specific health behaviours.

Remember a time when you attempted to support your child to change specific health behaviours or any other behaviours. Record the successes and setbacks.

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What was different about the successes vs. the setbacks?

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.....

What did you find helpful in your previous attempts to support your child to change specific behaviours?

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 .....  
 .....

What have you learned from the way things did not work last time you tried to support your child to change specific behaviours?

.....  
 .....  
 .....

How can any of these differences or what you learnt be used to support changing your child's current unhelpful health behaviours?

.....  
 .....  
 .....

### **Strengths and supports**

Most of us have personal attributes, or strengths, and resources that might help to support children to change their health behaviours. Resources include social supports such as friends, family, or this therapy group.

Consider the following questions in relation to your personal attributes and resources that might help you support your child to change unhelpful health behaviours.

What strengths and personal characteristics do you have that could help you to support your child to change specific health behaviours.

.....  
 .....  
 .....

In what ways can these attributes and strengths help you to support your child?

.....  
 .....  
 .....

Do you know of other people who successfully supported their children to change health behaviours? What strengths and characteristics do they have?

.....  
 .....  
 .....

In what way did these attributes and strengths help these people to support their children? What else worked for them?

.....  
.....  
.....  
.....

Can you draw on these people to help you support your child? How might they help or support you?

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.....  
.....  
.....

Are there others you can draw on? How might they help or support you?

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.....  
.....

How could these group sessions and or the other parents help you to feel more confident about supporting your child to change specific health behaviours?

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.....

**Hypothetical change**

This exercise takes a hypothetical view at having supported your child with changing unhelpful health behaviours. Thereby, possibly providing some insight that supporting change might be possible.

Explore the following questions and take a hypothetical view about having supported your child with changing specific health behaviours.

If you succeeded in supporting your child to change specific health behaviours, and you were reflecting on it now, what behaviours did you support changing? What do you think was it that worked? How did this happen?

.....  
.....  
.....  
.....

What obstacle(s), if any, got in the way of supporting your child?

.....  
.....

If this obstacle was removed, how might you then go about supporting your child to change specific health behaviours?

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 .....  
 .....  
 .....

### **Building confidence by encouraging change**

Some parents may feel very confident that they will be able to support their children to change specific health behaviours but may lack some information such as nutritional knowledge, cost effective exercise alternatives, or how to deal with resistance from the children. This exercise provides the opportunity to reflect on the possible gaps between “I know I can” but “I don’t know how”.

Explore the following questions and record your responses.

What would make you feel more confident about supporting your child to change specific health behaviours?

.....  
 .....  
 .....

If you were to support your child to change, what might your options be?

.....  
 .....  
 .....

What are some practical things you need to succeed in supporting your child to change specific health behaviours?

.....  
 .....  
 .....

## Session 2 Handout 11

### Home Activities: Strategies that Enhance Importance

Identify and record a specific health behaviour you believe is less important for your child to change (i.e., a score of 5 or less). For example, “reduce time on computer” or “not eating in front of T.V.” or “eating slower”. Refer to the list of unhelpful health behaviours identified in Session 1 if you need to.

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.....

#### Assessing Importance Scale

0 -----1-----2-----3-----4-----5-----6-----7-----8-----9----- 10  
 (not at all important) (extremely important)

#### Enhancing importance strategies

##### The Decisional Balance Sheet

Weighing up the pros and cons of supporting vs. not supporting your child to change specific health behaviours can be a useful way to illustrate ambivalence because the advantages and disadvantages of both arguments are clearly evident. It can also help to become aware of any conflict that exists, thereby verifying the possible difficulties in supporting change. This exercise aims to help you to think about potential change.

*Part 1:* Consider the advantages and disadvantages of supporting vs. not supporting your child to change specific health behaviours. In working through these questions, you may find it useful to refer to the list of the child’s unhelpful health behaviours you identified in Session 1.

What are some of the “good” things about supporting your child to *change* specific health behaviours. Think about this in terms of benefits for the child, the family, and or parents.

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What are some of the “not so good” things about supporting your child to *change* specific health behaviours. Think about this in terms of costs to the children, family, and or parents.

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.....

*Part II:* After completing Part 1, consider how important each item is to you in deciding to support your child to change specific health behaviours, ie., slightly important (1), moderately important (2), very important (3), or extremely important (4). In doing so, this highlights those items of greatest importance.

### **Exploring health values and goals**

These questions give you an opportunity to consider what your values and goals are in relation to health and well being. Often, identifying discrepancies between our values, goals, and the status quo, can encourage us to increase our motivation to embrace change as we become more aware of the inconsistencies in our current behaviour. This exercise overlaps with the Looking Forward activity (see V below) as we often envision our goals and values into the future.

Explore those things that are most important to you.

What are those things that you value most when it comes to health and well being?

Make a list of the health values that are important to you and family.

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.....

What health goals do you aspire to?

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Compare the identified values and goals for health with the current situation at home. What, if any, discrepancies are there? That is, in what ways does your child’s current health behaviours or your behaviours/ expectations interfere with the health values?

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**Exploring predominate concerns about supporting change**

This exercise relates predominately to the disadvantages of your child maintaining current health behaviours, ie., supporting no change. It is an opportunity to reflect on new or previously discussed concerns and identify the predominate concerns.

Explore your main concerns about supporting your child’s current health behaviours by answering the following questions.

Which unhelpful health behaviours are you concerned about the most?

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.....  
.....  
.....

What is it about these health behaviours that concerns you the most?

.....  
.....  
.....  
.....

Is there anything that is stopping you from supporting your child to change?

.....  
.....  
.....  
.....

### Looking back

Recalling a time when your child's current health behaviours were not a concern, helps to recognize that supporting change might be possible because health behaviours were different in the past. It also helps to identify what happened between then and now, which might help to identify a solution for change. If things were worse in the past, this is an opportunity to recognise that improvement has occurred and, again, to explore what happened as a way of identifying possible solutions.

Explore the following questions and recall a time before your child's unhelpful health behaviours became apparent. Compare this to their current health behaviours.

Do you remember a time before your child's current health behaviours became a concern? What were things like then?

.....  
 .....  
 .....  
 .....

What changed to improve or exacerbate the child's health behaviours?

.....  
 .....  
 .....  
 .....

### Looking forward

This exercise provides an opportunity to consider a future after you have successfully supported your child to change specific health behaviours. Conversely, it allows the opportunity to consider an unchanged future, which allows you to anticipate how things might be if you support change vs. not support change.

Explore the following questions and envision a future after the child's health behaviours have changed.

If you were to support your child to change specific health behaviours, what might this look like?

.....  
 .....  
 .....  
 .....  
 .....

If you were to support your child to change specific health behaviours, what might be different in the future?

.....  
.....  
.....  
.....  
.....  
.....

In relation to your child's health behaviours, how would you like things to be in 10 years from now?

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.....  
.....  
.....  
.....

In relation to your child's health behaviours, how might things look in 5 and 10 years time if no changes occurred?

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.....  
.....  
.....  
.....

# Appendix 3

## Session 3 Handout 12

### Identifying Behaviour Change Goals

What change(s) would you like to make?

Consider which of your child's current unhelpful health behaviours you would like to support them to change, e.g., "child does not eat fruit"

.....

.....

.....

Now consider which of your own health behaviours you would like to change as a preliminary to supporting your child, e.g., "not good at home cooked meals".

.....

.....

.....

State your behaviour change goals.

For example: *"I plan to support my child to eat more fruit"*

.....

.....

.....

For example: *"I plan to learn how to prepare home cooked meals"*

.....

.....

.....

Consider if the goals are realistic in terms of timeframes, work commitments, etc. Also consider if there is a big gap between current behaviours and desired behaviours.

.....

.....

.....

What, if any, obstacles might get in the way of accomplishing these goals?

.....

.....

.....

