

READINESS AND MOTIVATION TO ACT (CHANGE)



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When we talk about this area of career guidance work, we often think about the concepts developed from the work of William Miller on the development of change and what has become known as motivational interviewing, (MI).

If we were to take a simple view of this it means **someone's state of readiness to take action**. If we look at it from this perspective, we could conclude that someone's motivation to change is not fixed as either motivated or not.

- It changes over time sometimes dependent on urgency of action.
- It is situation, I might be motivated to do one thing but not another.

In a careers guidance context, it becomes clear that the urgency to take action, the lack of interest in what the future might look like and the fact that you are the adviser all suggests that the career guidance process can have a less positive outcome than we think.

Advisers are often perceived as the expert, the director, the professional come to tell someone what they should do. As we know this is so far from the values and concepts that we think we are operating from e.g. supporting, developmental and empowering actions and decisions.

Could this opposite view of career guidance result in actions that someone takes just to shut us up, or to shut someone else up or just because they have run out of time or because we think they are really committed to action and it turns out that they still have not worked it out for themselves?

The Stages of Change Model



WHEN WE TALK ABOUT THIS AREA OF CAREER GUIDANCE WORK, WE OFTEN THINK ABOUT MOTIVATIONAL INTERVIEWING, (MI)

The Stages of Change Model developed in the late 1970's and early 1980's by James Prochaska and Carlo DiClemente at the University of Rhode Island drew from their studies on how smokers were able to give up their habit or addiction.

The model proposes that behaviour change does not happen in one step but instead people progress through different stages on their way to successful change. Each person will progress through the stages at their own rate, but they need to progress through all the stages to achieve a secure change.

This means that expecting behaviour change by simply telling someone, for example, who is still in the pre-contemplation stage that he or she must simply stop engaging in anti-social behavior or become more motivated so they are more employable will not work because they are not ready to change.

Each individual must decide for him or herself when a stage is completed and when it is time to move on to the next stage. The decision to move on to the next stage must be owned by the person changing, as stable and long term change cannot be imposed by anyone other than themselves.

In each of the stages, the individual needs to engage with a different set of issues and tasks that relate to changing behaviour.

1. In the pre-contemplation stage, people are not thinking seriously about changing and are not interested in any kind of help. People in this stage tend to defend their current unhelpful behavior or decision making and do not feel it is a problem. They may deny there is a problem and be defensive

Advisor tasks and strategies:

- Building trust and rapport through reflective listening and use of open questions
- Identifying areas for development and change
- Affirming strengths as starting points for change
- Increasing understanding of the likelihood of consequences of no change
- Using motivational interviewing strategies to raise awareness and questioning

2. In the contemplation stage, people spend time thinking about their problem. Although they are able to consider the possibility of change, they tend to be unsure or undecided about what to do. Clients can be very open to information and reflecting on their feelings and thoughts in this stage.

There are usually pros and cons involved in any change and in this stage they are weighed up. Long-term benefits are weighed up against short term costs.

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Ambivalence needs to be overcome by information that will compel the client to change. Information and incentives to change are important elements to assist contemplators.

Advisor tasks and strategies:

- Identifying the pros and cons of present situation, as well as the pros and cons of change
- Asserting the belief that change is possible.
- Helping client to see that they have the capacity to change by reflecting on any changes in the past
- Exploring any options the client has considered for how they might change
- Gaining agreement from the client that they are committed to changing

The intended outcome is for the client to make a statement that they are committed to change.

3. In the preparation and determination stages, people have made a commitment to make a change. Their motivation for changing is reflected by statements such as, "I've got to do something about this, this is serious, something has to change, what can I do?"

At this stage, they are often engaged in trying to gather information about what they will need to do to change their behavior, make a decision and take action.

Advisor tasks and strategies:

- Identifying short- and long-term goals
- Identifying internal and external resources to support change.
- Providing information and a range of possible strategies to facilitate change.

4. In the action and willpower stage, clients believe they have the ability to change and are actively involved in taking steps to change by using a variety of different techniques.

Advisor tasks and strategies:

- Focusing on the short term goal
- Envisioning the long-term goal
- Reframing when necessary
- Planning for and rehearsing the ways of overcoming challenges and obstacles
- Reminding of the consequences of failing to change
- Noticing, affirming and celebrating progress

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5. The maintenance stage involves being able to successfully avoid any temptations to return to the current situation. The goal of this stage is to maintain change.

Clients in the maintenance stage acquire new skills to deal with life and are able to anticipate the situations in which a relapse could occur and prepare coping strategies in advance. At this stage, clients need to believe that what they are striving for is personally worthwhile and meaningful. They also need to be patient with themselves and recognise that it often takes a while to let go of old behaviour patterns and practice new ones until they are second nature.

Advisor tasks and strategies:

- Noticing, acknowledging, affirming and celebrating
- Reflecting on the difficult and challenging journey, looking back at the starting point and progress indicators along the way
- Analysing qualities and skills demonstrated by the client.
- Examining how reaching the goal has enhanced life and brought benefits
- Discussing coping strategies and techniques for overcoming future obstacles and challenges
- Talking about where they will be going from here. What is the next goal?

6. Relapse and sustaining change. It is very important to explain to clients that it is normal and natural to regress, to get to one stage only to fall back to a previous stage. This is just a normal part of changing behaviour. In fact, it is much more common to have at least one relapse than none at all. Relapse is often accompanied by feelings of discouragement and seeing oneself as a failure. There is a real risk that clients who relapse will experience an immediate sense of failure that can seriously undermine their confidence. The important thing is that if they do slip and engage in negative thoughts, behavior etc, just like an ex-smoker having a cigarette, they shouldn't see themselves as having failed. This is a new opportunity to learn why the relapse occurred.

Advisor tasks and strategies:

- Supporting clients to overcome disappointment, guilt, shame or rebelliousness.
- Reassuring the clients belief that they can change.
- Normalising relapse
- Refocusing on goals
- Focusing on success so far, acknowledging and affirming how far they have come

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- Emphasising the normality of three steps forward, one step back
- Identifying what's required to get back on track.
- Supporting client to take responsibility for their behaviour.
- Resetting goals and closely monitoring progress

Change talk v Sustained talk.

- There's no point in coming here.
- I suppose I could try it out.
- There is no need to change, I am fine as I am.
- How could I do that?
- I have tried everything, but nothing has happened.
- I really do need to do this.
- There is no reason to do anything.

What does this tell us about our approach to career guidance and Motivational Interviewing (MI)?

There is a significant amount of research within MI to suggest that if the approach is used successfully it needs to be underpinned by practice fidelity. In other words it is how it is used is as important as the model itself.

Some key features of practice fidelity

- Empathic responses and Unconditional Positive Regard
- Belief in self efficacy- we all have the potential for change and have done things before that show we can do it again
- Strength based assessment.
- Collaborative approach-working in partnership, not as the expert
- Able to support and challenge discrepancies in the client's story with reference to behaviours that limit or are preventing the client achieve their goals

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