

# Parenting in the spirit of motivational interviewing

## Crianza de los hijos en el espíritu de las entrevistas motivacionales

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### Abstract

Motivational interviewing (MI) is a brief client-centered intervention that increases intrinsic motivation for change. MI is applied in a variety of fields, but not in the field of parenting. The present study is a preparation for adapting MI to the field of parenting. The study uses a semi-structured questionnaire to examine existing parenting patterns in light of the MI spirit. The results show a fit of common parenting patterns to three of the four components of MI spirit.

**key words:** motivational interviewing; values internalization; parenting.

### Resumen

La Entrevista motivacional (MI) es una intervención centrada en el cliente que aumenta la motivación intrínseca para el cambio. MI se aplica en una variedad de campos, pero no en el campo de la paternidad. El presente estudio intenta adaptar el MI al campo de la crianza. Se utiliza un cuestionario semiestructurado para examinar los patrones de crianza existentes a la luz del espíritu de MI. Los resultados muestran un ajuste de patrones de crianza comunes a tres de los cuatro componentes de MI.

**Palabras clave:** entrevista motivacional; internalización de valores; crianza.

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## 1. Introduction

In the past four decades, motivational interviewing (MI) (Miller & Rollnick, 2013) has received increasing research support (NREPP, 2013) and practical application (Lundahl et al., ( 2010). In addition to applications in the various fields of psychotherapy, recently applications in the field of education have been added (Rollnick et al., Kaplan, & Rutschman, 2016). Along with this significant growth, applications of access in the parenting field have not yet been developed.

MI is a “form of conversation that is based on cooperation in order to enhance the client's motivation and commitment to change” (Miller & Rollnick, 2013, p. 12). This approach was first published by Miller (1983) as a method to work with clients who struggle with drinking problems, to recruit them for treatment, but over time, evidences accumulated for the fact that it is effective as a therapeutic process in itself as well, with empirical evidence for the efficiency of the treatment used for reducing alcohol abuse and many other areas (Lundahl et

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al., (2010; Markland et al., (2005; Miller & Rose, 2009; NREPP, 2013). This method became an important consultation method for professionals with a growing interest in it (Lundahl et al., (2010).

The approach is accepted presently in working with adults and adolescents who suffer from variety of mental problems, such as: substance abuse (McDevitt-Murphy et al., (2015), self-injury (Smolinski, 2014), suicidality (Britton et al., (2011), eating disorders (Vella-Zarb et al., (2015), anxiety (Randall & McNeil, 2017) and depression (Freira, et al., 2017). As well as supporting behavioral change in many areas, such as: diet and physical activity (Bean, et al., 2015; Miller & Gramzow, 2016), sexual behavior (D'Amico, et al. (2017), gambling (Yakovnko et al., (2015), smoking cessation (Merchant et al., (2017), and involvement in treatment (Lundahl et al., (2010). Additionally, in recent years the approach has been used also to increase achievements and motivation for learning among students (Terry et al., (2014) ; Strait, et al., (2012), and increasing motivation and self-efficacy for career development among students with special needs (Sheftel et al., (2014).

The approach is client focused, and it operates according to principles of cooperation, in order to stimulate and increase motivation for change. Its origin point is that in each client, there is an intrinsic motivation for change, but there is ambivalence and resistance towards the change as well (Miller & Rollnick, 2013). The goal of treatment in MI is promoting motivation for change through solving the ambivalence (Miller & Rose, 2015).

Miller and Rollnick (2013) insisted that in order to use the system correctly and efficiently, it is not just enough to study its technique, but first its spirit should be learned. Four components describe the spirit of the approach: partnership, acceptance, compassion and evocation (Miller & Rollnick, 2013). The principles of partnership are that the therapist avoids creating a position of authority towards a client, and in its place, he chooses the creation of a relationship that is based on partnership in the process (Miller & Rose, 2009). The acceptance consists of four components: absolute-worth, support for autonomy, accurate empathy and affirmation (Miller & Rollnick, 2013). Miller & Rollnick (2013, p. 20) said that "compassion is a deliberate commitment to pursue the welfare" (of the client). According to them, it does not mean merely sympathy or recognition of coping, but a real act to improve the other's well-being. Evocation means the therapist does not express opinions, but rather helps a client to produce the language of change (Miller & Rose, 2009). However, it should be noted that in the meta-analysis that was performed later by Magill et al. (2014) it has been proven that using MI consistent skills impacts the increase in usage of change talk by the client but a certain increase was seen also in sustain talk, as opposed to evaluations that this skills should decrease it (Magill, et al., 2014; Magill, et al., 2018; Romano & Peters, 2016). As they attempted to explain that, Magill et al. (2014) held that in the beginning of the process the sustain talk might be increased as well, as part of the ambivalence examination. In that sense, it is very important that sustain talk will also be expressed, but later the change talk must occupy the central place in order for the ambivalence to be decided and the client to decide to make the change. This also explains why increasing change talk alone did not lead significantly to a change in the results. In light of this, Magill et al. (2018) sharpened the definition, explaining that the important thing is not the disappearance of the sustain talk, but the proportions between it and the change talk (The latter should occupy an increasingly central place as the process progresses). However, it was proven that using skills that are not consistent with MI (for example: confrontation or giving advice without request), increases the client's sustain talk, decreases change talk and adversely affects the results. Magill et al. (2014) said that the central question the therapist should ask himself is not about the amount of change talk or sustain talk, but about the process of resolving ambivalence.