When you have a list of general goals, prioritise them in order of preference to change

.....

.....

.....

## Session 3 Handout 13

### Brainstorm Options to Achieve Child Health Goals

**Supporting your child to change his or her health behaviours:**

<b>Goal</b> Record general goals identified in Handout 12. Use reverse of this sheet if need more room.	<b>Strategy</b> How are you going to achieve your stated goals? Brainstorm possible solutions.	<b>Target Action</b> Be specific on what, how, when, how often. Set small achievable targets. Think about what might have worked for you or other people in the past.
Example: 1 Child to exercise more.	Work with child to identify some social and or physical activities for child to undertake between 4pm and 6pm after school.	Child and I to walk home on Tuesdays and Thursdays. Spend 1 hour with child at park each Friday afternoon. Help child with a paper round once weekly.
Example: 2 Child to help with household tasks.	Work with child to implement a job chart at home that lists various household tasks for child to undertake on a regular basis.	Child to put out and retrieve garbage bins weekly. Each night child to set dinner table. Child to help weed garden on Saturday mornings.
i.		
ii.		
iii.		
iv.		

## Session 3 Handout 14

### Brainstorm Options to Achieve Parent Health Goals

**Changing your own behaviours to influence change in your child's behaviours:**

<b>Goal</b> Record priority goals identified in Appendix 12. Use reverse of this sheet if need more room.	<b>Strategy</b> How are you going to achieve your stated goals? Brainstorm possible solutions.	<b>Target Action</b> Be specific on what, how, when, how often. Set small achievable targets. Think about what might have worked for you or other people in the past.
Example: 1 To cook/ prepare healthy, reduced fat foods.	To learn more about nutrition and healthy eating.	Search the internet for sites on nutrition. Talk to my GP about a referral to a Dietician. Buy a couple of cookbooks that list nutritional options for families.
Example: 2 To take my child to an exercise activity.	To explore local exercise options available for children.	Contact the local council. Talk to other parents in the neighbourhood. Source yellow pages.
i.		
ii.		
iii.		
iv.		

## Session 3 Handout 15

### Evaluating the Target Change Options

Choose a goal from Appendix 13 or 14. What do you think is the first step for action?

.....  
 .....  
 .....  
 .....

Regarding the chosen goal, which target action(s) suits you best? Why?

.....  
 .....  
 .....

Which target action makes the most sense to you?

.....  
 .....  
 .....

Is your chosen target action realistic in terms of time frames, work or family commitments, etc? Explain.

.....  
 .....  
 .....

What, if any, obstacles might get in the way of achieving the chosen target?

.....  
 .....  
 .....

How can these obstacles be overcome?

.....  
 .....  
 .....

Is the chosen target action achievable given all considered? Explain.

.....  
 .....  
 .....

## Session 3 Handout 16

### Writing a Plan for Change

Next, establish a plan for change to be implemented during the week. Select an achievable target that you prioritised for action in Handout 15. Apply it to the following, including assessing importance/ confidence levels. The following procedure is a guide that can be adapted to your chosen target.

**Target for action:** .....

**WHAT** I am going to do? .....

**HOW** I am going to do it? .....

**WHEN** I am going to do it? .....

**HOW MANY/ OFTEN** daily or days in the week/ month I am going to do it?  
.....

On a scale from 0 (not at all important) to 10 (very important), consider how important this action is for you to support. ....

On a scale from 0 (not at all confident) to 10 (very confident), consider how confident you are that you will support this. ....

If your importance and or confidence scores are below 7, re-evaluate whether this is the best target to commence with. If you choose another target, review the exercise.

#### **Example 1**

I am going to support my child to walk home from school	(what)
by walking with them or organising an adult friend to walk with them	(how)
starting this coming week	(when)
every Tuesday and Thursday weather permitting.	(how many/often)

#### **Example 2**

I am going to support my child to set the table	(what)
by showing them what they need to do	(how)
starting tonight and	(when)
every night after that (or rotate alternate nights with other children)	(how many/often)

#### **Example 3**

I am going to search the internet for sites on nutrition	(what)
by using the computers available at the local library	(how)
starting next Saturday morning and	(when)
then go for 1 hour weekly until I am cooking healthier food options.	(how many/often)

#### **Example 4**

I am going to call the local council about community exercise options	(what)
by phone or by going down there personally	(how)
this Wednesday morning and	(when)
ask for at least 3 options.	(how many/often)

## Session 3 Handout 17

### Home Activity: Review Goal Identification Exercise

Complete or fine tune the goal identification exercise in Handout 12. Goals may be related to:

Supporting your child to change a specific health behaviour.

Changing your own behaviours as a way of influencing change in your child's behaviours. This might include identifying skills you need to develop as a preliminary to supporting change in your child.

Complete or fine tune the brainstorming options exercise in Handouts 13 and 14.

Re-evaluate your target actions in Handout 15 and either change or consolidate.

Review your plan for change in Handout 16 and choose an achievable target to implement during the week. Write the plan; it might be the same one you identified in session 3. See Handout 18 if you wish to rewrite your plan for change.

If your importance/ confidence scores are below 7 for your chosen target, re-evaluate whether this is the best target action to commence with. If not, choose another.

If you are having difficulty identifying goals or targets for action or committing to a plan for change:

your goal for this week might be to explore any reluctance and resolve ambivalence to support change by using enhancing importance/ confidence strategies from Session 2 (outlined in Handouts 10 and 11) or to identify a goal for action if you had difficulty in this session.

Write it up as your plan for change as indicated in point 4 above. For example:

**WHAT** I am going to do? ..... **I will resolve ambivalence to support change**  
**HOW** I am going to do it? .....**by working on the decisional balance strategy**  
**WHEN** I am going to do it? ....**on Tuesday evening, and**  
**HOW MANY/ OFTEN** .....**then consider other importance/ confidence strategies**



# Appendix 4

## Session 4 Handout 19

### Skill Building: Educational Health Websites

Sometimes people may become stuck in the change process because they lack specific skills or knowledge that will assist them to move forward. The following list offers a sample of health websites that might help to fill the gap related to nutrition and exercise. Many of the following lead to several other informative sites.

Note that La Trobe University does not endorse or recommend any suggestions offered in these sites. It provides the sites as a source of information only. Please liaise with your family GP or other health professional if you have any concerns or questions in relation to the benefits or detriment to you and your family specifically (e.g., regarding allergies, starting an exercise or diet program, or radical change in eating or exercise behaviours).

#### **Nutrition**

[www.wch.sa.gov.au/chp.html](http://www.wch.sa.gov.au/chp.html)

<http://www.health.nsw.gov.au/obesity/youth/links.html>

<http://www.library.usyd.edu.au/subjects/medicine/links/nutrition.html>

#### **Physical Activity**

[www.northcote.ymca.org.au](http://www.northcote.ymca.org.au)

<http://www.taichiproductions.com/>

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-strateg-active-recommend.htm>

<http://www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=301&id=1977>

<http://www.healthyactive.gov.au/>

[http://www.healthinsite.gov.au/topics/Exercise\\_for\\_Children](http://www.healthinsite.gov.au/topics/Exercise_for_Children)

<http://www.vicfit.com.au/vicfit/DocLib/xPub/DocLibAll.asp>

#### **Nutrition, Physical Activity, General Health**

[http://www.health.vic.gov.au/nutrition/obesity/related\\_sites.htm](http://www.health.vic.gov.au/nutrition/obesity/related_sites.htm)

<http://www.betterhealth.vic.gov.au/>

<http://www.cancerwa.asn.au/resources/links/> (Look under Health Promotion)

<http://www.heartfoundation.com.au/>

<http://www.vichealth.vic.gov.au/>

<http://www.healthnetwork.com.au/>

<http://www.chdf.org.au/index.html>

<http://www.cyh.com/Default.aspx?p=1>

<http://www.health.nsw.gov.au/health-public-affairs/mhcs/publications/3260.html>

<http://www.ceo.woll.catholic.edu.au/pandf/children.htm>

<http://nefs.dest.gov.au/nutrition.htm>

## Session 4 Handout 20

### Collaboration, Evocation, and Autonomy

#### **Collaboration**

The manner in which one interacts with another can make a difference to behavioural change. Parents want the best for their children and envisage themselves as the experts. They tell their children what to do and how to do it. They persuade them and impose health regimes upon them because they seek to aid children's development and growth. Such a stance can encourage an authoritarian style whereby people communicate in a way that enforces their own agenda. This interpersonal style can be perceived confronting.

What happens when someone communicates to us in an authoritarian manner?

Collaboration means that others' needs and aspirations are taken into consideration. It creates a positive atmosphere, it encourages communication and discussion, and it elicits motivation to change.

What happens when someone communicates to us in a collaborative manner?

#### **Evocation**

Often, when dealing with children, parents assume that children do not have the knowledge, skills, or maturity to be consulted about changing their behaviours. They instruct them and instill information into them, often leaving them out of the decision making process all together.

What happens when someone presumes we are naïve about something or deals with us as if we do not know what we are talking about?

Involving children in a discussion by eliciting and drawing out their own goals and values about behavioural change, enhances their intrinsic motivation.

What happens when someone questions us in a way that calls forth our opinions, our knowledge, our goals and values?

#### **Autonomy**

When one communicates in an authoritative manner, a lack of confidence is instilled in another's ability to make choices.

What happens when someone communicates to us in this manner?

When behavioural change is facilitated, autonomy to choose is respected and intrinsic motivation to act is encouraged.

What happens when someone communicates to us in this manner?

## Session 4 Handout 20

### Role play: Practicing collaboration, evocation, and autonomy

Practicing the principles of collaboration, evocation, and autonomy is important to increase your competence about applying them with your child. In the role play, you will form into groups of two, three, or four. Each member of the group may get an opportunity to be the parent, the child, and the observer depending on time. When you are the observer, note down your observations for discussion later. Swap roles after 5 minutes.

#### **Instructions**

In the following scenarios, you will get an opportunity to practice **collaborating** with a child and **eliciting** information from him/her, and in doing so, maintaining his/her **autonomy** to choose. Focus on practicing these principles rather than achieving a particular outcome.

Start with scenario 1. Spend one minute reading and thinking about role playing the scenario. Practice the scenario for about 2 minutes (the observer to time this) and then spend 2 minutes discussing the outcome with the members of your team. Record the difficulties, what worked, and suggestions for improvement. When finished, choose a different scenario and swap roles.

#### **Questions to consider for discussion:**

Was the parent collaborating with the child? Explain.

Was the parent eliciting information from the child? Explain.

Was the child's autonomy maintained? Explain.

What were the difficulties for the parent and child?

What seemed to be working?

What suggestions to the parent for improvement?

**Scenario 1**

The goal is you, the parent, would like your child to exercise more. You have identified some social and or physical activities for your child to undertake on Tuesdays and Thursdays between 4pm and 6pm after school and you are about to discuss some target actions with your child. Your reason for implementing this goal is to give your child some opportunities to learn new skills and make new friends.

You intend to implement this goal the following week. You have some preferred target actions you would like your child to take on and you are happy to let your child choose from the options. Your child likes the idea but is a little reluctant because they are conscious of embarrassing themselves in front of other children given they have not undertaken formal exercise activities outside of school before.

**Scenario 2**

The goal is for your child to help with household tasks. You intend to implement a job chart at home and you have identified various household tasks for your child to undertake on a daily basis. Your reason for implementing it is because life is getting very busy and you do not have time to get everything done by yourself anymore. You recognise the value of everyone contributing to the family chores as it will free you up to spend more time with your child either during the week or on the weekend.

You intend implementing the chart today and you are just about to discuss one target action with your child. This is a new concept for your child so s/he is likely to be resistant because it means s/he will spend less time watching TV or playing computer games. Thus, your child has a vested interest in resisting, particularly if s/he feels s/he is being forced to do something s/he does not want to do.

**Scenario 3**

The goal is you would like your child to eat healthier food. You intend to introduce different vegetables each night for dinner from tonight on and aim to introduce a new vegetable each week. Your reason for doing so is because you have learnt the value of healthy eating and its benefits to well-being and energy levels. You would also like to ensure that your child develops healthy eating habits to reduce the potential for developing chronic diseases later in life.

Your child has mixed feelings about trying new things, especially if they are tasteless compared to sweet or fatty foods.

## **Session 4 Handout 21**

### **Home Activity:**

## **Goal Identification Exercise and Practicing Collaboration, Evocation, Autonomy**

Complete all the questions on the home activities sheet or those most pertinent to you.

Review the goal identification exercises undertaken in session 3, that is, Handouts 12 - 18.

Complete any of the activities if you have not done so to date or consolidate the target actions you have identified for change. Remember, goals may be related to:

Supporting your child to change specific health behaviours.

Changing your own behaviours as a way of influencing change in your child's behaviours. This might include identifying skills you need to develop as a preliminary to supporting change in your child.

Choose an achievable target action to implement during the week and write a plan for change.

If you implemented a target during the previous week you may wish to practice this again. Alternatively, you may choose a new target to practice.

If you still feel that you are not ready to implement changes, that is fine. Remember, everyone is at different stages of change. Your goal for the week could be to revisit some of the suggested enhancing importance/ confidence strategies to explore any reluctance and resolve any ambivalence to support change. Consider whether you are having difficulty with confidence or importance levels and work through a strategy outlined in Handouts 10 and 11. Or, you could identify a goal for action by undertaking the goal identification activity hypothetically, and then look at importance/ confidence levels for each of the targets as a way of identifying potential change goals.

Consider the skills building/ information exchange activity undertaken in Session 4. Identify further gaps in your skills or knowledge not discussed in the session. You may wish to add this to your goals for action and either implement it or write a plan for future action.

Practice the collaboration, evocation, autonomy principles with your child. This may be during the implementation of your target action or just in your day to day interaction with him/ her. Remember, you are still practicing so it is ok if you do not get the desired outcome. Record the difficulties, what worked, and suggestions for improvement.

# Appendix 5

## Session 5 Handout 22

### Empathy, Discrepancy, Resistance, Self-efficacy

Some of the challenges that parents are likely to encounter is dealing with children's emotions and their resistance to change. The following four general principles facilitate change and support collaboration, evocation, and autonomy.

#### **Express empathy**

Empathy involves reflective listening. That is, reflecting back what someone has said so that s/he feels heard and understood. Reflective listening also conveys acceptance of another's perspective without judgement, criticism, or blame. The listener may endorse a different view from the speaker and accepts that the speaker has his/her own opinion or point of view. Listening and understanding another's point of view signifies respect. Acceptance and respect support a positive self-esteem and promote change. In relation to change, the listener understands that ambivalence is a normal part of the change experience.

Important aspects of expressing empathy:

Acceptance,  
Reflective listening, and  
Expect ambivalence.

#### **Develop discrepancy**

To cause change, an individual needs to ascertain that a discrepancy exists between current behaviour and desired behaviour. Identifying important personal goals and values can highlight behavioural conflict. Change is possible when an individual distinguishes his/ her own concerns and reasons for change rather than being told what to do.

Important aspects of developing discrepancy:

Motivation for change is increased when reasons for change are self-identified and  
When a discrepancy exists between current behaviour and personal goals and values.

### **Roll with resistance**

Resistance to change is often inevitable because it means adapting to a new way of thinking or behaving. To change takes time and effort. When facilitating change with another individual, resistance can be influenced by the facilitator, particularly if the individual perceives that s/he is being coerced. The presence of resistance is a sign that the facilitator needs to shift the manner in which s/he is communicating with an individual. This usually involves offering suggestions without imposing them, avoid arguing about change, working with the individual to find his/ her own solutions and reasons for change, and accepting resistance as part of the change process.