The tools that are being used in MI were developed in order to provide a framework that supports the client's autonomy as well as his evaluation and trust of the required change's importance, while avoiding confrontation or persuasion, which might provoke the client's resistance (Snape & Atkinson, 2016). In order to achieve the goals of MI, a model for an interview was developed which includes the following skills: open questions, affirming, reflective listening, and summarizing (Miller & Rollnick, 2013). Other important principles of the MI

are encouraging the feeling of discrepancy (Naar-King & Suarez, 2014), rolling with resistance, and encouraging the sense of self-capacity.

Application of MI in educational setting is also a relatively new field, although a growing one (Cryer & Atkinson, 2015; Snape & Atkinson, 2016). The MI's flexibility, its being evidence-based and its focus on the child's inner motivation and values, make it an approach that is suitable to use in educational systems (Frey, et al., 2011; Terry et al., (2014). The main advantages of school-based treatment are accessibility for the client, in terms of location and time, and the fact that the treatment is conducted in a normative framework, reduces the chance of developing a stigma on the client. Schools also enable the identification of those in need of care (Freira, et al., 2017). Strait et al. (2014) presented two distinct approaches of school-based MI (SBMI): student-focused SBMI (focused on working with the students themselves), and consultative-focused (SBMI) (focuses on working with teachers and parents, in order to enhance their motivation to use existed efficient interventions (Snape & Atkinson, 2016), and to improve program implementation and fidelity (Snape & Atkinson, 2017).

Miller and Rollnick (2013) noted that most of the applications of MI in school are performed in order to prevent problems, but since it was generally proven that MI helps to increase achievements and mental health, it can be assumed that the educational field carries a similar potential for a regular use in the principles of MI as part of the teaching practice in classroom. Indeed, recent articles report on evidence to the efficiency of MI-based interventions, which also helps working with normal students, in improving achievements and motivation for learning. These interventions also achieved good results (Strait et al., (2012; Terry et al., (2014) that improve further when increasing the amount of exposure to the MI (Terry et al., (2014).

The aim of this study was to analyze different categories of MI by gender and age and the relation between them. The study aims to discover the current state of parenting in light of the components of the MI spirit in order to provide a basis for future research into the benefits of parenting in the MI spirit.

## 2. Methodology

### 2.1. Participant

The participants in the study were 42 adults, with an age range from 25-65 ( $M = 43.17$ ,  $SD = 10.07$ ) (57.14% male), randomly selected. All participants experienced normative parenting in their childhood and were raised by both parents. The age group is described in Table 1.

**Table 1**  
Distribution of participants by age

Age	Participants	Male	Female
25-39	10	6	4
40-54	27	15	12
55-65	5	3	2

### 2.2. Instrument

The participants answered an open semi-structured questionnaire (10 items), in which they were asked what characteristics of their parents made them want to internalize the values they learned from them (example: "What are the characteristics of you parents which were significant to your opinion, that made you stick to their values?"), also, what characteristics of the parents aroused resistance (example: "What are the characteristics of your parents, which made you avoid sticking to their values?"). In addition, participants were asked to describe the quality of communication between parents and children at their childhood home (examples: "How were

conversations conducted at home?"; "When there was a conflict between you and the parents – describe the way the conflict was resolved"), and how their parents demonstrated authority (example: "Describe the way your parents set limits for you?").

### 2.3. Procedure

The questionnaire was sent randomly, the only criterion defined for distribution was age (25-65). Of the questionnaires received, only those who had experienced normative parenting (without violence, neglect, or abuse) and raised by their two parents, were selected.

This is a transversal descriptive research. The participants in this study were adults (age 25-65) selected randomly. After obtaining the permissions, participants were approached at their own homes. The questionnaires were completed voluntarily. The instructions were read aloud, emphasizing the importance of not leaving any question unanswered. Participation was anonymous.

This study was carried out in accordance with the recommendations of Oviedo Agreement and it was reviewed and approved by the Ethic Committee for clinic investigations of the University of Murcia and with written informed consent from all subjects. Parent of the subjects gave written informed consent in accordance with the Declaration of Helsinki.

Participants' responses were categorized for each component of the MI spirit (Miller & Rollnick, 2013): partnership (PA), acceptance (AC), compassion (CO), evocation (EV). As explained above, in the literature review. The number of references mentioned by each participant was counted. Both the positive mentions of the components of the MI spirit were counted as well as the negative mentions (for example: when a participant criticized his parents because they acted opposite to one of the components of the MI spirit).