Important aspects of rolling with resistance:

Avoid arguing,

Accept resistance,

Offer suggestions rather than imposing them,

Elicit solutions and reasons for change from an individual, and

View resistance as a signal to communicate differently.

### **Support self-efficacy**

To be motivated to change, an individual needs to believe that s/he has the ability to do what it takes to cause change and to succeed. This belief in one's ability is referred to as self-efficacy. An individual's confidence to cope with obstacles and to succeed in changing his/ her behaviour can be enhanced or diminished by the expectations of another. To change, an individual needs to perceive hope and recognise that change is possible. A facilitator can influence hope and possibility by helping an individual draw on his/ her own or others' past successes in changing behaviour. Change can also be influenced by supporting the notion that behavioural change is the responsibility of the individual and that a facilitator can help someone change but not make them change.

Important aspects of supporting self-efficacy:

Belief in one's ability to change,

Responsibility for change lies with an individual, and

Change can be facilitated by believing in an individual's ability to change.

## Session 5 Handout 22

### Role play: Practicing Empathy, Discrepancy, Resistance, Self-efficacy

Practicing the motivational principles of expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy is important to increase your competence about applying them with your child. In the role play, you will form into groups of three or four. Each member of the group may get an opportunity to be the parent, the child, and the observer depending on time. When you are the observer, note down your observations for discussion later.

#### **Instructions**

In the following scenarios, you will get an opportunity to practice **expressing empathy**, **developing discrepancy**, **rolling with resistance**, and **supporting self-efficacy** with a child. Focus on practicing these principles rather than achieving a particular outcome.

Start with scenario 1. Spend one minute reading and thinking about role playing the scenario. Practice the scenario (the observer to time this) and then spend a couple of minutes discussing the outcome with the members of your team. Record the difficulties, what worked, and suggestions for improvement. When finished, and if time permits, choose a different scenario and swap roles.

#### **Questions to consider for discussion:**

Was the parent empathising with the child? Explain.

Was the parent developing discrepancy? Explain.

Was the parent rolling with resistance? Explain.

Was the parent supporting self-efficacy? Explain.

What were the difficulties for the parent and child?

What seemed to be working?

What suggestions to the parent for improvement?

**Scenario 1**

The goal is you, the parent, would like your child to exercise more. You have identified some social and or physical activities for your child to undertake on Tuesdays and Thursdays between 4pm and 6pm after school and you are about to discuss some target actions with your child. Your reason for implementing this goal is to give your child some opportunities to learn new skills and make new friends.

You intend to implement this goal the following week. You have some preferred target actions you would like your child to take on and you are happy to let your child choose from the options. Your child likes the idea but is a little reluctant because they are conscious of embarrassing themselves in front of other children given they have not undertaken formal exercise activities outside of school before.

**Scenario 2**

The goal is for your child to help with household tasks. You intend to implement a job chart at home and you have identified various household tasks for your child to undertake on a daily basis. Your reason for implementing it is because life is getting very busy and you do not have time to get everything done by yourself anymore. You recognise the value of everyone contributing to the family chores as it will free you up to spend more time with your child either during the week or on the weekend.

You intend implementing the chart today and you are just about to discuss one target action with your child. This is a new concept for your child so s/he is likely to be resistant because it means s/he will spend less time watching TV or playing computer games. Thus, your child has a vested interest in resisting, particularly if s/he feels s/he is being forced to do something s/he does not want to do.

**Scenario 3**

The goal is you would like your child to eat healthier food. You intend to introduce different vegetables each night for dinner from tonight on and aim to introduce a new vegetable each week. Your reason for doing so is because you have learnt the value of healthy eating and its benefits to well-being and energy levels. You would also like to ensure that your child develops healthy eating habits to reduce the potential for developing chronic diseases later in life.

Your child has mixed feelings about trying new things, especially if they are tasteless compared to sweet or fatty foods.

## Session 5 Handout 23

### **Home Activity: Goal Identification Exercise and Empathy, Discrepancy, Resistance, Self-efficacy**

Complete all the questions on the home activities sheet or those most pertinent to you.

Review the goal identification exercises undertaken in session 3, that is, Handouts 12 - 18.

Complete any of the activities if you have not done so to date or consolidate the target actions you have identified for change. Remember, goals may be related to:

Supporting your child to change specific health behaviours.

Changing your own behaviours as a way of influencing change in your child's behaviours. This might include identifying skills you need to develop as a preliminary to supporting change in your child.

Choose an achievable target action to implement during the week and write a plan for change.

If you implemented a target during the previous week you may wish to practice this again. Alternatively, you may choose a new target to practice.

It is ok if you still do not feel ready to implement changes. Remember, everyone is at different stages of change. Your goal for the week could be to revisit some of the suggested enhancing importance/ confidence strategies to explore any reluctance and resolve any ambivalence to support change. Consider whether you are having difficulty with confidence or importance levels and work through a strategy outlined in Handouts 10 and 11. Or, you could identify a goal for action by undertaking the goal identification activity hypothetically, and then look at importance/ confidence levels for each of the targets as a way of identifying potential change goals.

Practice expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy with your child. You may do this during the implementation of your target action or just in your day to day interaction with him/ her. Remember, you are still practicing so focus on the principles not on achieving a specific outcome. Record the difficulties, what worked, and suggestions for improvement.

Practice the collaboration, evocation, autonomy principles with your child. This may be during the implementation of your target action or just in your day to day interaction with him/ her. Remember, you are still practicing so it is ok if you do not get the desired outcome. Record the difficulties, what worked, and suggestions for improvement.

# Appendix 6

## Session 6 Handout 24

### Eliciting Intrinsic Motivation from Children

To maintain behavioural change over time, children need to be motivated intrinsically (internal factors) rather than extrinsically (external factors). Enhancing children's intrinsic motivation to change means appealing to their internal drive to engage in an activity. This drive could come from a number of areas, such as:

- The need to feel competent or successful at an activity
- To satisfy their curiosity and interest in an activity
- To satisfy a need for social relatedness or belonging
- To maintain control, autonomy, or independence, in goal selection

To intrinsically motivate children to change their unhelpful health behaviours, parents need to help them identify *their own reasons for change* and then reinforce helpful health behaviours by encouraging competence, curiosity, social relatedness, and independence. This involves parents' collaboration and commitment to health goals, whilst taking children's intrinsic motivations into account. These motivations might be different to those of the parents or other children in the family.

For example, a child who has a high motivational drive to develop a sense of competence in activities would typically be motivated if goals are structured as a challenge to achieve an outcome or a competition to improve the child's "personal best" for that goal. Alternatively, a child with a social relatedness drive might best be motivated if the goal has a "social" or interactive component to the outcome.

Identifying children's motivational drives can take time so if in doubt, ask the child, or try a variety of motivational triggers to see what works best. Keep in mind that although children (and adults) may be higher on one or two of the motivational drives described above, each may elicit intrinsic motivation depending on the circumstances.

Factors that enhance children's intrinsic motivation include: Challenge, complexity, or novelty; how a task is presented or evaluated by others; level of responsibility; how helpful behaviours are reinforced; and level of personal choice. Note the following.

**Competence**

To feel competent an individual needs to believe that s/he is able to achieve desirable behavioural outcomes. It is closely tied with self-efficacy as discussed in Session 5. Achieving a task increases one's sense of competence, which increases an individual's confidence in his/ her ability to undertake and accomplish challenges. Children are driven to attain competence in challenging tasks, particularly if positively reinforced and appraised (or evaluated) by significant adults.

**Challenge**

When learning new tasks or skills children need to feel that they are developing competence in the task or meeting a "challenge". They will practice the new task or skill until they have mastered it. However, if the task is too difficult, the child will not feel that they are developing competence, so his/ her motivation will decline. Feelings of developing competence maintain intrinsic motivation, whereas feelings of incompetence may lead to anxiety, which interferes with intrinsic motivation. An important principle of motivation and learning is to match each child's skill level to the task. This increases intrinsic motivation.

**Evaluation/ Appraisal**

How adult's evaluate tasks (ie., positive vs. negative) influences children's task selection and whether they will find those tasks interesting or not. For example, if children believe tasks are fun, they will tend to select challenging tasks and enjoy doing them. However, children may experience anxiety if someone negatively evaluates the task; this could inhibit intrinsic motivation. Furthermore, positive appraisal of children's efforts encourages them to undertake and complete the tasks.

**Curiosity**

Being curious about something inspires an innate need to resolve any discrepancy or inconsistency between what is known vs. what is unknown about a challenging task. Children are drawn towards something that is novel and different, and enjoy exploring their curiosity. Their motivation to undertake the task will also be increased if the task is presented in an enthusiastic and interesting way.

**Complexity, novelty, and surprise**

Children like task variety because it creates novelty and promotes intrinsic interest. Promote curiosity and interest in a child to undertake a task by eliciting and resolving discrepancies in children's understanding about a task.

**Presentation of tasks**

When presenting a task or idea to children, model and express enthusiasm about it. Connect learning to current events and children's everyday experiences. Intrinsic motivation can also be elicited if children understand the goals of a task, the skills it will help them develop, and the potential uses of the skills in their everyday life.

**Independence**

This is referred to as independence here to distinguish it from autonomy as discussed in Session 4 but it is essentially similar. In relation to children, they are more inclined to act and change behaviours if they perceive that they are the cause of the behavioural change. That is, that they identify their own reasons for changing their behaviour or taking on a task. Intrinsic motivation is further increased if they perceive they have choice and are responsible for change.

**Responsibility**

Encouraging children to take responsibility for an outcome instills feelings of pride and competence, and elicits intrinsic motivation. It also increases self-esteem.

**Choice**

Intrinsic motivation is elicited when children are provided independence in making choices regarding outcomes, such as, completing tasks or changing their behaviour. Furthermore, allowing children to set their own goals provides them with a sense of autonomy, develops responsibility, and teaches them self-management.

**Social relatedness**

Children, like adults, enjoy undertaking activities in social contexts. For some children what might be important is to work along side a close friend, for others it might be about being in a team. The need to feel valued, respected, and related to others elicits intrinsic motivation to change behaviour.

## Session 6 Handout 25

### Assess and Enhance Importance / Confidence with Children

Practicing the principles of assessing and enhancing importance and confidence is important to increase your competence about applying them with your child. In the role play, you will form into groups of two to four. Each member of the group may get an opportunity to be the parent, the child, and the observer depending on time. When you are the observer, note down your observations for discussion later.

#### **Instructions**

In the following scenarios, you will get an opportunity to practice assessing importance and confidence with a child and then applying enhancing strategies to help resolve any ambivalence and build intrinsic motivation. Focus on practicing these principles rather than achieving a particular outcome.

Start with scenario 1. Spend one minute reading and thinking about role playing the scenario. Practice the scenario (the observer to time this) and then spend a couple of minutes discussing the outcome with the members of your team. Record the difficulties, what worked, and suggestions for improvement. When finished, and if time permits, choose a different scenario and swap roles.

#### **Questions to consider for discussion:**

Did the parent assess importance? Explain.

Did the parent assess confidence? Explain.

Was the child provided choice? Explain.

What is the intrinsic motivation for the child?

What were the difficulties for the parent and child?

What seemed to be working?

What suggestions to the parent for improvement?

**Scenario 1**

The goal is you would like your child to exercise more. You have identified some physical activities for your child to do on Tuesdays and Thursdays between 4-6pm after school and you are about to discuss some target actions with your child. Your aim is to give your child some opportunities to learn new skills and make new friends.

You intend to implement this goal the following week. You have identified some preferred physical activity options and you are happy to let your child choose from the options (thereby encouraging independence). Your child likes the idea (is curious) because some of his/ her friends play sports (social relatedness) but is reluctant because s/he is conscious of embarrassing him/ herself given s/he has not undertaken formal exercise activities outside of school before (an opportunity to increase competence). Thus, in this example, importance for an activity, eg., football, is high but confidence is low, so note that in the exercise below only confidence is elaborated on. In this scenario, the child has an opportunity to increase their sense of competence in an activity.

Ask the child which activity from the exercise options (e.g., tennis, football, basketball, ballet) the child would consider doing after school on Tuesdays and Thursdays. The child chooses football (independence). Take a ruler (or draw one) and ask the following.

**Assess importance**

Ask the child to indicate how important it is for him/ her to play football. Record scores.

Of the numbers on this ruler, where the lowest number is not at all important and the highest number is very important, how important is it to you *at the moment* to play football instead of any of the other activities on the list?

Why did you choose such a high number? Elicit positive statements from the child regarding undertaking this activity and listen for motivational triggers, eg., basketball is boring, football is ace, I've always thought about playing footy (curious), some of my friends play it (social relatedness), but I'm not good at it (lack of competence).

**Assess confidence**

Ask the child to indicate how confident s/he feels about playing football. Record scores.

Of the numbers on this ruler, where the lowest number is not at all confident and the highest number is very confident, how confident do you feel *right now* that you could play football instead of the other activities on the list?

Why did you choose such a high number? Elicit positive statements from the child regarding undertaking this activity, eg., I'm better at kicking balls than throwing them in a hole (competence).

What would need to happen for you to choose a higher number? Elicit motivational trigger responses, eg., join a team with a friend (social relatedness), practice kicking a footy (increases competence).

What score would you need to feel confident about playing football? Record the score then compare after applying some enhancing confidence strategies.

**Enhancing confidence strategies**

When you have assessed importance and confidence, encourage the child's involvement in the activity by indicating that you think s/he chose a fun activity, that you think s/he can do it, and that you are proud of him/ her for taking responsibility in making the choice. Then choose one or both of the following strategies to apply as a way of further enhancing the child's confidence. Observer to write the child's responses down.

After the strategy, re-assess the child's confidence again. Acknowledge any increases in scores by comparing to the scores recorded. NOTE: There is no time to do this here but at home, if your child's score does not shift, apply another strategy or reinforce the one that was undertaken.

**Past efforts**

Explain to the child that our past experiences can help us to do tasks or activities in the present. Ask the child when in the past did s/he do an activity or job that s/he thought was really hard to do, eg., play footy at school, wash the dishes or car, do a maths question, get through a computer game (try and find an activity similar to the one you are discussing but it is ok to add others). Explore what was difficult (ie., what the obstacles were; "kicking the ball in the air") and how the child succeeded or got through it (ie., what internal or external resources s/he drew on; "dad practiced with me"). Explain that we might confront difficulties in most things we do but it is important to have a go. Then acknowledge that if the child did not have a go in the past s/he would not have mastered that job or task. Ask the child how his/ her past success can help with undertaking the current activity. Reinforce and encourage the child's involvement in changing the health behaviour under discussion.

**Strengths and supports**

You may decide to incorporate this strategy with the above one as part of drawing on resources or apply it as a stand alone strategy. Acknowledge that most of us have some personal characteristics and resources that we can draw on to help us with challenging jobs or activities. Discuss some examples with the child (you may suggest one or two then ask child for some examples), such as being a good runner, great kicker compared to other activities, a dad or friend who knows how to play football. Look at the reasons why child chose footy over the other activities and relate back to strengths and or supports. Reinforce and encourage his/ her involvement in the activity.