In addition, participants were divided according to age and gender (see table 1 above) to examine whether there were differences between groups.

To ensure the evaluation of quality in the review process (Wright et al., (2007), agreement between the two researchers was measured using Cohen's kappa calculation. A score of  $k = 0.91$  was obtained. The participant's answers were mentions that relate directly to one of the categories, as well as other mentioned by way of negation. The mentions by way of negation that were counted were one of two options: a) the parents' characteristics, which the participants explicitly indicated that caused them not to internalize the values of the parents, or b) Parenting characteristics mentioned negatively in participants who reported that they internalized their parents' values in a low or reserved manner.

In addition, the differences between the number of negative mentions, and the number of direct mentions, were examined, as well as the differences between age and gender groups.

In this research, to analyze the categories according to gender, a mean difference for our independent samples was calculated (Student's  $t$ ) to determine if there were significant variances. All analyses were performed with SPSS 24.0.

### 3. Results

Statistical significant differences were not found in any category by gender.

**Table 2**  
Statistical significant differences in any categories by gender

CATEGORIES	GENDER		t	p
	MALE M(DT)	FEMALE M(DT)		
PA	1.33 (1.308)	1.06 (0.873)	.779	.44
AC	1.75 (1.260)	1.61 (1.335)	.345	.73
CO	1.29 (1.083)	1.17 (1.098)	.308	.71
EV	0.4 (0.204)	00 (0.00)	.803	.39

Pa = partnership, Ac= acceptance, Co= compassion, Ev = evocation

Regarding age, a statistically significant negative correlation was found, with low effect size, with the CO category ( $r = -.377, p = .014, n = 42$ ).

Likewise, a statistically significant correlation was found, with low effect size, between AC category and CO category ( $r = .391, p = .010, n = 42$ ).

The comparison between the number of references by way of negation and the number of references in the positive way did not indicate differences not by gender neither by age.

### 4. Conclusions

First, the results suggest that the parental style prevalent in the decades studied is, in large part, in keeping with the spirit of MI. The average in three of the four categories (PA, CO and AC) ranged from 1.06 to 1.75. That is, most of the participants experienced parenting that included some compassion, acceptance and partnership. With regard to the fourth category, evocation, it is not surprising that the results are close or equal to zero, because in fact it is the only category that talks about a technique that requires learning in order to be implemented.

Statistical significant differences were not found in any category by gender. Because participants reported on the parenting experience they experienced 1-6 decades ago, it may be decades when the manner of parental treatment for boys and girls became quite the same. This question has been addressed in the research literature, but there is no consensus among researchers about the extent to which parents treat boys and girls differently, in what areas this occurs, and whether fathers and mothers differ in their gender distinction (Endendijk et al., (2016).

Regarding age, a statistically significant negative correlation was found, with low effect size, with the CO category ( $r = -.377, p = .014, n = 42$ ).

We believe this is attributed to the fact that attachment theory has become increasingly central in recent decades, with widespread applications in the field of parenting (Omer et al., (2013). In addition, parental authority also became less rigid and relationship-based instead of controlling (Baumrind, 1971; Bi, et al., 2018).

Likewise, a statistically significant correlation was found, with low effect size, between AC category and CO category ( $r = .391, p = .010, n = 42$ ).

This is no surprise at all, because compassion and acceptance are close attributes, even from the neurological aspect (Hou, et al., 2017). So close that an important article on MI included them together (Hardcastle et al.,

(2017). However, if the acceptance component was divided into its various sub-components (absolute-worth, support for autonomy, accurate empathy and affirmation), differences might emerge because the main similarity is between compassion and the empathy sub-component, and for example, the autonomy support sub-component may even be contradictory, because a compassionate parent may oversee and prevent Support for autonomy from his children.

The comparison between the number of references by way of negation and the number of references in the positive way did not indicate differences not by gender neither by age. This is probably because it is actually different sides of the same coin.

#### 4.1. Limitations

The limitations of the present study are relatively numerous because it is essentially a preliminary study aimed at obtaining a basic overview of the existing state of the MI spirit in parenting. This area has not been previously tested and this article seeks to stimulate research in this field. The sample on which the study was conducted (N = 42) is small, and it was conducted only in Israel. In addition, the age range is quite large because the researchers wanted to gain a broad perspective on the topic, but more focused research is needed in the future. Another significant limitation is testing the four MI components in general, without subdividing them into sub-components. More detailed research could give much more accurate results.

#### 4.2. Recommendations for future research

Potential for future replication of our research could include research on a broader sample, additional geographies, and a more targeted age range. It is also recommended to check the sub-components of the MI spirit.

This study can be expanded to examine the impact of parenting in the spirit of MI on various variables in children's development: internalization of values, intrinsic motivation, well-being, self-confidence, self-efficacy, and reduction of negative effects such as addictions, depression, anxiety and more.

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