**Scenario 2**

The goal here is for your child to help with household tasks. You intend to implement a job chart at home and you have identified various household tasks for your child to do on a daily basis. Your reason for implementing it is because life is getting very busy and you do not have time to get everything done by yourself anymore. You recognise the value of everyone contributing to the family chores as it will free you up to spend more time with your child either during the week or on the weekend.

You intend implementing the chart today and you are just about to discuss options with your child. This is a new concept for your child (an opportunity to increase sense of competence and generate curiosity) so s/he is likely to be resistant because it means s/he will spend less time watching TV or playing computer games. Thus, your child has a vested interest in resisting, particularly if s/he feels s/he is being forced to do something s/he does not want to do (reduced independence). In this example the child's confidence for a particular task, eg., setting the dinner table, is high but their importance is low, so note that in the exercise below only importance is elaborated on.

Ask the child which activity from the household options (setting dinner table, washing dishes, taking out garbage) s/he would consider undertaking on a daily basis (independence is encouraged). Child chooses setting the dinner table (an opportunity to increase social relatedness). Take a ruler (or draw one) and ask them the following.

### **Assess importance**

Ask the child to indicate how important it is for him/ her to help with setting the dinner table. Record scores.

Of the numbers on this ruler, where the lowest number is not at all important and the highest number is very important, how important is it to you *at the moment* to help with setting the dinner table instead of helping with some of the other tasks on the list?

Why did you choose such a high number? Elicit positive statements from child regarding undertaking this job and listen for motivational triggers, eg., the rubbish bin is too heavy, setting the table won't take long (competence).

What would need to happen for you to choose a higher number? Elicit motivational trigger responses, eg., do it with parent or sibling (social relatedness).

What score would you need to feel that setting the dinner table is important to do?

Record the score then compare after applying some enhancing importance strategies.

### **Assess confidence**

Ask the child to indicate how confident s/he is about helping with setting the dinner table. Record scores.

Of the numbers on this ruler, where the lowest number is not at all confident and the highest number is very confident, how confident do you feel *right now* that you could set the dinner table as opposed to the other jobs on the list?

Why did you choose such a high number? Elicit positive statements from child regarding undertaking this job, eg., I can do it by myself (independence), it might be fun (curious), it's the easiest (competence).

**Enhancing importance strategies**

When you have assessed importance and confidence, encourage the child's involvement in the activity by indicating that you think s/he chose a fun job, that you think it is a very important job, and that you are proud of him/her for taking responsibility in making the choice. Then choose one of the following strategies to apply as a way of further enhancing the child's importance to undertake it. Observer to record the responses.

After the strategy, re-assess the child's importance again. Acknowledge any increases in scores by comparing to the scores recorded. NOTE: There is no time to do this here but at home, if your child's score does not shift, apply another strategy or reinforce the one that was undertaken.

**The Decisional Balance Sheet**

Ask the child to consider the advantages and disadvantages of helping with setting the dinner table. Ask the following questions and write down the responses. Reinforce and encourage the "good" things as the child states them.

What are some of the "good" things about helping to set the dinner table. Encourage the child to think about this in terms of benefits for him/ her and the family.

What are some of the "not so good" things about helping to set the dinner table.

Encourage the child to think about this in terms of costs for him/ her and the family.

**Exploring child's values and goals**

Discuss with the child what s/he thinks is important about contributing or being part of the family (ie., helping out is good). Discuss what the child wants for the family (ie., to have more time together). Ask the child if s/he notices any differences between what s/he thinks is important and what s/he wants for the family versus how s/he currently behaves. Supportively discuss the discrepancies.

**Scenario 3**

The goal is you would like your child to eat healthier food. You intend to introduce different vegetables each night for dinner from tonight on and aim to introduce a new vegetable each week. Your reason for doing so is because you have learnt the value of healthy eating and its benefits to well-being and energy levels. You would also like to ensure that your child develops healthy eating habits to reduce the potential for developing chronic diseases later in life.

Your child has mixed feelings about trying new things (an opportunity to increase sense of competence in trying new things and generate curiosity), especially if new foods are tasteless compared to sweet or fatty foods. Thus, in this example the child's importance and confidence for trying new foods are low, so note that in the exercise below both importance and confidence are elaborated on.

Ask child which food from the vegetable options (e.g., broccoli, carrots, spinach) s/he would consider trying (independence is encouraged). The child chooses carrots. Take a ruler (or draw one) and ask him/ her the following.

### **Assess importance**

Ask the child to indicate how important it is for him/ her to try carrots. Record scores.

Of the numbers on this ruler, where the lowest number is not at all important and the highest number is very important, how important is it to you *at the moment* to begin trying carrots as a new food compared to starting with any of the other foods on the list?

Why did you choose such a high number? Elicit positive statements from the child regarding trying carrots, eg., orange is my favourite colour (curiosity about how orange vegetables taste).

What would need to happen for you to choose a higher number? Elicit motivational trigger responses, eg., help mum to chop carrots (social relatedness; competence).

What score would you need to feel that trying carrots is important? Record the score then compare after applying some enhancing importance strategies.

### **Assess confidence**

Ask the child to indicate how confident s/he is about trying carrots. Record scores.

Of the numbers on this ruler, where the lowest number is not at all confident and the highest number is very confident, how confident do you feel *right now* that you could begin to try carrots as opposed to starting with any of the other foods on the list?

Why did you choose such a high number? Elicit positive statements from the child regarding eating carrots, eg., I like crunchy foods (curiosity).

What would need to happen for you to choose a higher number? Elicit motivational trigger responses, eg., try carrots raw and cooked then choosing preference (independence, curiosity, competence).

What score would you need to feel confident about trying carrots? Record the score then compare after applying some enhancing confidence strategies.

### **Enhancing importance and confidence**

Choose an enhancing activity from Scenario 1 and 2; adapt for this scenario.

## Session 6 Handout 26

### Home Activity

### Assess and Enhance Importance / Confidence with Children

Identify a specific health behaviour you believe is important for your child to change and that you feel confident about supporting. For example, “exercise daily” or “eat take away food only once weekly” or “eat a piece of fruit daily”. Refer to your list of unhelpful health behaviours identified in Session 1 or a target action identified in Session 3. Assess your own importance and confidence levels, as per Session 2 and or 3, if you need to. If your score is less than 7 for either confidence or importance, choose another health behaviour otherwise this may influence the outcome with your child.

.....

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.....

.....

Next, establish a plan for change to be implemented this coming week if you have not already done so. Refer to Session 3 Handouts if you need to:

**Target for action:** .....

(what)

.....(how)

.....(when)

.....(how many/often)

Again, consider how important this action is for you to support and how confident you are about supporting it.

#### **Applying with the child**

Discuss the proposed specific health behaviour change with your child, keeping in mind the principles discussed in Session 6: competence, curiosity, social relatedness, and independence. When the child chooses an option, take a ruler (or draw one) and ask him/ her the following. Adapt the language so it sounds natural to your child. Only elaborate on importance or confidence if you know which needs enhancing for your child.

**Assess importance**

Ask the child to indicate how important it is for him/ her to change the specific health behaviour (state behaviour):

Of the numbers on this ruler, where the lowest number is not at all important and the highest number is very important, how important is it to you *at the moment* to change the specific health behaviour (state behaviour)?

Why did you choose such a high number? Elicit positive statements from child.

What would need to happen for you to choose a higher number? Elicit motivational trigger responses.

What score would you need to feel that it is important to change the specific health behaviour (state behaviour)? Record the score then compare after applying some enhancing importance strategies.

**Assess confidence**

Ask the child to indicate how confident s/he is about changing the specific health behaviour (state behaviour):

Of the numbers on this ruler, where the lowest number is not at all confident and the highest number is very confident, how confident do you feel *right now* that you could change the specific health behaviour (state behaviour)?

Why did you choose such a high number? Elicit positive statements from child.

What would need to happen for you to choose a higher number? Elicit motivational trigger responses.

What score would you need to feel confident that you could change the specific health behaviour (state behaviour)? Record the score then compare after applying some enhancing importance strategies.

**Applying enhancing strategies**

When you have assessed importance and confidence, encourage the child's involvement in changing the specific behaviour by complimenting, encouraging, and acknowledging his/her choice to change. Then choose an enhancing strategy to apply based on whether the child's importance or confidence is lowest; apply one of each if both are low.

After the strategy, re-assess the child's importance and or confidence again. Acknowledge any increases in scores by comparing with those recorded. NOTE: If your child's score does not shift, apply another strategy or reinforce the one that was undertaken.

### **Enhancing importance strategies**

#### **The Decisional Balance Sheet**

Ask the child to consider the advantages and disadvantages of changing the specific health behaviour. Ask the following questions and write down the responses - “good” things on one side of the page, “not so good things” on the other side. Reinforce and encourage the “good” things as the child states them.

What are some of the “good” things about ..... Encourage him/ her to think about this in terms of benefits for him/ her and or the family.

What are some of the “not so good” things about ..... Encourage him/her to think about this in terms of costs for him/ her and or the family.

#### **Exploring child’s values and goals**

With the specific health behaviour in mind, discuss with the child what s/he thinks is important to them about issues related to the behaviour and or being part of the family. Discuss what the child wants for him/ herself/ the family in terms of introducing or changing a specific behaviour. Ask the child if s/he notices any differences between what s/he thinks is important and what s/he wants versus how s/he currently behaves. Supportively discuss the discrepancies. For example, you would like your child to increase physical activities. You know that the child is an avid sports watcher, which gives a clue to having a discussion about what s/he values (ie., enjoys, thinks is important) about sport. Use this information to identify discrepancies that aims to encourage child to see the value in undertaking a sport.

#### **Exploring predominate concerns about supporting change**

This exercise relates predominately to the disadvantages of your child maintaining current health behaviours, ie., not changing the specific behaviour. It is an opportunity to identify and discuss concerns. Explore your child’s main concerns about changing or undertaking a specific health behaviour and resolve by identifying options to tackle the obstacles.

#### **Looking back**

With your child, recall a time when s/he undertook the specific health behaviour under discussion (or a similar one) and help the child recognise that the behaviour was important to him/ her at some time in the past. It also helps to identify what happened between then and now, which might help to identify a solution for change.

#### **Looking forward**

This exercise provides an opportunity to consider an immediate future after the child has successfully changed the specific health behaviour and an opportunity to consider not changing the behaviour. Explore with the child what life might look like with and without the changed behaviour. Use imagery or drawings if this helps the child imagine a changed future. HINT: Keep this practical and simple whilst maintaining child’s self-esteem. For example, the child will be skilled in playing footy so can

play confidently at school, playing footy means can go to an AFL match with parents or friends occasionally because s/he will understand the rules; if avoids eating all vegetables, choices at restaurants or friends houses might be limited; not helping out at home may limit contact time with parents.

### **Enhancing confidence strategies**

#### **Past efforts**

Explain to the child that our past experiences can help us to do tasks or activities in the present. Ask the child when in the past did s/he do an activity or job that s/he thought was really hard to do, eg., wash the dishes or car, do a maths question at school, get through a computer game. Explore with them what s/he thought was difficult (ie., what the obstacles were) and how the child succeeded or got through it (ie., what internal or external resources s/he drew on). Explain that we are all likely to confront difficulties in most things we do but that the important thing is we have a go. Then reflect on the child's past success and acknowledge that if s/he did not have a go then s/he would not have mastered that job or task. Ask the child how his/ her past success can help with changing or undertaking the current specific behaviour. Reinforce and encourage the child's involvement in changing the health behaviour under discussion.

#### **Strengths and supports**

You may decide to incorporate this strategy with the above one as part of drawing on resources or apply it as a stand alone strategy. Acknowledge that most of us have some personal characteristics and resources that we can draw on to help us with challenging jobs or activities. Give the child some examples, such as being a good runner, great kicker, a dad or friend who knows how to play football. Then ask him/ her for some examples. Reinforce and encourage his/ her involvement in changing the health behaviour under discussion.

#### **Hypothetical change**

This exercise takes a hypothetical view of your child having changed the specific behaviour. Thereby, possibly providing some insight that changing or undertaking a specific activity might be possible. Ask the child to close his/ her eyes and imagine the changed behaviour. Ask him/ her to describe the scene. How does the child feel? What helped the child to change? Did anything get in the way of the child changing the specific behaviour or undertaking the activity? How did the child overcome this?

#### **Building confidence by encouraging change**

Some children may feel very confident that they will be able to change a specific health behaviour but may lack some information such as who is going to accompany them when they walk to school or how are they going to get to footy each week. This exercise provides the opportunity to reflect on the possible gaps between "I know I can" but "I don't know how". Explore with your child what would help him/ her feel more confident about changing the behaviour. Consider some practical options.

# Appendix 7

## Session 7 Handout 27

### Relapse Prevention - Lapses vs. Relapses

Lapses and setbacks are a normal part of the change process. All behaviours become over learned habits, so changing such habits can take some time. Often, relapses provide opportunities to strengthen our commitment to change because we can build on the partial successes we have already gained in our endeavours to change old behaviours. Learning new ways of doing things takes effort and time.

Lapses do not mean failure. Instead, lapses provide a better chance of success in changing specific behaviours over time because we learn from our mistakes by addressing what is and is not working in our endeavour to achieve our goals.

High-risk situations, thoughts, feelings, and behaviours may trigger a lapse or relapse. Learning to cope with high-risk can help to overcome such lapses and relapses.

Difference between a lapse versus relapse:

A lapse is a minor or single deviation back to unhelpful health behaviours, e.g., a change goal might have been reducing take away dinners from 3-4 times per week to 1 time per week but then lapsing to 2 times per week once or twice.

A relapse is a complete return to pre-goal behaviours, e.g., relapsing back to 3-4 take away dinners per week. In terms of the stages of change model, an individual could relapse to a different stage of change, e.g., from action back to contemplation where s/he is thinking about change again. Recycling through the stages of change is normal and someone could move from one stage to another very quickly, even within the same day.

The positive part of lapsing or relapsing is that people have a better chance of success to change because they have learned new ways to deal with unhelpful behaviours.

Record some lapse and relapse examples that you experienced during the course of the program:

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Which strategies learnt in the program can help you to deal with unhelpful behaviours?

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## Session 7 Handout 28

### Identifying Triggers to Lapses and Relapses

Identifying triggers or high-risk situations can increase your chances of avoiding or changing such situations as they occur. In this context, think about triggers that get in the way of you supporting your child to change his/ her unhelpful health behaviours. This includes triggers that interfere with you changing your own behaviours as a way of influencing change. In your groups, go through each of the sections below and complete. It might be useful to consider triggers that occur prior to and in response to your child's unhelpful health behaviours, such as you did in Session 1, Handout 7.

<b>Trigger or High-risk Situation</b> The high-risk situations that get in the way of me supporting my child to change his/ her unhelpful health behaviours are as follows:	<b>Ways to Avoid or Change Triggers</b> Some ways that I can avoid or change such triggers or high-risk situations include:
Negative Emotions, e.g., anger, guilt	
Physical Factors, e.g., tiredness, pain	
Negative Self-talk, e.g., It's my fault ...	
Social or Positive Situations, e.g., parties	

List similarities associated with the identified triggers or high-risk situations:

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.....

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## Session 7 Handout 29

### Strategies to Cope with Lapses and Relapses

#### Acknowledging positive behaviour change

Rewarding successes in behaviour change reinforces a job well done. By now many of you realise that changing health behaviours is no easy task - for you the parent, let alone supporting your child to change his/ her behaviours. So, it is very important that you acknowledge small changes in your health behaviours, in your attempts to support your child to change, and in your child's efforts to change his/ her own behaviours. By doing so, lapses and relapses are likely to be viewed as "hiccups" rather than failures because identifying successes towards behaviour change reinforces that change is possible.

Changing health behaviours consists of several small steps. For example, it is a bit like preparing a meal; first you need to decide what meal to cook, then you need to buy the ingredients, then combine the ingredients, cook the meal, and then eat it. Often, people who do not cook indicate that they are so focused on eating the meal that they lose sight of the steps in the middle. Changing behaviour can be seen in a similar light - by being focused on the outcome or result, we lose sight of the many steps it takes to achieve the desired behaviour outcome. In acknowledging change, people around us usually only notice the outcome rather than the small steps in between; no wonder it is easy to focus on the end result. However, as previously pointed out, there are many steps in the puzzle of achieving change so it is just as important, if not more important, to acknowledge every small positive step towards behaviour change.

Think about the small changes that you and your child have accomplished over the last few weeks. One change could be participating in this program and raising your awareness about changing unhelpful health behaviours.

Small changes you have accomplished in changing your own unhelpful health behaviours:

.....  
 .....  
 .....

Small changes you have achieved in supporting your child (or other family members) to change his/ her behaviours:

.....  
 .....  
 .....

Small changes your child (or other family members) has achieved in changing his/ her unhelpful health behaviours:

.....  
 .....

## Managing Stress

Stress is recognised as a very broad term and can mean many different things. In the context of this program, stress can be considered as the inability to cope with the demands of the environment. There are many factors that contribute to stress including illness, relationships, work, and the way events are interpreted. Stress can be experienced both as positive (the birth of a child) and negative (the death of a loved one). When people are under stress, they may experience both physical and emotional changes. Examples of physical responses to stress include a racing heart, sweating, rapid breathing, the pupils contract, and high blood pressure. Examples of emotional changes include difficulty concentrating or making decisions, tension, and anxiety.

Although the experience of stress over the long term can be damaging to health (e.g., maladaptive depression or anxiety), stress is an important evolutionary mechanism. The experience of stress produces the “Fight or Flight” response, which provides short term arousal in a fear-provoking situation. However, sometimes this response is inappropriate, for example, if your child lapses or relapses back to unhelpful health behaviours, you may become frustrated, which could trigger a lapse in you supporting your child. An effective way to defuse the stress response in that moment when you recognise it, is to produce a relaxation response. The relaxation response has the opposite effect from the stress response, that is, breathing slows down, heart rate decreases, pupils dilate, blood pressure drops, thinking becomes clearer, and tension reduces. Relaxing both body and mind helps to manage stress and avoid negative behaviours.

### Easy and effective examples that produce the relaxation response:

Close your eyes and begin breathing deeply. Focus on your breathing. Feel your belly expand gently on your breath in and contract on your breath out. Keep focusing on your breathing even when your mind wanders. It is useful to practice this simple breathing technique for five minutes each day and come back to it for a minute or two to help defuse stress in the body and mind.

Take a deep breath in and count to 10 or higher until you feel relaxed, calm, and have a clear mind. Be mindful of breathing slowly as you count.

As point 2 except count from 100 backwards by 7.

Hum or sing your favourite love song.

Imagine a pleasant scene, e.g., your favourite holiday destination, a happy moment with your child or family. Be mindful of breathing slowly.

Close your eyes, visualise a favourite scene, and do some simple stretches, such as stretching your arms above your head, touching your toes, stretching your neck, gentle squats, and all the while be mindful of breathing slowly.

Say STOP to yourself silently (or out loud if alone). Imagine a large red STOP sign.

Think about and record some other helpful examples: .....

.....  
 .....  
 .....

# Appendix 8

## Session 8 Handout 30

### Gains and Challenges from the Program

In your groups, discuss the following questions and record the responses:

How are things different for you now?

.....  
.....  
.....

How are things different for your child and your family?

.....  
.....  
.....

In what ways have you moved forward?

.....  
.....  
.....

In what ways has your child and family moved forward?

.....  
.....  
.....

How has the program/ each session been helpful for you, your child, your family?

.....  
.....  
.....

What challenges have you faced over the last few weeks?

.....  
.....  
.....

What challenges have you overcome over the course of the program?

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What challenges might you face in the future?

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.....

How can you apply the learnt techniques to address these challenges and the unexpected?

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.....  
.....

## **Session 8 Handout 31**

### **A Summary Guide to Relapse Prevention**

Continue to monitor unhelpful health behaviours

Continue to use the strategies learnt in the motivational enhancement program to support a change to helpful health behaviours

Keep goal focused

Keep reviewing and practicing the techniques learnt

View lapses and relapses as hiccups and as an opportunity to learn from “what didn’t work” by using problem solving skills to attempt a more effective change effort

Seek others’ support

Support a change in your own unhelpful health behaviours as well as supporting your child (or other family members) to change their behaviours

Be aware of potential triggers and high-risk situations to lapses or relapses and avoid, change, or recover from them

Go back to basics and apply learnt strategies in motivation and techniques to cope with life and family stressors to help prevent further lapses and relapses

Remind yourself that change is possible so view lapses and relapses as “hiccups” rather than failures

Acknowledge small changes in your health behaviours, in your attempts to support your child to change, and in your child’s (or other family members’) efforts to change his/ her own behaviours.

# Appendix 9

## Handout 32

### Program Evaluation Questionnaire

**The information presented:**

In what way was the information in the program relevant?

.....  
.....

In what way was the information in the program irrelevant?

.....  
.....

What information in the program did you find interesting?

.....  
.....

What information in the program did you find uninteresting?

.....  
.....

What information was easy to understand and to apply?

.....  
.....

What information was difficult to understand and to apply?

.....  
.....

What information would you like to have been included?

.....  
.....

What information would you like to have been excluded?

.....  
.....

Which sessions had too much information? Explain.

.....  
.....  
.....

Which sessions had too little information? Explain.

.....  
.....  
.....

**Strengths and limitations of the program:**

What did you find challenging about the program?

.....  
.....  
.....

What did you find most valuable about the program?

.....  
.....  
.....

What did you find the least valuable about the program?

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.....  
.....

What did you find helpful or supportive about the program?

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.....

What did you find unhelpful or not supportive about the program?

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.....

In what way was the program flexible to account for individual family differences?

.....  
.....  
.....

In what way was the program restrictive to account for individual family differences?

.....  
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Further suggestions for improvement

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.....  
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# MEP Focus Group Questionnaires

## Gains and Challenges from the Program

How are things different for you now?

.....  
.....

How are things different for your child and your family?

.....  
.....

In what ways have you moved forward?

.....  
.....

In what ways has your child and family moved forward?

.....  
.....

How has the program/ each session been helpful for you, your child, your family?

.....  
.....

What challenges have you faced over the last few weeks?

.....  
.....

What challenges have you overcome over the course of the program?

.....  
.....

What challenges might you face in the future?

.....  
.....

How can you apply the learnt techniques to address these challenges and the unexpected?

.....  
.....

## MEP Program Evaluation Questionnaire

### The information presented:

In what way was the information in the program relevant?

.....  
.....  
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In what way was the information in the program irrelevant?

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What information in the program did you find interesting?

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What information in the program did you find uninteresting?

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What information was easy to understand and to apply?

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What information was difficult to understand and to apply?

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What information would you like to have been included?

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What information would you like to have been excluded?

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Which sessions had too much information? Explain.

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.....

Which sessions had too little information? Explain.

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**Strengths and limitations of the program:**

What did you find challenging about the program?

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What did you find most valuable or helpful about the program?

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What did you find the least valuable or unhelpful about the program?

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In what way was the program flexible to account for individual family differences?

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In what way was the program restrictive to account for individual family differences?

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Final comments or further suggestions for improvement?

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